



SEPTEMBER 01, 2022



ACKNOWLEDGEMENTS

The work of the Governor's Blue Ribbon Commission on Veteran Opportunity would not have been possible without the time, energy, and wide-ranging expertise of people from across Wisconsin. As co-chairs of the commission and secretaries of the Departments of Administration and Veterans Affairs, we extend our gratitude to everyone who made this final report possible.

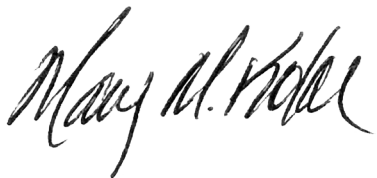
First, we would like to thank those who accepted the membership appointment and worked together on the commission to provide recommendations for Governor Tony Evers:

Sen. Jeff Smith, Sen. Joan Ballweg, Rep. Deb Andraca, Bridget Esser, Al Labelle, Nathan Gear, Cory Geisler, Jim Strong, Gregg Duffek, Rock Larson, Yolanda Medina, Matthew Schroeder, Carolyn Morgan, Ronald Adams, Nathaniel Millsap, Scott Schultz, Jesse Ehrenfeld M.D., Ying Vang, Natalie Isensee, Jason Maloney, and Sheri Swokowski.

We would also like to extend a special thank you to those who presented and shared their experiences at the Blue Ribbon Commission meetings. Lastly, thank you to Michelle Reinen, Mindy Allen, Camille Crary, Kathy Still, Cynthia Dombrowski, Derek Campbell, Derek Spellman, Cory Stinebrink, Colleen Flaherty, Marko Uzeirovic, Kelly Behling, and Tony Cooke for their research and facilitation in organizing the Blue Ribbon Commission meetings and putting together this final report.

With months of testimony, research, a listening session, and consultations with experts, we present this report, which includes recommendations of the task force to support Wisconsin veterans, their families, and their survivors now and in the future.

Sincerely,



Secretary Mary Kolar



Secretary-designee Kathy Blumenfeld

BLUE RIBBON COMMISSION MEMBERS

Department of Veteran Affairs (DVA) Secretary Mary Kolar, U.S. Navy, retired, Co-Chair

Department of Administration (DOA) Secretary-designee Kathy Blumenfeld, Co-Chair

Ronald Adams, Wisconsin Army National Guard, retired, Vice President of Field Diversity & Inclusion, Northwestern Mutual

State Rep. Deb Andraca (D-Whitefish Bay)

State Sen. Joan Ballweg (R-Markesan)

Gregg Duffek, U.S. Marine Corps, retired, Tribal Veterans Service Officer, Stockbridge-Munsee Community

Jesse Ehrenfeld M.D., U.S. Navy, retired, Physician Anesthesiologist and Senior Associate Dean, Medical College of Wisconsin

Bridget Esser, Legislative Liaison, Department of Military Affairs (DMA)

Nathan Gear, Wisconsin Army National Guard, retired, Department Adjutant, The American Legion, Department of Wisconsin

Cory Geisler, U.S. Army, retired, Past Commander, Veterans of Foreign Wars (VFW) Department of Wisconsin

Natalie Isensee, U.S. Marine Corps, veteran, Manager of Diversity, Equity, & Inclusion, WPS Health Solutions

Al Labelle, U.S. Navy, served one tour 1965-1967, Wisconsin Benefits Protection Team Leader, DAV (Disabled American Veterans)

Rock Larson, U.S. Air Force and Wisconsin Army National Guard, retired, President, County Veterans Service Officers Association of Wisconsin

Jason Maloney, Wisconsin Army National Guard 11 years, Army Reserve 10 years, mobilized at Central Command 2 years, retired, Congressional District 7 Representative, Wisconsin Board of Veterans Affairs

Yolanda Medina, U.S. Marine Corps, served one tour 1981-1985, Director of Military & Veterans Resource Center, University of Wisconsin-Milwaukee

Nathaniel Millsap, U.S. Navy, retired, Director of Security & Cyber, Fincantieri Marinette Marine

Carolyn Morgan, Wisconsin Air National Guard, served 16 years between Air Guard and active duty, Board Member of Operation Ruck 22

Matthew J. Schroeder, Director of Military & Veterans Services, Edgewood College

Scott Schultz, U.S. Marine Corps, retired, The Heartbeat Center/Veterans Expressing Themselves

State Sen. Jeff Smith (D-Brunswick)

Jim Strong, U.S. Army, retired, Co-Founder, Wisconsin Veterans Village, Past President, Fox Valley Veterans Council

Sheri Swokowski, Wisconsin National Guard, served 20 years Army Guard Reserve, retired, Advisory, Modern Military Association of America

Ying Vang, U.S. Army, Corporate Human Resources Manager, ORC Industries Inc.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	5
BACKGROUND	6
RECOMMENDATIONS	10
SET A - VETERANS TRUST FUND	13
SET B - VETERAN LONG-TERM CARE	20
SET C - VETERAN EDUCATION	24
SET D - VETERAN EMPLOYMENT AND CREDENTIALING	27
SET E - VETERAN HOUSING	32
SET F - VETERAN MENTAL HEALTH	36
APPENDICES	39

Full Blue Ribbon Commission meeting agendas, presentations, and recordings are available on the Blue Ribbon Commission on Veteran Opportunity webpage at [dva.wi.gov>AboutWDVA>Blue Ribbon Commission](http://dva.wi.gov>AboutWDVA>BlueRibbonCommission).

EXECUTIVE SUMMARY

In February 2022, Governor Tony Evers signed Executive Order #157 creating a Blue Ribbon Commission on Veteran Opportunity (Commission). The Commission was charged with hosting listening sessions, gathering input on stakeholders and ideas for addressing veteran challenges, with a specific focus on the areas of veterans trust fund sustainability, employment, education, housing, and healthcare.

More than 300,000 veterans call Wisconsin home. Each face unique hurdles after they return to civilian life, including elevated risks for economic and housing insecurity, mental and behavioral health challenges, including substance use disorders, among other challenges compounded by the pandemic. Accordingly, the Commission solicited input from stakeholders on veterans' issues, defined existing and emergent challenges confronting Wisconsin's veterans, and through this report recommends to Governor Evers strategies tailored to addressing those challenges.

Challenges facing Wisconsin's veterans are highly interconnected, and as such many of our proposed recommendations address multiple concerns. Principally, veterans and their families need connectivity and support. As drastic changes face military members serving after 9/11, they return from service to a landscape designed for veterans of very different conflicts. Compounded by the already staggering difference between military operations and veteran benefit administration, barriers to services can seem insurmountable. At its core, this report promotes relationship building, mentorship between older and younger veterans, resources and structures for families, and partnerships across veteran age groups in the workforce. With these underpinnings, we recommend enhanced funding for veteran services on campuses, increased family participation in post-secondary programs, strategies for improved long-term care recruitment, pre-eviction housing assistance and tax relief, increased clinical and service-intensive offerings for veterans experiencing homelessness, family connection funding for County and Tribal VSOs, expanded mental health outreach services, and grants for support animal training. We encourage the State of Wisconsin to continue its robust Veterans Trust Fund funding mechanism, ensuring access to continued services for years to come.

“VETERAN” DEFINED

Access to many services and benefits discussed herein is contingent on meeting specified statutory provisions defining the term “veteran.” Wisconsin law defines “veteran” in Wisconsin Statutes Ch. 45. The full definition can be found on page 38 in Appendix A to this report.

BACKGROUND

Wisconsin has a proud tradition of giving back to veterans, dating back to the end of the Civil War. In 1945, the state consolidated all its programs and services for veterans under the Wisconsin Department of Veterans Affairs (WDVA), which has since overseen state benefits and services for Wisconsin veterans while also acting as an intermediary for many federal benefits.

Wisconsin has more than 300,000 veterans, or 7.4 percent of the adult population.¹ Vietnam veterans comprise approximately 35.7 percent of Wisconsin's veteran population, while World War II veterans make up 4 percent.² The Wisconsin veteran population is older than the national average - 19.3 percent of U.S. veterans served post-9/11, but just 14.7 percent of Wisconsin veterans served in that era.³ As Wisconsin veterans age, drafts remain inactive, and a smaller population percentage voluntarily enlists, the U.S. Department of Veterans Affairs (USDVA) projects the Wisconsin veteran population will significantly decrease.⁴ USDVA also projects an increase in diversity among Wisconsin's veteran population, with far more veterans of color and twice as many women.⁵

Persons serving in Iraq and Afghanistan are experiencing higher combat exposure and surviving more severe injuries than their peers from prior conflicts.⁶ Further, without an active draft, these conflicts have relied upon individual veterans serving multiple deployments.⁷ While the post-9/11 cohort make up just 24 percent⁸ of living veterans, they comprise over 50 percent of the severely disabled veteran population⁹, and the U.S. Army suicide rate almost doubled from 2005 and 2011.¹⁰ The overall scope of services needed is likely to expand while the number of veterans accessing those services decreases. Continuing high quality and accessible services will require thoughtful examination of rapidly changing veteran experiences and needs.

The Executive Order creating the Commission specified focus on the following subject areas most concerning state policy that affect veterans—the Veterans Trust Fund, Long-Term Care, Post-Service Education and Training, Credentialing, and Employment, Housing Accessibility, and Mental Health. Below are brief snapshots of these issues and their relationship to Wisconsin veterans, with more detail and background provided on each topic throughout the report.

¹ 2019 US Census Bureau American Community Survey (ACS) 5-year estimates. Table S2101, <https://data.census.gov/cedsci/table?q=S2101&tid=ACST5Y2020.S2101>.

² U.S. Census Bureau, 2019.

³ U.S. Census Bureau, 2019.

⁴ US Department of Veterans Affairs (2018). Veteran Population Projection Model. National Center for Veteran Analysis and Statistics, https://www.va.gov/vetdata/docs/SpecialReports/State_Summaries_Wisconsin.pdf.

⁵ U.S. Department of Veterans Affairs, 2018.

⁶ U.S. Department of Veterans Affairs, 2018.

⁷ U.S. Department of Veterans Affairs, 2018; Watson Institute for International and Public Affairs, Costs of War, Brown University, <https://watson.brown.edu/costsofwar/costs/human/veterans>.

⁸ Bilmes, L.J. (2021, August). The Long-Term Costs of United States Care for Veterans of the Afghanistan and Iraq Wars. Watson Institute, Brown University, at 3, http://watson.brown.edu/costsofwar/files/cow/imce/papers/2021/Costs%20of%20War_Bilmes_Long-Term%20Costs%20of%20Care%20for%20Vets_Aug%202021.pdf

⁹ Watson Institute for International and Public Affairs

¹⁰ Reger, MA, Brenner, LA, du Pont, A. (2022). Traumatic Brain Injury and Veteran Mortality After the War in Afghanistan. *JAMA Netw Open*. 5(2), <https://jamanetwork.com/journals/jamanet-workopen/fullarticle/2788981> (citing Mancha, BE, Watkins, EY, Nichols JN, Seguin, PG, Bell, AM (2014). Mortality surveillance in the U.S. Army, 2005-2011; *Mil Med*. 179(12): 1478-1486.; Rothberg, JM, Jones, FD. (1987). Suicide in the U.S. Army: epidemiological and periodic aspects. *Suicide Life Threat Behav*. 17(2): 119-132.)

VETERANS TRUST FUND

The Veterans Trust Fund (VTF) has been the main source of revenue for Wisconsin veteran benefits since 1961. Administered by the Wisconsin Department of Veterans Affairs (WDVA), the VTF provides veterans and their families access to programs, benefits, and services, including:

WDVA'S GRANT PROGRAMS
Homeless Veterans Programming
Incarcerated Veterans Programming
State Veterans Cemeteries
Burial Honors Program

While other states, including Pennsylvania, Michigan, Iowa, and Maryland have “Veterans Trust Fund” programming, their offerings are more limited in scope than the Wisconsin VTF. Many other states fund state veteran programs directly through state budget appropriation. Since its inception, the Wisconsin VTF has relied on revenue generators like interest payments from loan programs administered by the WDVA, and most recently, surplus revenue from three veterans homes. As these were not sustainable sources of revenue, there is now a regular transfer of GPR to the VTF.

