



Report of the
Military and Veteran Affairs
Transition Advisory Committee

Submitted to Governor-elect Phil Murphy and Lieutenant
Governor-elect Sheila Oliver

January 1, 2018

EXECUTIVE SUMMARY

The Military and Veterans Affairs Policy Group recommends that the Governor-elect consider the following recommendations to accomplish the top six key priorities:

I. Priority: Align the State definition of “Veteran” to match the federal definition for any and all benefits

Acknowledge and recognize Veterans under the same principles as the federal government in regards to benefits.

- i. Support legislation to broaden the eligibility for various Veterans’ benefits and expand the definition of Veteran to include retired members of the National Guard and Reserves with more than 20 years of service
- ii. Support legislation to expand eligibility for Veterans’ civil service preference and create additional preference benefits

II. Priority: Conduct a feasibility/impact study to evaluate creating a separate Department of Veterans Affairs from the New Jersey Department of Military and Veterans Affairs (DMVA)

Restructure the DMVA to deal with challenges that Veterans’ face today as addressed in an op-ed by Governor-elect Murphy.

- i. Recommendation Number 1: Conduct a study to evaluate the feasibility of a separate NJ Department of Veterans Affairs and coordinate formal focus groups with a diverse array of leaders of many of the State’s Veteran Service Organizations as well as Veterans from various conflicts
- ii. Recommendation Number 2: Conduct a feasibility analysis to determine options for centralizing all Veteran services

III. Priority: Coordinate with the federal Department of Veterans Affairs (VA) to improve health care

Collaborate with the VA to evaluate solutions for underserved senior and southern Jersey Veteran communities.

- i. Implement regulations through the NJ Department of Health, or as a condition of any State funding received by hospitals and clinics, to require New Jersey healthcare entities to accept Tricare, VA Choice or military insurance reimbursement so that Veterans who lack access to the VA can get timely care
- ii. Implement regulations to expand access to “telehealth”, starting with online prescription refills, renewal of medication and primary care help
- iii. Facilitate electronic medical records and database access across VA and private providers
- iv. Improve transportation to VA facilities. Provide public transportation directly to the Lyons VA facility, which provides women’s services, beginning with establishing bus service for Access Link/NJ Transit

IV. Priority: Set a Statewide goal to get Veteran homelessness to “functional zero” within one year by focusing on residential job training and active outreach

Continue national progress of the Obama Administration to end Veteran homelessness.

- i. Set a Statewide goal by Executive Order to get Veteran homelessness to “functional zero” within one year by focusing on residential job training and active outreach (Veterans Haven, Stand Downs for homeless Veterans)

V. Priority: Establish a Task Force to ensure that New Jersey is fully using available federal funds to serve our Veterans and service members

Maximize federal funds for Veterans, military personnel and families.

- i. Create a Task Force by Executive Order to ensure that New Jersey is fully utilizing all available federal funds for skilled nursing facilities versus assisted living, homelessness, post-traumatic stress disorder care (PTSD), chronic pain, research, education and hospice care.

VI. Priority: Improve outreach so as to increase the number of Veterans accessing their benefits

Help to spread the word so that Veterans are aware of their benefits.

- i. Direct the DMVA by administrative action to create a user-friendly website with information on how to navigate the benefits system in New Jersey.
- ii. Expand ‘peer to peer’ Veterans’ assistance in navigating benefits systems.
- iii. Ensure every county has a Veteran Service Office actively addressing Veterans’ needs and establish a statewide coordination entity.

REPORT

I. **PRIORITY: ALIGN STATE DEFINITION OF “VETERAN” TO MATCH FEDERAL DEFINITION**

The term “Veteran” is subject to various interpretations under the law, which invites confusion regarding benefits. Some Veterans still believe that you must serve in combat or spend 20 years on active military duty and retire. Veterans’ benefits were not all created at one time and therefore eligibility criteria and benefits can differ. The result is that at the state level Veterans’ eligibility for benefits vary depending on which program or benefit a person is applying for.

In New Jersey, the term “Veteran” commonly refers to a person who has served in any branch of the Armed Forces of the United States during a specific period, and often for a specific length of time. At present, in New Jersey there are a number of statutes that confer special benefits to Veterans who qualify. At the federal level, on the other hand, the statutes define a “Veteran” as a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable. This definition means that any individual that completed service for any branch of the United States Armed Forces classifies as a Veteran as long as they were not dishonorably discharged.

