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Historical Narrative of a Veteran Service Network Implemented by the Institute for Veterans and Military Families at Syracuse University

Daniel Piston

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Abstract

The purpose of this project was to author a historical narrative of a community engagement program, AmericaServes, implemented by the Institute for Veterans and Military Families. AmericaServes ~~is a program to aid~~ veterans, service members, and their families ~~in navigating through the the numerous maze of large amount of~~ non-profit and public services offered to them. This program uses a model called Collective Impact (Kania & Kramer, Collective Impact, 2011) as ~~its fundamental or its pprincipal the basis for which it runs~~. Since ~~its inception the beginning of the program~~, there has not ~~yet~~ been a proper ~~history chronicling the record chronicling the~~ history of program, the key players involved, and lessons learned from challenges faced during each stage of ~~its evolution the program~~.

To conduct this project, ~~qualitative, qualitative and quantitative~~ information was collected from various sources. ~~First~~, interviews were used as primary sources of information for ~~documenting the~~ each stage of the initiative, as well as the challenges, and lessons learned. Individuals chosen for the interviews were IVMF, Accenture, and Unite US staff. Additionally, staff members from the coordination centers in Charlotte, NC, and Pittsburgh, PA were interviewed ~~as well~~. Background information was collected from news releases from each organization, and information already collected and used by the IVMF. Information on collective impact, and veteran health and wellness were collected from journal and other published papers from experts in the field.

From the ~~data information~~ collected, the story of AmericaServes Coordinated Network was separated into three case studies for the three initial cities in the pilot program: NYServes in New York City, NY; NCServes in Charlotte, NC; PAServes in Pittsburgh, PA. From the cross case analysis my recommendations for the AmericaServes staff, and ~~for~~ the communities were as follows:

AmericaServes Staff:

- 1) Treat each community with a fresh lens.
- 2) Actively engage service providers for community feedback.
- 3) Ensure communication and education to all levels of the service providers.
- 2) Receive community feedback throughout the process.
- 3) Communicate to all levels of the service providers.

AmericaServes Communities:

- The coordination center needs to set the example for the community.
- 1) Educate all levels of your organization.
- 2) Allow [Dan: allow seems right but a little passive, in the sense that it often takes a great deal of energy and even repetition to get info to all levels of an organization. Consider

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something more active? the details of the initiative to reach all levels of the organizations involved.

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Executive Summary

AmericaServes is a coordinated network implemented by the Institute for Veterans and Military Families of Syracuse University. This community engagement program is currently in ~~its~~ pilot stage in major cities on the east coast of the United States, including New York City, NY, Charlotte, NC, and Pittsburgh, PA. The program began from a realization in New York City that among the veteran non-profit service providers was a duplication of services. In the veteran community, there are currently 45,000 service providers in the United States to ~~support~~ ~~service~~ this population ([Armstrong, McDonough, & Savage, 2015; Pollard, 2015](#)). Also called the Sea of Goodwill (Copeland & Sutherland, 2010), many of those capable of receiving services find the process confusing, often with many barriers.

A solution to this problem came in the form of AmericaServes Coordinated Network, which provides veteran service providers ~~with~~ in the same geographical area a software tool to increase collaboration. The goal for the service providers is a new form of collaboration called Collective Impact ~~2~~ (Kania & Kramer, Collective Impact, 2011). Discussed by John Kania and Mark Kramer ~~in~~ 2011, collective impact is defined as, “commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem.” (Hanleybrown, Kania, & Kramer, 2012; Heifetz, Kania, & Kramer, 2004; Kania & Kramer, Collective Impact, 2011) With the software, each community can offer a clear and concise path for veterans to receive services. Additionally, veterans that need ~~additional or more diverse?~~ ~~more~~ services than a provider has to offer, ~~can~~ can be connected to other providers in the network in the best position to aid the veteran, service member, or family member.

The AmericaServes program began in New York City, NY, in October of 2013. Since ~~then~~ ~~that time~~, there has not been a proper record of history kept by the IVMF ([Institute for](#)

Veterans and Military Families). Filling this gap, the purpose of the project was to investigate the process of AmericaServes to author a historical narrative of the program ~~which can be utilized for various reasons~~. To conduct this project, qualitative and quantitative data information was collected through interviews of IVMF and their partner's staff and individual AmericaServes coordination centers staff. Additionally, information was collected via formal past studies research from the conducted by the IVMF, on topics ranging from ,?and data on information regarding veteran wellness, ~~and collective impact, policy, and collective impact in the veteran non-profit sector.~~

The AmericaServes model ~~derives from is based off of~~ health care coordination models ~~used to that~~ allow health care providers to transfer and share reliable information to increase the effectiveness of ~~their~~ treatments (McDonough, 2016; U.S. Department of Health and Human Services, 2016). Applying this model to the lack of coordination and collaboration duplication of among veteran service providers, (Dan, will you document this duplication at some point? It's a central tenet of your work and should be referenced.), the IVMF ~~was able to~~ create a network of service providers connected through a software ~~platform~~ platform from a veteran owned and operated company, Unite US (Armstrong, McDonough, & Savage, 2015; Cleland, 2015). This platform ~~enable~~ allows the service providers in an area to connect veterans to other providers that specialize in a specific service. For example, a veteran service provider that offers legal services may not offer health services. The AmericaServes network allows the legal service provider to create a file that can be sent to the health services provider, allowing aid to reach the veteran in need promptly (Cleland, 2015). Each city in the network is managed by a coordination center which aids in organizing and communicated among all of the service providers in the network. Additionally, the coordination center also serves as the call center for

the phone lines of the network, allowing the coordination center to refer veterans to any of ~~the service providers~~ in the network (McDonough, 2016).

The significance of this project can be seen on multiple levels. First, this project serves as a method of collecting pertinent information to the history of the Institute for Veterans and Military Families. It will allow a clear record to be kept on the beginning of this ground breaking program, offering an example for future use. Additionally, this project serves as a learning platform for each of the cities in the AmericaServes network to increase the number of veterans served. From the challenges and lessons learned, current AmericaServes cities initiatives may be able to make necessary changes to their networks, increasing the effectiveness ~~of their network~~. Lastly, this project can serve as a realistic example of utilizing collective impact, taking it from theory to reality. Future cities in the AmericaServes network can now see first-hand how this program can change the lives of the veterans in their communities, and how it can be accomplished.

~~Dan — one important thing to consider. Somewhere early on you will need to disclose that you are affiliated with IVMF as a Syracuse University student. This is a standard disclosure just as I would disclose organizations supporting or providing data to my work.~~

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~~My~~This capstone project would not have been possible without the help and guidance from many people. First, and foremost, I would like to acknowledge Dr. Nick Armstrong, and the Institute for Veterans and Military Families for allowing me to ~~help with this project~~take on this challenging project. Without Dr. Armstrong's guidance, it would not have been possible to sift through the large amount of information, and successfully organize it. Next, I'd like to acknowledge the reader of this document, Dr. Cathryn Newton, Professor of Earth Sciences and Dean Emerita. Dr. Newton's mentorship, and guidance was paramount in my successful completion of this project, and was greatly appreciated. Additionally,~~Next,~~ all of the partner organizations of the IVMF, and AmericaServes staff. From Accenture, to Unite US, and each of the coordination centers, all those involved were incredibly helpful for collecting this information. Without their patience, and willingness to be interviewed, I would not have the immense amount of information I was given. I would next like thank my professors and the Renee Crown Honors Program staff. Their guidance in the capstone process, and support during my presentation was overwhelming and much appreciated. Lastly, I would like to acknowledge my wife for her unending support during the last, stressful portion of my undergraduate education. Thank you to all of those that have supported me personally, professionally, and academically, during my time as a Syracuse University student.

Advice to Future Honors Students

As I began this capstone, the time and effort of this project, combined with the complexity of research, seemed like an overwhelming force to me. As I finish this project, it still feels that way, but with an immense sense of pride to have come this far. My future advice to future honors students is simple:

- Be humble. Never assume you know everything, or that a specific task or project will be easy. Odds are, it will always be harder than you originally thought. When that time comes ask for help early on, and always remember it is okay to not know everything.
- Start Early. While this is always said, it can never be said enough. Put in as much work early on as you can. As the semester draws to a close on your senior year, many activities, exams, assignments, and job hopes will be filling your time.
- Understand the Process. Understand the capstone process in its entirety. Plan ahead as you prepare to hand it in and do not be afraid to work closely with your advisor, reader, and honors staff~~the honors staff~~.
- Choose something that interests you. This project will be long journey. If you are not interested or excited by your project, it will feel like a lifetime.
- Pay attention to the details. The details matter, even the ones that do not seem like they do initially. Take your time, and always mind the details.