LONG-TERM CARE

Every state provides at least one state-run veteran home, with 160¹¹ homes spanning the United States. Wisconsin provides three veteran homes with 24-hour skilled nursing and services to veterans and spouses. Located in Chippewa Falls, Union Grove, and King, these homes are subject to the same trends plaguing public and private long-term care nationwide, including a labor shortage. Specifically, while 28 percent of nursing facilities reported a staffing shortage nationally, Wisconsin non-veteran and veteran facilities collectively exceeded that with 51 percent of nursing facilities reporting staffing shortages.¹² COVID-19 has only heightened this issue. Further, like their peers nationally, Wisconsin veterans homes face a declining census, compounded by a generally declining veteran population.¹³

¹¹ National Care Planning Council. (2020). *List of State Veterans VA Nursing Homes - VA Aid & Attendance*. VA Nursing Homes, Veterans Benefits & Advocates. https://www.longtermcarelink.net/ref_state_veterans_va_nursing_homes.htm#VA_Nursing_Homes

¹² Ochieng, N., Chidabaram, P., & Musumeci, M. (2022, April 4). *Nursing Facility Staffing Shortages During the COVID-19 Pandemic*. KFF. <https://www.kff.org/coronavirus-covid-19/issue-brief/nursing-facility-staffing-shortages-during-the-covid-19-pandemic/>

¹³ Paulin, E. (2021, October 4). *Nursing Homes are Filled with Empty Beds, Raising More Concerns About Care*. AARP. <https://www.aarp.org/caregiving/nursing-homes/info-2021/nursing-home-low-occupancy.html>

POST-SERVICE EDUCATION AND TRAINING, CREDENTIALING, AND EMPLOYMENT

Nationally and in Wisconsin, veterans are more likely than non-veterans to attain at least some post-secondary education.¹⁴ However, this is not true with four-year degrees or higher, with 22 percent of veterans and 30 percent of non-veterans obtaining a bachelor's degree or higher in Wisconsin.¹⁵ For younger veterans, veterans of color, and women veterans in Wisconsin, the opposite is true – these veterans are more likely than their non-veteran peers to have a college degree, and the majority cite educational opportunities as their primary reason for enlisting.¹⁶

Veterans are more likely to be employed than non-veterans, with latest veteran unemployment rate reporting at 2.7 percent nationally.¹⁷ Veterans are more likely to be self-employed than non-veterans. Veteran-owned businesses make up 5.5 percent of all Wisconsin businesses, only slightly behind the national figure of 6.1 percent.¹⁸ However, there is a far higher unemployment rate for veterans in rural counties—in Adams, Menominee, and Iron counties, veteran unemployment exceeds 8 percent.¹⁹

HOUSING ACCESSIBILITY

Trends in home access diverge sharply within Wisconsin's veteran population—76 percent of Wisconsin veterans own their own home,²⁰ yet veterans in our state are far more likely to become homeless than non-veterans.²¹ Though not immune to the trends in housing affordability, veterans have increasingly availed themselves of the VA home loan guarantee program. Even as the veteran population decreases, home loan applications in Wisconsin increased from 11,016 in 2014 to 18,516 in 2019, more than the national average.²²

Homelessness in Wisconsin has trended downward, but rising rents, stagnating wages, and health problems all contribute to the risk of homelessness for veterans.²³ WDVA administers several programs for veterans experiencing homelessness. The Veteran Housing and Recovery Program (VHRP) provides temporary housing, training, and supportive services to military veterans who are homeless or at risk of becoming homeless in order to help them obtain permanent housing with locations in Chippewa Falls, Green Bay, and Union Grove.

¹⁴ 2019 US Census Bureau American Community Survey (ACS) 5-year estimates. Table S2101, <https://data.census.gov/cedsci/table?q=S2101&tid=ACSSST5Y2020.S2101>.

¹⁵ U.S. Census Bureau, 2019.

¹⁶ D'Aniello Institute for Veterans and Military Families (2020, October 1). Hispanics and Latinos in The Military: From Service To Civilian Life. Institute for Veterans and Military Families. <https://ivmf.syracuse.edu/article/hispanic-and-latinos-in-the-military/>

¹⁷ U.S. Department of Labor. (2022, August 5). Latest Employment Numbers. Retrieved August 15, 2022, from <http://www.dol.gov/agencies/vets/latest-numbers>

¹⁸ U.S. Census Bureau, 2019.

¹⁹ U.S. Census Bureau, 2019.

²⁰ US Census Bureau (2022, March 23). Public Use Microdata Sample (PUMS). Census.Gov. <https://www.census.gov/programs-surveys/acs/microdata.html>

²¹ Henry, M., Watt, R., Rosenthal, L., & Shivji, A. (2017). The 2017 Annual Homelessness Assessment Report to Congress (AHAR) Part 1: Point-in-Time Estimates of Homelessness. U.S. Department of Housing and Urban Development. <https://www.huduser.gov/portal/sites/default/files/pdf/2017-AHAR-Part-2.pdf>

²² The Home Mortgage Disclosure Act. (2022, March 24). Consumer Financial Protection Bureau. <https://www.consumerfinance.gov/data-research/hmda/>

²³ National Center for Veterans Analysis and Statistics. (2020, May). VA Utilization Profile FY 2017. United States Department of Veteran Affairs. https://www.va.gov/vetdata/docs/Quick-facts/VA_Utilization_Profile_2017.pdf

The VHRP is designed to help homeless veterans receive the job training, education, counseling and rehabilitative services needed to obtain steady employment, affordable housing and skills to sustain a productive lifestyle. The program partners with federal, state, and local governments, county veterans service offices, and local stakeholders. This outreach and referral network provides needed supportive services. However, many veterans at risk for or experiencing homelessness need other types of support to incentivize accessing services, gain awareness of services, or avoid homelessness in the first place.

MENTAL HEALTH

Veterans are more likely than non-veterans to suffer from PTSD, depression, and substance use, and they are more likely to die by suicide.²⁴ In Wisconsin, affordable and accessible mental health care, especially in rural areas, can be difficult to find. WDVA oversees the Veterans Outreach and Recovery Program (VORP), a comprehensive outreach program serving veterans who benefit from connection with community services and who may need support navigating those service systems. VORP staff work with community partners, mental health and substance use professionals to provide support services for eligible participants. VORP helps participants connect to housing, benefits, employment, education, treatment, and many other services. However, many stakeholders reported challenges for veterans trying to navigate non-profit offerings, and reluctance by many veterans to pursue services.

²⁴ Inouse, C., Shawler, E., Jordan, C.H., Jackson, C.A. (2002). *Veteran and Military Mental Health Issues*. StatsPearls Publishing. <https://pubmed.ncbi.nlm.nih.gov/34283458/>

VETERANS TRUST FUND

The Veterans Trust Fund (VTF) was created in 1961 through the consolidation of the assets and liabilities of the Soldiers Rehabilitation Fund (SRF), the Post-war Rehabilitation Fund (PWRF), and the Veterans Housing Trust Fund (VHTF). SRF was created in 1919 through a special surtax on income and a tax on property and provided World War I veterans with either a one-time cash bonus of \$10 per month of service, with a minimum bonus of \$50, or an education bonus of \$30 per month of service, with a maximum bonus of \$1,080. The post-war rehabilitation fund was created in 1943 to meet the medical, educational and economic needs of World War II veterans, and derived revenue from a 60 percent surtax on individual income taxes collected for income earned in 1942.

VHTF was created in 1949 to make second mortgage loans to qualified veterans for home purchases, construction, and improvement. Initially, the revenue source for the fund was a tax on liquor, but the Wisconsin Supreme Court invalidated this as a funding use. The Wisconsin Constitution was then amended to include veteran housing activities as a purpose to which the state could contract for debt under Article VIII Section 10. As of July 1, 1951, liquor tax receipts were no longer used to support the veterans housing program. All loan repayments by veterans and interest on these loans were deposited in the VHTF.

VTF REVENUE

Over time, proceeds from the three following WDVA loan programs provided primary revenue:

Primary Mortgage Loan Program (PMLP)
Home Improvement Loan Program (HILP)
Personal Loan Program (PLP)

PMLP provided mortgage loans to purchase or construct a home. Under the program, financial institutions authorized by WDVA originated loans, determined applicant credit worthiness, and acted as the loan servicer. WDVA determined eligibility under the program. Program funding was primarily comprised of proceeds from state general obligation bonds, last issued in 2008. During the life of the program, the WDVA made 55,598 loans for nearly \$2.7 billion.

HILP provided loans for improvements to an existing home. WDVA approved financial institutions to originate loans, determine credit worthiness of applicants, and act as loan servicers. Like the PMLP, funding came primarily from proceeds from state general obligation bonds, last issued in 2008. While the program was active, WDVA made 2,406 loans for \$33.4 million.

PLP provided loans of up to \$25,000 to eligible persons for any purpose. Loans over \$5,000 had to be secured by a mortgage on Wisconsin real estate loans under \$5,000 by cosigner. WDVA established variable interest rates, depending on the securitization of the loan. Loan proceeds were deposited

into the VTF. While active, WDVA had made 10,178 loans for a total of \$101.9 million.

In December 2011, WDVA placed a moratorium on the issuance of new loans for its three loan programs due to inability to compete with low conventional market interest rates and a decreased demand for loans. The remaining loan portfolio was sold to the Wisconsin Housing and Economic Development Authority in 2018. The program revenue decline necessitated a one-time transfer from the general fund – specifically, the cash balance of the institutional operations program revenue. A total of \$10.3 million was appropriated from the general fund in fiscal years 2011-12 (\$5 million) and 2013-14 (\$5.3 million). A total of \$8.1 million was transferred from the institutional operations program revenue appropriation in fiscal years 2006-07 (\$1.1 million) and 2008-09 (\$7 million).

2011 Wisconsin Act 32 granted WDVA the authority to transfer all or part of the unencumbered balance of the institutional operations program revenue appropriation, which funds the operations of the three state veterans homes. A total of \$47.5 million has been transferred from the institutional operations appropriation to the VTF under this authority, distributed as follows:

FISCAL YEAR	AMOUNT
2016	\$12 million
2017	\$9 million
2018	\$12.5 million
2019	\$14.5 million

Funding provided from the balance of the appropriation funding the state veterans homes was not sufficient to support the VTF. 2019 Wisconsin Act 9, as recommended by Governor Evers, established a sum-sufficient appropriation to transfer general purpose revenue from the general fund to the VTF. Under this authority, beginning in fiscal year 2019-20, a total of \$43,100,000 has been transferred from the general fund to the VTF through fiscal year 2021-22:

FISCAL YEAR	AMOUNT
2020	\$12.7 million
2021	\$15.3 million
2022	\$15.1 million
Wisconsin Act 58 estimates a transfer of \$15.3 million in FY 2023	

VTF PROGRAMS AND EXPENDITURES

VTF funds many WDVA grant and benefit programs. Under 2021 Wisconsin Act 58, WDVA is authorized to spend up to \$21,181,700 in fiscal year 2021-22 and \$21,082,100 in fiscal year 2022-23. The average actual expenditures over the past three fiscal years is \$16.6 million.

