



THE COMMUNITY QUARTERBACK  
**Veterans and Their Families are Coming Home.  
Are We Ready?**

**USC** Social Work  
*Center for Innovation and Research  
on Veterans & Military Families*

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# THE COMMUNITY QUARTERBACK

## **Veterans and their Families are Coming Home. Are we ready?**

### **INTRODUCTION**

Are we ready? Is our community ready? Is our country ready to honor the moral obligation to ensure that its veterans and their families receive the services promised to them when they enlisted and to completely address any injury, illness or other disparity created as a result of their service (Hassan, Flynn, & Astor, 2013)?

There appears to be no end in sight to the ongoing stressors for military personnel and their families. The United States has been continuously at war for more than a decade with the conflicts in Iraq and Afghanistan the longest in our nation's history. Persistent instabilities in the Middle East, North Africa and Asia are likely to keep American forces engaged in combat operations for many years to come. The demanding operational tempo of two challenging combat theaters coupled with the nature of the nation's all-volunteer force, and the expanded involvement of military reservists has meant that many service members have been deployed multiple times since 2001, which in turn has brought family and community issues to the forefront and into the realm of veterans issues. It is apparent that psychological and personal stresses for service members and their families are more prevalent and widespread than previously understood. The transition from military to civilian life can be difficult and is not always negotiated successfully. "The urgency of addressing those issues [faced by veterans] is heightened by the sheer number of people affected, the rapid drawdown of personnel from Afghanistan and Iraq, and the long-term effects that many of the issues might have not only on military personnel and veterans and their families but on the country as a whole" (Institute of Medicine, 2013).

We know that communities that successfully support their military-impacted populations are those that engage their entire citizenry in the unique challenges facing veterans transitioning home. Therefore, we need to create a coordinated community-based approach that brings together diverse sets of resources and identifies new opportunities across public and private sectors.

It is unlikely that the needs of veterans and their families will be adequately addressed unless local, state and federal agencies join forces and work together with public and private nonprofit organizations that are providing services and care for them.

## COMING HOME

Schell and Tanielian (2011) painted a daunting picture of stumbling blocks for veterans' access to and utilization of community-based support programs in New York state. New York veterans, like veterans all over the country, are often unaware of available services, unsure of whether the services will be helpful for their specific problems, lack information about service locations, are uncertain of eligibility requirements and do not know how to apply for needed services. Although veterans and family members who persist in searching for help or support may find an available service, they are often confronted by well-meaning but uninformed agencies and providers who do not understand the scope and complexity of the challenges faced as military-impacted individuals. This is a significant barrier to care considering many service members and veterans harbor a stigma against seeking help of any kind, especially mental health care, and might become so frustrated by a provider's ignorance of military culture and understanding of reintegration challenges that they discontinue treatment. The lack of coordination among community agencies, the fragmentation of services available and the redundancy of certain programs all contribute to the difficulties that veterans face when trying to access critical resources they need and to which they are entitled.

While the insularity of military culture promotes unity and resilience for the rigors of war, it can also leave service members and their families less equipped and less comfortable in a civilian environment. The all-volunteer military accentuates this social distance, since the responsibility for service is not broadly shared by all eligible citizens. For the majority of urban Americans who do not live near a military installation, there is little opportunity to directly observe or personally experience the consequences of this conflict. In smaller, rural communities where people are more socially connected, the loss of a resident is more keenly felt, but localized all the same. As a result, service members and their families encounter civilian environments ill-prepared to appropriately accommodate them with mental health care, employment readjustment, training support, education, financial guidance and other vitally needed services (Hazle, Wilcox, & Hassan, 2012).

Los Angeles, in particular, is at this crossroad. There are approximately 120,000 veterans that live in the city of Los Angeles and more than 320,000 veterans residing in Los Angeles County. The Los Angeles veteran population consists of veterans of all war eras, with growing numbers of Iraq and Afghanistan veterans settling into a new way of life after multiple deployments. It is projected that the post-9/11 veteran population is expected to increase in Los Angeles County by an additional 60,000 over the next three years. Reputable national studies show that as many as one-third of former service members may return home with some form of behavioral health issue, like post-traumatic stress disorder, depression and substance abuse (Tanielian & Jaycox, 2008). Unemployment and affordable housing issues are also a major concern. Recent data show that the unemployment rate among the youngest post-9/11 veterans is about 17 percent, higher

than the national average (Bureau of Labor Statistics, 2014). Additionally, 35,000 Los Angeles County veterans were unemployed in 2011 and approximately 7,000 veterans are currently homeless in Los Angeles County on any given night (United Way, 2012).

Underlying the limitations inherent in Los Angeles' new and complex systems of care for veterans is the lack of a county and city policy framework that could guide the creation of strong veteran policies, comprehensive programs, and efficient and effective funding. Essentially, there is no central, comprehensive and cohesive strategy that guides the formation, implementation and evaluation of local veterans' policies and programs. In this regard, Los Angeles may be a microcosm of what is happening on a national scale.

