

The Role of County Veteran Service Officers

An Assessment

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The Military, Veterans, and Society Program addresses issues facing U.S. service members, veterans, and military families, including the future of the All-Volunteer Force, trends within the veteran community, and civilian-military relations. The program produces high-impact research that informs and inspires strategic action; convenes stakeholders and hosts top-quality events to shape the national conversation; and engages policymakers, industry leaders, Congress, scholars, the media, and the public about issues facing veterans and the military community.

Acknowledgments

The authors would like to thank the many individuals and organizations that have contributed to and inspired the development of this research. They extend their gratitude to Lori Adams and Moira Fagan for their time reviewing the report, and to Dr. Margaret Harrell and the Bob Woodruff Foundation for their thoughtful feedback on the draft report, and their sincere appreciation to CNAS colleagues Melody Cook, Cody Kennedy, Maura McCarthy, Rin Rothback, and Emma Swislow for their time and attention in supporting the work.

This report was made possible with support from Craig Newmark Philanthropies and Bank of America. The views presented here are those of the authors and not necessarily those of Craig Newmark Philanthropies and Bank of America or their directors, officers, or staff.

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Executive Summary

This assessment examines the role of county veteran service officers (CVSOs) throughout the United States. The report highlights the services and support available to veterans via CVSOs around the country, and compares their effectiveness against the help offered by staff through other types of veteran service organizations (VSOs). CVSOs provide resources to veterans at the local level, and their roles and experiences vary according to the state- and federal-level VSOs available in that area. Using quantitative analysis, the effectiveness of CVSOs is measured through grant rates of disability compensation claims submitted, as compared to those submitted by state and nonprofit VSOs. This report examines the effectiveness, challenges, barriers, and resources that CVSOs face when serving veterans in their jurisdictions.

Among the most significant findings:

- Many veterans, including those living in counties with CVSOs, are unaware of the role that CVSOs play and the resources available to them at the county level.
- There is a discrepancy in what CVSOs are responsible for in their duties and what they are resourced to do.
- While they represent a small percentage of the total claims submitted, disability compensation claims submitted by CVSOs are increasing in number and have a higher rate of success than those submitted by state-level and nonprofit VSOs.
- CVSO responsibilities and experiences vary widely between states and counties.
- The ongoing COVID-19 pandemic has greatly complicated the role of CVSOs, with a decrease in the number of veterans served since March 2020.

Introduction

Veteran services are provided by federal, state, and local governments, along with a range of nonprofit organizations. The federal government, through the U.S. Department of Veterans Affairs (VA) and the U.S. Department of Labor's Veterans' Employment and Training Service (VETS), provides the most well-known services, including healthcare, GI Bill education benefits, and financial compensation through pensions, disability claims, employment services, and/or case management, respectively. Individual states also have their own departments of veterans' affairs and offer an array of independent support services such as help with taxes,

employment, and legal consultation. State and local governments coordinate federal government assistance within their jurisdictions. Veteran-serving nonprofit organizations provide on-the-ground assistance as well. VSOs range from local niche groups to large national organizations, including the "Big Six," the oldest and largest of such organizations: American Legion, Veterans of Foreign Wars, Disabled American Veterans, Paralyzed Veterans of America, American Veterans (AMVETS), and Vietnam Veterans of America. Student Veterans of America (SVA) represents the 750,000 veterans who are pursuing higher education.

While much attention has been paid to federal, state, and nonprofit services, there is little research on the role of local governments, particularly at the county level. Unique to that level is the use of county veteran service officers who operate in 24 percent of counties throughout the nation.¹ Working as VA-accredited VSOs, CVSOs sit at the county level in 749 of the 3,132 counties (or county equivalents) across 29 states. They provide a variety of services to veterans living in their jurisdictions, including but not limited to disability compensation, employment assistance, education eligibility and benefits, VA health care eligibility and assistance, mental health resources, financial support, housing resources, caregiver and family support, and death and burial benefits. Their responsibilities vary widely by state, region, and even locality, because resources, opportunities, demographics, regulation, and legislation limit CVSOs and their staffs. They work within a broader ecosystem of state-level benefits, federal resources, and nonprofit organizations in order to best serve the veterans near them. Due to the wide variety of resources and responsibilities, the effectiveness and availability of CVSOs varies enormously between counties.

While much attention has been paid to federal, state, and nonprofit services, there is little research on the role of local governments, particularly at the county level.

A comparison of counties with CVSOs reveals that job descriptions, employment requirements, and management structures vary. In seeking to fill a gap in research about CVSOs and their impact on the U.S. veteran population, this report examines the geographic distribution, roles and duties performed, and effectiveness of CVSOs.

Following background information on CVSOs, the methodology used for analysis is outlined. After presenting the findings, this report concludes with recommendations for better integrating CVSOs into the broader veteran support landscape. Key stakeholders at issue include the Department of Veterans Affairs, state and local governments, CVSO organizations, and veteran-serving nonprofits. Finally, three appendices offer specific details regarding how the research was conducted.

Only limited research has been focused on county-level veteran services. One analysis of CVSOs described them as “the at-home, back-to-the-community stop for veterans who have served the nation . . . they are the local link in an intergovernmental chain serving the country’s 21.8 million veterans.”² Media coverage of CVSOs, which is also limited, describes the patchwork nature of their operation and the wide variety of services available at the county level, depending on resources and location.³ Individual states’ studies of their jurisdiction’s veteran services often highlight the role of CVSOs in the overall landscape. CNAS consulted a variety of sources to determine the extent of CVSO-specific information, including VA reports; state-level veterans’ services reports; federally funded research and development centers (FFRDCs); local, state, and national veteran needs assessments; National Association of Counties veteran coverage; and national reporting.

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The lack of CVSO-specific research and studies prompted CNAS to generate original research on an underreported topic. While existing literature acknowledges the potential role of CVSOs in veteran outcomes, no comprehensive study of the issue has been carried out before this one.

This report builds upon previous CNAS work assessing veteran-serving nonprofits, state-level veteran benefits, and municipal veteran services.⁴ Accounting for the resources available through these institutions, the report also examines challenges faced by each type of veteran-serving space. The CNAS assessment of CVSOs is intended to fill the gap and highlight an often overlooked type of veteran support, in order to raise awareness of what is available to veterans at the county level, and to highlight the challenges that CVSOs face.

