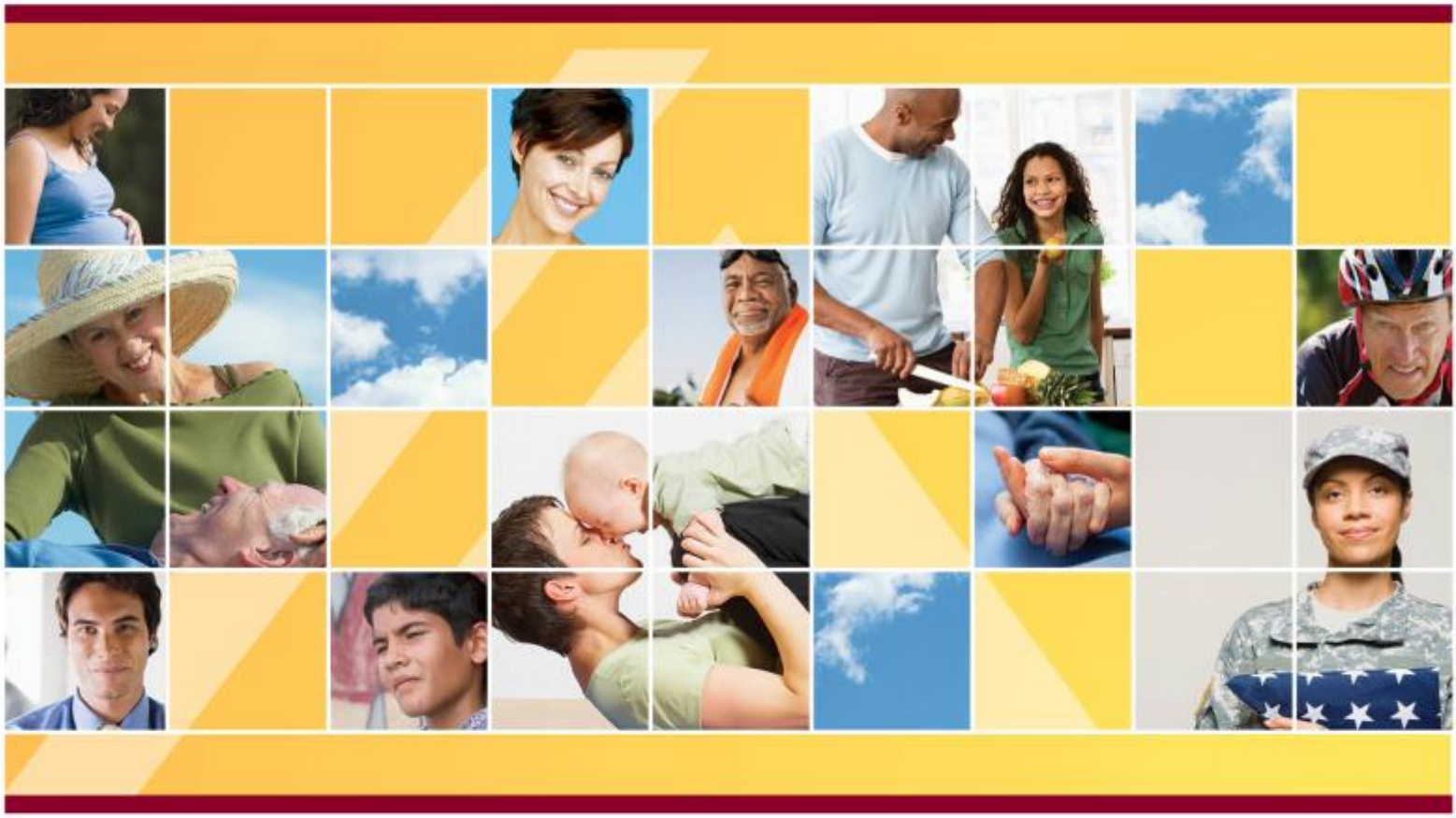
Community Assessment Report on

Veterans Services in Michigan Prosperity Region 4A



Commissioned by the Fremont Area Community Foundation

Fremont, Michigan

31 March 2017

ALTARUM INSTITUTE
SYSTEMS RESEARCH FOR BETTER HEALTH

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Michigan Prosperity Region 4A

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Preface

This document contains the Community Assessment Report on Veterans Services for Michigan Prosperity Region 4A, prepared by the Altarum Institute, Ann Arbor, Michigan. This work was commissioned by the Fremont Area Community Foundation with contributions from the following area partners throughout Region 4A: Osceola County Community Foundation, Mecosta County Community Foundation, Lake County Community Foundation, Community Foundation for Oceana County, Mason County Veterans Endowment Fund of the Community Foundation for Mason County, Pennies from Heaven Foundation, United Way of Oceana County and United Way of Newaygo County.

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Table of Contents

List of Exhibits

1.0 Executive Summary

1.1 Background

The Michigan Veterans Community Action Teams (VCAT) project has been a collaborative community initiative facilitated by Altarum Institute, headquartered in Ann Arbor, Michigan (MI), to enhance the delivery of services from public, private, and nonprofit organizations to Veterans and their family members. This project develops broad-based coalitions of Veterans service organizations and other stakeholders from the health, employment, education, and quality-of-life areas.

"The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional as to how they perceive the Veterans of earlier wars were treated and appreciated by their Nation." - George Washington

The VCAT project in Michigan has been designated a national best practice by the National Association of State Directors of the VA (2016) and has received the Employer Support of the Guard and Reserve (ESGR) Seven Seals Award for support to the ESGR mission in Michigan (2015). The project has also been the inspiration for a new national initiative sponsored by the Department of Veterans Affairs (VA), called MyVA Communities,[1] which enables Veteran advocates, service providers, Veterans, and stakeholders to have a voice in identifying their community goals and work to resolve issues at the local level to improve service delivery for Veterans, service members, and their families. With the additional participation of Region 4A (Newaygo, Mecosta, Mason, Oceana, Osceola, and Lake Counties), this VCAT project will build on the existing VCAT in the region, with a particular focus on addressing the challenges faced by Veterans living in rural communities, in order to better serve them.

In 2016 the Fremont Area Community Foundation, with contributions from the Osceola County Community Foundation, Mecosta County Community Foundation, Lake County Community Foundation, Community Foundation for Oceana County, Mason County Veterans Endowment Fund of the Community Foundation for Mason County, Pennies from Heaven Foundation, United Way of Oceana County and United Way of Newaygo County, engaged Altarum to expand the Michigan VCAT (MiVCAT) project centered out of the Grand Rapids area of Region 4 into Region 4A. Given the rural characteristics of this sub-region, these partners requested that Altarum conduct a community assessment to provide insights into this area's strengths, weaknesses and challenges with regard to serving the Veterans who reside in Region 4A.

1.2 Data Collection

Over 15,500 Veterans call Michigan's Region 4A home.[2] To discern the needs of Veterans residing in Region 4A and the services available to them, Altarum gathered information using two data collection modalities:

[1] https://www.va.gov/nace/myva/index.asp

[2] Affairs, D. o. (2016, 05 20). *National Center for Veterans Analysis and Statistics.* Retrieved from Department of Veterans Affairs: https://www.va.gov/vetdata/expenditures.asp

Interviews. In January, 2017, Altarum conducted interviews with key regional leaders/service providers representing a wide range of public and private organizations at the federal, state, and local levels. In total, 20 interviews were conducted.

Focus Groups: Six focus groups were conducted with Veterans in the region, who represented different eras of service. Focus groups were held in Mecosta, Newaygo, Oceana, and Osceola Counties. A total of 59 Veterans participated in these focus groups.

We conducted two Gulf War/Post 911 Veterans Focus Groups, three Vietnam Era Veterans Focus Groups, and one Women Veterans Focus Group. The groups averaged 10 participants; the earliest start of service was January 1959 and the latest end of service was marked by two participants currently serving.

1.3 Key Issues Identified in Interviews and Focus Groups

The assessment identified several key themes and issues. While many of these parallel those found across the U.S., others particularly relevant to the region and/or rural community setting were the limited availability of County Veterans Service Officers (CVSO), lack of affordable housing, high number of Veterans living below the federal poverty level, and the existence of the Northern Rural Expansion (NREX), the only VA program in the United States of its type providing primary care in the rural setting.

- **The Needs and Experiences of Veterans Living in Region 4A Influence Whether/How They Seek Services**: Veterans are not a homogenous group, and their motivations and means of coping with life's challenges after military service present challenges in engaging and serving them. In the extreme, some Veterans sorely need services but are not seeking them.

- **Eligibility requirements exacerbate access-to-services challenges**: Veterans' benefits have complex eligibility requirements that are not well understood by either Veterans or providers. Thus, Veterans report difficulty navigating the Veterans Service System, and providers report difficulty supporting Veterans in doing so.

- **Veterans' information-gathering preferences may hinder their ability to learn about services**: The majority of focus group participants reported that word-of-mouth is their preferred means of finding out about available services. This is problematic, because often, they do not know who to talk to or what to ask for.

- **Understaffing/lack of capacity is a critical barrier to conducting outreach to Veterans**: Most providers reported limited capabilities for conducting outreach to Veterans. Among the providers who struggle in this capacity are the part time CVSOs, who are generally considered the key area contacts for Veterans. Five of the six counties had part time CVSO or VSO support from the Michigan Veterans Coalition. Newaygo County was the only county reported as having a full time CVSO.

- **Providers do not regularly assess underlying issues**: When Veterans and providers do connect, some providers do not inquire beyond the specific request or issue the Veteran presents with. This can leave the underlying cause(s) of the problem unaddressed and subject to recurrence.