To add to the confusion, the definition of a Veteran for a specific benefit in New Jersey often depends on either the particular period of time in which a person served in the armed forces or the type of service a person rendered. The benefits include: a) civil service preference; b) enhanced retirement benefits under the Teachers' Pension and Annuity Fund, the Public Employees' Retirement System, and the Police and Firemen's Retirement System; c) tuition credits at State colleges; and d) the Veterans' property tax deduction. Each of these statutes contains specific and differing qualifications for the benefit granted.

Currently, in order to qualify for Veterans’ preference in New Jersey, a Veteran must have served at least 14 days of active duty during a qualified war era, as specified by the President of the United States or Secretary of Defense. Further, the New Jersey Constitution provides that honorably discharged veterans of certain wars or other military emergencies who are residents of New Jersey, and their surviving spouses, are entitled annually to a \$250 deduction from the amount of any tax bill for taxes on real and personal property, or both, including taxes attributable to a residential unit held by a stockholder in a cooperative or mutual housing corporation. In addition, current law grants certain totally and permanently disabled war veterans and their surviving spouses a full exemption from property taxes.

Veteran Service Organizations, such as the Veterans of Foreign Wars and others support broadening the eligibility for various Veterans’ benefits by eliminating the requirement that to be considered a veteran a person must have served during periods of war, in specific war zones, or during periods of emergency.

i. Recommendation: Support legislation to broaden the eligibility for various Veterans’ benefits and expand the definition of Veteran to mirror the definition in federal law, which includes retired members of the National Guard and Reserves with more than 20 years of service

The definition of Veteran was expanded in federal law in January 2017 to include retired members of the National Guard and Reserves with more than 20 years of service. Federal law previously defined Veterans as service members with more than 179 consecutive days of federal (Title 10) active duty for other than training. Most active-component members meet the standard after a year of service. However, until the War on Terror, many Guard members and Reservists served entire careers without a qualifying mobilization. Many states, but not New Jersey, have adopted the federal definition.

Cost: The estimate of newly eligible Veterans in New Jersey may increase each year from the current number, which is approximately 200,000. The legislation would require expenditure increases to the Property Tax Relief Fund for reimbursements to municipalities for property tax deductions by up to \$59.6 million in the first year. The legislation could also increase annual contribution costs for the State for the Teachers' Pension and Annuity Fund (TPAF) and the Public Employees' Retirement System (PERS).

ii. Recommendation: Support legislation to expand eligibility for Veterans' civil service preference and create additional preference benefits

Legislation currently awaiting a vote in the State Senate would expand the eligibility for Veterans' hiring preference in the civil service so that individuals who are eligible for Veterans' preference in the federal civil service but are not eligible in the State civil service would receive additional points above the individual's earned score on State civil service examinations. To receive additional points, a person must meet the eligibility requirements under federal law. Five points would be added to the passing examination score of an individual who is currently not eligible for State Veterans' hiring preference. Ten points would be added to the passing examination score of an individual who is not eligible for State disabled Veterans' hiring preference, but who served at any time and (1) has a present service-connected disability or (2) is receiving compensation, disability retirement benefits, or a pension from the federal military or the VA. The application of this new benefit to disabled veterans who did not serve in a time of war would apply only if an amendment to the State constitution is approved by the voters to permit such disabled Veterans to receive the benefit.

Cost: According to the fiscal estimates prepared by the Office of Legislative Services with respect to the proposed legislation, there is a \$900,000 cost for a one-time programming change to accommodate an extra point preference program for specified Veterans.

II. PRIORITY: CONDUCT FEASIBILITY STUDY TO EVALUATE SEPARATE NJ DEPARTMENT OF VETERANS AFFAIRS

Since the late 1980s, the overall structure of DMVA has remained largely unchanged. The Adjutant General is a member of the Governor's cabinet and is responsible for commanding the New Jersey Army and Air National Guard and managing all of the State Veterans' programs, commissions and facilities. The Adjutant General has two deputies: (1) the Deputy Adjutant General ("DAG"), and (2) the Administrator of Veterans' Affairs as outlined in NJAC 5A:1-1.3(b) and (c).

The Administrator of Veterans' Affairs directs and oversees three (3) divisions: (1) the Division of Veterans' Administrative Services, (2) the Division of Veterans' Loans, Grants and Services, and (3) the Division of Veterans' Training, Information and Referrals. Each division has a Director. The Division of Veterans' Administrative Services is responsible for the supervision and operation of the three (3) Veterans' nursing homes (Paramus, Vineland, Menlo Park), and the New Jersey Veterans' Memorial Cemetery - Arnetown.