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Research Disclosure

This research project was supported and funded by the Institute for Veterans and Military Families at Syracuse University. This project was initiated to record the history of the AmericaServes initiative around the country, and was able to serve as my senior thesis. My overall goal for this project was to aid and support ongoing initiatives for the health and wellness of veterans, service members, and their families. As a Syracuse University student, a military veteran, and student employee for the Institute for Veterans and Military Families, I gained key insights into the planning, ~~operation~~ operations, and ongoing progress of the AmericaServes network. This paper helps to outline the information I collected, combined with information I gained during my time at the IVMF. Beneficiaries of this research include the Institute for Veterans and Military Families, ~~and~~ their partnering organizations, and the funding partners for each initiative. Funding information can be found in the introductory paragraph for each city.

Chapter 1

Introduction

The Needs of the Veteran Population

As of 2015, there were nearly 45,000 service organizations dedicated to veteran and military family support (Armstrong, McDonough, & Savage, 2015). The existence of these organizations scattered across the United States and other countries, when combined with the work of the Department of Veteran Affairs, demonstrates a huge undertaking to support the military veterans and their families as they return home and try to reintegrate back into society (Armstrong, McDonough, & Savage, 2015; Berglass & Harrell, 2012; Copeland & Sutherland, 2010). While only 1% of our population currently serves in uniform, an additional 9%, or 21 million people, are military veterans no longer currently ~~servingserving~~ (Zoli, Maurv, & Fay, 2015). This large portion of our society struggles with many aspects of health and wellness ~~that are~~ not traditionally seen in the civilian population (Berglass & Harrell, 2012).

Among these 45,000 organizations, originally referred to as the “Sea of Goodwill” by Copeland and Sutherland, there is also a high degree of disorganization and duplication of services (Armstrong, McDonough, & Savage, 2015; Copeland & Sutherland, 2010). In the public sector, the Department of Defense and Department of Veterans Affairs are currently working hard to reform how veterans’ needs are fulfilled, however, it is unrealistic to expect these organizations to overcome this challenge alone (Copeland & Sutherland, 2010; Berglass & Harrell, 2012). In order to fill the gaps between service providers with various purposes, and allow for veterans to reintegrate into the community, stakeholders must be able to operate under a common goal and use a scalable model which each community can adopt (Berglass & Harrell, 2012). Here you talk about gaps or what in tectonics we would call underlaps—will you later

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~~talk about overlaps or redundancies as well?~~ Full reintegration of veterans involves linking a large array of services while also limiting redundancies of veteran service providers ~~education, employment, healthcare, mentorship, spiritual support, housing, and other supporting opportunities for for our nation~~ ~~veteran families in order~~ to achieve a fully adapted and healthy veteran population.

Veteran Wellness

To determine what differentiates military veterans from civilians in health, ~~there we~~ first must ~~be a~~ definition of health. Some definitions are simple, such as the mere absence of disease. However, this definition, and many others, leave out specific factors long term effects of health and wellness the veteran population may experience from their military service (Berglass & Harrell, 2012). The World Health Organization describes the social determinants of health as the “conditions in which people are born, grow, live, work, and age.” (WHO, 2015) Social determinants have now been realized to have a much more profound impact on health than originally thought (Armstrong, McDonough, & Savage, 2015). Applying this view to military veterans ~~can~~ offers a much deeper understanding of the many issues they face in our country.

When defining veteran health and wellness, new factors must ~~be considered, eh be taken into account~~. The definition used for this ~~paper project~~ comes from a paper published by the Center for a New American Security, titled, “Well after Service: Veteran Reintegration and American Communities.” The authors state that veteran wellness is a “dynamic and multidimensional quality of one’s existence” including both “physical and psychological health” which can be described by four “key dimensions.” (Berglass & Harrell, 2012)

1. Social and Personal Relationships (Berglass & Harrell, 2012): This includes relationships in which the veteran interacts on a daily basis including “family, friends, and social

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networks” and faith communities allowing veterans to feel “nurtured, supported, or otherwise upheld by others.” (Berglass & Harrell, 2012) Social and personal relationships allow a veteran connection with surrounding community offering mental, emotional, and possibly physical support (Berglass & Harrell, 2012).

2. Mental and Physical Health (Berglass & Harrell, 2012): While this is a very broad dimension, Berglass and Harrell state that access to healthcare is foundational to having proper mental and physical health (Berglass & Harrell, 2012). For veterans, access to healthcare is primarily with the VA System; however, many ~~obstacles barriers that~~ prevent this including internal VA barriers, lack of community resources, and ~~veterans~~ veterans' not actively seeking help (Berglass & Harrell, 2012).
3. Satisfaction of Material Needs (Berglass & Harrell, 2012): This represents the “requirement for financial and legal stability, safe and appropriate shelter, access to goods and services necessary for a complete and rewarding life.” (Berglass & Harrell, 2012) An important consideration for veterans is that material needs were satisfied by the military for the duration of their service, ~~which for some lasted~~ ing decades. up to 20 or ~~more years.~~ Fulfilling this need after leaving the military requires a large increase in personal responsibility (Berglass & Harrell, 2012).
4. Purpose (Berglass & Harrell, 2012): Purpose is described as the “need to fill time with activities that a person enjoys, finds stimulating and rewarding, that facilitate their well-being.” (Berglass & Harrell, 2012) I believe this is one of the most important aspects of veteran wellness. ~~Similarly, In parallel with~~ the satisfaction of material needs, the military ~~can~~ provides this to active duty service members. This can be demonstrated by a study complete by the Institute for Veterans and Military Families called “Missing

Perspectives”, in which authors found that a large portion of veterans connected their military careers with a sense of purpose. When asked, “Why did you joining the military?” subjects were allowed to rank their top 5 reasons. 3 of the top 7 responses included a “sense of purpose”, “a history of service to your family”, and “defend your country.” (Zoli, Maury, & Fay, 2015). Once an active duty service member leaves the military, this sense of purpose can be lost. Additionally, many veterans may not be able to fulfill their sense of purpose through a civilian career due to injuries sustained during service (Berglass & Harrell, 2012).

The definition offered by Berglass and Harrell gives a full understanding of health and wellness for the veteran population, and how it might ~~be different from~~ the civilian population. These key dimensions can be applied to the current population, offering a guidelines by which veterans service organizations can base their services.

AmericaServes

AmericaServes is a coordinated service network meant to fill in the gaps among the 45,000 veteran serving organizations, allowing veterans, military members, and their family members to receive services needed to fully support their health and needs (Armstrong, McDonough, & Savage, 2015). This coordinated network is based on the collective impact model introduced by John Kania and Mark Kramer in 2011. Collective impact allows organizations move past simple forms of collaboration, and move toward a common goal with one another in a structured manner (Kania & Kramer, Collective Impact, 2011). Originally, this network was formed to fill a need in New York City for the disorganized veteran service organizations (McDonough, 2016). From this initial program, AmericaServes is now on its way

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to being a fully functioning, local community led service approach that, given time, can lead to success on a national level.

This paper is divided into four sections. The first section provides background information to help readers understand the people behind the initiative, and also the evolution of the Institute for Veterans and Military Families (IVMF) work with communities. Second, I will discuss three case studies which illustrate inception-to-current operation evolutions of the AmericaServes network, in the first three cities in which the networks were utilized: New York City, Charlotte, NC, and Pittsburgh, PA. Third, a cross case analysis will compare each of the three cities, discussing similarities and differences between the cases, and how they contributed to the network's success. Finally, recommendations will be made for future implementation of the AmericaServes network, and collective impact models in general.

Purpose of the Project

This paper serves various purposes. First, ~~it will serve~~s as a permanent historical record of the early years of the AmericaServes project, focusing on first three AmericaServes cities or markets that were launched, including New York City, Charlotte, NC, and Pittsburgh, PA. Second, it documents three diverse case studies whose differences illuminate the larger concerns. ~~[it will examine case studies...]~~ From each case study ~~will come~~s an understanding of the challenges faced by the AmericaServes organization, and how these challenges were overcome, further strengthening the entire AmericaServes network. In addition, success stories from each case study will be discussed in order to highlight the factors which led to that success. Third, the paper will discuss and compare lessons learned from in each city branch of AmericaServes to increase the effectiveness in the future. ~~, and these lessons will be compared to each other. Are you saying that revising approaches is central to overall success? If so, might mention that here.~~

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Overall, this paper serves to [increase the overall success of the AmericaServes initiative through review of past experiences, and](#) -add to the discussion of [implementing Collective Impact and how to implement the Collective Impact model](#) ~~Collective Impact~~ successfully in the veteran space.

Chapter 2

Background of AmericaServes

Leading up to AmericaServes

The concept for AmericaServes started with James McDonough, a retired U.S. Army Colonel. His vast experiences in the military, followed by experience in the veteran non-profit community, led him [to establish connections, and partnerships to](#) ~~to the creation of~~ AmericaServes. McDonough served in the U.S. Army for 26 years, starting his career with a commission as an air defense artillery officer, and serving in a large array of leadership roles throughout his service. After retirement from the Army, McDonough ~~became the director of~~ the New York State Division of Veterans' Affairs. During this time, he was responsible for nearly one million veterans and their families in New York State, ~~giving~~ [This gave](#) him key insights into how veterans were being served at that time (Institute for Veterans and Military Families (IVMF), 2015).