- **Veterans lack housing, health care, and counseling services**: Providers reported that the greatest need for Veterans in this region was for permanent, affordable housing. Veterans also lack ready access to health care, counseling, and mental health services, because of such challenges as eligibility, lack of transportation to medical appointments, and lack of availability of qualified mental health providers. Many Veterans were not familiar with the Northern Rural Expansion Program that has available capacity to provide primary care to Veterans in Region 4A. They also expressed frustration with being saddled with large bills for visits to civilian emergency rooms and expressed mixed experiences with the VA Choice Program.

- **Many of Veterans' basic needs are not being met**: Other high priority needs Veterans and providers identified were for basic needs, such as utilities, vehicle repairs, and food. Given that over half of the participants in this assessment were found to have household incomes under the federal poverty level, this is not surprising. Assessing whether Veterans have filed for VA Compensation and Pensions and eligibility for other services should be of high priority.

1.4 Summary of Recommendations

Our findings suggest a critical need to improve the systems that support Veterans in Region 4A. The recommendations below are based on the shared objective of empowering those who serve Veterans with the processes, information and tools required to connect them to timely, appropriate services and support. Providers in Region 4A can amplify their support to Veterans in the same way this has occurred in other areas across the state. Since 2013, the VCAT project has assisted service providers statewide in connecting thousands of Veterans with services, and has contributed to improving these Veterans' quality of life. Providers have consistently reported serving more Veterans, serving Veterans more completely, and developing valuable working partnerships with other providers by participating in the VCAT project. Our overarching recommendation is to expand the VCAT into Region 4A in order to provide these proven benefits to the Veterans who reside there.

Primary Recommendation to increase capacity of service providers to help Veterans navigate the complexities of the Veterans Services System:

- **Develop a VCAT hub**. Based upon the findings of our needs assessment, as well as on our past VCAT experience, the importance of developing a VCAT hub -- or service provider network -- in Region 4A, cannot be overstated. Linking providers with hundreds of others who serve Veterans in Region 4 can serve as a foundation for improved access and strengthened service-provision in the community.

Recommendations for improving outreach to Veterans:

- **Veterans' Events**. Holding town hall meetings or Veterans' Fairs specifically for Veterans and organized by the service providers can afford the opportunity for Veterans to learn about the myriad of services available to them, and to develop a personal connection with service providers. It is also an additional opportunity for providers to connect and collaborate with one another.

- **Targeted outreach messaging**. Using the VCAT outreach and service information process,[3] providers should develop a core message to elicit contact with Veterans to draw them into the service system. This message should then be distributed throughout providers' communication channels to the general public.

Recommendations for Assessing Veterans' Needs:

- **Promotion of an expanded protocol** for service providers is recommended in order to increase the depth of assessment conducted when Veterans are engaged. Making comprehensive referral sources available to providers can also increase their capacity to find services Veterans may need which they are unable to provide themselves.

Recommendations for Referring Veterans for Services:

- **Warm hand-offs**. We recommend that Veterans receive a warm hand-off when they are referred, to increase the likelihood that they follow through on the referral and acquire the services they need. Educating and empowering service providers about the range of services needed by and available to Veterans is critical, as is supporting them in accessing these services.

Recommendations for Serving Veterans:

- **Housing**. Permanent housing was listed by providers as the number one need of Veterans in this area. We recommend that providers have access to current information on available housing in this region. Housing providers should be invited to join the VCAT and maintain a current listing of available listings on Podio.[4]

- **Basic Needs.** Providers should leverage the most appropriate assessment process to determine the root cause of Veterans' inability to meet their basic needs. Included in any assessment selected for community-wide implementation should be measures designed to determine whether the Veteran has ever filed a claim with the VA and if so, the status thereof. The assessment should also evaluate the Veteran's eligibility for other services available in the community. Veterans should be expeditiously referred by warm-handoff to the C/VSO if the assessment screen indicates the Veteran might need help filing, following-up or reassessing a VA claim. An approved claim may help to solve the Veteran's need for financial sustainability.

- **Transportation.** Transportation is one of the biggest barriers to Veterans receiving health care services. We recommend local transportation options be identified and their routes and times recorded and maintained on Podio for all providers to access.

- **Health Care**. We recommend promoting the NREX, which is providing primary care within Region 4A. Providers and Veterans should be aware that Veterans can apply to receive primary care through this program, which at the time of this report, still has available capacity

[3] Tech Order VCAT, Community Guide for Establishing a Veterans Services System of Care, VCAT Manual Version 1, April 4, 2011

[4] Podio is a cloud-based collaboration service that was founded in 2009 and acquired by Citrix in 2012. Podio supplies a web-based platform for organizing team communication, business processes, data and content in project management workspaces. This tool will be available for the use of service providers in Region 4A.

to enroll additional Veterans. In addition, we recommend that Battle Creek VA Medical Center (BCVAMC) be requested to provide outreach materials about this program for distribution to Veterans via providers participating in this collaborative effort and any other providers or organizations serving Veterans.

- **Mental Health Care**. To ensure Veterans get the care they need, our recommendation is to first identify those with mental health needs at intake, and then identify what resources are needed. The formation of a regional team with the local C/VSO, psychologist, and social worker could provide information and guidance to the best available resources based on individual Veteran's mental health needs.

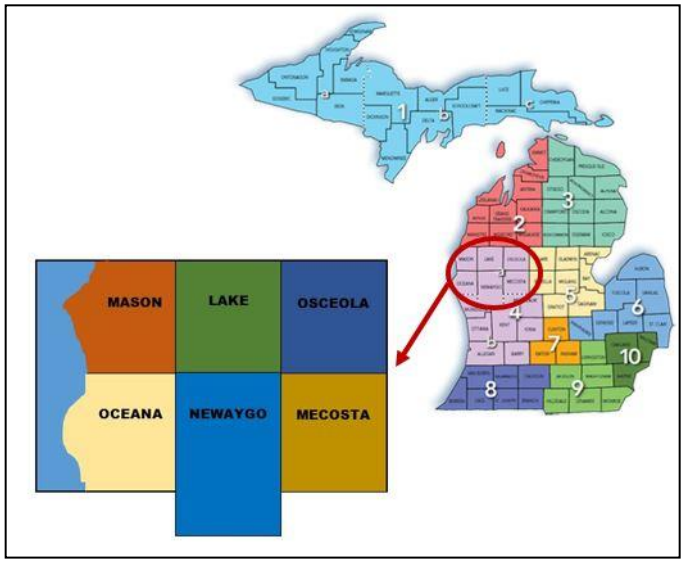
- **Enhanced Service Provider Capacity**. We recommend counties consider applying for the Michigan Veterans Affairs Agency's County Incentive Grant of up to $30,000, for hiring a CVSO, and up to $1,500 for participating in regional VCAT activities. These funds are to continue to increase the number of accredited CVSOs, increase the number of counties that provide service to Veterans through an established county department of Veteran affairs, transportation, and technology upgrades/investments. Counties are eligible to receive the same grant option for two consecutive years. Also consider initiating a work study program, funded by the VA to bolster the capabilities of providers, specifically the CVSOs, to support Veterans.

2.0 Introduction

The Michigan Veterans Community Action Teams (VCAT) project is a collaborative community initiative facilitated by Altarum Institute to enhance the delivery of services from public, private, and nonprofit organizations to Veterans and their family members. This project develops broad-based coalitions of Veterans service organizations and other stakeholders from the health, employment, and education and other service areas aimed at improving quality-of-life, such as housing/shelter, transportation, VA compensation and pensions and other financial assistance, recreation, culture, and spiritual support. The VCAT was originally developed and implemented in San Diego, California, and San Antonio, Texas, from 2008 – 2011 to demonstrate the value of community-based service coordination for improving services and support for Veterans and their families. Thousands of organizations -- federal, state, and local, community-based, public and private, non-profit and commercial -- have been partners in the project and continue to collaborate in support of Veterans.

The Michigan VCAT (MiVCAT) project was introduced in Michigan by the Michigan Veterans Affairs Agency (MVAA) in August 2013. The project was geographically organized under the statewide Prosperity Regions construct to standardize economic regions served by state agencies. The MiVCAT effort focusses on the unique needs of Veterans in the state to better serve them. Exhibit 2-1 shows a map of Region 4A within the overall state view of Michigan's Prosperity Regions.

