
Study of Programs and Services for Veterans

A Report to the
Governor
and the
Legislature of
the State of
Hawaii

Submitted by

THE AUDITOR
STATE OF HAWAII

Report No. 91-5
January 1991

Foreword

A number of different agencies on both the federal and state levels provides programs and services for local veterans. Most veterans services on the federal level emanate from the Department of Veterans Affairs. On the state level, the Office of Veterans' Services provides both direct and indirect services to Hawaii veterans.

Senate Concurrent Resolution No. 77, S.D. 1 (1990), requested that the auditor conduct a study on veteran programs and services. This report is in response to that request.

We wish to acknowledge the cooperation and assistance extended to us by the Office of Veterans' Services and the Department of Veterans Affairs. We also wish to express our appreciation to the Department of Defense, the Department of Health, the Department of Human Services, the Department of Labor and Industrial Relations, and the Executive Office on Aging.

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Chapter 1

Introduction

Senate Concurrent Resolution No. 77, S.D. 1, 1990, requests that the auditor conduct a study on programs and services for veterans. It requests that the study:

1. Examine the types and extent of services provided to veterans through federal and state programs, particularly in the areas of health and elderly services;
2. Determine whether there exists a coordinated scheme of programs between the federal and state governments;
3. Recommend a plan to provide for the coordination of state programs with federal programs if no coordinated scheme exists; and
4. Determine whether there exists a coordinated scheme of programs among state agencies.

The resolution also requests that during the course of the study, the auditor consult with the U.S. Department of Veterans Affairs, State Office of Veterans' Services, Department of Human Services, Department of Health, Executive Office on Aging, and other appropriate agencies.

Concerns about an aging veteran population and the coordination of veterans programs strongly motivated the request for this study. The Senate Committee on Government Operations reported:

Many of these veterans are reaching advanced ages with some requiring special medical and supportive services. Your Committee finds that the extent and types of services needed to assist veterans has not been documented in a systematic manner. In addition, current services offered by state and federal agencies need to be reviewed to determine whether coordination exists between these entities. Your Committee believes that the proposed study will help in the implementation of a coordinated network of services for veterans.¹

Objectives

The study sought to:

1. Determine the availability and quality of information concerning veterans in Hawaii, their dependents, and the needs of these veterans.

2. Identify the nature of services currently available to Hawaii veterans, particularly in the areas of health and elderly care.
3. Assess the adequacy of cooperation and coordination among agencies for veterans in Hawaii, with special focus on the role of the Office of Veterans' Services.
4. Review what is being done for veterans in other jurisdictions to identify possible ways of strengthening Hawaii's approach.

Scope and Methodology

As directed by the resolution, the study reviewed veterans programs and services, focusing primarily on the areas of health and elderly care. Program and service coordination issues were also examined.

As the principal agency responsible for veterans activities in Hawaii, the Office of Veterans' Services was a focal point for the study. We reviewed its programs and operations from the time the office was established in 1988 to the present.

The U.S. Department of Veterans Affairs, the provider of numerous veterans benefits and services, was the other key agency for this study. Other relevant organizations included the federal Vet Centers and Primary Care Clinics, Department of Health, Department of Human Services, Department of Defense, Executive Office on Aging, and various veterans organizations. We also made contact with offices of veterans affairs in other states.

The project steps followed for this study included background research, fieldwork, analysis, development of preliminary findings, and preparation of the final report. Generally, data were collected by reviewing the literature; examining relevant agency documents, materials, records, and files; and by interviewing appropriate agency personnel and other resource persons. The assignment was conducted from June to December 1990 in conformance with generally accepted government auditing standards.

Chapter 2

Background

In this chapter, we review the roles of the state Office of Veterans' Services and the federal Department of Veterans Affairs. State and federal services for veterans are also described.

State Office of Veterans' Services

The State Office of Veterans' Services (OVS) was established by Act 115 of 1988. Its mission is "to serve as the single point of contact for the State government in terms of being responsible for the welfare of veterans, their dependents, and/or survivors."¹ The act gives the office a wide range of responsibilities:

- Planning, evaluating, and coordinating veterans programs and developing a statewide service delivery network;
- Assessing the policies and practices of other agencies regarding the delivery of veterans services and benefits;
- Establishing a clearinghouse for veterans' complaints, investigating such complaints, and referring them to appropriate agencies for corrective action;
- Administering funds allocated to the office and applying for, receiving, and disbursing grants and donations for veterans programs and services;
- Contracting or developing purchase-of-service agreements with appropriate agencies for veterans programs and services; and
- Overseeing the development, establishment, and operation of a state veterans cemetery on Oahu and overseeing the maintenance of state veterans cemeteries on all islands.

The OVS is attached to the state Department of Defense for administrative purposes. Act 115 established a seven-member advisory board for the office. Five members are required to be veterans, and at least one member must reside in each of the counties of Maui, Kauai, and Hawaii. The board was created to advise the director in such areas as the identification of issues, development of position statements, advocacy and legislative concerns, and program development and operations.

The office is headed by a director who is responsible for overseeing all state programs, policies, and activities concerning veterans. The first director was appointed by the governor in August 1988. The office is authorized 11 full-time employees. There are five positions in the Oahu office and one veterans services counselor and clerk-typist on each of the islands of Maui, Kauai, and Hawaii. The Oahu staff consists of a secretary, clerk-typist, veterans services coordinator, veterans services counselor, and an administrative services assistant.

The veterans services coordinator is the key assistant and advisor to the director. The position is also responsible for supervising and coordinating the activities of the counselors on Oahu and the neighbor islands. The administrative services assistant provides administrative support to the director in fiscal, program planning, and personnel matters.

