North Carolina Department of Military and Veterans Affairs

NC Veterans Long-Term Care Reporting

Final Report

June 28, 2024

PUBLIC CONSULTING GROUP

TABLE OF CONTENTS

1. EXECUTIVE SUMMARY

The North Carolina Department of Military and Veteran Affairs (NCDMVA) engaged Public Consulting Group (PCG) to assess the long-term care needs of veterans across North Carolina and to develop a plan to guide the state in enhancing long-term care and other services for veterans. This project is legislatively directed and is guided by language in Senate Bill 105 for the 2021-2023 Biennium.[1]

PCG and NCDMVA established the following goals for this project:

- Complete an assessment of veteran demographics, current needs, and available services.
- Develop a plan to build and enhance partnerships to support and deliver needed services.
- Create recommendations for location and design for new facilities, if applicable.
- Determine the resources required to monitor and deliver services and support to North Carolina veterans.
- Recommend policy and statute changes to support access to services.
- Develop communications strategies to support these recommendations.

The initial component of this project included an assessment of the current and projected demographics and service needs of the North Carolina veteran population, services available to this population, and identified gaps in services. PCG conducted this assessment and developed a set of initial findings and partnership opportunities. PCG also conducted research into best practices for veterans' services across the country, peer state efforts to meet the needs of veterans, and innovations that could be replicated in North Carolina.

PCG used the assessment and research to develop a set of recommendations across four key categories: *Operational Capacity, Data Utilization, Potential Partnership Opportunities, and Proposed Services*. Recommendations are briefly summarized in **Table 1**. PCG applied a prioritization methodology to each recommendation to help determine the impact it is projected to have on veterans in North Carolina and the level of effort or resources that would be required to implement it. These "Impact / Effort" ratings are summarized in **Table 2**.

Rec. #	Title	Category	Impact / Effort Rating
8.1	Increase Communication Capacity to Develop Quarterly NCDMVA Staff Newsletter	Operational Capacity	**Quick Value Add**
8.2	Increase Communication Capacity to Implement External Communication Strategy Focused on Increasing Veteran Awareness of Services	Operational Capacity	**Quick Value Add**
8.3	Implement a Process for Assessing Veteran Demand for Services and VSO Capacity and Increase VSO Staffing to Fill Gaps	Operational Capacity	**Transformative Change**
8.4	Increase Application and Eligibility Information on the State Veterans Home Website	Operational Capacity	**Incremental Improvement**
9.1	Support Adoption of NCServes by State And County VSOs	Data Utilization	**Quick Value Add**

9.2	Utilize NCServes (UniteUS) Platform to Inform Service Needs and Funding Allocation	Data Utilization	**Quick Value Add**
9.3	Establish a Communications Platform that Facilitates Access to Interagency Data and Data Tracking for All Field Offices	Data Utilization	**Scalable Pilot**
10.1	Expand Existing Partnerships to Support LTC and Assisted Living Needs	Potential Partnership Opportunities	**Scalable Pilot**
10.2	Promote Initiatives and Participation in Governor's Working Group at County Level	Potential Partnership Opportunities	**Scalable Pilot**
10.3	Connect and Support Veterans' Treatment Courts	Potential Partnership Opportunities	**Transformative Change**
11.1	Expand Access to In-Patient Substance Use Rehabilitation	Proposed Services	**Transformative Change**
11.2	Explore Expanding Relationship with Centerstone/Cohen Clinic	Proposed Services	**Transformative Change**
11.3	Develop a Central Contact / Resource for Women Veterans in North Carolina	Proposed Services	**Transformative Change**
11.4	Provide Flexible Financial Support	Proposed Services	**Scalable Pilot**
11.5	Incorporate Assisted Living Option into New Home Location	Proposed Services	**Transformative Change**

TABLE 1. SUMMARY OF RECOMMENDATIONS AND IMPACT / EFFORT RATINGS

Composite Rating – Impact-Effort Matrix:

Veteran Impact	**High**	**Quick Value Add**	**Transformative Change**
		Small visible improvement that can be achieved with minimal effort and have immediate benefits.	Large-scale strategic change that has the potential to solve a pressing problem or advance progress to organizational goals significantly.
	Low	**Incremental Improvement**	**Scalable Pilot**
		Low-lift small-scale solution that will result in gradual positive results.	Large strategic endeavor that is worthwhile because it can have significant benefits or mitigate major challenges for a smaller, high-need priority population.
		Low	**High**
		Effort	

TABLE 2. IMPACT / EFFORT RATING MATRIX

2. INTRODUCTION

2.1. PROJECT BACKGROUND

The North Carolina Department of Military and Veteran Affairs (NCDMVA) engaged Public Consulting Group (PCG) to assess the long-term care needs of veterans across North Carolina and to develop a plan to guide the state in enhancing long-term care and other services for veterans. This project is legislatively directed and is guided by language in Senate Bill 105 for the 2021-2023 Biennium.[2] The Legislative language calls for this assessment to include the following principles and objectives:

1. Use State-specific veterans' demographic information, including the geographical distribution of veterans across the State.
2. Allow for the fact that the needs of veterans are complex and broader than traditional, institutional-based system of care.
3. Take into account the needs of pre-Gulf War and post-Gulf War Veterans in planning services and support.
4. Incorporate the presence and location of current State Veterans Homes, and the services they provide, in a larger long-term system of care to meet the needs of veterans in both rural and urban areas.
5. Enhance and develop new partnerships, including with the existing nursing home industry, in target areas so that those facilities can qualify for reimbursement from the U.S. Department of Veterans Affairs.
6. Explore partnerships with a broader system of nursing homes across the State to expand State resources.
7. Encourage partnerships of home- and community-based services with existing providers and the U.S. Department of Veterans Affairs for enhanced services.
8. Evaluate State planning and develop financially feasible and sustainable options for meeting veterans' needs.
9. Evaluate current resources to include determining programmatic approaches to avoid new construction of State veterans' homes.
10. Consider alternate models of care prior to expanding veterans nursing homes.

2.2. PROJECT GOALS

PCG and NCDMVA established the following goals for this project:

- Complete an assessment of veteran demographics, current needs, and available services.
- Develop a plan to build and enhance partnerships to support and deliver needed services.
- Create recommendations for location and design for new facilities, if applicable.
- Determine the resources required to monitor and deliver services and support to North Carolina veterans.
- Recommend policy and statute changes to support access to services.
- Develop communications strategies to support these recommendations.

3. METHODOLOGY

PCG utilized a number of data sources and methods to complete this report, as detailed in **Table 3**. PCG worked closely with the NCDMVA team to identify external partners, track project progress, and gather feedback on the initial assessment and draft recommendations.

PCG Methods	Information Sources
Review of publicly available demographic information	• Current publicly available information on NCDMVA State Veterans Homes[3,4] • Eligibility and priorities for NCDMVA State Veterans Homes[5] • National Center for Veterans Analysis and Statistics "VetPop" Projection Model, last updated in 2020 • Review of additional research as noted throughout the report
Analysis of Data provided by NCDMVA and partners	• VSO location and activity data • Additional information provided by NCDMVA team related to benefit claims • State Veteran Home (SVH) census data provided by PruittHealth
Interviews with internal partners	• Veteran Service Officers (VSOs), Regional Managers, and department leadership • NCDMVA Communications Director • NC Government Data Analytics Center (GDAC) • Regular meetings with NCDMVA project team
Interviews with external partners	• Staff from non-profit organizations including Veterans Bridge Home, Combat Female Veterans and Families United, Centerstone, Cohen Clinic, Joel Fund, Heroes Center, Veterans Services of the Carolinas, Vietnam Veterans of America NC • PruittHealth representatives • Members of the Governor's Working Group • South Carolina Department of Veterans Affairs • Florida Department of Veterans' Affairs • Georgia Department of Veteran Services

TABLE 3. RESEARCH METHODS AND DATA SOURCES

4. OVERVIEW OF ASSESSMENT

The initial component of this project included an assessment of the current and projected demographics and service needs of the North Carolina veteran population, services available to this population, and identified gaps in services. PCG conducted this assessment and developed initial findings and partnership opportunities that were used to develop the recommendations included in Sections 8-11. This section summarizes the assessment contents and provides context for the remainder of the report.

4.1. DEMOGRAPHIC HIGHLIGHTS

PCG's assessment of the current and projected demographics within North Carolina identified shifts that will impact the service needs and the recommendations included in this report. PCG used the National Center for Veterans Analysis and Statistics "VetPop" Veteran Population Projection Model to compare how demographics in North Carolina will shift across counties, gender, and age.[6] The total number of veterans in North Carolina is projected to decrease from 687,364 to 516,144 between 2022 and 2050, a decrease of 24.90%.

4.1.1 Overview of County Veteran Demographic Shifts

PCG used the VetPop model to combine projected population changes with a deeper analysis into how veteran demographics will shift across counties in North Carolina. The analysis utilizes Veteran Service Regions identified by NCDMVA including four regions with between 20-28 counties, further detailed below in **Table 4**, and in a map view available in

Figure 1:

Region	Number of Counties	Number of Veterans	Number of Veterans Service Officer	Number of County Service Officers	Number of Veterans per Service Officer (State and County)
Region 1	27	110,645	5	41	2,405
Region 2	20	198,361	5	56	3,252
Region 3	25	283,164	7	68	3,776
Region 4	28	85,342	5	34	2,188

TABLE 4. CURRENT DEMOGRAPHICS BY REGION

Below is a summary of key takeaways from the County data:

- **Region 3** has the highest population density per county, with an average of 11,327 veterans in each county, compared to Region 4 with the lowest density per county with an average of 3,048 veterans in each county.
- **Region 3** has the highest number of veterans per service officer at 3,776, and Region 4 has the lowest number of veterans per service officer at 2,188.

Figure 1 provides a heat map of the **current** county veteran populations split into the four regions noted above and includes the locations of military bases and State Veteran Homes across the state.

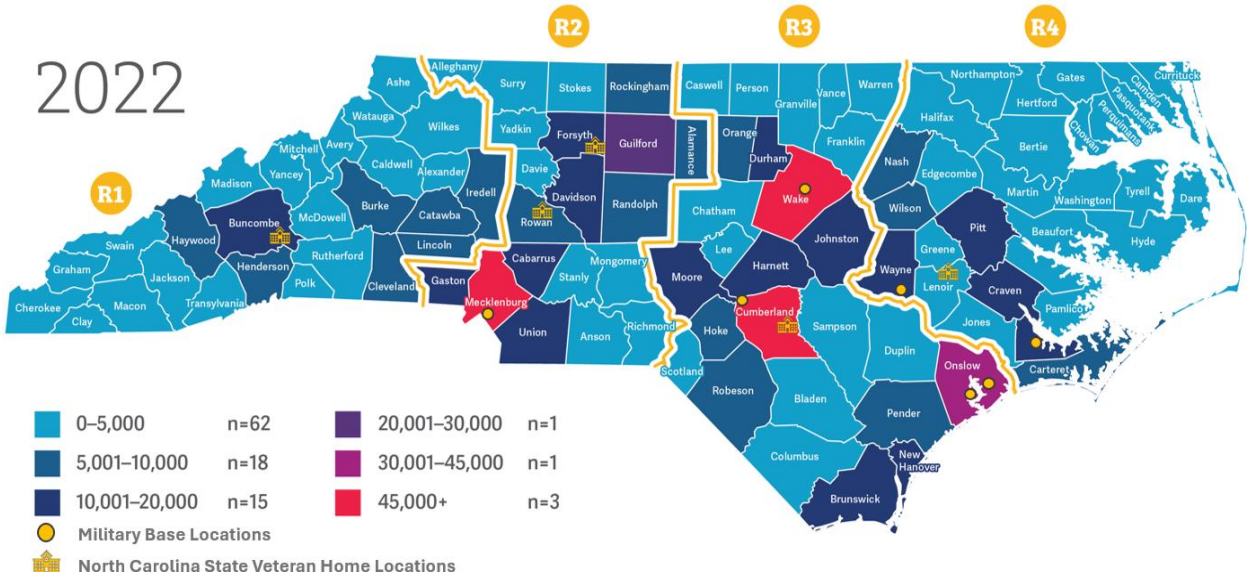


FIGURE 1. CURRENT VETERAN DEMOGRAPHICS BY COUNTY

Figure 2 is a summary of the projected population change across counties **by 2050**. The arrows signify significant population decreases of over 5,000 veterans.

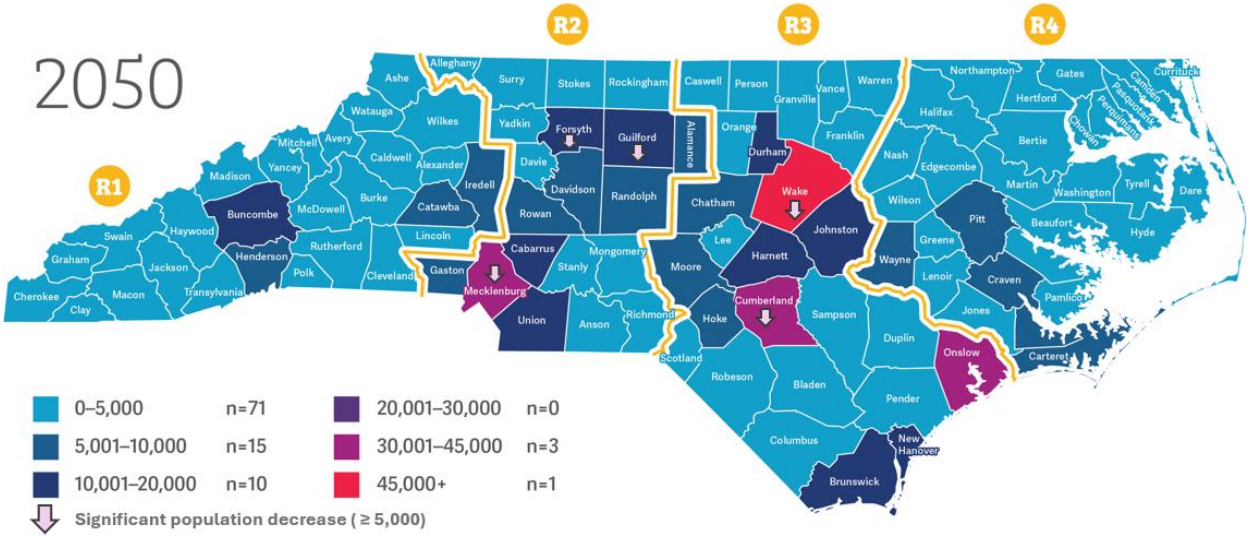


FIGURE 2. 2050 VETERAN DEMOGRAPHICS BY COUNTY

Included below is a deeper analysis of how the projected 2050 veteran population will shift by region:

- **Region 1** is projected to have a population decrease of 37,041 veterans, with an average decrease of 1,372 veterans per county.
- **Region 2** is projected to have a population decrease of 56,824 veterans, with an average decrease of 2,841 veterans per county.
    - Three counites are expected to have a significant decrease by 2050: Forsyth (-8,380), Guilford (-8,601), and Mecklenburg (-8,473).
- **Region 3** is projected to have a population decrease of 45,888 veterans, with an average decrease of 1,836 veterans per county.
    - Two counites are expected to have a significant decrease by 2050: Cumberland

(-12,245) and Wake (-5,588).

- **Region 4** is projected to have a population decrease of 31,467 veterans, with an average decrease of 1,124 veterans per county.

4.1.2 County Veteran Demographic Shift by Gender

PCG reviewed how veteran demographics will shift by gender in each region. The total number of male veterans in North Carolina is projected to drop from 598,500 (2022) to 406,333 (2050), a decrease of 32.1%, while the total number of women veterans in North Carolina is projected to rise from 88,864 (2022) to 109,811 (2050), an increase of 23.6%, as shown in **Table 5**.

Region	Total % Change of Male Veterans by Region	Total % Change of Women Veterans by Region	Total % Change of the Population by Region
Region 1	-40.40%	32.60%	-33.50%
Region 2	-34.30%	16.70%	-28.60%
Region 3	-24.80%	29.80%	-16.20%
Region 4	-38.40%	4.80%	-33.00%

TABLE 5. COUNTY VETERAN DEMOGRAPHIC SHIFT BY GENDER

Included below is a deeper analysis of how the projected 2050 veteran population will shift within each region by gender:

- **Region 1** counties are projected to have the male veteran population decrease by an average of 1,498 per county, while the women veteran population will increase an average of 127 per county.
  - One county is expected to have a significant decrease in male veterans by 2050: Buncombe (-5,283).
- **Region 2** counties are projected to have the male veteran population decrease by an average of 2,367 per county, while the women veteran population will increase an average of 532 per county.
  - Three counties are expected to have a significant decrease in male veterans by 2050: Forsyth (-8,156), Guilford (-8,599), and Mecklenburg (-10,625).
- **Region 3** counties are projected to have the male veteran population decrease by an average of 3,024 per county, while the women veteran population will increase an average of 187 per county.
  - Three counties are expected to have a significant decrease in male veterans by 2050: Cumberland (-12,054), Onslow (-5,087), and Wake (-7,973).
- **Region 4** counties are projected to have the male veteran population decrease by an average of 1,144 per county, while the women veteran population will increase an average of 20 per county.

4.1.3 County Veteran Demographic Shift by Age

North Carolina will see a shift in demographics across age groups by 2050, further detailed in **Table 6.** The total number of veterans in each age group is expected to decline as the overall population declines, except for the 85+ age category, which is anticipated to increase by 29%.

Region	Total % Change of Veterans aged 17-44 by Region	Total % Change of Veterans aged 45-64 by Region	Total % Change of Veterans aged 65-84 by Region	Total % Change of Veterans aged 85+ by Region	Total % Change of the Population by Region
Region 1	-26.10%	-36.50%	-41.80%	9.80%	-33.50%
Region 2	-12.20%	-31.40%	-39.90%	2.40%	-28.60%
Region 3	-15.60%	-18.80%	-26.80%	63.40%	-16.20%
Region 4	-26.90%	-29.10%	-49.20%	30.10%	-33.00%

TABLE 6. COUNTY VETERAN DEMOGRAPHIC SHIFT BY AGE

Included below is a deeper analysis of how the projected 2050 veteran population will shift within each region by age:

The number of veterans aged **17-44** is expected to decrease on average across all four regions, with the highest shift in Region 3.

- **Region 1** is projected to have a population decrease of 165 veterans per county in this age group.
- **Region 2** is projected to have a population decrease of 245 veterans per county in this age group.
- **Region 3** is projected to have a population decrease of 518 veterans per county in this age group.
    - One county is expected to have a significant decrease of veterans within this age group by 2050: Cumberland (-6,595).
- **Region 4** is projected to have a population decrease of 193 veterans per county in this age group.