Exhibit 2-1: MI State Prosperity Regions and Region 4A Inset



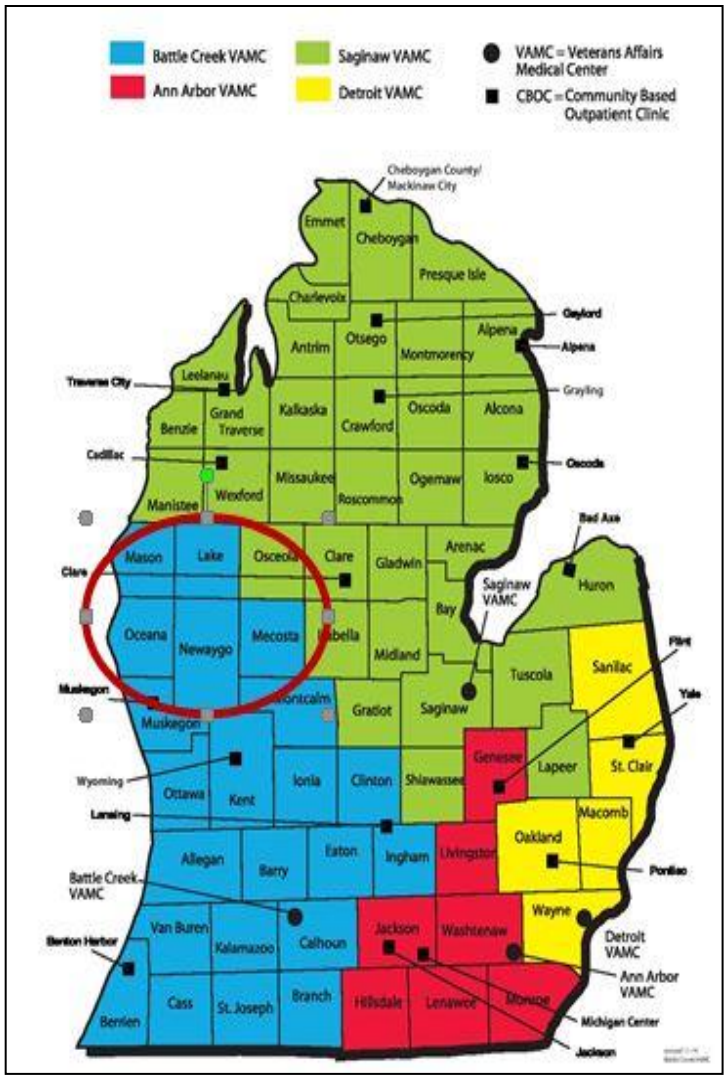
MiVCAT started with pilots in two of the state's ten Prosperity Regions -- Detroit Metro Region 10 and West Michigan Region 4, in 2013. In 2015, MiVCAT expanded to four additional regions: Region 5, East-Central; Region 6 East Michigan; Region 7 South-Central; and Region 9 Southeast Michigan. The project expanded again in 2016, incorporating the remaining four regions of the state: Region 1, Upper Peninsula; Region 2 Northwest; Region 3 Northeast; and Region 8 Southwest. As of the date of this report, these collaboratives sustain operations without support from Altarum.

In 2016 the Fremont Area Community Foundation, with contributions from the Osceola County Community Foundation, Mecosta County Community Foundation, Lake County Community Foundation, Community Foundation for Oceana County, Mason County Veterans Endowment Fund of the Community Foundation for Mason County, Pennies from Heaven Foundation, United Way of Oceana County and United Way of Newaygo County, engaged Altarum with a desire to expand the MiVCAT project into Region 4A and beyond the limits that the Region 4 VCAT project had previously covered. These partners requested that Altarum conduct a community assessment to provide insights into this rural sub-region's strengths,

weaknesses and challenges in serving the Veterans who reside there. The findings from the community assessment are provided in this report.

Approximately 15,500[5] Veterans reside in region 4A. Of these, the largest number live in Newaygo County with 3,982 Veterans. Mecosta County has 3,137 and Mason County 2,554. Oceana County has 2,316; Osceola County has 2,124, while Lake County has 1,403 Veterans.

Exhibit 2-2: Region 4A VA Catchment Area in Lower Michigan



Region 4A falls within two Veteran Affairs health care system catchment areas. Exhibit 2-2 displays these two catchment areas. Veterans living in Osceola County are assigned to the catchment area of Aleda E. Lutz VA Medical Center in Saginaw, and are also able to access care at the closest Community Based Outpatient Clinics (CBOC), which are located in Clare (Clare County) and Cadillac (Wexford County). Veterans who live in Mason, Lake, Oceana, Newaygo, and Mecosta Counties are assigned to the catchment area of Battle Creek VA Medical Center (BCVAMC) in Battle Creek. These Veterans can register for care with BCVAMC (Calhoun County) and are able to utilize the CBOCs in Muskegon (Muskegon County) and Wyoming (Kent County as well as the Battle Creek VA Northern Rural Expansion Program (NREX).

To discern the service needs and experiences of Veterans residing in Region 4A, Altarum gathered information through interviews with key regional leaders/service providers and by conducting six focus groups with Veterans from the region. Altarum used a standard protocol for interviews and a separate standard protocol for focus groups. Both protocols have been validated through iterative modifications and use with similar Veteran and provider populations over several years.

[5]Affairs, D. o. (2016, 05 20). *National Center for Veterans Analysis and Statistics.* Retrieved from Department of Veterans Affairs: https://www.va.gov/vetdata/expenditures.asp

Provider Interviews: Twenty providers from different types of public and private organizations including federal, state, and local agencies were interviewed for this assessment. Many of the providers were Veterans themselves. Interviews were conducted throughout the month of January, 2017.

Veteran Focus Groups: Six focus groups were conducted in January and February, 2017. A total of 59 Veterans participated in these focus groups, which were held in Mecosta, Newaygo, Oceana and Osceola Counties. The Veterans who participated in focus groups served during different eras. We conducted two groups with Gulf War/Post 911 Veterans, three Vietnam Era Veterans Focus Groups, and one focus group with women Veterans. The earliest start of service was January 1959 and the latest end of service was marked by two participants currently serving. Each group averaged 10 participants (range of 7 – 11 Veterans per group). In addition to participation in focus groups, all 59 participants also completed a survey. Responses to this survey captured demographic, employment, socioeconomic, and other key indicators summarized in Exhibits 2-3 and 2-4 below.

Exhibit 2-3: Veteran Focus Group Participant Characteristics: Ages and Periods of Service

Group	Average Age	Age Range	Earliest Start of Service	Latest Start of Service	Latest End of Service
Post-9/11 (and 1st Gulf War)	38.2	26-58	Mar-79	Jul-09	Still Serving
Vietnam Era (and 1970s to 1980s)	68.7	54-78	Jan-59	Sep-79	Jul-02
Women Veterans	56.7	36-65	Feb-71	Dec-01	Dec-10

The majority of the participants (n=52) were male; seven were female. The groups were mainly non-Hispanic white with only two African American and three American Indian participants. There was a relatively even distribution of household income[6] between brackets up through $50,000, but only thirteen percent of participants reported receiving more than $50,000 per year. Merely twelve percent of participants were employed full time. Of the ten percent of the Veterans who said they were unemployed, half of them were not seeking employment. While Veterans did not report family size, we estimate based on experience with similar studies that at least half of the Veterans participating in focus groups have household incomes below the federal poverty level.[7] Nearly half of the Veterans participating in focus groups (47%) were retired, and 29% of participants were disabled. Most participants were either married (58%) or divorced (31%). Sixty-five percent of Veterans had at least some college education, while only three percent had less than a high school education. Over half of the participants had served in the Army (56%) and most (76%) had served in a combat theatre or zone. Only five-percent served as officers. About half of the participants receive all or most of their care from the VA. Sixty-nine percent had a service-connected disability. This is a specific disability rating given by the VA and not associated with employment-related disability.

[6] Given eleven percent of Veterans reported being employed and thirteen percent reported income of $50,000 or more, household income may have included the income of another member(s) of the household and/or retirement income.

[7] https://obamacare.net/2017-federal-poverty-level/

Exhibit 2-4: Veteran Focus Group Participant Characteristics (n=59)

Characteristic	Number	Percent
Gender		
Male	52	88%
Female	7	12%
Race/Ethnicity		
Non-Hispanic White	54	92%
African-American	2	3%
American Indian	3	5%
Mixed-Race	0	
Other	0	
Annual Family Income Before Taxes		
Under $10,000	10	17%
$10,001-$20,000	10	17%
$20,001-$30,000	12	20%
$30,001-$40,000	11	19%
$40,001-$50,000	8	14%
$50,001-$65,000	3	5%
$65,001-$75,000	3	5%
Greater than $75,000	2	3%
Employment Status*		
Employed Full-time	7	12%
Employed Part-time	7	12%
Self-employed	2	3%
Unemployed, seeking employment	2	3%
Unemployed, not seeking employment	4	7%
Disabled, unable to work	17	29%
Retired	28	47%
Marital Status**		
Single, never married	7	12%
Married	34	58%
Divorced	18	31%
Separated	1	2%
Widowed	2	3%
Educational Attainment***		
Less than High School	2	3%
GED	7	12%
High School Graduate	11	19%
Some College	13	22%
Associate's Degree	14	24%
Bachelor's Degree	7	12%
Graduate Degree	4	7%
Other (21 trade school courses)	1	2%
Branch of Service****		
Army	33	56%

Navy	12	20%
Air Force	4	7%
Marines	11	19%
Coast Guard	1	2%
National Guard	6	10%
Currently Serving in the National Guard or Reserves	2	3%
Served in a Combat Theater or Zone (n=59)	45	76%
Rank		
Enlisted	56	95%
Officer	3	5%
Enlisted then Officer	0	
Is using the VA for Health Care		
All	17	29%
Most	12	20%
Some	16	27%
None	14	24%
Has a service-connected disability or condition	41	69%
* Percent adds up to more than 100% because several participants indicated Retired, and Self Employed, or, Employed Disabled, or Not seeking Employment.		
** Percent adds up to more than 100% because one respondent selected Married, Divorced, and Widowed, and another respondent selected Married and Divorced.		
*** Percent adds up to more than 100% because one participant wrote-in attended Trade School, and selected two choices: Some College and Other.		
****Percent adds up to more than 100% because some participants served in multiple branches.		

3.0 Findings: Issues, Challenges, and Opportunities Identified in the Key Informant Interviews and Focus Groups

This section of the report describes the findings from the service provider interviews and Veterans focus groups. The narrative and quotes below reflect the impressions of the providers and Veteran participants in this assessment. Quotes have been drawn from verbatim recordings and edited for clarity and readability. The intention and meaning of quotes has not been altered in any way. Themes and quotes are included only if they reflect inputs by at least two participants. There may be some cases where the impressions stated by participants were based on partial information or misunderstandings of the participants. In such cases stakeholders who are concerned about such impressions may want to take action to correct these misperceptions.

3.1 Profiles of Veterans' Attitudes and Actions Relating to Accessing Veterans Services

An array of personal and environmental factors was reported to have influenced Veterans' experiences accessing services. For some, these influences originated prior to their separating from the military and continue to this day, even scores of years later. These precipitating factors are presented as vignettes which follow. Many of the Veterans' experiences involve factors presented in multiple vignettes.

