Welcome to the
Los Angeles Veterans Collaborative

Intro Working Group
BACKGROUND

- U.S. at war for over a decade
- 2.8 Million Deployed ➔ Drawdown
- 325,000 vets currently in Los Angeles
  - 12,000 more per year estimated
- “Sea of Goodwill”
Disconnected

- Less than 1% of the Population has served in the last 13 years
- 50% of public says the wars have made little difference in their lives. (Pew Research Poll)
Los Angeles Veterans Collaborative (LAVC)
- Network of public, private, government agencies
- Build organizational capacity, reduce gaps in service

Need for community-level data
- Understand needs, align service delivery, guide policy

USC CIR undertook LA County Veterans Study
- Guided by theory describing process of transition from military to civilian life

Impact
- Engagement and Access Strategy
- Behavioral Health Outreach
Los Angeles Collaborative

Data ➔ Action ➔ Impact
MILITARY TRANSITION THEORY

Approaching the Military Transition
- Military/Cultural Factors
- Personal Characteristics
- Nature of the Transition

Managing the Transition
- Individual Factors
- Social Support

Assessing the Transition
- Transition Trajectories
- Military Transition Management
- Community/Civilian Transition Support

Transition Outcome Indicators
- Work
- Family
- Health
- General Wellbeing
- Community
RESULTS

Survey: 1,356 LA County veterans

- 50% Served prior to September 11, 2001
- 38% Served after September 11, 2001
- 12% did not provide date of service

Focus Group Interviews

- 72 participants
Transitioning Out of the Military

Today’s veteran reports greater difficulty transitioning from the military back to civilian life compared to previous veterans.

Adjusting to civilian life was difficult

I needed time to figure out what to do with my life during my transition

RESULTS
Job Prospects

Most veterans did not have a job when they left military service.

**Percent of Veterans who did NOT have a job**

- Pre-911 Veterans: 78.6%
- Post-911 Veterans: 79.5%
Median Income

Of the veterans who do work full-time (44%), twenty-two percent have jobs at or below poverty.
MENTAL AND BEHAVIORAL HEALTH

Most veterans believe their mental health is pretty good when they leave the military, then later realize they have significant unmet issues.
Veterans have significant psychological health issues, including PTSD and suicidal ideation.
Sexual Harassment and Sexual Assault

Percent of male and female pre-9/11 and post-9/11 veterans who were sexually harassed or assaulted during military service.

### Sexual Harassment

- **Females:** Pre/Post-911
  - Pre/Post-911: 66.2%

- **Males:** Pre/Post-911
  - Pre/Post-911: 10.6%

### Sexual Assault

- **Females:** Pre/Post-911
  - Pre/Post-911: 56.9%

- **Males:** Pre/Post-911
  - Pre/Post-911: 5.8%
Veterans with Alcohol Concerns

Percent of pre-9/11 and post-9/11 veterans who screened positive on the Alcohol Use Disorders Identification Test (AUDIT) alcohol consumption scale.
PHYSICAL HEALTH

• Over 50% report significant physical health conditions that *impair their daily functioning*, which is not necessarily reflected in a VA disability rating.
VA Disability Rating

<table>
<thead>
<tr>
<th>Disability Level</th>
<th>Pre-9/11 Veterans</th>
<th>Post-9/11 Veterans</th>
</tr>
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<tr>
<td>100% Disability</td>
<td>4.20%</td>
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<tr>
<td>70%-90% Disability</td>
<td>4.50%</td>
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<tr>
<td>50%-60% Disability</td>
<td>2.40%</td>
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<tr>
<td>30%-40% Disability</td>
<td>3.10%</td>
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<td>0.4%</td>
</tr>
<tr>
<td>No Disability</td>
<td></td>
<td>63.5%</td>
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</tbody>
</table>

Pre-9/11 Veterans: 76.70%  
Post-9/11 Veterans: 63.5%
VETERANS ADMINISTRATION

• Over 70% of veterans use VA services, primarily for medical care and education.

• Of those that use the VA, 50% believe the VA needs to significantly improve their services.

• In particular, veterans are unhappy with:

  1. Wait time for appointments
  2. VA disability rating system
  3. Support for the GI Bill for Education
FINANCIAL AND LEGAL ISSUES

• Over 40% of veterans face significant financial issues stemming primarily from low-paying jobs.

• Legal issues, although not frequently encountered by veterans, range from misdemeanor offenses such as traffic violations, to more serious issues such as domestic violence and drug or alcohol offenses.
Veterans Barriers to Care

Not knowing where to get help or whom to see
I feel I can handle challenges on my own
Concerns about confidentiality of treatment
Difficulty scheduling an appointment
It could harm my career

Pre/9/11

Post/9/11

RESULTS

USC School of Social Work
University of Southern California
Veteran Service Needs

Veterans identified a wide range of services needed during transition, including employment, healthcare, mental health, housing, education and others.

