Welcome to the Los Angeles Veterans Collaborative

Introduction
Background

• U.S. at war for over a decade

• 2.8 Million Deployed → Drawdown

• 325,000 veterans currently in Los Angeles

• 12,000 more per year estimated

• “Sea of Goodwill”
Less than 1% of the Population has served in the last 13 years

“Whatever their fond sentiments for men and women in uniform, for most Americans the wars remain an abstraction, a distant and unpleasant series of news items that do not affect them personally”

- Secretary Gates, 2012
Background (Cont’d)

2012

Los Angeles Veterans Collaborative (LAVC)
• Network of public, private, government agencies
• Build organizational capacity, reduce gaps in service

2013

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

2014

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

2015

Impact
• Engagement and Access Strategy
• Behavioral Health Outreach
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Data ➔ Action ➔ Impact
Military Transition Theory

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

Managing the Transitions:
- Individual Factors
- Social Support

Assessing the Transition:
- Transition Trajectories

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

- Pre-911: 45%
- Post-911: 68%

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

- Pre-911: 61%
- Post-911: 69%
Job Prospects

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

Percent of veterans who did not have a job

<table>
<thead>
<tr>
<th>% of Veterans</th>
<th>Pre-911</th>
<th>Post-911</th>
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<tbody>
<tr>
<td>78.6</td>
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<td>79.5</td>
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Median Income

Of the veterans who do work full-time (44%), twenty-two percent have jobs at or below poverty.
Most veterans believe their mental health is pretty good when they leave the military, then later realize they have significant unmet issues.

- PTSD: 46% PRE-911, 31% POST-911
- Depression: 46% PRE-911, 38% POST-911
- Consider Suicide: 13% PRE-911, 15% POST-911
- Suicide Plan: 8% PRE-911, 10% POST-911
Veterans have significant psychological health issues, including PTSD and suicidal ideation.
Sexual Harassment & Sexual Assault

Percent of male and female pre-9/11 and post-9/11 veterans who were sexually harassed or assaulted during military service.
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.
Over 50% report significant physical health conditions that impair their daily functioning, which is not necessarily reflected in a VA disability rating.
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 & 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

Pre-9/11

- 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

Post-9/11

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

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

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 veterans to build new networks with civilians while on active military service
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Data → Action → Impact
How Action Works

( 2\textsuperscript{nd} Wednesday of the month )

1. **Large gathering:** Announcements and events relating to the veteran community

2. **Working groups:** 1-hr sessions in one of seven working groups

   - Behavioral Health
   - Career Advancement
   - Faith-Based
   - Families & Children
   - Healthcare
   - Higher Education
   - Housing & Homelessness
   - Legal & Re-Entry

3. **Reconvene** to share *objectives, missions, action items* and possible collaborations
Meeting Structure

• **Engagement and Access Working Group** (9:00am)

• **Collective Meeting** (10:00 am)
  – 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 updates
Isolated Impact
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

**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*”
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Data ➔ Action ➔ Impact
Working Groups

Behavioral Health
• **Who**: Agencies, social workers, family therapists, and practitioners.
• **Goal**: Identify the unique needs and challenges veterans have for accessing behavioral healthcare as well as best practices for veteran treatment.

Career Advancement
• **Who**: 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 & identify veterans in need of meaningful employment.

Faith-Based
• **Who**: Chaplains, Rabbi’s, clergy, pastors and religious organizations who seek to learn, educate and share best practices for working with veterans.
• **Goal**: Focused on awareness and education, this working group seeks to train and improve capacity of faith-based organizations to better serve military and veteran families.

Families & Children
• **Who**: Spouses, young adults of military families, pediatric nurses, social workers and family advocates.
• **Goal**: Heighten awareness and impact policy related to the concerns and needs of military children and families, with particular attention on solving challenges facing families of the Guard and Reserve not fully accessing resources within the military service delivery system.
Working Groups

Healthcare
• **Who:** Hospital and health insurance administrators, VA hospital staff and both traditional and non-traditional models of recovery
• **Goals:** Coordinate and educate hospital administrators, VA Healthcare workers and civilian healthcare providers to better serve veterans and military families.

Higher Education
• **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
• **Who:** VA contracted agencies, housing authorities, individual non-profits, and organizations working with homeless veterans.
• **Goal:** Solve systemic issues, pass legislature, and write policy briefs to educate and rally providers toward more coordination and better support for helping homeless veterans.

Legal & Re-Entry
• **Who:** Lawyers, legal professionals, policy makers, public counsel, VA 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.
Next Steps

Let’s work together to support our returning veterans and their families.
Contact

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