They left the military and never returned to access benefits and services. For many of these Veterans, their transition assistance was likely brief, superficial and given at a time when they were not ready to hear it. This holds as true for the new Veterans as it did for the older Veterans. Women Veterans were also in this group. For the Vietnam Era Veterans, many returned home to jeers, insults, and even physical violence perpetrated by their fellow citizens. They learned quickly to take off their uniforms and not to show any outward signs of being affiliated with the military. Even though national pride and respect for Veterans has made an about face in more recent times, some estimate that over half the Vietnam Era Veterans never returned to connect with the services and benefits they earned and deserved. These Veterans are your neighbors in Region 4A communities and the surrounding area. Other Veterans, many of whom represent the Gulf War/Post 911 Era, did not require any services. They include those who got jobs that provided sufficient pay and benefits, had pensions, or both. This latter group is well-cared for and not the subject of further examination in this report.

> *"I would not wear this hat [Vietnam Veterans cap] the first 20 years after I got out. If you were a Vietnam Veteran you didn't say anything about your service. We just didn't talk about it."* -- Vietnam Veteran

They left the military but subsequently did return to access benefits and services. These Veterans are a subset of the previous group, but eventually an event or need prompted them to return to access services and/or benefits. The loss of a job or the gradual or sudden loss of health, income, or benefits from another source often triggered this shift. There may have also been another Veteran or Veterans who were key to informing them there were services available to alleviate the hardships they were experiencing.

> *"I didn't know I had a problem until 2012. I met a [retired Colonel] who spent five minutes with me and told me I had PTSD [Post Traumatic Stress Disorder]. He said 'go to your local guy [for help]'"* -- Vietnam Veteran

They felt others were more deserving. Reported also as "pride," this was a theme repeated with the connotation that these Veterans didn't want to use up a benefit another Veteran needed. There was an underlying notion of service scarcity in this report with Vietnam Era Veterans. This belief may have been occasioned by witnessing Veterans who were severely wounded or otherwise injured as a result of their service. On the other end of the spectrum was the notion that these Veterans didn't want anything from the government, except, perhaps, to be left alone.

> *"Getting Veterans to overcome their pride when they need help [is a major challenge]."* -- Provider
>
> *"We didn't feel like we wanted to take anything away from somebody else that needed something. We just took care of ourselves and what we needed to do."* -- Woman Veteran
>
> *"It didn't even occur to me [to sign up with the VA]. I came home well; I wasn't shot up… The Veterans that do need these benefits, I didn't want to deprive them of those benefits that cost money. The director of the Commission on Aging said that's hogwash, it's not the same pot of money, those are your benefits, you deserve it, and you need to get signed up."* -- Vietnam Veteran

They urgently needed intensive care services. Two Veterans, both from Vietnam era, were in such a highly fraught state of emotional distress and physical disrepair they seemed to suck the air out of the room. They appeared gaunt and drawn. One shared a disjointed, confused tale of financial hardship and fear of being evicted onto the street any day:

> *"I enlisted from school with the National Guard, I was in six years and the area was contaminated; polluted water, chemical warfare and everything. I ended up with… breast cancer three times, and throat cancer. And I really get upset because I have lost all my buddies because of Agent Orange. I think of all the Veterans. I have a DD [Department of Defense Form] 214 and I can't find it… I went back to get the records for my breast cancer, and they said they got rid of those records long…ago. There is no cancer with my family at all. My dad died of a massive heart attack, and my mom is 101 years old. I [have] take[n] care of her now for 47 years. I just want to get my DD 214 so I can get my medical [care]."* -- Vietnam Veteran

Another Vietnam Era Veteran presented a similar state of hardship, triggered by his reportedly receiving a bad conduct discharge after deserting the military following a plane crash he said he survived while other airmen died:

> *"If I can get help with actual paperwork, I can probably … get medical benefits. But I would never get a retirement. The medical is all I care about it. With the VA, I never really cared about the money aspect; I just always wanted the medical to not get that $5,000 medical bill. Right now I am waiting for surgery on my neck, my hands, and my legs. This is all related to the plane crash I was in."* -- Vietnam Veteran

Both of these Veterans had brought stacks of papers with them to the focus group, hoping someone would help them sort through and make sense of them all.

> *"I got a cardboard box for 20 years with all the paperwork that is just stuffed in a corner, that's the way I feel about things now a days."* -- Vietnam Veteran

A woman Veteran reported similar hardships, relating having been "blown up" in combat, and said she represented the female Veterans who were in combat when women Veterans weren't supposed to have been in combat.

> *"I got 15 pages of medical records; my actual deployment record. It's all gone because when I was in, females were not allowed to be in combat, and I was the only female in combat in the country, not on record. They wrote down that I was accounted for when I was doing hazardous duty cleanup. We are still navigating it and trying to figure things out."* -- Woman Veteran

Yet another younger Veteran, who reported noteworthy success in college, related that he now experiences severe headaches that have derailed his education and relegated him to living on a VA pension and being deep in debt.

> *"I didn't even know about VA Pension Disability Fund; I lived off $100….after I first got sick, I collected pop cans in Big Rapids because I had absolutely no money, and I am $200,000 in debt for being in pharmacy school… I couldn't complete it, and I didn't have any information about the VA pension fund until about two or three months ago, and social security insurance dropped me for some reason because of old records from the VA… if I didn't have the VA pension fund to fall back on, I would probably be dead right now …because I had so much stress. If you put things at key places where people need help…DHHS [Department of Health and Human Services], social security, maybe even a police station … someone… going through troubles…will see there is help out there."* -- Gulf War/Post 911 Veteran

They didn't know who to ask or what to ask for. This was a theme that cut across all groups, including those Veterans recently separated from military service as well as those who did so long ago. Some Veterans in this group did not require services, whereas others seemed to need everything (housing, financial assistance, health care, rehabilitation, counseling, etc.). Sometimes it was through sheer luck that they came learned about the availability of benefits and services they needed.

> *"I've worked here [Reed City] for 13 years. It wasn't until I started going to the VA and they told me about Voc[ational] Rehab[ilitation]."* -- Gulf War/Post 911 Veteran
>
> *"I really didn't retain a whole lot [from transition classes]. It … seemed to focus on, 'here's a bunch of information on different services,' just a shotgun blast of all of it. Ninety percent of it was 'here's how to write a resume.' So when I got out, it was like, 'who do I ask and what do I ask for?"* -- Gulf War/Post 911 Veteran
>
> *"About transitioning into civilian world, in general it feels like nobody gives a ***. It feels like we were trained … to go off and kill and be leaders and fight for our country, but we were not desensitized [or] trained to reintegrate, we were not trained to do anything else … They didn't deal with clearing up all the medical stuff, they didn't deal with getting you therapy… We were just a number and pushed out the door. I felt like when I was going through airborne training again, that hook up and out the door, there's a green light, boom, I am a civilian now."* -- Gulf War/Post 911 Veteran

They knew about the benefits they were eligible for and pursued them with rigor and tenacity until they received them. These Veterans were connected with other Veterans who continued to help and encourage them during an all-too-often protracted period of years, where VA claims were filed, rejected and appealed multiple times before they finally succeeded in receiving benefits. These Veterans tended to be members of local Veterans services organizations (VSO). These VSOs make it a point to educate their members on benefits available to Veterans and assist them in obtaining benefits.

> *"Veterans helping Veterans – I was talking with a Veteran with three Purple Hearts, a plate in his head, he was getting 10 percent from the VA. I said, 'what in the hell is wrong with you man?' I took him to our guy [NAME] and to Battle Creek, now he is 70 percent."* -- Vietnam Veteran

3.2 Experience Learning About Services

There are variations in services provided, their delivery, and information about their availability among counties within Region 4A. Where Veterans live was reported to be an important determinant of how readily he or she can find out about available services. Veterans reported limited ability to find out about the services through the County Veterans Service Officers (CVSO), largely because many CVSOs are not available on a full-time basis, staff turnover is high, locations are hard-to-find, and there is a lack of advertising about available services. The following are based on Veterans' responses to focus group questions about finding out about services, and provider responses to interview questions addressing the same issue.

> [How easy it is to find out about services?] *"Depends on what community you live in. [In] Mecosta, I know they moved the gentleman who used to be in the county building to the Michigan Works building, but he works part time, so it's kind of hard to get ahold of him. He needs help."* -- Gulf War/Post 911 Veteran
>
> *"It was easy to find out about services when I was in [the military], but when I got home, I'm from Newaygo County… it's 'who do I talk to?' I know I have these benefits available, but where and who do I speak with? It's not really clear. They don't give you a directory when you're getting out and doing your separation stuff. It's kind of trial by fire. You go and talk to the American Legion or VFW [*Veterans of Foreign Wars*] for other Veterans. If there's a way to get this information spread out, if it's through the chamber [*of commerce*] or a monthly in the local papers or something."* [Another Veteran added] *"That's especially true in Reed City….I knew I had the GI bill but I didn't know I could get Voc Rehab until I was a year and a half in… Voc Rehab is an awesome program but I think that information should have been readily available."* -- Gulf War/Post 911 Veterans
>
> *'I didn't know about anything I was eligible for until I started coming to school, and then I found out about every county having a Veterans Affairs office. Then I started working at the Isabela office and found out they don't have a budget to advertise their services, and….the Veterans Services Organizations… don't crosstalk with the County Veterans Services officers at Veterans Affairs."* -- Gulf War/Post 911 Veteran
>
> *"One of things that I noticed in Osceola County was not finding out about the services until after they already had something going on with the police, because the Police would then refer them to the VSO. That is a terrible way to find out about services, a little late."* -- Gulf War/Post 911 Veteran
>
> *"One thing I did feel when I got out is there was so much information out there and so many resources that finding out which were right for me [was difficult]."* -- Gulf War/Post 911 Veteran

Providers shared their impressions about how hard they thought it was for Veterans to find out about their services, and commented as well on their own experiences trying to connect Veterans with needed services. Some providers connected with the West Michigan Veterans Coalition reported having experience using the Podio collaboration tool.