Upon leaving his position at the New York State Division of Veterans' Affairs, McDonough became the CEO of Veterans Outreach Center Inc. Veterans Outreach Center or [VOC, located in Rochester, NY,](#) is the nation's oldest community based, non-profit organization

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for veterans and their family members. McDonough's time at the Veterans Outreach Center allowed him to witness first-hand the impact non-profit organizations can have on the veteran population. Following his work at the Veterans Outreach Center, McDonough served as the Senior Fellow for Veterans Affairs at the New York State Health Foundation. During this time, goals for the NYS Health Foundation included: expanding choices and access to community-based services and care beyond the VA-run facilities; leveraging federal and private funding opportunities for veterans; and serving as a thought leader and advocate for veterans (Veterans Outreach Center Inc., 2012).

Each of these positions allowed McDonough to experience the broad spectrum of veteran assistance between the public, and non-profit sectors. Additionally, McDonough was able to foster connections in New York to respond to a challenge made by the Robin Hood Foundation to connect veteran services. However, prior to this, McDonough began his work with the Institute for Veterans and Military Families of connecting non-profit organizations together, all of which were rallied around a single mission of decreasing veteran homelessness.

The precursor to AmericaServes was the SSVF and Community of Practice program, utilized by the Community Engagement Team of the IVMF. The Supportive Services for Veteran Families (SSVF) Program provides supportive services to very low-income veteran families (U.S. Department of Veteran Affairs, 2014). The U.S. Department of Veteran Affairs provided grants to non-profit organizations around the country to aid in decreasing veteran homelessness, with the idea that community organizations collaborating around this purpose can solve the problem faster and more efficiently than government agencies alone (U.S. Department of Veteran Affairs, 2014). In New York State, the IVMF engaged the service providers of the SSVF community by creating a Community of Practice in which to provide technical assistance to

veteran and military organizations. McDonough was a key component to this; he created the base model for how to bring organizations together to provide them with best-practices, aiding in their implementation of the program. However, the services provided in this case ~~was strictly~~ related ~~strictly~~ to veteran homelessness, and did not ~~aid include~~ other ~~faets of~~ services ~~that~~ veterans need around the country. Also, the community engagement from the IVMF offered ~~service~~ organizations ~~options opportunities~~ to better collaborate with one another, ~~but however~~, did not follow the practices of Collective Impact. In this case, collaboration meant that the organizations communicated on a regular basis, and shared ideas, but did not fully embrace sharing the same measurement tools and systems. What was next needed in this community was full collaboration or coordination in which service providers follow the same model, and use the same tools to create a larger impact. The SSVF organizations in New York State, aided by the IVMF, were the basis for the AmericaServes network. The next step in the process was to unite organizations together to offer a wide range of services for the veteran population through true coordination of the large number of veteran service providers.

Collective Impact

Collective Impact is defined as the “commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem.” (Kania & Kramer, Collective Impact, 2011) The scope of this approach is through collaboration from all players in the civilian sector: public, private and non-profit stakeholders. However, Kania and Kramer’s definition of collaboration is much more in depth to facilitate successfully implementing this model to solve a complex social problem. Simple collaboration is defined as a practice by which individuals work together to a common purpose to achieve benefits (AIIM, 2015). However, this conception is not specific enough and does not provide enough structure that is needed to solve

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complex problems. Collective impact is different from collaboration in that it involves having infrastructure in place, dedicated staff, and a structured process to focus and lead the organizations involved, effectively (Hanleybrown, Kania, & Kramer, 2012).

The premise of collective impact ~~is very different~~ from how the philanthropic sector works, in that it focuses on bringing organizations together. Currently, this sector is focused on what is called Kania and Kramer called “Isolated Impact”, in that “a single organization competes with other organizations to solve a complex problem”, often trying to “reinvent independent solutions” to do so (Kania & Kramer, Collective Impact, 2011). This can be seen over the broad range of spaces in the non-profit sector of homelessness, education, health, and veteran services (Kania & Kramer, Collective Impact, 2011; Berglass & Harrell, 2012; Copeland & Sutherland, 2010). When solving a “technical problem”, or a “problem with a known solution” such as cost of a particular service or product, the isolated approach can be successful if an organization has the appropriate expertise and resources available (Heifetz, Kania, & Kramer, 2004). However, trying to solve an “adaptive problem” is quite different (Kania & Kramer, Collective Impact, 2011). This type of problem is one in which a solution is not known, and has a great deal of complexity such as healthcare reform or education reform (Heifetz, Kania, & Kramer, 2004). Social problems of any kind are adaptive problems with many stakeholders ~~who that~~ will be affected by the outcome (Heifetz, Kania, & Kramer, 2004). For example, when trying to solve the social problem of reintegration of veterans into the American society, there is no ~~single~~ ~~any one~~ organization with ~~the capable~~ resources ~~capable of to solving~~ this immense issue (Copeland & Sutherland, 2010).

Success of Collective Impact

~~As in~~Similar to any model ~~needed-of-for~~ social change, ~~there are~~ certain preconditions ~~that~~ must be met before utilizing collective impact (Hanleybrown, Kania, & Kramer, 2012):

1. An influential champion (Hanleybrown, Kania, & Kramer, 2012): A person or small group capable of leaders from various sectors together.
2. Adequate financial resources: Resources to support the process for more than one year (Hanleybrown, Kania, & Kramer, 2012).
3. Sense of urgency for change: Ability of organizations to recognize a problem the need for change due to underlying factors (Hanleybrown, Kania, & Kramer, 2012).

Once these preconditions are recognized, and met, utilization of the collective impact model may begin to be added to collaborative efforts already ~~underway~~ established in a community (Hanleybrown, Kania, & Kramer, 2012). In addition to the preconditions, there are five conditions that must be met to bring about change for an adaptive problem (Kania & Kramer, Collective Impact, 2011). First, all participants must have a “common agenda” in which they share a common understanding of the problem, and a vision for solving the problem through cooperation (Kania & Kramer, Collective Impact, 2011). Second, the organizations must have “shared measurement.” (Kania & Kramer, Collective Impact, 2011) This allows for consistent collection and interpretation of data, and aids in accountability (Kania & Kramer, Collective Impact, 2011). Third, participant activities must be “mutually reinforcing” ~~as?~~ ~~in~~ each organization focuses on ~~its~~ ~~their~~ specific strengths, ~~with~~ -all working toward the same goal (Kania & Kramer, Collective Impact, 2011). Fourth, “continuous communication” must be maintained among the organizations in the form of frequent, focused meetings (Kania & Kramer, Collective Impact, 2011). ~~Lastly~~, for collective impact to succeed, there must be a “backbone organization” to “plan, manage, and support” the initiative (Kania & Kramer, Collective Impact, 2011).

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AmericaServes Model

The AmericaServes model is based heavily ~~on~~ ~~off~~ ~~of~~ health ~~care~~ coordination models (McDonough, 2016). These models were ~~developed~~ ~~put into use~~ because supplying high quality health care has been increasingly difficult as chronic diseases become more prevalent in the population (U.S. Department of Health and Human Services, 2016). To effectively help patients receive the care that they need, collaboration between multiple care providers allows for reliable information to be shared, leading to safer and more effective care (U.S. Department of Health and Human Services, 2016). Sharing information becomes incredibly important if a patient needs to see multiple health care professionals for a complex illness or problem. In this case, collaboration creates a network, or connected group of providers that communicate with one another to provide the patient with the most efficient and effective care possible (U.S. Department of Health and Human Services, 2016).

A similar model ~~can be, and is~~ ~~being applied~~ ~~being applied~~ to the veteran population to solve the complex needs of the veteran population (Armstrong, McDonough, & Savage, 2015). Often, non-profit service organizations may not offer a full range of services needed to aid the veteran in all stages of health. An organization may be able to offer services for housing a homeless veteran, but may not be able to aid the veteran in connection to benefits offered by the Department of Veterans Affairs or education services. AmericaServes solves this problem by connecting a large group of veteran service providers in a geographical area of need (Armstrong, McDonough, & Savage, 2015). The providers are connected via software from Unite US, a veteran-owned-and-operated company. Unite US software is used in multiple capacities. The first capacity is a free platform that connects service members to service providers in their local communities by listing all the service providers available, and allowing that member to create a

request for services (Unite Us, 2016). The second form of the Unite US software can be used by service providers in which the provider can create a case management file outlining the veteran's needs, and either help the veteran internally, or refer the veteran to another provider with the Unite US software in that community (Brillman, 2015).