The number of veterans aged **45-64** is expected to decrease on average across all four regions, with the highest shift in Region 2.

- **Region 1** is projected to have a population decrease of 440 veterans per county in this age group.
- **Region 2** is projected to have a population decrease of 1,093 veterans per county in this age group.
- **Region 3** is projected to have a population decrease of 734 veterans per county in this age group.
    - One county is expected to have a significant decrease of veterans within this age group by 2050: Wake (-5,037).
- **Region 4** is projected to have a population decrease of 332 veterans per county in this age group.

The number of veterans aged **65-84** is expected to decrease on average across all four regions, with the highest shift in Region 2.

- **Region 1** is projected to have a population decrease of 800 veterans per county in this age group.
- **Region 2** is projected to have a population decrease of 1,517 veterans per county in this age group.
- **Region 3** is projected to have a population decrease of 948 veterans per county in this age group.

- **Region 4** is projected to have a population decrease of 661 veterans per county in this age group.

The number of veterans aged **85+** is expected to increase on average across all four regions, with the highest shift in Region 3.

- **Region 1** is projected to have a population increase of 33 veterans per county in this age group.
- **Region 2** is projected to have a population increase of 15 veterans per county in this age group.
- **Region 3** is projected to have a population increase of 364 veterans per county in this age group.
- **Region 4** is projected to have a population increase of 62 veterans per county in this age group.

4.2. CURRENT SERVICE HIGHLIGHTS

4.2.1. Existing Federal Programs and Benefits

The vast majority of existing federal programs and benefits for veterans are administered by the United States Department of Veterans Affairs (USDVA). Veterans with a service-connected disability have access to additional services depending on their rating.

Although this is not an exhaustive list, the most commonly cited federal services sought by veterans include:

- **Disability Claims:** A successful claim provides financial benefits for veterans who have a disabling condition related to their service.
- **Compensation and Pensions:** Depending on duration and type of service, as well as their current income, some veterans are entitled to a pension. Compensation is also available in some cases for surviving spouses and family members of deceased veterans.
- **Burial Benefits:** The USDVA provides an array of benefits to cover burial and interment costs for deceased veterans. Veterans can also be buried in a USDVA cemetery free of charge.
- **Health Care:** Many veterans chose to receive care through the Veterans Health Administration (VHA). Eligibility is based on age and era of service, along with other qualifying factors.
- **Education / Tuition Assistance:** The GI Bill, and several related programs, provide access to tuition support for veterans.
- **Veterans Readiness and Employment:** Supports veterans with a service-connected disability on a path to employment.
- **Institutional Care**
    - Community Living Centers – USDVA nursing centers that are designed to feel like home.
    - Community Nursing Homes – Non-USDVA nursing homes with which the USDVA contracts in many parts of the country so veterans can receive care near home and family.
    - State Veterans Homes – State-owned and -managed centers that provide full-time care for veterans and, sometimes, non-veteran spouses and Gold Star parents. The USDVA provides construction grant funding and per-diem payments to states for eligible veterans.
- **Noninstitutional Care**
    - Homemaker Home Health Aide – A Homemaker and Home Health Aide is a trained person who can come to a veteran's home and help the veteran take care of themselves and their daily activities.
    - Home-Based Primary Care – Home Based Primary Care is health care services provided to Veterans in their home.
    - Purchased Skilled Home Care – Skilled home health care services are in-home services provided by qualified personnel that include skilled nursing, physical therapy, occupational therapy, speech therapy, social work services, clinical assessment, treatment planning,

treatment provision, patient and/or family education, health status monitoring, reassessment, referral, and follow-up.
    - Home Telehealth - USDVA uses telehealth technologies to provide easier access to care. Telehealth connects veterans with their USDVA care teams and specialists remotely.
    - Adult Day Health Care - Adult Day Health Care is a program veterans can attend during the day for social activities, peer support, companionship, and recreation. The program may be provided at USDVA medical centers, State Veterans Homes, or community organizations.
    - Home Hospice Care - Hospice Care is comfort care provided to veterans and their families if the veteran has a terminal condition, with less than 6 months to live, and is no longer seeking treatment other than palliative care.
    - Home Respite Care - Respite care is a program that pays for care for a short time when family caregivers need a break, need to run errands, or need to go out of town for a few days.
    - Community Residential Care - The Community Residential Care (CRC) program is for veterans who do not need hospital or nursing home care but cannot live alone because of medical or psychiatric conditions.
    - Spinal Cord Injury and Disability Home Care - Care centers provide primary and specialty care for veterans who have spinal cord injuries, and local teams provide care close to veterans' homes.

- **LGBTQ+ Veteran Patient Care Services**
    - Every USDVA health care system is staffed with a LGBTQ+ Veteran Care Coordinator (VCC) to support LGBTQ+ veterans to navigate and access resources and services in a safe and affirming way. Veteran Health Administration (VHA) policies require health care to be delivered in an affirming and inclusive environment and that VHA employees respect all identities. VA health care includes, among other services, gender affirming hormone therapy, gender affirming devices, substance use and alcohol treatment, intimate partner violence reduction and treatment, military sexual trauma screening and treatment, and suicide prevention services. Within North Carolina, VCCs are stationed at the Asheville, Durham, Fayetteville, and Salisbury VA health carer systems.

4.2.2. Existing State Services

- **State Veterans Homes**: Additional information about the current North Carolina State Veterans Homes may be found in Section 6.1.
- **Veteran Service Officers (VSOs)**: State VSOs provide a wide variety of services to veterans in North Carolina, including those described here. Additional information about VSOs may be found in Section 8.3.
    - Support veterans with USDVA benefits applications and appeals.
        - VSOs, particularly those in the field, spend the majority of their time working with veterans and their dependents to submit benefits applications or appeal benefit decisions. VSOs may also work with veterans' families, survivors, and caregivers, as well as those holding Power of Attorney for veterans seeking benefits. Each case can take months to complete; VSOs we spoke with noted that they could have anywhere from 20 to hundreds of cases pending a decision from the USDVA at a given time. NCDMVA tracks progress for these cases via the amount of benefit dollars received by veterans receiving support from a VSO, which is estimated to be more than $41,000,000 between January and October 2023 per NCDMVA tracking.
    - Support veterans residing in State Veterans Homes and serve as a state "point of contact" within State Veterans Homes for both residents and the Homes administrator.

  - Connect veterans and their families with other resources in the community to access housing, healthcare, education, and employment.
  - Help veterans obtain other services such as military and veterans license plates applications, property tax relief, legal assistance, and burial services.
  - Represent NCDMVA in various partnerships, collaborations, and public events including stand-downs, resource fairs, veterans' appreciation.
  - Provide services to veterans in counties lacking county VSO officers (currently 8 counties across the state).

- **Other State and County Services**
  - Funding that supports veterans from the NC Department of Health and Human Services (DHHS) such as:
    - NCServes initiative, a technology network of public, private, and nonprofit organizations serving military families.
    - Projects for Assistance in Transition from Homelessness (PATH) federal funding to provide services to individuals and families experiencing homelessness (not veteran-specific).
    - Special Assistance In-Home Program: Cash supplements to help low-income individuals at risk of entering residential facilities to stay in their own homes (not veteran-specific).
  - NC Veterans Treatment Courts (VTCs): Therapeutic diversion courts designed to help veterans facing criminal charges obtain behavioral health and substance abuse treatment while accessing supportive community resources.
    - North Carolina has 8 VTCs including Buncombe, Catawba, Cumberland, Forsyth, Harnett, Iredell, New Hanover, and Onslow, with some funded through the federal Bureau of Justice Affairs.
  - Employment Services:
    - NCWorks: NC Department of Commerce's employment services to job seekers with a veterans-specific job application portal.
    - NC4ME: A public-private partnership that promotes military and veteran employment through workforce development, technology, and employer outreach.
    - NC DHHS Vocational Rehabilitation Services: Services to help individuals with disabilities obtain and maintain employment.

In addition to these services, North Carolina has hundreds of non-profit organizations and public-private partnerships across the state that connect veterans and their family members with valuable services. Many organizations are enrolled in NCServes which allows for inter-organizational referrals and data collection around services and unresolved requests for assistance.

4.3. IDENTIFIED GAPS

These are the areas where additional support is needed now:

- **Housing**: High housing prices, low affordable housing inventory, and challenges identifying appropriate settings for veterans facing homelessness, along with those in need of assisted living, are ongoing needs for veterans in North Carolina.
- **Employment**: Newly separated veterans continue to face challenges translating their service and experience to the private sector.
- **Food Insecurity**: Requests for emergency assistance to supply food and other essentials were identified as challenges by both NCDMVA staff and external partners.
- **Benefits:** Long wait times and confusing application processes have led to a significant and ongoing demand for VSO support.

- **Mental Health / Behavioral Health Services**, including in-patient rehabilitation: These services are particularly challenging to access in rural areas, where the number of practitioners can be quite limited. Some veterans face challenges overcoming stigmas they may perceive to be attached to seeking mental or behavioral health services and may be easily discouraged if they find them difficult to access.
- **Targeted Supports and Outreach for Racial, Ethnic, Sexual, and Gender Minority Veteran Populations**, including promotion of safe and affirmative environments for BIPOC (Black, Indigenous, People of Color) and LGBTQ+ veterans to access federal and state resources and local healthcare services.

In addition to the anticipated ongoing need for the services described above, it is projected that the changing veteran population over the next three decades will have additional needs.

- **Higher Levels of Care for Older Veterans**: Although the total population of veterans is projected to decrease in coming years, a larger percentage of the veteran population will be part of the oldest cohort (those aged 85 and older). This will result in the need for more services, including more intensive health care services to support these veterans. Additionally, their families and caregivers will require support as they will be tasked with providing longer-term, more intensive care for their loved ones.
- **Support for Women Veterans**: The population of women veterans is anticipated to continue increasing, but in many ways, veteran support systems remain focused on the needs of male veterans. Women veterans are projected to comprise 21% of the total NC veteran population by 2050, and support for their unique service needs must be prioritized at the state and federal levels.
- **Support for Chronic Conditions**: Many veterans are managing chronic conditions related to their military service, such as Traumatic Brain Injuries (TBI), PTSD, and other exposures such as those highlighted by the PACT Act. Many of these veterans will require long-term services and supports to meet their needs. Better survival rates for battlefield injuries will lead to longer lives where resource-intensive care is required. In many cases, veterans may wish to receive this care in a non-institutional setting.

4.4. INITIAL FINDINGS

4.4.1. Additional Service Needs

PCG's assessment of the current services provided to North Carolina veterans identified several areas where additional services could help close existing and projected service gaps. This section contains some initial findings around service needs that have been used to develop the recommendations in this report.

- **Coordination of Services:** There are many groups, including NCDMVA, working hard to help provide services to veterans in North Carolina. The state could further support this work by providing additional coordination in the following areas:
    - Continue to move forward the work of the Governor's Working Group as a place for collaboration and sharing insights and innovations.
    - Create consistency of experience for veterans, whether they work with state or county VSOs; this may require close collaboration with counties.
    - Encourage or require the use of NCServes for referrals – many organizations do use it, but not all. If a single system was required, it could significantly enhance data collection efforts.
    - Vet non-profits that ARE included in referral system – those making referrals are interested to know more about the organization providing services. The state could help gather and share information about outcomes or performance; this can help direct veterans to organizations that can best meet their needs.

- **Access to flexible funding** to meet needs that don't fit neatly into current program offerings: Some veterans need a small or one-time financial support to maintain a housing situation, pay an overdue bill, or repair a vehicle so that they can maintain employment.
- **Additional VSO Staffing** to support benefit application workload: Although specific figures were not available for this report, it is clear from speaking with VSOs and other service providers that veterans require significant support to manage the benefit application and appeal processes.
    - Additional staffing support would allow time for VSOs to meet training and certification requirements without impacting service to veterans. This would also allow for better coverage in areas where counties are unable to provide VSO support.
- **Assisted Living:** VSOs and several providers noted that there is a lack of services for veterans who need some support with daily activities but who do not need 24-hour skilled nursing care, commonly referred to as assisted living. This is an area where the state could help coordinate the resources needed to develop and staff a veteran-focused facility or play a lead role in bringing together a public-private partnership to meet this need.
- **Data Collection for VSOs:** A case management and tracking system for VSOs would help to quantify some of the concerns expressed and captured in this report. While some of the NCDMVA team have created a tool to capture visits and benefits collected, a **more formal tracking system could provide greater reporting flexibility, streamline workflows, and allow greater insight into veteran needs** and how they are being addressed. Regular review of this data would be a critical part of any continuous improvement efforts that NCDMVA may undertake. The lack of an **electronic application for residency at the State Veterans Homes** also impacts both applicants and the VSOs that support the Homes.

4.4.2. Potential Partnership Opportunities Identified

PCG has identified several initial partnership opportunities to bolster NCDMVA's ability to meet veteran service needs. These opportunities are explored further in the recommendations included in this report.

- **Assisted Living Facilities**: NCDMVA can explore a partnership to develop a property that can be used for this purpose, and then to administer and staff it - this could involve utilizing existing state property or building close to existing state veteran homes or USDVA facilities to allow veterans to easily access to additional levels of care when necessary.
- **Housing Development**: NCDMVA can collaborate with other state agencies to support the development of housing that can be targeted towards veterans, either through lottery preference for affordable housing, or the use of other tools such as tax credits or project-based housing subsidies.
- **Expand Existing Partnerships**: NCDMVA should build on the collaborative effort that supported the relocation of the residents of the now-closed Fayetteville home and identify existing LTC facilities that could support veteran-focused care.
    - Pruitt Health is a potential partner given their extensive experience managing the existing State Veteran Homes.
- **Revisit Opportunities for Transportation Support**: Transportation is a major issue for veterans who don't drive, or who live in rural areas far from most services. One service provider described a potential opportunity to partner with Uber to provide rideshares for veterans, but access to data was a barrier to moving forward. NCDMVA should review these and other opportunities and work with providers to support data or other needs related to the application process.
- **Consider Expansion of Relationship with Centerstone / Cohen Clinic**: Centerstone operates across the country, and in some states receives an appropriation of funds to provide mental and behavioral health services to veterans who may be experiencing difficulty accessing these services

through the USDVA. Currently they are serving about 600 veterans and their families in NC but could increase this with an expanded provider network.

- **Facilitate Access to Data Held by Other State Agencies:** Discussions with the NCDMVA team revealed some situations where access to information held by other state agencies, such as the Department of Motor Vehicles (DMV) and the Department of Health and Human Services (DHHS) would streamline the benefit application and appeal processes. Access to Medicaid-related information, as well as address and contact information via DMV, were cited as specific examples of information that must be "re-collected" from veterans but is already held by the state.
- **Collaboration with NC-Based Veteran Care Coordinators Who Facilitate Affirmative Services for LGBTQ+ Veterans:** Engage with the USDVA's LGBTQ+ VCCs who are stationed at the Asheville, Durham, Fayetteville, and Salisbury VA health carer systems to understand resources and services that are available to veterans seeking gender-affirming care and resources. Ensure VSOs are knowledgeable about available resources and services so they can direct veterans appropriately and equitably.

5. RESEARCH AND BEST PRACTICES

5.1. RESEARCH FINDINGS

PCG compiled research findings based on topics of interest identified throughout discussions with the NCDMVA team, interviews with internal partners, and interviews with external partners. PCG has included the research findings for the following topics: Mental Health / Behavioral Health Service Needs, Long Term Care Service Needs, Changes in Service Needs and Preferences, and Changes in Eligibility for USDVA Services. PCG reviewed guidance documents and national recommendations from federal agencies, including the Substance Abuse and Mental Health Services Administration, Government Accountability Office, and the US Department of Veterans Affairs (USDVA). Information from the Centers for Medicare and Medicaid Services, the Centers for Disease Control and Prevention, CMS Nursing Home Compare, and the Integrated Care Resource Center was also reviewed during the course of this project.

5.1.1. Mental Health / Behavioral Health Support Service Needs

Access to mental health and behavioral health is crucial for veterans. Substance Abuse and Mental Health Services Administration (SAMHSA) data indicates that across the US, more than half of veterans with a mental illness had not received treatment within the past year.[7] The following needs for North Carolina's veterans were highlighted in our research:

- In-patient rehabilitation for substance use disorders is often not available either due to lack of insurance coverage, high costs, or lack of availability through the VA hospitals.
- Some nonprofits reported challenges in connecting veterans with treatment providers for substance use disorders.
- Women veterans face unique mental health challenges, including PTSD from military sexual trauma (MST).
- The USDVA has very long waitlists in some cases; NC veterans can access Centerstone and the Cohen Clinic for services although focus is on post-9/11 veterans.
- Some veterans with an "other than honorable" discharge may be able to have their status changed due to service-related trauma, opening up additional options.
- Several nonprofits cited opportunities for social engagement through events and peer support networks as very important to supporting mental health.

5.1.2. Long Term Care Service Needs

The Government Accountability Office (GAO) published a study in February 2020 on veterans' increasing use of long-term care services and the challenges the USDVA is facing in meeting demand.[8] The three main challenges identified as a part of this research are also facing states providing long-term care services to veterans:

- **Addressing Workforce Shortages**
  - USDVA officials described nationwide shortages of geriatricians and palliative care providers – provider shortages that will affect USDVA's ability to provide long-term care services to veterans in the future.
  - USDVA also faces shortages in other workforce areas such as nursing assistant and health technician positions that have contributed to waiting lists for certain long-term care programs.
- **Aligning Care Geographically**
  - USDVA faces challenges aligning its services (provided or purchased) with where veterans live, including providing care for veterans living in rural areas.
- **Meeting Needs for Specialty Care**
  - USDVA faces challenges finding appropriate long-term care settings for veterans with certain specialty care needs such as dementia, behavioral issues, or ventilator care.

5.1.3. Changes in Service Needs and Preferences

Service needs and preferences of veterans are expected to shift, despite the projected reduction in the total number of veterans, anticipating an increasing need for support with specialized services that address unique health care needs. A report released by the USDVA, and other research studies have noted the following shifts veterans service agencies can expect in the future:

- Certain chronic health conditions, particularly those related to combat, are more prevalent within the veteran population than the non-veteran population.[9]
  - Some of these conditions, such as posttraumatic stress disorder (PTSD), Traumatic Brain Injury (TBI), and amputations, will require specialized care, and may be required by a larger segment of the population. USDVA reporting also identifies that **advances in battlefield medicine have resulted in larger numbers of younger veterans with combat-related conditions** that will require significant resources to address for years to come.
- Despite these increased needs, as noted elsewhere in this document, the USDVA's own estimates indicate that veterans, like the population at large, **increasingly prefer to receive long-term care in non-institutional settings**.[10]
- To address these changes in service needs, the Veterans Health Administration Office of Geriatrics and Extended Care plans to implement a number of strategies, including the expansion of Home and Community Based Services (HCBS) to allow veterans to age in place.[11]

5.1.4. Changes in Eligibility for USDVA Services

Recently, the USDVA expanded health care and benefits for veterans in certain categories under a new law called the **Promise to Address Comprehensive Toxics (PACT) Act**. This law makes it easier for the USDVA to determine that veterans exposed to toxic substances are eligible for benefits. It is likely that the PACT Act and the publicity surrounding it is encouraging veterans who might not otherwise seek services or benefits to submit applications.[12]

As a result of what the USDVA calls "perhaps the largest health care and benefits expansion in VA history," the number of **new VHA enrollees increased by more than 66,000 from CY 2022 to CY 2023, or 22%**. The number of claims submitted rose by more than 40% from FFY 2022 to FFY 2023, and the number of "intents to file" submitted increased by more than 50% over that same period.