The Oahu veterans services counselor provides a variety of direct services to veterans, their dependents, and survivors. The neighbor island veterans services counselors are responsible for administering and coordinating islandwide veterans programs and providing direct services similar to those provided by the Oahu counselor.

Services offered by OVS

Indirect services include coordinating the services available to veterans, their families, and dependents; compiling, analyzing, and disseminating up-to-date information regarding veterans rights, benefits, and services; cooperating with federal and state agencies responsible for administering or providing various veterans benefits and services; and coordinating annual Memorial Day and Veterans Day functions and activities at the National Memorial Cemetery of the Pacific at Punchbowl and on the neighbor islands.

Of the direct services provided by the OVS, information and referral constitute a major activity. This includes informing clients of available veterans services and benefits and linking clients with appropriate agencies. The office helps clients identify the kind of assistance needed, counsels them on their benefits, and refers them to appropriate service agencies. The information that veterans might need is vast: burial rights and allowances; educational and employment opportunities; home and business loans; disability and unemployment compensation; recordation and forms; affidavits of support; certificates of birth, marriage, death, divorce, or adoption; applications for review of discharge; powers of attorney; notary services; legal name changes; assistance grants; and community referrals to governmental or private agencies and to military and veterans organizations.

Advocacy is another major service area. OVS may take action on behalf of veterans, their families, dependents, and survivors to secure appropriate rights, benefits, or services. This includes receiving, investigating, and resolving disputes or complaints. In appeals hearings before the hearings officer of the Department of Veterans Affairs, the office acts as an advocate for clients from Oahu and the neighbor islands.

The office offers counseling to veterans and their families, provides transportation to help clients obtain services and, as needed, may accompany clients to meet with other agency or program personnel or follow up on the quality and effectiveness of a service provided to clients. In addition to the above services, OVS provides briefings and workshops for veterans, their dependents, interested individuals, and agency personnel needing information about veterans benefits and services.

Two major activities currently being supported by the office are the establishment of the Hawaii State Veterans Cemetery in Kaneohe and the erection of memorials for veterans of the Korean and Vietnam Wars. When the OVS was created in 1988, the Legislature charged it with planning, developing, and operating a new state veterans cemetery. After groundbreaking ceremonies in September 1989, the new cemetery is being constructed on 90 acres of state-owned land adjacent to the Hawaiian Memorial Park. The first burials are expected in mid-1991. Total cost for the project is expected to be over \$15 million.

Act 112, SLH 1988, established a memorial commission "to plan and select works of art for permanent public memorials to the veterans of the Korean and Vietnam conflicts as well as to select a memorial site." The memorial commission consists of nine members appointed by the governor. A seven-person jury unanimously selected a winning design and the commission, by unanimous vote, adopted the recommendation of the jury on June 13, 1990.

Other State Programs

The State provides a variety of benefits and services to veterans in addition to those provided by the federal government.

- **Educational assistance.** Act 309, SLH 1986, allows eligible Hawaii veterans who served on active duty in Vietnam (during the period from August 5, 1964, to May 7, 1975) to receive a tuition waiver for undergraduate programs at the University of Hawaii's nine campuses.

- **Military service credit.** Act 385, SLH 1989 (as amended by Act 141, SLH 1990) allows an eligible member of the Employees' Retirement System who has served honorably in the U.S. armed forces to purchase up to four years of membership service credit.
- **Employment and reemployment assistance.** State law allows preference to be given to veterans for civil service positions, job counseling, and referrals to jobs by the Employment Service Division of the Department of Labor and Industrial Relations. Certain reemployment rights are also available for veterans.
- **Tax exemptions.** Tax exemptions are available on real property owned and occupied as a home by totally disabled veterans or their spouses. There are tax exemptions on some passenger cars owned by certain totally disabled veterans.
- **Special housing assistance.** The State provides payment of up to \$5,000 to qualified totally disabled veterans to purchase or remodel a specially equipped home. The veteran must have been a resident of the state before entering active military service and must qualify for a federal grant under the Department of Veterans Affairs' specially adapted housing program. The home must be located in the state and must be used for the purpose of establishing a permanent residence.
- **Free vital statistics.** The State allows a veteran, the veteran's spouse, any member of the immediate family, or the next of kin of a deceased veteran to obtain free copies of certain vital statistics when such documents are required for a service-connected claim. Such documents include certificates of birth, death, and marriage, and adoption and divorce decrees.
- **Burials.** The State helps obtain certain federal burial benefits for eligible survivors of some deceased veterans. Eligible veterans and family members may be buried in the new Hawaii State Veterans Cemetery on Oahu or in veterans cemeteries on Maui, Kauai, or Hawaii. Other federal benefits include a headstone or grave marker, burial flag, presidential memorial certificate, dependency and indemnity compensation, and other survivor compensation or pension benefits.

U.S. Department of Veterans Affairs

The Veterans Administration was created in 1930. World War II resulted in a vast increase in the veteran population and passage of a large number of new benefits for veterans. The Veterans Administration became a cabinet department in October 1988 when the President signed into law the Department of Veterans Affairs (VA). On March 15, 1989, the Veterans Administration became the Department of Veterans Affairs.

The VA mission is “to serve America’s veterans and their families as their principal advocate in ensuring that they receive the care, support, and recognition they have earned in service to this Nation.”² At the end of FY1988-89, 27.1 million veterans resided in the United States and the Commonwealth of Puerto Rico. About 21 million of these veterans served during at least one wartime period.

The VA provides support services to eligible veterans. It has a full-time staff of over 200,000 people and an annual budget of about \$30 billion. The VA operates 58 regional offices located in every state, the District of Columbia, Puerto Rico, and the Philippines. Within their jurisdictions, the regional offices grant benefits to veterans and their dependents or beneficiaries and provide them with information about VA benefits and services.