The second purpose of the Unite US software is the basis for the AmericaServes networks. The IVMF and partner organizations first establish relationships in a community with the need or want for the software. Service providers in the community are then linked together via the Unite US software, with an organization to serve as the backbone or leader in that community (Cleland, 2015). The leader of the community is called the Coordination Center, which acts to coordinate services between the various service providers. Once the network is launched, a veteran can self-refer into the network via a website in the area served, or can be referred into the network by a service provider member. Once the veteran enters the network, the veteran's information can be shared with the large array of service providers which can help the veteran with any need including veteran benefits, disability, education, employment, financial services, healthcare, housing, legal services, mentoring, sports and fitness, spouse support and volunteering. Each of these various services aids both the veteran in both increasing quality of life and, but also in fulfilling the various aspects of health and wellness for the veterans.

Case Analysis Introduction

The following chapters will present three separate case analyses of the original AmericaServes networks, also called "markets", in New York City, NY, Charlotte, NC, and Pittsburgh, PA. Each case analysis will introduce the city or market by the official title. For example, the AmericaServes initiative in New York City is officially called NYServe: New

York City. Similarly, Charlotte, NC is named NCServes: Metrolina, and Pittsburgh, PA is named PAServes: Greater Pittsburgh. Following the introduction, I will discuss the inception of the initiative into that region, including events and relationships that led to the beginning of the market. Next, the analysis will discuss the planning and implementation portion, which evolved from community to community. Additionally, I will discuss how the market was launched, and the degree of success of the market in ~~terms of numbers~~ and demographics of veterans served. Lastly, we will examine challenges faced and lessons learned ~~will be included~~, followed by the way ahead or future of the city.

Chapter 3

Case Analysis of NYServe: New York City

AmericaServes did not officially begin as AmericaServes, but rather a single initiative in New York City called NYServe. As the first city, it set into place a series of events that acted as a catalyst for the movement which is now AmericaServes. The mission of NYServe was to “empower a coordinated network of service providers in the New York City area, and equip them with the technological and informational resources need to efficiently guide service-members, veterans, and their families to the most appropriate services and resources.” (IVMF, 2015) This network currently has 41 service providers ~~who~~that cover the range of services needed, including disability, education, employment, financial services, healthcare, housing, legal services, mentoring, sport and fitness, spouse support and volunteering (IVMF, 2015). Key players for NYServe include the Institute for Veterans and Military Families (IVMF), Accenture, Unite US, Metis, Gotham Culture, and Services for the UnderServed (SUS). Funding to support this initiative ~~was~~were-utilized through a combination of the Robin Hood Foundation, the New York State Health Foundation, the Walmart Foundation, Silicon Valley Community Foundation, and United Services Automobile Association (USAA).

Inception

Although the NYServe initiative did not launch until 2015, the partnerships that laid ~~its~~the foundation ~~for-it~~ were set in place years prior. The official relationship between the IVMF and Robin Hood began in 2010 with the Robin Hood Summit held in New York City (IVMF, 2012). Dr. Mike Haynie, the Executive Director and founder of the IVMF, was a featured speaker at the Summit, in which he announced a partnership with the Robin Hood Foundation and McKinsey & Co (IVMF, 2012). The purpose of the partnership was to expand the scope and

~~reach depth~~ of the IVMF's employer-focused work to help bring training and resources to employers in New York City, as well as across the country. (IVMF, 2012) The Robin Hood Foundation, founded in 1988, is New York City's largest poverty fighting organization, featuring programs to help New York's lowest income neighborhoods. In 2009, Robin Hood recognized the issues faced by more than 250,000 veterans in New York City and began to serve them through initiatives for homelessness, jobs, mental health, veteran benefits, legal assistance and education (Robin Hood Foundation, n.d.). From these initiatives, and working with other local partners, the Robin Hood Foundation ~~observed~~ realized that there was a duplication of services between the local veteran service providers, combined with little coordination between those service providers (McDonough, 2016). The purpose, from then on, was to minimize these duplications in a way that would maximize the services that veterans received from the service providers in New York (Pollard, 2015).

~~As in Similar to~~ other new initiatives or startup companies, one of the most important ingredients to success ~~is are~~ the building of human relationships. In response to the need in New York ~~City~~, the Robin Hood Foundation reached out Jim McDonough, the IVMF Senior Director for Community Engagement and Innovation. McDonough was asked by Robin Hood to come to New York City, and to devise a strategy to aid in the problem of duplication of services (Pollard, 2015). The main idea behind this was a "no wrong door" approach meaning that they wanted to create a network of services in which an individual can enter through one door, and be directed to the services they need (McDonough, 2016; Armstrong, McDonough, & Savage, 2015). In October of 2013, the IVMF publically released news that the two organizations would be working together over a period of 12 months to improve New York City's existing services and resources for military veterans and their families (IVMF, 2013). The intent from this partnership

was to design an improved coordination system that included the public, private and independent sectors to ensure veterans could easily connect to services (IVMF, 2013). Connection to these services would allow military veterans, from any era, to fully integrate back into society.

Planning and Implementation

Planning officially began after the press release in October 2013 (McDonough, 2016).

The first step was ~~to determine~~ ing how to build this initiative. McDonough decided to base NYServes on care coordination models ~~which are~~ currently utilized by many public organizations, such as Medicare, to offer patients more efficient care with increased collaboration from doctors and healthcare workers (Armstrong, McDonough, & Savage, 2015). The basic overarching idea was to create a “coordination center” that could act as the backbone organization in a community. Very similar to Administrative Service Organizations of Care Coordination Models, a veteran could enter the network through the Coordination center, and it could then send the veteran to a specialist within the community who could serve the veteran’s need (McDonough, 2016).

Next, the community of New York City needed to become involved in the planning process. In a meeting in October, Robin Hood Foundation approached public and veteran specific service providers in the five boroughs to determine ~~whether~~ the NYServes project could be successful. After the IVMF took the reins ~~to act as the leader of~~ the initiative, the planning phase included determining future partners ~~for the initiative~~. ~~Overall,~~ ~~t~~he planning phase lasted approximately six to seven months, beginning in October of 2013 (McDonough, 2016).

The planning phase of AmericaServes has now been formalized and streamlined into a specific process. Not having the luxury of this process, the NYServes team, led primarily by

McDonough of the IVMF, and Pollard of Accenture, put into place a series of meetings for the community of New York City. With a total of approximately seven meetings, the purpose of the first meeting was socialization between the service providers and leaders of the community (Ahmadi, 2016). Although all of the meetings in the planning process were equally important, the socialization meeting is paramount because it sets the tone for the duration of the planning process, and determines whether ~~if~~ the community will accept and participate in the initiative. The next step of the planning process was to set the vision and shape for the initiative, which would start to create the 'buy-in' or acceptance from the community (Cleland, 2015; Ahmadi, 2016). Also, during this time, service providers and users of the network were identified, meaning those interested in participating came forward to continue in the process. Input was also taken to include others ~~who may not have been~~ who were not initially included or participated in the process. After these steps were completed, the next meeting in the planning process was to determine the service area and coverage of the providers (Ahmadi, 2016; ~~McDonough, 2016~~). Coverage area can be separated by various factors including geography, and services provided. In New York City, the geography was based on the five boroughs, The Bronx, Manhattan, Queens, Brooklyn, and Staten Island. Service providers were found to cover each of these boroughs through a large range of services (Ahmadi, 2016).

Next, the coordination center needed to be chosen to become the leader of the community for this initiative. To accomplish this, it was decided to open up the opportunity, which included leadership and funds, to a competitive selection process. In NYC, a Request lease for Proposals (RFP) ~~Check this normally RFP is Request for Proposals~~ was published May 15, 2014, with submissions being accepted until June 20, 2014. From the release, two service providers submitted proposals to become the coordination center of NY Serves: Services for the

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Underserved (SUS) and Mental Health Association of NYC. RFP submission reviews were conducted by a committee on July 15, 2015. From the review, Services for the UnderServed was chosen to be the first coordination center for NYServices.

Services for the UnderServed began in 1978 with dedicated services in support of individuals and families facing homelessness, mental illness, disabilities, unemployment and poverty in New York City and surrounding areas. ~~Its~~The main programs focus on services for intellectual/developmental disabilities, homelessness, housing, behavioral health, veterans and urban farms (Services for the UnderServed, 2015). Due to the wide variety of services, the size of the organization, and its capabilities, SUS was an ideal candidate for the first AmeicaServes coordination center. ~~The reader may wonder what properties of this organization made it ideal as the CC.~~

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After the coordination center was chosen, the planning process continued with the onboarding of the service providers into the network (Cleland, 2015). This process was completed by collecting all of the relevant information for the providers, including areas of coverage, services provided, and eligibility criteria for the veteran, as determined by the providers. Additionally, agreements were developed~~set in place~~ between the providers and NYServices around their duties and responsibilities, and licensing agreements were finalized with Unite US for technology (Ahmadi, 2016; ~~)(~~Pollard, 2015).