Methodology

This report followed a mixed-methods approach to generate original research using three primary lines of effort to collect information: phone or video interviews with key stakeholders across the country; a survey of CVSOs; and quantitative data analysis of disability claim rates.

Three major questions guided the background research and data collection: where CVSOs are, what they do, and how well they do it. Primarily, the assessment was focused on the geographic distribution of CVSOs, the roles and duties performed by CVSOs, and how effectively they perform those duties compared to other types of VSOs. The geographic analysis examined distribution in states, relationship to the per capita veteran population, and reasons behind geographic distribution. To study the duties of CVSOs, CNAS examined the methods of assistance offered to local veterans and compared the methods to those of other types of VSOs. Finally, the effectiveness of CVSOs was measured through examining uniformity, equality, and explanatory variables. The explanatory variables included income, county demographics, community interactions, and job requirements and employment data for CVSOs. CNAS also examined which type of VSO, if any, filled the gap in locations without CVSOs, as well as differences in outcomes for veterans with and without access to CVSOs. Support, training, and resources available to CVSOs across the country were also highlighted in the research questions.

Because of the limited existing CVSO-specific research and studies, the CNAS team interviewed 21 key stakeholders between January and May 2021. Via phone or video chat, greater insight was gained into the roles of CVSOs and their effectiveness. Interviewees included CVSO leaders, other veteran-serving nonprofit organization leaders, researchers, and government officials at the county, state, and national levels. CNAS identified stakeholders through an environmental scan of key individuals and organizations serving veterans at county and local levels, and their recommendations for further interviewees.

These stakeholders brought national and local perspectives representing 12 states: Arizona, Arkansas, Florida, Georgia, Illinois, Nebraska, North Carolina, Ohio, Oregon, Texas, Washington, and Wisconsin. Questions asked during interviews pertained to the role of CVSOs currently and over time (independently and in relation to other types of VSOs and veteran-serving nonprofits), requirements to become and remain a CVSO,

and CVSO capabilities. A full list of stakeholder interview questions is included in Appendix A.

The CNAS team then analyzed interviewee responses to inform the design of a survey through the Qualtrics survey platform, which was dispersed directly to CVSOs and CVSO association leadership via email. Outreach was also conducted to the National Association of County Veteran Service Officers (NACVSO) and other organizations with CVSO partnerships, in order to share the survey opportunity with additional CVSOs across the country. Between April and July 2021, 203 CVSOs from 22 states responded. Forty-eight percent of respondents came from the Midwest region, with the states of Illinois, Indiana, Iowa, Michigan, Minnesota, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin represented. Nine percent of respondents came from five Southern states: Florida, Mississippi, North Carolina, South Carolina, and Tennessee. The Northeast accounted for 7.4 percent of respondents, with Massachusetts, New Jersey, New York, and Pennsylvania represented. Finally, 5 percent of the respondents came from three states in the West: New Mexico, Oregon, and Wyoming.

The public survey consisted of 28 questions, detailed in Appendix B. The survey questions inquired about CVSO attributes—including job requirements, staff sizes, turnover rates, and responsibilities—and characterizations of the population served, including the most prevalent service era (Korean War, Vietnam War, Gulf War, and Post-9/11), rural/urban/suburban demographics, and the percentage of women and minority veterans served. Survey responses were used to identify the challenges and opportunities facing the CVSO community in its mission to assist local veterans. Relevant survey responses are provided in Appendix C.

To conduct quantitative data analysis, the CNAS team requested records under the Freedom of Information Act through the Veterans Benefits Administration Compensation Service. The specific data requested included the number of disability compensation claims submitted, how many such claims were granted, and the average rating of claims when granted, by year, from the five-year period from 2014 to 2019. To best analyze the records, CNAS received data categorized by whether the claim was submitted with representation by a CVSO's organization, any other type of VSO, or no organizational support.

Other sources that were consulted included VA records of disability compensation claim rates by type; state-level veteran services reporting; federally funded research and development center research regarding VA disability compensation provision; local, state,

and national veterans needs assessments; National Association of Counties veteran coverage; national reporting (NPR, *The New York Times*, *The Washington Post*); and census, state, and county population records and reports.

Findings

As noted, public records, nonprofit resources, state studies, VA reports, FFRDC research, and a variety of media contribute to the available literature and research about CVSOs. This report highlights the findings from CNAS secondary research along with primary-source quantitative analysis, survey data, and original interviews with stakeholders and leaders in the veteran-serving space, both in counties and within other jurisdictions. Findings are categorized by CVSO geographic distribution, role, and effectiveness, all of which inform the report's recommendations.

Geographic Distribution of CVSOs

While CVSOs provide a local resource for veterans, there is no nationwide requirement for them to exist. Their offices are present in 29 states, as shown in Figure 1. U.S. territories (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands) either do not have counties or county equivalents, or else use a veteran support system that differs from those in the 50 states, and are therefore not included in this analysis.

The presence of veterans within a state can be measured in one of two ways: by absolute numbers or by per-capita rates. There appears to be a relationship between the absolute number of veterans in a state and the use of CVSOs. The five states with the largest absolute veteran population—California, Florida, Ohio, Pennsylvania, and Texas—all utilize CVSOs. However, there is a less direct relationship between state levels of per capita veterans and the use of CVSOs; of the five states with the largest per capita veteran population, only three—Montana, Idaho, and Wyoming—have CVSOs.