## **COMMUNITY QUARTERBACK**

The history of community development has shown us that we cannot rely on just a few extraordinary leaders to achieve systemic change in the thousands of communities in America that need help. Instead, new policies, practices and products are needed to create a next-generation system that empowers everyday people to achieve extraordinary results (Erickson, 2012).

At its root, community development is focused on leadership that is able to promote a compelling vision of success for an entire community, marshal the necessary resources, and lead people in an integrated way. All of which, requires bringing together dozens of institutions and thousands of people inside and outside a community and orchestrating the development and deployment of an array of high-quality human and physical capital interventions (Erickson, 2013). Erickson calls this person/organization “the quarterback,” the one who primarily serves in a coordinating role, managing a diverse coalition of players in order to achieve community betterment. Each region of the country needs an entity, a quarterback that can facilitate the connections, organization, and dissemination of information necessary to coordinate community response to the needs of local [military-impacted populations] and promote these needs and the needs of the service providers on both a state and national level. A flexible and dynamic quarterback with sufficient resources, backed with data and the ability to constantly refine strategy, would be a significant benefit for military-impacted communities. It would, in short, be an institutional and policy breakthrough that would empower thousands of communities across the country to do what a few saints have accomplished: routinize the extraordinary (Erickson, 2013).

A quarterback was needed to bring Los Angeles' diverse resources together to identify new opportunities to cooperate across public and private sectors and develop approaches to providing care and support to our community's veterans and their families. Since March 2012, the University of Southern California Center for Innovation and Research on Veterans & Military Families (CIR) has administered and convened the Los Angeles Veterans Collaborative (LAVC)—the community quarterback. Specifically, the LAVC is a structured network of public, private and government agencies and professionals from more than 250 Los Angeles County entities working across multiple sectors to provide services for veterans and their families. The overall

goals of the LAVC are to guide community practitioners; build responsive community networks; inform policy and identify broadly applicable and effective solutions that rely on promising preventive strategies for its veterans and their families.

The LAVC has six scalable working groups with the relationships and resources needed to work together: (1) Behavioral Health, (2) Career Advancement, (3) Families & Children, (4) Housing & Homelessness, (5) Legal & Reentry and (6) Faith. Collaborative members meet and coordinate within these focused working groups to discuss current issues, identify gaps in service, and develop and pursue action items to address them. CIR developed this structure for the LAVC to help its members coordinate more effectively, efficiently and consistently to address the needs of Los Angeles' military community.

The LAVC provides a solution to the need for an “all-in” initiative orchestrated by community leaders that plays to the strengths of the community—small groups of stakeholders who have key resources and existing relationships needed to work well together. These types of initiatives are helping guide Los Angeles' community practitioners, community networks, policy, and broadly identify applicable and effective solutions towards promising preventive strategies. In this way, the LAVC acts as a “quarterback” of local service coordination, managing a diverse team of community players to draw out and build upon areas of strength, and address gaps in services by building capacity and cooperation (Erickson, 2012). The LAVC stands as a strong example of how a collaborative and cooperative approach can effectively address the fragmentation and confusion that transitioning veterans and their families face on personal, community and institutional levels.

CIR is a natural and neutral coordinator that maintains connections with hundreds of community care and health care organizations in the region, and connects them with its local, regional and national partners in order to advance solutions in research and care for military-impacted populations. Hence, much of the success of the LAVC can be directly attributed to the university's unique community role as a neutral and trusted agent well suited to serve as the “coach” for this community quarterback.

CIR embodies three key components for a successful coach facilitating the community quarterback:

- Natural and neutral convener
- Credible and respected in the veteran community
- With resources to administer and facilitate a community

A natural and neutral convener is critical to guiding a community collaborative with objectivity: **natural**, in that community relationships and personnel liaisons already exist and can be leveraged to bolster the collaborative's efforts; and **neutral**, in that there is no competitive aspect or possible conflict of interest because the convener is not one of the community organizations that may be competing for funds or jockeying for influence.

The convener must also be **credible and respected**, in this situation within the veteran community, with demonstrated success in solving problems, effecting policy change and developing strategies based on research and real-world scenarios. Thus, the participating collaborative entities are then respectfully willing to take direction and work with the convener to forward the work of the collaborative.

Lastly, the convener should have the **resources**—time, talent and treasure—to administer and support the collaborative. This includes a consistent meeting space with ample room for a large gathering and break-out rooms; appropriate technology for presentations and communication; food, beverage, and parking accommodation; and administration and management of the meetings, players and workings of the collaborative. This frees up the volunteers of the participating organizations to concentrate on the work at hand and not on the logistics of convening the collaborative.

## **STRIDES AND SUCCESSES OF THE LAVC AS COMMUNITY QUARTERBACK**

The LAVC, which started as an informal group of people and organizations convening to discuss their programs and activities, is now transformed into a structured network of public and private professionals and agencies. This network provides access to education and best practices, while encouraging collaboration and advocacy, empowering its members to provide more effective services to veterans and their families. Additionally, the LAVC is planning on creating an Executive Board, which will consist of community corporate partners, philanthropists and executives of member organizations, to further guide and support the LAVC.