In July 2016, as a Democratic gubernatorial candidate, Phil Murphy wrote an op-ed to advocate for a new approach to how New Jersey serves Veterans. The proposal was to, "Divide DMVA into two separate agencies — one with responsibility for the National Guard and another responsible for Veterans.

Veterans' issues are fundamentally distinct from military affairs, and our bureaucratic structure should reflect that reality.”

If restructured, the new NJ Department of Veterans Affairs would consist of the following divisions: Employment and Skills Development; Mental health; Higher Education; Veteran-Owned Businesses; and Military Transitions and Families.

- i. **Recommendation: Conduct a study to evaluate the feasibility of a separate NJ Department of Veterans Affairs and coordinate formal focus groups with a diverse array of leaders of many of the State's Veteran Service Organizations as well as Veterans from various conflicts**

FY 2017 budget data notes that the DMVA served approximately 91,000 veterans. DMVA is also responsible for the support and coordination of various services to military Veterans in New Jersey including Outreach and Assistance, Veterans' Haven, Burial Services, and the three Veterans' Memorial Homes in Paramus, Vineland and Menlo Park. The DMVA operates over 16 Veteran service offices throughout the State. DMVA provides support to New Jersey Veterans through a network of services that run the gamut from mental health treatment to long-term care to ensure that veterans receive all applicable federal benefits. Trained Veterans Service Officers at those offices also assist Veterans with issues pertaining to employment, education, burial, counseling, housing, social and medical services and other areas of concern to Veterans and their families. These services of DMVA must be evaluated to decide whether they providing an adequate level of service and whether that service needs improvement. As part of the study, formal focus groups should be held with a diverse array of leaders of many of the State's Veteran Service Organizations as well as Veterans from various conflicts.

Cost: Although the Committee did review a budget for the proposed study, we believe the cost would be minimal.

- ii. **Recommendation: Conduct a feasibility analysis to determine options for centralizing all Veteran services**

DMVA, in conjunction with Rutgers, operates a veteran peer support program telephone helpline, known as the “Vet2Vet Hotline.” The helpline features clinical assessment and assistance to veterans and their family members. In addition, it provides New Jersey Veterans and their families with access to a network of mental health professionals specializing in Post-Traumatic Stress Disorder and other veteran issues, including traumatic brain injury, 24 hours-a-day, and seven days-a-week. Current law requires the appropriation annually of a sum sufficient for the operation of the program. The law also requires the DMVA and Rutgers to consult on a quarterly basis with the New Jersey Division of Mental Health Services within the Department of Human Services, the VA, the New Jersey Health Care Network, at least two New Jersey Veteran Centers, and at least two State recognized Veterans groups.

Vets4Warriors is a 24/7 peer support telephone service designed to meet the underserved needs of the returning National Guard and Reserve members who were now serving their country at unprecedented rates. The program grew out of Rutgers University Behavioral Health Care based on the organization's nationally recognized “Cop2Cop” peer support program. In August of 2013, Vets4Warriors transitioned into the Defense Suicide Prevention

Office (DSPO), a federal Department of Defense (DoD) program. When DoD cut support for the program in 2016, the legislature appropriated funds to maintain it.

Since its inception in December 2011, Vets4Warriors has made over 200,000 Veteran contacts and has continuously employed over 40 New Jersey veterans. While the DMVA operates the “Vet2Vet Hotline” in conjunction with Rutgers, the appropriation for Vets4Warriors is in the Department of Health. Vets4Warriors should be in DMVA. Other Veterans programs should be evaluated to see whether they can be centralized in DMVA.

Cost: The “Vet2Vet” Hotline costs \$383,000 and Vets4Warriors costs \$2.5 million. The cost of the study is minimal.

III. PRIORITY: COORDINATE WITH VA TO IMPROVE HEALTHCARE

A bill creating the New Jersey Veterans Hospital Task Force (Task Force) was signed into law on February 3, 2011. The Task Force completed its work in 2012. The Task Force wrote 10 recommendations, among which included a pilot program to give area Veterans greater access to local medical centers, including but not limited to, Cape May Regional Medical Center and Shore Memorial Hospital.

The Task Force reviewed the capital, operational and administrative expenses associated with establishing a new Veterans’ health care facility in southern New Jersey, and compared it with the cost of contracting with an existing health care facility to provide medical services to Veterans. The Task Force obtained and reviewed statistical data on the number of veterans residing in Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean, and Salem counties and the number of Veterans receiving medical services at hospitals within those counties in the past five years.