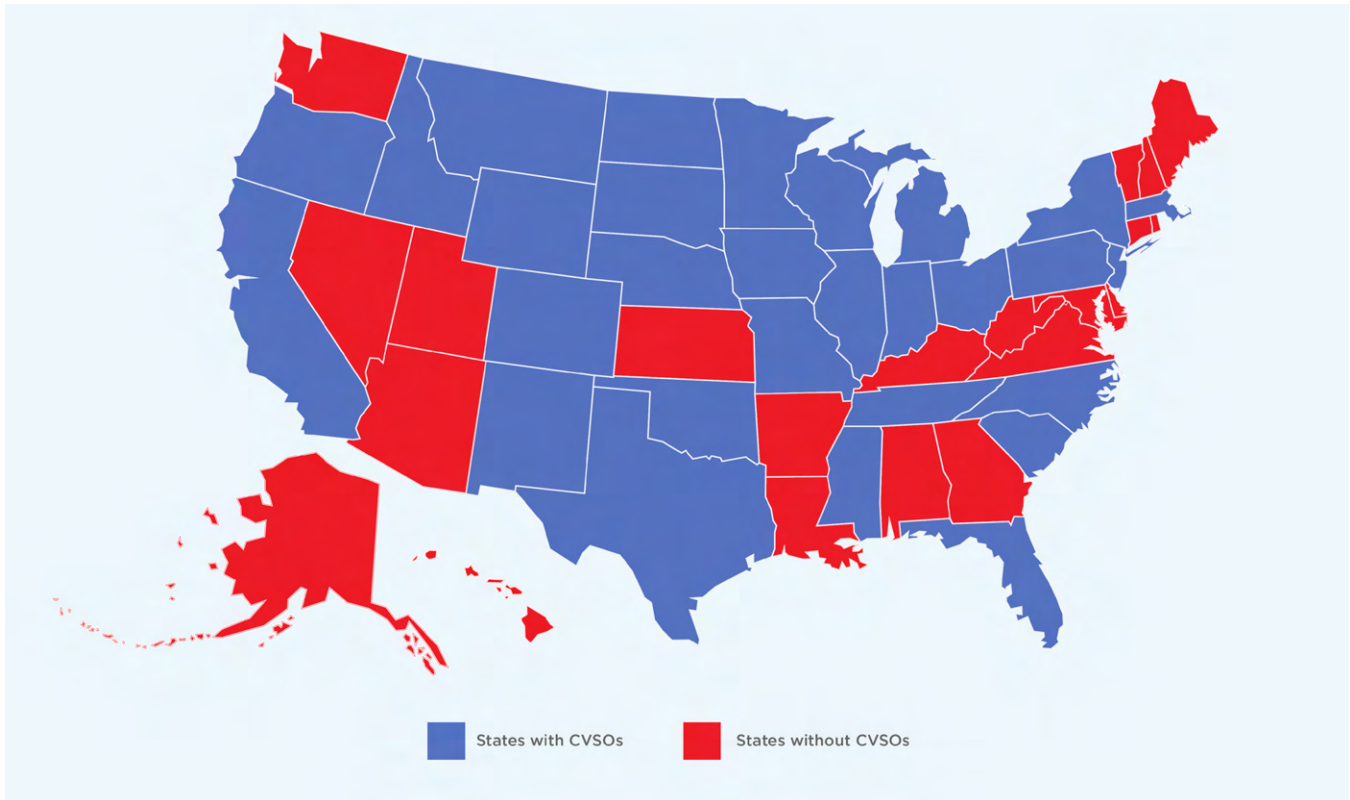
Figure 1 depicts the distribution of states with and without CVSOs.

Role of CVSOs

In states with CVSOs, descriptions of their roles vary. This section examines the roles as drawn from a review of current job descriptions, interviews, and the CVSO survey instrument.

The data compiled by CNAS suggest that CVSO roles and duties across the country are somewhat of

FIGURE 1. DISTRIBUTION OF STATES WITH AND WITHOUT CVSOS, 2020



Source: National Association of County Veteran Service Officers; Adapted by CNAS

a patchwork. Many CVSOs provide a wide variety of services. Survey results revealed that the most frequent types were VA health care eligibility assistance and financial support. The second most frequent was death and burial benefits, followed by disability compensation, housing resources, education eligibility and benefits, employment assistance (tied for frequency with education), caregiver and family support, and mental health resources (tied for frequency with caregiver and family support). The majority of survey respondents reported spending the most time on assisting veterans with disability compensation. This could be because CVSOs offer help with determining VA health care eligibility.

Survey responses and interviews highlighted some variation between CVSO job descriptions and the actual demands placed on an officer's time. Crisis intervention, mental health resource assistance, and emergency financial assistance were listed among officers' responsibilities in practice, even when they were not included in the job description. Interviews reinforced these survey findings. For example, interviewees reported that they frequently performed duties outside of their job descriptions, such as transporting veterans to and from different service providers.

Survey results and interviews further highlighted gaps between CVSO job descriptions and the resources provided to meet their requirements. With respect to resourcing, some interviewees discussed how understaffing poses a barrier to serving veterans in the fullest capacity; in Texas, for instance, a few offices may only have one CVSO who is shared between two counties, while others have only volunteer officers.

The data compiled by CNAS suggest that CVSO roles and duties across the country are somewhat of a patchwork.

Many CVSOs report working with other veteran-serving organizations in their areas of responsibility, though the level of engagement with these organizations varies. Of 157 CVSO survey respondents, 33 reported daily interactions; 56 weekly interactions; 42 monthly interactions; 20 quarterly interactions; three annual interactions; and five reported never interacting with other veteran-serving organizations.

Interviews with non-CVSO veteran service providers indicate mixed perceptions of CVSOs. Some interviewees reported that CVSOs offered insufficient support to veterans in their county, particularly with respect to community reintegration and connection to community-based resources and services. However, it is worth noting that, in many counties, the CVSO job description is limited to the VA benefits claims process.

Some CVSO survey respondents also believed that CVSOs did not do as much as they ought to for veterans, citing resource constraints. Such responses pertained to mental health programming, emergency assistance, and individual attention devoted to specific veterans. One respondent even asserted that CVSOs could not do everything the law mandated because of county boards' lack of willingness to fund all CVSO activities.

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CVSOs assisting a population of mostly Vietnam War-era veterans are presented with different needs than those helping mainly post-9/11 veterans; likewise, CVSOs assisting larger populations of women and minorities may have different needs and risk factors than those serving primarily non-minority veterans.

There is no nationwide standard of who governs, evaluates, or determines funding for CVSO offices. Depending on the situation, officers may report to an operating independent field office, a county health and human services department, a veterans' assistance commission or board, a local VFW or American Legion, a state legislative delegation, or an elected county representative or judge. This variation in administrative structure has implications for the level of authority and funding provided to CVSOs, and it may affect officers' ability to perform their jobs and to meet a wider range of local veteran needs.