The VA Honolulu Regional Office and Outpatient Clinic provides benefits and health care to veterans in Hawaii, Guam, American Samoa, Wake, Midway, and the islands that were once part of the U.S. Trust Territories of the Pacific. Staffed with about 50 full-time employees, the regional office is made up of divisions for adjudication, loan guaranty, vocational rehabilitation and counseling, and veterans services. The veterans services division probably serves as the initial point of contact for most veterans and their dependents. As the information and dissemination center, the division advises veterans of their rights and benefits and informs them about claims. Counselors are available to assist those who walk in or who contact the office by telephone.

Federal Benefits and Programs

Health and elderly care

The VA provides an array of benefits and services to eligible American veterans and their families through three major offices--the Veterans Benefits Administration, the National Cemetery System, and the Veterans Health Services and Research Administration.

In Hawaii, elderly care services for eligible veterans are available at the Honolulu VA Outpatient Clinic (VAOPC) and the Tripler Army Medical Center. The VAOPC, with a staff of approximately 200, operates a mental health clinic, alcohol rehabilitation program, day

hospital, day treatment center, clinic-based home care program, a dental clinic, and other sub-specialty clinics. Satellite VA Primary Care Clinics were opened in 1989 on Maui and Kauai and in Hilo and Kona on the Big Island. The VA contracts with a number of health providers to care for veterans not having access to the Honolulu VAOPC.

VAOPC's expanded mental health program includes a day hospital, day treatment center, and a program to assist veterans suffering from acute psychiatric episodes. Another program will study the causes and effects of Post Traumatic Stress Disorder on Native Hawaiians and Asian-Pacific Americans.

The clinic has medical services tailored specifically for the aged. A team of specialists can evaluate illnesses and disabilities related to aging and will make referrals to ancillary services when necessary. The clinic social work staff uses resources in the community.

Some veterans are eligible for residential care-home services. Eligible veterans discharged from hospital settings may also receive up to six months of nursing home care provided through contracts with nursing homes in the community. Some veterans are eligible indefinitely for this care. A day health care program is expected to be implemented by FY1990-91.

Veterans requiring inpatient hospitalization are usually referred to Tripler, the federal tertiary medical center for the Pacific Basin. Veterans requiring such specialized services as open heart surgery or spinal cord injury rehabilitation may be referred to VA medical centers on the mainland.

Compensation and pension benefits

Monthly compensation benefits are available for veterans disabled in the line of duty during active military service. Special rates are paid for those suffering from severe disabilities, such as blindness. Death compensation payments are available for eligible dependents of military personnel or veterans who died before January 1, 1957, from a service-connected cause. Dependency and indemnity payments are available to dependents of veterans who died of service-connected causes or while on active duty on or after January 1, 1957.

Pension benefits are available for eligible veterans with 90 or more days of wartime service (or separated from the service earlier because of a service-connected disability) who are permanently and totally disabled for reasons not traceable to their service. Benefits are also available for certain surviving spouses and children of deceased eligible veterans.

***Education, training,
and employment***

The VA's vocational rehabilitation and education service provides educational and training assistance for veterans, military personnel, and eligible dependents. Persons who entered the military from January 1, 1977, through June 30, 1985, may receive educational assistance under a contributory G.I. Bill. Those entering active duty after June 30, 1985, can receive benefits under the most recent G.I. Bill. The Veterans' Job Training Act assists unemployed Korean and Vietnam War veterans who applied for benefits by September 1989 and started in a training program by March 1990. Under this program, the VA can reimburse an employer up to \$10,000 to train eligible veterans. The VA helps find jobs for disabled veterans who complete their rehabilitation programs and for others with suitable job skills. It also helps veterans found unsuitable for training to learn to live independently.

***Housing assistance
and life insurance***

For eligible veterans, the VA provides housing credit assistance and helps obtain mortgages with low interest rates and attractive terms. The VA gives grants to certain disabled veterans for purchasing or remodeling homes specially adapted to their needs. The grant can also be used by homeowners to reduce their mortgage balance.

Eight VA programs offer life insurance protection. Five programs provide up to \$10,000 in coverage; one program provides up to \$40,000 in mortgage protection coverage; and two programs, supervised by the VA and administered by a contractor, provide up to \$50,000 in coverage. At the end of FY 1988-89, these eight programs provided 7.2 million individuals with coverage of nearly \$213 billion.

Burial benefits

The VA provides benefits to assist with the burial expenses of veterans and certain dependents and survivors. A burial allowance is given for veterans who died while under VA care or who were entitled to disability compensation or pension.

Chapter 3

Assessment of Veterans Programs and Services

In this chapter we assess programs and services available to veterans through the Office of Veterans' Services.

Summary of Findings

1. The lack of reliable information on eligible veterans and their dependents in Hawaii makes it difficult to identify their service needs.
2. Despite the number and variety of health and elderly care services, veterans health and elderly care systems could be strengthened.
3. The Office of Veterans' Services (OVS) has developed some cooperative working relationships. Its efforts would benefit from:
 - Improved coordination within its own offices, with other agencies, and with other veterans organizations;
 - Better public awareness programs; and
 - An action plan to provide more direction to the organization.

Usable Information About Veterans Has Not Been Compiled

Current data on local veterans and their dependents were found to be unreliable. Estimates on the number of veterans living in Hawaii vary widely. With its current methods, the State has been unable to describe the characteristics of this group.