CURRENT PROGRAMS FUNDED BY THE VTF
Tuition and Fee Reimbursement Grants
Retraining Grants
Employment Grants
Entrepreneurship Grants
Subsistence Grants
Health Care Aid Grants
Grants to nonprofit organizations that provide direct services to veterans
Grants to counties for county veteran services office operations
Grants to tribes for tribal veteran service office operations
Grants to municipalities for services to Wisconsin Veterans Homes
Grants to veterans organizations offering specialized services, such as transportation and filing assistance
Grants for those providing transport to veterans for medical appointments
Homeless Veterans Programming
Incarcerated Veterans Programming
State Veterans Cemeteries
Burial Honors Program

RECOMMENDATION SET A
VETERAN TRUST FUND RECOMMENDATION

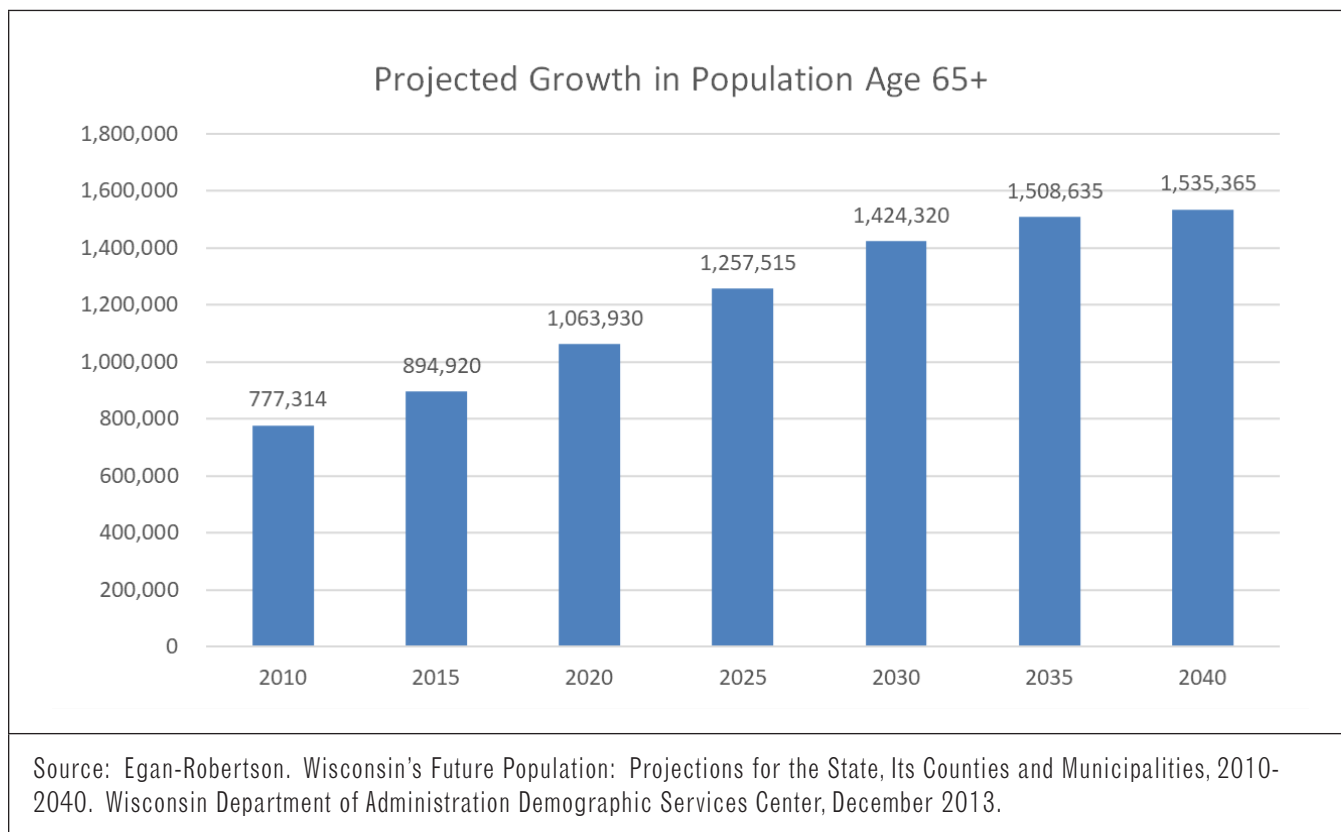
The Commission concurs with the recommendations provided by stakeholders convened by WDVA in late 2020:

The Commission recommends that the Wisconsin Legislature continue to fund the Wisconsin Veterans Trust Fund with General Purpose Revenue (GPR), as this provides support for the more than 300,000 veterans who are eligible to receive VTF-funded transportation, crisis services, housing and homelessness prevention, employment assistance, and disability claim assistance.

LONG-TERM CARE

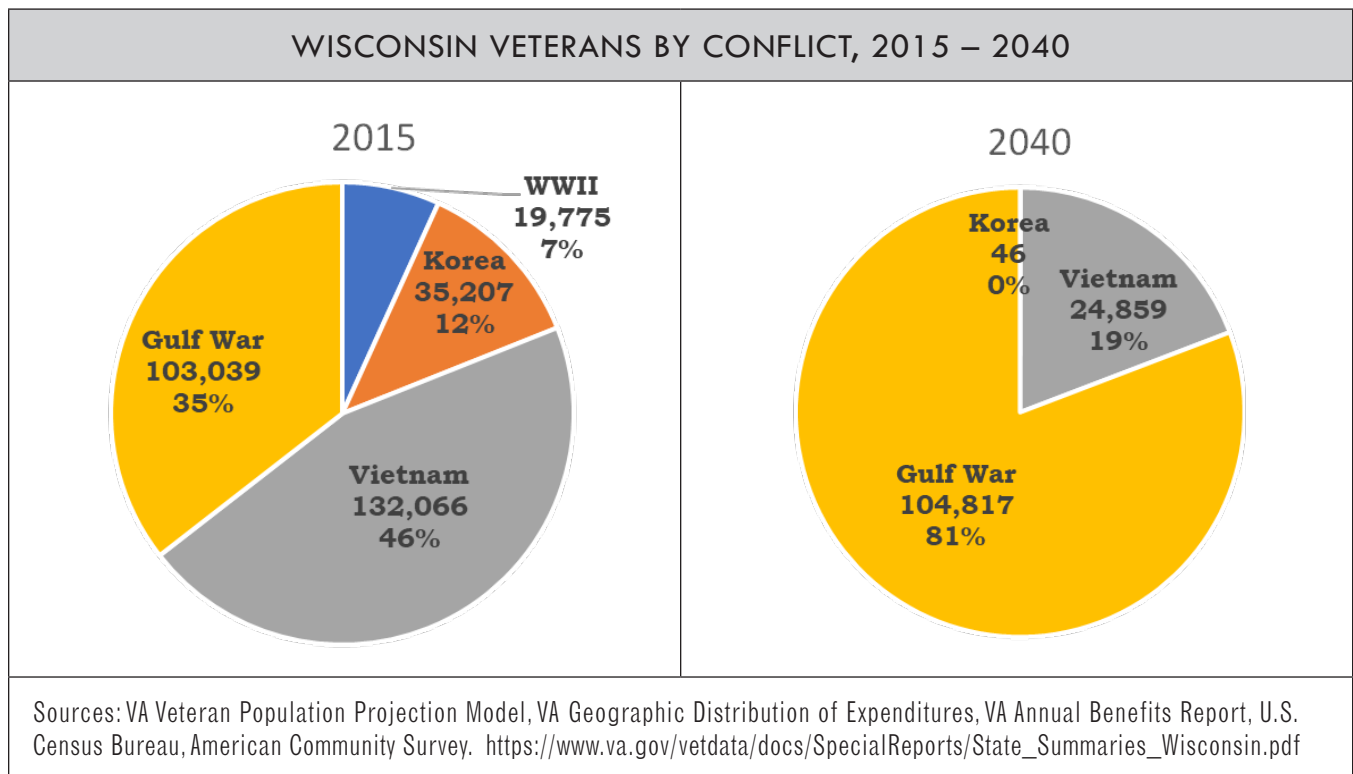
Long-term care includes supports or services persons may need because of a disability, aging, or chronic illness that limits their ability to engage in daily routine. This includes bathing, dressing, meal preparation, employment tasks, and paying bills. Long-term care services are provided in institutional settings, such as a nursing homes or an Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID), or home and community-based settings (HCBS).

Private and public long-term care facilities face growing challenges, nationally and statewide, that are exacerbated for veterans homes that face both an aging veteran population and increase in younger veterans requiring earlier long-term care. The Wisconsin population aged 65 and older is projected to more than double between 2010 and 2040. As more Wisconsin residents exceed age 65, the demand for long-term care services will increase. Veterans homes are best situated to facilitate care for the post-service population and to adjust to care for veterans with increasingly complex injuries upon their return from more recent conflict.



WISCONSIN VETERAN POPULATION

The largest Wisconsin veteran cohorts served in the Vietnam War and Gulf War eras, with the projections from the U.S. Department of Veterans Affairs indicating that the number of Gulf War era veterans surpassed Vietnam-era veterans in 2016. Approximately 7 percent of U.S. adults were veterans in 2018, compared to 18 percent in 1980.²⁵ Though conflicts since Vietnam have not reached the scale of prior wars, numerous factors have shifted veteran experiences and outcomes. The U.S. has not employed a draft since the end of 1973, weapon technology has advanced, and tactics have changed. These shifts are projected to result in a 50 percent decline in the number of veterans in Wisconsin between 2015 and 2040, and a 51 percent decline in the number of veterans age 65 or above. This runs counter to the trend in the total population of the state where the number of Wisconsin residents age 65 or above will nearly double between 2015 and 2040.



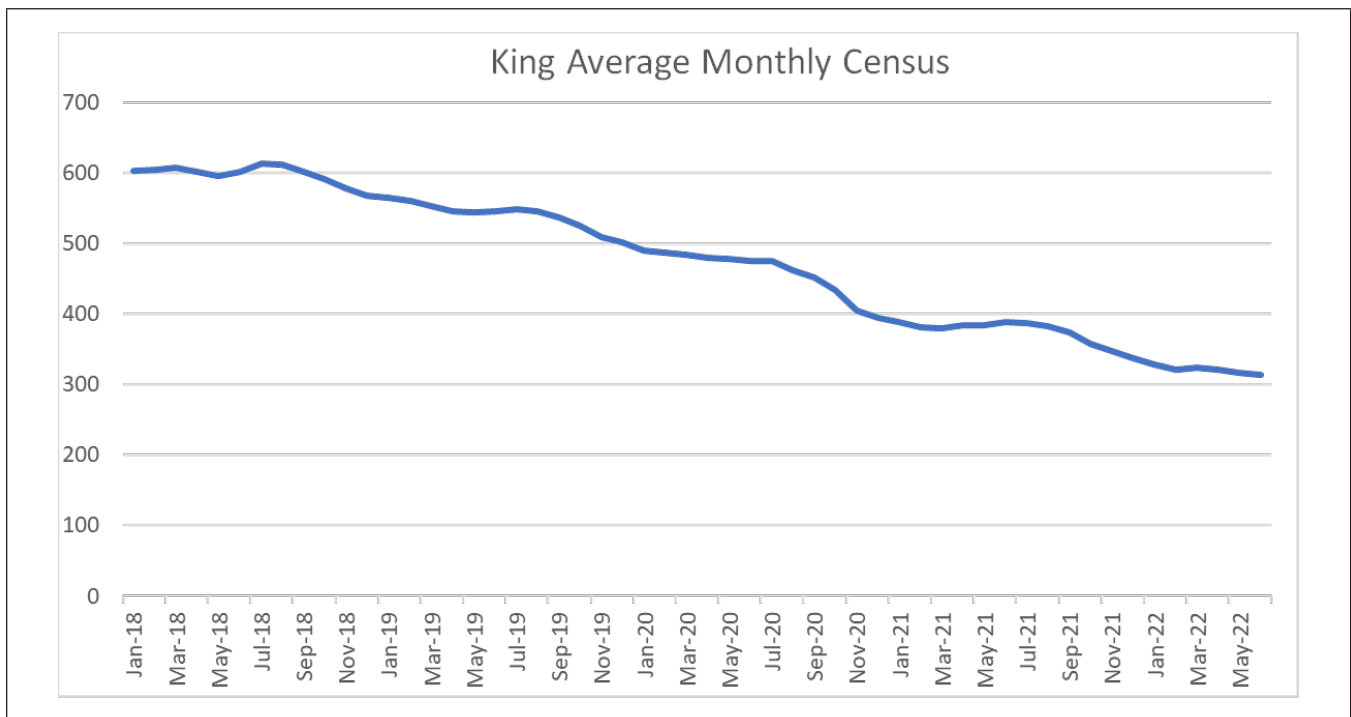
²⁵ Vespa, J. S. (2020, June). *Those Who Served: America's Veterans From World War II to the War on Terror*. U.S. Census Bureau. <https://www.census.gov/content/dam/Census/library/publications/2020/demo/acs-43.pdf>

WISCONSIN VETERANS HOMES

Veterans are eligible to receive federal benefits through the U.S. Veterans Administration (VA), including disability compensation, pension programs and free or low-cost medical care through VA facilities. Wisconsin veterans also qualify for state benefits administered by the Wisconsin Department of Veterans Affairs. Long-term care benefits include optional residence at one of Wisconsin’s three veteran nursing homes. The state directly operates the State Veterans Home at King and the State Veterans Home at Union Grove, and contracts with a vendor to manage the State Veterans Home at Chippewa Falls. Admission to these homes is open to veterans, spouses or surviving spouses of eligible veterans, and parents of a person who died while serving in the U.S. armed forces. Wisconsin’s statutory definition of veteran can be found in Appendix A on Page 38.