> *If they* [the Veterans*] are not ready to accept services and independent, they will not see the services as an option. When they are ready to accept services and help, then we are at the top of their list."* -- Provider
>
> *Podio is excellent tool I keep on my desktop in quiet mode, and if there is a shout for services, we give it a read to see if we can help you can go onto Podio and can state what it [the need or problem] is, [for instance] an individual needs health insurance, where to find insurance for him and his family. And there is somebody that is on Podio and can answer that question … somebody else [identified] that service need and responded to it, and that's great, it's what we need here."* -- Provider

Most often, Veterans reported finding out about services by word of mouth. Not surprisingly, this was the method they said they most preferred. This finding was consistent with those of the community assessments performed by Altarum in all 10 regions in Michigan.[8] Veterans talk to other Veterans, family members, and service providers they know.

> *"I use a lot of word of mouth through other vets, and then once I hook up with organizations, I start spreading the word through other vets."* -- Gulf War/Post 911 Veteran
>
> *"It wasn't until I had a psychological breakdown when I was talking with the social worker at Cadillac that she told me that we had a service officer down here [Mecosta County]."* -- Gulf War/Post 911 Veteran

For providers and Veterans who were more knowledgeable of Veterans services, many mentioned their CVSO or a VSO from one of the service organizations -- Veterans of Foreign Wars (VFW), American Legion, American Veterans (AMVETS), Disabled American Veterans (DAV), Marine Corps League, etc. Other sources mentioned as good by both providers and Veterans included the newspaper, and flyers/brochures. There was little mention of online resources (websites, Twitter, Facebook) and then almost exclusively by the younger Veterans. Some did say they believed that television, radio, newspapers and billboards would be effective ways to share information about available services. Several Veterans mentioned that receiving a direct letter in the mail would be effective. When Veterans and providers were asked if they were aware of 211 and 1-800-MICHVET (two statewide referral centers) most were not aware of these services. As far as the ease of finding out about services, the general consensus seemed to be if you know who to ask, it's easy but if you don't, it's difficult to find out.

[8] Michigan Veterans Community Action Teams Community Assessments at www.Altarum.Org/VCAT-Resources

> *"I just found out about Voc Rehab in this room. I've never heard of it before."* -- Gulf War/Post 911 Veteran
>
> *"It was completely out of the blue [how I found out about Vocational Rehabilitation]. I had to drop a class, and called the VA to pay it back. They asked me what program I was in, and they just happened to tell me I qualified for Voc Rehab. It was completely random."* -- Gulf War/Post 911 Veteran
>
> *"I didn't know I had VA benefits when I got out of the military. So it wasn't until I got very sick… cluster headaches, my Dad took me to the VA in Ann Arbor."* -- Gulf War/Post 911 Veteran
>
> *"[I know about services]… one, because of being a Veteran myself, two before I refer someone to an agency, I talk with them, three because [of] our network Veterans Community Action Team, and four, the MVAA website www.michiganveterans.com."* -- Provider

3.3 Working with CVSOs and VSOs

There was variation in reports of service satisfaction among Veterans who had engaged with CVSOs and VSOs. The differences in satisfaction stemmed from impressions of availability, follow-through, follow-up, helpfulness and knowledge of services available to assist Veterans. Veterans generally expected that CVSOs know about services available in the area, and did not focus solely on simply filing claims but they seemed to also understand that these CVSOs were understaffed and lacked capacity to provide more or better service.

> *"The old [C]VSO for Osceola County… was volunteering his own time, he was only scheduled Mondays, Wednesdays, Fridays, and he was coming in on Tuesdays and Thursdays. People needed his help."* -- Gulf War/Post 911 Veteran
>
> *"The [C]VSO in Mecosta, that guy needs help, it's not the fact he is not doing the work, it is just that he has a lot of stuff [to do] and for him to be working an entire county by himself part-time."* -- Gulf War/Post 911 Veteran
>
> *"I filed my claim through [NAME], CVSO in Newaygo County. She did an excellent job, but there were also some things that irritated me. One, when she transferred out of her office, the new guy who came in didn't touch base with me, and the guy who was supposed to come in cancelled on her and then the guy who came in didn't inform [me that] they were changing, [he] could have called and followed up with me and said, 'hey, I think you need to follow-up on this… claim.' I had a guy at the VA front desk tell me I needed to follow-up on it. Why is that? Shouldn't it be my representative?"* -- Gulf War/Post 911 Veteran

Providers and Veterans reported that five of the six counties had part time CVSO or VSO support from the Michigan Veterans Coalition. Newaygo County was the only county reported as having a full time CVSO. These CVSOs were described as a resource open to all Veterans and serve as the frontline, helping and assisting them to navigate resources.

> [How is that working out being part time VSO?] *"Actually it's getting tough right now because I actually work over 30… hours a week. I work five days a week, but I only get paid part-time. The committee is working on getting me full time."* -- Provider

Being part-time was limiting to the amount of support the CVSOs could provide.

> *"Our main purpose is to assist Veterans applying for benefits through the VA compensation and pension for service connected illnesses or injuries while on active duty. This includes requesting medical and discharge records and awards to establish the Veterans' eligibility for services."* -- Provider

Some counties also offered additional services for their Veterans, referred to as county incentives. These included county burial funds and the Soldiers and Sailors Relief Funds (SSRF) that are administered/approved by a County Veterans Affairs Committee. The individual counties determine their policies for administering these funds.

> *"We serve all Veterans, but some of our benefits are county benefits that can only be used by Veterans from this county"* -- Provider

Some younger Veterans didn't feel welcomed by the Veterans Service Organizations (VSO) in their communities and/or had the impression these were more social clubs for the Vietnam Era Veterans.

> *"Most of the service organizations are hard for people of our age to get into because they have older, Vietnam Era vets, because they have their mindset and don't really recognize our war as a war."* – Gulf War/Post 911 Veteran

Others found the VSOs to be open and welcoming, but *reportedly* some required Veterans to be dues paying members before they would assist them. On the other hand another Gulf War/Post 911 Veteran stated he was a VSO leader and said they were very helpful.

> *"I didn't have this negative experience about the Veterans Service Organizations, I got out and joined my local American Legion and ended up becoming the Vice Commander shortly thereafter, and we were adamant on community involvement and helping reach out to the Veterans. We would have the Veterans service officer come to our post twice a month to assist with claims. But when I learned the most was when I became a student; started hanging out with [NAMES] at the resource center….and then talking to other Veterans and heard about Voc Rehab."* -- Gulf War/Post 911 Veteran
>
> *"Pay to play… when I was getting out of the military I was told these were the benefits I would have, they set me up with my disability packet, sent to the VA, as soon as I walked out of the doors they wanted me to be a member before we can give you any information."* -- Gulf War/Post 911 Veteran

3.4 Provider Knowledge of Services Available for Veterans

Providers who reported knowing about other services available for Veterans tended to be those who invested time in finding out how other providers serve Veterans. Attending meetings focused on collaboration and information sharing about services was affirmed by providers who reported more knowledge of services available. These meetings included continuum of care and interagency meetings that were geared towards information-sharing among providers. In addition, providers who were members of VSOs reported these meetings as good sources for learning about services available to Veterans. Some providers also reported collecting information on services available for Veterans from other providers who were distributing information at public/community events.

> *"I developed a meeting…. "Veterans Summit," and the whole meeting was devoted to Veterans' services. We developed that meeting so everyone can meet each other, and who was there, and what Veterans' services they provide, and from that we developed a resource book as well. So everyone would have access to the information."* -- Provider
>
> [How did you acquire the knowledge?] *"From my State Michigan job, some of the outreaching with the different agencies, Big Rapids, Osceola -- homelessness Veterans continuum of care is very useful. It's an awesome group. I have learned so much in the last year and half from those folks."* -- Provider

Providers who reported less knowledge of other services in the community often did not leverage opportunities like those discussed above, in some cases because of lack of capacity. Often these providers were employed only part time, and reported being in a position where, if they are out of the office, Veterans who present for services would find the office closed. It was mentioned that some providers worked part time in order to keep employers from having to pay for health care benefits.

3.5 Connecting Veterans to Services

A theme that is common across all regions where VCATs have been implemented so far is that navigating the Veterans Service System is challenging. Veterans do not know about all the providers who are available to assist them.

> *"That's one thing about the VA, you can get services, but you will not get [any] thing unless you ask for it…..They won't tell you either, you have to find out on your own what's available to you."* -- Vietnam Veteran

However, if there is one local service provider identified whose mission it is to serve Veterans and be that first connection point for Veterans to go to, it is the CVSOs, followed by the VSOs and Veterans Resource Representatives at Ferris State University.

> *"Screening when you are a Veteran -- food assistance, unemployment -- they should be asking these questions regardless if it's on the form or not. 'Are you a Veteran?' That could lead to the county representative [CVSO]."* -- Gulf War/Post 911 Veteran

Still, most Veterans report finding out about services from other Veterans, as mentioned previously. This creates an imperative for informing Veterans that their CVSO should be their first stop for becoming informed. At the same time, providers in Region 4A, both Veterans-specific and those that serve the general public, are eager to serve and/or connect Veterans they encounter with services. In most cases referrals are informal transactions, in which one VSO or provider gives the Veteran the number to call another provider who can assist them. Where referrals require more assistance, the provider may contact the referred provider to ensure sufficient information is exchanged which then ensures that the Veteran receives appropriate services.

