

Coordinate Veteran Services in Communities

PROBLEM

Too many veterans and their families lack access to the services they need. In many communities, resources for veterans remain fragmented and poorly coordinated. To better address their multiple, simultaneous needs, more community-level service coordination is needed.

POLICY RECOMMENDATION 1

Agency officials and Congress should ensure the implementation of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act Section 201 follows these priorities. Congress should explore more legislative action where needed.

- **Communitywide Grantmaking:** Adapt a model similar to the Continuum of Care model—used by Housing and Urban Development, which funds community units made up of multiple organizations—through a streamlined application process and by assigning a backbone organization to coordinate activities.
- **Prioritize Community Responsiveness and Accountability:** Create a grant structure that allows communities to use resources in alignment with their specific needs while still providing oversight and accountability.
- **Planning Resources:** Allocate time and resources to bring local organizations together and to develop common goals and a shared agenda for coordination of services.
- **Multiple Sectors:** Require organizations (where possible) to partner outside of the veteran-serving space, particularly in areas where resources are scarce.
- **Shared Outcomes:** Provide resources to support measurement and analytics that ensure coordination is successful and appropriately meeting local needs.
- **Hub Funding:** Provide funding for the staffing and resources needed for the hub-and-spoke model in which one organization refers a client to others in the community.
- **Regular Communication:** Require recipients to provide semi-annual proof of communitywide convenings or other communication mechanisms.
- **Expand Technical Assistance:** Expand on the existing federal technical assistance resources to help communities implement the above recommendations.

POLICY RECOMMENDATION 2

Improve the process by which community providers can identify transitioning service members moving to their communities.

- **Improve data sharing** between the Department of Defense and VA to identify and engage with newly transitioned and underserved veterans in communities.
- **Expand proactive outreach programs** like the Solid Start and the ETS Sponsorship, which connect new veterans with resources in their communities.
- **Invest in data infrastructure improvements** within state and county level veteran services and health agencies to promote greater interoperability and a seamless transition from national efforts (e.g., Solid Start) to local delivery of public and community-based services.

Coordinate Veteran Services in Communities

INTRODUCTION

Every year, about 200,000 service members transition from the military into local communities and join the ranks of more than 18 million veterans living across the United States.¹ Meanwhile, public sector investment in supporting veterans is extraordinary and broad. The U.S. Department of Veterans Affairs' annual budget continually climbs upward, nearing the one-quarter trillion mark.² Likewise, many other federal agencies—including Labor, Defense and Housing and Urban Development—spend billions serving this population. Even state government spending on veterans affairs has grown, increasing by half a billion dollars from 2015 to 2018.³

At the same time, most veterans fare as well as or better than civilian Americans. However, the veterans who experience need for services, often present multiple needs at once. For example, a homeless veteran is unlikely to stay housed without employment or stable income.

Notwithstanding the rise in spending, several challenges faced by this population—underemployment, suicide, and homelessness—remain persistent issues. To be sure, no single agency or organization alone possesses all the capacity or resources necessary to combat these issues, many of which are social versus clinical in nature.

The federal government can do more to incentivize coordination of services in communities to improve veterans' access to available resources. Without proper coordination, even significant investment is at risk of inefficient utilization. Better coordinating access to community-based services—to include VA care and benefits and other federal, state, and local services—can better address multiple needs at once, including those beyond the VA's mandate.

The year 2020 saw considerable federal efforts aimed at driving more community coordination. The Commander John Scott Hannon Veteran Mental Health Improvement Act and the White House PREVENTS Task Force both represent first steps towards this priority. This brief presents research to inform the implementation efforts of these policies.

ADDRESS SOCIAL DETERMINANTS OF HEALTH

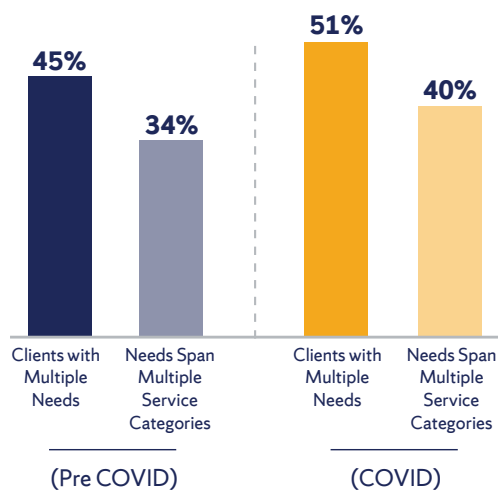
The success of a veteran's transition is influenced by factors such as their health, employment, housing, and financial stability. Together, these factors are known as the social determinants of health. While the VA provides critical and effective care for this population, many social determinants of health lie beyond the reach of traditional health care systems.⁴ In a 2008 survey, 96% of post-9/11 veterans said they could use assistance with "community reintegration" problems, despite already being in Veterans Health Administration care.⁵ While policymakers are slowly recognizing the need for attention on issues beyond health care, the bulk of federal legislation pertaining to veterans remains focused on health care.