Gathering valid and reliable data on the group to be served is a crucial first step in developing appropriate services. Legislators, administration officials, agency heads, program planners, and service providers need this information in order to make appropriate decisions. A recent grant proposal to the U.S. Department of Veterans Affairs (VA) from the University of Hawaii School of Public Health states the nature of the problem:

The VA does not have an accurate count of the number of veterans eligible for service in this area. Even more serious is the notation that it does not have any sense of the demographic, social, and disability characteristics of that population. Without such information,

the accurate targeting of interventions and forecasting of service needs will not be possible.¹

Population data

There is currently no firm agreement on the total number of veterans residing in Hawaii. The Office of Veterans' Services uses estimates ranging from 100,000 to 120,000. The State Department of Defense, Executive Office on Aging, and the Disabled American Veterans organization have used a figure of 102,000. Other veterans organizations have estimated 110,000 veterans in the state. Estimates of the U.S. Department of Commerce place the number at 101,000 veterans.

Basing its figures on ten-year-old census data, the VA estimates a population of 99,700 veterans in the state. This figure includes approximately 77,600 veterans on Oahu, 7,650 veterans on Maui, 4,050 on Kauai, and 10,400 on the Big Island. The VA's population data are prepared by its Office of Planning and Management Analysis.

The Office of Veterans' Services should take steps to compile and disseminate these kinds of data. A few years ago a data digest was compiled on Hawaii's elderly (*The Elderly in Hawaii: A Data Digest of Persons 60 and Over*). It was a cooperative effort of the Executive Office on Aging, the Commission on Population and the Hawaiian Future, and the Research Corporation of the University of Hawaii. A similar data digest on veterans in Hawaii could be developed for planners and decision-makers.

Characteristics of veteran population

State efforts to gather and maintain information about the characteristics of the veteran population in Hawaii have been somewhat haphazard. OVS efforts thus far have been limited.

Since 1983, OVS has been using the veteran's DD Form 214 (Certificate of Release or Discharge from Active Duty) as one on-going source on information. The form contains such basic data as the individual's name, social security number, branch of service, length of service, and so forth. Individuals discharged or released from military service can have a copy of their DD Form 214 sent to the veterans affairs director of the state where they plan to reside. The Honolulu office routinely receives these forms and distributes them to the county branch offices for filing and maintenance.

These forms contain valuable information but the OVS currently has on file only those from veterans discharged or released from duty since 1983. The Honolulu office does not maintain a complete set.

In an effort to maintain a better count of services provided, the OVS recently instructed its counselors to complete a "Veteran's Information Sheet" and "Contact Record" for each veteran client

served. The information sheet records the veteran's name, birthdate, social security number, address, branch of service, period of service, type of discharge, marital status, spouse's name, names and ages of dependents, ethnic background, educational background, and annual income. The contact record tracks the types of services provided by the counselors.

The information obtained from all three forms could be used to develop, over time, a data bank with valuable information about this target group. However, the task should be done on a more consistent scale to be useful. Some counselors have been reluctant to complete the information sheets.

The OVS should actively support these information gathering efforts by requiring all data forms to be completed in a consistent and timely manner and by setting up the means to collate, computerize, and analyze the data. To this end, the office started using University of Hawaii computer science students to develop a computerized program to manage the information.

Needs assessment

A formal assessment has not been done to identify the specific needs of Hawaii veterans at a given time.

Recently, however, the VA funded the university's School of Public Health to develop an index on disabled veterans of Hawaii and the American Pacific. One of the goals of the project is to develop a list of names and addresses and demographic data on disabled veterans. Through use of a survey, the project will collect information on the needs of Hawaii's disabled veterans. A preliminary report is scheduled for Spring 1991.

Data compiled from this project could be valuable in identifying gaps in existing programs and services and for planning and justifying new services. As the state agency responsible for planning, evaluating, and coordinating veterans programs and services, OVS should take the lead in developing comprehensive information about the needs of Hawaii's entire veteran population.

Health and Elderly Care Services Need Strengthening

Although the federal government provides a variety of health and elderly services to eligible veterans, there is still room for a state agency to make these services more accessible and comprehensive. Approximately ten percent of Hawaii's population are veterans--one of the highest ratios in the nation. And although there are no hard statistics on service-connected disabilities, Hawaii ranks near the bottom in medical dollars spent by the VA per veteran. Hawaii is one of two remaining states that do not have a veterans hospital. It is among the minority of states without a veterans nursing home.

New VA medical facility

The medical facility authorized recently by the VA, after years of lobbying by local veterans and through the efforts of Hawaii's congressional delegation, may not be ready until 1998. Eligible veterans needing inpatient care now go to Tripler Army Medical Center or, if authorized, to state/county and private hospitals on the neighbor islands at VA expense.

The 509-bed Tripler facility provides care for active military personnel, their dependents, military retirees, patients from the Trust Territories of the Pacific, and civilians needing emergency treatment. Veterans make up about ten percent of its inpatients. In FY1988-89, the hospital provided inpatient care for an average of 32 veterans per day. For the same period, there were about 422 fee-basis admissions to neighbor island hospitals.

The VA is developing plans to build the medical facility on 12 acres of land adjacent to Tripler. The center will house facilities for inpatient, outpatient, and long-term care, and administrative offices. The 165-bed facility is anticipated to have 45 medical, 30 surgical, 30 psychiatric, and 60 long-term care beds. Inpatient care will be provided through an agreement between the VA and the U.S. Department of Defense. The full range of services will include such essential diagnostic and specialty services as radiology, nuclear medicine, audiology and speech pathology, and rehabilitation medicine.