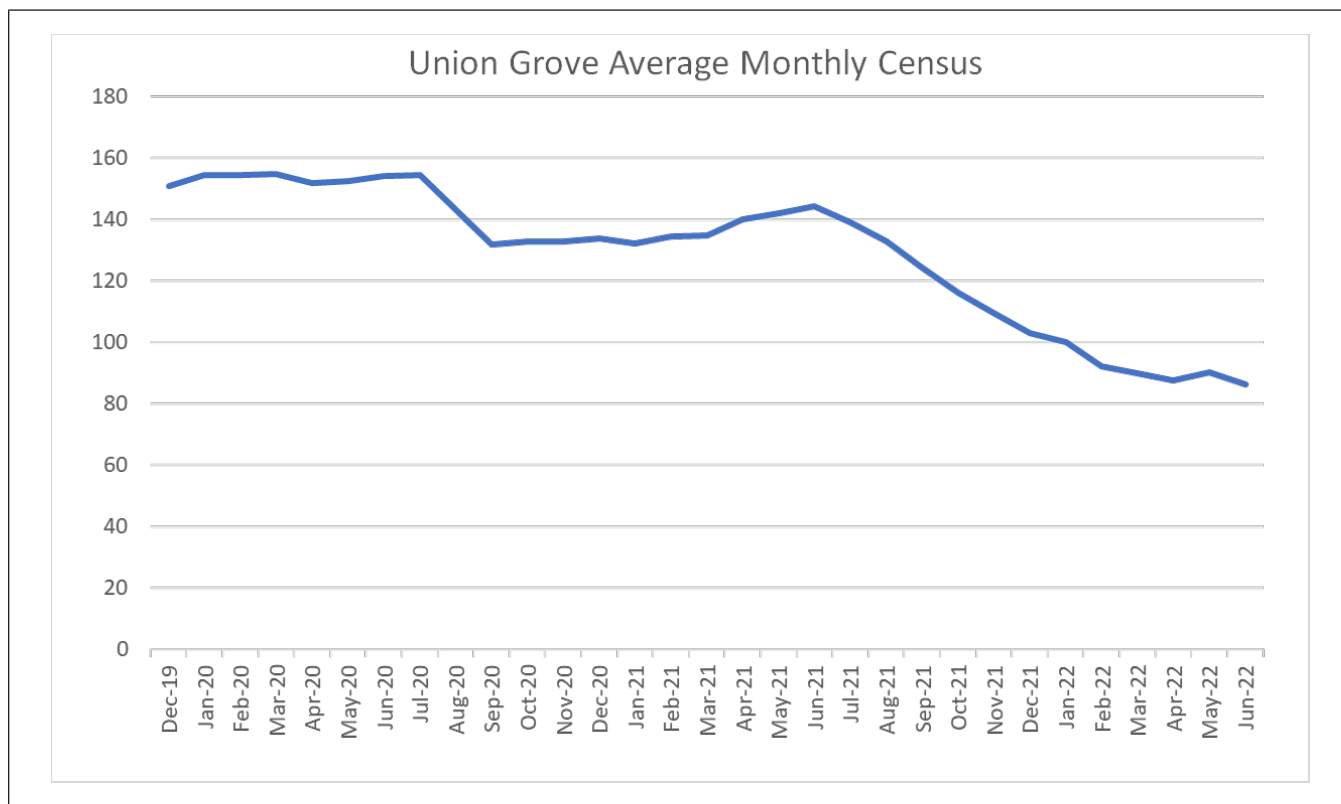
VETERANS HOME AT KING

Opened in 1887, the Wisconsin Veterans Home at King (“King”) is a long-term and rehabilitative care facility open to veterans and their spouses, surviving spouses, and Gold Star Parents. King provides residential care, nursing and medical services, food services, and social and counseling opportunities. The daily census at King has declined since 2014, when it reached an average daily census of 705 (96.7 percent capacity). Between the summer of 2018 and the summer of 2022, total census at King declined by half.



VETERANS HOME AT UNION GROVE

Opened in 2001, the Wisconsin Veterans Home at Union Grove (“Union Grove”) has 158 licensed skilled nursing home beds in southeastern Wisconsin. The WDVA also maintains the Southern Wisconsin Veterans Memorial Cemetery at the Veterans Home at Union Grove. Census at Union Grove was strongly impacted by COVID-19, which drove a decline in referrals. Prior to the pandemic, Union Grove was nearly at full capacity, with daily census typically between 150 and 157 residents. In large part due to the COVID-19 pandemic, the census declined from an average of 154 in July 2020 to 131 in September 2021.

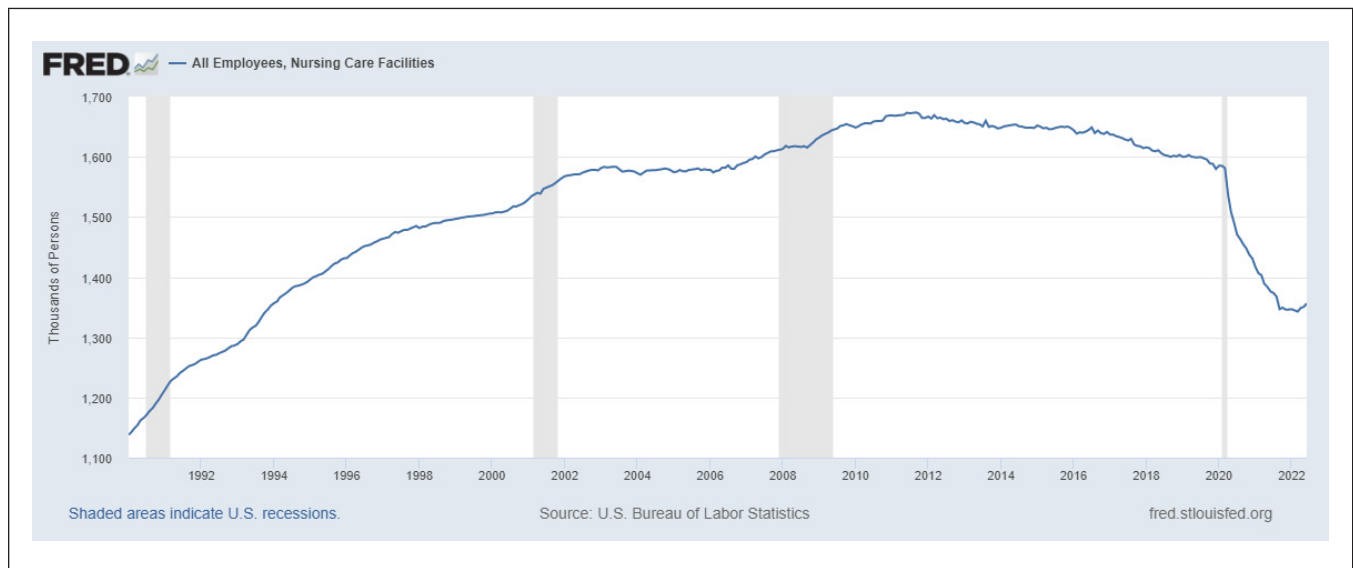


VETERANS HOME AT CHIPPEWA FALLS

The Wisconsin Veterans Home at Chippewa Falls (“Chippewa Falls”) opened in 2013. Chippewa Falls was built with a household model, including small wings of single occupancy bedrooms with private bathrooms, living rooms, and dining areas. WDVA contracts with Health Dimensions Group to administer the home’s day-to-day functions. Chippewa Falls provides 72 skilled nursing care beds, with a census between approximately 94 – 99 percent of overall capacity through the pandemic.

LONG-TERM CARE STAFFING

Staffing shortages have plagued long-term care providers in Wisconsin and nationally. As of March 2022, 51 percent of Wisconsin nursing facilities reported staffing shortages.²⁶ Nationally, nursing care facility employment has steadily declined since 2011 and fell sharply during the pandemic.



The census at King and Union Grove suffered during the pandemic due to declining admission referrals. Both homes experienced industry-wide staffing shortages, exacerbated by COVID-19. As such, King and Union Grove had to require overtime shifts while already struggling to compete for employees with private sector care providers that can expend higher pay. Since the onset of COVID-19, the veterans homes have also struggled to hire for food service, laundry, and maintenance vacancies. King is authorized for 895.83 FTE positions, but as of July 22, 2022, maintains 444.92 vacant FTE positions. King's vacancy rate among nursing classification positions is 55.3 percent. Union Grove is authorized for 215.98 FTE positions. Union Grove presently has a 51.7 percent vacancy rate, with a 58.8 percent vacancy rate for classified nursing positions.

Wisconsin-specific strategies to address the long-term care provider shortage include the highly successful WisCaregiver Careers program, a public-private partnership administered since 2020 by the Wisconsin Department of Health Services, LeadingAge Wisconsin, and the Wisconsin Healthcare Association. The program provides registrants with free CNA training and certification testing and a \$500 retention bonus after six months of full- or part-time CNA employment. WisCaregivers provides connections between enrollees and registered employers in their desired work location, and partners with FSET to provide supports for successful caregiving careers, including uniforms, shoes, and transportation vouchers. To date, the program has registered more than 240 employers and provided paid training to over 3,500 CNAs. In July 2022, Governor Evers announced a \$6 million investment to improve public awareness and prospective CNA access. The investment supports

²⁶ Nursing Facility Staffing Shortages During the COVID-19 Pandemic. (2022, April 4). KFF. <https://www.kff.org/coronavirus-covid-19/issue-brief-nursing-facility-staffing-shortages-during-the-covid-19>

multi-media advertising and outreach and an updated website with several tools to support trainees in building connections, including a map of currently registered employers. With a goal of adding 3,000 new training spots statewide, this investment can support veterans in pursuing caregiving careers while also increasing staffing capacities for veteran homes.

CHANGING NEEDS OF VETERANS

While many changes to long-term care norms are driven by individual preference for in-home and community-based care over skilled nursing facilities, the realities of post-9/11²⁷ conflicts necessitate shifts in veteran care services. Medical advancements have allowed troops serving in Iraq and Afghanistan to survive injuries that would have proven fatal in prior conflicts.²⁸ Between October 7, 2001 and August 7, 2015, the Congressional Research Service reported that the most common injuries included Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), amputations, burns, and sexual assaults.²⁹

In addition to longer deployments and higher levels of combat exposure than veterans serving in prior conflicts, veterans serving post-9/11 have substantially higher rates of multiple deployments.³⁰ Though veterans serving post-9/11 make up just 24 percent³¹ of the living veteran population, they comprise over 50 percent of the severally disabled veteran population.³² Over 40 percent of those having served in Iraq, Afghanistan, and affiliated venues are already approved to receive lifetime disability benefits.³³ Further, where prior data demonstrates that the number of U.S. Army suicides typically declined during active conflict periods, the rate almost doubled from 2005 and 2011.³⁴

²⁷ Bilmes, L.J. (2021, August). The Long-Term Costs of United States Care for Veterans of the Afghanistan and Iraq Wars. Watson Institute, Brown University, at 3, http://watson.brown.edu/costsofwar/files/cow/imce/papers/2021/Costs%20of%20War_Bilmes_Long-Term%20Costs%20of%20Care%20for%20Vets_Aug%202021.pdf

²⁸ Watson Institute, Brown University (2021).

²⁹ Fischer, H. (2015). *A guide to U.S. military casualty statistics: Operation Inherent Resolve, Operation New Dawn, Operation Iraqi Freedom, and Operation Enduring Freedom*. (Congressional Research Service Prepared for Members and Committees of Congress No. 7-5700). Washington, DC: Congressional Research Service.

³⁰ Congressional Research Service (2015).

³¹ Congressional Research Service (2015).

³² Watson Institute, Brown University (2021).

³³ Watson Institute, Brown University (2021).

³⁴ Reger, MA, Brenner, LA, du Pont, A. (2022). Traumatic Brain Injury and Veteran Mortality After the War in Afghanistan. *JAMA Netw Open*. 5(2), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2788981> (citing Mancha, BE, Watkins, EY, Nichols JN, Seguin, PG, Bell, AM (2014). Mortality surveillance in the U.S. Army, 2005-2011; *Mil Med*. 179(12): 1478-1486.; Rothberg, JM, Jones, FD. (1987). Suicide in the U.S. Army: epidemiological and periodic aspects. *Suicide Life Threat Behav*. 17(2): 119-132.)

