Adapting the Collective Impact Model to Veterans Services: The Case of AmericaServes

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Overview
Institute for Veterans and Military Families
Programs and Services
Measurement and Evaluation

Case Management Needs of the Veteran Population

About AmericaServes
Applied Collective Impact Model

State of the AmericaServes Initiative
Growth and Expansion
Evaluation Efforts

Research Questions Going Forward
Mental Health
Social Determinants of Health and Health Outcomes
Collective Impact
Overview:
Syracuse University
Institute for Veterans and Military Families (IVMF)
OUR MISSION
To advance the post service lives of America’s service members, veterans, and military families

WHO WE SERVE
individuals, organizations, and communities

WHAT WE DO
programs, services, and research and evaluation

HOW WE DO IT
as an innovative, high performing, and efficient organization

“IN SERVICE TO THOSE WHO HAVE SERVED”
“IN SERVICE TO THOSE WHO HAVE SERVED”
OUR FOCUS
Build a class-leading measurement and evaluation team, aligned to the IVMF portfolio, and centered on performance excellence and quality

OUR AIMS
✔ Performance Excellence. Drive program excellence through continuous quality improvement
✔ Comprehensive Measurement. Continuous, end-to-end data collection and measurement (inputs to outcomes)
✔ Transparent Insights. Reliable outcome and performance reporting that drives learning, improves decision-making, and informs practice

OUR MODEL
“Embedded” support to IVMF programs and services

OUR PARTNERSHIPS
Evolving, expanding, and enhancing

EVALUATION PARTNERS
“IN SERVICE TO THOSE WHO HAVE SERVED”
Case Management Needs
The Veteran Population
Veteran Case Management Needs

- **Transitioning out of the military and back to civilian life**: feeling disconnected
  - 61% of post-9/11 veterans reported difficulty adjusting to civilian
  - 68% of post-9/11 veterans and 43% of pre-9/11 veterans reported needing time to figure out what to do with their life
  - 80% of both groups reported being a veteran had a positive experience on their life
  - Just under ½ felt disconnected from community—even people they knew

- **Employment and finances**: difficulty finding well-paying employment
  - 65% of veterans did not have a job when they left the military
  - 83% of post-9/11 veterans were working below the median income level
  - 14% had an annual income level below or near the U.S. poverty level
  - 32% of post-9/11 veterans reported financial trouble

- **Housing and food**: having multiple needs was shown to relate to homelessness
  - 19% of post-9/11 veterans reported being homeless within the past 3 months
  - Food insecurity a concern for pre and post-9/11 veterans (7% and 12%)
  - 57% of post-9/11 veterans had lined up housing when they left the military

Health and wellbeing - high rates of mental and behavioral health needs
- 40% of post-9/11 veterans screened positive for PTSD; 36% screened positive for depression
- Top 3 physical health complaints: pain/problems in arms, legs, joints (31%); back problems (30%); trouble sleeping (34%)

Risk-taking behaviors - maladaptation of skills, attempts to self-treat MH issues
- Post-9/11 veterans 2x’s as likely as pre-9/11 veterans to engage in high risk-taking behavior (driving after drinking, carrying a weapon, looking to start a fight)
- Almost 1/3 of post-9/11 veterans have a probable drinking problem
- These behaviors can lead to legal and financial issues

Service utilization and needs - multiple needs, not sure where to go for help
- 18% of pre- and post-9/11 veterans report that they do not know where to go to get help
- 27% reported it was difficult to schedule an appointment

Chicagoland study cited that overcoming barriers to care needs to be a top priority. Communities need to develop a comprehensive and holistic strategy.
About AmericaServes
Federal government offers a range of health services, educational programs, and transition supports to the military and veteran communities.

Non-profit sector further includes 40,000+ dedicated organizations serving military-connected individuals, and countless more serving all Americans.

Public and philanthropic financial support has either increased or remained steady.

Few veterans experience transition challenges in isolation; the wellness challenges they face are often multiple, interrelated (i.e., comorbid), and social in nature.

Navigation of benefits and services repeatedly cited by transitioning service members as their biggest challenge – ahead of employment or adjusting to civilian culture.

Needs assessments and community studies recommend increased coordination among existing organizations, and call for a more high-touch, client-centered focus.

“IN SERVICE TO THOSE WHO HAVE SERVED”
Cross-sector collaboration is rising, though is often limited in scope.

Community-based efforts face a number of barriers and are difficult in practice.

Collective impact builds upon collaborative governance and planning models:

- Engages a wide range of stakeholders into a long-term shared commitment and action
- Applies a framework to address complex social problems

Five pillars of collective impact:

- Common agenda
- Common performance measurement system
- Mutually reinforcing activities
- Continuous communication
- Backbone organization

Gain commitment from key public, private, and independent stakeholders to jointly endorse and support a common agenda that improves resource and service delivery for veterans and military families.
Launched in 2014, AmericaServes is operational in 11 communities, in the strategy stages in 2 communities, and others are in the pipeline; also providing technical assistance in 1 affiliate market.

Over 11,100 transitioning service members, veterans and their families have requested over 21,200 services, resources and care across 15 service domains.

Public sector funding secured for NYServes–NYC (Mayor’s budget) and NCServes–Metrolina (Mecklenburg County budget).

Long-standing partners include Walmart Foundation and other funders for Carolinas and Texas markets.

