

Discussion Points

REORGANIZATION

Bifurcation of Department

1. In October 2020, the United States Department of Justice informed the State of New Jersey that it was planning to investigate the New Jersey Veterans' Memorial Homes in regard to violations of the constitutional rights of institutionalized persons. In its subsequent report, released in September 2023, the Department of Justice expressed low confidence in the Department of Military and Veterans' Affairs' ability to implement necessary infection control and critical care reforms despite assistance from outside consultants. An October 2023 State of New Jersey Commission of Investigation report recommended removing the Veterans' Memorial Homes from the department's oversight and reassigning this oversight "to a newly created cabinet-level agency or commission with specific authority for the homes." In December of 2023, a transfer of \$5 million from the State Fiscal Recovery Fund to the New Jersey Department of the Treasury was affected to support the reorganization planning program for the Department of Military and Veterans' Affairs.

- **Questions:** What would a bifurcation of the department look like and what would be the advantages and disadvantages of doing so? If this were to occur, how would it impact the operation of the Military and the Veterans' Affairs functions, including employees' workload, program administration, administrative costs, and overall effectiveness of the department?

The State of New Jersey engaged the services of McKinsey & Company to conduct a comprehensive review of the Department's current operative structure and provide an assessment and recommendations to transform DMAVA into two separate cabinet level State agencies – a Department of Military Affairs and a Department of Veterans Affairs. The recommendations shall account for the funding, structure, and personnel of the two departments. McKinsey & Company is currently working towards completing this scope of work and their final recommendations are still in progress. As a result, NJDMAVA is not able to speculate on potential impacts and costs.

MILITARY SERVICES

August 2023 Deployment to Louisiana

2. On August 31, 2023, the department announced that eight soldiers and two UH-60 Black Hawk helicopters from the 1-150th New Jersey National Guard Assault Helicopter Battalion were deployed through the Emergency Management Assistance Compact to support the Louisiana National Guard and interagency partners in the containment of the largest wildfire in Louisiana's history. The Emergency Management Assistance Compact is a national interstate mutual aid agreement that enables states to share resources during times of Governor declared states of emergency or disaster.

- **Questions:** Please discuss the New Jersey National Guard's role in the wildfire containment and emergency response efforts. Do New Jersey National Guard members

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receive special training to respond to natural disasters like wildfires and major flood events? If so, what does that special training entail?

In August 2023, the New Jersey Army National Guard (NJARNG) received an Emergency Management Assistance Compact from the State of Louisiana. The Emergency Management Assistance Compact pertained to out-of-control forest fires in Louisiana.

The NJARNG promptly joined a multi-state response effort, deploying two UH-60M Black Hawk helicopters with a total of eight crew members to assist Louisiana. While on the ground, the NJARNG operated under the direction of the LAARNG and was prepared to conduct critical firefighting missions. Fortunately, by the time the NJARNG assets arrived, the fire threat had significantly diminished. Despite this, the NJARNG's aircraft and crews engaged in valuable training missions, enhancing their readiness for future support requests.

Within their aviation ranks, the NJARNG maintains proficiency in water bucket operations and occasionally supports firefighting efforts at Joint Base McGuire-Dix-Lakehurst or upon request from the New Jersey Forest Fire Service. Additionally, the NJARNG maintains hoist proficiency with their Medical Evacuation (MEDEVAC) Black Hawk helicopters. Approximately 30 members of Detachment 2, Charlie Company, 1st Battalion, 171st Aviation Regiment, are slated to deploy to the Western Balkans in support of U.S. European Command in August 2024 for approximately one year, including training time.

- **Was the New Jersey National Guard mobilized through a federal request for specific assistance or through a request by the State of Louisiana? What other states participated in the mission?**

The New Jersey Army National Guard did not undergo mobilization under federal status; rather, they were activated in State Active Duty status through an agreement under the Emergency Management Assistance Compact. Alabama, Arizona, Oklahoma, and Tennessee also participated in the Louisiana wildfire missions.

- **What were the additional State and federal costs of the New Jersey efforts in the containment and emergency response mission? Was the State reimbursed for its participation and how does the reimbursement process work?**

The cost to the State for this mission was \$200,585.17. NJDMAVA expects to be reimbursed within the next 90 days, as we have recently finalized our last expense data. On the reimbursement process, NJDMAVA's Division of Finance and Administrative Services gathers payroll and equipment use data and forwards it to Louisiana for review and reimbursement. Once all is approved, Louisiana will forward payment to New Jersey.

Recent New Jersey National Guard Deployment to the Middle East

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3. According to the department's website, more than 1,500 New Jersey National Guard members, comprised of the Army Support Activity 87th Air Base Wing, the 305th Air Mobility Wing, and the 44th Infantry Brigade Combat Team, will soon deploy to the Middle East in support of U.S. Central Command's Combined Joint Task Force – Operation Inherent Resolve, the largest deployment since the 2008-2009 Operation Iraqi Freedom deployment of the 50th Infantry Brigade Combat Team.

- **Questions:** What are the mission, objectives, and goals of each team with respect to the deployment? What is the length of the deployment? Will the teams be working with service members from other Armed Forces teams? Are the teams replacing service members from other Armed Forces deployments? What is the federal/State share of costs for the deployment? What is the budget impact?

To clarify, the 44th Infantry Brigade Combat Team, New Jersey Army National Guard, is currently deployed in support of Operation Inherent Resolve in the U.S. Central Command area of operations; while 332 Airmen of the 177th Fighter Wing, New Jersey Air National Guard returned home in January 2024, also from the CENTCOM area of operations. The Army Support Activity, 87th Air Base Wing, and 305th Air Mobility Wing, all tenant units at Joint Base McGuire-Dix-Lakehurst, are distinct military commands and are neither part of the New Jersey National Guard nor deployed with the 44th IBCT.

The missions and objectives of the 44th IBCT, NJARNG are to provide security forces for locations throughout the Middle East - where other forces are also operating - as well as providing security assistance, as needed, to members of the Iraqi Armed Forces. NJARNG Soldiers integrate (depending on location) with other units of the active duty Army, as well as the U.S. Air Force. Select Soldiers assigned to the Joint Task Force Headquarters integrate with the joint staff there, comprising all branches of the military, as well as a number of allied partners. The 44th Infantry Brigade Combat Team (reflagged in 2018 from its previous 50th Infantry Brigade Combat Team designation) replaces a brigade from the 10th Mountain Division, an active duty Army unit headquartered at Fort Drum, New York. No state funds were utilized in preparing Soldiers for this deployment; all deployment support funding came via Federal budgetary sources through the National Guard Bureau. Following built-in training time, the unit is scheduled for a nine-month deployment and is projected to return late in calendar year 2024.

There is no State cost-share to this deployment because this is a 100 percent federal mission.

New Jersey National Guard Readiness and Equipment

4. In response to the FY 2024 OLS Discussion Points, the department indicated that the New Jersey National Guard had transferred and exchanged various equipment with the U.S. Army for reorganization as potential support to a broad number of U.S. allies and partners.

- **Questions:** What equipment was exchanged and transferred from the New Jersey National Guard? Was the equipment that was exchanged and transferred no longer necessary for New Jersey National Guard and United States Armed Forces purposes in

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New Jersey and subsequently replaced with equipment that would serve new purposes? What was the strategy underlying the equipment transfer and replacement?

The New Jersey Army National Guard transferred 15 pieces of equipment as directed through the Presidential Drawdown (PD) in support of Ukraine and Taiwan. Due to the potential security effects of sharing this information outside of controlled environments, it is not appropriate to provide additional detail in this public format.

The strategy underlying the equipment transfer and replacement reflects the National Guard Bureau's attempts to minimize risk to the mission through selective unit tasking and vehicle variant substitutions to prevent degradation of known deployments and major collective training requirements through Fiscal Year 2025. This was based on available inventory, operational requirements, and readiness impacts.

Demographics of New Jersey National Guard

5. Evaluation data from the FY 2025 Governor's Budget Message indicate that in FY 2023, the authorized strength of the New Jersey Army National Guard was 6,022 and the authorized strength of the Air National Guard was 2,286. The evaluation data does not provide sufficient information regarding the National Guards' demographics and diversity.

- **Questions: What are the current demographics of the New Jersey National Guard? How has the composition of the Guard and its members changed over the past ten years? Does the Guard have any practices or recruitment methods that aim to increase diversity and representation?**

Please note: the demographics answer is based on the available National Guard Bureau-validated data, which spans five years.