RECOMMENDATION SET B**VETERAN LONG-TERM CARE RECOMMENDATIONS**

As private and public health care facilities across the United States face unprecedented labor shortages, the aging population increases, and veterans need exceedingly specialized care, Wisconsin must prioritize recruitment and retention for veteran long-term care employees.

B.1. FUND PARTNERSHIPS WITH TECHNICAL SCHOOLS TO PROVIDE CERTIFICATE PROGRAM SPECIFIC TO SERVING VETERANS

Long-term care providers serving veterans face challenges over and above those employed by general skilled nursing facilities. Current academic and training programs for providers do not provide specialized training for veteran-specific care. This deficit puts both care providers and recipients at a disadvantage. Tailored training on the dynamics of service-related injuries, the impact of military experiences on families, military-to-civilian transition, and other relevant topics would set providers up for success by establishing expectations, providing strategies, and ultimately reducing turnover and burnout while increasing patient satisfaction. The Commission proposes funding to incentivize technical colleges to work in partnership with WDVA to evaluate similar curricula in other states and analogous programs related to long-term care offered in Wisconsin programs, create a certificate curriculum, and offer the program free of charge to employees of Wisconsin veterans homes and provide a reimbursement for program costs to new hires that have previously completed the program.

B.2. COLLABORATE WITH HIGH SCHOOLS, GED PROGRAMS, AND HSED PROGRAMS TO ATTRACT CNA CANDIDATES AND INCREASE OVERALL STAFFING

This Commission recognizes that all efforts must be made to attract caring, compassionate, and dedicated CNA candidates. Efforts to grow other sectors of the healthcare workforce across the country have demonstrated the positive impact of early outreach and recruitment.³³ As such, this Commission recommends engagement with high schools, GED and HSED programs to generate awareness of and interest in CNA positions, particularly those serving veterans homes. Virtual meeting formats made more popular in the past two years allow for cost-effective awareness programming across the state. Special emphasis should be placed on high-unemployment and rural counties, employer travel, and in-person discussions in these areas. Attention should be paid to cataloguing dual enrollment options in nearby institutions to allow for concrete discussions about opportunities to achieve high school and CNA credit simultaneously, including focus on transportation barriers in rural counties and for persons new to the full-time workforce, and opportunities to provide summer on-site training for credit.

Additionally, among the nationwide labor shortage across industries, Wisconsin veterans homes experience consistent vacancies for non-medical positions necessary for continued operations. Over the past several years, Wisconsin veteran homes have struggled to fill food service, maintenance, and laundry positions. This Commission recommends evaluations of existing recruitment efforts and incentives, including adapting more flexible scheduling blocks for positions and re-

cruitment engagement with high schools, GED and HSED programs.

B.3. CREATE STUDENT LOAN REPAYMENT PROGRAM FOR QUALIFYING HEALTH CARE PROVIDERS

In complement to the WisCaregivers Careers program, Wisconsin can provide a health care professional student loan repayment stipend program for licensed practical nurses, registered nurses, and advanced practice registered nurses who serve veterans in qualifying capacities at specified healthcare facilities, including a Wisconsin Veterans Home. This program should be developed in partnership with hiring facilities to designate specific qualifying positions and service timelines. Ideally, nursing professionals could earn for every year of qualifying employment a loan repayment stipend amounting to the cost of one year of tuition at their degree-conferring institution. Emphasis should be focused on high unemployment areas, with recruiting links to the Wisconsin Department of Public Instruction, Tribal Schools, and non-profit agencies. Further, this Commission recommends funding to support a partnership between academic institutions and long-term care employers that would offer student loan forgiveness and financial health navigators to nursing professionals employed by qualified facilities. Ultimately, this recommendation should lead to increased financial stability for long-term care providers, expand the pool of interested and talented applicants, and provide stability for long-term retention.

B.4. MODIFY DATA COLLECTION AND ANALYSIS

Post-9/11 conflicts have resulted in increased multiple deployments, higher survival rates, and longer-term use of skilled nursing services. However, Wisconsin's veteran population is older than average. Qualitative and quantitative evaluation is needed to gain better awareness of the needs approaching Wisconsin veteran caregivers in coming decades. This Commission recommends funding an effort to evaluate the nature of injuries and advances in technology that can shift our approach to patient monitoring, assisting with labor shortage concerns and improve the quality of care far into the future. Further, we recommend evaluating current options for spouse and family treatment and supports, as these offerings will likely impact future veteran populations in deciding what type of long-term care to pursue.

EDUCATION, EMPLOYMENT, AND CREDENTIALING

Veterans bring a broad range of beneficial attributes to education institutions and the greater workforce, including insight, resilience, and special skills honed during service. Before returning to civilian life, a veteran may have mastered foreign languages, maintained complex technology, operated sophisticated equipment, engaged in personnel management and high stakes decision-making, many while immersed in a different culture. Despite the highly valuable skills attained during service, an overwhelming array of barriers and sense of invisibility affect many veterans on campus.³⁵ Veterans typically enter higher education at a later point,³⁶ creating a disconnect between veteran students and their younger student peers, who often have less experience with established career or family roles.³⁷ Variances between military functions and the less structured post-secondary education environment also impact veteran experiences in higher education.³⁸ As the number of post-9/11 veterans seeking post-secondary education increases, so does the lack of familiarity with military operations and veteran experiences. Fewer than one half of one percent of the U.S. population served on active military duty in the decade after 9/11,³⁹ contributing to a disconnect on campuses. Further, misinformation and civilian stereotyping about PTSD and TBI can further erode a sense of well-being for student veterans.⁴⁰

National trends are consistent with Wisconsin student veteran experiences. The average age for a post-secondary student veteran in Wisconsin is 26, six years older than the average for non-veteran students.⁴¹ On average, Wisconsin student veterans enter post-secondary institutions seven years after finishing high school and less than six months after discharge from the military.⁴² Wisconsin student veterans are 2.5 times more likely than their peers to be first generation college students,⁴³ 47 percent of veteran students are married and 47 percent are parents.⁴⁴

³⁵ Osborne, N.J. (2013). *Veteran Ally: Practical Strategies for Closing the Military-Civilian Gap on Campus*. *Innovative Higher Education*, 39(3), 247-260. <https://doi.org/10.1007/s10755-013-9274-z>

³⁶ The Post-Secondary National Policy Institute Reports that in 2018, the majority of veteran students were between ages 24 and 40, with just 15 percent in the "traditional age" range of 18-23. Postsecondary National Policy Institute. (2021, November 9). *Fact Sheets: Veterans in Higher Education*. PNPI. <http://pnpi.org/veterans-in-higher-education/>

³⁷ Danish, S. J., & Antonides, B. J. (2013). The Challenges of Reintegration for Service Members and their Families. *American Journal of Orthopsychiatry*, 83(4), 550-558. <http://doi.org/10.1111/ajob.12054>. PNPI (20201)," In 2018, 47% of veteran students were parents and 47% were married."

³⁸ *American Journal of Orthopsychiatry*, 2013.

³⁹ Osborne, 2013.

⁴⁰ Osborne, 2013.

⁴¹ Bechtol, J., Hun, C., & Rasmussen, J. (2016, August). *Information about Military Veterans Enrolled at UW-Madison*. University of Wisconsin. <https://uwmadison.app.box.com/s/2o3radl-w1ddb4v1zzz692quryitwf35u>

⁴² University of Wisconsin, 2016.

⁴³ University of Wisconsin, 2016.

⁴⁴ PNPI, 2021.

Modern efforts to support veteran transition back to civilian life date back to the Servicemen's Readjustment Act of 1944 ("the GI Bill"). The Veteran's Education Assistance Act of 2008 ("Post 9/11 GI Bill") has provided for a strong increase in veteran participation in post-secondary education. In 2018, for example, 699,922 student veterans accessed education through military benefits.⁴² Post-secondary education institutions in Wisconsin and across the United States employ School Certifying Officials (SCOs), representatives of an educational institute or training establishment authorized to submit enrollment certification to the USDVA for VA education benefits. SCOs play a critical role in facilitating the realization of benefits, and the USDVA recommends a ratio of one SCO for every 200 GI Bill students.

Veteran students report that a lack of unified administration of education benefits creates an additional barrier to adjustment. Further, many student veterans report a lack of the camaraderie that so many "traditional" students rely upon throughout the college experience.

RECOMMENDATION SET C**VETERAN EDUCATION RECOMMENDATIONS**

Veteran students who return from a highly structured, hierarchical professional environment often enroll in post-secondary education within six months of discharge. As student veterans can choose from a range of private, public, for-profit, non-profit, 4-year and 2-year programs, each with their own academic, institutional, and social cultures, it is outside the purview of active military branches to provide a comprehensive preparation for all members seeking to avail themselves of education benefits. Veteran students report confusion accessing benefits and lack of camaraderie or connection to other veterans on campus.

C.1. PROVIDE FUNDING TO MAINTAIN FEDERAL SCO-TO-STUDENT RATIOS

A comprehensive review of the public-facing websites for veteran benefits and programming at Wisconsin public and private institutions demonstrated variances in titles and duties for SCOs. For example, some campus SCOs simultaneously fill other roles in financial aid offices or Bursars offices. Other campuses combine SCO duties with other veteran-specific service programming roles. The SCO role is critical and should follow federal guidelines for SCO-to-Student ratios. Where necessary, additional funding should support campuses in separating SCO positions from other duties.

C.2. PROVIDE FUNDING TO ADD VETERAN PROGRAMMING STAFF

As the SCO role is primarily compliance-based and financial in nature, it does not fill the many additional programming needs veteran students deserve. As such, this Commission recommends additional funding to increase availability of direct veteran services programming. While new veteran support staff on campus should work in partnership with SCOs, their role should build on existing programming to address lack of critical connections for social and educational benefits.

C.3. PROVIDE FUNDING FOR VETERAN FAMILY SERVICE COORDINATORS

Finally, this Commission recommends funding for Veteran Family Service Coordinators on campuses. The USDVA reported that in 2018, 47 percent⁴⁵ of student veterans were married and 47 percent were parents, it is imperative to engage veteran families throughout the campus experience. Starting older and with social and family responsibilities not typical of “traditional” students, families may face additional layers of isolation. Further, veteran families with one or both parents enrolled in education institutions may face challenges with childcare, housing security, or food security. Families experience varying effects of their veteran member’s combat impacts and can benefit themselves from services – as well as learning ways to support their veteran family member at home. Creating a position or partial position in campus veteran offices to coordinate family engagement or provide on-demand services for veteran families would allow for more supportive transitions and successful outcomes on campus.

⁴⁵ U.S. Department of Veterans Affairs (2020, June 11). *VA College Toolkit: Learn About Student Veterans*. <https://www.mentalhealth.va.gov/student-veteran/learn-about-student-veterans.asp>

Post-9/11 veterans make up 43 percent of the current veteran workforce in the United States, and Gulf War veterans make up another 28 percent.⁴⁶ The veteran unemployment rate across demographics is presently lower than the national average,⁴⁷ decreasing for veterans age 18 and over from 6.5 percent in 2020 to 4.4 percent in 2021, and the monthly unemployment rate for the same veteran population down to 2.7 percent in July 2022.⁴⁸ However, these figures diverge sharply from the first decade after 9/11, amid the Great Recession when veteran unemployment rate was both considerably higher than it is today and higher than the rate for non-veterans.⁴⁹ Further, the veteran unemployment rate decreases with time after separation from service.⁵⁰

Like recently discharged veterans adjusting to post-secondary education, new veterans seeking post-service employment face barriers during their initial transition back to civilian life. Evaluation of veterans experiencing unemployment, especially within the time period after separation from service, consistently demonstrate misalignment between employer and veteran applicant communication approaches to position duties and desired skillsets. For example, many recently separated veterans decline to apply for positions because they do not see their skill sets as aligned with those desired. Once a veteran successfully applies, employers are generally unfamiliar with the types of interview questions that will draw out veteran applicants' desirable skills. Similarly, veterans do not receive preparation on explaining the transferability of their valuable skillsets (among them critical thinking, collaboration, attention to detail, punctuality) to the employer's position. Even if employers and veteran applicants overcome such shared understanding deficits, new veteran hires may experience dissatisfaction due to feelings of reduced responsibility or diminished opportunities for leadership, the loss of a true team atmosphere, and continuing communication barriers. The variance between military roles and early post-separation employment can lead to veteran resignations.