During the Task Force meetings, its 18 members received testimony from Veterans about the significant challenges faced seeking healthcare and the demeaning process they had to go through to meet their healthcare needs. Some of the hardships mentioned included traveling considerable distances from their homes in southern New Jersey, in some cases resulting in trips of more than 100 miles and five hours travel time, and then spending additional time waiting for a meeting with a doctor.

In January 2016, legislation was enacted to require the DMVA to establish a program to provide assistance to qualified Veterans in in-patient and out-patient treatment programs to travel to attend medical counseling appointments for service-connected conditions approved and authorized by the VA in New Jersey. Currently, the DMVA is required develop, in cooperation with NJ Transit and the VA, a program to provide reimbursement, subject to available State or federal funding to qualified Veterans who spend their own funds to travel on public transportation to and from medical counseling appointments for service-connected conditions within the State using any bus or rail passenger service conducted by NJ Transit, when the Veteran is not otherwise eligible for payment for travel or reimbursement by means of an existing State or federal program.

Statistics show that 360,000 out of 1.8 million Veterans who served in Iraq or Afghanistan have traumatic brain injuries (TBI). Between four and 26% of those who have served since 2001 have a service-connected disability. In total, of America’s 22 million Veterans, more than 3 million are receiving VA disability compensation.

The VA health system has capacity issues and a lack of specialties especially for female Veterans. Of America’s 22 million Veterans only 9 million or 41% use the VA. Primary care services for women are lacking (e.g. only one in four VA facilities have gynecology services on site) and there are only five VA Veteran Centers Statewide. The provision of care in communities is important for all Veterans, especially

where there is a lack of geographic access in southern New Jersey and the northwest, despite 23 in State VA healthcare facilities. Veterans face ongoing issues with TBI, PTSD, substance abuse, military sexual assault, recovery from injuries-amputations/orthopedics.

The VA system of care through the Veteran Integrated Service Network (VISN) geographic network benefits only the VA and is detrimental to NJ Veterans who have to seek care in out-of-state facilities (NY, PA, and DE). It is confusing and difficult to navigate and only 13% of VA administrators and providers are Veterans. Military culture has only been part of the VA's orientation consistently in the last four years.

- i. **Recommendation: Implement regulations through the NJ Department of Health, or as a condition of any State funding received by hospitals and clinics, to require New Jersey healthcare entities to accept Tricare, VA Choice or military insurance reimbursement so that veterans who lack access to the VA can get timely care**

The Governor-elect cannot directly change VA health policies but can influence changes in many ways through the congressional delegation. The VA is moving toward community based care in the private sector. Meanwhile, the Governor-elect can insist that statewide providers accept VA contracts when offered and TRICARE/VA Choice or military insurance reimbursement which is not currently universally accepted at all hospitals and providers.

Cost: The cost should be minimal.

- ii. **Recommendation: Implement regulations to expand access to “telehealth” starting with online prescription refills, renewal of medication and primary care help**

Many Veterans experience considerable hardships included traveling considerable distances from their homes in southern New Jersey, in some cases resulting in trips of more than 100 miles and five hours travel time and then spending additional time waiting for a meeting with a doctor. This measure would allow Veterans to remain in place without the need for long and tedious travel.

Cost: Telehealth may result in decreased expenditures in the long term due to improved management and coordination of treatment for chronic diseases.

- iii. **Recommendation: Facilitate electronic medical records (EMR) and database access across VA and private providers**

Having EMR or electronic health records more functionally integrated would be beneficial for everyone, not just veterans.

Cost: Electronic medical records are expected to have lower costs because of better coordination of care and a reduction in medical errors.

- iv. **Recommendation: Improve transportation to VA facilities. Provide public transportation directly to the Lyons VA facility, which provides specific women's services, beginning with establishing a bus stop for Access Link/NJ Transit**

New Jersey provides transportation services for Veterans, through a DMVA funded program, to the East Orange VA health care facility, but not to VA health care facilities in Wilmington or Philadelphia. Currently, the Veterans Transportation Program only offers transportation solutions to eligible New Jersey Veterans to and from the VA health care facility in East Orange, New Jersey. Currently, there is no public transportation available to the Lyons VA

facility in Somerset County, the only facility in the State that provides services to women veterans.

Many Veterans, because of an illness, disability, or financial constraints, find transportation to various locations, especially medical appointments, to be a hardship. Many older Veterans are in need of transportation because they no longer drive but still have medical appointments. Access Link does charge a minimal fare and the service is only available where NJ Transit currently has an established route.