This large national increase in the submission of claims aligns with North Carolina VSOs who report seeing higher caseloads and a large number of veterans who are new to the USDVA benefits system.

5.2. PEER STATE REVIEW

PCG compared services offered to veterans through veteran-centered agencies across several peer states. PCG worked with NCDMVA to identify peer states based on similarities and services that fall within key areas of interest. Some peer states were included based on demographics or regional proximity, and others were included based on services of interest and relevance to recommendations outlined within this report. Peer state demographic research was obtained using the National Center for Veterans Analysis and Statistics "VetPop" Veteran Population Projection Model, last updated in 2020; key informant interviews with veteran-specific state agency personnel; and State Veteran Home government websites and veteran benefits reports.

5.2.1. Peer State Veteran Demographics Analysis

PCG conducted a veteran demographics review based on demographic projections included in the National Center for Veterans Analysis and Statistics "VetPop" Veteran Population Projection Model.[13] We reviewed peer state projected population changes and analyzed how veteran demographics will shift across age and gender.

Table 7 is a summary of the overall projected population change across peer states. It is projected that veteran populations will decrease an average of 37%, while North Carolina is only projected to have a 25% decrease. **North Carolina will have a smaller population shift by 2050 than 8 of the 9 peer states included in this comparison.**

State	Total # of Veterans (2022 Projected)	Total # of Veterans (2050 Projected)	2022-2050 Population % Change
North Carolina	**687,364**	**516,144**	**-24.90%**
California	1,534,710	750,260	-51.10%
Florida	1,450,597	1,063,006	-26.70%
Georgia	678,304	540,968	-20.20%
Illinois	569,448	287,866	-49.40%
Massachusetts	285,971	126,556	-55.70%
New York	688,611	280,499	-59.30%
South Carolina	388,404	301,797	-22.30%
Virginia	691,325	521,877	-24.50%

TABLE 7. PEER STATE VETERAN POPULATION CHANGE ANALYSIS

5.2.1.1. Overall Veteran Demographic Shift by Age

Table 8 offers a deeper analysis of how veteran demographics are expected to shift by 2050 across age groups, impacting the service needs and preferences of veterans for state agencies. As the overall population is projected to decrease, the percentages of veterans within peer state age groups are also projected to decrease, with veterans aged 65-85 having the largest decrease in percent change, and

veterans aged 85+ having the smallest decrease in percentage change. **North Carolina will have a less significant population decrease than the average peer state included in this analysis.**

State	Total % Change of Veterans aged 17-44	Total % Change of Veterans aged 45-64	Total % Change of Veterans aged 65-84	Total % Change of Veterans aged 85+	Total % Change of the Veteran Population
North Carolina	**-17.30%**	**-26.50%**	**-37.10%**	**28.80%**	**-24.90%**
California	-29.80%	-48.20%	-67.20%	-47.30%	-51.10%
Florida	-3.60%	-27.90%	-41.10%	-1.20%	-26.70%
Georgia	-5.60%	-28.50%	-32.70%	52.50%	-20.20%
Illinois	-23.30%	-50.50%	-65.70%	-39.90%	-49.40%
Massachusetts	-28.00%	-58.50%	-68.70%	-45.00%	-55.70%
New York	-37.00%	-63.80%	-69.20%	-47.90%	-59.30%
South Carolina	-15.50%	-25.70%	-34.60%	56.40%	-22.30%
Virginia	-16.40%	-28.60%	-33.50%	22.20%	-24.50%

TABLE 8. PEER STATE VETERAN POPULATION CHANGE ANALYSIS BY AGE

Below is a summary of the team's key takeaways from the peer state data:

- **Veterans Aged 17-44**
  - Across peer states, veterans within this age group are projected to decrease by an average of 20%. North Carolina is projected to have a **17% decrease.**
- **Veterans Aged 45-64**
  - Across peer states, veterans within this age group are projected to decrease by an average of 40%. North Carolina is projected to have a **27% decrease.**
- **Veterans Aged 65-84**
  - Across peer states, veterans within this age group are projected to decrease by an average of 50%. North Carolina is projected to have a **37% decrease.**
- **Veterans Aged 85+**
  - Across peer states, veterans within this age group are projected to decrease by an average of 2%. North Carolina is projected to have a **29% increase.**

5.2.1.2. Overall Veteran Demographic Shift by Gender

Table 9 offers a deeper analysis of how veteran demographics by 2050 are expected to shift by gender, impacting the service needs and preferences of veterans for state agencies. As the overall veteran population is projected to decrease, **North Carolina will have a less significant decrease in male veterans than peer states and will have a more significant increase in women veterans.**

State	Total % Change of Male Veterans	Total % Change of Women Veterans	Total % Change of the Veteran Population
North Carolina	**-32.10%**	**23.60%**	**-24.90%**
California	-54.60%	-20.90%	-51.10%

Florida	-33.40%	25.20%	-26.70%
Georgia	-27.20%	20.00%	-20.20%
Illinois	-54.00%	-6.60%	-49.40%
Massachusetts	-59.50%	-16.70%	-55.70%
New York	-62.80%	-25.00%	-59.30%
South Carolina	-28.80%	24.40%	-22.30%
Virginia	-27.80%	-6.90%	-24.50%

TABLE 9. PEER STATE VETERAN POPULATION CHANGE ANALYSIS BY GENDER

Below is a summary of the team's key takeaways from the peer state data:

- **Male Veterans**
  - Across peer states, male veterans are projected to decrease an average 42%. Compared to peer states, North Carolina percent change is **below average at -32%.**
- **Women Veterans**
  - Across peer states, women veterans are projected to increase an average 2%. Compared to peer states, North Carolina percent change is **above average at 24%.**

Table 10 (below) offers a closer review of how women veteran demographics will shift for each state by 2050.

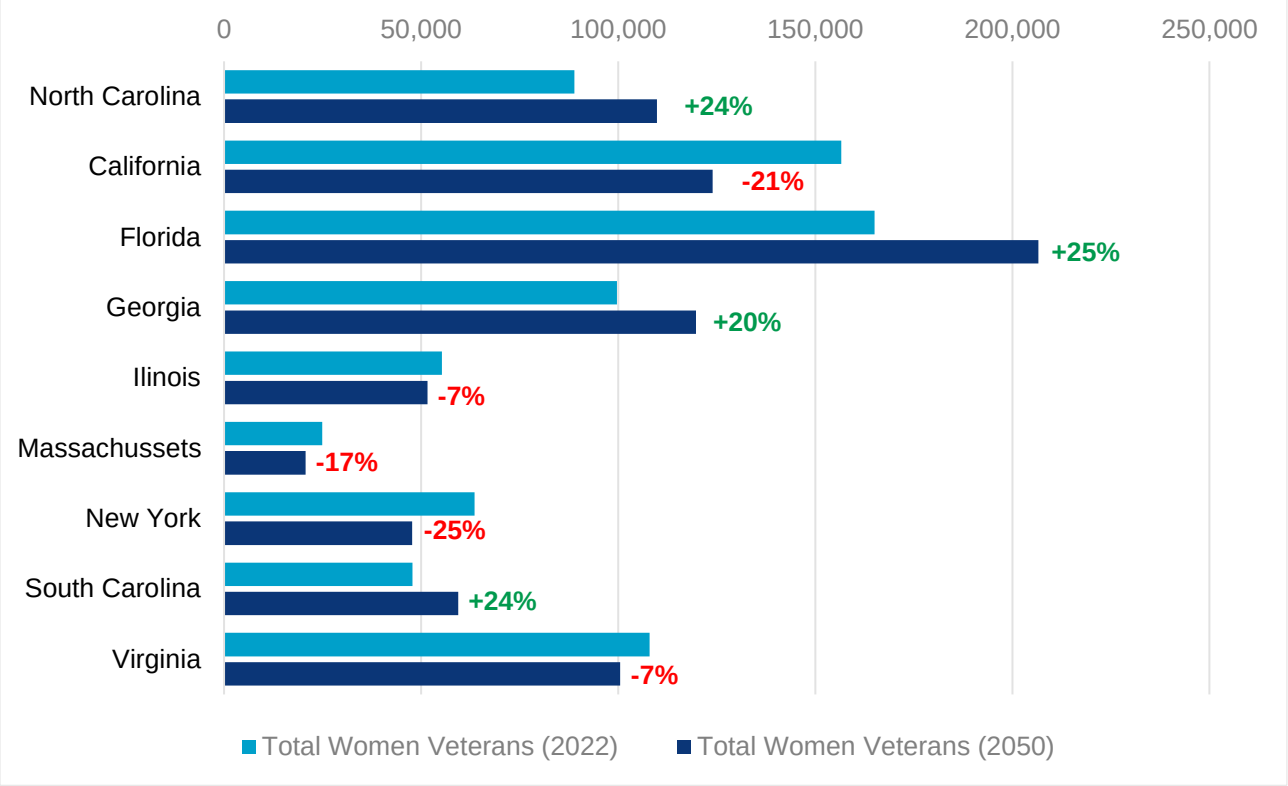


TABLE 10. PROJECTED WOMEN VETERAN POPULATION CHANGES BY 2050, WITH % CHANGE

Key takeaways from peer state data include the following:

- The ratio of veterans that are male and women is expected to shift significantly as male veterans are projected to decrease an average 42.2%, while women veterans are projected to increase an average of 1.9%.
- As the overall veteran population is projected to decline by an average of 37%, women veterans are projected to increase by 1.9%.
- **North Carolina will have one of the largest women veteran population increases among peer states.**

5.2.2. Long Term Care Facilities

PCG conducted a peer state review of services offered through State Veterans Homes (SVH) that includes a comparison of how homes prioritize different needs within the facility, including skilled nursing care, domiciliary care, assisted living, and adult day health spaces. PCG included a comparison of the total number of skilled nursing and domiciliary beds across peer states and compared these numbers to the total number of veterans, included in **Table 11**. Research was conducted using the National Center for Veterans Analysis and Statistics "VetPop" Veteran Population Projection Model, State Veteran Home government websites, and veteran benefits reports.

State	Total # of Veterans (2022 Projected)[14]	Total Number of Homes	Total # of SVH Skilled Nursing Beds[15]	Veterans per Skilled Nursing Bed	Total # of SVH Domiciliary Beds
North Carolina[i]	**687,364**	**4**	**419**	**1640**	**--**
California	1,534,710	8	1332	1152	1125
Florida	1,450,597	8	952	1523	149
Georgia[16]	678,304	2	567	1196	--
Illinois	569,448	5	1142	499	100
Massachusetts	285,971	2	282	1014	--
New York[ii]	688,611	5	1185	581	--
South Carolina	388,404	5	738	526	--
Virginia[17]	691,325	3	552	1252	28

TABLE 11. PEER STATE VETERANS HOME OVERVIEW

Across peer states, there are standardized skilled nursing services offered across all nine states, which include:

- Help with daily tasks
- Comfort and security across private and semi-private rooms
- 24/hour licensed nursing and medical care
- Physical, occupation, and speech therapy
- Social workers to assist veterans and families
- Dietary services
- In-house activities
- Special programs to honor veterans

[i] Note: This count does not include Fayetteville State Veterans Home which is currently closed. Prior to its closure, NC had 5 homes totaling 569 beds.
[ii] Note: 4 homes are operated through the Department of Health, and 1 home is operated through the State University of New York (SUNY) and is licensed by NY State Department of Health and U.S. Department of Veterans Affairs.

- Laundry Rooms
- Barber/beauty salon

PCG compared services offered across homes that are in addition to the standard array of services noted above, as they offer insight into how peer state veteran homes operate and serve residents in different ways. Key takeaways are included in below in **Table 12.**

State	Additional Services at State Veteran Homes
North Carolina[18]	• Offers an onsite Veterans Service Officer to assist veterans and families in applying for USDVA benefits • Expanded therapy option to include aquatic therapy • Private dining rooms • Pharmacy services
California[19]	• Offers private rooms • Homes include activities such as a Main Street with a General Store, Barber shop, Postal Office, Bank, resident gardening areas, and putting greens
Florida[20]	• Expanded therapy options to include pet and music therapy • Variety of social and recreational activities including wood and leather working, gardening, billiards, and shuffleboard • Offers semi-private screened porches, restaurant style dining, small in-house banking services (Available in 4 Homes - Pembroke Pines, Daytona Beach, Panama City, St. Augustine) • Complete in-house pharmacy service (Available in 1 Home - Daytona Beach) • Veterans Affairs office in the facility (Available in 1 Home - Port Charlotte)
Georgia[21]	• Outdoor activities to include an 18-hole miniature golf course
Illinois[22]	• Offers an onsite bank option (Available in 4 homes – Chicago, LaSalle, Manteno, Quincy) • An IDVA Veterans Service Officer is available at each home. • Newer construction home with a two-acre deer park for residents. (Available at 1 location – Quincy)
Massachusetts[23]	• Offers a “store/gift shop” that has clothing, personal items, greeting cards, game books, puzzles, etc. and is free to residents (Available at 1 location – Holyoke)
New York[24]	• Offers pet therapy through a “pet project program” to integrate animals and plants into the living environment with fish living in the facility and regular dog personal visits. The purpose is to promote a more homelike environment. • Offers Adult Day Health Care 6 days a week which includes services such as door-through-door transportation, skilled nursing care and individualized medical care, activities, and spiritual guidance for veterans.
South Carolina[25]	• Offers an in-house pharmacy with a full-time licensed pharmacist and pharmacy technician.

State	Additional Services at State Veteran Homes
Virginia[26]	• Offers private rooms with private baths. • Newer construction home offers all private rooms organized into eight 16-bed households that surround a central community center. • Offers an in-house pharmacy.

TABLE 12. PEER STATE VETERAN HOMES SERVICES

5.2.3. Domiciliary and Assisted Living Care

PCG conducted a peer state review to compare domiciliary care options at SVH facilities with similar demographics and aging populations.

- **Domiciliary care**, as defined by the USDVA, offers access to a high level of independent living care for residents at a SVH facility, typically including pharmacy, dining, personal care, and daily access to staff assistance in the home.[27]
- **Assisted living care**, as defined by the USDVA, offers access to minimal assistance care for residents at a SVH facility in a rented room or apartment, typically including access to a caregiver for support with daily living, medication support, some nursing assistance, some or all meals, and recreational activities at the home.[28]

Research was conducted to gather information on the number of peer states that offer these services using state-level veteran services reports and home websites. Domiciliary care is offered in five of the peer states that PCG reviewed: California, Florida, Illinois, Massachusetts, and Virginia. Assisted living care is offered in two of the peer states that PCG reviewed: California and Florida. Additional details are included in **Table 13**.

State	Total # of SVH Domiciliary Beds[29]	Total # of SVH Assisted Living Beds	Living Care
North Carolina	--	--	• Does not currently offer domiciliary care or assisted living care at SVH facilities.
California[30]	1125	474[iii]	Domiciliary Care • Offers an independent living program across 2 homes • Residents receive housing, meals, activities, and minimal supervision in a safe and stable environment • Residents have access to an onsite clinic for routine medical care Assisted Living Care • Offers assisted living with some routine support across 7 homes. • Residents receive assistance with bathing, grooming, taking medication, and other daily activities.
Florida[31]	150	150	Domiciliary Care • Offers a domiciliary care program at 1 home.

[iii] Note: Total bed count for assisted living beds does not include 2 SVH facilities (Chula Vista and Yountville)

State	Total # of SVH Domiciliary Beds[29]	Total # of SVH Assisted Living Beds	Living Care
			• Residents live in private and semi-private rooms. • Residents receive meals, medical care, access to a license social worker, and a variety of social and recreational activities. Assisted Living Care • Offers assisted living at 1 home. • Residents receive meals, medical care, access to a licensed social worker, and a variety of social and recreational activities.
Illinois[32]	100	--	Domiciliary Care • Residents live in adjoining apartment domiciliary units Assisted Living Care • Does not offer assisted living care at SVH facilities.
Massachusetts[33]	150[iv]	--	Domiciliary Care • Offers domiciliary care at 1 home • Access to a small "city" with amenities including a library, dry cleaning, barber shops, an auditorium, recreation rooms, a dining room, and canteen, along with a pharmacy. • Access to resident-oriented safety measures including a Campus Police Force, medical emergency alert system, and new fire alarm system Assisted Living Care • Does not offer assisted living care at SVH facilities.
Virginia[34]	28	--	Domiciliary Care • Residents receive services available to skilled nursing care residents. Assisted Living Care • Does not offer assisted living care at SVH facilities.

TABLE 13. PEER STATE VETERANS HOME DOMICILIARY REVIEW

5.2.4. Financial Benefits for Veterans

PCG conducted a peer state review of financial benefits offered by state agencies to veterans. In **Table 14**, we offer a deeper analysis of different types of financial benefits used by state agencies to support veterans. Research was conducted using state-level veteran service reports and state websites.

[iv] Note: SVH Facility in Chelsea is under construction and will house approximately 150 veterans on a Domiciliary Campus once complete.

State	Financial Benefits for Veterans
North Carolina[35]	• NCDMVA does not offer direct state-level veteran financial support. • Veterans Property Tax Relief for veterans and never-remarried surviving spouses of veterans that own property and meet service-connected disability or specially adapted housing qualifications. ○ Offers disabled veterans homestead property tax relief up to the first $45,000 of assessed property value.
Illinois[36]	• The State of Illinois offers a one-time bonus for veterans who served honorably during a time of war. Certain medals are needed to qualify and determine the bonus amount.

Massachusetts[37]	• Chapter 115 Benefits/Safety Net Program for veterans through the MA Department of Veterans' Services in partnership with Veteran Service Officers.
	  ○ Offers funding to veterans facing financial difficulties who may be eligible for benefits that include:
	  ▪ Daily living expenses
	  ▪ Medical costs
	  ▪ Rent assistance
	  ▪ Support of dependents
	  ▪ Prevention of veteran homelessness

New York[38]	• Veterans Emergency Housing Assistance Fund ○ Pilot program to offer immediate financial assistance to support veterans' housing needs.