In 2023, the NJNG force identified as 51% white, 17% black, 23% Hispanic, 6% Asian/Pacific Islander, and 3% other or unknown. The male/female percentage ratio was 80%/20% officers, 86%/14% warrant officers, and 76%/24% enlisted personnel.

In 2022, the NJNG force identified as 55% white, 17% black, 20% Hispanic, 6% Asian/Pacific Islander, and 2% other or unknown. The male/female percentage ratio was 80%/20% officers, 88%/12% warrant officers, and 77%/23% enlisted personnel.

In 2021, the NJNG force identified as 57% white, 17% black, 17% Hispanic, 6% Asian/Pacific Islander, and 3% other or unknown. The male/female percentage ratio was 82%/18% officers, 88%/12% warrant officers, and 78%/22% enlisted personnel.

In 2020, the NJNG force identified as 59% white, 17% black, 14% Hispanic, 6% Asian/Pacific Islander, and 4% other or unknown. The male/female percentage ratio was 83%/17% officers, 88%/12% warrant officers, and 78%/22% enlisted personnel.

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In 2019, the NJNG force identified as 64% white, 17% black, 11% Hispanic, 5% Asian/Pacific Islander, and 3% other or unknown. The male/female percentage ratio was 84%/16% officers, 86%/14% warrant officers, and 79%/21% enlisted personnel.

A steady trend of racial and gender diversification within the force, notably the more than doubled Hispanic-identifying population, is demonstrated over this five-year span.

The Recruiting and Retention Battalion of the NJARNG is an inherently diverse force, consisting of 25% female and more than 25% multi-lingual individuals from widely varying backgrounds. As an organizational norm, recruiting staffing and practices aim to match the diversity, socioeconomic status, and needs of the communities from which the NJARNG recruits the force of the future.

New Jersey National Guard Members – Exposure to Blast Injury During Training

6. The U.S. Army Medical Research and Development Command recently publicized the development of a new tool designed to help service members monitor exposure to blast injury during training. In March 2024, researchers at Boston University's Chronic Traumatic Encephalopathy Center indicated that there may be a connection between brain injury from blast exposure and behavioral manifestations.

- **Questions: Is the prevalence of explosive devices in the theater driving training procedures, thereby increasing the risk of blast injury during training? How effective is the monitoring tool at protecting soldiers and instilling an automatic reflex in them for personal safety? Please discuss.**

According to the U.S. Army Medical Research and Development Command (MRDC), the prototype Blast Overpressure Tool being developed by the U.S. Army Medical Research and Development Command's DOD Blast Injury Research Coordinating Office will help Service Members protect themselves from the effects of high-pressure shock waves created by heavy weapons when they are fired during training. The Blast Overpressure Tool is an application that provides training range managers, range safety officers, instructors, and others with easy-to-understand guidance on how to position personnel to minimize their exposure to shock waves, called blast overpressure, created by the firing of different types of heavy weapons such as mortars, rockets, rifles, and breaching rounds. The tool allows users to estimate the blast wave for a particular weapon in a computer model of the training environment to identify the potential safety risks for people in that scenario.

The Blast Overpressure Tool is being used to generate visualizations of blast overpressures for specific weapon systems and types of ammunition. The visualizations will be incorporated into a portable guide in the form of a pocket-sized flip book.

As of March 2024, the prototype Blast Overpressure Tool has yet to be fully validated and effectiveness at preventing blast injuries has not been determined.

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- **What are the federal regulations stipulated by the military intended to protect service members like the New Jersey Army National Guard from exposure to blast injury? What does the monitoring tool measure, and how is it used? Do the regulations identify a concrete safety threshold?**

H.R.2810 - National Defense Authorization Act for Fiscal Year 2018 authorized a longitudinal medical study on blast pressure exposure of members of the Armed Forces during combat and training, including members who train with high overpressure weapons, such as anti-tank recoilless rifles and heavy-caliber sniper rifles.

H.R.2500 - National Defense Authorization Act for Fiscal Year 2020 ordered the Secretary of Defense, in coordination with the Secretaries of the military departments, to document blast exposure history in the medical record of a member of the Armed Forces to assist in determining whether a future illness or injury of the member is service-connected; and inform future blast exposure risk mitigation efforts of the Department of Defense.

According to the U.S. Army Medical Research and Development Command (MRDC), the Blast Overpressure Tool is used to predict exposure loads when firing heavy weapons in training. The tool illustrates the blast overpressure zones for heavy weapon crew members, observers, and instructors; lists recommended personal protective equipment; and illustrates the radius that blast overpressure extends from the weapon when operated.

On February 29, 2024, Kathy Lee, director of the Pentagon's warfighter brain health policy, stated more research was required before establishing safety thresholds for firing explosive weapons.

- **What has the New Jersey Army National Guard experienced and observed regarding the after effects of blast injuries? What is the probability of service members sustaining a blast injury at any point in their military career, and how has this changed over time? What benefits are available to service members who sustain injuries from blast exposure?**

New Jersey Army National Guard information concerning the after-effects of blast injuries comes from the U.S. Army Medical Research and Development Command and includes a study from the Rand Corporation. Brain injuries from repeated blast exposure can lead to depression, cognitive problems, panic attacks, violent outbursts, and other symptoms that may not surface until months or years afterward. In addition, exposure to blast overpressure has been shown to contribute to impaired cognitive performance and decision-making ability.

As to Service Members' probability of sustaining a blast injury, this differs according to military occupation, years in a high-risk occupation, and exposure to different weapons systems. Military weapons systems such as the shoulder fired M136 AT4 recoilless anti-tank weapon, the M120/M121 120mm mortar, the M107 and MK15 .50 caliber sniper rifles and breaching charges all carry different levels of exposure and risk.

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Treatment for Service Members affected by blast exposure is available by contacting the federal Veterans Affairs Claims and Benefits offices at 1-800-827-1000.

*Simmons, Molly M., et al. "Neurological Effects of Repeated Exposure to Military Occupational Levels of Blast: A Review of Scientific Literature." Santa Monica, Ca.: RAND Corporation, 2020, 13-14.

SERVICES TO VETERANS

Women Veterans – Caring for Pregnant Service Members

7. A January 2024 report from the U.S. Government Accountability Office stated that pregnant veterans are more likely to have physical and mental health conditions that may contribute to adverse maternal health outcomes as compared to other pregnant women.

- **Questions:** What roles do the department and the Veteran Service Offices play in monitoring maternal healthcare outcomes and providing assistance? Does the department coordinate care and services with U.S. Department of Veterans Affairs medical center maternity care coordinators? If so, how?

The U.S. Department of Veterans Affairs provides maternity coverage and care coordination to help create a seamless maternity care experience. Veterans enrolled in VA healthcare receive a wide range of maternity care services throughout pregnancy, delivery, and postpartum. Maternity care services available through VA include full physical exams and lab tests, prenatal education and screening, obstetrical ultrasounds, genetic tests and specialty consults, prescription drugs, newborn care on the date of birth plus seven days immediately after birth, lactation support, support and services in case of miscarriage or stillbirth, and social work and mental health services provided by Maternity Care Coordinators (MCC). The point of entry for expectant New Jersey Veterans begins with State of New Jersey Veterans Service Offices. The department's trained and accredited service officers assist in determining eligibility and navigating the VA system.

Veterans Transportation Task Force

8. In a follow up response to the FY 2024 Assembly Budget Committee hearing, the department stated that the Deputy Commissioner of Veterans' Affairs would convene a Veterans Transportation Working Group to identify immediate and long-term courses of action to improve services and assistance to some of the most vulnerable veterans in New Jersey and that the working group would provide a copy of its findings.

- **Questions:** What is the current policy regarding veteran transportation services and what are the options to resolve the predicament? Are there any federal programs and funding available to make a State program practical?
- Please provide a status update on the Veterans Transportation Working Group. Has the Working Group finalized its findings? If so, please provide a copy of its report. If not, please summarize the Working Group's findings thus far.

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- **What additional costs would be incurred due to the implementation of these findings? What is the projected annual cost to provide transportation services to veterans in the Veterans' Memorial Homes and the Veterans' Havens? What is the projected annual cost to provide transportation services to veterans who do not reside in State institutions?**

NJDMAVA offers supplemental transportation services program to the U.S. Department of Veterans Affairs' existing transportation service offerings in New Jersey. The department offers rides to and from VA medical centers, hospitals, private physician appointments, VA Regional Offices, and Veteran Service Offices.