Fortunately, communities are embracing coordination more rapidly. Many public health experts argue that better outcomes will be achieved through collaborative models, leveraging the power of social service providers to augment traditional care.⁶ These models bring together clinical and nonclinical providers to address the range of needs veterans or family members face.

This approach can also create cost savings. New research suggests that community partnerships supporting older Americans navigate social services realizes significant savings on future expenses. Helping the elderly access social services prevents avoidable time in nursing homes and lowers overall Medicare costs by \$136 per beneficiary. Similarly, more coordination for veteran social services may realize cost savings in downstream medical costs.⁷

Veterans and their families rarely face singular, isolated needs, but instead multiple and confounding ones.⁸ Data from the Institute for Veterans and Military Families' AmericaServes initiative indicate that in 2019, 45% of clients had more than one need. Of those clients, 76% had needs across multiple service categories, such as employment, housing, and food support.⁹ Organizations that lack the ability to coordinate delivery of individual services alongside others in their community, have little chance of addressing complex needs.

AMERICASERVES CLIENT NEEDS BEFORE AND DURING COVID-19



COVID-19 has exacerbated these issues. AmericaServes networks are seeing more demand for material needs such as housing and shelter, food, clothing, and income support. Since the beginning of the COVID-19 pandemic, 51% of clients served had more than one need. Of those clients, 77% demonstrated needs across multiple service categories.¹⁰ Veterans are experiencing more needs at once, in a time with increased economic volatility and health risks.

Social Determinants of Health and Suicide Prevention

The veteran suicide epidemic has attracted numerous policy and programming solutions from improving the VA workforce to expanding mental health clinic hours at VA hospitals. While these interventions are important, research suggests that veteran suicide will not be solved through targeted mental health interventions alone.

In addition to treating diagnosable mental illnesses, it is crucial to address other stressors associated with community reintegration. Researchers found that stressors associated with the military transition (e.g., unemployment, financial difficulties housing and family problems) were highly correlated with diagnosable psychological problems. Those transition stressors were more closely correlated with suicidal ideation than psychological disorders.¹¹ Beyond the transition experience, a 2019 study found that veterans' indicators of adverse social determinants of health were related to a 64% increase in the likelihood of suicidal ideation.¹² Each additional issue (unstable housing, unemployment, and financial instability) correlated with increased likelihood of suicidal ideation.

For example, one veteran in Texas credits the coordination model with saving his life. Facing unemployment, homelessness, and loss of custody of his son, this veteran connected with an AmericaServes coordination center. From one conversation, the coordination center activated a network of nonprofits to help him obtain stable employment and affordable housing, and reunite with his son.¹³ A comprehensive system of care prevented this veteran from falling through the cracks. A fragmented system may have led to a different outcome.

Social inclusion and peer support likewise play a major role in veteran well-being. Volunteer groups, nonprofits, and faith-based organizations can help veterans and their families connect with other members of their community, build relationships and find social or spiritual fulfillment.¹⁴ Connecting to these services also requires a solution to community resource navigation. Veterans most in need of many of these services are often receiving care for something else too, but without knowledge or referral, a veteran may never get connected.

DRIVE COORDINATION THROUGH FEDERAL POLICY

Veterans and their families struggle to find the right services. A 2015 IVMF study found the No. 1 challenge faced by transitioning service members (60%) was navigating the sea of resources available to them.¹⁵

The federal government has considerable power to solve this problem through a strategy that drives formal coordination of services. Formal coordination can be generally defined as a group of stakeholders coming together from different sectors with a common agenda to address a specific problem.¹⁶ The nature of interorganizational coordination varies. Some coalitions of organizations have highly centralized governance (e.g., lead-organization networks, service delivery hubs), while others have more loose governance (e.g., collaboratives). Also, some coalitions have diverse sectoral participation, while others are more contained to one sector.¹⁷

The successes in the Metrolina community helped drive the spread of service coordination approaches across the state, including filling in crucial resource gaps in rural areas.