South Carolina[39]	• The South Carolina Military Family Relief Fund
	  ○ Provides monetary grants to families of South Carolina National Guard members and South Carolina residents serving in the U.S. Armed Forces Reserve components who were called to active duty as a result of the September 11, 2001, terrorist attacks.
	  ▪ Different types of funding based upon military status, need based, and casualty-based grants.

TABLE 14. PEER STATE FINANCIAL BENEFITS FOR VETERANS

5.2.5. Benefits for Women Veterans

PCG conducted a peer state review of veteran benefits offered by state agencies to meet the needs of women veterans. In **Table 15**, we offer a deeper analysis into different types of resources and support that are used by peer states to support women veterans. Research was conducted using state-level veteran services reports and state agencies websites.

State	Benefits for Women Veterans
North Carolina[40]	• Offers a tab on the state website through the Special Programs page for Women Veteran Programs with resources offered through the USDVA.
California[41]	• Offers a state-level roster for women veterans that provides support, fosters connection, and a space to receive updated information.

State	Benefits for Women Veterans
	• Dedicated Women's Military History Week to recognize the many achievements of women and honor the contributions of women who served in the U.S. Armed Forces. • Women Veteran Coordinator (WVCs), located in every regional office, who function as the primary contact for women veterans. WVCs provide specific information and comprehensive assistance to women veterans, their dependents, and beneficiaries concerning USDVA benefits and related non-USDVA benefits. Types of assistance include claims intake, development, and processing of military sexual and personal trauma claims.
Florida[42]	• Women Veterans' Coordinator to connect women to services and benefits and meet the needs of women veterans in the state. • State level Women Veterans Newsletters with updated USDVA resources. • Volunteer Regional Advisors that connect women veterans to resources in their communities and at the USDVA level. • Hosts annual conferences for women veterans.
Georgia[43]	• Offers Women Veterans Office as way to conduct outreach and engagement for women veterans across the state and to coordinate connections to state VSOs as needed. • Offers a large network of women VSOs across the state. • Provide focused support for women veterans in navigating services after a military sexual trauma (MST)-related compensation claim has been completed. • Hosts annual conferences for women veterans.
Illinois[44]	• Offers a centralized tab on the state website for women veteran resources and organizations (transitional assistance, emergency and transitional housing, and women veterans' organizations). • Women Veterans Coordinator connects women to services and benefits and works to meet the needs of women veterans in the state. • Offer a search function to 'Find your local Female VSO' on the DVA website. • Access to a Women Veterans Survey to better understand and support the need of women veterans in the state.
Massachusetts[45]	• Offers a Women Veterans' Network with a mission to "empower women veterans by ensuring their voices are heard, their contributions acknowledged, and their well-being enhanced through education, advocacy, and collaboration." • Advisory Committee on Women Veterans. • Offer a centralized tab on the state website for women's resources & organizations (Massachusetts-based and national non-profits).
South Carolina[46]	• Offers a centralized tab of federal women veterans' resources offered through the USDVA.

State	Benefits for Women Veterans
Virginia[47]	• Virginia's Women Veterans Program (VWVP) provides access to community resources to educate, unify, and empower women veterans. The program includes transition and benefits support, employment and education outreach, and health and community advocacy. • Virtual peer support group that meets twice a month to virtually connect women veterans in a peer-to-peer format. • State level Women Veterans Newsletters with updated USDVA resources.

TABLE 15. PEER STATE BENEFITS FOR WOMEN VETERANS

PCG identified best practices utilized in peer states with robust women's services to provide insight into how women's resources and services can be best utilized. The California Department of Veterans Affairs developed a Women Veterans Outreach Toolkit with best practices for engaging and supporting women veterans and addressing prevalent issues and barriers women veterans experience through a three-action model: Seek, Enlist, and Engage.[48]

- **Seek** women who served in the military.
  - Identify women veterans through language asking if they have ever served, rather than if they identify as a veteran.
  - Use available data to identify needs and barriers that women veterans face.
- **Enlist** women who served and are currently serving.
  - Utilize community/agency groups and individuals and offer support through different channels available to NCDMVA (i.e., attendance, expertise, or donations).
  - Consider and minimize or eliminate possible barriers that deter women veterans from engaging in community/agency organizations.
- **Engage** and educate women veterans.
  - Raise awareness via existing communication channels (social media, listservs, and networking circles).
  - Offer actionable items to the community and veterans to promote participation and expansion of services and benefits.
  - Provide a forum with a method for feedback for the community and veterans.
  - Track NCDMVA interactions and service provisions for women veterans to promote continuous participation in future events.

5.3 INNOVATIONS IN STATE VETERANS' SERVICES

PCG compiled several examples of innovations from past Pillars of Excellence "Lincoln Awards." The Lincoln Awards program was established in 2012 by former Secretary of Veterans Affairs Robert MacDonald with the National Association of State Directors of Veterans Affairs (NASDVA). The program recognizes state initiatives and programs that are innovative in their approaches to serving veterans and their families within their states.

5.3.1. Veterans Engagement and Outreach

Outreach and engagement are imperative to connecting veterans not only with the services that NCDMVA provides, but also with other organizations and nonprofits that fill service provision gaps. Innovations in this area have seen the rise in online platforms connecting veterans and families to both federal and state veterans benefits and with community providers. Additionally, many award submissions used a digital medium (social or online) to connect state veterans' agencies with veterans. Notable state innovations have included:

- **South Dakota's Operation Reaching All Veterans (RAV):** Launched in 2014, RAV was a campaign to identify and make direct contact with every veteran in South Dakota. Through a "multi-pronged" outreach campaign, SD DVA hosted 104 RAV open houses across its 66 counties and used a phone campaign in every county led by County and Tribal Veteran Service Officers. SD DVA not only worked with veterans' service officers, but also volunteers to connect with veterans across the state and especially in rural areas.

- **Florida DVA and Florida PBS Awareness Campaign:** Florida's Department of Veterans' Affairs partnered with the Public Broadcasting Service to produce and air public service announcements (PSAs) on Florida's PBS networks over 2014 and 2015. The goal was to increase awareness about FDVA and the federal and state benefits that Florida's veterans might be eligible for. The (PSAs) aired before and after seven military-focused PBS documentaries and had more than 120,000 viewers per program. The viewers were determined to be older and were more likely Korean and Vietnam era veterans. After the broadcasting, Florida saw a 20% increase in veterans receiving service-related compensation and an increase of $2.2 billion in federal benefits and services.

5.3.2. Technology

Technology is a critical tool to serve veterans and their families rapidly and efficiently. There were more than 25 Pillar of Excellence program submissions focusing on a diverse range of technological processes and platforms to augment service delivery and connect with veterans, including collaborative platforms, case management database systems, websites, mobile applications, and social media. Some examples include:

- **Ohio's ODVS Mobile App:** Ohio's Department of Veterans Services wanted to focus on post-9/11 veterans who are least likely to seek out services and resources through in-person office appointments or mail and telephone advertising. Ohio created a mobile application to help Ohio vets learn about available federal and state benefits, application processes, and contact information for each of Ohio's county veteran service offices. The app also contains an "In Crisis" link to the USDVA's 24/7 crisis prevention line.

- **Maine's User-Focused Website Upgrade:** Maine's Bureau of Veteran Services initiated a website redesign to improve the veteran user experience. The updated website included specific tabs on benefits and resources available, including an updated list of more than 400 veteran-serving organizations. Website traffic and veteran and dependent claims grew substantially after the website implementation.

5.3.3. Cross-Agency Collaboration and Cost Sharing

Leveraging the strength of cross-agency collaborations, including private partnerships, is a creative solution that state veterans' departments are deploying to overcome funding and workforce challenges. Some examples of initiatives include:

- **Massachusetts' Statewide Advocacy for Veteran Empowerment (SAVE):** Created in 2008, SAVE is a partnership between the MA Department of Veterans Affairs (DVS, now the MA Executive Office of Veterans Services), Department of Mental Health (DMH), and the Division of Trial Court that provides peer-to-peer suicide prevention and intervention and support for returning veterans. SAVE team members engage with veterans in veterans' treatment courts, state prisons, and the state's Substance Abuse and Mental Health Services Administration's Health and Disability Program, as well as other settings. The program is an example of successful collaboration between several state agencies, including the Department of Corrections.

- **California's Habitat for Heroes Enriched Neighborhoods:** The California Department of Veterans Affairs (CalVet) partnered with Habitat for Humanity to increase the supply and access of affordable housing through collaborative financial support and partnerships with local, state, and

federal agencies. This resulted in the development of two housing communities targeted for low-income, disabled veterans and their families living in the San Fernando and Santa Clarita Valley. CalVet funded between 56 and 88 percent of the mortgage costs construction projects, and Habitat for Humanity provided funding for the remaining 12 percent to 44 percent of mortgage construction costs at 0 percent interest. As a result, 140 affordable homes were built, with CalVet and Habitat for Humanity partnering with businesses such as Citibank and Home Depot to provide classes on financial management and home repairs.

6. FACILITIES RESEARCH

6.1. OVERVIEW OF EXISTING STATE FACILITIES

Currently NCDMVA oversees four full-service state veterans' homes (SVHs) with 419 skilled care beds, employing over 750 North Carolinians. The goal of these homes is to provide high quality care to veterans that improves their quality of life. These Homes aim to encourage independence, meet individual needs, and emphasize personal choice, and are Licensed by the State of North Carolina and approved for Medicare, Medicaid, and third-party insurance. Homes provide the following services:

- Care provided by registered nurses, licensed practical nurses, and certified nursing assistants under the direction of licensed physicians.
- Registered dieticians on staff.
- Experienced social workers to assist veterans and families.
- Veterans Service Officers to assist veterans and families in applying for USDVA benefits.
- Access to a complete team of therapists to provide physical, occupational and speech therapy within the facility.
- Specially designed therapeutic recreational programs directed by activity personnel on each unit.
- A full range of in-house activities, community outings and programs involving local volunteer groups.
- Special programs throughout the year honoring veterans.

Hospital care is provided by either the USDVA Medical Centers or local hospitals. Further information about services available at each Home is included below:

- Salisbury NC State Veterans Home – 99 Bed Capacity
    - **Services Offered:** Semi-private rooms/private rooms, 24-hour nursing, IV therapy, oxygen therapy, physical therapy, occupational therapy, speech therapy, wound care and pain management, full-time dietician, nourishment care, activity programming, hospice, counseling services, family group meetings, laundry, volunteer services, management, psychiatry, MSW social worker, barber/beauty shop services.
    - **Certifications:** Medicaid, Medicare, Joint Commission.
- Black Mountain NC State Veterans Home – 100 Bed Capacity
    - **Services Offered:** Private rooms, 24-hour nursing, IV therapy, oxygen therapy, physical therapy, occupational therapy, speech therapy, wound care and pain management, full-time dietician, nourishment care, activity programming, hospice, private chapel, counseling services, family support group meetings, laundry, volunteer services, medication management, psychiatry, MSW social worker, aquatic therapy, barber/beauty shop services.
    - **Certifications:** Medicaid, Medicare, Joint Commission.
- Kinston NC State Veterans Home – 100 Bed Capacity
    - **Services Offered:** Private rooms, 24-hour nursing, IV therapy, oxygen therapy, physical therapy, occupational therapy, speech therapy, wound care and pain management, full-time dietician, nourishment care, activity programming, hospice, private chapel, counseling

services, family support group meetings, laundry, volunteer services, medication management, psychiatry, MSW social worker, aquatic therapy, barber/beauty shop services.
    - **Certifications:** Medicaid, Medicare, Joint Commission.
- Kernersville NC State Veterans Home – 120 Bed Capacity
    - **Services Offered:** 120 beds – Private rooms/private baths, 24/7 RN on duty, IV therapy, oxygen therapy, physical and aquatic therapy, occupational and speech therapy, medication management, memory support, wound care and pain management, fill-time dietitian offering diabetic programming and nourishment care, activity programming, hospice, licensed social worker and chaplain on staff, counseling and family support groups, laundry services, pharmacy services, and volunteer services.

These homes offer skilled nursing care. The North Carolina State Veterans Homes are owned by the State of North Carolina and managed by a private entity, United Veterans of North Carolina, Inc., a subsidiary of UHS-Pruitt Corporation. This management contract is for a five-year period; it was most recently renewed in 2019. [49]

According to § 143B-1298, the following eligibility requirements and priorities exist:

- To be eligible for admission to a SVH, an applicant shall meet the following requirements:
    - The veteran shall have served in the active Armed Forces of the United States for other than training purposes;
    - The veteran shall have been discharged from the Armed Forces of the United States under honorable conditions;
    - The veteran shall be disabled by age, disease, or other reason as determined through a physical examination by a State veterans home physician; and
    - The veteran shall have resided in the State of North Carolina for two years immediately prior to the date of application.
- Eligible veterans will be admitted into a SVH or placed on waiting lists for admission into a home according to the following priorities:
    - Eligible wartime veterans will receive priority over eligible nonwartime veterans and will be admitted to the first available bed capable of providing the level of care required. Eligible wartime veterans with equal care requirements will be ranked in chronological order based on the earliest date of receipt of the veteran's application for care.
    - All other eligible veterans will be ranked in chronological order based on the earliest date of receipt of the veteran's application for care. If more than one application is received on the same date, the Administrative Officer will determine their sequential order on the list according to medical need.
- Nonveterans may occupy no more than twenty-five percent (25%) of the total beds in an SVH. When any space is available for nonveterans, priority will be established for the following relatives of eligible veterans in the following order:
    - Spouse.
    - Widow or widower whose spouse, if living, would be an eligible veteran.
    - Gold Star parents, defined as the mother or father of a veteran who died an honorable death while in active service to the United States during time of war or emergency. (1995, c. 346, s. 1; 2001-117, s. 3; 2011-183, s. 126; 2015-241, s. 24.1(k); 2015-268, s. 7.3(a).)

6.2. PLANNED FACILITIES

Currently, the Fayetteville SVH is closed. The final disposition for this home is yet to be determined; current options include, but are not limited to, renovation or a rebuild of the home, either on the current site or at another site to be determined.

NCDMVA has previously pursued USDVA funding for the construction of another home in Wake County; the state's required matching funds (35% of total construction cost) have been allotted in the State Veterans Home Trust Fund. However, grant funding from the USDVA for the remaining 65% of construction costs has not been appropriated at the time of this report and is not anticipated in Federal Fiscal Year 2025. If NCDMVA can move forward with both projects, it is not anticipated that the state would pursue the construction of any additional facilities for the foreseeable future.

6.3. ANTICIPATED NEED FOR ADDITIONAL STATE FACILITIES

The GAO study referenced earlier in this report highlighted an additional anticipated need due to increased use of long-term care services by veterans and the challenges the USDVA is facing in meeting these demands. The three main challenges identified included addressing workforce shortages, aligning care geographically, and meeting needs for specialty care. It is likely that states will be facing many of these same challenges as they consider how best to address the long-term care needs of veterans moving forward.

In 2023 the NC Department of Health and Human Services (DHHS) developed the State Medical Facilities Plan (SMFP).[50] The main goal of this SMFP was to provide individuals, institutions, state and local government agencies, and community leadership with policies and projections of need to guide local planning for specific health care facilities and services. A portion of the SMFP focused on an analysis of adult care home bed need projections for 2026. A summary of the projections is included below in **Table 16**:

Projected 2026 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor[v]	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/Deficit "-"	Bed Need
10,997,638	22,862	24,065	42,235	18,170	100

TABLE 16. SMFP ADULT CARE HOME BED NEED PROJECTIONS

Although three counties registered a bed need (Anson with 30 beds, Perquimans with 40 beds, and Swain with 30 beds), overall, the state projects a surplus of 18,170 beds by 2026 indicating unused capacity in the system.

Another portion of this study was focused on nursing care beds. Nursing homes are health care facilities that provide long-term nursing or recovery care for at least three older adults who require 24-hour nursing supervision and care. **Table 17** below represents projected bed utilization, bed surpluses/deficits and occupancy rates used to determine bed needs:

Projected 2026 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor[vi]	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/Deficit "-"	Bed Need
10,966,180	31,575	33,240	46,461	10,076	--

TABLE 17. SMFP NURSING CARE BED NEED PROJECTIONS

There was no bed need identified across any of the counties and overall, the state projects a surplus of 10,076 beds by 2026, indicating unused capacity in the system.

[v] Projected Bed Utilization with Vacancy Factor is calculated by dividing Projected Bed Utilization by 95%.
[vi] Projected Bed Utilization with Vacancy Factor is calculated by dividing Projected Bed Utilization by 95%.

The bed availability reflected in this study in both adult care beds as well as nursing home beds indicates the potential for partnerships to access additional beds for North Carolina veterans.

6.4. POTENTIAL FOR PARTNERSHIPS TO MEET FACILITY NEEDS

The USDVA provides or pays for eligible veterans to receive long-term care in three institutional programs that primarily provide skilled nursing care:

USDVA Institutional Program[51]	Program Information
Community Living Centers	USDVA nursing centers provide 24-hour skilled nursing care in a "home-like" environment.
Community Nursing Homes	Non-USDVA nursing homes with which the USDVA contracts in many parts of the country so veterans can receive care near home and family.
State Veterans Homes	State-owned and managed centers that provide full-time care for veterans and, sometimes, non-veteran spouses and Gold Star parents. The USDVA provides construction grant funding and per-diem payments to states for eligible veterans.

Veterans can access long-term care benefits through the USDVA as long as the veteran is signed up for USDVA health care, the USDVA concludes that a veteran needs a specific service to help with their ongoing treatment and personal care, and the service (or space in the care setting) is available near a veteran. USDVA benefits may be able to help pay for nursing home care; this is dependent on income and level of service-connected disability and will vary from veteran to veteran.

USDVA Community Living Centers (CLC) are USDVA Nursing Homes. Veterans may stay for a short time, or, in rare instances, for the rest of their life. It is a place where veterans can receive nursing home level care, which includes help with activities of daily living and skilled nursing and medical care. There are four of these homes in North Carolina: Charles George VA Medical Center-Asheville VAMC, Durham VAMC, VA Coastal Health Care System-Fayetteville VAMC, and W.G. (Bill) Hefner VAMC-Salisbury VA Medical Center.

A Community Nursing Home is a place where veterans can live full time and receive skilled nursing care any time of day or night. USDVA contracts with community nursing homes to care for veterans. The Community Nursing Home program is offered in many communities so veterans can receive care near their homes and families.