The proposed Fiscal Year 2025 budget includes \$335,000 to provide this supplemental transportation through grants-in-aid to counties to help cover transportation costs of Veterans in New Jersey that who do not reside at a NJDMAVA residential facility.

The VA provides transportation services for New Jersey Veterans through various program offerings. These services are at little or no cost to eligible Garden State Veterans. The programs offered by the VA within New Jersey include the Veterans Transportation Service which incorporates VetRide, Disabled American Veterans (DAV) vans, and the newly implemented VHA-Uber Health Connect. They also offer a travel pay reimbursement option for eligible Veterans and caregivers to and from approved health care appointments. The current mileage reimbursement rate is 41.5 cent per approved mile for health-related travel.

The VA Uber Health Connect Program is a recently approved offering that creates a reliable transportation option for Veterans to approved medical appointments. It is at no cost to the Veteran and they do not need to file a claim to participate. In addition, a free van shuttle service is offered in partnership with the Disabled American Veterans (DAV). The program's mission is to offer free van rides to and from VA healthcare centers for scheduled medical appointments. This service is only offered to ambulatory individuals (passengers who are able to move around without the driver's help). Approximately 1,500-1,700 Veterans receive DAV transportation in the Garden State each month.

Another reliable transportation option in New Jersey is the VA VetRide. This service is a nationwide offering of the VA that helps Veterans receive reliable transportation to VA health care appointments. Through the VetRide app/online portal, a Veteran has the ability to search nearby VA facilities and request a ride for their upcoming appointment. Reservations must be made one day in advance for a ride via VetRide.

Outside of the larger initiatives mentioned above are additional transportation services often offered by individual VA locations throughout the state. Oftentimes, these location-specific options are building shuttles that run specific hours of the week on a consistent basis. For example, the East Orange VA Medical Center and the Lyons VA Medical Center operate a daily shuttle between the two campuses M-F, from 7:00am-4:30pm.

The proposed Fiscal Year 2025 budget for Veterans Memorial Homes and Veterans Havens continues to fund veteran transportation to their residents' various appointments (Veterans Haven – South: \$8,000.00; Veterans Haven – North: \$8,000.00; Menlo Park

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Veterans Memorial Home: \$100,000.00; Paramus Veterans Memorial Home; \$250,000.00; and Vineland Veterans Memorial Home: \$700,000.00).

At the direction of The Adjutant General, the Deputy Commissioner of Veterans Affairs convened a Veterans Transportation Working Group to identify courses of action to improve services and assistance to some of the most vulnerable Veterans among us. Specifically, this internal working group is tasked with assessing current conditions relating to Veterans transportation, an examination of best practices in state delivered services across the United States, consultations with external stakeholders, and developing recommendations for consideration by the Legislature and the Governor. In the fourth quarter of Fiscal Year 2024, the working group will convene three in-person (northern, central, and southern New Jersey) and one virtual listening sessions. To date, the working group has identified reliable and accessible transportation as a chief challenge for New Jersey Veterans.

New Jersey Veteran Service Offices Expansion

9. The FY 2024 Appropriations Act appropriated \$825,000 to establish a Veteran Service Office in each of the seven counties that previously lacked one. According to the FY 2025 Budget in Brief, six of the seven were established as of December 2023 and the remaining office will open soon.

- **Questions:** Is it expected that the additional outreach achieved by the addition of the new offices will result in New Jersey attaining, and veterans living in New Jersey receiving, a higher level of federal benefit awards? What was the impetus for establishing a Veteran Service Office in each of New Jersey's 21 counties? What outcome does the department hope to achieve through the expansion?

At the start of Fiscal Year 2024, the department operated fourteen regional Veterans Service Offices. Staffed by trained and certified Veterans Service Officers, these offices provide information and guidance to Veterans and their eligible family members on filing federal benefits claims, provide assistance with employment issues, and facilitate access to education, burial, counseling, housing, social, and medical services. As we complete the opening of seven additional offices in Cape May, Middlesex, Passaic, Salem, Union, and Warren Counties, we anticipate that this will result in a higher level of awards statewide. As of March 1, 2024, Veterans Service Offices secured more than \$87 million in federal benefit awards in Fiscal Year 2024. This is a nearly 23% increase above the \$71 million in awards secured in Fiscal Year 2023. With the expansion of our Veterans Service Office presence, the Department anticipates another successful return this year and the years ahead. The impetus is equal access to services for all New Jerseyans. Highly trained and accredited officers at each location work around the clock to ensure each Veteran receives any and all federal benefits entitled to them. This also amounts to a significant return on taxpayer investment and a stimulus to the state economy.

- **What is the department's projection for the increase in veteran outreach that will be achieved as a result of the expansion? How will the expansion of the offices address the disparities and challenges rural veterans face?**

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With expanded geographical reach and larger staff, the department projects an increase in federal benefit returns, increased interactions with Veterans, and an expansion of outreach capacity to raise awareness about State and federal programs and services. Residents in rural areas will now have a trained and accredited individual within close geographic proximity to their home of record. This increase in accessibility affords each Veteran the opportunity to receive assistance applying for and receive the benefits that they have earned through their service.

- **How was the placement of new locations determined?**

In a broad sense, locations of Veteran Service Offices were determined by the principles of economy, efficiency, effectiveness, and social equity. As effective stewards of taxpayer dollars, the department prioritized no or low-cost partnerships with municipal and county governments.

- **How are the offices staffed?**

Each office is staffed by a Veteran Service Officer and an administrative support professional.

- **Would you please provide a new chart updating the information provided in response to the FY 2024 OLS Discussion Points to reflect current and projected expenditures for the Veteran Service Offices?**

Below is an updated chart:

	FY24 Funding	FY25 Funding	Total Funding
Salary (1x: annualized: 380,000+379,000)	\$380,000	\$379,000	\$759,000
Materials and supplies (2x)	\$42,000	\$0	\$42,000
Services other than Personal (3x)	\$130,000	\$0	\$130,000
Maintenance & Fixed charges (e.g. rent) Rent (4x)	\$168,000	\$0	\$168,000
Additions, Improvements & Equipment (7x)	\$ 105,000	\$(105,000)	\$0
Total	\$825,000	\$274,000	\$1,099,000

Veteran Homelessness

10a. The FY 2025 proposed Governor's Budget includes a new two-year initiative to address veteran homelessness, which recommends the investment of \$30 million to provide short-term services and interventions and long-term support to homeless veterans and which would place them into stable housing arrangements. The goal of the program is to eliminate veteran homelessness in the next two years.

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- **Questions:** Please define "stable housing." What is the vision for short-term services and long-term support? Please describe the expectation of a presumed length of stay for a homeless veteran and the plan for reintegration. Are there eligibility requirements for placement, and if so, please elaborate. Does the plan include the integration of healthcare services and job counseling for these veterans, or is this a housing-only initiative? Will this program mimic the two-year Veterans' Haven program?

There is no universal definition for stable housing. However, in this instance, NJDMAVA's partners at the Department of Community Affairs (DCA) use the term to refer to affordable permanent housing. In short, housing of an acceptable quality that is affordable to the individual living there, and which is not time-limited (except through a standard rental lease term similar to any rental apartment).

First, NJDMAVA wishes to clarify that the funds requested by DCA in Fiscal Year 2025 do not represent a new program. Instead, this interagency initiative seeks to eradicate obstacles to entry and combine and increase the impact of several programs within the state's homelessness system to ensure that current unhoused New Jersey Veterans reach functional zero by Fiscal Year 2027. It is difficult to presume a length of stay. For example, one Veteran may be diverted from entering homelessness, another may be rehoused and receive six months of temporary rental assistance, and another might leave street homelessness for a shelter, remain there for some time, and then receive a permanent housing voucher. While eligibility requirements for specific programs will be determined by the regulations of those programs, the goal of the initiative is to serve all homeless Veterans in the State. The requested funds will include expansion of case management and other supportive services, and the initiative, including State of New Jersey Veterans Service Officers, will work with individuals to connect them with existing state and federal benefits in these areas. This does not mimic the Veterans Haven program. For additional information, please refer to DCA.