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Launch and Progress

NYServices began~~launched into~~ operations January of 2015 with a “soft launch”. The soft launch meant that there was no official ceremony or solidified communication around the launch. Originally, this pilot program was meant to last for 1.5 years, which then was extended to 2 years soon ~~after~~after (McDonough, 2016). As of March 2016, 1514 members have been entered into

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the NYServes network creating 2,089 ~~VetFiles~~ [VetFiles \(Unite US, 2016\)](#). The VetFile represents the case file created to serve a veteran, service member or family member. VetFiles are created for each service requested, allowing an individual to have multiple VetFiles in their record. Of the 1514 members entered into the network, 87% were military members, 4% were spouses and family members, and 9% were ~~undisclosed~~ [undisclosed \(Unite US, 2016\)](#). From the 87% or 1310 that were military members, 56% were veterans, 23% were active duty, 16% were reserve or National Guard, and 5% were retired, or undisclosed [\(Unite US, 2016\)](#). Veteran Era rates included 30% Post 9/11, 6% Persian Gulf, 3% Post Vietnam, 6% Vietnam Era, and 55% did not know their ~~era~~ [era](#). Military Branches served included 51% Army, 18% Navy, 14% Marines, 8% Air Force, 1% Coast Guard, and 8% did not disclose this information. 64% of those entered into the network were Men, 20% were Women, and 16% did not disclose the information. The most sought after needs included housing with 30% of the VetFiles created, followed by 27% for employment services and 11% legal services. The rest of the VetFiles created consisted of 9% for benefits services, 7% for financial services, 6% for education, and 10% for family support, and, healthcare, mentoring, meeting veterans, meeting supporters, sports and fitness, disability, and volunteering [\(Unite US, 2016\)](#). ~~Reference for these data? Excellent, fascinating.~~

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Challenges

Challenges faced by AmericaServes offered unique insights into how to best serve veterans in the future. First, and foremost, a major challenge faced was “buy-in” or confidence in the software and the initiative. To achieve this confidence, the IVMF and partners, must effectively communicate the value of the initiative to all levels of the community. However, much of the sales were done on the leaders of the service providers in the area of service. While this was good for the leaders of the organizations, the knowledge of NYServes was not

communicated to all levels of the organizations, including the case managers, who directly contact the veterans. Without the information of the network reaching all levels, if the initiative moved forward, case managers, or other employees not directly involved with the planning process were surprised by the use of a new software system. Because of this, employees were less likely to be confident in the system, because they were not educated properly of the benefits and usage. (Cleland, 2015; Kubala, 2015) Without confidence, there is no participation, leading to a low number of veterans being helped at the start of the initiative. (Cleland, 2015; Kubala, 2015)

~~Other~~ ~~The next~~ challenges ~~involved~~ ~~faeed~~ ~~were~~ lack of system usage and provider adoption of the system. ~~These were caused by m~~Multiple factors ~~for this~~ ~~includ~~~~ed~~~~ing~~ lack of confidence in the system, as previously discussed, and perceived additional workload ~~to the~~ ~~for~~ case managers (Cleland, 2015). Perceived additional workload was due to the case-workers using a new software system that did not communicate with the systems already in place in the organization. For the network to successfully be used, and veterans to be served, veterans must be placed into the network by the service provider. With many providers not participating, this led to a slower-than-hoped increase in referrals into the system (Cleland, 2015). Additionally, this software was originally intended to only be used the by the service providers, and did not allow for veterans to request help from the providers in the system. Because of this, veterans had to physically visit one of the service providers in the network to receive services. This was a problem for two reasons: first, if the providers did not use the system correctly, a veteran would not get all of the services they needed; second, it left out a large portion of the population of veterans that needed assistance (Cleland, 2015-; Kubala, 2015).

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Prior to launch, another challenge was lack of measurement and evaluation among the non-profit partner organizations in New York City (Cleland, 2015). Measurement and evaluation is paramount to determining how successful a non-profit organization is by measuring their impact on their target population (W.K. Kellogg Foundation, 2004). Additionally, measurement and evaluation can provide data to aid an organization ~~to~~ improve their practices ~~and thus to~~ serve their population better (W.K. Kellogg Foundation, 2004). However, non-profit organizations ~~very~~ often do not conduct ~~the proper~~ measurement and evaluation to ~~assess~~ determine these factors (Cleland, 2015). This issue has an additional effect on the start of an initiative like AmericaServes. Without measurement and evaluation in place, it was difficult to obtain a baseline or starting point indicating how many veterans are currently being served, and indicating the outcome to this service. Determining the effectiveness of NYServe was then more difficult, with no previous data ~~allowing analysis of to provide insight into~~ how many more veterans were being served because of NYServe.

Additionally, there was ~~no~~ lack of ~~processes in which to~~ process to add providers to the NYServe network (Kubala, 2015; Cleland, 2015). Onboarding of providers into the system is important because it determines the criteria needed for that organization to serve a veteran, such as discharge status, economic status, etc. Without formal processes in place to conduct this portion, onboarding providers became a difficult and tedious process for the IVMF staff members. Service providers were also continuously being onboarded after the official launch of the network, leading to lack of education and knowledge of the system because the providers did not attend the initial training. (Cleland, 2015). The constant onboarding process also compounded other challenges such as confidence in the software and provider adoption.

Lessons Learned

Challenges in any start up organization or program, while incredibly difficult to navigate, offer a unique perspective to help that organization adapt and continually progress. NYServices challenges ~~illuminated-[led the way to learning](#)~~ valuable lessons, including how to decrease provider onboarding time, how to dramatically reduce the planning phase, how to increase buy-in, and how to increase provider adoption ~~—[all factors that would](#)—~~resulting~~~~ in increasing users and number of referrals in the network.

One of the first lessons learned from this new initiative was that of organization and management of the service providers. To allow each of the organizations to participate in the program, they were onboarded by being educated on the network, and officially signing an agreement with NYServices. Also in the onboarding process was determining the eligibility criteria of the organization, including who that organizations can help. This process was done by hand, via excel spreadsheets provided by the IVMF. While effective, this process was incredibly time consuming, and lacked a formal process plan. From this issue, a formal process was set in place allowing for more effective and efficient provider onboarding. This provider onboarding, ~~which continued after the official launch of the network,~~ was also now known to best be completed ~~by the time the program officially prior to launch launches~~ to decrease confusion from the ~~service~~ providers. ~~This is a little confusing; clarify?~~ Stemming from this challenge came an official electronic onboarding form, added to the website, ~~that decreases~~ ~~ed~~ time and resources spent on his effort.

As previously discussed, buy-in or confidence in the network was a prominent challenge from the beginning of the initiative. Any new initiative in a community can and will most likely meet resistance; however, this situation ~~can be worsened~~ if the users of the program are not

properly educated. In New York City, this was the case. Many of the employees of the service organizations were not involved in the planning process (Cleland, 2015). This led to little knowledge of the software and the overall purpose of the program. Because of this lack of support, NYServe had the longest planning process, with about nine planning meetings. After the planning phase was complete, an estimated thirty additional supportive meetings were conducted by the IVMF staff to fix the problems not solved in the official planning process (Cleland, 2015). This lesson was valuable moving forward from NYServe to help increase the awareness of the program in following communities. Additionally, due to the large amount of time- and resource-intensive involvement in s of the NYServe meetings, the planning process was streamlined, by providing preliminary meetings in communities prior to an official start (Cleland, 2015; Kubala, 2015). ~~{Dan: check document carefully; there seem to be missing periods at end of some sentences.}~~

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Another major challenge for NYServe was provider adoption of the software system. Provider participation is paramount to success for two reasons. First, initially only service providers could enter veteran referrals into the software system (Cleland, 2015; Kubala, 2015). ~~Since this was the only entrance to the system, serving providers not using the system would drastically reduce the number of veterans that needed the benefits from AmericaServe. This caused delays? Without the referrals, veterans were not reaping the full benefits of communication between organizations.~~ Second, once service providers used the system, the y saw value from the software ~~can be seen, and~~ confidence in the system ~~-will~~ increased, which led leading to more case managers using the software for the benefits provided. To increase the usage of the system, Unite US developed a self-referral entry point to the network via the network website: nycserves.org. Once a veteran located the website, a form was created allowing

a veteran to request help for a specific need. This allowed referrals to enter the system, demonstrating the value to the service providers of the network, increasing the confidence and usage of the system (Cleland, 2015).

Once the self-referral system was established, usage of the network increased, ~~for a later version of this, a graph would be useful here — one that shows the uptick in usage~~ leading the IVMF staff to develop a marketing strategy. A marketing plan was then established, including business cards and pamphlets, search engine optimization analytics, and social media usage of Facebook and Twitter. The marketing ~~reached~~ allowed veterans ~~to be reached~~ without relying fully on the veteran's service providers in the network, ~~leading to~~ decreasing workload of the provider (Cleland, 2015). Additionally, the self-referral system ~~expanded~~ allowed the network to ~~help~~ a wider range of veterans and their families, by using new and ~~improved strategies~~ improved strategies including social media.