Although this long-awaited medical center is expected to augment the existing veterans health system, a primary concern is the length of time for completion. Also uncertain is whether it will be located in Tripler's existing E-Wing, on nearby land, or some combination of both. In a letter to VA Secretary Edward J. Derwinsky, Senator Daniel K. Akaka wrote:

Dr. Holsinger stated at the hearing that VA "will have no trouble in making the 1993 budget submission," implying that the hospital will not be ready for occupancy until at least 1997 or 1998. This may be too late to help many of Hawaii's aging veterans, who have already waited at least 25 years for a promised inpatient facility. However, based on the Army's testimony that E-wing can be completely reconstructed in 12 to 18 months, I believe it is feasible for VA to open beds in that section of the proposed medical center as early as 1993, particularly if VA utilizes the services of the Army Corps of Engineers, which is experienced in renovating other Tripler wings.²

The OVS should monitor the work on the new facility and keep veterans apprised of all new developments.

Neighbor island concerns

Making health and elderly services accessible for neighbor island veterans is a challenging problem that OVS could help attack. Some neighbor island veterans question the quality and accessibility of health services available to them. They believe that the health system favors programs and services on Oahu at the expense of those on the neighbor islands. Interisland travel by air is inconvenient and costly. A VA medical facility and allied health services centered on the island of Oahu will not meet the needs of neighbor island veterans.

Responding to health concerns raised by neighbor island and other Hawaii veterans, the U.S. Senate Veterans Affairs Committee held a hearing in Honolulu on April 14, 1987. As a result of that hearing, the VA's chief medical director established a task force to determine the health care needs of Hawaii veterans, evaluate services being provided, and to develop recommendations to improve the system. The task force found to be valid many of the concerns of neighbor island veterans about the availability and accessibility of health and elderly services. The report states that the VA's primary mission is only being met for veterans who live on Oahu:

With respect to the neighbor islands, the paucity of general medical care resources . . . combines to create frustrations among neighbor islands veterans, and foster considerable ill will toward the Veterans Administration. Also, there tends to be a great sensitivity of neighbor islands residents to the resource inequities associated with life in such isolated locales, versus plentiful, readily available services and resources of all kinds--especially medical resources--for residents of Honolulu and other locations on Oahu.³

The task force recommended that in addition to a new 165-bed medical center on Oahu, the VA establish satellite clinics for neighbor island veterans. Since then, the VA authorized a new inpatient medical facility and Primary Care Clinics and Vet Centers on the neighbor islands. Despite these efforts, neighbor island veterans continue to be concerned about the continuation of fee-basis care, staffing of the Primary Care Clinics and Vet Centers, the availability of substance abuse programs, and long-term care.

Continuation of fee-basis care

Neighbor island veterans strongly support the continuation of fee-basis care provided within the community. There are concerns that this type of care will be curtailed when the new VA medical facility is completed. The new medical center may not have facilities to house spouses of hospitalized neighbor island veterans. Some veterans believe that family support is often crucial for a patient's recovery.

Supporters of fee-basis care contend that the State's unique geographical situation justifies continuation of the program. Aside from the logistical burden of flying to Oahu, neighbor island veterans face the problem of being uprooted from family and community support systems. These concerns explain why the 1987 VA task force, while recommending the establishment of a new VA facility, also supported the continuation of fee-basis care on the neighbor islands.

Staffing problems

Staffing problems at the Primary Care Clinics and Vet Centers call for active monitoring of these services by OVS.

In testimony presented to the U.S. Senate Committee on Veterans Affairs in August 1990, the OVS noted the high attrition rate on the neighbor islands and suggested that the VA change its recruiting methods. The VA acknowledged that vacancies do exist, but contended that ongoing recruitment efforts were being conducted to fill positions.

The clinics are normally staffed by a full-time psychiatrist, nurse practitioner/clinical nurse specialist, social worker, and medical clerk. The Vet Centers usually have a team leader (agency head), readjustment counselor, and an office manager.

The VA practice of filling vacancies at neighbor island offices by temporarily assigning personnel from other neighbor island facilities is another concern. The Maui clinic has had no psychiatrist for about a year. The psychiatrist from the Kauai clinic covers both islands. In addition to taxing the psychiatrist, this arrangement limits services for veterans on both islands. Interim assignments could come from the Honolulu clinic, which has a much larger staff and could better accommodate temporary transfers.

Some neighbor island veterans believe that a full-time medical doctor should be assigned to each clinic to provide necessary medical treatment and services. If physicians were on staff at these clinics, additional medical care and services could be provided directly at the facilities, delays in receiving authorization for specialized medical services could be eliminated, and clients could receive prompt on-site compensation and pension examinations.

Substance abuse

Although efforts have been made in this area, neighbor island substance abuse services, particularly residential rehabilitation programs, remain weak. The inadequacy of these services prompted

the 1987 Hawaii Veterans' Health Care Task Force to report as follows:

The Task Force was struck on realizing there are few, if any, alcohol and substance abuse residential rehabilitation resources among the neighbor islands. The few private sector programs which are available are not being used by the VA. This is a significant and serious flaw in veterans' programs, and must be addressed as an urgent priority.⁴

Veterans requiring substance abuse treatment can be sent to Tripler for detoxification and participate in a VA contract program on Sand Island, but services on the neighbor islands are more limited. A VA drug and alcohol counselor visits each island weekly to provide individual and group counseling. To date, however, the VA has yet to establish contracts for residential treatment of drug and alcohol abuse for all the neighbor islands.

Long-term care

Long-term care services, particularly the need for additional nursing home beds, are another big concern of neighbor island veterans.

Nursing home services for Hawaii veterans are currently provided on a contract basis by community nursing homes. The VA has contracts with 11 nursing homes, including one on each of the major neighbor islands. The number of veterans served by this program increased in the last few years from an average of 13 per day in FY1986-87 to 22 per day in FY1988-89. Given the projected increase in the number of elderly veterans in the State, these program levels will not be sufficient to meet increases in service demand.

The resolution of these health-related concerns will require a coordinated and cooperative effort on the part of the VA, the State, and certain private providers within the community. Here, OVS can play an important role as advocate.