- **What does invest over \$30 million in the next two years mean? What will the money be invested in to generate sufficient returns to provide the desired outcomes? Where will these costs be budgeted?**

DCA's Fiscal Year 2025 request includes funding for street outreach and immediate non-congregate sheltering for unsheltered veterans, building on programs established by OHP in this area, including the Rural and Suburban Outreach Initiative; long-term State Rental Assistance Program (SRAP) vouchers for long-term/unsheltered homeless veterans, who face the most obstacles to independence; Federal Veterans Administration Supportive Housing (VASH) vouchers administered by DCA as the State's housing authority; HOME-funded Tenant-Based Rental Assistance, using our ARP HOME allocation to provide up to two years of additional rental assistance; Diversion and Rapid Re-housing Assistance, building on our successful pilots and program enhancement; enhanced Tenancy Case Management, to assist veterans in achieving long-term housing stability after placement; flexible and innovative initiatives to help veterans quickly enter housing, such as landlord incentives and flexible funds to address any barriers to housing and employment; and a

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commitment to data-driven policy-making, rigorous evaluation and transparency throughout the process. For additional information, please refer to DCA.

- **What is the expenditure plan for the appropriation? How will a two-year program address veteran homelessness issues on an ongoing basis? What are the department's and Veteran Service Offices' roles, if any, in administering the program or expending the newly allocated funds?**

NJDMAVA defers to DCA on the expenditure plan. NJDMAVA welcomes this partnership and will deploy Veterans Service Offices and trained and accredited Veterans Service Officers to provide all the support necessary to achieve the critical objective of halting and reversing the increasing trend of veteran homelessness. Action is required now to create capacity in the system to efficiently address any future homelessness. This work relies on a data-driven approach requiring intervention at the earliest signs of housing instability, immediate provision of resources to those in critical need, and creation of sustainable housing opportunities. Reaching functional zero, where the number of veterans experiencing homelessness at any time is no greater than the housing placement capacity, is the ultimate goal. Accelerating housing placements is critical to achieving this.

- **Is this investment leveraging a federal initiative and is the \$30 million a State match for an ongoing federal investment in eliminating veteran homelessness? If so, what is the federal program and what is the federal/State cost share?**

NJDMAVA defers to DCA.

10b. The FY 2025 Budget in Brief provides a chart of 2022 and 2023 program data for various prevention and support services and short and long-term housing programs situated within the Department of Community Affairs' Office of Homelessness Prevention. The supporting text indicates that there are currently 993 sheltered and 174 unsheltered homeless veterans in the State.

- **Questions:** Please reconcile the numbers presented in the supporting text with the census data provided in the chart. How does the department's Veterans Transitional Housing Program (Veterans' Havens) fit within this landscape? How were the Statewide sheltered and unsheltered veteran populations identified? What was the change in the sheltered and unsheltered State veteran population between 2022 and 2023? How stable are these numbers? Do the populations represent servicemembers from all branches of the Military or only the New Jersey National Guard?

NJDMAVA defers to DCA.

Veterans' Havens

11. According to the Evaluation Data on Page D-310 of the FY 2025 Governor's Budget, the capacity of the Veterans' Haven facilities has increased by 30 beds, from 196 to 226.

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- **Questions:** How was the expansion in the capacity accomplished? Is the expansion a response to improved program outcomes or an increased need for transitional housing for homeless veterans? How is the performance of the program as determined by successful program completion, stable and permanent employment, and permanent housing measured? Is there a term for the performance metric? Does this metric affect federal funding for the program? What was the program performance rate over the past two years?

The Veteran Havens kept a wing open just for quarantine purposes during the COVID-19 pandemic. With the need for quarantine minimizing, the Veteran Havens no longer need to keep a wing dedicated to quarantine purposes, and thus their capacities have expanded. The more Veterans we service at the Veterans Havens means that we are able to bill and receive more funding from the federal VA.

Vet-to-Vet Hotline

12. In response to the FY 2024 OLS Discussion Points, the department presented data regarding the number of Incoming Calls, Outgoing Calls, and Total Calls for the Vet-to-Vet Hotline for FY 2022 and the first eight months of FY 2023. According to that information, the ratio of Outgoing Calls to Incoming Calls increased from a factor of approximately 1.5 Outgoing Calls per Incoming Call in FY 2022 to approximately 2.5 Outgoing Calls per Incoming Call for the first eight months of FY 2023.

- **Questions:** What explains the change in the ratio of outgoing to incoming calls?

The needs of individuals accessing the Vet2Vet helpline are varied and require different levels of follow up and support. Most importantly, DMAVA increased funding to support social media outreach. All social media contacts result in an outgoing call from the hotline.

- **How has the nature of the calls coming into the hotline changed over time? Have the calls become more urgent, and safety related? What calls are most prevalent and what trends are changing the demand for hotline services?**

Vet2Vet is a helpline, not a hotline. Vet2Vet provides non-clinical peer support and serves as a resource for New Jersey Service Members, Veterans, and their families. If a caller is in crisis the individual is passed to a clinician via hotlines that are trained and equipped to provide mental health intervention. The most prevalent calls are seeking information relating to State and federal benefits, programs, and services. The most significant trend that changing the demand for services is the need to meet Veterans where they are. This drove the decision to engage via social media channels and provide a point of entry.

- **Please discuss the effectiveness of the hotline in terms of bringing callers to safety and the impact on the families of veterans.**

What sets Vet2Vet apart from other helplines is that individuals speak or chat with a live Veteran who in many cases can relate to experiences one gains through military service.

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Family members often contact Vet2Vet on behalf of a loved one. Vet2Vet personnel are trained to constructively answer any questions and direct individuals (whether family members or not) to the appropriate benefit, program, or service.

Other Mental Health Initiatives

13. In a follow up response to the FY 2023 Assembly Budget Committee hearing, the department wrote that it was in the process of collaborating with the U.S. Department of Veterans Affairs and the U.S. Substance Abuse and Mental Health Services Administration to launch a program called *The Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and Their Families*. The department stated in its response that it planned to focus on three priority groups through the following programs: "Ask the Question Campaign," the "Expiration Term of Service Sponsorship Program," and "Increase Lethal Means Safety and Safety Planning for Service Members, Veterans, and Their Families."

- **Questions:** What is the department's role in the implementation and administration of this program? Is the department working with any other New Jersey State agencies in the administration of the program? What are the objectives of each of these programs and how is each program operated? Are these programs part of a federal program? If so, what is the federal program, what if any federal funding is available, and what is the State/federal cost share?

NJDMAVA serves as the primary agency responsible for *The Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and Their Families*. Chaired by the Deputy Commissioner of Veterans Affairs, the Governor's Challenge brings together leaders in the veterans and behavioral health spaces to encourage the adoption of evidence-based and best practices to reduce the incidence of suicide and improve the services offered at the local, county, and State level.

These efforts advance the U.S. Department of Veterans Affairs' *National Strategy for Preventing Veteran Suicide* by enhancing and aligning local and statewide suicide prevention efforts with evidence-based solutions and proven best practices.

In addition to NJDMAVA, the Governor's Challenge team includes representatives from the Department of Health, Department of Human Services, and the Department of Labor and Workforce Development. The State Parole Board has been an invaluable partner in assisting with the development and implementation of lethal means safety training.

In Fiscal Year 2023, the Governor's Challenge began statewide implementation of U.S. Substance Abuse and Mental Health Administration's day-long Mental Health First Aid Trainings. These trainings, conducted by the New Jersey Hospital Association and Mental Health Association of New Jersey, are intended for those who may interact with Veterans in distress (i.e., local first responders, community leaders). When complete, trainings will have been conducted twice in each of the state's twenty-one counties.

The Governor's Challenge also conducts grassroots suicide awareness and lethal means safety seminars. These events are conducted in collaboration with Catholic Charities

Discussion Points (Cont'd)

Diocese of Paterson's SOS Veterans Stakeholders Group, the nonprofit Keep Our Veterans Alive, and a multitude of community and federal partners.

The Governor's Challenge is a federal initiative adopted by each state and territory in the United States. Federal funds indirectly support the State's efforts through the professional support provided by U.S. Department of Veterans Affairs contractors and employees. There is no State cost share for these services.