Many returning veterans experience more concrete barriers to gainful employment. Veterans returning to the workforce may have never engaged in cover letter or resume drafting and lack other job application skills. Other veterans face transportation barriers, including reliance on public transit when available jobs are outside service areas. Others may lack interview or job attire or computer equipment for job searching, or have challenges related to childcare or aligning parenting schedules.

⁴⁶ Shane, L. III (2022, August 19). Half a Million Veterans Re-Entered the Workforce in January. *Military Times*. <https://www.militarytimes.com/education-transition/2022/04/-1/veterans-unemployment-drops-to-lowest-level-in-three-years/>

⁴⁷ U.S. Department of Labor. (2022, August 5). Latest Employment Numbers. Retrieved August 15, 2022, from <http://www.dol.gov/agencies/vets/latest-numbers>

⁴⁸ U.S. Department of Labor, 2022

⁴⁹ Loughran, D.S. (2014). *Why is Veteran Unemployment So High?* The National Defense Research Institute. The Rand Corporation. https://www.rand.org/content/dam/rand/pubs/research_reports/RR200/RR284/RAND_RR284.pdf

⁵⁰ Loughran, 2014.

The State of Wisconsin currently provides several services and programs to strengthen veteran/employer relationships. For example, WDVA awards Veterans Employment Grants to eligible employers as an incentive to hire disabled veterans with a service-connected disability of at least 50 percent and work full- or part-time for at least twelve consecutive months. WDVA also provides grants to nonprofit organizations providing entrepreneurship training, technical or business assistance, financial assistance, or other support to veteran entrepreneurs. The Wisconsin Department of Workforce Development (DWD) hosts the Office of Veteran Employment Services (OVES), a resource for veterans seeking employment and employers supporting veterans in the workplace.

OVES programming includes the Job Centers of Wisconsin/WiscJobsforVets, through which veterans can create accounts, post resumes, and apply for jobs. OVES job centers facilitate connections with veteran-friendly employers and provide job search tools that incorporate skill cross-walks and military skill codes. OVES also offers the Disabled Veterans' Outreach Program and Local Veterans Employment Representatives (LVER) to provide career services for veterans and eligible spouses and outreach to employers. The Hire Heroes Program, a public and private partnership offering local businesses access to subsidized veteran employees, reimburses employers up to 1,040 hours at the federal minimum wage rate for training veteran employees with high barriers to employment. The Vets Ready Employer Initiative encourages employers to build a support system in the workplace to hire, retain, and connect veteran employees to the community. "Vets Ready" designated employers are promoted to veteran job seekers and community partners. Further, the federal Work Opportunity Tax Credit (WOTC) is available to employers who help unemployed veterans with barriers to employment gain on the job work experiences and achieve greater employment outcomes.

RECOMMENDATION SET D**VETERAN EMPLOYMENT AND CREDENTIALING RECOMMENDATIONS****D.1. EXPAND VETERAN APPRENTICESHIP PROGRAMS**

Veterans bring a range of sophisticated job skills into the Wisconsin workforce, benefiting employers, consumers, and the overall economy. Commission meetings highlighted the benefits of direct veteran mentorship programming, including adaptations to this model that streamline long-term career development and advancement for veterans. Wisconsin veterans may currently access apprenticeships that qualify for veteran benefits, through programming approved by a variety of state agencies. The program operates through the Wisconsin Department of Workforce Development, which collaborates with WDVA on a case-by-case basis. This Commission recommends exploring development of additional apprenticeship sponsorships geared toward manufacturing, trades, growing technologies, and other professions. This Commission also recommends funding for DWD to create a marketing plan to improve veteran visibility of options when seeking post-military education and employment.

D.2. INCREASE FUNDING FOR THE HIRE HEROES PROGRAM

The DWD-administered Hire Heroes program provides employers with fiscal incentive to provide training and support to veteran employees. Under the current program, employers are reimbursed federal minimum wage, federal social security and Medicare taxes, state and federal unemployment insurance contributions or taxes, and worker's compensation insurance premiums when hiring eligible veterans. The governor proposed an investment in Hire Heroes in his 2021-23 biennial budget. The program's focus provides an invaluable foundation for veterans with high barriers to employment. This Commission recommends increasing funding to enhance existing outcomes through building additional training and technical assistance support for Hire Heroes employers to provide more wraparound support for veterans transitioning to civilian life. This recommendation also encompasses funding support for additional employment opportunities and job training for qualifying veterans.

D.3. WAIVE FEE FOR SERVICE-DISABLED VETERAN-OWNED BUSINESS CERTIFICATION

The Wisconsin Supplier Diversity Program certifies Minority-Owned, Women-Owned, and Service-Disabled Veteran-Owned (DVB) businesses. DVB businesses must be 51 percent owned by members of the Service-Disabled Veteran population. Upon receipt of certification, DVBs may receive a permissive 5 percent bid preference when bidding on state contracts. Further, certified DVBs are featured in a searchable database for agencies seeking to contract. DVB certification applications require a \$150 payment, which is required for neither the Minority-Owned or Women-Owned certifications. Certification provides exposure and other benefits to DVB owners, highlights veteran success stories, and allows for increased connection among the veteran business community. At this time, the Wisconsin Supplier Diversity Program has certified 52 DVBs. This Commission recommends a fee waiver for DVB certification applicants to increase access to and impact of this beneficial program. The governor proposed waiving these types of fees more

broadly in his 2021-23 biennial budget.

D.4. CREATE WISCONSIN VETERAN EXECUTIVE BRANCH FELLOWSHIP PROGRAM

This Commission recognizes that veterans must be represented in all government agencies and offices, and that the skills gained during military service are beneficial to veteran employers. As such, this Commission recommends the creation of a Wisconsin Veteran Executive Branch Fellowship Program, modeled on the federal Veterans Innovation Partnership Fellowship Program. Ideally, the program will fund a minimum of one fellow per year for a 12-month period to serve in an executive branch agency. The fellowship will provide a platform for veterans to engage in various government processes and projects, build meaningful relationships across state government agencies, engage and further skills developed during military service, and prepare for a career in state government.

D.5. CREATE A WISCONSIN EQUIVALENT TO THE FEDERAL WOTC

Incentivizing employers to support veteran workers is a critical component of the comprehensive effort to improve the transition from military to civilian workforces. The federal Work Opportunity Tax Credit (WOTC) provides an excellent model, available to employers hiring members of groups experiencing barriers to employment. At the federal level, WOTC has proven successful in supporting veterans. Employers may claim the federal credit up to 40 percent of the wages paid to eligible workers employed up to 400 hours, and up to 25 percent for those employed at least 120 hours.⁵¹ The federal credit is generally capped at \$2,400 in the first year of employment and not available in subsequent years of employment.⁵² The Wisconsin Legislative Fiscal Bureau noted the success of WOTC when citing a study of subsidies for disabled veterans, finding that the “WOTC generated a [two-percentage] point increase in employment, and increased wage income by approximately 40 percent compared to other groups (including veterans who were not eligible for WOTC),” and that “the credit accounted for roughly 32,000 additional employed disabled veterans nationwide in both 2007 and 2008.”⁵³ A Wisconsin equivalent to the WOTC has the potential to provide substantial gains for both veteran job seekers and employers who will ultimately benefit from both the tax credit and the integration of veteran skill sets into their operations. This Commission recommends adoption of a Wisconsin WOTC.

⁵¹ Legislative Fiscal Bureau. (2021, June). Supplemental State Work Opportunity Tax Credit (General Fund Taxes – Income and Franchise Taxes) (Paper #313). State of Wisconsin. https://docs.legis.wisconsin.gov/misc/lfb/budget/2021_23_biennial_budget/302_budget_papers/313_general_fund_taxes_income_and_franchise_taxes_supplemental_state_work_opportunity_tax_credit.pdf

⁵² Legislative Fiscal Bureau, 2013

⁵³ Legislative Fiscal Bureau, 2013.

D.6. PROVIDE ONGOING FUNDING TO THE DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES FOR VETERAN LICENSURE

Credentialing and licensing fees create an avoidable barrier between veterans and gainful employment. The Wisconsin Department of Safety and Professional Services (DSPS) currently administers the Veteran Fee Waiver Program (VFWP), which waives the initial fee for one professional licensure. DSPS also facilitates Reduced Fee for Certain Credentials, which reduces the cost of licensure fees (after the veteran has already availed themselves of the VFWP) to 10 percent of the cost to civilian applicants. This beneficial program supports the transfer of critical military skills to licensed professions, to the advantage of veteran employees and the overall workforce. However, this Commission recognizes that DSPS does not have the authority to expand FTE staff without the approval of the legislature. As such, this Commission recommends increased funding for additional FTEs within DSPS to process licensing applications. The 2021-23 budget included funding for DSPS to help ensure appropriate and convenient translation of military training to licensure requirements.

D.7. EVALUATE FUNDING ALLOCATIONS FOR WDVA GRANTS AND EXPAND ELIGIBILITY

Overall, WDVA administers 14 grant programs, aligned to promote success in various aspects of veteran reintegration and recovery. As veterans needs adapt and change, particularly as the Post-9/11 cohort accesses services, it is imperative to identify what programs veterans and service providers seek out, apply for, and (if awarded) successfully complete. This Commission recommends that the WDVA evaluate current programs to identify underutilized programs and high-demand benefits, encouraging more effective use of funds.

D.8. EVALUATE AND EXPAND ELIGIBILITY FOR VARIOUS PROGRAMS TO NATIONAL GUARD AND RESERVE SERVICE MEMBERS

This Commission recommends evaluation of benefits provided through USDVA, WDVA, and various state agencies to determine where the state has discretion to expand benefits eligibility to national guard and reserve service members and extend where appropriate.

HOUSING

Just 7 percent of the general population can claim veteran status, but 13 percent of our nation's adult homeless population are veterans.⁵⁴ Over and above general population risk factors for homelessness (including limited income, lack of healthcare access, and housing shortages), many veterans currently or at high-risk for experiencing homelessness demonstrate lingering impacts of PTSD or substance use disorder, compounded by a lack of family support.⁵⁵ Veteran housing instability also often accompanies the difficult transition between military and civilian employment, when many veterans struggle to align their professional skill set to available jobs. Further, veterans experiencing homelessness are more likely to have been treated for military sexual trauma (before experiencing homelessness) than their non-homeless veteran peers.⁵⁶

Veteran homelessness is well-documented across U.S. military conflicts, with staggeringly lower homelessness rates for WWII veterans, who returned to a booming economy and GI Bill benefits, than for those returning from Vietnam to significantly harder economic conditions.⁵⁷ Supporting services for veterans are shown to reduce veteran homelessness, as demonstrated by the strong impact of the HUD-VASH partnership between the U.S. Department of Housing and Urban Development and the USDVA. Established in 1992, HUD-VASH first received consistent and substantial funding in 2008,⁵⁸ after which the U.S. homeless veteran population (sheltered and unsheltered) dropped by 49 percent between 2009 and 2020.⁵⁹ Similarly, Wisconsin's homeless veteran population decreased from 607 in 2011 to 341 in 2022. HUD-VASH pairs HUD's Housing Choice Voucher for rental assistance with USDVA supportive services, with the goal of helping veterans and their families realize sustained housing, healthcare, mental health treatment, substance use treatment and other needed supports.⁶⁰ At present, between 300 and 350 veterans are homeless in Wisconsin, in part due to eligibility restrictions preventing their ability to access HUD-VASH.

WDVA currently operates the Veteran Housing and Recovery Program (VHRP) through partnerships federal, state, and local governments, county veteran services offices, and local stakeholders. VHRP provides homeless veterans with job training, education, counseling and rehabilitation services necessary to achieve steady employment and affordable housing. The program operates 54 service intensive transitional housing beds and 51 clinical treatment beds across locations in Chippewa Falls, Green Bay, and Union Grove. Participants may stay in the program for up to 24 months

⁵⁴ Monet, K., & Higgins, D.O. *Veteran Homelessness*. National Coalition for Homeless Veterans. Retrieved August 15, 2022, from <https://nchv.org/veteran-homelessness/>

⁵⁵ National Coalition for Homeless Veterans

⁵⁶ National Coalition for Homeless Veterans

⁵⁷ Lewin, T. (1987, December 30). Nation's Homeless Veterans Battle a New Foe: Defeatism. *New York Times*.