Homeless veterans

Estimates of the total national homeless population range from 250,000 to ten times that number. The VA estimates that about 30 percent of the homeless have served in the military. In Hawaii, estimates range from less than 10 percent up to 40 percent of the state's homeless population. The OVS testified on the problem of homeless veterans to the U.S. Senate Committee on Veterans Affairs in August 1990 saying:

Services must be offered by the DVA [Department of Veterans Affairs] to address this problem. These services could include

medical and psychological counseling, job training, financial support to shelters, and contracting with State Department of Veterans Affairs to manage the community contract for services program.⁵

In certain parts of the mainland, the VA has programs to assist homeless veterans. A domiciliary care project uses VA hospital space for homeless veterans. Another program for homeless veterans who are chronically mentally ill provides psychiatric services in group homes in the community.

One innovative and successful program tailored for homeless veterans may be of interest to the State. The "Stand Down" program was established in 1988 by the Vietnam Veterans of San Diego. Volunteers from 50 public and private agencies provided three days of service at a single site for homeless veterans. A "tent city" of 26 military-style tents provided shelter and work space for the participating agencies. The program is designed to bring a variety of existing resources together at one location over a three-day period and to continue with follow-up services after the event is over. More than 1,000 homeless veterans were assisted in 1988 and 1989. As a result of the program, San Diego recently established a multi-service center for homeless veterans.

State veterans nursing home

The State has faced a shortage of long-term care beds for a number of years. This situation prompted the 1987 Hawaii Veterans' Health Care Task Force to recommend the establishment of three state nursing homes for veterans in addition to a 165-bed medical facility.

At one Honolulu hospital, it was recently found that 75 to 85 patients in acute-care beds really belonged in nursing homes. A recent survey by the Health Care Association of Hawaii showed that 106 long-term care patients were occupying acute-care beds at four hospitals in the urban Oahu area while waiting for nursing home beds. One estimate is that the state needs an additional 600 nursing home beds.

The VA provides nursing-home care to veterans with service-connected disabilities and, depending on available space, veterans with disabilities that are not service connected. The VA provides nursing-home care through units within existing VA medical centers, through nursing homes in the community that are under contract, through matching grants for the construction of state nursing homes for veterans and through per diem reimbursements for care.

Given the state's current shortage of long-term care beds and the availability of VA grants for construction of long-term care facilities, the OVS should take the lead in actively pursuing the feasibility of applying for such grants.

Regulations concerning VA grants to states for the construction or acquisition of state nursing homes for veterans are codified in Title 38 U.S.C. 5031 to 5037. Under this program, the federal government will cover up to 65 percent of the cost of constructing such facilities. The term "construction" means the actual construction of such a facility or the expansion, remodeling, or alteration of existing buildings for the provision of nursing-home care. The term also includes the provision of initial equipment for such buildings.

Agency Cooperation and Coordination Can Be Improved

The OVS needs to intensify its efforts to develop working relationships with veterans groups, organizations, and agencies. The office is the principal public agency responsible for the activities of veterans residing in Hawaii. This coordinating function is designated by Act 115 of 1988, and its conference committee report:

There are approximately 102,000 veterans in Hawaii who may be eligible for services and benefits provided by the State. These services and benefits are dispersed throughout five State departments. The overriding problem with existing statutes is the lack of focus and direction to address and resolve issues confronting veterans. Your Committee finds that this bill will coordinate and streamline the concerns of veterans through the establishment of a State Office of Veterans' Services.⁶

One of the mandated responsibilities of the office, under Section 363-2, HRS, is to plan, evaluate, and coordinate veterans programs and develop a statewide service delivery network. Its activities, as listed in the office's policies and procedures manual, include (1) coordinating all services available to veterans, their families, and dependents to maximize the effectiveness of these services and to minimize duplication of efforts and (2) cooperating with federal departments and other agencies which by law have the responsibility for the administration of rights and benefits granted to veterans, their families, and dependents.

Within the organization

Within the organization, coordination could be strengthened by more active participation of the advisory board and better supervision of neighbor island counselors. State agency representatives who sit on the advisory board have not been attending monthly meetings.

When the OVS was established in 1988, the Legislature created a seven-member board to advise the OVS director in a variety of areas. Serving as ex-officio members are the directors (or designated

representatives) of the state departments of health, human services, and labor and industrial relations and the state adjutant general. These ex-officio state agency representatives are a valuable resource for the advisory board and the OVS. Through them, state agencies may be kept apprised of veterans issues, concerns, and activities. Likewise, they can provide valuable information and assistance to the board and the office.

With branch offices

Coordination between the Honolulu OVS office and its neighbor island branch offices is not as strong as it could be. This may contribute to the perception of some neighbor island personnel that too many administrative demands take time away from their primary effort to work with clients on a personal, one-to-one basis. The Honolulu office contends that it tries to provide as much administrative support as it can for the branch offices. It recently arranged for fax machines to improve communication and coordination and will soon obtain word processors. The Honolulu office acknowledges that some branch office employees have been reluctant to follow set procedures and that some personnel have bypassed the established chain of command.

Better supervision of neighbor island operations and more frequent contact with staff would help. Currently, the entire OVS staff meets only on a quarterly basis--usually on Oahu. Monthly supervisory visits to these branch offices may not be adequate.

Coordination with the VA

The necessary close working relationship between the OVS and the VA has yet to be realized, although both sides have taken steps in the right direction. The agencies maintain fairly good communication, meet on a regular basis, share information, participate in joint training and informational workshops, and work together on some projects. The VA recently commended the OVS for outstanding work in developing the new Hawaii State Veterans Cemetery in Kaneohe.