Landmark strategic partnership with VA Center for Innovation.
AmericaServes is a community of coordinated networks of services, resources and care changing the way America supports its service members, veterans and their families.

- **Client perspective:** Addresses navigation challenges and comorbidity through a “no-wrong door” approach to holistic care coordination

- **Value-add to providers:** Creates “smart” referrals that match the right clients to the right services based on eligibility, availability, and capacity

- **Network benefits:** Shared software allows for transparency and accountability for common clients, robust measurement and learning, standardization, and long-term research

“In SERVICE TO THOSE WHO HAVE SERVED”
How Were Our Clients Served?

**Transition Assistance**

**Client Profile:** Client is a 29-year-old, male, single transitioning service member with five years of service in the Army and a scheduled discharge date of March 2017. He requested assistance finding employment suited to his educational level in the finance industry.

1/30

NCServes accepted the self-referral. The same day, a case navigator contacted the veteran to complete intake and assigned the VetFile to Creative Management Services.

2/1

The case navigator reassigned the referral to Hire Heroes USA.

2/2

HHUSA accepted the referral.

2/9

A Transition Specialist at HHUSA contacted the veteran and scheduled an initial assessment for 2/13.

2/14

After the assessment, HHUSA reported that the veteran has a preferred focus in the medical finance field and will begin an MBA program later in the year.

4/13

The veteran successfully found full-time employment in the healthcare field.

**Outcome:** A transitioning service member was able to utilize the network in advance of his discharge date to secure employment in his desired field and within his desired salary range. Having multiple providers offering each service type allows the network to accommodate fluctuation in capacity and program offerings.
How Were Our Clients Served?

Housing & Shelter – Complex Case

Client Profile: Female, Post-9/11 Navy Veteran, Age 36. “I am having trouble finding a place to live and have been bouncing from place to place, living out of my car. Living with friend until end of month.”

The client applied for an apartment in King County from a vet-friendly owner and was accepted for a move-in date of 10/14.

10/2 – 10/10

8/14 – 9/25

Continuous check-ins and sharing of housing links by the CC. No status change during temp employment period except service-connected disability claim was adjudicated and rated at 100%. Prices were still too high and she was fearful of being homeless again.

The client was in temp housing and looking for employment. The WDVA case worker helped her apply for Section 8. Wait list was 8 months. She obtained temp employment at a start-up for $45k and became ineligible for Section 8.

5/29 – 6/21

Providers and CC lost contact until the client reached back out.

Providers and CC lost contact until the client reached back out.

The client made more referrals while the client couch surfed and had doctors’ appointments: 1) Goodwill, Operation Good Jobs – transportation to orientation was a barrier. 2) Work of Honor.

5/3 – 5/25

St. Vincent de Paul reached out to King County WDVA for YWCA, VA for VASH intake, and a women’s shelter through Salvation Army. They also accepted her as a volunteer to build up her resume. She ended up being ineligible for YWCA and VASH, and case is closed.

4/26 – 7/5

4/25

Outcome: Permanent housing secured. The Coordination Center worked with both in-network and out-of-network providers to help the client with her most pressing need, allowing her to begin search for more meaningful, stable employment. The use of the network’s technology platform allowed for her care team to coordinate transparently and easily, and document roadblocks and follow-ups in real time.
Primary intervention is focused on outcomes associated with the collective system.

- Speed (Timeliness): Did the network effectively support an expedited connection between the client and the provider?

- Accuracy (Appropriateness): Did the network reduce the error rate associated with “bad referrals”?

- Scale: Did the network foster an increased capacity to accommodate clients resulting from efficiencies in speed and accuracy?

Second-order effects of the network are incremental improvements on individuals and communities due to improvements in the system.
State of the AmericaServes Initiative
- **Phased approach** to developing networks: catalyze, support, sustain
- **Theory and performance indicators** preserve the core of the initiative as it scales, but allow for flexibility in its application
- **Community of Practice** to multiply our ability to share learning and best practices

**Key Numbers**

- 11,100 Total Clients
- 21,200 Total Requests
- 1,500 Practitioners
- 11 Active Networks
- 600 Providers
- 2 Strategy Phase
- 18 Expected by 2020
Increased sophistication in our ability to evaluate AmericaServes:

- Tracking long-term network outcomes
- Definitions and process standardization
- Provider and client feedback surveys
- Program evaluation

What’s Next?

- **Fall 2017**
  - Legacy networks migrated; First dynamic dashboard created

- **2018**
  - Implement SAS tools (data management and VA)

- **2018 & beyond**
  - Advanced analytics and evaluation

**Quality & Continuous Improvement**

- Theory of Change and KPI development
- Relationship building with networks
- Increase data infrastructure and capacity
- Migration to new version of software
- “Data working group” within the AmericaServes Community of Practice

**End-to-End Analytics Groundwork**

- In-Progress Reviews every six months
- Focus groups and data-supported conversations within the community
- Partnership with SAS to advance visual analytics capability
- Dashboards to communicate data to multiple stakeholders
- Initial evaluation opportunities
Central Question: How does networked care coordination promote individual well-being?

Areas of Focus

- **Mental health**
  - Navigation, stigma, and access to care
  - Sense of security
  - Holistic screening and proactive support
  - Combinatorial effects of mental health providers and other social supports

- **Social determinants of health**
  - Evaluation of health outcomes of AmericaServes clients
  - Cost savings

- **Collective impact**
  - Technology-enabled case management
  - Shared goals and measurement
Thank You