> *"[We refer to other agencies] by providing the Veterans with the contact information, and addresses and things like that. I don't reach out to any of those organizations and say 'hey, I am sending a Veteran your way'. We leave it up to the Veteran to make those decisions for themselves."* -- Provider
>
> *"In our communities, I would say [the methods of communication with Veterans are] more of a phone or an in-person situation. By phone I don't necessarily mean calling, a lot of our clients have track phones, we mean texting the client, that way we can go back and forth with them, and it takes up less minutes."* -- Provider

There were two notable exceptions reported. One was health care providers, who use formal procedures for making referrals that strictly regulate the conditions and procedures under which a patient's information is shared with other providers. The second was Goodwill Industries, who reported using an extensive intake tool called Service Prioritization Decision Assistance Tool (SPDAT). As its name denotes, it collects extensive information to help the provider determine the Veteran's needs and prioritizes service administration.

> *"My coworkers really didn't find the value in really diving deep within Veterans status. When I started getting into collecting information… I put that … out to my coworkers during staff meetings, and then it was on their radar to start asking. Because if we not only provide them with services from our office we can be the connection to other services that they can get. It's going to help them, but it's also going to start reducing some of those barriers all the way around. Maybe if they get certain help through Veteran's agencies, they may not have to have some of [our] services anymore."* -- Provider

As previously stated, outreach to Veterans varies with organizational capacity across the region and also depends upon the focus of the particular organization and whether or to what extent Veterans are considered a priority for service. Most providers reported limited capabilities for conducting outreach to Veterans. For instance, where VSOs are part time, they have limited time for outreach and have to rely on the Veterans finding them.

> *[There is] "Always room for improvement [when it comes to outreach]. Our challenge [is] the diversification of our Veterans in the area. [They] are Korean [War to] OEF/OIF [Operation Enduring Freedom/Operation Iraqi Freedom]. They communicate in different ways… we are not on the same medium of communication that they focus on. They rely mostly on flyers, handouts, community events, peer to peer…Pray it gets to the person that needs it."* – Provider

Problems arise when the provider doesn't know who can assist with the Veterans' needs and has limited capacity (time) to find out. This problem is exacerbated by each Veterans service having different eligibility criteria.

> *"There are different things. If you're a combat Veteran you automatically qualify. If you're below a certain income you qualify… there are different qualifications for each benefit."* -- Gulf War/Post 911 Veteran

Additional problems with referrals surface when the Veterans do not fully acknowledge their problems and help the provider to fully understand their issues/needs. Also providers may not make sufficient inquiries to elicit the information needed to completely assist the Veteran.

> *"When it comes to PTSD you have a terrible time maintaining a job. They have a lot of trouble holding on to marriages, and have a lot of trouble in so many different areas. That can indicate you have some sort of problem, and you will need to deal with it. You're a Veteran you deserve the help, it's all up to you to walk in that front door and get help." -- Vietnam Veteran*
>
> *"If you don't know who to ask? Nobody is hearing about this [Veterans service] information, there has to be a way to advertise about where to go for what benefits." -- Gulf War/Post 911 Veteran*

Where outreach does exist, examples mentioned include, having a booth at a public gathering, like a senior expo, county fair, parade, festival or Powwow. These types of outreach can provide good opportunities to engage many Veterans at once. They also offer the opportunity for service providers who attend these events to collect outreach information from other service providers, that can subsequently be distributed to Veterans they serve. Other types of outreach identified as occurring were provider to provider participation in various committees and groups where information is cross-fed among organizations. Groups named included a transit committee, the Commission on Aging (COA), and the Continuum of Care (CoC).

Regarding where providers refer Veterans for support, they mentioned CVSOs, VSOs, 211, True North, the Food Pantry, Feeding America West Michigan Mobile Pantry, Goodwill Industries of West Michigan, Oceana Home Partnerships, Michigan Works, Housing Assessment and Resource Agency, Department of Health and Human Services, Project Starburst, Salvation Army, Love Inc., American Legions, VFW, AMVET, Spectrum Health, the VA Choice Program, and Mid-Michigan Community Action Agency. Veterans said Hire Our Heroes was a great resource. While this is not a comprehensive list, it identifies organizations often mentioned by Veterans and providers as important contributors of support.

3.6 Greatest Needs of Veterans in the Community

Providers reported that the greatest need for Veterans in Region 4A was for permanent housing. Housing in the area was said to be expensive, and Veterans struggle to find housing they can afford.

> *"Housing - absence of low income housing - [is] number one, [then] utility assistance, automotive repair, transportation, and medical."*-- Provider
>
> *"In Region 4 for Mecosta and Osceola, there is only one shelter that is open within the winter months, that's a general public shelter. We go there once a week to meet with clients."* -- Provider

At the same time, providers report that many in the community come together to assure Veterans have shelter:

> *"It's our people that are the strongest at assisting people who find themselves homeless, unsheltered. [They] double up, but they open the door and let them in. The community supports people, because they don't have a shelter [from the cold] or they find family or friends to stay with. In the winter months the churches come together to build a community called Safe Harbor. Each parish opens up church. [It] is a warming center to people who are homeless. The community rises and supports the need."* – Provider

Health care was also mentioned as a high-priority service Veterans need. For older Veterans, health needs were largely related to the process of aging and compounded by the presumptive illnesses associated with Agent Orange (AO) exposure. Thus, screening for AO should be a high priority.

> *"Vietnam era Veterans are our most common demographic."* -- Provider

Veterans enrolled to the Battle Creek VA Health Care System are eligible to use the NREX at various American Legion and VFW facilities in Mason, Lake, Mecosta, Newaygo, and Oceana Counties. The NREX program offers an opportunity for rural Veterans to access various health care services, offering enrollment into the VA health care system, as well as blood draws, mental health evaluation and treatment, occupational therapy, and a PTSD support group. Telehealth is offered at a limited capacity at the American Legion in Ludington.

Veterans' lack of access to counseling and mental health services was reported as another problem. Several barriers prevent Veterans from accessing this important service, the first of which is eligibility. Many Veterans have not established eligibility for VA care -- or any other benefit for that matter -- or are otherwise not eligible. However, VA has most recently published new guidance expanding mental health care eligibility for former service members with administrative discharges under Other Than Honorable (OTH) conditions. This expansion of eligibility is for "emergent" (urgent) "mental health services" only.[9] Veterans and providers can contact their local VA health facilities for information about these new mental health eligibility criteria.

When Veterans need immediate care, they go to the emergency room or Community Mental Health. Since the VA and civilian health care providers work within different systems, Veterans and their families struggle to find additional supports to address mental health care needs caused by military service. Veterans must apply through the VA health care system before receiving VA services.

> *"They tell you to go to the nearest emergency room and you think they are going to pay for it. Then you get a big bill."* -- Vietnam Veteran
>
> *"I think it's a catch 22, it's wonderful that they [VA] are funding anything in the rural areas, but if they were really wanting to meet the needs -- and what I hope this assessment that you are doing shows -- is that there needs [to be] a lot more funding to do this. Saginaw is an hour away, Battle Creek two hours. Saginaw doesn't have an inpatient PTSD program. Vets are out here by themselves."* -- Provider

[9] Department of Veterans Affairs Memorandum, Access to Mental Health Services for Other Than Honorable Discharged Service Members, Poonam Alaigh, M.D., Acting Under Secretary for Health (10), March 20, 2017.

Providers and Veterans indicated that transportation was a major challenge, both in terms of getting to medical appointments and in finding employment. Distance to the nearest VA medical facility was a problem for many Veterans that highlighted the need for reliable transportation.

> *"The VA hospital sees the Vet Centers as responsible for combat PTSD rural Vets. The Vet Center sees the hospitals [being] responsible after a year and [a] half [of treatment], because they… don't have the budget to expand, or let alone sustain, ongoing care."* -- Provider
>
> *"Getting [a Veteran]) into the mental health facility in Wyoming…I have to get them to their primary care physician and I can't get an appointment for six months to see their PCP [Primary Care Provider], and then three more months they get them to see a psychologist. Once I identify a need for psychiatric care, it's going to take me nine months to a year to get into the system in Wyoming."* -- Provider
>
> *"DAV [Disabled American Veterans] provides a van [to] go to Battle Creek or Ann Arbor. It's an all-day affair and some of the Veterans can't handle it."* -- Provider
>
> *"The closest [VA] hospital [is] Saginaw or Battle Creek, the clinic is Wyoming or Cadillac. These guys need to travel pretty far for their appointments."* -- Provider

Relating to the problem of access to health care in this rural area, a provider commented, *"Access to VA services needs to be looked at in the rural community… and transportation to get there."* -- Provider. Another provider identified a solution. *"The Northern Rural Expansion Team is a solution to the lack of transportation."*

Region 4A spans two VA catchment areas, as introduced in Section 2.0. This means Veterans have to choose an area in which to enroll. Providers and Veterans reported that a lot of Veterans experience transportation barriers, as they may not drive or have reliable transportation, can't afford to drive, and/or don't have the ability to drive to the VA facility. Even though the VA does offer a number of services, some Veterans are not accessing them for reasons previously stated (pride, scarcity belief, unaware, bad prior experience, inability to access).

> *"A lot better coordination with service organizations and the VA and Veterans services organizations. A lot of turf issues with Veterans organizations (DAV, American legion, VFW, and the VA, etc.). There is that mythical line between 'what's the Saginaw catchment area and what's Battle Creek's catchment area?' Why are they not communicating regularly with public relations, TV and radio spots, and newspaper articles written by public relations people letting them know what's available to the community?"* -- Provider

Veterans had mixed comments about the VA's Choice program; some found it helpful, while others reported experiencing problems.