Some examples of the LAVC successes include:

- A preliminary survey of Los Angeles veterans, conducted by the LAVC and CIR, indicated that veterans without a car had difficulties getting to work, school and medical facilities in such a vehicle-centric urban setting. Since, several community-based organizations and LAVC members have been working together to collectively convince the city of Los Angeles to adapt and adjust its public transportation routes to better serve its veterans. This early example highlights the potential impact of the LAVC on enhancing services for veterans and easing the transition from military to civilian life.
- The LAVC Families & Children working group was made aware that the Los Angeles Unified School District (LAUSD) had no process for identifying military-affiliated children. Within six weeks, the working group co-chairs, in collaboration with LAUSD, Los Angeles Mayor Eric Garcetti's Office of Veterans Affairs, and the USC Building Capacity project, were able to add a section to the annual student emergency form where students can specify their connection to a military family. At the start of the 2014-15 school year, this revised form will be completed by every student enrolled in LAUSD, including early childhood education, special education and k-12 programs. This information will assist district officials to better provide resources and support to these students and their families.

- The LAVC Behavioral Health working group developed a list of agencies throughout Los Angeles County that provide mental health services to veterans based on evidence-based practices, for use as a referral source. In a complex, service-provider network in a sprawling urban environment such as Los Angeles, the collaborative efforts of this working group provide a web of mental health support for referral, based on location and need.

## **INFORMATION GATHERING TO ASSIST LAVC EFFORTS**

As the LAVC develops under CIR's leadership, it is gathering greater recognition within the local, state and national veterans' spheres. Due to this attention, organizations such as Newman's Own Foundation, Deloitte LLP, the Unihealth Foundation and others have approached CIR looking for ways to support the collaborative. Concurrently, a growing recognition emerged within the collaborative that the lack of a systematic assessment of current veteran needs and available services was limiting the ability of members to address service gaps and build a robust case for needed policy changes across the county.

Given that the collective goals of the collaborative are to strategically improve access to services, identify and reduce barriers to care, and influence policy to improve the lives of veterans and their families, the LAVC needed reliable data upon which to build and create a more strategic plan. As a result, CIR developed an academically rigorous, comprehensive, countywide needs-assessment survey of the veteran community. With funding from Newman's Own and Unihealth foundations and pro bono support from Deloitte LLP, the survey has been launched and is currently in the data-collection phase in Los Angeles, and CIR prepare to launch a similar survey in Orange County, Calif., with the support of the Orange County Community and Unihealth foundations.

The timing of the survey data could not be more critical. As the war in Afghanistan comes to a close, many service members are returning to Los Angeles, where the highest concentration of veterans in the state and country reside. Veterans and their families making this transition to Los Angeles County are entering a local and political landscape that is undergoing some very significant changes, which will likely affect their access to critical transition services.

Los Angeles voters recently elected a new mayor, and have six new members on the 13-member City Council. It is also likely that in 2014 there will be three (out of five) newly elected members on the Los Angeles County Board of Supervisors. Under this new leadership, much can (and should) be done to take a more strategic and coordinated approach to address the comprehensive needs of veterans and their families. The mayor's office has created a Veterans Affairs Coordinator position to manage all veteran affairs within the city. In effect, this position within the city is solely dedicated to veterans' issues from a policy and programmatic perspective. Fortunately, city and county leaders can also count on the LAVC to assist not only in providing information on the critical resources to the local veteran community, but also in helping create local policies that improve the long-term well-being of veterans and their families. The current

political environment presents a unique window of opportunity for the veteran community to truly impact future policies in a way that reflects realities on the ground, both through the work of the city's coordinator and participation in the survey.

The results of the CIR-led veterans needs survey will enable the LAVC to outline the priority of specific services; align service delivery across Los Angeles County; reduce barriers to care and move towards our goal of becoming a seamless, comprehensive veterans service delivery network. Better still, it will serve as a model for the rest of the nation to replicate.

## **CONCLUSION**

The influx of Iraq and Afghanistan veterans into the U.S. civilian environment has yet to peak, but is clearly underway. Anecdotal evidence reminds us that we have not effectively engaged veterans early enough in their transition process here in Los Angeles, but have instead focused and funded programs on the treatment end of the continuum rather than on prevention and early intervention. It has become increasingly clear that there is a dire need for programs and services in Los Angeles to engage early to ease the transition from military to civilian life, and that a collaborative effort like the LAVC is critical to enhancing the lives and well-being of our nation's veterans.

To achieve a collective impact vision for any city, county or state, service coordination and referral processes must be readily available, easily accessible and seamless in their delivery, enabling veterans and their families to obtain the right kind of services at the right time. Moreover, services must be adaptable and attuned to the unique circumstances of post-9/11 veterans, whose multiple deployments, participation in taxing counterinsurgency operations and higher survival rates have produced unprecedented numbers of veterans in need of support (Carter, 2012). We cannot deny the occupational hazards of the military profession, nor can we deny the impact of war on individuals, families and communities.

Are we ready? Is our community ready? Is our country ready?

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