RECOMMENDATIONS:

• Establish a veteran community support network
  • Comprehensive and holistic plan to engage and support veterans in transition, which can take up to 2 years

• Utilize a peer-to-peer strategy through creation of civilian military transition mentors
Military Identity

Today’s veterans have strong personal and social military identities that, while admirable and desirable, can interfere with a successful civilian transition.

RECOMMENDATIONS:

- Develop a comprehensive reorientation program focusing on differences and similarities between military and civilian culture
  - Provide realistic employment/housing expectations
- Structure local community veteran support services to begin where TAP/Transition GPS leaves off
- Encourage and support veterans building new networks with civilians while on active military service
HOW ACTION WORKS

2nd Wednesday of the month

Large gathering Announcements/events relating to the veteran community

Working groups for one hour session in one of seven working groups:

Reconvene to share Objectives, Missions, Action items and possible collaborations
Meeting Structure

• Engagement and Access Working Group (9:00am)
• Collective Meeting (10:00 am)
  – Welcome
  – Announcements
• Working Group Session (10:30 am)
  – Continue work on Measurable Goals, Outlining strategy
  – Break down into tasks to assign POC
• Collective Review (11:30 am)
  – Report Back, Action updates, Goal update
Isolated Impact
COLLABORATION
5 elements of collective impact

- Common Agenda
- Shared Measurement
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Organization
working in collaboration requires a **mindset shift**

**ADAPTIVE PROBLEM SOLVING**

VS.

**TECHNICAL PROBLEM SOLVING**
How to Collaborate

1. ACHIEVE A PERPETUAL STATE OF SIMULTANEOUS PLANNING AND DOING
2. PAY ATTENTION TO RELATIONSHIPS
3. LISTEN, LISTEN, LISTEN FOR HOW TO RESPOND TO UNANTICIPATED RESULTS
4. ADOPT AN ATTITUDE OF “BURNING PATIENCE”

Based on FSG Collective Impact Presentation “How to Collaborate”
Los Angeles Collaborative

Data ➞ Action ➞ Impact
Working Groups

Behavioral Health Working Group
Who: Agencies, social workers, family therapists, and practitioners who provide behavioral health support to Veterans and their families throughout Los Angeles.
Goal: The working group is centered on identifying the unique needs and challenges veterans have for accessing behavioral healthcare as well as identifying best practices for veteran treatment.

Career Advancement Working Group
Who: America’s job centers, work source centers, HR professionals, veteran employments training programs, corporations, VA vocational rehab representatives and individuals looking to hire veterans.
Goals: Educate employers, develop best practices for service providers and work to identify veteran in need of meaningful employment.
Working Groups

Families & Children Working Group
**Who:** Spouses, adult children of military families, pediatric nurses, social workers and family advocates.
**Goal:** heightening awareness and impacting policy related to the concerns and needs of military affiliated (connected) children and their families, with particular attention on solving challenges facing families of the Guard and Reserve not fully accessing resources within the military service delivery system.

Healthcare Working Group
**Who:** Hospital and health insurance administrators, VA hospital staff and both non traditional and traditional models for recovery
**Goals:** Educate employers, develop best practices for service providers and work to identify veteran in need of meaningful employment.
Working Groups

Higher Education Working Group
Who: Representative certifying officials, admission coordinators and Veteran Resource Center contacts from community colleges, trade schools, and universities across LA County.
Goal: Develop and share best practices with schools, share resources and develop an agenda of working items that can drive a better educational experience for veterans in Los Angeles.

Housing & Homelessness Working Group
Who: VA contracted agencies, housing authorities, individual non-profits, and organizations working with homeless veterans.
Goal: solve systemic issues, pass legislature, write policy briefs and educate and rally providers toward more coordination and better support.
Working Groups

Legal & Re-Entry Working Group
Who: Lawyers, legal professionals, policy makers, public counsel, Veteran Affairs legal teams and aids.
Goal: Develop policy objectives, education, identifying laws affecting veterans and service delivery, building capacity with legal professionals to work with Veteran clients in Los Angeles as well as organizing to solve large scale legal barriers facing veterans with criminal or legal issues.

Faith-Based Working Group
Who: chaplains, Rabbi’s, clergy, pastors and religious organizations who seek to learn, educate and share best practices for working with veterans and military families in their respective communities.
Goal: As focused on awareness and education of military and veteran of faith community with curriculum and
Let’s work together to support our returning veterans and their families.
Questions