Available data shows an anticipated surplus of available LTC beds across North Carolina by 2026, indicating unused capacity in the system. To support partnership with long-term care providers, NCDMVA could educate long term care facilities on how to become a CCP or Community Nursing Home and support facilities in the application process; more information on this topic is available in Section 10.1 of this report. Currently, there are four community living centers in North Carolina and 110 community nursing homes.[52] Partnerships with CLCs and Community Nursing Homes will allow for additional access to veterans across the state to get the care that they need while being able to stay in a community with which they are familiar.

The USDVA also provides or pays for all eligible veterans to receive noninstitutional long term care through several home or community-based programs, where most veterans receive long term care. These are programs that VSOs should be aware of so that they are able to connect veterans to these services when applicable.

7. RECOMMENDATIONS – PRIORITIZATION METHODOLOGY

PCG analyzed all proposed recommendations based on two prioritization categories, which were then broken down further into two to three prioritization factors:

1. *Category:* **Veteran Impact** – Potential positive impact to North Carolina veterans from recommendation implementation
    a. *Factor*: **Veteran Benefit** – Will the recommendation benefit priority veteran populations or a large swath of the NC veteran community? Priority populations include, but are not limited to, veteran women, individuals with justice-involvement, with physical and/or mental disabilities, with low-income, LGBTQ+, and those living in rural areas.
    b. *Factor*: **Responsiveness to Veteran Needs** – Does the recommendation directly address the pain points and needs of veterans?
2. *Category:* **Effort** – Estimated effort required for successful implementation by NCDMVA and other partners
    a. *Factor*: **Initiation Cost** – How expensive and time intensive will this recommendation be to initially establish with solid footing?
    b. *Factor*: **Complexity** – How much coordination and external buy-in from various stakeholders and projects is needed for implementation?
    c. *Factor*: **Timeframe** – How long will it take to implement?

A 3-point numeric scale was established to assess each of the five factors, as seen in the below table:

Scale Definitions & Quantitative Value:

Category	Factor	High (3)	Medium (2)	Low (1)
Veteran Impact	**Veteran Benefit**	Strong benefit for priority populations OR for 350,000+ veterans	Medium benefit for priority populations OR for 150,000-350,000 veterans	Low benefit for priority populations OR for 1-150,000 veterans
	Responsiveness to Veteran Needs	Directly addresses pain points & needs of veterans	Somewhat addresses pain points & needs of veterans	Indirectly addresses pain points & needs of veterans
Effort	**Initiation Cost**	$151,000+ OR 301+ hours of staff time to initiate	$41,000-$150,000 OR 101-300 hours of staff time to initiate	$1-$40,000 OR fewer than 100 total staff hours to initiate
	Complexity	Requires coordination of and/or external buy in from several projects & stakeholders	Requires coordination of and/or external buy in from some projects & stakeholders	Requires minimal coordination & external buy-in
	Timeframe	Over 2 years to initiate	6 months to 2 years to initiate	Fewer than 6 months to initiate

Score Value Key:

Veteran Impact		Effort	
Sum	**Rating**	**Sum**	**Rating**
2	Low	3	Low
3	Low	4	Low
4	Low	5	Low
5	High	6	High
6	High	7	High
		8	High
		9	High

For each recommendation, the team calculated a quantitative score for Veteran Impact by adding all related factor ratings together and then did the same for Effort. PCG discussed the evidence to justify the scoring as a team. The evidence to support PCG's scoring is detailed in the recommendation sections included in this report.

These scores then resulted in one of four composite impact-effort ratings, as described in the below table:

Composite Rating – Impact-Effort Matrix:

Veteran Impact	**High**	**Quick Value Add**	**Transformative Change**
		Small visible improvement that can be achieved with minimal effort and have immediate benefits.	Large-scale strategic change that has the potential to solve a pressing problem or advance progress to organizational goals significantly.
	Low	**Incremental Improvement**	**Scalable Pilot**
		Low-lift small-scale solution that will result in gradual positive results.	Large strategic endeavor that is worthwhile because it can have significant benefits or mitigate major challenges for a smaller, high-need priority population.
		Low	**High**
		Effort	

8. RECOMMENDATIONS – OPERATIONAL CAPACITY

This section includes recommendations focused on supporting the resource needs of NCDMVA to support North Carolina veterans. Below is a summary of impact-effort ratings for all Operational Capacity recommendations. See Section 7 for a definition of the ratings.

Recommendation	Impact-Effort Rating
8.1 Increase Communication Capacity to Develop Quarterly NCDMVA Staff Newsletter	**Quick Value Add**
8.2 Increase Communication Capacity to Implement External Communication Strategy Focused on Increasing Veteran Awareness of Services	**Quick Value Add**
8.3 Implement a Process for Assessing Veteran Demand for Services and VSO Capacity and Increase VSO Staffing to Fill Gaps	**Transformative Change**
8.4 Increase Application and Eligibility Information on the State Veterans Home Website	**Incremental Improvement**

8.1. INCREASE COMMUNICATION CAPACITY TO DEVELOP QUARTERLY NCDMVA STAFF NEWSLETTER

Recommendation Summary	Increase Communication staff capacity in order to develop and implement a quarterly newsletter for state level VSO & Regional Manager staff that will: • Increase staff awareness of NC community resource updates, NCDMVA progress to key metrics, federal USDVA policy and service changes, and internal policy and procedure changes, and • Recognize and celebrate recent VSO client achievements amid the challenges and stress of direct service.
Anticipated Benefits	• A newsletter can make VSO staff more aware of relevant updates so that they can, in turn, make veterans more aware. • Internal communications can be an effective tool for increasing staff productivity and engagement and guiding staff on how to prioritize their daily efforts in alignment with NCDMVA organizational goals. • The NCDMVA Communication team already does valuable community resource vetting and updating work throughout the year as part of their annual Resource Guide publication. A quarterly newsletter would more quickly put updated resource information into action in the hands of VSOs who are meeting with veteran clients every day providing referrals.
Resource & Timeline Needs	• The NCDMVA Communication and State Veterans Services teams would partner to gather and interpret data and craft newsletter content. • Add 1 part-time staff position to the Communication team to fulfill staff and veteran outreach communication responsibilities • Develop a template and determine a feasible plan for quarterly production (capacity, roles, data inputs) by November 2024 • Launch pilot newsletter 1.0 in January & April 2025 • Solicit staff feedback and launch newsletter 2.0 by July 2025
Effort / Impact Rating	**Quick Value Add** Impact Score: 5; Effort Score: 4

Justification	• The NCDMVA Communication Team previously implemented a monthly newsletter, but found workload demands untenable, and so newsletters were paused. • VSOs reported needing more regular updates from NCDMVA and federal USDVA to serve as a reliable source of information for veterans regarding policy and resource updates. • VSOs receive many communications that can be difficult to scan for relevant information. A newsletter dedicated to actionable information specifically for VSOs would be beneficial.

Developing regular internal communications could have a myriad of benefits for NCDMVA and the veteran community. VSO staff could experience increased productivity and collaboration from having more up-to-date and accessible data on community resources and USDVA benefits at their fingertips for better presentation to veterans. Updates on progress to key VSO performance metrics would support regional office alignment and accountability to NCDMVA mission and goals. Regular communication from Raleigh headquarters can help VSO staff, who are stationed across the state, to feel heard and appreciated and to view NCDMVA leadership as transparent and communicative. Also, a newsletter is a great venue to recognize staff achievements and reground VSOs in the mission-driven nature of the work.

The current NCDMVA Communication Director is aware of the benefits of internal communication, but current staff capacity is limited and largely focused on state level communication priorities. The current Communication team includes the full-time Director, one full-time Audio/Visual Specialist who is focused on video and photography needs and website maintenance, and one temporary staff person who works eleven months of the year for 40 hours a week who focuses on social media. Current team capacity goes to fulfilling media inquiries, proclamations to the Governor's office for sponsored programs, and public records requests, publishing the annual NCDMVA Resource Guide, maintaining relationships with sister agency communications, and managing the NCDMVA social media account, which predominantly entails content related to external departmental announcements. In recent years, the number of state level demands have made it difficult for the team to prioritize internal communications or external outreach campaigns to veterans. Adding one more staff position that is dedicated to communication related to staff and veteran outreach would help the Communication Team to meet work demands.

To implement a staff newsletter, PCG recommends an ongoing collaboration between the Communication team and the State Veteran Service team. By virtue of being situated closer to the day-to-day veteran service and benefits claiming work of the VSOs, the State Veterans Services team is positioned to provide newsletter content related to progress to key VSO performance metrics, internal policy and procedure changes, qualitative and quantitative data on recent VSO client achievements, and support the Communication team with interpretation of federal policy and service changes. The Communication team can coordinate the collection and arrangement of content, support refinement of language newsletter, and manage the dissemination of newsletters. The teams should work together to determine a feasible production schedule and confirm the responsibilities of each team.

By adding one staff position, limiting the newsletter to an internal NCDMVA audience and quarterly cadence, and collaborating with the State Veterans Services team, newsletter production could become feasible for the Communication team. This newsletter would help VSO staff in the field to feel more recognized and appreciated by headquarters and set VSOs up for increased success in their service to veterans.

8.2. INCREASE COMMUNICATION CAPACITY TO IMPLEMENT EXTERNAL COMMUNICATION STRATEGY FOCUSED ON INCREASING VETERAN AWARENESS OF SERVICES

Recommendation Summary	Develop and implement an external communications strategy with the primary goal of connecting more veterans to local VSOs and community resources. To support NCDMVA's return on investment in this work, two steps can be taken to inform readiness and a marketing budget: 1. Complete an initial evaluation to determine the extent to which NCDMVA's targeted audience for paid advertising is captured in their current social media following. 2. Assess return on investment through A/B pilot tests and Google Analytics on website traffic to inform the minimum spend needed on paid advertising to be impactful and inform a budget.
Anticipated Benefits	• Targeted, population-specific outreach was reported as a best practice for recruitment by community organizations interviewed, e.g., Centerstone. • Accessible outreach campaigns will support increased utilization of VSO services statewide by a broader veteran audience.
Resource & Timeline Needs	• NCDMVA Communications team capacity • Budget for paid advertising • Development of a feasible campaign schedule by September 2025 ○ This recommendation is intentionally staggered after Rec 8.1 to mitigate communication team capacity challenges and to ensure internal staff alignment first.
Effort / Impact Rating	**Quick Value Add** Impact Score: 6; Effort Score: 5
Justification	• Social media is used every day by veteran community members to get information. It is an opportunity to get targeted information out quickly and remain relevant.

Expanding NCDMVA's social media activities to include a strategy focused on increasing veteran awareness of VSO services and resources will help to demonstrate NCDMVA as communicative, transparent, and accessible to the general public and encourage veterans' trust and engagement in services and community events. While much of NCDMVA's value is best experienced in person, meeting residents where they are through online engagements is increasingly necessary to disseminate information expediently and remain relevant in a world where many services are being daily marketed to constituents. Most of NCDMVA's social media engagement with audiences takes place on the department's Facebook and LinkedIn pages. NCDMVA's Communications Director reported that social media posts have strongly increased in recent years due to the hard work of her team. She also named a challenge that much of NCDMVA's social media content pertains to external departmental announcements that have primary goals other than increasing veteran awareness of NCDMVA's services. Social media ads are designed to target messages to certain audience groups. This functionality will allow NCDMVA to publish targeted content on certain VSO support services directly to the veterans who have demonstrated an interest in those types of services. This can be used for priority veteran need areas such as counseling and resources for mental health, substance use, and low-cost housing.

To successfully pursue further investments in social media marketing, PCG recommends NCDMVA take two actions to determine readiness and budget:

1. *Complete an initial evaluation of the extent to which NCDMVA's targeted audience for paid advertising is captured in their current social media following.* Investing in social media is a helpful tool to engage stakeholders, but only if that intended target audience is aware of their social media in the first place. If it is determined that the current following on Facebook and LinkedIn aligns with their target audience, they should move forward with investments in paid advertising. If it is determined that the target audience is not part of the following, NCDMVA could implement social media promotion activities, such as promotion of the accounts at in-person outreach events to veterans and direct emails to key community partners inviting them to follow NCDMVA's social media to learn more about upcoming events and resources.
2. *Assess return on investment (ROI) and inform a marketing budget.* In a desk review on the minimum social marketing spend to be impactful, published data and best practices on government social media budget strategies was not found. As a point of contrast, with limited applicability, a for-profit general rule of thumb is to spend 2-5% of revenue on marketing.[53] With limited available benchmarks for government strategy, PCG recommends the following activities to assess ROI and inform a marketing budget aligned to intended outcomes:
    a. *Run A/B pilot tests* to compare two versions of content to evaluate the ROI of paid promotion. For instance, NCDMVA would run Scenario A which includes spending $20 on a Facebook media buy to boost a specific post's performance and carefully monitoring impressions and clicks on the post for the next week. Then, NCDMVA would run Scenario B which includes a similar Facebook post without paying for any performance boosting and run the same monitoring activities for the next week. If A shows significantly more engagement than B, NCDMVA could strengthen a justification for media investments. A/B pilot tests should be run for the various types of posts that NCDMVA would make related to increasing veteran awareness, such posts marketing an upcoming event, promoting a current funding application, or introducing in-demand services offered by a partnering provider.
    b. *Link the NCDMVA website to Google Analytics to assess conversion rates*, or the percentage of users who complete a desired action. Including links to specific NCDMVA webpages in social media posts can be an effective strategy for driving website traffic. Google Analytics will produce data about where in the digital world webpage visitors came from and which pages they clicked on. Considering the Communication Team's limited staff availability, a regular review of this data could help the team to prioritize their limited time. In addition, after investing in some social media buys, Google Analytics data will also inform to what extent visitors came from a social media site, which would inform decisions around ROI.

Website improvements was a theme expressed by NCDMVA leadership during PCG interviews. Specifically, the State Veterans Services team requested that the Department's website be updated to reflect frequently requested information, mainly the interactive map of state and county service centers and their contact information for each county, in a more accessible location. Currently accessing this map requires a few clicks to navigate to the "Benefits and Claims" webpage. For instance, Google Analytics data could make the Communications Team aware that this is a frequently visited page, prompting discussions to make the map more accessible on the website more proactively.

This data-driven approach can help to keep a community-focused social media strategy front and center in NCDMVA's communication activities and drive community engagement in VSO services. To expand NCDMVA's communication strategy, additional communication team capacity is needed. If a part-time staff role is added to support an internal newsletter (Rec 8.1), they could support this social media strategy or take on other tasks currently assigned to the temporary communication support role.

8.3. IMPLEMENT A PROCESS FOR ASSESSING VETERAN DEMAND FOR SERVICES AND VSO CAPACITY AND INCREASE VSO STAFFING TO FILL GAPS

Recommendation Summary	*Evaluation Process:* NCDMVA can strengthen a regular process of assessing veteran demands for VSO services and comparing that to current VSO capacity to meet those demands. This process should evaluate factors such as the influx of veteran requests for VSO services, jurisdictions where the VSO to veteran ratio is low, and current and near-term projections of where priority populations may be increasing. This will enable data-driven identification of counties where additional VSO capacity is needed. *Hiring Need:* As an example of the kind of insights this process could provide, PCG recommends adding 1 State VSO FTE in the north coastal counties. Discuss with Pasquotank County their ability to add 1 County VSO. Combining the three neighboring coastal counties of Currituck, Camden & Pasquotank would leave 8,064 veteran residents with no assigned VSO staff. Current NC counties with 6,000-9,000 residents have an average of 2.5 assigned VSOs on staff. Also, across the state, the population of women veterans is increasing, and so any additional VSO hiring should prioritize candidates that understand the needs of women veterans and relevant available resources.
Anticipated Benefits	*Evaluation Process:* Establishing a regular, at least twice annual, process for comparing veteran demands to VSO capacity will help headquarters stay in tune with VSO office needs, VSO workloads, and veteran satisfaction with VSO services. A regular review of this data will inform other key strategic decisions made by NCDMVA leadership and foster a culture of continuous quality improvement. *Hiring Need:* Additional staffing support would allow for better coverage in areas where county VSO capacity is stretched, and veteran service demands are steady.
Resource Needs	*Evaluation Process:* • A platform to house the data collected for this process (see Rec 9.3) • NCDMVA staff in each VSO office who are tasked with tracking and documenting office utilization and VSO capacity data; Data updating frequency would vary from daily to monthly • NCDMVA staff (this could be one centralized staff role), tasked with analyzing veteran demand and VSO capacity data for twice annual review cycles *Hiring Need:* • 2 new FTE between Pasquotank and Camden counties. Post positions by FY26.
Effort / Impact Rating	**Transformative Change** Impact Score: 6; Effort Score: 6

Justification	• The NCDMVA State Veterans Services team and many VSOs repeatedly expressed a need for increased VSO capacity to meet veteran needs, particularly in the Central region. • Currently available quantitative data to justify staffing needs is not easily accessible beyond VetPop projection data.

Recommended Process:

Measuring and monitoring VSO capacity and veteran demands for VSO services supports data-driven decision-making around a range of strategic and operational NCDMVA matters, including VSO hiring needs. The need for additional VSO staff was expressed multiple times in interviews with the State Veterans Services team and Regional Managers. Based on PCG's data requests, the most readily available data source for evaluating staffing needs is the USDVA's VetPop database. To that end, NCDMVA can establish a regular, twice annual process of assessing veteran demands for VSO services and comparing that to current VSO capacity to meet those demands. Data to be analyzed in this process could include:

- *Office Utilization Data by Month and by State Office or County*: This could include data such as the number of completed service appointments (both in-person and via phone), the number of veterans added to the daily walk-in list who were not seen that day, and the number of appointment slots that were never filled (if any).
- *VSO Capacity Data:* Number of VSOs on staff in each state office, VSO caseload data, such as the number of individual veterans that a VSO is supporting at one time.
- *VSO to Veteran Ratio:* Compare veteran counts by county to the number of state and county VSOs assigned to support that county.
- *Current and Near-Term Population Projections:* VetPop data on where and when veteran populations are projected to increase by age and gender.

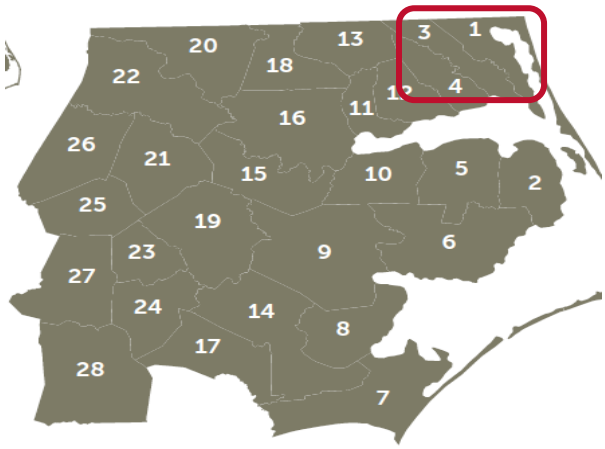
Of these data types, the office utilization and VSO capacity data require regular documentation of new data, ranging from daily to monthly inputs. This data can most feasibly be tracked and housed in an online service management platform. See Recommendation 0 for more information on what that platform should entail. Other metrics change less frequently, such as the number of VSOs on staff and the VSO to veteran ratio. This tracking responsibility would need to be housed within each state office due to the amount of information that is currently captured on physical documents or would need to be discussed with specific VSOs as part of daily office operations. Office-based staff would input their office's data into an online platform for analysis by a centralized staff person who would be tasked with researching the less volatile data, such as current and near-term projections, and preparing materials for NCDMVA leadership review on a twice annual basis.