When CVSOs were asked about access to the technological resources necessary to fulfill their responsibilities—including computers, printers, scanners, and fax machines—they reported an overall positive experience. Of 164 respondents, 98 said access was very good, 43 good, 20 average, two poor, and one very poor.

CVSOs are accredited by the VA to counsel veterans and their families on VA benefits, and to help them

through the claims process (including appeals, if necessary) from start to finish. This involves corresponding with the VA along the way.⁵ Officers may act on behalf of the individuals they assist, representing them through the process much like an attorney, but without a fee for service. When asked about the usefulness of the VA accreditation training and process, most respondents reported a positive or adequate experience. Officers reported particularly positive training experiences with the National Association of County Veteran Service Officers and the American Legion. Among those who had critiques, a few patterns emerged. Some CVSOs reported that it took too long to get enrolled in training; others said the training prepared them to take the test but not how to apply the knowledge. Three respondents reported that, in their experience, training at the national level was more effective than at the state level.

The COVID-19 pandemic exacerbated location-dependent trends, because as offices responded to the public health emergency according to their locality, they also had to consider the main demographics of the veterans they served, along with other factors. For example, CVSOs with clients mainly over the age of 60 were in some cases more restricted in their ability to interact with veterans face to face. Some CVSO offices shifted to completely remote work, while others maintained business as usual. Some officers reported that the work environment resulting from the pandemic was beneficial in that they had fewer interruptions while working with veterans than under normal office circumstances. As one officer noted, "I think it's helped me catch up and work more with my veterans, working from [my] home office with less interruptions."⁶

For others, working remotely complicated their duties. The technology required for veterans to work with CVSOs includes telephones, computers, and fax machines, most of which depend on internet access. If an office did not have to close, some veterans felt uncomfortable coming into a building, or else they lacked a means to get to the office safely. If those clients did not have access to or knowledge of the requisite technology, CVSOs faced limitations in their ability to assist veterans. Some officers worked via regular mail to assist veterans in filing claims during the pandemic; one interviewee said, "We have been lucky to keep our building open the entire time of the pandemic, but have worked to facilitate submission of paperwork by fax, email, and even regular mail."⁷

According to the stakeholders CNAS interviewed, the pandemic greatly influenced the types of services provided to veterans, regardless of how or where the

work was being done. One interviewee spoke of his office's experience in helping veterans get vaccinated for COVID-19: "I had to pull guys . . . normally doing . . . disability claims and whatever else . . . we totally dedicated them to doing healthcare applications for like a week, just getting people enrolled in healthcare. We put it a priority mission."⁸ While the demand for certain types of services increased, many CVSOs reported an overall decrease in veterans served. Because many offices switched to appointments only rather than allowing walk-ins, the number of veterans who could be helped on any given day was reduced. One respondent estimated a decrease of 75 percent in claims processed during 2020. Another reported an increased workload due to the state's offices being closed. Such seemingly contrasting anecdotal evidence may point to an important relationship between CVSOs and state-level resources within the broader veteran-serving landscape.

A CVSO's main responsibility is to assist veterans with filing claims through the VA. However, this population may present a range of needs when meeting with an officer. In order to assist veterans with access to holistic resources, some CVSOs regularly partner with state-level and municipal veteran-serving organizations and nonprofit veteran services. However, not all CVSOs partner with external organizations; nor do all CVSOs assist veterans with issues beyond VA benefits claims. Stakeholder interviews with both CVSOs and non-CVSOs revealed that those who took a more holistic approach to serving veterans and their families, including connecting as needed with other regional resources and organizations, seemed more well-regarded in the veteran-serving space than those who simply filed paperwork.

CVSO Effectiveness

CNAS used disability compensation claim ratings as a method to determine the effectiveness of CVSOs compared to other types of VSOs. There are limitations to the data provided by the VA, as it combines CVSO outcomes with other municipal services into the single "local" category. However, given the preponderance of CVSOs within this category, it is reasonable to draw conclusions about CVSO effectiveness in assisting veterans through the benefit claims process. Veterans filing claims with the assistance of CVSOs have a higher likelihood of receiving disability benefits than those who use other submission processes.

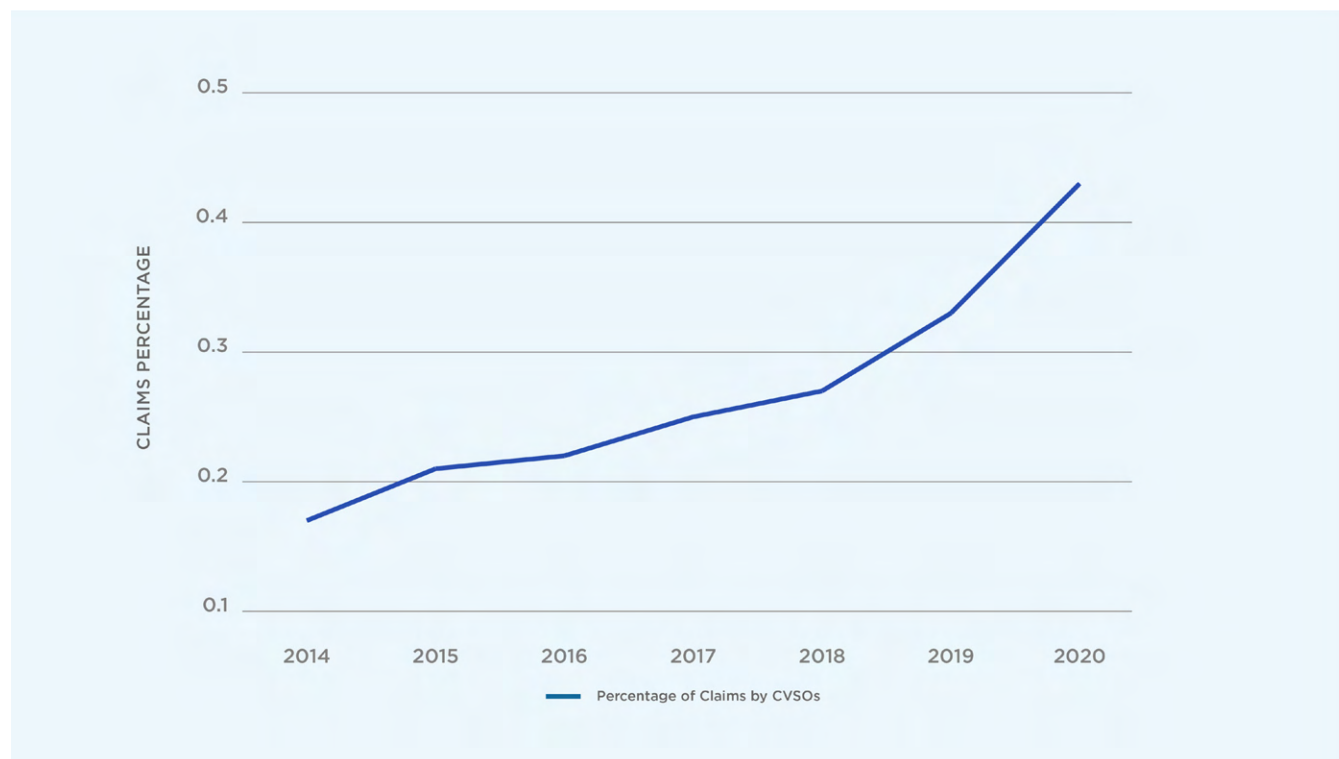
According to VA data, claims submitted in the "local" category make up a very small percentage of the total number of claims submitted (less than 1 percent, as depicted in Figure 2), but the number of claims filed by local resources (CVSO offices and other municipal offices) is growing. Between 2014 and 2019, 0.25 percent of more than six million claims were filed by local VSOs. Each year during this time frame, both the total and percentage of the locally filed claims increased. In terms of the rate at which claims were successful, veterans who used local resources—including CVSOs—had the highest rate of successful claims, as compared with veterans who used national or state-level resources. Between 2014 and 2020, the percentage of claims filed with local resource assistance nearly tripled. Since 2018, the success rate of claims filed by local resources (including CVSOs) increased steadily, as Table 1 illustrates. Claims submitted without VSOs consistently showed the lowest average rating. While significant, the "other" category of submission assistance includes the special cases of claims submitted by attorneys or power of attorney (POA) agents. Figure 2 depicts the annual percentage of claims by CVSOs from 2014 to 2020.