- **What State funding supports this program? What is the budget for this program and where is it budgeted?**

In Fiscal Year 2023, consistent with best practices identified by other states implementing Governor's Challenge, NJDMAVA internally reassigned one employee to serve as a dedicated program manager. Beyond that and ancillary administrative and information technology costs, there is no State funding required to support this initiative. The federal budget to support New Jersey's efforts is \$249,954 over a two-year period. Those funds are expended at the federal level and do not pass through NJDMAVA.

Brigadier General William C. Doyle Veterans' Memorial Cemetery – Available Spaces

14. According to the FY 2023 Seven Year Capital Improvement Plan, the cemetery has a projected need of 18,958 gravesites over the next ten years, with 14,536 gravesites currently unused and the potential to develop an additional 17,920 gravesites.

- **Questions: Please explain the projected need for 18,958 gravesites over the next ten years when 14,536 gravesites are unused and there is the potential to develop an additional 17,920 gravesites.**

NJDMAVA routinely assesses demand and capacity at the Brigadier General William C. Doyle Veterans Memorial Cemetery. The above numbers do not take into account the number of Veterans and eligible dependents who opt for cremation over casketed burial.

- **With an average rate of 3,300 interments per year, how does the department plan for above ground and below ground interments? Are the 14,536 currently unused gravesites below ground gravesites? Is there a shift in preference to above ground gravesites and are there enough gravesites to meet the demand?**

As written, the question is unclear. However, it may be referring to the move from casket to cremation. Cremated remains may be laid to rest either above ground or in ground. NJDMAVA is currently in the construction completion phase of a new columbarium that provides an additional 4,800 niches. At current rates of interment, that will be available for use through Fiscal Year 2034. At current rates of interment, the capacity for 909 in ground cremations will be available through Fiscal Year 2028. Additional locations for in ground cremations are already identified and NJDMAVA is currently seeking a U.S. Department of Veterans Affairs grant of approximately \$9 million to construct follow on crypt fields that will increase capacity by 7,520 for casketed burials. In total, this provides sufficient crypt vaults through Fiscal Year 2038.

Discussion Points (Cont'd)

- **Please explain the interment planning process. How does the number of interments and the type of interment affect the master plan, federal funding and the associated State share?**

As noted above, NJDMAVA routinely assesses demand and capacity at the Brigadier General William C. Doyle Veterans Memorial Cemetery. This includes examining the rates of interment versus unused capacity, keeping abreast of changes to federal reimbursement policies and regulations governing eligibility, and equally important, New Jersey Administrative Code. The number of interments increase federal reimbursements, but the State cost share also increases. In Fiscal Year 2025, NJDMAVA intends to update the cemetery's strategic plan, identify available parcels for expansion, and recommend courses of action to ensure the sustainment of operations beyond Fiscal Year 2038.

VETERANS' MEMORIAL HOMES

Veterans' Memorial Homes – Ownership and Continuity of Reforms

15. In the final pages of their September 2023 report, *Investigation of the New Jersey Veterans' Memorial Homes at Menlo Park and Paramus*, the U.S. Department of Justice stated that the State's efforts to address the deficiencies at the Veterans' Memorial Homes through June 2023 were not capable of improving outcomes for residents in a systemic or sustainable way or fully addressing the lack of ownership over policy implementation and clinical care outcomes, or the lack of validated data to track those outcomes.

- **Questions: Please explain how the department interpreted the Department of Justice's position. What actions did the department take to address the conclusions of the report? Please elaborate. To what extent are clinical care outcomes dependent on the availability of accurate and responsible care? Is accurate and responsible care available to the residents of the Veterans' Memorial Homes?**

Before the September 7, 2023 publication of the U.S. Department of Justice report, NJDMAVA took decisive action to ensure the highest possible standards of care for the Veterans, Veteran Spouses, and Gold Star families residing at the Veterans Memorial Homes at Menlo Park, Paramus, and Vineland. These actions include the development of a robust infection prevention and control program supported by qualified professionals working in each facility, the standardization of policies and procedures, the centralization of fiscal, employee relations, and human resources functions, the implementation of electronic medical records systems to improve quality of care, the implementation of a learning management system to improve staff training (thousands of hours of additional staff retraining in critical clinical areas have been conducted), the contracting of select management positions for Menlo Park and consulting services at the other two facilities, and perhaps most importantly, increases in salary and wages for frontline healthcare workers and supervisors to ensure NJDMAVA's ability to attract and retain the best talent. Independent, no-notice surveys, or inspections, conducted in Calendar Year 2023 by the New Jersey Department of Health (NJDOH), acting as agents of the U.S. Centers for Medicare and Medicaid Services (CMS), and the U.S. Department of Veterans Affairs

Discussion Points (Cont'd)

confirmed this progress. Notably, in July 2023, NJDOH, acting as CMS agents, completed a focused infection control survey of Menlo Park and identified zero deficiencies.

Since the release of the report, NJDMAVA has been in active conversation with the U.S. Department of Justice to address the concerns in the report. Those conversations are still ongoing.

Veterans' Memorial Homes – Resident Advocates

16. P.L.2021, c.219 established the "resident advocate" position within State government for each veterans' memorial home. This person is charged with advocating on the residents' behalf regarding issues with operations at each of the homes.

- **Questions:** What advocacy and negotiating power does the resident advocate have with regard to advocating on behalf of the residents? What are the procedures for a resident to acquire the services of a resident advocate? What procedures are in place for a resident to appeal a decision made by the facility regarding an issue, for example a healthcare issue? To whom does the resident advocate report? What internal and external oversight mechanisms are in place regarding resident concerns? Are there circumstances under which the resident advocates would share resident concerns with individuals outside the department? If so, when and under what circumstances? What are resident rights regarding the privacy and publication of concerns or complaints?

The resident advocates in each home have the authority to advocate for each resident in the facility at any time. Resident advocates are in contact with each resident in the facility on a regular basis. They meet with each resident individually (usually monthly) as well as by request. The contact information of each resident advocate is posted and readily available on each unit and in common areas. The resident advocate reports directly to the Director of Veterans Healthcare Services and has an open line to facility administrators. All concerns documented by the advocate are emailed directly to the Director, the facility staff responsible for the area of concern, and to the facility administrator. All resident concern forms are reviewed and acted upon by the Director and the facility administrator for resolution of the issue. If no resolution is met, the Director will address the issue with the facility staff and resident. Advocates do not directly report to external agencies. Resident concerns may contain PHI and are protected under HIPAA. Residents are able to consent to the sharing of PHI at their discretion.

Veterans' Memorial Homes – Resident Councils of Memorial Homes

17. In March 2024, Governor Murphy announced the release of an *Independent Review of New Jersey's Response to the COVID-19 Pandemic* by Montgomery McCracken Walker & Rhoads LLP. The report details previous and current government practices with regard to emergency preparedness and includes over 30 recommendations for the State to improve their current level of emergency preparedness.

Discussion Points (Cont'd)

The report mentions several times the Resident Councils of Memorial Homes, as well as their potential to play an integral role in improving future handlings of pandemics, or other emergencies, as they impact the residents of the Veterans' Memorial Homes.

- **Questions:** How can a Resident Council improve the future handling of a pandemic? What powers do the Resident Councils have? What is the function of the Resident Councils? Does the role of the Resident Council differ across each Veterans' Memorial Home?

Resident councils play a central role in fostering a climate of openness and transparency. They help by providing and reinforcing guidance related to any infectious disease or other health related information. They are integral in improving the vaccine acceptance among residents, encouraging hand hygiene, mask compliance, and proper infection control practices among their peers. The resident council is designed to advocate for the residents of the facility and to bring any concerns that have been brought forward to them to the attention of the administration. Resident councils perform according to bylaws that the residents have developed and adopted. The role does not differ amongst the three homes.

Veterans' Memorial Homes – Internal Audit

18. According to the Montgomery McCracken Walker & Rhoads LLP report, the Department of Military and Veterans' Affairs implemented an internal audit program to help each home prepare to pass its annual New Jersey Department of Health inspection. As part of the program, central office personnel, including a clinical specialist and quality assurance nurse, conduct weekly inspections at each of the Veterans' Memorial Homes centered on topics outlined by the American Association of Post-Acute Care Nursing.

- **Questions:** What were the findings of the internal audit for each home and what actions did each home take to prepare for its annual health inspection? Was the audit worthwhile and what grade did each of the homes receive post audit as compared to the most recent pre-audit health inspection? What other programmatic measures has the Department of Military and Veterans' Affairs taken to help the Veterans' Memorial Homes better prepare to pass their annual inspections from the New Jersey Department of Health and the U.S. Centers for Medicare and Medicaid Services? What are some of the specific care topics outlined by the American Association of Post-Acute Care Nursing?