The Governor-elect direct Access Link/NJ Transit to provide bus transportation to, and create a bus stop in, Lyons.

Cost: We did not conduct a study of the cost of providing bus service to Lyons. The symbolic benefit of doing so, however, would be considerable.

IV. PRIORITY: SET A STATEWIDE GOAL TO REDUCE VETERAN HOMELESSNESS TO “FUNCTIONAL ZERO”

In May 2009, President Barack Obama signed legislation that required the federal Interagency Council on Homelessness to develop "Opening Doors" as the first national plan to combat homelessness. "Opening Doors" outlined the federal government's commitment to make homelessness a priority for all federal agencies and to partner with states, localities, private organizations and other stakeholders to make existing homeless programs more effective and efficient by using strategies that already have proved to be successful, most notable among these efforts is combining housing and supportive services for the chronically homeless. "Functional Zero" is reached when the number of Veterans who are homeless, whether sheltered or unsheltered, is no greater than the monthly housing placement rate for Veterans.

The State of New Jersey operates two transitional housing programs for homeless Veterans. Veterans Haven-North is a 100-bed, temporary home and training center for homeless Veterans which opened in July 2012. It is run by DMVA in a Spanish-mission-style facility, once part of the State's Hagedorn Geropsychiatric Hospital in Glen Gardner, Hunterdon County.

Veterans Haven-South is the second of DMVA's transitional housing programs for homeless Veterans on the grounds of the Ancora Psychiatric Hospital. The program is a long-term program, lasting three to six months during which veterans go through psychological, social, and vocational rehabilitation. The home is funded by DMVA and is supported by the VA and the federal Department of Housing and Urban Development (HUD) as well as service organizations, community agencies, veterans groups, and private citizen donations. Non-profit groups that serve Veterans believe that all programs to assist homeless veterans must focus on helping them obtain and sustain employment.

The staff at Veterans Haven-South specializes in mental health/social services counseling, vocational rehabilitation (workforce training partnerships), and nursing. A 24-hour-staff is on duty to provide psychological assistance, mentoring, and transportation services to the residents for medical appointments and other addiction counseling meetings.

i. Recommendation: Set a Statewide goal by Executive Order to get Veteran homelessness to “functional zero” within one year by focusing on residential job training and active outreach (Veterans Haven, Stand Downs for homeless Veterans)

One of the benchmarks was to include Veterans experiencing long-term homelessness as well as chronic homelessness to make it clear that no Veterans, with few and rare exceptions, can

remain homeless for extended periods of time. In 2016, according to the federal Department of Housing and Urban Development, Bergen County became the first county in New Jersey to end chronic Veteran homelessness.

Stand Downs refer to a grassroots, community-based intervention program designed to help homeless Veterans. Homeless Veterans are brought together in a single location for one to three days and are provided access to the community resources needed to begin addressing their individual problems and rebuilding their lives. In the military, Stand Down afforded battle-weary soldiers the opportunity to renew their spirit, health and overall sense of well-being.

The Governor-elect should continue to use Veterans Haven and DMVA resources to continue the national progress of the Obama Administration to end Veteran homelessness across the State.

Cost: This initiative should be coordinated with the Housing Policy Group, and should be complementary with its objectives, which also include ending homelessness.

V. PRIORITY: ESTABLISH TASK FORCE TO ENSURE NEW JERSEY IS USING ALL AVAILABLE FEDERAL FUNDS

The Department of Military and Veterans Affairs brings nearly a half a billion dollars a year in federal funds to New Jersey through reimbursement of operating expenses of the National Guard and from VA entitlements DMVA obtains on behalf of Veterans. Federal funds have also benefited NJ National Guard armories.

According to the FY 2018 DMVA budget, Veterans Service Officers have steadily increased the amount of VA benefits received by New Jersey veterans from \$72 million in FY 2009 to \$173 million in FY 2016. That represents a 140% increase. Nevertheless, the majority (85%) of that money went to New Jersey Veterans for compensation for service-connected ailments, which includes Post-Traumatic Stress Disorder, (PTSD) Traumatic Brain Injury, and Agent Orange Exposure and hearing loss.

DMVA's three long-term care Memorial Homes for Veterans and their spouses in Menlo Park, Paramus and Vineland provide care to 948 residents annually. The FY 2018 DMVA budget notes that in addition to State appropriations of \$78 million, the Memorial Homes leverage nearly \$11 million in federal Medicare funds to offset operating costs. Furthermore, collections of federal VA diem and resident contributions were deposited directly into the State's General Fund.