TABLE 1. DISABILITY CLAIMS SUCCESS RATES BY TYPE OF SUBMISSION ASSISTANCE, 2014-2020

	Local (CVSO and municipal)	National	None	Other	State	Total
2014	19.5	9.1	13.8	23.0	19.5	17.4
2015	19.6	18.4	8.2	22.0	19.4	17.3
2016	20.0	18.7	14.4	22.8	19.4	17.8
2017	20.4	19.3	15.3	22.7	19.7	18.4
2018	19.9	19.4	15.6	23.2	19.9	18.6
2019	18.0	19.5	16.1	23.3	17.6	18.9
2020	27.6	21.0	16.8	24.8	21.9	19.8

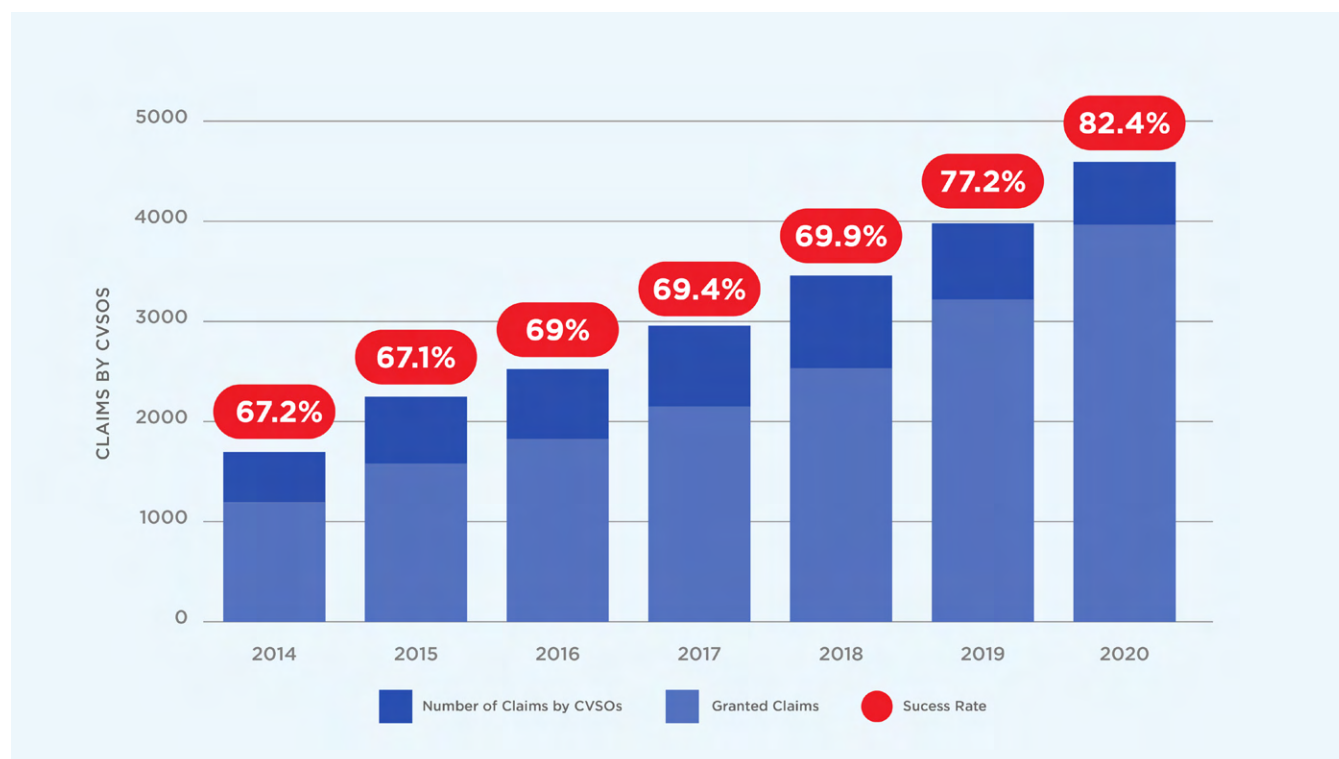
Source: Department of Veterans Affairs

FIGURE 2. ANNUAL PERCENTAGE OF CLAIMS BY CVSOS AND MUNICIPAL OFFICERS, 2014-2020



Source: Department of Veterans Affairs; Adapted by CNAS

FIGURE 3. ANNUAL CVSOS CLAIM SUBMISSIONS AND SUCCESS RATES, 2014-2020



Source: Department of Veterans Affairs; Adapted by CNAS

Figure 3 shows the number of total claims submitted by CVSOs and municipal officers as compared with their rate of success. Veterans who file claims through CVSOs and veteran-serving nonprofits have higher average disability ratings than other types of claims-submitting organizations. CVSO-processed disability claims have a higher rate of success than those submitted by state agencies or power of attorney agents and attorneys. As of March 2021, 84.4 percent of all claims filed by CVSOs were granted. By contrast, those filed by state veteran officers had a 76.5 percent success rate.