Community-based organizations are making investments in serving the people who live and work in their communities. The 45,000 nonprofits across the country that serve veterans offer employment and training services, provide housing and shelter programs, peer support and inclusion, and many other types of support.¹⁸ In addition, organizations that may not serve veterans exclusively, but provide support to all in these categories of need, are addressing the needs of veterans as well. All together, these organizations represent an opportunity for more collaboration and complete support for veterans.

Networked approaches to coordinating veterans services have spread across several regions in recent years. North Carolina is home to nearly 700,000 veterans, both rural and urban. NCServes - Metrolina, an AmericaServes network, helps veterans in Greater Charlotte,

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North Carolina navigate the social service landscape across the region. NCServes - Metrolina exemplifies coordination of services in a large urban community that faces challenges in areas like housing, employment, and social inclusion. The successes in the Metrolina community helped drive the spread of service coordination approaches across the state, including filling in crucial resource gaps in rural areas. For example, the NCServes - Western network and its 81 providers have fielded over 7,000 requests from over 3,000 military-connected clients, maximizing resources available between Asheville and the surrounding rural mountain region.

Coordinated approaches are already used at the federal level and could serve as a model for expansion. The Interagency Council to End Homelessness coordinates federal policy across numerous agencies, working with state and community partners to deliver services.

Coordinating services in communities can also work at scale. The state of Michigan, home to 1.4 million veterans, deploys Veteran Community Action Teams (VCATs), community-based systems of care integrating local, state, and federal into a care continuum across the state. VCATs utilize a technology platform to track and refer veterans across several social service providers to meet veterans' multiple needs in a coordinated way.¹⁹

Coordinated approaches are already used at the federal level and could serve as a model for expansion. The Interagency Council to End Homelessness coordinates federal policy across numerous agencies, working with state and community partners to deliver services. Federal dollars flow to Continuums of Care (CoCs), communities of local organizations that apply for grant dollars collectively, driving collaboration and coordination. CoCs independently use Homeless Management Information Systems (HMIS), local information technology systems used to collect client-level data on the provision of housing and services to homeless individuals and families according to federal data collection, management, and reporting standards.²⁰

Though there is still much work to do on veteran homelessness, this approach has seen a 46% reduction in veteran homelessness across the country; 66 communities and three states (North Carolina, Delaware, and Connecticut) have effectively ended veteran homelessness.²¹ The successes of the Council's approach to ending homelessness, including local HMIS across the country, could be expanded and applied to better coordinating a wide range of services for veterans and their families.

Promising programs involving community coordination are also emerging within the VA. In Texas, a public-private partnership between a local Veteran Integrated Service Network (VISN) and the Expiration -Term of Service (ETS) Sponsorship program is helping veterans transition into their communities across the state.²² As service members separate from the military, they are paired with a VA-qualified sponsor who understands the transition process and is familiar with local support services. This interpersonal relationship is designed to help veterans and their families better reintegrate into communities. The local VISN's formal program evaluation in Texas will help the government build cross-agency capacity to improve the service members' transition. The VA is also piloting the Solid Start program in which VA representatives reach out to veterans by phone three months, six months, and 12 months after their separation. The representative assesses whether the veteran needs help connecting with resources in their community.²³

THE WAY AHEAD

There is no shortage of community investment or examples of successful coordination across organizations to address the needs of veterans. Yet, gaps in care remain. About half of veterans don't utilize VHA care.²⁴ Included in this group are veterans not comfortable using VHA services, those with a less-than-honorable discharge or those far from a VA facility with limited transportation. Families often don't have access to VA benefits. Eleven of the 17 veterans who take their lives each day are not in VA care.²⁵ Finally, many of the non-clinical needs that veterans and their families express are better served by organizations with ties to their communities. These organizations tend to have a better understanding of their clients and have access to the tools needed to solve their problems.

The federal government must continue to shift its approach from being the central provider for veterans, to further leverage its power to incentivize and catalyze state, local, and community solutions in partnership.

OTHER POLICY PRIORITIES

The Institute for Veterans and Military Families' (IVMF) National Veterans Policy Priorities present a national agenda of research-informed and experience-driven policy to serve veterans and military families. The IVMF outlines five initial priorities for policymakers to focus on as society rebuilds in the wake of COVID-19.

1. Coordinate Veterans Services in Communities
2. Ensure Equity for Women Veterans and Veterans of Color
3. Expand Economic Opportunity for Veterans and Spouses
4. Support Whole Health of Veterans
5. Create a National Veterans Strategy

This brief addresses the major policy objectives for Priority 1, focused on community-based coordination of services.

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