Recommended Hiring:

Based on PCG's review of USDVA VetPop data and other data shared by NCDMVA, here are PCG's veteran demand and VSO capacity findings that could inform VSO hiring decisions. Population projections are one factor that should be taken into consideration in hiring decisions, but certainly not the only factor, as described above.

Coastal Veteran Population Highlights:

As mentioned above, the current VSO to veteran ratio is lowest in the Coastal region. NCDMVA should add 1 State VSO FTE in the north coastal counties and discuss with Pasquotank County their ability to add 1 County VSO. These staff could work out of the State Veteran Service Center in Elizabeth City in Pasquotank. Additional staffing support would allow for better coverage in areas where county VSO capacity is currently stretched, and veteran service demands are steady.



- Combining the three neighboring coastal counties of Currituck, Camden & Pasquotank would leave 8,064 veteran residents with no assigned VSO staff. Current NC counties in other regions with 6,000-9,000 residents have an average of 2.5 assigned VSOs on staff.

Women Veteran Population Highlights

The women veteran population of North Carolina is increasing. Upcoming NCDMVA hiring processes should prioritize candidates who possess lived experience in the needs of women veterans and understanding of available resources to meet those needs. This urgency should be reflected in the recruitment and retention practices of the Department.

- 2025 to 2035: In the ten-year span of 2025 to 2035, 69 NC counties are projected to experience growth in the women veteran population. 10 counties are expected to have growth exceed 30%, 7 of those counties being within Central region and 1 county within Coastal, Mountain, and Piedmont, respectively.
- 2020 to 2050: Out of 100 NC counties, 68 will see an overall increase in the women veteran population, comparing 2020 data to 2050 data. 21 of those counties, which are spread across all 4 state regions, are projected to see over 40% growth. 9 of those counties are projected to experience over 80% growth, including 5 counties in the Central region.

Additional Overall Veteran Population Highlights

As described further in Section 4.1's demographic analysis, the total veteran population is projected to decrease, but the number of women veterans will continue to increase. Comparing projections from 2025 to 2035, 94 of 100 NC counties anticipate any overall decline in the number of veteran residents. 28 counties are expecting population losses to exceed 20% of 2025 numbers. Of the 6 counties expecting an overall increase in the next ten years, Chatham County in the Mountain region is expected to experience the highest increase at 9.1%, 4,399 to 4,799. Below are additional data points on notable projected population increases:

- In the Central region, Hoke County is projected to add 695 veterans from 2020 to 2031 and then decrease. Johnston county is expecting to add 863 veterans from 2020 to 2034 and then decrease.
- The Mountain region can expect gradual long-term growth of the veteran population, adding 1,190 vets from 2026 to 2025.
- Any increases in Coastal and Piedmont counties are not large enough to be noted.

8.4. INCREASE APPLICATION AND ELIGIBILITY INFORMATION ON THE STATE VETERANS HOME WEBSITE

Recommendation Summary	Add information to the NCDMVA State Veterans Home (SVH) website to include important eligibility and application information to support veterans and families to make educated decisions when exploring the program.
Anticipated Benefits	• Interested veterans will have access to information on one page allowing for informed decisions when reaching out to Admissions Coordinators and Homes VSOs. • The Admissions Coordinators and Veteran Service Officers can support more efficient and streamlined discussions with veterans and families to answer individualized questions.
Resource Needs	• The NCDMVA Communication team could partner with Admissions Coordinators and Homes VSOs to update the existing SVH website with detailed eligibility, a PDF version of the application, and a brochure for each Home to improve access and shareability of information.
Effort / Impact Rating	**Incremental Improvement** Impact Score: 3; Effort Level: 3
Justification	• Discussions with Homes VSOs indicated a need for additional eligibility and application information on the website due to a high volume of information requests. • Including the information on the website will help inform veterans and families as they explore NCDMVA resources.

VSOs located in SVHs work closely with Admissions Coordinators to provide support to veterans and families interested in exploring the long-term care program. In discussions with PCG, they indicated that there is a gap in available information on the NCDMVA SVH website providing basic eligibility and admissions process information for interested applicants.

The NCDMVA SVH website provides facility details ranging from the services offered, size and location of the Homes, and contact information for the admissions coordinators at each Home. While this information is helpful to provide an overview of what the Homes offer, interested applicants are required to connect with the Homes VSOs or Admissions Coordinators to learn whether they are eligible and what they can expect with the application and admissions process.

Among peer states, it is best practice for SVH websites to include detailed information and links for interested applicants to utilize, with different Homes offering alternative methods of providing consistent information. Options include:

- Centrally located segments on the SVH website detailing the steps to determine eligibility and Homes brochures with a step-by-step admissions process if eligible for the Home. This process is effective in allowing veterans and families to self-determine eligibility and make informed decisions on whether they are interested in moving forward with the application process.
    - Examples of this can be found on various peer state Homes websites, including California,[54] Georgia,[55] Massachusetts,[56] and others.

- PDF link to the admissions packet, including the application process, to support veterans and families to identify what they can expect at each stage of the process. Access to the full admissions packet allows veterans and families to identify questions and potential follow up they may need to move forward with the process.
    - Examples of this can be found on various peer state Homes websites, including Florida,[57] South Carolina,[58] New York,[59] and others.
- Link to a Frequently Asked Questions page on the Homes website that includes detailed step-by-step information for both eligibility and admissions.
    - Examples of this can be found on various peer state Homes websites, including Florida,[60] Illinois,[61] and others.

As described above, PCG recommends the following to include eligibility and admissions information to the NCDMVA website through a partnership with the NCDMVA Communications team, Homes VSOs, and Admissions Coordinators:

- Develop a segment to add to the central NCDMVA SVH website specifying what a veteran will require to be eligible, eligibility for nonveteran spouses and domestic partners, necessary forms, and what the admissions process includes.
- Add a PDF to the central NCDMVA SVH website that includes an admissions application with detailed information on eligibility criteria and documents required for admission. Including this as a PDF will allow veterans and families to print and share the admission packet as needed.
    - Opportunities for NCDMVA to continue to streamline the process include developing a fillable PDF so that veterans can complete the application in an internet browser to meet the needs of veterans that are more comfortable completing forms online.
- Include PDF versions of the Homes brochures to the central SVH website to support the shareability of Homes information among interested applicants and families. It is recommended that the brochure include background information on the NCDMVA, a list of services offered at each Home, basic admissions information, and any other frequently requested information.

9. RECOMMENDATIONS – DATA UTILIZATION

This section includes recommendations focused on incorporating the use of new or existing data sources to support the identification of service needs and the delivery of services to North Carolina veterans. Below is a summary of impact-effort ratings for all Data Utilization recommendations. See Section 7 for a definition of the ratings.

Recommendation	Impact-Effort Rating
9.1 Support Adoption of NCServes by State And County VSOs	**Quick Value Add**
9.2 Utilize Data from NCServes (UniteUS) Platform to Inform Service Needs and Funding Allocation	**Quick Value Add**
9.3 Establish a Case Management Platform that Facilitates Access to Interagency Data and Data Tracking for All Field Offices	**Scalable Pilot**

9.1. SUPPORT ADOPTION OF NCSERVES BY STATE AND COUNTY VSOS

Recommendation Summary	Encourage use of NCServes platform by State and County VSOs through collaboration with Veterans Bridge Home and Veterans Services of the Carolinas.
Anticipated Benefits	• Streamlined connection of veterans to organizations. • Enhanced source of data around veterans' needs and services in the state for analysis at different levels.
Resource Needs	• Low: Less than 100 hours of staff time over the next year.
Effort / Impact Rating	**Quick Value Add** Impact Score: 5; Effort Score: 4
Justification	NCServes connects veterans to services and organizations across the state. Its platform provides a rich source of data on veteran demographics and service requests, providing a clear picture of where state agencies can target services and allocate more funding to address veterans' needs. Currently, veterans can self-refer via the NCServes website or phone, but some veterans may not have technology access or may need additional support.

NCServes is a robust referral platform operated by Veterans Bridge Home and Veterans Services of the Carolinas and funded by NCDHHS. Enrolled VSOs can directly receive referrals for veterans in need of services, such as benefits assistance, and are also able to refer veterans to external services that the VSOs are not able to provide. The system itself comes with comprehensive data tracking that allows for detailed information on the needs of veterans. Veterans Bridge Home shared that in 2023, approximately 12,000 veterans and family members were referred for services to NCServes' network of providers. Of the providers enrolled, roughly 20 state and county VSOs sent referrals via NCServes and roughly 40 VSOs received them, but NCServes has not been adopted uniformly across the state. This could be due to perceived challenges using the platform, as well as a lack of awareness about its benefits.

It is important to note that veterans or family members may self-refer and reach an NCServes coordinator by either calling or completing an online form. However, some veterans may not have access to technology needed to self-refer and would benefit from having a VSO walk them through the enrollment process.

Additionally, more state and county VSOs enrolled would mean more system referrals that capture a stronger picture of the top requested service needs in the state and allow for deeper understanding of needs by geographic location, veteran demographics, and resolution (or lack thereof).

PCG recommends that NCDMVA work with Veterans Bridge Home and Veterans Services of the Carolinas to encourage adoption of NCServes by state and county VSOs. NCDMVA could work with NCServes staff to determine the state and county VSO locations that are not currently enrolled, and then coordinate virtual meetings and trainings on the platform and its benefits. NCDMVA could issue communications to county offices that outline the benefits of enrollment and request that VSOs consider enrollment. NCDMVA VSOs or NCServes could also reach out to the state's Community Veterans Engagement Boards (CVEBs) to see if they could spend some meeting time sharing more information about the system, processes, and benefits. Additionally, NCDMVA could ask state VSOs currently enrolled to share their experiences with other state and county VSOs that are not enrolled.

9.2. UTILIZE DATA FROM NCSERVES (UNITEUS) PLATFORM TO INFORM SERVICE NEEDS AND FUNDING ALLOCATION

Recommendation Summary	With VSO utilization of NCServes detailed above in Section 9.1, the connected UniteUs platform offers a data tracking system and analysis dashboard that can streamline data collection and support analysis at different levels. NCDMVA can conduct analysis centrally and share key takeaways with VSOs to improve awareness of veterans' needs across the state and collaboration with partner organizations.
Anticipated Benefits	• NCServes' automatic data tracking system allows for greater insight into trends around veterans' needs, including what needs are going unmet. • NCDMVA will be able to better identify and map organizations serving veterans and promote further collaboration between those organizations and VSOs. • Comprehensive data on veterans' needs provides powerful justification for increased services and funding from the county level to the NC Legislature.
Resource Needs	• Low: The NCServes platform is funded largely through NCDHHS and operated by Veterans Bridge Home and Veterans Services of the Carolinas. Both organizations can pull real-time, detailed data and share with NCDMVA as well as other state and county organizations. • Potentially .10 FTE of an existing NCDMVA position to coordinate data sharing with NCServes, conduct data analysis, and share state and county takeaways.
Effort / Impact Rating	**Quick Value Add** Impact Score: 5; Effort Score: 5
Justification	Comprehensive data is critical to understanding veterans' needs, and NCServes provides a low-cost platform to help the state and other veteran-serving stakeholders target their services and efforts for maximum impact.

The NCServes platform has the capability to provide powerful data on the needs of veterans and family members across the state and is one of the only platforms capturing this kind of information. This data can be drilled down to geographic areas, gender, service-era, race, and other demographics. It also provides information on the top services requested and whether veterans were able to achieve a resolution of the need through the referred service providers. Awareness of service needs is a critical step towards providing high demand services and ensuring that veterans and their family members can access support to help them thrive in the state. It is important to note that the platform only captures data if the veteran or family member was referred though the system, so the needs of veterans are undoubtedly higher. However, the system provides a good snapshot and sample of where veteran-serving stakeholders may focus their efforts.

NCDMVA should partner with Veterans Services of the Carolinas and Veterans Bridge Home to obtain regular data on these service requests and the veterans and family members being referred. NCDMVA should share the information with state and county VSOs so that they are knowledgeable about the top services requested by the veterans in their service area, can make appropriate referrals, and advocate for

expanded services in areas of greatest need. NCDMVA can also share individual county information with county officials to help them understand the needs of veterans specific to their communities. The data can also help NCDMVA make compelling funding requests to the General Assembly or federal agencies or be used by veteran-serving nonprofits to support grant applications so they can continue meeting high demand needs in their service areas.

9.3 ESTABLISH A CASE MANAGEMENT PLATFORM THAT FACILITATES ACCESS TO INTERAGENCY DATA AND DATA TRACKING FOR ALL FIELD OFFICES

Recommendation Summary	Facilitate and enhance access to interagency data for VSOs through a statewide system that both connects to interagency data and allows for case management and tracking clients across the state.
Anticipated Benefits	• Improve customer service by streamlining work processes that will reduce time spent collecting data from clients and improve client care by tracking clients across the state. • Increase number of clients served by saving time spent on data collection. • Increase job satisfaction by enhancing ease of access to the data needs of VSOs and modernize the way VSOs track client data and enable improved care coordination and case management. • Improve access to resources necessary for confirming eligibility, ultimately increasing access to USDVA benefits.
Resource Needs	• Enterprise level data management system that allows access to data for all VSOs in North Carolina: Funding is currently available for this system, but additional funding is necessary for ongoing maintenance and operations. • Training for VSO's on how to operate the system once available
Effort / Impact Rating	**Scalable Pilot** Impact Score: 3; Effort Score: 7
Justification	Interviews with VSOs and Veteran Serving Organizations in North Carolina indicated there is a need to enhance the use of interagency data obtained by NCDMVA to streamline and reduce the administrative burden of the benefit application process and claims processing. VSOs are time-constrained and need improved resources to confirm eligibility and record client data. NCDMVA can alleviate these challenges by providing additional training for the use of and continued integration of available interagency data to local VSOs and can focus on enhancing capabilities of data collection such as implementing a statewide technology solution that houses veteran data across the state and enables VSOs to access client data to easily populate applications and claims and support their everyday work.

NCDMVA can support veterans and their families to obtain the benefits to which they are entitled and optimize the services provided by both enabling VSO's access to state interagency data, and by establishing a state-wide case management platform or data warehouse that gives VSOs the ability to maintain and track veteran data. NCDMVA can accomplish this by either enhancing their current IT infrastructure to enable access to data for all VSOs through data sharing agreements, and establishing a feature that allows for client data tracking and case management across the state, or by purchasing a new system that automates these processes for all VSOs. Allowing access to and optimizing the current NCDMVA customer relationship management (CRM) system would both improve the customer experience

for veterans by enabling local VSOs to utilize data already housed by NCDMVA, and improve the veteran care landscape across North Carolina, as veteran data could be tracked and accessible to support the work of VSOs and veteran-serving organizations. Further, NCDMVA can educate and train VSOs on the use and integration of this system and ensure that the technical capacity and integrity of the system is maintained over time.

In North Carolina, the VSOs that participated in PCG focus group interviews reported a recurring theme in feeling overworked, and that their offices are consistently understaffed, which ultimately affects their ability to meet the demand of their local veteran communities. One challenge that was cited as both labor intensive and a hindrance to veterans seeking services is data collection. Currently, data collection processes are varied across Veteran Service Offices in North Carolina, with some offices continuing to collect client data on paper. Ensuring a centralized data collection system by either enhancing the current CRM and/or utilizing another case management platform to house the data would reduce inefficiencies (such as having to record and upload data by hand) and would maintain the data to utilize for future claims. It would also reduce the time VSOs must spend tracking down discharge papers that must accompany a claim and would eliminate the need for VSOs to call other counties or offices to track down records. During key informant interviews with PCG, VSOs reported that veterans can become discouraged when seeking assistance due to having to provide repetitive or difficult-to-access documentation. This could be prevented if access were established to a centralized hub to store this information.

Another challenge that was mentioned during these discussions is that the some of the data that VSOs request from veterans may have already been submitted to the State of North Carolina through other agencies, such as the NC Department of Motor Vehicles or Department of Health and Human Services. This information could be used to support the work of VSOs, should they have a shared client. NCDMVA has made great strides in collaborating with state partners to establish interagency data sharing agreements, but VSOs indicated that they did not have access to this information; this is a missed opportunity that could greatly benefit all parties. VSOs shared that there are some cases where the burden of having to track down VSO requested information resulted in veterans choosing to go without assistance due to the administrative processes preventing an efficient transaction for both the VSO and the veteran. Homelessness, lack of transportation and/or access to internet connectivity increase the risk that a veteran is not able to produce documentation needed to secure benefits or file a claim.

The ability to track and monitor services obtained by veterans provides a greater understanding of the overall needs of the veteran, rather than relying on multiple sources of data that may not paint a comprehensive picture in how to best serve and support the veteran. Case management and data tracking system capabilities will allow opportunity for insight into the type of services being provided to veterans, the number and type of claims being submitted across the state, and for greater efficiency in tracking the utilization and capacity of VSOs. A centralized data system that allows a more comprehensive review of the veterans being served is necessary to measure quality outcomes and establish a knowledge-based dataset to be used as a resource for NCDMVA both internally and externally.

A centralized database with veteran data maintained and accessible across the state can support enhanced services for those who don't have direct access to a VSO or the ability to submit data in person. It will also allow for the state to make data-driven decisions which in turn can aid in additional funding to address needs identified through such a system. Lastly, the greater application and use of shared state data by VSOs may enable the identification of additional veterans who may be eligible for benefits and facilitate additional connections with veterans in each community.

While NCDMVA has, in the past, identified funding for the purchase of a communication platform, additional funding is required for the annual operating and maintenance costs of the system. NCDMVA should continue seeking long-term funding for the annual operations and maintenance of this system to provide the means to study and monitor the health and status of North Carolina veterans, monitor the capacity of VSOs, and effectively measure the ability of NCDMVA to provide quality services and maximize the benefits available for veterans.

10. RECOMMENDATIONS – POTENTIAL PARTNERSHIP OPPORTUNITIES

This section includes recommendations for NCDMVA to create partnerships, or enhance existing partnerships, to provide additional services, or access to services, for North Carolina veterans. Below is a summary of impact-effort ratings for all Potential Partnership Opportunity recommendations. See Section 7 for a definition of the ratings.