Stakeholder interviews with both CVSOs and non-CVSOs revealed that those who took a more holistic approach to serving veterans and their families seemed more well-regarded in the veteran-serving space than those who simply filed paperwork.

The effectiveness of CVSOs as measured by benefits claims varies between counties, states, and regions, even within counties. Additionally, CVSOs measure effectiveness differently according to the jurisdiction. Some identify effectiveness through the number of veterans helped annually or the number of first-time clients, referrals, and appeals processed per year.

Another factor that further complicates accurate assessment is that CVSOs may provide intangible benefits to their communities. For example, government offices, especially at the county level, depend on CVSOs for information about veterans within the community.

Summary

In sum, densely inhabited states with large veteran populations are more likely to employ CVSOs. Because their offices do not fall under the same administrative structure yet are managed by their state and local governments, CVSOs have a wide variety of roles and responsibilities. This leads to inconsistent requirements across states.

Recommendations

When interviewed, stakeholders recommended a variety of actions and changes to better serve veterans at the county level. These ranged from policy changes and resource allocations to targeted solutions specific to individual situations. Overall, one major takeaway from this study is the need to make county-level resources more visible and accessible to veterans.

FOR THE DEPARTMENT OF VETERANS AFFAIRS

- **Tailor national accreditation training to specific types of locations.** While CVSOs find standardized training to be important, many operate under different circumstances than those for which they trained. Specialized instruction covering veteran dynamics in urban, suburban, and rural settings will help officers meet the needs of the veterans they serve.
- **Establish consistent standards.** Job requirements vary widely between and within states. Establishing clear and consistent standards for all CVSOs will increase the regularity with which veterans are served and further aid in legitimizing CVSOs in the eyes of those they are trying to help.

FOR STATE AND LOCAL GOVERNMENTS

- **Provide adequate resources and training.** Responses from both stakeholder interviews and CVSO surveys indicate an enormous variation in resources and training options. This negatively impacts the veteran population. State and local governments can contribute to effectiveness by providing CVSOs with adequate training, equipment, compensation, and staff.

FOR COUNTY VETERAN SERVICE OFFICERS

- **Connect with other nonprofits.** CVSO offices that are underresourced or understaffed can leverage resources at the local level by partnering with other veteran-serving nonprofits in their communities and states. By learning about, connecting to, and partnering with others who have similar missions, CVSOs can link veterans with subject matter experts and resources without adding significantly to their workload.

FOR VETERAN-SERVING NONPROFITS

- **Provide resources and information at CVSO offices.** CVSOs are effective at accomplishing their primary objective: filing claims for veterans. However, due to varied job descriptions, resources, and staff sizes, they are not always in the best position to connect veterans with wraparound services, or to assist with full integration back into a community. Veteran-serving nonprofit organizations can help with this gap by partnering with CVSOs (formally or informally) to increase veterans' awareness of resources in their area.

Observations and Conclusions

CVSOs are largely motivated by their passion to help veterans. Given the lack of standardized training and resources, those who remain in their positions often operate in an atmosphere of ambiguity. The lack of a standardized, clear role definition leads to inconsistent service provision across localities and results in burnout among CVSOs. Federal, state, and local departments and agencies can mitigate these implications by issuing clear standards and job expectations for CVSOs within their jurisdictions.

These officers have a mixed reputation among other veteran-serving organizations. In some cases, CVSOs are viewed as operating independently of larger community resources, and as limited to filing paperwork. While the data suggest that CVSOs are indeed highly effective at submitting claims, they may not always use a holistic approach in connecting veterans with services and organizations. A healthy relationship between CVSOs and local veteran-serving nonprofits will allow CVSOs to focus on their primary responsibility while also ensuring that veterans receive the wraparound services they need.

To best serve veterans, CVSOs need to better understand their role within the veteran-serving landscape. Along with this, they need increased resources and training.

CVSOs have the potential to provide a much-needed service: with on-the-ground experience that allows them to empathize with veterans and understand their challenges, these officers offer interaction at the local level. But to best serve veterans, CVSOs need to better understand their role within the veteran-serving landscape. Along with this, they need increased resources and training. Such investments will build upon the success rate that CVSOs already demonstrate.

Appendix A: Interview Protocols

Primary research was carried out sequentially in four parts. First, questions were developed for stakeholders, including veteran-serving nonprofit leadership, government officials at the state and county levels, CVSO leadership, and VA officials. Second, interviews were conducted virtually with participants. Members of the research team who conducted interviews took human subject protection training and followed data safety protocols. Third, results and interviews were analyzed to extract overarching themes. Finally, themes were used to put together a survey for CVSOs nationwide.

Stakeholder Interviews

To gain a greater understanding of the CVSO landscape across the country and the resources available to them, the research team conducted interviews with 21 stakeholders and subject matter experts. The interviews were semi-structured, ranged from 20 minutes to an hour, and were recorded and transcribed. A snowball sampling technique was used to help identify additional stakeholders to interview.