⁵⁸ U.S. Department of Housing and Urban Development & U.S. Department of Veteran Affairs. (2012, January 24). HUD-VASH 101: An Introduction to the Program [Slides]. Housing and Urban Development. <https://www.hud.gov/sites/documents/VASH-101-SLIDES.PDF>

⁵⁹ Henry, M., de Sousa, T., Roddey, C., Grayen, S., & Bednar, T. J. (2021, January). The 2020 Annual Homeless Assessment Report (AHAR) to Congress. U.S. Department of Housing and Urban Development. <http://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf>

⁶⁰ VHA Office of Mental Health. (2022, February 10). VA.gov/Veterans Affairs. U.S. Department of Veteran Affairs. Retrieved August 15, 2022, from <https://www.va.gov/homeless/hud-vash.asp>

but may complete the process much earlier. However, just four of these beds (two service intensive transitional and two clinical treatment) are available to women veterans. The USDVA's Grant and Per Diem (GPD) program is the primary funding source for WDVA's VHRP. Entities can apply for the USDVA's GPD to provide transitional housing beds to veterans who are homeless or at risk for becoming homeless. The GPD program requires recipients to provide housing in a clinical treatment, bridge house, low demand, hospital-to-housing, or service-intensive model. Wisconsin veterans can also access housing resources through the Department of Administration Division of Energy, Housing and Community Resources and the Wisconsin Housing and Economic Development Authority.

RECOMMENDATION SET E**VETERAN HOUSING RECOMMENDATIONS**

Federal data demonstrates that economic investments in veteran well-being reduce veteran homelessness. The following recommendations look toward rental supports, tax relief, and wrap around services.

E.1. EXPAND VHRP

The Veteran Housing and Recovery Program currently provides up to 24 months of services through 105 beds across the state. The program provides participants with shelter while engaging community and government partnerships to provide supportive services designed to allow for stable employment and housing after completing the program. This Commission noted the deficit in beds for non-male veterans. At present, the program provides 4 female beds at its Union Grove facility (2 clinical treatment, 2 service-intensive). The unique challenges facing women veterans, including higher rates of military sexual trauma, necessitate more equitable access to VHRP. This Commission recommends expanding VHRP generally and providing dedicated funding to increase beds available to women veterans. The Commission recommends expanding beds available at the Union Grove facility already serving women veterans while also developing plans to create available beds accessible in other regions of Wisconsin. Further, this Commission recognizes the impact service has not just had on veterans, but on their families as well. This Commission recommends exploring demand and capacity building with the long-term objective of also providing VHRP services to veteran family members.

E.2. CREATE A RENTAL ASSISTANCE PROGRAM FOR VETERANS

Current Wisconsin programs addressing veteran homelessness provide services and assistance attached to specific housing facilities. The governor's 2021-23 biennial budget proposal and the 2021-23 Interagency Council on Homelessness' report "Welcoming Wisconsin Home" recommended creating the "Wisconsin Housing for Heroes" veteran rental assistance program. This Commission adds their endorsement to this proposal. Further, this Commission recommends an accompanying statewide marketing campaign to ensure wide knowledge of the program's availability and accessibility.

**E.3. INCREASE ACCESSIBILITY FOR VETERANS AND SURVIVING SPOUSES
PROPERTY TAX CREDIT**

Tax credits provide additional stability for veterans and their families. In addition to increased reliance on fixed income, service-disabled veterans often must create improvements to their home that increase their tax bills. Under current Wisconsin law, a veteran with a 100 percent service-connected disability rating, their spouse, or their unremarried surviving spouse may claim a property tax credit under the individual income tax system. In the 2021 legislative session, 2021 Assembly Bill 245 sought to reduce the eligibility requirement, making this available to the same parties if the veteran has a 70 percent or higher service-connected disability rating. Under that

bill, the veteran, spouse, or unremarried surviving spouse would receive a maximum credit totaling their percentage rating. For example, if the service-connected disability rating is 70 percent, the veteran would receive a 70 percent credit and pay 30 percent of their property tax bill. In their fiscal estimate for AB 245, the Wisconsin Legislative Fiscal Bureau estimated that this credit would benefit 5,771 veterans and 1,907 surviving spouses. This Commission recognizes the critical financial support this provides veterans with a service-related disability and their families, who are often on fixed incomes and can better achieve financial stability with this bill. Further, it protects veterans who had to make accessibility improvements to their home to accommodate their disability, while also increasing their home's tax value to their financial detriment.

MENTAL HEALTH

Nearly one in five adults in the United States live with a mental illness,⁶¹ and veterans face even greater challenges with mental health than the general population. Approximately one-third of post-9/11 veterans report traumatic brain injury or a mental health condition,⁶² and approximately 18.5 percent of the same group have PTSD or depression.⁶³ Veterans may also experience anxiety, substance use disorder, and suicidal thoughts. Among the general population, about half of individuals experiencing mental illness will also experience a co-occurring substance use disorder (SUD). SUD and PTSD often co-occur among veterans. Nearly one-third of veterans seeking treatment for SUD also suffer from PTSD,⁶⁴ and more than one in four veterans suffering from PTSD experience co-occurring SUD.⁶⁵ In 2019, the suicide rate among non-veteran U.S. adults was 16.8 per 100,000, and 31.6 per 100,000 for veterans.⁶⁶ In 2018, over 1.7 million veterans received treatment in a VA mental health specialty program. Despite that staggering number, estimates provide that less than a quarter of veterans needing mental health treatment access care.⁶⁷ External barriers to treatment include provider waitlists, transportation issues, and difficulty navigating services. In many cases, there are also internal barriers, with many veterans reporting that they only accessed treatment at the urging of their family members.

The federal VA provides a range of supports for anxiety, bipolar disorder, depression, and the effects of traumatic brain injury, military sexual trauma, post-traumatic stress disorder, schizophrenia, substance use disorder, suicide prevention, and tobacco-related disorders. Further, the 988 Suicide & Crisis Lifeline recently went into effect, creating a nationwide toll-free hotline available to anyone in emotional distress.

Veterans can receive information about mental health services and connection to preventative programming and family engagement through their County or Tribal Veterans Service Officer. Wisconsin provides grant funding to support these positions through a metric determined by the employees' full- or part-time status and the service population. The program, authorized and regulated by Wis. Stat. Sec. 45.82, grants \$9,350 to counties with a full-time County Veterans Service Officer (CVSO) and a population of less than 20,000; \$11,000 to counties with a population of 20,001-45,499 and a full-time CVSO; \$12,650 to counties with a population of 45,500 to 74,999; \$14,300 to counties with a population of 75,000 or more. The program awards just \$550 to counties with a part-time CVSO (Pepin County and Florence County). The state also awards grants to 10 TVSOs (with the Menominee

⁶¹ Mental Illness. (2022, January). National Institute of Mental Health (NIMH). Retrieved August 15, 2022, from <https://www.nimh.nih.gov/health/statistics/mental-illness>

⁶² Wemer, D. (2020, August 24). Mental Health Care in the Military: An Opportunity for Progress. Atlantic Council. <https://www.atlanticcouncil.org/blogs/new-atlanticist/mental-health-care-in-the-military-an-opportunity-for-progress/>

⁶³ Wemer, 2020.

⁶⁴ VA.gov/Veterans Affairs. U.S. Department of Veterans Affairs. https://www.ptsd.va.gov/understand/related/substance_abuse_vet.asp

⁶⁵ U.S. Department of Veterans Affairs.

⁶⁶ Office of Mental Health and Suicide Prevention. (2021, September). 2021 National Veteran Suicide Prevention Report. U.S. Department of Veterans Affairs. <https://www.mentalhealth.va.gov/docs/data-sheets/2021/2021-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-9-8-21.pdf>

⁶⁷ Tanielian, T. (2008). Invisible Wounds: Mental Health and Cognitive Care Needs of America's Returning Veterans (RB-9336-CCF). The Rand Corporation. https://www.rand.org/pubs/research_briefs/RB9336.html

operating as a CVSOS). TVSOs are statutorily restricted to receiving a maximum of \$16,500. However, the current budget authority of \$110,000 reduces their maximum to \$11,000. In Wisconsin, the WDVA operates the Veterans Outreach and Recovery Program (VORP). VORP provides outreach, treatment, and support to veterans and individuals who serve in the National Guard or a reserve component of the U.S. Armed Forces. The program operates through outreach specialists who contact participants to provide direct assistance and referral to other social services, including mental health and substance use disorder treatment, housing and utility assistance, employment and education, and transportation assistance. VORP seeks to identify issues and barriers that prevent veterans from thriving and develop goal-based solutions. VORP works through a collaboration model with community service providers to meet participants unique needs.

WDVA additionally provides support of up to \$250,000 in grants to non-profit organizations that provide services to veterans and their families. WDVA additionally provides grants to Camp American Legion, which provides a space for healing and recovery surrounded by others with similar lived experiences. A range of non-profit agencies provides additional support across Wisconsin's 72 counties.

Wisconsin has engaged in other innovative approaches to mental health support, including the first peer-run respite house for veterans in the United States. Supported by a grant from the Wisconsin Department of Health Services, Mental Health America of Wisconsin opened the R&R House in Pewaukee, Wisconsin in January 2021. R&R House is a short-term overnight program available to Wisconsin veterans living with mental health challenges, including substance use disorder. Access is not limited by discharge status, age, gender/sexual orientation, or VA eligibility. Former service members may stay for up to seven days. The facility hosts two guests at a time, each with their own bed and bath facilities. While there, guests can access 24/7 peer support staff, services, and activities like gardening, art, journaling, music, and yoga. With the goal of reducing reliance on medical or law enforcement resources, the R&R House employs strategies to help guests develop and improve coping mechanisms for stressors they encounter on their recovery journey.

RECOMMENDATIONS SET F

VETERAN MENTAL HEALTH RECOMMENDATIONS

F.1. ADDITIONAL FUNDING FOR COUNTY AND TRIBAL VETERANS SERVICE OFFICES

As many veterans navigate the transition into civilian life, they are faced with changes to every aspect of their life. Unexpected variances in service administration delivery by campus, county, or office can create barriers at every avenue. These challenges only compound mental health concerns a veteran may be experiencing. It can become incumbent on family members to find resources and supports. The governor included additional funding for CVSOs and TVSOs in his most recent budget, through an increase to Veterans Service Office grants. As this Commission recommended increased family programming on campuses, we also recommend funding for additional family services and outreach through Tribal and County Veterans Service Offices. These local offices have the reach to provide connection and community support to the veterans and families they serve and are best situated to improve access to existing and new programming. At present, there are 70 counties with full-time operating CSVOs and two (Pepin and Florence Counties) with part-time operating CSVOs. Full-time CSVOs receive annual grant awards between \$9,350 and \$14,300. Part-time CSVOs are only eligible to receive \$550 per year. Ten Tribal Veterans Service Offices operate, with the eleventh (the Menominee Nation Tribe) currently receiving a CVSO grant in lieu of a TVSO grant. WDVA is authorized to grant each TVSO up to \$16,500. However, current budget authority restricts the total grant amount awarded across TVSOs to \$11,000. As such, TVSOs receive a prorated amount.

This Commission strongly recommends eliminating the distinction between full- and part-time CSVOs for the purposes of the Veterans Service Office grants to reduce barriers to veterans and their families living in Pepin and Florence Counties. Further, this Commission recommends increasing budget authority to fund TVSOs and create an overall increase to the current statutory cap of \$16,500 per year.

Included in this recommendation is additional funding to meet increased demands for marketing and outreach. As discussed significantly in this report, the Commission shared concerns across topics regarding lack of awareness and thus full realization of benefits. This Commission recommends CVSOs and TVSOs receive financial support needed to create centralized marketing systems and enhanced connections for families and veterans across areas of need.

F.2. EXPAND VORP

The VORP program provides personalized and strategic mental health supports, meeting recipients where they are to create life-saving pathways. In 2021, VORP provided 3,486 hours of case management services and served 889 veterans. The invaluable partnerships VORP engages include those with HUD-VASH, USDVA medical centers, community-based clinics, veteran service organizations, and other providers. Proposals to increase expand VORP have been included in both of the governor's biennial budgets. This Commission recommends expanding VORP suicide prevention efforts while also expanding staffing to provide appropriate responses to meet

increased demand. As clinicians maintain waitlists and the mental health provider shortage continues, it is critical that VORP staff receive the appropriate rest and recovery time as they work through secondary trauma, particularly if they are veterans themselves. At this time, just 11 persons serve the entire state in VORP positions. As such, this Commission recommends additional funding to significantly expand VORP staffing for the purposes of decreasing geographic barriers to access, increasing outreach capacity, building additional partnerships, improving capacity for direct response, and providing staff recovery time needed to continue providing high-quality services.