FY 2018 DMVA information notes that the operations costs for Veterans Haven-South were \$2.3 million, of which \$963,000 was appropriated. The balance is provided by the federal VA Grant Per Diem Program (GPD). The operational costs for Vets Haven-North were \$1.9 million, of which \$1.1 million was appropriated. The balance was provided by the VA under the Shield Program to alleviate acute homelessness among Veterans.

- i. Recommendation: Establish a Task Force by Executive Order to ensure that New Jersey is fully utilizing all available federal funds, including but not limited to, skilled nursing facilities vs assisted living, homelessness, post-traumatic stress disorder care (PTSD), chronic pain, research, education and hospice care**

New Jersey needs to work closely with our congressional delegation to maximize all available federal funds to serve our Veterans and service members. We could always do better to improve the lives of our Veterans, service members and their families.

The Governor-elect should appoint Veteran leaders, medical personnel, and the Military and Defense Economic Ombudsman, as well as budget experts.

New Jersey should maintain lobbying efforts to build coalitions with the National Governor's Association and the New Jersey Congressional Delegation.

Cost: The cost is minimal.

VI. PRIORITY: IMPROVE OUTREACH TO INCREASE THE NUMBER OF VETERANS ACCESSING BENEFITS

In January 2016, legislation was enacted to require the Adjutant General of DMVA to create a comprehensive public webpage for women Veterans. That webpage includes, but is not limited to the following information: Veterans' legal rights, benefits, medical and insurance issues, education, the transition from active service to civilian life, and other resources available to Veterans.

DMVA has a "One Mall a Month" schedule for the Veterans Outreach Program to talk one-on-one with Veterans or their family members about the wide variety of State and federal Veterans benefits. Many Veteran Service organizations members volunteer at the Department's three Veterans Memorial Homes (Paramus, Vineland, and Menlo Park) and the Veterans Haven transitional housing program.

Veterans services—although there are comprehensive resources and services, coordination can be fragmented and information difficult to find. Websites are not user friendly and adequate personnel positions are not always filled due to State hiring freezes. Transitioning to civilian jobs or schools has been fragmented with outreach not connecting with the military members exiting the United States Armed Services whether active duty, Guard or Reserve.

i. Recommendation: Direct the DMVA by administrative action to create a user-friendly website with information on how to navigate the benefits system in New Jersey

The Governor-elect should direct the DMVA to create a user-friendly website with information on how to navigate the benefits system in New Jersey. There should be an effort to separate the National Guard website from the Veterans' website.

Cost: The cost should be minimal.

ii. Recommendation: Expand "peer-to-peer" Veterans' assistance in navigating benefits systems

Veterans are much more likely to respond to assistance from a fellow Veteran. This is why "peer-to-peer" is so important. Similarly, in Veterans Courts one key to their success is the involvement of mentors, other Veterans with common experiences who guide the participants through the process and offer support. Veterans form relationships with their mentors and other Veterans. The Governor-elect should direct the DMVA to encourage more "peer-to-peer" Veterans' assistance.

Cost: The cost should be minimal because of volunteers.

iii. Recommendation: Ensure every county has a Veteran Service Office actively addressing Veterans' needs, and establish a statewide coordination entity

The DMVA operates over 16 Veteran service offices throughout the State. DMVA provides support to New Jersey Veterans through a network of services that run the gamut from mental health treatment to long-term care to ensure that veterans receive all applicable federal benefits.

The Governor-elect should direct the DMVA by regulation to establish appropriate agreements to work with the counties to streamline the process for Veterans to help coordinate their benefits.

Cost: The cost should be minimal.

Co-Chairs:

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The Governor, Lieutenant Governor, and the entire senior transition team staff greatly appreciate the immense amount of work, participation and expertise that all our co-chairs, committee members and deputy directors who staffed each committee provided since the transition began in November. This hard work and positive energy about how New Jersey can once again become a national leader has resulted in a robust set of recommended priorities and actions for the incoming administration to consider. As with any collaborative endeavor, many recommendations and opinions were expressed and debated during the committee meetings and the drafting of the reports by co-chairs, committee members, and Deputy Directors. The final reports may contain recommendations that do not reflect the concurrence of all co-chairs or committee members, nor of the organizations they represent. These reports are purely advisory and do not reflect the positions of the Governor-elect or any other elected official.