CNAS interviewed representatives from the following organizations:

- National Association of County Veteran Service Officers
- Florida CVSO Association
- CVSO Association of Texas
- Ohio Veterans Department
- Illinois Association of County Veteran Assistance Commissions
- North Carolina CVSO Association
- Syracuse University Institute for Veterans and Military Families
- Association of Oregon Counties Veterans Steering Committee
- Nebraska Veterans Department
- Wisconsin CVSO Association
- Illinois Kane County Veterans Assistance Commission
- New Jersey CVSO Association
- VA Office of Intergovernmental Affairs
- Arkansas Veteran Villages of America, Inc.
- The Warrior Alliance
- Arizona Department of Veterans Services
- Arizona Coalition for Military Families
- Veterans Villages of America

Questions for Veteran-Serving Nonprofits

1. Are there CVSOs in the geographic area in which you work?
2. If so, what role do they play?
3. What do they do well?
4. Where is there room for improvement?
5. How do CVSOs do outreach?
6. (For nonprofits with national reach) Have you noticed state or regional variation in CVSOs across the country?
7. How does your organization work with CVSOs?
8. Does that vary for other types of veteran service organizations?
9. How do you find that effectiveness compares between CVSOs and other types of veteran service officers?
10. What has been the change over time in CVSOs' scope and duties?
11. What are your outreach plans?
12. How has COVID-19 impacted CVSOs' role?
13. How do veteran service officers assist veterans through nonprofits?
14. What are the general demographics of your organization's target population?
15. What are the requirements for VSOs employed by your organization to assist veterans with their claims?
16. Are there national requirements that you are aware of in terms of CVSOs or VSOs?
17. Job duties/requirements
18. Education and work experience
19. Funding
20. Turnover
21. I want to be mindful of your time. Is there anything else we haven't touched on that I should be aware of in terms of CVSOs?

Questions for Government Officials

1. (For states with no CVSOs)
 - » What government officials conduct the duties of veteran service officers?
 - » Is this work carried out at the state or at the local/municipal level?
 - » What is the general scope of constituents' characteristics?
 - » Why are CVSOs not used?
2. (For states with few CVSOs)
 - » Has the number of CVSOs changed over time?
 - » Are there noticeable differences between the counties with CVSOs and those without?
 - » How do you determine which counties have CVSOs?
3. (For states with many CVSOs)
 - » Has the number of CVSOs changed over time?
 - » How do you determine which counties have no CVSOs?
4. What is the relationship between county and municipal VSOs?
5. Is there a military service requirement to be a CVSO?
6. How has the COVID-19 pandemic influenced the relationship with CVSOs?
7. What factors influence state decisions as to whether to establish CVSOs?
8. How do states allocate funding to support CVSOs?
9. How would you describe the demographics of your state/county?
10. What are your outreach plans?
11. How are the requirements for CVSOs formulated?
 - » Is this a state/local decision?
12. How does the veteran community compare with the general population?

Questions for CVSO Leadership

1. What is the role of your CVSO association?
2. What are your outreach plans?
3. How do CVSOs measure their own effectiveness?
4. How has the role of CVSOs changed over time?
5. Are there differences in effectiveness between individual CVSOs within your state?
6. How well-resourced are CVSOs in your state?
7. Is there a military service requirement to be a CVSO in your state?
8. How has the COVID-19 pandemic impacted the role and duties of CVSOs?
9. What are the pay scales for CVSOs in your state?
10. What are the education requirements for CVSOs in your state?
11. What is turnover for CVSOs in your state?
12. What services do CVSOs provide?
13. How does your association of CVSOs work?

QUESTIONS FOR VA OFFICIALS

1. Can you tell me a bit about your role in intergovernmental affairs at the VA?
2. How does the VA work with CVSOs?
3. How have VA interactions with CVSOs changed over time?
4. What are some differences in effectiveness between CVSOs and other types of veteran-serving officers?
5. How has the COVID-19 pandemic impacted the VA relationship with CVSOs?
6. What are the differences in relationships between the VA and CVSOs, state VSOs, and nonprofit VSOs?
 - » What are the reasons for these differences?
7. As part of our research, we received disability compensation documents through the Freedom of Information Act. Are you aware of the reason for which the VA classifies CVSOs in the same category ("local") as municipal VSOs?

Appendix B: CVSO Survey Instrument

To gain a deeper and more granular understanding of the CVSO landscape across the country and the available resources, the research team conducted an online survey. Influenced by the themes from stakeholder interviews, CNAS developed a 24-question survey using Qualtrics software. Questions were multiple choice, checklist, or free response. CNAS used a snowball sampling technique (relying on CVSO respondents to assist in recruiting additional CVSO respondents) to increase participation, and tracked the geographic responses in order to ensure as representative a sample as possible.

Survey Questions

1. In what state do you work?
2. How would you categorize the community you serve? (Answers: urban, suburban, rural)
3. How long have you been in your position?
4. What are the educational requirements for a CVSO in your county? (Answers: high school diploma or equivalent, associate's degree or higher, bachelor's degree or higher, graduate degree, no education requirements)
5. How many years of work experience are required for a CVSO in your county? (Answers: 0–5 years, 5–10 years, 10–15 years, more than 15 years)
6. Is veteran status a requirement for a CVSO position in your county? (Answers: yes, no)
7. How many full-time staff are employed at your location (including CVSOs)?
8. What is the average turnover for CVSOs in your office? (Answers: 0–2 years, 2–5 years, 5–10 years, 10–15 years, more than 15 years)
9. What is the main reason for CVSO turnover at your location? (Answers: retirement, promotion or moving to another position within the organization, quitting, termination, other)
10. How many veterans do you serve on a monthly basis? (Answers: 1–10, 11–20, 21–50, 51–100, more than 100)
11. How would you characterize the generation of veterans you most frequently serve? (Answers: World War II, Korean War, Vietnam War, Gulf War, post-9/11)
12. In your estimation, what percentage of the overall veteran community you serve are women? (Answers: 0%, 1%–10%, 11%–25%, 26%–50%, 51%–75%, 76%–99%, 100%)
13. In your estimation, what percentage of the overall veteran community you serve identify as minorities? (Answers: 0%, 1–10 %, 11–25 %, 26–50 %, 51–75 %, 76–99 %, 100 %)
14. On which of the following services do you spend the most time? Please select three. (Answers: disability compensation, employment assistance, education benefits and eligibility, VA health care eligibility assistance, mental health resources, financial support resources, housing resources, caregiver/family support, death/burial benefits, other).
15. How often do you work with state-level veteran services? (Answers: daily, weekly, monthly, quarterly, annually, never)
16. How often do you work with nonprofit veteran services? (Answers: daily, weekly, monthly, quarterly, annually, never)
17. How often do you work with municipal veteran services? (Answers: daily, weekly, monthly, quarterly, annually, never)
18. How would you rate your office's access to necessary technological resources such as computers, printers, and scanners? (Answers: very poor, poor, average, good, very good)
19. What office directs CVSOs at the county level?
20. How would you describe your VA accreditation process?
21. Are there any discrepancies between the stated CVSO job duties and your workload? If so, please describe.
22. How has the COVID-19 pandemic impacted your role as a CVSO?
23. What is your gender? (Answers: male, female, non-binary or third gender, prefer not to say)
24. What is your race? (Answers: white, black or African American, American Indian or Alaska native, Asian, native Hawaiian or Pacific Islander, other)
25. Are you a veteran? (Answers: yes, no)
26. Do you have a military spouse? (Answers: yes, no)