F.3. PROVIDE SERVICE ANIMAL TRAINING GRANTS

Service dogs provide well-documented therapeutic benefits for veterans. Clinical evidence supporting use of psychiatric service dogs as a complementary treatment for veterans with post-traumatic stress disorder (PTSD).⁶⁵ Psychiatric support service dogs are differentiated from emotional support or companion dogs by the specific training the dog receives in order to perform specific commands related to the psychiatric needs of the individual. Such dogs are protected under the Americans with Disabilities Act and thus are legally allowed in public spaces. There are presently 40 organizations outside of the state certified by Assistance Dogs International that provide service to Wisconsin. However, no service dog association within Wisconsin borders is certified to provide dogs to serve persons experiencing PTSD. As such, many veteran service providers have to work with out-of-state trainers to help veterans access a service dog for PTSD. This Commission recognizes the strong impact service dogs have on persons living with PTSD and recommends funding a Wisconsin Department of Health Services administered grant program to fund providers in attaining Assistance Dog International accreditation specifically for providing PTSD dog training.

F.4. INCREASE FUNDING FOR DHS' VETERANS PEER-RUN RESPITE PROGRAM

Amid mental health care workforce shortages and increased demand for treatment, non-medical strategies are highly beneficial to veteran well-being. An expansion of the Veterans Peer-Run Respite Program was included in the 2019-21 biennial budget. The R&R House approaches veteran mental health through peer-run respite services, which support healthy coping mechanism development over time. Regular access to wellness activities and tailored recovery time hold immense promise for veterans across the state. The program established in Pewaukee holds immense promise as a best practice model. This Commission recommends analyzing available data from the first two years of operations and increasing grant funding for this approach in a second region of Wisconsin to increase access for those with travel limitations, with the goal of eventually providing statewide access to this innovative model.

F.5. STRENGTHEN INTERAGENCY COOPERATION TO PROVIDE INCREASED VETERAN-TO-VETERAN SUPPORT AND IMPROVE VISIBILITY OF VETERAN SERVICES

This report highlights the array of barriers between veterans and services, all of which contribute to disruptions in the transition to civilian life and increase in risk factors for prolonged untreated mental health concerns. Present state programming for veterans is administered through the Wisconsin Department of Veterans Affairs, the University of Wisconsin System and Wisconsin

Technical College System, as well as the Wisconsin Departments of Administration, Justice, Natural Resources, Corrections, Safety and Professional Services, and others. This Commission recommends evaluation of existing programs and agency entry points to veteran services, to identify opportunities to share information about all benefits with veterans when they seek to avail themselves of any state benefit (for example, when they apply for a waived-fee fishing license or visit their SCO on campus for GI Bill questions). The Commission also strongly urges the state to consider means to reduce barriers and guarantee veterans know all benefits to which they are entitled upon completion of service. Further, many veterans do not actively seek any state benefits. In those cases, it is difficult for agencies and providers to identify unserved veterans in their communities. As such, this Commission recommends that the state engage in thoughtful development of identification processes that will support outreach to those veterans who do not seek services and therefore do not have a connection point.

APPENDIX A

Section 45.001 Recognition of persons who served in the armed forces. The state of Wisconsin recognizes, as veterans, the men and women of Wisconsin who served on active duty in the U.S. armed forces or in forces incorporated in the U.S. armed forces, the men and women who served in a reserve unit of the U.S. armed forces, and the men and women who served in the national guard.

SECTION 45.01 DEFINITIONS.

(12) "Veteran", except in s. 45.001, means any of the following:

- (a) A person who has served on active duty for at least one qualifying term of service under pars. (b) to (d) under honorable conditions in the U.S. armed forces or in forces incorporated as part of the U.S. armed forces during a war period or in a crisis zone;
- (b) A person who has served on active duty in the U.S. armed forces or in forces incorporated as part of the U.S. armed forces under honorable conditions, for 2 continuous years or more or for the full period of his or her initial service obligation, whichever is less;
- (c) A person who has served on active duty for 90 days or more under honorable conditions in the U.S. armed forces or in forces incorporated as part of the U.S. armed forces during a war period or for any period of services under section 1 of executive order 10957 dated August 10, 1961;
- (d) A person whose term of services in the U.S. armed forces or in forces incorporated as a part of the U.S. Armed forces under honorable conditions entitled him or her to receive the Armed Forces Expeditionary Medal, established by Executive Order 10977 on December 4, 1961, the Vietnam Services Medal established by executive order 11231 on July 8, 1965, the Navy Expeditionary Medal, the Marine Corps Expeditionary Medal, or an equivalent expeditionary or service medal;
- (e) A person who was honorably discharged from the U.S. armed forces or from forces incorporated as part of the U.S. armed forces for a service-connected disability, for a disability subsequently adjudicated to have been service connected, or for reasons of hardship;
- (f) A person who was honorably discharged from the U.S. armed forces or from forces incorporated as part of the U.S. armed forces due to a reduction in the U.S. armed forces;
- (g) A person who died while in service in the U.S. armed forces or in forces incorporated as part of the U.S. armed forces.
- (h) A person who, while serving in the U.S. armed forces or in forces incorporated as part of the U.S. armed forces, is missing in action;
- (i) A person who died as a result of a service-connected disability;
- (j) A person who died in the line of duty while on inactive or active duty for training purposes in the U.S. armed forces, or in the national guard.

APPENDIX B

SAMPLE OF STATE AND FEDERAL EDUCATION BENEFITS

<p>Post 9/11 GI Bill (The Post-9/11 Veterans Educational Assistance Act), 2008</p>	<p>Veterans serving a minimum of 90 days aggregate active-duty service receive some tuition and fees. Those serving 36 months or more receive 100 percent of the maximum benefit, which can cover tuition, fees, books, supplies, housing and moving costs.</p>
<p>Forever GI Bill (The Harry W. Colmery Veterans Educational Assistance Act), 2017</p>	<p>The Forever GI Bill makes several modifications and additions to eligibility standards and benefits of the post 9/11 GI Bill. Most changes enhance or expand education benefits for Veterans, servicemembers, families, and survivors</p>
<p>Montgomery GI Bill (Montgomery GI Bill Act), 1984</p>	<p>Helps eligible veterans who have served at least two years active-duty service pay for education and training programs. The Montgomery GI Bill is an educational assistance program that provides up to 36 months of education to eligible Service members and veterans for programs such as: college, business, technical, or vocational school; apprenticeship; correspondence courses; remedial, deficiency and refresher training; and flight training.</p>
<p>Federal Survivors' and Dependents' Educational Assistance (Veterans Benefits and Health Care Improvement Act), 2000</p>	<p>Eligible if service member: (1) died in line of duty after 9/11; (2) is MIA or was captured in line of duty by a hostile force; (3) was detained by force while in the line of duty by a foreign government or power; or (4) is in the hospital or getting outpatient treatment for a service-connected permanent and total disability and is likely to be discharged for that disability. Those not meeting the criteria may still be eligible if the service member transferred their entitlement to a dependent while on active duty.</p>
<p>Yellow Ribbon Program (The Harry W. Colmery Veterans Educational Assistance Act), 2017</p>	<p>The Yellow Ribbon Program is a provision of the Post-9/11 GI Bill that can help veterans pay for higher out-of-state, private, foreign, or graduate school tuition and fees that the post-9/11 GI Bill does not cover.</p>
<p>Tuition Assistance Top Up Program (National Defense Authorization Act), 2001</p>	<p>Allows GI Bill participants to supplement tuition and fees not covered by tuition assistance.</p>

Reserve Educational Assistance Program	<p>Offers up to 36 months of education benefits to eligible Selected Reserves, National Guard and Individual Ready Reserve members who are called or ordered to active duty due to a war or declared national emergency.</p>
Personalized Career Planning and Guidance Program	<p>Offers eligible veterans and dependents free educational and career guidance, planning, and resources.</p>
Edith Nourse Rogers STEM Scholarship (Harry W. Colmery Veterans Educational Assistance Act), 2017	<p>Eligible veterans and dependents in high-demand fields can extend GI Bill or Fry Scholarship benefits for up to 9 months or \$30,000.</p>
Veteran Employment Through Technology Education Course (The Harry W. Colmery Veterans Educational Assistance Act), 2017	<p>Five-year pilot program providing tuition assistance for veterans to work with a trainer to develop high-tech skills in high demand areas such as computer software, computer programming, data processing, information science and media applications</p>
National Call to Service Program (National Defense Authorization Act), 2003	<p>Allows veterans to choose an education benefit as an alternative to the Montgomery GI Bill.</p>
The Post Vietnam Era Veteran's Education Assistance Program	<p>An educational assistance program that allows veterans to use part of their military pay to help cover the cost of school. Servicemembers would make the contribution from their active duty pay and the military would then make matching contributions at a rate of \$2 for every \$1 contributed.</p>
Veteran Rapid Retraining Assistance Program (VRRAP)	<p>Offers veterans unemployed due to COVID-19 pandemic education and training for high-demand jobs.</p>
GI Bill for Non-College Degree Programs	<p>Allows eligible veterans to use the GI Bill for non-college degree programs, like HVAC repair, truck driving, or EMT training.</p>
Tutorial Assistance	<p>Veterans struggling with courses while using VA educational assistance may qualify for financial assistance to help pay for a tutor.</p>

Veterans Upward Bound (Higher Education Act), 1965 (Amended in 1972)	<p>Helps qualified military veterans become college-ready by providing basic skills instruction, and educational and career advising to help veterans enroll in a postsecondary school and achieve their academic goals. The program is designed to motivate and assist veterans in the development of academic and other requisite skills necessary for acceptance and success in a program of postsecondary education.</p>
Wisconsin Troops to Teachers (National Defense Authorization Act), 2021	<p>A U.S. Department of Defense program that helps departing active-duty military personnel, veterans and certain members or retirees associated with the reserve components, to transition to new careers as public and charter school teachers.</p>
Academic Credit for Military Experience	<p>Service members, reservists, and veterans pursuing higher education may obtain academic credit for military courses they have completed through the military through the following programs:</p> <ul style="list-style-type: none"> • American Council on Education's College Credit Recommendation Service or • Department of Defense Activity for Non-Traditional Education Support.
Wisconsin GI Bill	<p>Remits full tuition and segregated fees at any University of Wisconsin System or Wisconsin Technical College System institution for eligible veterans, spouses and dependents for up to 8 semesters or 128 credits. Some may receive nontuition benefits, including housing and supplies.</p>
Wisconsin Veteran Student Assistance Grant	<p>Veterans attending private nonprofits receive the lesser of \$2,000 or 50 percent of tuition less the amount received under federal programs.</p>
Veterans Education Reimbursement Grant	<p>The Wisconsin Department of Veterans Affairs offers tuition and fee reimbursement grant to eligible veterans without a bachelors' degree based on length of active-duty military service after successful course completion at eligible University of Wisconsin System, Wisconsin Technical College System or private institution. Eligibility for DVA reimbursement is restricted to veterans with an annual income of \$50,000 or less, plus \$1,000 for each dependent in excess of two. The veteran must achieve at least a 2.0 grade point average.</p>
Wisconsin Veteran Retraining Grants	<p>The Department of Veterans Affairs provides up to \$3,000 per year for up to two years to recently unemployed or underemployed veterans with a financial need while being retrained for employment. Educational Approval Board approved occupational and trade schools that do not offer 4-year degrees may qualify for the program.</p>

Relocated Service Member	Under 2021 Wisconsin Act 159, a relocated service member, their spouses and dependents are considered residents of Wisconsin when relocated on active duty outside of state if qualified as bona fide residents as defined in the statute.
Military Pathways Grant Program	Under 2021 Wisconsin Act 58 established a grant program administered by the Department of Safety and Professional Services, offering grants of up to \$50,000 to entities that create new pathways for individuals to transition from a military career to a comparable licensed civilian career to reduce time and expense for trained veterans to enter Wisconsin's workforce.