Each of the homes has a mock survey on an annual basis. This consists of a team of professionals in various departments performing a "mock" inspection of the other homes. The individuals use their expertise in their department to evaluate any possible deficiencies as they perform their inspections. There is a report that is generated that outlines possible areas of deficiency that is used to create a plan of correction for implementation in the home. Aside from the mock survey process, the facilities plan, execute, and evaluate the twelve-month survey preparation program developed by American Association of Post-Acute Care Nursing (AAPACN). This is a program that provides a calendar of evaluations over the 12 months to improve care and services. It includes policy review, audits, and review of systems that differ from month to month.

Discussion Points (Cont'd)

Veterans' Memorial Homes – Appointment of External Monitor

19. According to the Montgomery McCracken Walker & Rhoads LLP report, the State and the U.S. Department of Justice had discussed an agreement that would entail the appointment of a monitor to provide additional oversight for the Veterans' Memorial Homes.

- **Questions:** What was the outcome of this discussion? Is this conversation ongoing? What is the Murphy Administration's position on this issue? What role would a monitor play and how would the appointment of a monitor improve the care received by residents at the Veterans' Memorial Homes?

The ongoing discussions between the State and the US Department of Justice are still preliminary and there is no information provided to DMAVA and the efficacy of such an implementation.

- **Where would the position of a monitor reside and to whom would a monitor report? How much power would a monitor have over the operation of the homes? To what extent are too many controls being implemented regarding the operation of the homes and what is the reporting hierarchy of the controls that have been implemented and those in the process of being implemented? What strategy is in place to coordinate the oversight and control mechanisms being implemented at the homes?**

Conversations with the U.S. Department of Justice regarding their September 7, 2023 publication are still ongoing. The role of a monitor would be defined by any agreement reached with the Department of Justice.

Civil Monetary Penalties for Veterans' Homes – Update

20. In February 2023, multiple media outlets reported that the federal Centers for Medicare and Medicaid Services had levied over \$300,000 of civil monetary penalties against the Menlo Park Veterans' Facility. In response to the FY 2024 OLS Discussion Points, the department wrote that these penalties for violations at the Menlo Park Veterans' Home facility were under appeal with the Centers for Medicare and Medicaid Services.

- **Questions:** Please provide an update regarding the appeal. What was the result of the appeal? What was the amount of any resulting civil monetary penalties imposed?

NJDMAVA's appeal to the Centers for Medicare and Medicaid Services (CMS) have been resolved. An amount of \$289,242 was paid on February 5, 2024.

- **Were any other civil monetary penalties from the Centers for Medicare and Medicaid Services levied against the Paramus or Vineland Veterans' facilities? If so, what were the amounts of those penalties imposed? Were they appealed, and if so, what was the outcome of the appeal?**

Discussion Points (Cont'd)

Penalties were levied against the Paramus and Vineland homes. CMS imposed a civil penalty in the amount of \$21,393.00 against the Paramus facility as a result of a survey conducted on April 22, 2020. The penalty was paid February 5, 2024.

CMS imposed a civil penalty in the amount of \$5,000.00 against the Vineland facility as a result of a survey conducted January 2-7, 2023. An appeal was filed and has since been resolved. An amount of \$3,250.00 and paid March 13, 2024.

State Veterans' Memorial Homes Settlements

21. In the responses to FY 2024 Budget questions, the Office of Management and Budget said the State paid a total of \$69 million for the State Veterans' Memorial Home Settlements, settling \$53 million in FY 2022 and \$16 million in FY 2023. The Office of Management and Budget stated the DMAVA COVID settlement is the State's largest tort claim since 2018.

- **Questions:** Have there been any additional COVID settlements related to the State Veterans' Memorial Homes since then? If so, what is the number of settlements that occurred and what were the amounts awarded? What State funding sources will support the payment of these and any additional settlements?

There have not been any additional COVID-related settlements. For U.S. Centers for Medicare and Medicaid Services items, please see the response to question #20 above.

Menlo Park Veterans' Memorial Home Room Redesign

22. The FY 2024 Appropriations Act included \$400,000 in State funding to begin converting double occupancy rooms to single occupancy rooms at the Veterans' Memorial Homes. The Adjutant General's FY 2024 budget hearing testimony indicated that the department had received \$4 million in federal funding to begin the design process. According to the FY 2025 Budget in Brief, the Governor intends to request \$21 million from the Debt Defeasance and Prevention Fund to continue these projects at the Menlo Park and Paramus Veterans' Memorial Homes. Recent communications indicate that the department is actively working on a grant application to request \$23 million in federal funding from the VA State Veterans Home Construction Grant Program within the U.S. Department of Veterans Affairs for these projects.

- **Questions:** Is the increase in costs for this project resulting from the realization that converting double room occupancy to single room occupancy will require an expansion of the facilities, and was the FY 2024 appropriation of \$400,000 for design costs the State match for the \$4 million in federal funds for the design process?

The \$400,000 Fiscal Year 2024 appropriation for design services was intended to complement the \$4 million in federal funds secured for the same purpose. Projected costs of the capital improvements have remained consistent over the course of the last fifteen months as NJDMAVA engaged in a deliberate planning process. Plans for the conversion of dual occupancy rooms do not include the expansion of facility footprints. Rather, the design costs include extensive planning for long-term care facility room features and upgrades, everything from accessible accommodations and the incorporation of modern

Discussion Points (Cont'd)

care technologies to the reconfiguration of high-grade air filtration in heating, ventilation and air conditioning systems that mitigates the risk of infectious disease spread.

What is the impact of converting double occupancy rooms to single occupancy rooms on resident capacity? In other words, if the funding available could support additional rooms, would the department increase capacity at the homes? What are the capacity estimates for the finished project?

The conversion from dual to single occupancy will reduce beds available in Menlo Park and Paramus to approximately 200 in each facility. This was not driven by cost limitations but by a deliberate decision that reducing beds enables improved care, quality of life, and enhances the facilities' ability to prevent and contain future infectious disease outbreaks. This is consistent with best practices in state-run Veterans homes and long-term care facilities nationwide.

Keeping our existing and future residents safe and able to enjoy a higher quality of life is our priority. This dual-to-single initiative was developed with inputs from many partners, including members of the Legislature and Garden State Veterans Service Organizations.

- **What is the total anticipated cost to convert double occupancy rooms to single occupancy rooms at the Menlo Park and Paramus Veterans' Memorial Homes, and what is the State/federal cost share for this project? When is it anticipated that the conversion will be completed?**

The total anticipated cost of the capital improvements is approximately \$60 million. Of that number, there is a 35% state and 65% federal cost share. The Governor recommends allocating \$21 million from the Debt Defeasance and Prevention Fund to meet State obligations. On April 15, 2024, the State of New Jersey will submit applications to the U.S. Department of Veterans Affairs State Home Construction Grant Program for the 65% federal match. The construction phase is dependent on the federal timeline for grant award (this has varied over the last several years). For planning purposes, NJDMAVA anticipates construction in FY2026.

- **Will residents be displaced during the construction phase of the project, or following its completion? If so, how does the department intend to handle displaced Veterans' Memorial Home residents and the costs to do so?**

The dual to single occupancy conversion is being planned in a manner that minimizes the impact of construction and noise to residents. Resident room relocations are planned to occur within the residents' current homes in deliberate phases involving active communications with residents, staff, family members, and powers of attorney. Costs of resident movements will be incorporated into each home's operational budget.

Veteran's Memorial Homes – Bedding, Mattresses and Medical Equipment (VHS/Finance & Admin)

Discussion Points (Cont'd)

23. According to the FY 2025 Budget in Brief, the Governor plans to allocate approximately \$2 million from State Fiscal Recovery Funds to replace beds, mattresses, and medical equipment in the Veterans' Memorial Homes.