Recommendation	Impact-Effort Rating
10.1 Expand Existing Partnerships to Support LTC and Assisted Living Needs	**Scalable Pilot**
10.2 Promote Initiatives and Participation in Governor's Working Group at County Level	**Scalable Pilot**
10.3 Connect and Support Veterans' Treatment Courts	**Transformative Change**

10.1. EXPAND EXISTING PARTNERSHIPS TO SUPPORT LTC AND ASSISTED LIVING NEEDS

Recommendation Summary	To support aging veterans in need of long-term care and address the challenges the USDVA has faced in meeting demand, NCDMVA should build on the collaborative effort that supported the relocation of the residents of the now-closed Fayetteville SVH and identify existing LTC facilities that could support veteran-focused care. One way of doing this could be through Community Nursing Homes and Community Care Providers (CCP), a benefit offered by the USDVA.
Anticipated Benefits	Community Nursing Homes and assisted living facilities that are CCPs will allow for partnerships within the community as well as expanding long-term care options for veterans who either cannot go to a SVH, need specialty care, or who need care but not to the extent provided at a skilled nursing facility.
Resource Needs	NCDMVA should be prepared to have someone who is able to dedicate time to assist in this effort. If available, a 0.5 FTE could focus on the following: • Aiding in navigating the enrollment process to become a CCP • Conducting outreach to establish and sustain CCP partnerships • Connecting veterans to nursing homes and other long-term care providers who specialize in necessary services
Effort / Impact Rating	**Scalable Pilot** Impact Score: 3; Effort Score: 6
Justification	There is capacity available in the state long term care system to provide additional options for veterans outside of state-run homes. Exploring these partnerships will allow for veterans to get the care they need in an area of their preference.

The goal of this partnership is to identify additional ways for veterans to access LTC and assisted living services. The USDVA provides opportunities for community providers to join the USDVA community provider network and become a Community Care Provider (CCP). [62] The Community Care Network (CCN) is the way the USDVA links community providers to veterans to ensure they are receiving the care that need. To take part in this program the CCP will have to register within their CCN. North Carolina is in Region 1 which is operated by Optum. The CCP applies to become a provider that accepts USDVA benefits once they have notified Optum of their interest so that Optum is able to do an assessment of the area to ensure there is a need, depending on the type of provider and their location. If Optum agrees there is capacity, then the CCP is able to move forward and create a three-year Veterans Care Agreement to be able to provide the service.

Although NCDMVA may not have a big role in the actual approval, there is room to work with local providers to identify a need and assist providers through the process. NCDMVA can consider allocating responsibilities for a 0.5 or 1.0 FTE to engage in outreach opportunities with the long-term care provider communities to ensure that when needs arise across the state for additional long-term care services, NCDMVA can quickly act and meet that need through these partnerships. By having more CCPs that can serve as Community Nursing Homes, there will be capacity for veterans to receive the long-term care that they need.

10.2. PROMOTE INITIATIVES AND PARTICIPATION IN GOVERNOR'S WORKING GROUP AT COUNTY LEVEL

Recommendation Summary	Leverage current membership and committees to conduct targeted outreach to county commissioners, county VSOs, and local organizations to encourage partnership and participation in meetings, committees, and initiatives.
Anticipated Benefits	• Stronger community understanding and readiness to meet veterans needs across NC communities. • Sharing of resources, knowledge, and data that support veterans' needs.
Resource Needs	• GWG coordination and committee participation from member organizations including NCDMVA. • Potentially .10 FTE of an existing position to support coordination.
Effort / Impact Rating	**Scalable Pilot** Impact Score: 4; Effort Score: 7
Justification	County officials are critical partners in supporting veterans, but awareness of veterans' issues vary greatly across counties.

The intent of this recommendation is to create county-based champions of veterans' issues within government and community institutions that have a significant impact on veterans living in their local communities. During focus group discussions with various stakeholders including Governor's Working Group (GWG) members, VSOs, and nonprofit organizations, individuals expressed the importance of county officials and leaders being aware of and invested in veterans' issues but noted that this varies significantly across the state. Key county officials include commissioners, local law enforcement, and educational and workforce institutions. As North Carolina is a county-administered state, locally elected county commissioners are responsible for approving their counties' budgets, including funding for their county veterans' services. Additionally, law enforcement may not be aware of legal or other supports available to veterans to help them navigate the justice system and potentially obtain a more positive outcome such as counseling and rehabilitation if appropriate. It is also important for educational and workforce development providers to be aware of potential programs, such as the GI Bill, that can help veterans and their families achieve their educational and career goals. There are a handful of Community Veterans Engagement Boards across the state that engage various local stakeholders, and the GWG has been making progress in county engagement through its "Ask the Question Campaign," providing Mental Health First Aid classes, and with other initiatives that bring educational stakeholders together.

PCG recommends that NCDMVA work with the GWG to establish a county outreach committee. The tasks could include developing an outreach plan and schedule and determining counties and organizations of focus to engage with and invite to participate in GWG meetings and committees. The committee could also share data (leveraging Recommendation 9.2) with counties to provide concrete information regarding their local veteran populations and service needs, as well as innovations and best practices serving veterans at the county level.

This recommendation is anticipated to have an indirect impact on veterans in the state. Additionally, the implementation would require coordination among various stakeholders which increases the effort level. Furthermore, GWG committee participation is voluntary, so members of this proposed committee would need to volunteer time towards committee activities. NCDMVA should work with the GWG to determine how NCDMVA staff can assist, which may include allocating a limited amount of NCDMVA staff resources to take the lead in coordination and participating in outreach and communications development.

10.3 CONNECT AND SUPPORT VETERANS' TREATMENT COURTS

Recommendation Summary	There are currently nine Veterans' Treatment Courts (VTCs) in North Carolina, operated individually at the county level. NCDMVA should create a central connection point for NC VTCs for the purpose of sharing best practices, data, and resources, assisting with grant writing where possible.
Anticipated Benefits	• Sharing of best practices and increased support for newly established treatment courts • Access to aggregate data that may support future funding efforts
Resource Needs	• Ideally a 0.5 FTE that can serve as a coordinator for meetings, gather and analyze data, and assist with research and grant-writing for the VTCs as needed.
Effort / Impact Rating	**Scalable Pilot** Impact Score: 4; Effort Score: 6
Justification	VTCs are an important resource for veterans facing legal ramifications due to serious substance use disorders (SUDs). Increased coordination and support can bolster VTC success and in turn, recovery for veterans struggling with addiction.

North Carolina currently has nine Veterans Treatment Courts (VTCs) operated at the county level. While each geographic area and set of services are unique, thus benefiting from unique approaches, North Carolina VTCs lack a central point of connection or coordination between the courts. There is also no central data repository to demonstrate efficacy and garner additional support from the Legislature or other funding sources. While some courts do connect on an ad hoc basis, the work, data, and practices appear to be largely contained within the individual courts. VTCs are also typically funded largely by federal grants.

NCDMVA should conduct outreach to the individual VTCs and GWG to determine how the courts can be better connected and coordinated for the purpose of supporting veterans' recovery while still retaining autonomy. Some options include utilizing the GWG as a connection point given its public support of North Carolina VTCs, using a NCDMVA staff member, or coordinating with the NC Administrative Office of the Courts (AOC) to establish a working group and data depository. Meetings could be held in person but should have virtual options considering the geographical distance of the courts. Also, this initiative could be implemented initially as a pilot, starting with several courts in a regional geographic area, or pairing an established treatment court, such as Buncombe or Harnett County, with several newly established courts.

11. RECOMMENDATIONS – PROPOSED SERVICES

This section includes recommendations for services that NCDMVA can provide to better meet the needs of North Carolina veterans. Below is a summary of impact-effort ratings for all Proposed Services recommendations. See Section 7 for a definition of the ratings.

Recommendation	Impact-Effort Rating
11.1 Expand Access to In-Patient Substance Use Treatment	**Transformative Change**
11.2. Explore Expanding Relationship with Centerstone/Cohen Clinic	**Transformative Change**
11.3. Develop a Central Contact / Resource for Women Veterans in North Carolina	**Transformative Change**
11.4 Provide Flexible Financial Support	**Scalable Pilot**
11.5. Incorporate Assisted Living Option into New Home Location	**Transformative Change**

11.1. EXPAND ACCESS TO IN-PATIENT SUBSTANCE USE TREATMENT

Recommendation Summary	Use knowledge of existing gaps in access to in-patient treatment options and explore feasibility of partnerships, grant opportunities, and other funding options. • Explore available partnerships with GWG's healthcare subcommittee, NCDHHS, and UNC Healthy Communities Project. • Compile directory of available in-patient facilities, costs, and insurance accepted to share with key stakeholders. • Explore options for grants, nonprofit partnerships, and rate negotiations with treatment providers. • Consider establishing dedicated funding to pay for veterans' non-covered costs for admission into inpatient programs.
Anticipated Benefits	• Veterans will be able to access critical substance abuse treatment more rapidly and affordably.
Resource Needs	• One 0.5 FTE for coordination of stakeholders, conducting research, and compiling service array.
Effort / Impact Rating	**Transformative Change** Impact Score: 6; Effort Score: 8
Justification	It is difficult for veterans to obtain inpatient substance use treatment, due to wait times or prohibitive costs.

From discussions with Veterans Treatment Courts (VTCs) in the state, PCG learned about the challenges veterans face in securing placement in residential substance abuse treatment facilities, either due to long wait times or high costs. The Asheville and Salisbury VA Medical Centers do have five-week inpatient treatment programs, but veterans may face varying wait times of up to two months at a time. Veterans may

also be referred to VA inpatient programs in Virginia or Georgia, but this can further displace veterans from their local community support networks. In some cases, veterans may also require longer programs than what the VA centers provide. While there are other residential treatment facilities in North Carolina, veterans lacking insurance may not be able to afford out-of-pocket treatment costs which can be as much as $1,500 per day.

NCDMVA should establish a workgroup within GWG and leverage partnerships with the NCDHHS, UNC Gillings School of Public Health, and other community partners to expand access to inpatient substance use treatment options for veterans. Some initial steps may include a deeper assessment of the gap in access by compiling a directory of inpatient facilities and determining insurances accepted and veteran cost share. Other areas to examine may include determining the scope of need, including wait times, number of referrals, and geographic differences. From there, NCDMVA can work with DHHS and other stakeholders to expand access to inpatient treatment through partnerships, federal and nonprofit grant opportunities, and other funding options such as negotiating rates and establishing agreements with treatment providers.

To pursue this recommendation further and to achieve a direct impact on veterans needing inpatient substance treatment, NCDMVA could work with other agencies, nonprofits, and the Legislature to secure funding to cover treatment costs for veterans lacking insurance and needing care beyond 30 days.

11.2. EXPLORE EXPANDING RELATIONSHIP WITH CENTERSTONE/COHEN CLINIC

Recommendation Summary	Increase access to behavioral and mental health services for North Carolina Veterans by strengthening partnership with the Steven A. Cohen Military Family Clinic at Centerstone which can provide services across the state and has short wait times for new patients.
Anticipated Benefits	By collaborating with the Steven A. Cohen Military Family Clinic at Centerstone and supporting their services through additional funding, NCDMVA can support continued and increased access to Centerstone Behavioral and Mental Health Services for veterans across NC that reduces access barriers faced by many including transportation, cost, and provider availability.
Resource Needs	Designated staff time to establish and sustain a relationship with Centerstone and the Cohen Clinic and to serve as an advocate for the partnership with the clinic at NCDMVA. Estimate time commitment to be .10 FTE for the first year and .05 FTE to maintain relationship and success of partnership moving forward.
Effort / Impact Rating	**Transformative** Impact Score: 5, Effort Score: 9
Justification	Interviews with VSOs and other veteran-serving organizations identified the need for increased access to behavioral and mental health services across the state due to long wait times at USDVA hospitals and clinics. The Cohen Clinic already provides these services at no cost to veterans, with shorter waiting times than the USDVA and daily walk-in appointments available. With additional funding, the Cohen Clinic can ensure that there are providers available to meet the needs of veterans across the state seeking mental health services.

Access to mental health support is crucial for veterans, who are significantly more likely to experience mental health disorders and suicidality than people who have not served. Throughout PCG's research and interviews with internal and external stakeholders, mental health access was identified as a challenge for veterans in North Carolina. While there are a substantial and promising number of veteran-serving nonprofits, programs and resources to support veteran mental health available across North Carolina, due to the lack of availability and long wait times associated with accessing mental health care from USDVA providers in North Carolina, increasing access to mental health care and substance abuse treatment should remain a top priority for NCDMVA to ensure there is treatment available for all veterans as soon as a need is identified.

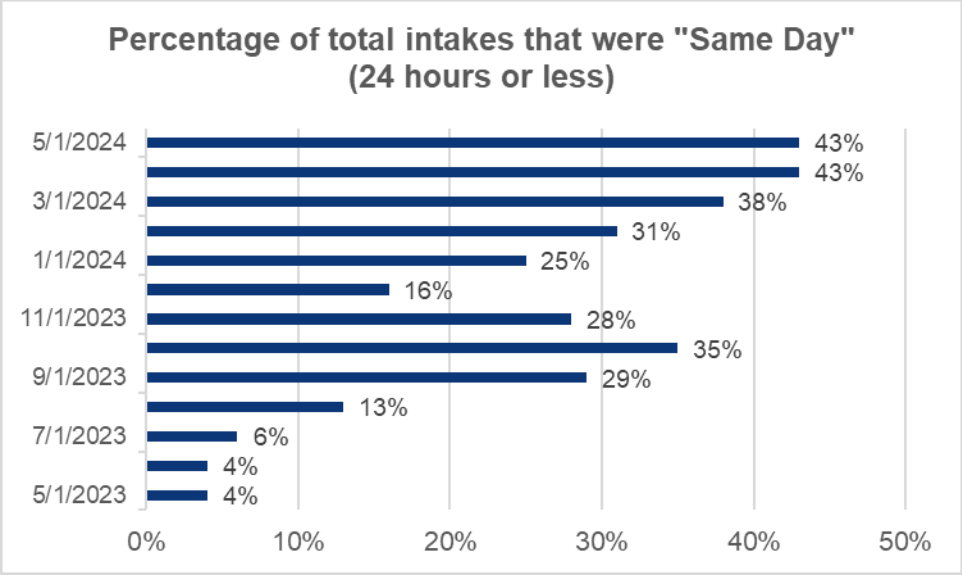
Lack of access to mental health services increases the chances of suicide and suicidal behavior, which is already high among the veteran population. Veterans seeking mental health care in North Carolina can face several challenges in accessing care, whether it be the rurality of some parts of the state and lack of access to transportation, poor internet connectivity preventing awareness of the resources available, and a lack of trust in big institutions like the USDVA. The most cited barrier in our discussions with VSOs was the lack of availability of mental health providers, a profession experiencing shortages across the country.

In North Carolina, USDVA Clinics and hospitals have on average a 68-day waiting period for new patients seeking mental health treatment.[63] The Commonwealth Fund conducted a survey that found at least one out of four Americans reported having to wait six or more days for an appointment and that the wait time in getting a first appointment with a physician averages 24 days, indicating that even if a veteran has private health coverage, non-USDVA providers are also experiencing increased wait times and are not adequately meeting demand.[64] Further, one study reported that 77% of US counties face a severe shortage of practicing psychiatrists, psychologists, or social workers, and 55% of U.S. counties have no mental health professionals at all.[65] If general providers providing care to veterans see a need for additional mental health treatment and refer out to a mental health specialist, due to the long wait periods for new patients, the referred client is likely to go without care.

In the "Creating Effective Solutions, Programs and Policies to Improve Veterans' Mental Health Care" white paper, the Veterans Healthcare Policy Institute recommends establishing an effective program or initiative to improve mental health in veterans' that programs build upon already existing programs being pioneered to support Veteran Mental Health and assure there is adequate staffing and funding for the program.[66] Their recommendation states that if a facility has wait times beyond 20 days to continue hiring new positions until it can fully meet demand.

Given these recommendations and the current mental healthcare access challenges for veterans in North Carolina, PCG recommends NCDMVA support veterans in their ability to access mental health services no matter where they reside, their diagnosis, or type of insurance coverage, by partnering with the Steven A. Cohen Family Clinic at Centerstone to support and invest in initiatives that would increase the number and availability of mental health care providers across the state, and reduce the number of barriers veterans face when seeking mental health support. Centerstone is a nonprofit health system that specializes in mental health and substance use disorder treatments for people of all ages, with services available in Florida, Illinois, Indiana, North Carolina and Tennessee, and their services operate through outpatient clinics, residential programs, school-based services, telehealth, and inpatient hospital settings. In North Carolina, the clinic, Steven A. Cohen Military Family Clinic at Centerstone offers counseling, psychiatric evaluation treatment, and medication management, parent consultation, case management and resource connection, life skills and wellness groups, telehealth services, and transportation to and from appointments.

The Cohen Clinic is unique from other mental health care providers in that they offer a wide range of accessible services across the state of North Carolina at no cost, and their primary focus is the veteran population. The Clinic is already established in North Carolina and regularly partners with VSOs to increase awareness and referral to their services. Since May 2023, the clinic has received 1,094 new referrals and 80% of those referrals resulted in patients receiving care at the clinic. Additionally, the figure below represents the number of intakes since May 2023 that were "same day" or 24 hours or less appointments, highlighting the clinics ability to act when a need is identified, and demand is there. Intakes that were same day went from 4% in May 2023, to 43% as of May 2024. Cohen clinic staff noted that they recognized an increased need for additional providers in 2023 and were able to hire remote providers quickly to increase the number of providers able to accept and see new clients, thus reducing their wait time. This partnership could allow for seamless implementation due to the capacity already available via the Centerstone-Cohen network.



PCG's discussions with Cohen Clinic leadership highlighted their recognition of the urgency to ensure mental and behavioral health services are available and accessible for all veterans, and their readiness to meet this need. They can initiate prompt and efficient hiring of additional care providers when and where need presents, but like many nonprofit organizations are limited fiscally in their ability to hire and meet demand. Because of their experience with this population, their commitment to offering services that address the barriers in care experienced by NC veterans, and their ability and readiness to expand their services when need and resources present, NCDMVA can establish a mutually beneficial partnership with Centerstone and the Cohen Clinic by utilizing NCDMVA resources to support access to Cohen Clinic services for veterans across the state and reduce barriers to care that veterans are currently experiencing. Additional funding will allow the clinic to expand their provider network and not limit the number of clients served.

Should NCDMVA wish to move forward in partnership with the Cohen Clinic, PCG recommends learning from other programs that have established similar partnership initiatives with Cohen Clinic and the Centerstone umbrella, and specifically the work that has been accomplished in Tennessee with the Department of Veteran Services and Centerstone Military Services.