> *"That Veterans Choice that's a good thing, I got my hip replaced and I might have to pay $79."* -- Vietnam Veteran
>
> *"Veterans Choice works for some people. I can't get on. I have called the number and no one returns my calls."* -- Vietnam Veteran

Providers mentioned issues with the program as well. The problems described most often occurred when the Veteran felt he/she needed care urgently, but there were no appointments available. The VA policy requiring Veterans to go to the closest emergency room reportedly causes frequent problems; respondents say there is no VA emergency care available in this area, and that the two hour car ride required to get to VA emergency care is not practical. If a Veteran decides instead to go to the nearest civilian emergency room, s/he is supposed to notify VA within 72 hours. If they do not -- and, Veterans reported, sometimes even when they do -- there is no guarantee that the VA will pay for care. Several Veterans related their unexpected receipt of an expensive medical bill. This type of issue may arise when the Veteran is using their personal judgement about what is an "urgent" or "emergency" health issues, whereas the medical authority uses a medical definition. This issue should be discussed with VA medical officials to gain understanding of the definitions being used to determine the party responsible for paying the bill. This discussion could be facilitated by the MyVA community representative assigned to Region 4.

Other high priority needs Veterans and providers identified were for utilities, vehicle repairs, and food. Providers and Veterans gave accounts of filing claims with the VA that took years of refiling and appeals to finally receive approval. Lack of good paying jobs was another need that, when viewed along with the other needs, contributes to a cycle of unemployment, leading to a subsequent lack of financial resources to meet basic needs. When Veterans reach the end of their options, either they or a family member seeks assistance. A triggering event often reported is the Veteran receiving an eviction notice from their home because they cannot pay their bills.

There were not many inputs from assessment participants about employment, but there was significant discussion about the work study program being an opportunity for college students to gain work experience and for employers -- the CVSOs specifically -- to receive much-needed manpower support.

3.7 Improvements and Solutions Suggested by Participants

One of the key recommendations made by both Veterans and providers was for more effective outreach, to inform Veterans and providers about available services and how to access them.

> *"I think what needs to happen, [is] a very well organized PR campaign… Veterans are not unappreciative; they remember folks that remember them."* -- Provider
>
> *[The]"Key person behind all of this is the [County] VSO… who needs to do more than just sitting and handing out pamphlets. Face to face conversation [is what's needed], [the] pamphlet is the memory jogger, the principle marketing, information, [is the] county newspaper….There are not enough stories."* – Provider
>
> *"The rural area uniquely has a big heart, and if they are given the information they will rally the best they can, even though they may step over themselves and duplicate and sometimes go way out of the way not worrying about turf issues. Rural area uniquely suited for some positive leadership to learn to be more productive and helpful…. They have a big heart for Veterans; it's a matter [of] not rearranging the deck chairs on the Titanic. But take the direction of the big heart to maximize our resources so we are not spinning our wheels."* Provider

Providers often acknowledged that their office was only able to do limited outreach because of limited budgets and time. One provider discussed different ways they were looking at reaching Veterans. A theme suggested was "help your neighbor", clarifying that the message includes helping anyone who needs help in the community. Another suggestion was to engage the business community to provide assistance with, for example, groceries and prescriptions. The town hall format was suggested for providing information to Veterans.

> *"One of things we could do is have a town hall. Where? Most town halls are centrally located; you can target the township boundary, 30 Township halls that's 300 people. Advertise it. Smarten up your folks. Gather at township halls, Veterans posts, Masonic Lodge, Odd Fellows, fraternal organizations, Pentwater, Ludington Yacht Club."* -- Provider

Student Veterans enrolled in school expressed the critical importance of schools engaging Veterans at initial orientation:

> *"[In] 2015 I went through late [college] orientation and was pushed through, and then I talked to [NAME] first week of classes and got involved with the SVA [Student Veterans of America]… the one thing I said was 'we have to get a hold these guys before they start, or else they just walk around lost and have no idea what the hell they have available'."* – Gulf War/Post 911 Veteran
>
> *"College orientation needs to have somebody that knows the Veteran stuff to help students."* -- Gulf War/Post 911 Veteran

When engaging Veterans, effective intake was identified as a way to ensure they receive the comprehensive services needed:

> *"I go through a battery of services" [the Veteran might need]. -- Provider*
>
> *"We do homeless intake with every Veteran, every encounter… We ask the Veteran if they feel fearful of becoming homeless in the next two months… [If they] answer yes, we automatically put them in [to speak] with a social worker to follow up." – Provider*
>
> *"We need to be better with crises services… [We need] to have an intervention team" [and follow] a protocol." – Provider*

Effective communication was reported as the key to a successful process for referring Veterans to the appropriate support services.

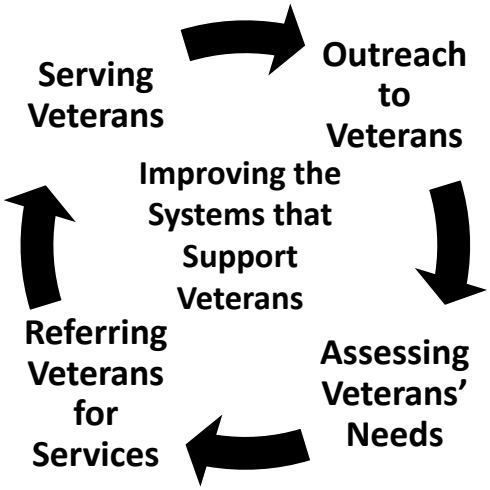
> *"Keep it a simple process; it's as simple as communication. Just communicate those needs and requirements and have time to discuss with our partners what the situations are within our area of responsibility. We may be able to pinpoint… what the critical items are that we need to address."* -- Provider

4.0 Recommendations

Our findings suggest a critical need to improve the systems that support Veterans in Region 4A. The recommendations below are based on the shared objective of empowering those who serve Veterans with the processes, information and tools required to connect them to timely, appropriate services and support. Providers in Region 4A can amplify their support to Veterans in the same way this has occurred in other areas across the state. Since 2013 this project has assisted service providers statewide in connecting thousands of Veterans with services and contributing to these Veterans' quality of life. Providers have consistently reported serving more Veterans, serving Veterans more completely, and developing valuable working partnerships with other providers by participating in the VCAT project. Our overarching recommendation is to expand the VCAT into Region 4A in order to provide these proven benefits to the Veterans who reside there.

This report has identified several issues embedded in the Veteran service system investigated in this assessment of Region 4A. Overarching recommendations are presented followed by recommendations for each process shown in Exhibit 4:1, below. In developing these recommendations, care has been taken to consider and recommend actions that communities with limited resources can implement without unrealistic resource requirements. Then, some stretch "blue sky" recommendations are made to stimulate thought and discussion about higher order solutions.

Exhibit 4:1: Veterans Service System Process



4.1 Improving the Systems that Support Veterans: Develop a VCAT Hub

This community assessment of Region 4A has provided insights into important opportunities for improving services to the Veterans in this area. We believe that the process through which community leaders, service providers, Veterans' advocates, and others with a passion for ensuring

their communities' Veterans are well-cared for can come together to combine resources to accomplish what cannot be accomplished alone.

By developing a VCAT hub -- or service provider network -- in Region 4A, providers will be linked to hundreds of other providers who serve Veterans in and around the region. The hub would promote membership in Podio, enhancing providers' capacity to connect Veterans with much-needed services. It would also provide the opportunity for providers to participate in networking events, and to join working groups of like-minded providers with the shared goal of reducing barriers and improving services and support for the Veterans in their communities.

This strategy has been effectively implemented throughout the State of Michigan and in pilot sites across the country. The VCAT project in Michigan has been designated a national best practice by the National Association of State Directors of the VA (2016) and has received the Employer Support of the Guard and Reserve (ESGR) Seven Seals Award for support to the ESGR mission in Michigan (2015). With participation of Region 4A, this VCAT can serve Veterans even better by focusing specifically on the challenges faced in rural communities.

4.2 Outreach to Veterans

Improvements are needed to help Veterans and service providers identify one another. The goal is for Veterans to receive services before their needs escalate and become significantly more difficult to address. This requires linking Veterans to services sooner than they currently are. Communities should consider their contact opportunities for engaging Veterans. Since there is not always a good way to identify Veterans in the community, these contact opportunities could start with the general public. Communities already engage Veterans at community events, as reported in the previous section. This is important but insufficient. As recommended by our study participants, holding town hall meetings or Veterans' Fairs specifically for Veterans is worthy of consideration and would make a good initiative for a new VCAT. Community meetings organized by the service providers would afford them the opportunity to speak to Veterans and distribute information about their services, as well as to develop connections with and gain information about other providers. Employers with jobs openings should also be invited to participate. Further, we recommend coordination with the Michigan Veterans Affairs Agency to explore the possibility of gaining sponsorship by the National Chamber of Commerce to conduct their program in Region 4A. Michigan Works should also be consulted. Should this require a long period of planning and coordination, the community could also organize an interim event in the short-term. The Region 4 VCAT could advise on the appropriate scope, based on the readiness and capabilities of the community.

Given the finding that there are many Veterans who report being completely disengaged from services, there needs to be a strategy in place to identify and contact this group. A core message can then be developed to engage these Veterans. Based upon our experience effectively increasing outreach in other VCAT communities, we recommend including the following core content be addressed in this message:

- You are important to our community
- You have served your country and are worthy of honor for doing so
- There are benefits and services available for Veterans that we want you to know about

- Please contact us for further information (mail, phone, email addresses)

Using the VCAT outreach and service information process, providers are asked to include this message in the outreach materials distributed to the general public. This process is a time and cost efficient way to get messages into the communities' wider communication channels. These messages should be published and distributed at locations, such as health care provider offices and hospitals, government offices, grocery stores, churches, social clubs, schools, and community centers, often frequented by community members including Veterans. Consider requesting that local utility and water providers include this message as a public service announcement or in newsletters mailed with their billing statements and communications with the public. These same messages could be used in ongoing public service announcements via newspaper, TV, radio, billboards and other distribution sources. As a starting point, we recommend the CVSO be considered as the point of contact listed on the communication above, although ideally, this role would be filled by a full-time representative (which is often not the case of CVSOs).