The Way ahead

The way ahead for NY Serves is ~~very~~ exciting for various reasons. This initiative was the first time collective impact was used for the Veteran population in order to increase collaboration and services. ~~Though~~ While the program faced many challenges, the success seen in this city ~~sets~~ the example for the following communities in the AmericaServes network. Lessons learned, either positive or negative, allowed for the IVMF to increase the confidence in the network, while also increasing the network's effectiveness in helping the veteran population. Since it has proved ~~to be~~ successful, NY Serves can continually function, and now has the opportunity to be taken in to the management of the public sector such as federal, state or local government. Additional options could be private funding and management ~~as well~~. The AmericaServes network ~~also~~ continues to expand into the Upstate New York region, with the

upcoming planning and launch of AmericaServes: New York State. Given the wide array of options for future management of NYServes, a successor must be selected carefully as to find the appropriate fit for the program. Despite the many options, a successor for managing the network must be the right fit for the network as well as the community it is serving. Not sure what this means. Does it mean that Given the array of options, a successor must be selected carefully? As the network continues to grow, options and future innovations to the network will continue expand, leading towards a bright future.

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Chapter 4

Case Analysis of NCServes: Metrolina

NC Serves: Metrolina officially began as the second area to go live in the America Serves network, with a purpose of ~~to~~ servinge the Charlotte region of North Carolina. North Carolina This metropolitan metropolitan region is, ~~home is,~~ home to nearly 770,000 veterans, 116,000 active duty service members, and 22,000 members of the Reserve component, has a long history of supporting veterans through public and private initiatives that ~~which~~ led the way for NC Serves (IVMF, 2015). Key players for NC Serves included the IVMF, Accenture, Unite US, and Charlotte Bridge Home. Funders for this initiative included the Walmart Foundation, Levine Family Foundation, and Foundation for the Carolinas (Pollard, 2015).

Public support for veterans, service members, and their families, in North Carolina has been on the rise since 2001 (IVMF, 2016). In 2006, North Carolina participated in the Substance Abuse and Mental Health Services Administration (SAMHSA) / TCA Conference called, “The Road Home: The National Behavioral Health Conference on Returning Veterans and their Families.” (IVMF, 2015) In the following ~~to follow~~, numerous SAMSHA program policies and collaborations were conducted focusing on the health and support for veterans and their families (IVMF, 2015). On April 17, 2014, Governor Pat McCrory signed Executive Order #49 creating the “Governor’s Working Group on Veterans Service Members and their Families”, or “Working Group”, to extend previous policies set it place, and to make North Carolina a more veteran friendly state (IVMF, 2015).

Inception

Although ~~the~~ the official planning process for NC Serves began in 2014, the foundation for NC Serves was laid in combination of the success of a non-profit organization in Charlotte, called Charlotte Bridge Home, and private funding and support from the Walmart Foundation (Bourne, 2016; IVMF, 2015).

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Charlotte Bridge Home was founded in July of 2011 by Tommy Norman, an Army Special Forces veteran with a mission to help severely wounded Iraqi war veterans ~~who that~~ wanted to make Charlotte their permanent home. Originally, it began with Tommy, and his wife Patty, inviting veterans into their home. However, they quickly outgrew this, officially opening Charlotte Bridge Home with an overall mission to support veterans throughout the life cycle (Charlotte Bridge Home, 2012).

In 2012, Charlotte Bridge Home, saw an opportunity to collaborate with other organizations to ensure service organizations were working together efficiently to serve more veterans (Bourne, 2016). To determine the priorities of the veteran community in Charlotte, Charlotte Bridge Home was able to receive funding from two organizations to take part in an environmental scan of the geographical area to ~~analyze~~~~determine~~ challenges (Bourne, 2016). From this research a report was published called “Coming Home: Support for Returning Veterans in Charlotte-Mecklenburg”, in which two priorities were set (Bourne, 2016):

- 1) Better education and connectivity from veterans to employers (Bourne, 2016).
- 2) Better connectivity in the non-profit provider space including helping non-veteran providers feel comfortable with helping veterans (Bourne, 2016).

Once the priorities were established, Charlotte Bridge Home, ~~set-out-to-started~~ filling in the community gaps (Bourne, 2016). In, 2013 the Charlotte Alliance for Veteran Employment was ~~begun~~~~started~~ as a community-wide employer network acting as a forum for employers to share successes and challenges for veteran employment, and also ~~to~~ develop standards for Veteran transition support (Charlotte Bridge Home, 2012). Once CAVE was established, the next priority was determined by the environmental scan of increasing connectivity between non-profit service providers (Bourne, 2016). In 2014, to increase connectivity, Charlotte Bridge

Home identified 127 service providers in the Charlotte-Mecklenburg area to determine what the differences were between service providers, and worked to intimately understand those providers (Bourne, 2016). Following this collaboration, in July of 2014, McDonough and Pollard from AmericaServes approached Charlotte Bridge Home to forge a relationship and discuss the opportunity for a program similar to NYServes in Charlotte.

While Charlotte Bridge Home ~~was paving~~ the way for veteran service providers in Charlotte, ~~corporate-private~~ sector support for a veteran initiative came from the Walmart Foundation. After NYServes was launched, it became a prime example of how the collective impact model can be applied and adapted to the veteran population, on a large scale. Seeing this in action, the Walmart Foundation contacted the IVMF ~~interested in to~~ launching a similar initiative across the entire state of North Carolina. Throughout the process of relationship building, and communication, a plan of action was formed, later to be called Welcome Home North Carolina (King, 2015).

On September 1, 2015, as part of the Welcome Home North Carolina initiative, Gov. Pat McCrory announced a gift of \$1 million from the Walmart Foundation to help veterans statewide assimilate to civilian life (King, 2015). This gift was in conjunction with support from the IVMF, and from the ~~statepublic~~ sector via Gov. Pat McCrory. Additional support came from the N.C. Department of Veterans Affairs via NC4VETS, a resource guide produced and published to assist and educate veterans about state and federal benefits (NC4VETS, 2016).

Planning and Implementation

Planning for NCServes began on September 25, 2014 with a meeting at Charlotte Bridge Home led by Jim McDonough of the IVMF and Maggie Pollard of Accenture. This phase of

NCSServes was funded by the Wal-Mart Foundation in support of veterans for the state of North Carolina. The strategy sessions for NCSServes followed a similar plan that was able to be completed in six planning sessions from September 2014 to January 2015.

Charlotte Bridge Home ~~held an event in which they~~ hosted an event with 115 individuals representing 62 service providers from the Charlotte region, with an overarching purpose to increase collaboration (Bourne, 2016). In the presence of a professional facilitator, individuals were divided into groups or functional areas based on the types of services offered, working together to determine the strengths of their organizations for the populations they serve, eligibility criteria for their services and gaps in services (Bourne, 2016). In parallel with? “Similar to...” does not work well here. Similar to the collective impact model, this meeting celebrated organizations’ specialties and differences and resulted in, ~~coming to~~ the determination of five common factors pertaining to their service areas that all of the providers in attendance agreed upon (Bourne, 2016; Kania & Kramer, Collective Impact, 2011; Price, 2015). Included in this historic meeting, McDonough from the IVMF, Pollard from Accenture, and representatives from the Walmart Foundation, participated by sharing their thoughts and expertise, continually building the relationship between the Charlotte community and the IVMF (Bourne, 2016). Between the dedication to serve veterans of the North Carolina, relationship building between numerous organizations, and a new level of collaboration between the organizations, the groundwork was set for the planning process of NCSServes to begin.

From September of 2015 through January of 2016, the Charlotte region completed six strategy sessions, similar to that of NYSServes (Bourne, 2016; Cleland, 2015) The first meeting introduced the service providers from the community to the NCSServes network, including the functionality of the software, how it provides value to the community, and background

information ~~on the f~~ collective impact model (Ahmadi, 2016; Kania & Kramer, Collective Impact, 2011). The next step in the planning process ~~was to determining~~ ~~was determining~~ ~~e~~ which service providers should and wanted to be part of the network, including the service providers not ~~necessarily~~ present at the initial meetings. Coverage area of the service providers was also important to determine. Unlike New York City, the landscape of Charlotte allowed for a much larger area to be served, making it more difficult to ~~define~~ ~~spatial~~ ~~initial~~ boundaries for the network. From the large area of Charlotte, eight counties were chosen to support the AmericaServes - NCServes initiative: Cabarrus, Catawba, Gaston, Lincoln, Mecklenburg, Rowan, Iredell, and Union. Once the service area was established, the following meeting determined the functionality of the network such as network and consumer affairs, and identifying goals and targets (Ahmadi, 2016). The final planning session finished in January of 2015 focused on service provider onboarding. From the experience ~~with~~ NYServes, onboarding became a more formal process consisting of providing technology training on the software, and collecting any key information that was not previously collected (Ahmadi, 2016).