- **Questions: Why do the beds, mattresses, and medical equipment need to be replaced? Specifically, what medical equipment needs to be replaced and why? Is this part of a standard replacement rotation or is this in response to an event that caused the beds, mattresses, and equipment to need to be replaced, for example, the Memorial Home Redesign project?**

The beds, mattresses, and medical equipment are programmed for life cycle replacement. The medical equipment to be replaced includes 12 lifts to transport patients, 13 vital sign machines to assess health status, and five scales to obtain mandatory weights for each Home. Some costs may also be offset by the State Home Construction Grant Program. Most importantly, the Fiscal Year 2025 budget request reflects the Governor's commitment to enhancing quality of care for residents through a process of modernization. Upon completion, New Jersey's Veterans homes will be among the best equipped state-run Veterans homes in the United States.

- **What portion of the total number of beds and mattresses in each home will be replaced by virtue of this allocation?**

The bed and mattress allocation will allow each Veterans Memorial Home to procure approximately 200 new beds and mattresses.

- **Is the \$2 million allocation in State Fiscal Recovery Funds sufficient to replace all beds, mattresses, and medical equipment that requires replacement or upgrading? If not, please indicate the additional amount(s) and identify the funding source(s) of State and federal funding that may be necessary to complete these upgrades.**

NJDMAVA's Fiscal Year 2025 budget request includes a total of \$2 million for beds, mattresses, and medical equipment. Of that number, roughly \$600,000 is for medical equipment and \$1.4 million is for bed and mattress replacement. The Veterans Memorial Homes did a thorough inventory of each facility's specific requested items based on equipment life cycles and resident needs. NJDMAVA believes the funding is sufficient.

Veterans' Memorial Homes – Information Technology Infrastructure

24. In its October 2023 report, the State of New Jersey Commission of Investigation stated that "[a]mong the technology upgrades lacking at the homes are sufficient Wi-Fi, updated digital phone systems and appropriate video capabilities for all residents to keep pace with telehealth advancements, allow for remote social services care and communicate with loved ones." With respect to Menlo Park, the State Commission of Investigation wrote that the home "was recently outfitted with Wi-Fi. However, the limited service is unsuitable for the facility's wireless needs, according to staff. Consequently, residents and staff still need to use portable hotspots for wireless internet connection." The United New Jersey Veterans platform, launched on January 1, 2024, is intended to connect service providers throughout New Jersey to streamline the process for

Discussion Points (Cont'd)

veterans and military families seeking access to care and benefits earned. The FY 2024 Budget appropriated \$3 million to support this initiative.

- **Questions:** Has the Wi-Fi infrastructure been upgraded to handle the Unite New Jersey Veterans platform, and did this upgrade resolve the communication deficiencies identified in the State Commission of Investigation report? Is the Unite New Jersey platform up and running and delivering the expected benefits?

To clarify the Department's answer to this section: this comment touches on two distinct areas: operational requirements in the care of residents, and resident communication with loved ones. There are numerous initiatives underway to improve the current infrastructure as it relates to the production network (enhancements to the DMAVA segment of Garden State Network (GSN) Wi-Fi; wider coverage in the memorial homes; replacement of PBX with VOIP call manager) and the separate initiative to provide resident commercial Wi-Fi services across the facilities.

The installation of Wi-Fi in DMAVA facilities was an Office of Information Technology (NJ OIT) initiative to provide access to the Garden State Network (production network) for employees utilizing state client-side equipment (GFE).

As the DMAVA segment of the GSN Wi-Fi was implemented, the priority was to ensure connectivity to the areas of the three facilities that contained resident rooms in order to facilitate the implementation of point of care data entry into electronic medical health record (EMHR) systems.

The initial rollout did not include all areas of the facility, was not meant to be utilized as primary method of access to the production network and was not installed for resident use as a recreation Wi-Fi network. Employees were advised that the primary method of connectivity for production was wired LAN. The DMAVA GSN Wi-Fi was to be used for the point of care/beside entry of data to EMHR.

As an added benefit to the state's Wi-Fi deployment was a segment of Guest Wi-Fi services riding the same telecommunications infrastructure. The purpose of the Guest Network was to facilitate access for persons conducting business within State facilities. The Guest Wi-Fi was never meant to serve as a recreational network for residents nor as a connectivity method for employees.

Access to technology by residents within the homes was traditionally through their contracting with local service providers. For example, phones were provided by the local exchange carrier and billed to the resident. Then with the advent of cellular technology, the same was true of cellphones. Cable television was coordinated and provided by local cable companies and billed to the residents. However there has been a paradigm shift with the advent of new technologies. In 2022, DMAVA initiated a program to install a separate Wi-Fi commercial network at the residential facilities.

Veterans Haven North and Veterans Haven South were completed in Fiscal Year 2023. Installation of new Wi-Fi at the Veterans Memorial Homes at Menlo Park, Paramus, and Vineland is programmed for Fiscal Year 2024 and will be completed in Fiscal Year 2025.

Discussion Points (Cont'd)

Uniquely, the Unite Us (Unite New Jersey Veterans) platform is a cloud-based system that enables service providers to utilize a collaborative portal that facilitates the identification of benefits and programs to eligible Veterans and their families. New Jersey Veterans will benefit from this implementation which establishes a new standard of care that identifies social care needs in the communities, manages enrollment of individuals in services and leverages meaningful outcomes to further drive community investment.

The Unite New Jersey Veterans platform is specifically designed for providers of service to Veterans and their families. Our homes' staff will be the ones using the platform, and they have access to the platform through existing home infrastructure. DMAVA completed staff training and went live on March 16, 2024.

Unite New Jersey Veterans is not dependent on Wi-Fi infrastructure. It is available via a web browser on any computer since it resides in the cloud. The implementation of this important tool to help all Garden State Service Members, Veterans, and their families is unrelated to Wi-Fi infrastructure at the homes.

Veterans' Memorial Homes – Federal Funding for Telehealth Infrastructure

25. Recent communications indicate that the department is actively working on a grant application to request \$750,000 in federal funding from the VA State Veterans Home Construction Grant Program within the U.S. Department of Veterans Affairs for telehealth infrastructure at the Veterans' Memorial Homes.

- **Questions: Please define telehealth infrastructure. Please discuss the telehealth infrastructure the department is seeking to install. What if any State funding has already been allocated towards this purpose? Which Veterans' Memorial Homes will receive new or improved telehealth infrastructure if these federal funds are awarded?**

NJDMAVA's pending applications to the U.S. Department of Veterans Affairs State Home Construction Program are unrelated to telehealth infrastructure. State funding has not yet been allocated for telehealth infrastructure, which relies on resident access to Wi-Fi. Please see the response to #24 for additional information.

- **What, if any, relationship exists between this funding request and information technology infrastructure projects related to the Unite New Jersey platform?**

This funding has no relation to the \$3 million that was received for the software implementation of the Unite New Jersey Veterans platform. There are no technology infrastructure projects related to the Unite New Jersey Veterans platform, which is a web-based platform accessed through web browsers.

Menlo Park Veterans' Memorial Home – Mold Abatement

Discussion Points (Cont'd)

26. In May 2023, the department sent residents a letter stating that the Menlo Park Veterans' Memorial Home had "identified areas of concern with respect to the appearance of drywall in some areas of the facility." As of March 2024, the department's website stated that an external consultant found no evidence of unusual mold conditions in the facility based on air quality assessments, but abatement and repairs would continue in the interest of current and future resident safety.

- **Questions: How is the department addressing the differences in the Menlo Park Home's concern and the consultant's findings? What is an "unusual" mold condition as defined through air quality assessments? Could there be findings of unusual mold conditions based on other than air quality assessments?**

Environmental Design Inc, (EDI) serves as NJDMAVA's project consultant for the Menlo Park Veterans Memorial Home mold abatement project. According to EDI, "while there are no federal or State regulatory limits governing mold exposure, industrial hygienists and other mold professionals generally consider mold spore concentrations below 1,500 counts/m³ to be typical for indoor environments."¹

Out of an abundance of caution, and despite EDI results of pre-abatement air sampling in June 2023 indicating low levels of airborne mold spores in the facility relative to outdoor air samples, NJDMAVA proceeded with replacement of drywall in all impacted areas throughout the facility in the interest of current and future resident safety as well as complete repair of all plumbing infrastructure showing signs of leakage.

- **Have there ever been any mold remediation projects at the Veterans' Memorial Homes in the past?**

A fifteen year lookback into historical mold abatement projects at Menlo Park revealed no other large-scale mold remediation projects.

- **What is the total estimated cost to remediate the mold concern?**

The project is expected to be completed in April 2024. Final project costs are approximately \$1.3 million.