For the past several months, the VA has encouraged the OVS to place a counselor at the regional office. With the cost-free space, desk, and telephone the VA is willing to provide, the counselor could be a point of contact for neighbor island counselors regarding pending issues. We encourage the OVS to place a counselor at the VA regional office. With the OVS' recent relocation to a downtown office building, the two offices are now further apart, and parking may be a problem. Such a move would provide needed on-site assistance to veterans and help foster cooperation and coordination between the two agencies.

Coordination with veterans organizations

The various veterans organizations within the community represent a readily available resource which could be better used.

On the neighbor islands, the OVS counselors maintain a fairly close working relationship with their veterans organizations. The organizations appear to be quite active and vocal. The Oahu organizations, however, are less unified, and their interaction with OVS is piecemeal. No formal effort has been made to bring together the efforts of these various organizations.

On the neighbor islands, umbrella organizations such as the Big Island Veterans Association, the Kauai Veterans Council, and the Maui Veterans Council represent the interests of all the veterans groups and seek to coordinate the efforts of these groups. On Oahu, attempts are under way to reactivate the Hawaii State Veterans Organizations Council, which in the past has served as a kind of representative organization for some of the major veterans groups. A representative from the council recently met with the OVS, but the office has not decided on an appropriate relationship with the council.

Public awareness of programs

Despite efforts to publicize the office, veterans and their groups reportedly remain uninformed of OVS and its services. To make itself known, the director and other staff members meet regularly with other state and federal agency personnel, participate in various speaking engagements, attend or help sponsor informational workshops for interested individuals and groups, try to work with the local media on each of the major islands, and maintain linkages with various veterans organizations. The office acknowledges that veterans unaware of the OVS do not utilize the services of the office. The office believes this lack of recognition represents one of its biggest challenges.

The lack of recognition probably stems from a number of sources. First, the office, established only in 1988, is relatively new. It usually takes time before the general public fully uses the services of a new agency. Second, for many years veterans services were “buried” within the public welfare division of the Department of Human Services. Only recently with the creation of the OVS have veterans issues, concerns, and services found a voice. Lastly, veterans services have traditionally been associated primarily with the federal VA. It may be difficult for veterans to differentiate between the state OVS and the federal VA.

The OVS should continue efforts to publicize its office and services. In addition, the OVS should explore such avenues as seeking regular media coverage, producing an agency brochure, and developing a resource booklet listing all of its programs and services (including

appropriate services provided by other agencies). Finally, the office might consider a newsletter to apprise veterans of available benefits and services, changes to relevant laws, OVS activities and accomplishments, and upcoming events.

Action Plan Is Needed

Related themes emerged during the course of our study--little awareness of the office and its activities; some confusion about the purpose, focus, and direction of the office; and differing opinions about how the OVS could best interface with other agencies and organizations. Some of these problems may stem from the absence of any kind of formal agency planning document.

The OVS is a relatively new agency. In addition to the administrative and organizational demands of starting up, the office was expected to develop a new state veterans cemetery and assist in developing the Korean and Vietnam War memorials. Both tasks are nearing completion. Now is an opportune time for the OVS to take stock of what it has done and determine in what direction it should move. Developing an action plan would be a first step in this process.

Such a plan would help the OVS to establish a clearer focus and direction, determine its goals and objectives, highlight priorities, identify what it needs in resources, and justify new services and personnel. The action plan could pull together the various veterans groups and bring OVS the recognition it needs. In developing its action plan, the office should work with the advisory board on veterans services and solicit the views and concerns of veterans, relevant state and federal agencies, and the various veterans organizations.

Recommendations

1. The Office of Veterans' Services should work with the U.S. Department of Veterans Affairs and other relevant agencies to develop up-to-date information on the characteristics of the veteran population in Hawaii. For its continuing use, the office should systematize the collection and analysis of data already available, such as the DD Form 214. For more immediate purposes, the office should also initiate a formal needs assessment program.
2. With the assistance of the advisory board, the Office of Veterans' Services should develop and implement an action plan for carrying out its statutory mission. The plan should focus the activities of the office on filling the "gaps" in federal services,

as well as on enhancing those services for local veterans. The plan should be based on information on the characteristics of local veterans most likely to need services. The action plan should specify tasks in areas where services should be improved, specifically:

- a. Pressing for timely completion of the VA medical center at the Tripler Army Medical Center site.
 - b. Facilitating the provision of health services to Hawaii veterans. For neighbor island veterans, the activities should center on developing drug and alcohol contract services, staffing of Primary Care Clinics and Vet Centers, and providing long-term care beds and ancillary support services.
 - c. Working with relevant agencies to apply for VA nursing home construction grants.
 - d. Exploring new programs to assist groups such as homeless veterans.
3. The Office of Veterans' Services should begin to strengthen its coordination of functions by:
- a. Clarifying the functions of neighbor island staff and providing branch offices with adequate administrative support, monitoring, and supervision.
 - b. Encouraging the full participation of ex-officio members of the statewide advisory board on veterans services and making use of their expertise.
 - c. Placing a counselor from the Office of Veterans' Services in the regional office of the Department of Veterans Affairs. The counselor would both assist veterans directly and act as liaison between the federal office and the State.
 - d. Reaching out to various veterans organizations in the state for their expertise and resources and ensuring their active participation in the veterans community.
 - e. Publicizing its own services and those of other agencies through brochures or resource booklets and a newsletter.

Notes

Chapter 1

1. Senate Standing Committee Report 3151 on Senate Concurrent Resolution 77, Fifteenth State Legislature, 1990, State of Hawaii.

Chapter 2

1. Hawaii, Office of Veterans' Services, *Annual Report Fiscal Year 1989*, Honolulu, 1990, p. 18.
2. U.S., Department of Veterans Affairs, *Annual Report of the Secretary of Veterans Affairs--Fiscal Year 1989*, Washington D.C., 1990, p. xii.