4.3 Assessing Veterans' Needs

Service providers should ask questions of the Veteran when they present for service, particularly if the service they are requesting indicates the Veteran may have more systemic needs. This action requires the provider to adopt a philosophy of being inquisitive and seeking to resolve the underlying problem. The process can be as simple as asking "why" in responses to the Veteran's description of their need(s) until the root cause is identified. For instance, if the Veteran is unable to pay their utility bill, buy food, pay to fuel their car or have it repaired, there may be other issues that need resolution. It could be the Veteran has compensable service connected conditions but the Veteran has never filed a claim with the VA or perhaps the Veteran would be eligible for services through Health and Human Services or another service provider. Deeper questioning in such cases could identify a sustainable solution. Assessing whether Veterans have filed for VA Compensation and Pensions should be highly prioritized. Further, some providers interviewed as part of this study reported using assessment tools that promote asking more detailed questions. Some providers indicated they are only part time, which may limit the amount of time they can spend with a Veteran. Where time is a limiting factor, another approach would be to refer Veterans to providers with more robust assessment capabilities.

4.4 Referring Veterans for Services

As the study found, most referrals among providers within Region 4A are informal, consisting of providing phone numbers and/or making calls on behalf of the Veteran to ensure they are being connected to a resource who can assist them. It is preferable that Veterans receive a warm hand-off when they are referred to ensure they receive the services they need. A single point of failure with the referral process is not knowing who to refer a Veteran to or worse yet, there not being a resource available who can meet the Veteran's needs. While there are problems that can't be solved, the solution requires, first and foremost, educating and empowering service providers so they know about all services available to Veterans and helping them access these services. As will be explained further under Section 4.5, we recommend service providers take the opportunity to join the online collaboration tool, Podio in order to establish connections with providers in their area and throughout western Michigan, who can assist one another in serving Veterans. Using this tool, providers don't have to know about every provider and keep all these providers' profiles and service information up to date, they only have to keep their own information current and know how to communicate with other providers using the tool. For the providers who might be reluctant to try Podio, suggest just

commit to trying it, to see how easy it is. If at that point some providers still choose not to use Podio, it can still be as simple as knowing a provider who has a Podio account and asking them. Finally, providers can also call 211 or 1-800-MICHVET to speak with MVAA's 24 hour contact for connecting Veterans to services.

4.5 Serving Veterans

4.5.1 Housing

Permanent housing was listed by providers as the number one need for supporting Veterans in this area. One thing the community can do in this regard is to ensure providers have access to current information on what housing is available in this region. This is another task the VCAT can facilitate by contacting the housing resources listed herein and creating an inventory of housing resources, their locations, eligibility criteria and points of contact. This listing could be maintained on Podio and would be a good task for students -- for instance Social Work students at Ferris State University -- that could also meet project requirements within their curriculum.

This assessment only identified one year-round housing resource in Region 4A, Our Brother's Keeper in Big Rapids. There is also an organization, New Hope, in Cadillac. Temporary, seasonal housing was also mentioned as being available and offered through local churches. Listing these resources on Podio, and ensuring that permanent and temporary housing organizations are invited to participate in this initiative, will give providers access to information on housing resources. A stretch goal for this area could be an initiative to build or provide low-cost permanent housing for homeless Veterans. An example of this is an initiative in Kansas City, Missouri, called the Veterans Community Project.[10] There, a village of 240 square foot homes is currently being built and augmented by supportive Veterans services. While this type of initiative would require considerable planning and resources, having another model to emulate can help ensure success.

4.5.2 Basic Needs

Among other basic needs mentioned by the participants in this study, utility assistance was most mentioned, followed by vehicle repairs and food. Consistent with a priority of identifying and collaborating to provide these services, providers should leverage the most appropriate assessment process for the need identified to determine the root cause of why Veterans aren't able to meet their basic needs. The description of the SPDAT used by Goodwill Industries was the most extensive reported, but another initiative for VCAT action could be to collect and analyze the assessment tools from providers throughout the community, another good project for Social Work students. The goal of the assessment selected should not only seek to meet the need requested but should also probe to determine whether the Veteran has ever filed a claim with the VA and if so, status thereof. Veterans should be expeditiously referred by warm-handoff to the County VSO if the assessment screen indicates the Veteran might need help filing, following-up or reassessing a claim. An approved claim may help solve the Veteran's need for financial sustainability.

4.5.3 Transportation

In addition to the action stated immediately above, many Veterans are not able to drive the distance to be seen at their nearest VA hospital/clinic. It would be helpful if the local transportation options could

[10] http://veteranscommunityproject.org/

be identified and their routes and times recorded and maintained current for all providers to access. Podio would be a repository for these resources as well as an opportunity for providers to communicate transportation needs and options with one another in real time via the tool. Another example of transportation options created in other communities, is an organization taking on the responsibility for establishing a transportation service by recruiting and training volunteer drivers and matching them up with Veterans who need rides to medical appointments or other needs.

4.5.4 Heath Care

While transportation is one of the biggest barriers to Veterans receiving health care services, another solution is to promote and leverage the Northern Rural Expansion Team,[11] which is providing primary care within Region 4A. Providers and Veterans should be aware (made aware) that Veterans can apply to receive primary care through this program, which according to this assessment, still has available capacity to enroll additional Veterans. Providers can stay informed about this program by participating with the follow-on activities relating to this assessment. They will then be informed to serve as key contacts for informing Veterans. Further we recommend that Battle Creek VA be requested to provide outreach materials about this program that can be distributed to Veterans by providers participating in this collaboration effort and to any other providers or organizations where Veterans might be found. Regarding the problem expressed by Veterans with receiving a bill after they were told – in their judgement - to go to the nearest emergency room (discussed in Section 3.6) this issue should be discussed with VA medical officials to gain understanding of the criteria being used to determine the party responsible for paying the bill and the outcome of these discussions should be widely distributed to the Veterans and incorporated into the advisements given Veterans when they receive instructions on going to a civilian emergency room. Given the large cohort of Vietnam Veterans in the area, screening for medical conditions related to Agent Orange exposure should be a priority and assuring any Veterans who screen positive/meet criteria file a claim with the VA.

There are a lot of moving parts when working with Veterans that suffer from a mental illness. When Veterans access services and have not engaged the VA they utilize their local hospitals and Community Mental Health (CMH). To ensure the Veteran gets the support needed in these facilities our recommendation is to first identify Veterans during the intake, and then identify what resources are needed. We recommend consideration of building a regional team with a local VSO, psychologist, and social worker that can provide information and guidance to the best resource available to meet the Veteran's needs.

Telehealth technology is another way Veterans can receive support for disease management to gain targeted care without having to travel a long distance to access services. The VA has partnered in other regions with this technology offering it at CMH in Ionia County, and other health care facilities. We recommend an expansion of this program and offering it at CMH or other health care facilities in Region 4A. Since the technology is already in place on both sides, it should be a matter of coordination to get this program operational.

4.5.5 Enhanced Service Provider Capacity

We recommend consideration of counties applying for the Michigan Veterans Affairs Agency's County Incentive Grant of up to $30,000 for hiring a CVSO, and up to $1,500 for participating in

[11] http://www.battlecreek.va.gov/services/Northern_Rural_Expansion.asp

regional VCAT activities. These funds are to continue to increase the number of accredited CVSOs, increase the number of counties that provide service to Veterans through an established county department of Veteran affairs, transportation, and technology upgrades/investments. Counties are eligible to receive the same grant option for two consecutive years. We further recommend consideration of the work study program, funded by the VA, be used to bolster the capabilities of providers, specifically the CVSOs, for supporting Veterans. While part-time CVSOs likely wouldn't have much time to train these students, initially they could be utilized to complete routine tasks, such as answering the phone and manning the office when the CVSO is not in. At a minimum this would allow for the Veterans who present to the office to make a connection and have their need passed to the CVSO. More broadly, determination of training content and trainer resources will require further discussions and planning. Consideration should be given to leveraging the support of the full time CVSO and VSOs from the service organizations in the region as well as consultation with Veterans Services Representatives at Ferris State University and the Michigan Veterans Affairs Agency.

List of Acronyms

Style Acronym	Style Acronym Definition
AMVETS	American Veterans
AO	Agent Orange
BCVAMC	Battle Creek VA Medical Center
CBOC	Community Based Outpatient Clinics
CMH	Community Mental Health
COA	Commission on Aging
COC	Continuum of Care
CVSO	County Veterans Service Officer
DAV	Disabled American Veterans
DD	Department of Defense
ESGR	Employer Support of the Guard and Reserve
MI	Michigan
MiVCAT	Michigan Veterans Community Action Teams
MVAA	Michigan Veterans Affairs Agency
NREX	Northern Rural Expansion Program
OIF/OEF	Operation Iraqi Freedom/Operation Enduring Freedom
OTH	Other-Than-Honorable
PTSD	Post-Traumatic Stress Disorder
SPDAT	Service Prioritization Decision Assessment Tool
SSRF	Soldiers and Sailors Relief Fund
SVA	Student Veterans of America
VA	Department of Veterans Affairs
VCAT	Veterans Community Action Teams
VFW	Veterans of Foreign Wars
VSO	Veterans Service Officer or Veterans Service Organization