Appendix C: CVSO Survey Responses

CNAS conducted a survey of CVSOs between April and July 2021. The survey was developed through Qualtrics software and distributed to CVSOs through direct outreach using contact information provided through national-, state-, and county-level CVSO associations and organizations. Outreach was further reinforced by contacting national-level CVSO associations and social media.

In total, 203 CVSOs from 22 states responded to the survey. Of the respondents, 48 percent came from the Midwest region, with ten states represented: Illinois, Indiana, Iowa, Michigan, Minnesota, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. Another 9 percent came from five Southern states: Florida, Mississippi, North Carolina, South Carolina, and Tennessee. The Northeast accounted for 7.4 percent of respondents, representing the four states of Massachusetts, New Jersey, New York, and Pennsylvania. Finally, 5 percent of respondents came from three states in the West: New Mexico, Oregon, and Wyoming. While 203 CVSOs responded to the survey, not all respondents chose to answer all of the questions, resulting in variance in the number of responses per question.

The questions (provided in Appendix B) centered on three key areas: CVSO attributes and job requirements, attributes of the veteran population served by the CVSO, and the availability of resources for CVSOs. The following data capture key findings from the survey results.

CVSO Attributes

The following section provides insights into CVSO attributes, job requirements, and responsibilities. Metrics include years of service as a CVSO, educational requirements and veteran status requirements for CVSOs within a respondent's county, and turnover rates as reported by respondents.

YEARS OF SERVICE

Of the 203 survey respondents, 122 responded to the question "How long have you been a CVSO?" The longest-serving CVSO had 39 years of experience. The mean number of years of service among those who responded to the question was 8.97.

EDUCATION REQUIREMENT

Of the 203 survey respondents, 165 answered the question "What is the education requirement for a CVSO in your county?" Most respondents (75) answered that

their county required a high school degree or equivalent; 18 that there was no education requirement; 28 that an associate's degree or higher was required; 41 that a bachelor's degree or higher was required; and 3 that their county required a graduate degree.

VETERAN STATUS REQUIREMENT

Of the 203 respondents, 168 answered the question "Is veteran status a requirement for a CVSO position in your county?" 118 respondents answered that veteran status was a job requirement, while 50 respondents answered that veteran status was not a job requirement.

STAFF SIZE

Of the 203 respondents, 165 answered the question "How many full-time staff are employed at your location?" More than half of respondents reported that they had fewer than five full-time employees, and 18 said there were no full-time staff at their location.

Veteran Population Attributes

The following section provides insights into the attributes of the population of veterans served by CVSO respondents. Metrics include the number of those served; whether they are categorized as urban, suburban, or rural; the era of service of veterans most frequently served; and the estimated percentage of women and minority veterans served by the CVSO.

NUMBER OF VETERANS SERVED

Of the 203 respondents, 165 answered the question, "How many veterans do you serve on a monthly basis?" Nearly two-thirds of respondents reported serving 51 or more veterans per month; one-third reported serving more than 100 veterans per month.

LOCATION CHARACTERIZATION

Of the 203 respondents, 164 answered the question, "How would you characterize the community in which you work (urban, rural, or suburban)?" The majority of respondents (120, or 73 percent) indicated that they served rural communities.

LARGEST POPULATION OF VETERANS BY ERA

Of the 203 respondents, 163 answered the question, "How would you characterize the generation of veterans you most frequently serve?" Of the respondents, 87 percent reported that Vietnam-era veterans accounted for most of the population they served.

PERCENTAGE OF WOMEN VETERANS SERVED

Of the 203 respondents, 163 answered the question, “In your estimation, what percentage of the overall veteran community you serve are women?” Possible answers were 0%, 1%–10%, 11%–25%, 26%–50%, 51%–75%, and 76%–100%. Of the respondents, 79 percent reported that women accounted for between 1% and 10% of all the veterans they served.

PERCENTAGE OF MINORITY VETERANS

Of the 203 respondents, 159 answered the question, “In your estimation, what percentage of the overall veteran community you serve are minorities?” Possible answers were 0%, 1%–10%, 11%–25%, 26%–50%, 51%–75%, and 76%–100%. Of the respondents, 58 percent indicated that minority veterans accounted for 1–10% of the total population they served, while another 22 percent of respondents indicated that minorities accounted for 11–25% of the overall veteran population they served.

1. National Association of County Veterans Service Officers, “County Directory,” https://www.nacvso.org/directory/directory_5.aspx. This data includes the statistical equivalent of counties in states that use different terminology: boroughs and census areas in Alaska; parishes in Louisiana; independent cities in Virginia; Baltimore, Maryland; St. Louis City, Missouri; Yellowstone National Park, Montana; and Carson City, Nevada. U.S. Census Bureau, *States, Counties, and Statistically Equivalent Entities*, <https://www2.census.gov/geo/pdfs/reference/GARM/Ch4GARM.pdf>.
2. Bev Schlotterbeck, “A Closer Look at the Role of the County Veterans Service Officer,” CountyNews, National Association of Counties, November 2, 2015, <https://www.naco.org/articles/closer-look-role-county-veterans-service-officer>.
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5. U.S. Department of Veterans Affairs, Office of General Counsel, “Accreditation and Discipline,” May 5, 2021, <https://www.va.gov/ogc/accreditation.asp>.
6. CNAS Survey Respondent 21, April 8, 2021.
7. CNAS Survey Respondent 11, April 7, 2021.
8. CNAS Telephone Interview 13, March 16, 2021.

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