On February 20, 2015 the Request for Proposal (RFP) was released for the backbone organization or coordination center for NCServes. During this time, it was thought by the community that Charlotte Bridge Home would be chosen as the coordination center, as ~~it~~ ~~they~~ already filled a leadership role for veteran services in the community. Despite this, a competitive selection process was again chosen, identical to NYServes, to determine which organization was most capable to serve as the coordination center. The RFP was open from February to March 31, 2015, during which time Charlotte Bridge Home was the only organization to ~~apply~~ ~~step forward~~ ~~to~~ ~~apply to~~ fulfill the duties of the Coordination center. A selection committee was formed, and Charlotte Bridge Home was selected on May of 2015, with contract start date of June 1, 2015.

Launch and Progress

On August 1, 2015, NCServes: Metrolina officially launched and began serving veterans, service members and their families in Charlotte, North Carolina. Charlotte Bridge Home was now serving as the coordination center, and an estimated 32 service providers were onboarded into the network. From August to December 13, 2015, NCServes received 939 total service requests, with a total of 459 network members served [\(Unite US, 2016\)](#). A vast majority of the services requested were employment needs with 288 requests, 31% of the total. The next two most highly sought after needs were housing with 16% and financial assistance with 15%. Healthcare and Benefits consisted of 11% each, with the following service categories of education, meeting supporters, legal, disability, volunteering, sports and fitness, mentoring, and spouse support, making up the left over percentages [\(Unite US, 2016\)](#). Among the service requests, 57% were Post 9/11 era, 20% were Persian Gulf Era, 13% were Vietnam Era, and 10% were Post Vietnam Era ~~(Era~~ [\(Unite US, 2016\)](#). Branch of Service data collected showed that Branch of Service percentages served were Army: 56%, Navy: 18%, Air Force: 11%, Marines 9%, and Coast Guard 1% (IVMF, 2016). [Among the total number of military affiliated individuals, 74% were veterans, 9% currently served on active duty, 6% served in the National Guard, 5% were retired, and 4% served in a reserve component. ~~Differs from earlier in no Reserve component— or were data not collected distinguishing between Active and Reserve?~~](#)

Challenges Faced

While, NCServes has been the most successful network of AmericaServes to date, it did ~~encounter not come without its~~ own obstacles. Charlotte was chosen ~~asto-be~~ the first location of NCServes due to the high level of collaboration from the non-profit, and public sectors, combined with the leadership abilities of Charlotte Bridge Home. However, from the

~~outset~~~~beginning of this initiative~~, apprehension from the community in trusting the outside organizations and entities was challenging for the IVMF₇ and its partners (Bourne, 2016). To overcome this challenge, trust and relationship building became a high priority for the coordination center to establish buy-in from the community service providers. In addition, many service providers viewed the Unite US technology platform as “just another electronic health record”, which created a form of redundancy in their internal processes (Bourne, 2016). This redundancy was viewed as additional labor, which resulted in resistance to change, with also little incentive to change as well (Bourne, 2016).

~~In parallel with~~ ~~Similar to~~ NYServes, measurement and evaluation ~~were~~~~was~~ largely underutilized by the non-profit organizations in Charlotte (Bourne, 2016). This ~~resulting in led~~ very little tracking of veterans through their systems. Without this tracking, ~~very few~~ organizations had accurate data for number of veterans served, ~~outcomes~~ of the served veterans, and, ~~data on~~ how to better serve veterans in the future. Lack of measurement also made it difficult to forecast an increase or decrease in the volume of veterans that would be served once the technology was launched (Bourne, 2016).

Numerous coordination center internal challenges were also present during the planning and launch of NCServes. As a grassroots organization, Charlotte Bridge Home, was a less mature organization in terms of budget, and formal processes. Additionally, this organization was also much smaller in staff and management than that of the NYServes coordination center. During the beginning of the launch phase, simple problems such as using various brands of computers that were not properly linked, and inadequate phone lines prevented smooth ~~daily y-to~~ ~~day~~ operations. (Bourne, 2016). One of the most difficult internal challenges was ~~the~~~~at~~ ~~of~~ ~~volume~~~~the volume~~ of veterans ~~that would~~ ~~utiliz~~~~inge~~ the services of Charlotte Bridge Home as the

coordination center (Bourne, 2016). Because this initiative was still in the infant stages, determining the number of veterans, and family members ~~who that~~ would use the network ~~proved was~~ difficult to predict. Primarily this was due to lack of measurement and evaluation of the service providers, as well as the unique qualities of each community. Prior to the network launching, Charlotte Bridge Home served approximately 10 to 15 veterans or service members per month. Once NCServes launched this number increased to between 87 and 120 veterans, service members, or family members, with an average of approximately 100 individuals (Bourne, 2016). ~~It is important to note that~~ ~~†~~ ~~This largere~~ number does not represent the number of veterans physically entering the coordination center, ~~but instead rather~~ those calling in to request services. Additionally, ~~from~~ the lack of predictability ~~meant that~~, timing and number of new staff members was difficult to determine, from an operational standpoint (Bourne, 2016).

Despite the large numbers of veterans served, the coordination center's primary role as a service provider had now ~~changed~~, dramatically ~~changed~~. Charlotte Bridge Home originally functioned as a veteran service provider, however, once ~~it they~~ became the coordination center, ~~its their~~ role shifted to one similar to a ~~calling communications~~ or "calling" ~~should this be communications — I am assuming it includes not just phone but online, too?~~ center (Bourne, 2016). ~~Its Their~~ primary responsibility was now to enter veterans into the NCServes network, primarily from phone requests for services, replacing the need for veterans to physically enter ~~its facility~~ ~~facility their organization~~ (Bourne, 2016). Although, Charlotte Bridge Home was highly capable of serving veterans, a focus was also on tasking other organizations in the network to aid these veterans as well. ~~Often~~ ~~Often~~ ~~times~~, due to the lack of physical interaction, maintaining a personal touch to a veteran's file is much more difficult, turning a human into a number or case

file (Bourne, 2016). Details of the veteran's life, and ~~their~~ struggle ~~may~~ ~~possibly~~ ~~be~~ ~~get~~ lost in searching for how best to serve them (Bourne, 2016).

Lessons Learned

While the success and growth of NCServes continues to increase, the challenges presented allowed valuable lessons learned not only to the Charlotte community, but also to the AmericaServes partners. One ~~of the~~ major differences ~~seen~~ in Charlotte, compared to other locations such as New York City, is that the community was already in a collaborative state, with a backbone organization in place (Bourne, 2016; Kania & Kramer, Collective Impact, 2011).

Although ~~its~~ ~~their~~ role as a backbone organization was informal, it offered leadership to the community, helping to bring the nonprofit organizations together around a common purpose. All of these factors allowed for easier acceptance from the community, once the realization was made that it was in ~~its~~ ~~their~~ best interest. Additionally, finding a coordination center to act as the lead of the initiative in Charlotte was simple because Charlotte Bridge Home was already filling this role, only without the software of the network. Each of these factors demonstrates the unique capabilities offered by the various communities in the network, while at the same time highlighting the differences in collaboration.

Entering a community as an outsider can be difficult due to a cultural gap and lack of trust. A major learning point to entering a new community is that local communities need to feel like they have a voice, and maintain some control over the functioning of the network. This pairs well with the goals of the IVMF, and ~~its~~ ~~their~~ ~~vision~~ ~~its~~ ~~vision~~ for serving communities in the future. At the same time, it must be completely clear to that community the reasoning behind what the IVMF is doing and why. In Charlotte, Charlotte Bridge Home served as a liaison between the IVMF and their partners, and the community, helping to bridge the gap and build

trust. The cultural gap can include many factors such as language used, business processes, and the large difference between “grass root” organizations and organizations based on business practices. Charlotte Bridge Home was able to accomplish this because the collective impact model resonated with ~~its~~~~their~~ mindset for serving veterans (Bourne, 2016).

Since a gap between an academic institution like the IVMF₂ and the community can be large, and some of the providers may not agree with the direction of the network, it was also learned that it is very easy for a strategy session to stall. From meeting to meeting, it is very important to maintain progress while still meeting the needs of the community, allowing for the process not to feel rushed or ~~be moving~~ too quickly (Bourne, 2016). Recognition must also be made between the various ~~communities in that~~communities that each community may progress differently, and a tactic that allows one community to be successful may not work in another. Customization to the community in question must be the focus, rather than a one-size-fits-all.