The Veterans Healthcare Policy Institute recommends that legislation to improve veterans' mental healthcare ensure that wait times for care are continuously measured and reported and should require use of evidence in the selection of interventions and evaluation of treatment effectiveness. NCDMVA can work with the Cohen Clinic Data Manager to ensure wait times are measured regularly to ensure the partnership benefits veterans in receiving timely care. The Institute also recommends that to be most effective, legislation for increasing access to mental health care should be reoccurring funding versus a onetime initiative. These considerations are recommended to be prioritized should NCDMVA move forward in exploring partnership opportunities.

11.3. DEVELOP A CENTRAL CONTACT / RESOURCE FOR WOMEN VETERANS IN NORTH CAROLINA

Recommendation Summary	While some services are available and targeted to women veterans to support their unique needs, there does not appear to be a centralized point of contact or clearinghouse for this information in North Carolina. NCDMVA could create a women veterans' coordinator position or designate a specific VSO to provide support across the state to women veterans, in tandem with a VSO in a veteran's local area.
Anticipated Benefits	• Focused referrals for women veterans • Clearer understanding of needs of women veterans • Ability to focus on gaps in existing services
Resource Needs	• 1 FTE annually
Effort / Impact Rating	**Transformative Change** Impact Score: 5; Effort Score: 7
Justification	Women veterans make up an increasingly larger percentage of the total number of veterans in North Carolina, and that percentage is projected to continue growing in the years and decades to come. By 2050, it is anticipated that 21% of North Carolina veterans will be women, up from 13% in 2022. A central contact can help identify support options for this growing group. Several other peer states have created staff positions or offices focused on women veterans, including Massachusetts, Florida, and Georgia.

As women veterans become an increasingly larger percentage of the veteran population in North Carolina, it is imperative that the state tailor services and make additional support available to meet their unique needs. Many states, as described in Section 5.2.5, have developed an array of services for women veterans and conduct targeted outreach through a dedicated office or staff position focused on women veterans, such as the Georgia Department of Veterans Service Women Veterans Office.

Discussions with peer states indicated that some of the services frequently sought by women veterans include support for benefit claims related to military sexual trauma (MST), resources related to domestic violence, and financial assistance for those struggling with housing, transportation, or childcare costs.

A central point of contact could help coordinate and target existing resources for women veterans and identify and advocate for services to fill existing gaps. A key component cited by peer states is the ability of this role to facilitate outreach to women veterans who may feel excluded from traditionally male-veteran-dominated spaces. Several states noted that an annual conference for women veterans served as their keystone event, bringing women veterans together with service providers and access to other benefit claims information. Another benefit of the central point of contact is the ability to augment and support the knowledge of VSOs currently in the field. A women veterans' coordinator could compile up to date information about services and supports and share them with local VSOs, while also working directly with them to access local resources when needed.

This level of coordinated support could include tailored intake questions for women veterans to facilitate referrals. Data collection around these referrals can be analyzed to better understand the evolving needs of women veterans across the state. Prior to moving forward with the creation of this role, it is important to

work with existing community providers, and to conduct outreach to women veterans, to gather ideas for the best ways to provide this support. NCDMVA should consider conducting a survey of women veterans in the state to gather additional outreach around service needs, and desired modes of contact. It is anticipated that one dedicated FTE can begin the process of coordinating services and outreach, but in our discussions with peer states, it was apparent that additional support will be needed, whether through direct links and referrals to VSOs, or by the eventual development of a support position for the coordinator. NCDMVA may also be able to leverage existing systems and services via the NCServes system to jumpstart this effort.

11.4. PROVIDE FLEXIBLE FINANCIAL SUPPORT

Recommendation Summary	NCDMVA should develop a program to provide small or one-time payments to help veterans maintain a housing situation, pay an overdue bill, repair a vehicle, or meet another immediate need not supported by existing programs. Ideally VSOs and NCDMVA would be able to administer this program directly as this was cited by VSOs as a gap in current service offerings available to them.
Anticipated Benefits	• Enhanced ability for VSOs to support veterans in maintaining housing and employment situations. • Reduced need for higher cost solutions such as shelter. • Better outcomes for veterans in need and their families.
Resource Needs	• $150,000 for first year pilot; utilize existing staff to administer funds.
Effort / Impact Rating	**Scalable Pilot** Impact Score: 4; Effort Score: 6
Justification	VSOs cited the need for a resource to fill the gaps left by more formal programs and to allow for flexibility in terms of timing and utilization. In many cases, a small amount of funds, provided quickly, can help a veteran maintain a current housing, transportation, or employment situation, helping to avoid the need for a higher cost solution. This kind of program has proven beneficial across programs available to the public at large, so a solution targeted to veterans is likely to be well-received.

This recommendation proposes that NCDMVA provide a limited amount of targeted support to veterans facing an immediate crisis to help avoid having small issues balloon into larger ones. For example, a costly vehicle repair, if left unaddressed, could lead to loss of employment if a veteran is no longer able to get to work. Loss of employment could lead to loss of housing if a veteran is no longer able to pay their rent or mortgage. For the cost of all or part of this vehicle repair, a potential instance of veteran homelessness can be avoided.

It is recommended that NCDMVA pilot this program in 1-2 selected areas prior to rolling it out across the state. There are a number of programs that NCDMVA can look to for guidance, such as flexible funds made available through various sources during the COVID pandemic. The USDVA's "Flexible Assistance for Homeless Veterans" program is one example,[67] as are funds made available from the federal government to help tenants avoid eviction, such as the US Department of Treasury's Emergency Rental Assistance (ERA) programs.[68] The Commonwealth of Massachusetts offers a Safety Net Program for veterans facing financial difficulties, although eligibility is limited based on income.[69] While funds are no longer available through the federal programs, each of these could serve as a model for the types of allowable expenses and even the processes, procedures, and documentation required to expend funds. PCG recommends starting with a relatively small pool of funds with the expectation that each instance of funding be no higher than $2000-$3000. This would allow $150,000 to serve roughly 50 veterans and their families over the course of a one-year pilot program.

11.5. INCORPORATE ASSISTED LIVING OPTION INTO NEW HOME LOCATION

Recommendation Summary	Determine feasibility of dedicating some of the property identified for a new State Veterans Home to an Assisted Living Facility.
Anticipated Benefits	• Access to assisted living for veterans, which is currently very limited in North Carolina.
Resource Needs	• High – this will include either construction costs or leveraging existing state-owned property, as well as significant costs for planning and preparation.
Effort / Impact Rating	**Transformative Change** Impact Score: 6; Effort Score: 9
Justification	The need for additional options for housing outside of long-term care or skilled nursing was cited in our research. This recommendation would allow the state to test a potential solution while leveraging an existing project and property that is already anticipated to be used for veterans. Although this would require a significant level of resources and a long-term planning process, it is important to begin considering when and how to move this work forward if it is something NCDMVA wishes to pursue.

Over the course of this project, PCG heard from VSOs and several providers that it is difficult to identify services for veterans who need some support with daily activities but who do not need 24-hour skilled nursing care; this level of care is commonly referred to as assisted living. One way that the state could address this need would be to coordinate the resources needed to develop and staff a veteran-focused facility, which may include bringing together a public-private partnership to leverage existing resources.

Development could take one of at least two potential paths: leveraging USDVA domiciliary construction and per-diem funding, as some states have done, or working with a private developer to construct and operate a facility on state land that provides a preference to veterans. This will require a multi-year, multi-agency planning process: at least two years will be needed to determine feasibility and request USDVA funds, and at least two more for design and construction. Some states, such as Florida[70] and California[71] have utilized the Domiciliary component of the USDVA's State Home Per Diem program to receive some level of reimbursement for assisted living services, but it is not likely that the per diem costs will cover the full costs of the program. Federal legislative proposals have circulated that include an assisted living pilot program that incorporates state veterans' homes.[72] While none of those have come to fruition at the time of this report, NCDMVA should monitor news from the USDVA for updates on this proposed pilot while considering this recommendation.

12. NEXT STEPS

The research and recommendations included in this report are intended to help NCDMVA meet the needs of today's veterans while positioning the Department to support an evolving veteran population for years to come. The prioritization methodology applied to each recommendation may be taken as a starting point for future planning and can help shape messaging around NCDMVA's goals for the near and long-term, particularly if incorporated into a broader ongoing strategic planning process.

It is important that NCDMVA engage and communicate clearly with partners and stakeholders as the Department moves forward with implementation of these recommendations. Although this project did include a significant amount of outreach to service providers and peer states, it is important to provide updates to the veteran community and allow for engagement and feedback related to the allocation of resources that may impact current services in any way. Development of this report did not include direct outreach to individual veterans in North Carolina; NCDMVA may wish to establish a channel to share information and gather feedback, such as a survey or regular in-person or virtual meetings, as this work moves forward.

One key element in prioritizing recommendations for implementation is understanding the resources required to move forward. In several of our recommendations, we have highlighted areas where adding staff or financial resources would be critical to the success of the recommended activity. In some cases, the Full-Time Equivalent (FTE) staff resources may be drawn from existing staff, but in others it is likely that new hires will be necessary. We have collected all recommended FTE resource additions in **Table 18**. Two recommendations will require a non-FTE funding component to move forward; we have highlighted those in **Table 19**. Our recommendations, if fully implemented, include a total initial recommended staffing resource addition of 4.3 FTEs, along with $175,000 in annual required non-staff funding. Please note that some recommendations will require additional resource investments depending on when or how they are implemented.

Rec #	Recommendation Name	FTEs	Description
8.1	Increase Communication Capacity to Develop Quarterly NCDMVA Staff Newsletter	0.5	Part-time staff position for Communications team to support staff and veteran outreach.
8.3	Implement a Process for Assessing Veteran Demand for Services and VSO Capacity and Increase VSO Staffing to Fill Gaps	1.0	1 state VSO to serve the north coastal counties.
9.2	Utilize Data from NCServes (UniteUS) Platform to Inform Service Needs and Funding Allocation	0.1	Work with NCServes to organize and disseminate data
10.1	Expand Existing Partnerships to Support LTC and Assisted Living Needs	0.5	Assist in navigating the enrollment process to become a CCP; conduct outreach to establish and sustain CCP partnerships; connect veterans to nursing homes and other long-term care providers who specialize in necessary services
10.2	Promote Initiatives and Participation in Governor's Working Group at County Level	0.1	Coordination of outreach and resource sharing, likely from an existing position.

10.3	Connect and Support Veterans' Treatment Courts	0.5	Coordinator for meetings, gather and analyze data, and assist with research and grant writing for VTCs as needed.
11.1	Expand Access to In-Patient Substance Use Treatment	0.5	Coordination of stakeholders, research, compilation of service array
11.2	Explore Expanding Relationship with Centerstone / Cohen Clinic	0.1	Establish and sustain relationship and support partnership within NCDMVA. Time commitment may drop after first year.
11.3	Develop a Central Contact / Resource for Women Veterans in North Carolina	1.0	Women veterans' coordinator position
	TOTAL	**4.3**	

TABLE 18. TOTAL FTES PROPOSED ACROSS ALL RECOMMENDATIONS

Rec #	Recommendation Name	Annual Funding	Description
9.3	Establish a Case Management Platform that Facilitates Access to Interagency Data and Data Tracking for All Field Offices	$25,000	Case management platform operations and maintenance funds.
11.4	Provide Flexible Financial Support	$150,000	Funding for initial year pilot
	TOTAL	**$175,000**	

TABLE 19. FUNDING ESTIMATES FOR SELECTED RECOMMENDATIONS

Finally, while it will be necessary to prioritize implementation of these recommendations, it is possible that NCDMVA will want to move forward with more than one recommendation at a time. PCG recommends that the Department consider the creation of a Project Management Office (PMO) to house this work and provide general project management oversight. This may require adjusting the work duties of one or more current staff members to allow them to engage in this important work.

ENDNOTES

[1] https://www.ncleg.gov/Sessions/2021/Bills/Senate/PDF/S105v7.pdf#page=472
[2] https://www.ncleg.gov/Sessions/2021/Bills/Senate/PDF/S105v7.pdf#page=472
[3] https://www.milvets.nc.gov/benefits-services/nc-state-veterans-homes-skilled-nursing-care
[4] https://ncgwg.org/wp-content/uploads/2017/09/2017_06_22-Woodard-Part-1-of-2.pdf
[5] https://www.ncleg.net/enactedlegislation/statutes/html/bysection/chapter_143b/gs_143b-1298.html
[6] https://www.va.gov/vetdata/veteran_population.asp
[7] https://www.samhsa.gov/blog/supporting-behavioral-health-needs-our-nations-veterans
[8] https://www.gao.gov/assets/gao-20-284.pdf
[9] https://www.va.gov/AIRCOMMISSIONREPORT/docs/VA-Report-to-AIR-Commission-Volume-I.pdf#page=28
[10] https://www.gao.gov/assets/gao-20-284.pdf
[11] https://department.va.gov/wp-content/uploads/2022/09/va-strategic-plan-2022-2028.pdf
[12] https://department.va.gov/pactdata/wp-content/uploads/sites/18/2024/01/VA-PACT-Act-Dashboard-Issue-25-011924_final-508.pdf
[13] https://www.va.gov/vetdata/veteran_population.asp
[14] https://www.va.gov/vetdata/veteran_population.asp
[15] Bed counts gathered from state websites and National Association of State Veteran Homes (NASVH) Directory (https://nasvh.org/directory/). Domiciliary or assisted living beds have been excluded from this count.
[16] https://veterans.georgia.gov/services/nursing-homes
[17] https://www.dvs.virginia.gov/veterans-care-centers
[18] https://www.milvets.nc.gov/benefits-services/nc-state-veterans-homes-skilled-nursing-care
[19] https://www.calvet.ca.gov/vethomes
[20] https://floridavets.org/locations/state-veterans-nursing-homes/
[21] https://veterans.georgia.gov/state-war-veterans-homes
[22] https://veterans.illinois.gov/services-benefits/homes/homes.html
[23] https://www.mass.gov/info-details/veterans-home-at-holyoke-programs-services
[24] https://apps.health.ny.gov/nysvets/web/node/312
[25] https://scdva.sc.gov/index.php/state-veterans-homes
[26] https://www.dvs.virginia.gov/veterans-care-centers
[27] https://www.federalregister.gov/documents/2018/11/28/2018-25115/per-diem-paid-to-states-for-care-of-eligible-veterans-in-state-homes
[28] Assisted Living Facilities - Geriatrics and Extended Care (va.gov)
[29] Domiciliary bed counts gathered from the National Association of State Veteran Homes (NASVH) Directory (https://nasvh.org/directory/)
[30] California Veterans Resource Book (California Veterans Resource Book PDF)
[31] https://floridavets.org/locations/state-veterans-nursing-homes/
[32] https://veterans.illinois.gov/services-benefits/homes/anna.html
[33] https://www.mass.gov/guides/learn-about-our-facility-and-services
[34]https://www.dvs.virginia.gov/wp-content/uploads/2024/01/DVS_DavisandMcDaniel_2024TriFoldFINAL.pdf
[35] https://www.milvets.nc.gov/benefits-services/veterans-property-tax-relief
[36] https://veterans.illinois.gov/content/dam/soi/en/web/veterans/services-benefits/documents/benefits-guide.pdf
[37] https://www.mass.gov/info-details/chapter-115-benefitssafety-net-program
[38] https://veterans.ny.gov/veterans-emergency-housing-program
[39] https://scdva.sc.gov/military-service-member-and-family-programs
[40] https://www.milvets.nc.gov/about/women-veterans
[41] California Veterans Resource Book (California Veterans Resource Book PDF)
[42] Resources – Women Veterans (floridavets.org); FDVA interview, May 16, 2024.
[43] https://veterans.georgia.gov/document/document/2022-annual-report/download; GDVS interview, May 20, 2024.
[44] Women Veterans (illinois.gov)
[45] https://www.mass.gov/orgs/massachusetts-women-veterans-network
[46] https://scdva.sc.gov/index.php/women-veterans
[47] https://www.dvs.virginia.gov/virginia-women-veterans/vwvp-overview
[48] https://www.calvet.ca.gov/WomenVets/Pages/Women-Veterans-Resources.aspx
[49] https://ncgwg.org/wp-content/uploads/2017/09/2017_06_22-Woodard-Part-1-of-2.pdf
[50] https://info.ncdhhs.gov/dhsr/ncsmfp/2023/2023_SMFP_COMPLETE_v3_w_covers_signed_sec_memo_signed_gov_approval.pdf
[51] https://www.va.gov/geriatrics/pages/Nursing_Home_and_Residential_Services.asp
[52] https://www.accesstocare.va.gov/CNH/Statemap
[53] https://blog.hubspot.com/marketing/marketing-budget-percentage
[54] https://www.calvet.ca.gov/VetHomes/Pages/apply.aspx
[55] https://veterans.georgia.gov/state-war-veterans-homes
[56] https://www.mass.gov/how-to/apply-for-admissions-at-the-veterans-home-at-holyoke
[57] https://floridavets.org/wp-content/uploads/2022/07/FDVA-DOM-Application-Packet-June-2022r.pdf
[58] https://scdva.sc.gov/state-veterans-homes
[59] https://apps.health.ny.gov/nysvets/web/sites/default/files/editor/admissions-packet.pdf
[60] https://floridavets.org/wp-content/uploads/2023/03/FDVA_Brochure_Bennet_2023.pdf
[61] https://veterans.illinois.gov/services-benefits/homes/homes-faq.html

[62] https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/FactSheet_26-05.pdf
[63]https://www.accesstocare.va.gov/PWT/FindFacilities?LocationText=North+Carolina%2C+United+States&ApptType=33&PatientType=1&SameDayServiceView=False&SortOrder=0&Radius=50&UserLatitude=-1&UserLongitude=-1&SameDayServiceView=false
[64] https://www.commonwealthfund.org/publications/surveys/2021/oct/comparing-nations-timeliness-and-coordination-health-care
[65] https://veteranspolicy.org/post/the-rural-health-crisis-hits-veterans-hard/
[66] https://veteranspolicy.org/wp-content/uploads/2024/03/MH-Report-Cover-1-Combined.pdf
[67] https://www.va.gov/HOMELESS/Flexible_Assistance_for_Homeless_Veterans.asp
[68] https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/emergency-rental-assistance-program/faqs
[69] https://www.mass.gov/info-details/chapter-115-benefitssafety-net-program
[70] https://floridavets.org/wp-content/uploads/2023/03/FDVA_Brochure_Jenkins_2023.pdf
[71] https://www.calvet.ca.gov/calvet-programs/veteran-homes
[72] https://www.veterans.senate.gov/services/files/8D02289E-82EA-462A-B5EA-16CE0E5D177A