- **Are there any federal funds available to support the remediation? What was the cost to relocate the residents during the remediation?**

No federal funds were immediately available to conduct the abatement and repairs quickly and decisively. Menlo Park residents were relocated within the home and any associated costs were absorbed within normal operational budget costs.

- **Are the residents apprehensive about returning?**

¹ Reference EDI, 8 JUNE 2023, "Airborne Mold Testing Pre-Testing Results Summary Report," Executive Summary, p. 2, "The analytical laboratory results are reported as an airborne concentration of mold spores, expressed as spore counts per cubic meter of air (counts/m³).

Discussion Points (Cont'd)

The Menlo Park staff, residents, and family members have not expressed to the department any apprehension about returning when invited to return to their renovated rooms. Some residents have enjoyed the change of scenery and expressed a preference to stay in their new rooms. The facility has accommodated these preferences.

Veterans' Memorial Homes – Staffing Levels

27. In September 2020, Governor Murphy signed P.L.2020, c.112, which established minimum wage and direct care to resident population ratio requirements for nursing homes (one certified nurse aide for eight residents for the day shift, 10 residents for the evening shift, and 14 residents for the night shift.)

The department's response to the Fiscal Year 2024 OLS Discussion Points, regarding staffing levels at the Veterans' Memorial Homes, included the following data with respect to P.L.2020, c.112 direct care and nursing aide staffing levels at the three homes from Fiscal Year 2018 through and including Fiscal Year 2023.

FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
661	716	935	822	805	727

- Questions:** Please discuss the effects of the requirements under P.L.2020, c.112 on the quality of direct care currently received by the residents compared to before the law was passed.

The requirement has increased the quality of care provided to the residents by increasing the number of direct care providers in relation to the number of residents on a given shift, increasing the ability of staff to respond quickly to residents' needs and requests. The staff are able to provide better time and attention to our residents as well as communication with their family members. This staffing ratio requirement only applies to certified nurse's aides, however nurses and those with higher medical credentials can also support each shift's direct care ratio.

- Would you please provide a new chart that includes updated numbers for FY 2023 and staffing level data to date for FY 2024? If possible, please separate the staffing level data by Certified Nursing Aides and Registered Nurses for each fiscal year.**

FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023 Updated	FY 2024
661	716	935	822	805	666	652

The following breaks out Certified Nurse's Aides and Registered Nurses for the last two fiscal years.

FY 2023

FY2024

Discussion Points (Cont'd)

193 RN Staff
345 CNA/Sr. CNA Staff

179 RN Staff
357 CNA/Sr. CNA Staff

Veterans' Memorial Homes – Staff Planning

28. Currently, the U.S. Centers for Medicare and Medicaid Services report that all three State-operated Veterans' Memorial Homes have a higher staffing rate than the State average, as well as the national average. This is measured in terms of the total number of nurse staff hours per resident. The Veterans' Memorial Homes also have a lower staff turnover rate as compared to the rest of New Jersey, as well as the country.

- **Questions: To what does the department attribute its lower turnover rate and higher nurse staffing rate than the State and national averages? Does the department anticipate better resident health outcomes as a result and what will the department be monitoring to ensure resident wellbeing on an ongoing basis?**

Compared with state and national averages, the Veterans Memorial Homes attribute their lower turnover rate and higher nurse staffing rates to their practices of having higher staffing-to-resident ratios. Retention can be credited, in part, to the State of New Jersey's pension and benefits plan, including paid time off. In Fiscal Year 2024, NJDMAVA also created a higher paid title classification for Certified Nurse's Aides. These titles help with both recruitment and retention efforts.

Lower turnover rates support the organization at large; however, NJDMAVA will continue to monitor a great number of factors and performance indicators to ensure resident well-being. These include oversight of resident care plans to ensure the plans are not only up to date but followed appropriately and consistently. The homes place priority on staff training, ensuring that education is current and that clinical practices follow federal, state, and departmental requirements.

- **What is the unique assessment of the Administrators of each Veterans' Memorial Home about the current staffing levels at their respective homes, i.e. overstaffed, sufficiently staffed, or short-staffed? Are these assessments based on staffing data, personal experiences, or another metric?**

The administrators of each home feel that their current staffing level are above what other nursing homes are able to provide. These assessments are made on staffing levels relative to State requirements and feedback via professional organizations and peer interactions. However, in the interest of retaining and recruiting talented, dedicated personnel, especially in a competitive health care job market, NJDMAVA will continue its focus on staff as the backbone of its organization.

These assessments are based on the staffing ratios for P.L.2020, c.112 for CNAs. The LPNs internally are staffed with a nurse on each med cart with the senior LPN becoming the desk nurse if there are no RNs. The RNs are difficult to staff. However, we have Supervisor of Nursing staff who can serve as Registered Nurses when necessary.

Discussion Points (Cont'd)

- **Is the department hiring more highly trained and experienced staff than before the pandemic, and if so, is this having an effect on resident clinical care outcomes?**

DMAVA has always sought the best in clinical care for New Jersey Veterans, Veteran Spouses, and Gold Star Families. Post-pandemic, this includes upgrading CNA and select staff's Civil Service titles, bringing frontline health care workers closer in line with private sector compensation. Moreover, each facility onboarded specialized staff in the areas of infection control, education, wound care, and investigation. Please refer to #27 for more information on overall staffing levels.

Improved staffing in combination with routine and careful assessment of metric data in Certification and Survey Provider Enhanced Reports, or CASPER, can help inform an overall picture of resident clinical care outcomes.

Additional State Funding for Veterans' Memorial Home Salary Costs

29. According to the FY 2025 Budget in Brief, the Governor proposes to provide an additional \$1 million in State funding for Veterans' Memorial Home staff salaries.

- **Questions: Will this funding be used to hire additional staff or is this funding intended to pay performance bonuses? Is the increase in State funding a match for awarded or anticipated federal nursing staff retention grants?**

This funding is intended to hire additional direct care staff. Based on the enactment of P.L.2020, c.112, the Department needs to maintain a minimum direct care staff-to-resident ratio in the nursing homes across each shift. This funding is intended to help NJDMAVA meet this ratio. It is not an increase to match federal nursing retention grants.

- **How does compensation at the three Veteran Memorial Homes compare with state and national compensation averages for nursing homes in general and as compared to other state Veteran Memorial Nursing Homes?**

The Fiscal Year 2024 change in titles was a significant step forward in NJDMAVA's efforts to compensate health care heroes. NJDMAVA Certified Nurse's Aide positions are in a much more competitive range relative to external state and national compensation packages.

Similar to long term care facilities across the United States, NJDMAVA experiences challenges recruiting and retaining Registered Nurses (RNs) due to private sector incentives unavailable to public employees. That said, Veterans Memorial Home RNs are among the finest in their field and bring to their work a dedication and commitment to mission and the residents that they serve.

No-Callout Bonus Pilot Program at Vineland

Discussion Points (Cont'd)

30. In FY 2023, the department received \$255,000 in federal funding from the U.S. Department of Veterans Affairs (VA) to attract and retain certified nurse's aides at the Vineland Veterans' Memorial Home. According to the Adjutant General's FY 2024 testimony, the grant provides specific funding for tuition reimbursement, referral bonuses, and no call-out bonuses, as well as employee appreciation activities. In FY 2024, the department requested additional funding in the amount of \$255,000 in State matching funds to expand the program to all three Veterans' Memorial Homes and received an additional \$300,000 in federal funding from the VA.

Current information does not suggest that any other requests for federal funding are being made despite the federal grants received in FY 2023 and FY 2024.

- **Questions:** At the current level of funding, are the bonuses incentives enough to discourage callouts? Did the callout rate decline as a result of the bonus structure? If not, what changes can be made to incentivize fewer callouts, for example increasing the bonus amount or establishing a graduated bonus system, meaning the less one calls out the higher bonus level one qualifies for? In FY 2024 to date, what has been the average bonus award and the number awarded?

The bonuses in their current award structure definitely help discourage call outs. DMAVA has applied the bonus program to cover the historically higher-call out period that ranges from early autumn through early spring. Of note, the employee recognition program and tuition reimbursements also come from this funding as workforce incentives.

The current award structure provides \$200 as the standard no-call-out bonus amount, however, this is the first year of implementation across all three homes. NJDMAVA has slated award of 1,350 bonuses in Fiscal Year 2024 (450 per facility). The vast majority of bonuses have been already awarded.