Chapter 3

1. University of Hawaii, School of Public Health, *Grant Proposal to Department of Veterans Affairs: Epidemiological Index of Disabled Veterans in Hawaii and the American Pacific*, Honolulu, 1988, p. 7.
2. Letter from Senator Daniel K. Akaka, U.S. Senate, to Edward J. Derwinski, Secretary, Department of Veterans Affairs, September 18, 1990.
3. U.S., Veterans Administration, *Report of the Hawaii Veterans' Health Care Task Force*, Washington, D.C., 1987, p. 38.
4. *Ibid.*, p. 34.
5. Statement submitted by Lawrence S.K. Lee, Director, Office of Veterans' Services, to the U.S. Senate Committee on Veterans Affairs, August 14, 1990.
6. House Conference Committee Report 47-88 on House Bill 2532, Fourteenth State Legislature, 1988, State of Hawaii.

Response of the Affected Agency

Comments on Agency Response

A preliminary draft of this report was transmitted on January 9, 1991, to the Office of Veterans' Services (OVS). A copy of the transmittal letter is included as Attachment 1. As is our practice, we invited OVS to comment on the recommendations made in the report. OVS's response is included as Attachment 2.

In its response, the OVS concurred with our recommendations. Additionally, the office identified several steps that it has initiated to address some of the concerns raised in the report.

ATTACHMENT 1

STATE OF HAWAII
OFFICE OF THE AUDITOR
465 S. King Street, Room 500
Honolulu, Hawaii 96813



(808) 548-2450
FAX: (808) 548-2693

January 9, 1991

C O P Y

Mr. Lawrence S. K. Lee, Director
State Office of Veterans' Services
733 Bishop Street, Suite 1270
Honolulu, Hawaii 96813

Dear Mr. Lee:

Enclosed are three copies, numbers 6 to 8 of our draft report, *Study of Programs and Services for Veterans*. We ask that you telephone us by Friday, January 11, 1991, on whether you intend to comment on our recommendations. If you wish your comments to be included in the report, please submit them no later than Tuesday, January 22, 1991.

The Governor, and presiding officers of the two houses of the Legislature have also been provided copies of this draft report.

Since this report is not in final form and changes may be made to it, access to the report should be restricted to those assisting you in preparing your response. Public release of the report will be made solely by our office and only after the report is published in its final form.

Sincerely,

A handwritten signature in cursive script that reads 'Newton Sue'.

Newton Sue
Acting Legislative Auditor

Enclosures

JOHN WAIHEE
GOVERNOR



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OFFICE OF VETERANS SERVICES
KAPUAIWA BUILDING
120 QUEEN STREET
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ALEXIS T. LUM
MAJOR GENERAL
ADJUTANT GENERAL

LAWRENCE S.K. LEE
DIRECTOR

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Honolulu, Hawaii 96813

January 24, 1991

Mr. Newton Sue, Acting Legislative Auditor
State of Hawaii
Office to the Auditor
465 S. King Street, Room 500
Honolulu, Hawaii 96813

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OFC. OF THE AUDITOR
STATE OF HAWAII

Dear Mr. Sue:

We appreciate the opportunity to work with Mr. Ralph Uyeoka and commend him and your staff for the professionalism and courtesy displayed throughout the conduct of this Legislative Audit.

The Office of Veterans Services (OVS), concurs with the recommendations proposed in the report and has implemented the following actions to address the concerns raised:

Recommendation #1.

The OVS obtained the assistance of the University of Hawaii Software Engineer Students to develop an information management system and database. The data derived from this system will enable the OVS to maintain up-to-date information on veterans and their dependents.

The OVS will compile 1990 Census data on veterans and, hopefully, acquire access to information collected by the University of Hawaii, School of Public Health.

Recommendation #2.

a. The OVS receives timely updates from the Department of Veterans Affairs (DVA), and Tripler Army Medical Center (TAMC), on the progress of their plans to develop a collocated medical center utilizing selected TAMC facilities.

b. The OVS has and will continue to monitor and assess, through our counselors and Advisory Board members, the effectiveness of the Primary Care Clinics and Vet Centers.

Mr. Newton Su
January 24, 1991
Page Two

c. The Governor designated the Director of the Department of Health (DOH), as the lead on this project. Once the State of Hawaii is assured that a Veterans Hospital will be developed on Oahu, DOH staff will make application to the DVA for the construction of VA nursing homes on the neighbor islands.

d. The OVS plans to assist with the coordination of an "Operation Stand Down." The purpose of this project would be to bring helping agencies to homeless veterans.

Recommendation #3.

a. The OVS developed procedures to increase dialog between and establish responsibilities for neighbor island staff.

b. The Chair of the Advisory Board requested that ex-officio members, or their representatives, attend Board meetings. He asked the DVA to send a representative and will request that the Department of Land and Natural Resources send a representative to Board meetings.

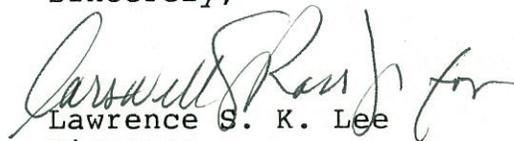
c. The OVS will include in its supplemental budget a request for a Veterans Services Counselor and Clerk to be stationed in the DVA Regional Office since the office is planning to move TAMC.

d. The OVS staff will continue to attend informational sessions when requested by veterans organizations and provide them with the latest news on veterans benefits and services.

e. The OVS plans to publish various informational pamphlets and brochures as funds become available.

Thank you once again for encouraging our full participation in this Legislative Audit.

Sincerely,


Lawrence S. K. Lee
Director