Customization and the success of the network rely significantly on building trust and relationships in the community (Bourne, 2016). These relationships must be built between the IVMF and the community, but also within the community between the various service providers, and between the coordination center and the providers. As stated by Blake Bourne of Charlotte Bridge Home, “Face time and trust cannot be underestimated or replaced, building relationships between providers is a top priority.” (Bourne, 2016) ~~Fe-s~~Successfully ~~ae~~ building relationships ~~it is under~~ the responsibility of the coordination center, ~~which must-to~~ have and maintain a deep understanding of the service providers in the network (Bourne, 2016). This allows various benefits. First, if buy-in from the community or a specific provider is low, or the provider has little confidence in the network, understanding a provider will allow for the coordination center to demonstrate the value of using the network. ~~Although many view sales as negative, selling~~

~~Promoting~~ the network to the community and ~~demonstrating its value~~ to the providers ~~are~~ essential to ~~its~~ ~~the success~~ ~~its success~~ ~~of the network~~. In this case, selling the network fulfills the purpose of serving as many veterans as possible, while increasing collaboration among the community.

Another ~~crucial~~ ~~important~~ aspect is ~~taking~~ ~~caring~~ ~~fore~~ ~~of the~~ ~~individuals~~ ~~individual's~~ ~~that~~ ~~are~~ ~~essential~~ ~~essential~~ to the network (Bourne, 2016). For NCServes, a ~~much~~ ~~large~~ ~~portion~~ of the success is based on the case managers responsible for connecting with veterans one on one. Case managers will not only be the ones using the network to create VetFiles, but will also be the ones ~~who will~~ ~~benefit~~ ~~the~~ most from the advantages ~~of~~ ~~offered~~ ~~from~~ the software. ~~It should be the~~ ~~priority of~~ ~~The~~ coordination center and the service providers ~~should~~ ~~prioritize~~ ~~to~~ ~~take~~ ~~caring~~ ~~for~~ ~~of~~ the individuals completing the necessary work, leading to the success or failure of the network.

Lastly, ~~business processes must be set in place inside~~ the coordination center ~~must~~ ~~set~~ ~~business processes in place~~ to ~~accommodate~~ ~~deal with~~ the volume increase of ~~veterans, as well as~~ ~~and~~ ~~veterans~~ ~~and~~ ~~to~~ learn ~~how~~ to properly receive and enter referrals into the system. A side effect of the acting as the coordination center is receiving a high volume of phone calls to enter veterans into the network. As previously mentioned, this ~~can~~ ~~change~~ ~~s~~ the ~~mission~~ ~~purpose~~ and feel of the coordination center from ~~its~~ ~~the~~ original intent ~~of that service provider~~. ~~Having~~ ~~s~~ ~~Setting~~ processes in place to effectively coordinate the volume of referrals, can make a difference in how smoothly and efficiently the coordination center conducts business day to day.

The Way Ahead

The way ahead for NCServes is bright and will continue to lead the way for the AmericaServes network. Since ~~its~~ ~~the~~ success in Charlotte, NCServes is now expanding with

plans to include cities across the state of North Carolina. The next city in the works for NCServes is currently Raleigh/Durham, which has now been through the planning phase, with plans to launch in June of 2016. (Kubala, 2015; McDonough, 2016) NCServes has a large amount of support publicly and privately; however scaling this initiative may prove to be challenging in the future, including ~~for~~ rural areas. Another factor to consider includes penetration rate. That is, currently, NCServes is ~~supporting~~ serving a small percentage of the population; ~~and the its~~ next challenge is how to ~~scale up to best~~ serve those not ~~currently~~ being reached ~~by the network~~.

Chapter 5

Case Analysis of PAServes: Greater Pittsburgh

PAServes was the second city to start the planning phase, and the third city to launch in the AmericaServes network. PAServes currently includes 28 service providers, covering the Greater Pittsburgh area, including Westmoreland, Allegheny, and Butler counties in which an estimated 140,000 veterans live. The key players for PAServes includes the Institute for Veterans and Military Families, Accenture, Unite US, and Pittsburgh Mercy Health System serving as the coordination center. To support the initiative in Pittsburgh, funding for the various stages came from The Heinz Endowments, Hillman Family Foundations, and DSF Charitable Foundation, all located around the Pittsburgh area [\(Pollard, 2015\)](#).

Inception

~~Similar to As with~~ NCServes, the inception of PAServes was born from the success seen in New York City from NYServes, in combination with relationship building and networking from key players ~~involved~~. Interested in finding new and innovative initiatives in which to invest ~~funds~~, The Heinz Endowments became aware of the NYServes, through ~~its an~~ association with the Robin Hood Foundation (Kubala, 2015). A discussion formed surrounding the newly launched coordinated network of NYServes. Interested in ~~developing bringing~~ a similar initiative ~~in metropolitan Pittsburgh~~, a representative from the Heinz Endowments contacted the IVMF to request a meeting with the key players of the AmericaServes network. From the following discussions, the Heinz Endowments agreed to support a PAServes initiative via funding, ~~opening leading~~ the way for the planning phase ~~to begin~~ (Pollard, 2015).

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Planning and Implementation

The planning phase for the PAServes began in late 2014, soon after the start of the planning phase for NCServes. This phase was conducted in four sessions, which was an improvement from the seven to eight sessions conducted for NYServes, and the six sessions for NCServes. The planning sessions were conducted in a ~~waysimilar manner,~~ consistent with the previous communities. To begin the planning sessions, community service providers and supporters of veterans in the Pittsburgh area were invited to learn about a new initiative that was PAServes. The first meeting was an introduction to AmericaServes including the mission, vision, and the technology platform to support it (Ahmadi, 2016). Importantly, this meeting also gauged interest level in the initiative, and ~~also~~ allowed for relationships to begin forming, that could later lead to the success of PAServes (Ahmadi, 2016).

The next strategy session of the planning process ~~explored~~ consisted of determining which providers should and wanted to be part of the network. ~~This included in~~ Many of the providers ~~attended in~~ the meeting, but ~~the planning could~~ also included service providers ~~that were not~~ present. ~~Another~~ additionally, a key determination ~~was the~~ also needed to be made concerning coverage area. ~~In parallel with~~ Similar to NCServes, determining a cutoff point, or border for the network would determine the number of veterans assisted ~~and, as well as~~ how many service providers were needed (Ahmadi, 2016).

The third strategy session ~~examined~~ discussed the functionality of the network, dividing service providers into categories based on their services offered to veterans. During this time eligibility criteria ~~on~~ ~~were~~ discussed, which is the ~~eritericriteria~~ a veteran must meet to be served by a service provider (Ahmadi, 2016). Eligibility criteria depends on the purpose of the service provider, including details such as type of discharge from the military (honorable,

dishonorable, etc.), era of service, branch of service, income level, etc. The final strategy session acts as the provider onboarding workshop in which information is gathered from providers for them to effectively participate in the network itself (Ahmadi, 2016). At this point, all agreements between the various partners were determined, and outlined. As a further step in the technology introduction process, user profiles and network profiles were made to allow the organizations to function inside of the network (Ahmadi, 2016).

After all of the planning strategy sessions were completed, the Request for Proposals (RFP) for the PAServes coordination center was released on April 30, 2015. As with Identical to the other communities in the network, the process for choosing a coordination center was conducted competitively, allowing an organization offering the most value to become the coordination center. In response to the RFP, four organizations submitted proposals: including Checkpoint, Interim HealthCare, VetAdvisor, and Pittsburgh Mercy Healthcare System (McDonough, 2016). The application process closed on June 15, 2015, and a committee was convened to determine the choice. In July of 2015, Pittsburgh Mercy Healthcare System was chosen to be the coordination center by a selection committee, and was then notified.

As the only religiously based coordination center, Pittsburgh Mercy Healthcare System has a long-standing history with helping to meet physical, mental and spiritual needs of people in need. This unique organization can trace its roots back to the Sisters of Mercy, a religious congregation founded in 1831 in Ireland (Coyne, 2016; Pittsburgh Mercy Healthcare System, 2015). From Ireland, members came to America founding the Sisters to America, which opened the first hospital in Pittsburgh in 1847 (Pittsburgh Mercy Healthcare System, 2015). Since then, they have focused on community based services, helping communities in all aspects of care (Pittsburgh Mercy Healthcare System, 2015). Realizing the need to aid veterans and their

families, combined with the belief that PAServes would fit well into their community, they submitted their proposal to act as the coordination center (Coyne, 2016). [Is this the only one of the three CC's that is religiously based?](#)

Launch and Progress

The PAServes coordination center contract officially started on August 1, 2015, with the search to expand the Pittsburgh Mercy team beginning as well. On October 1, 2015, PAServes was officially launched to begin serving veterans, service members, and their families in the Greater Pittsburgh area. As of March 2016, PAServes has added 316 veterans, service members or family members to the PAServes network, creating 524 VetFiles ([Unite US, 2016](#)). Of the 316 individuals added 92% are military members [confusing—does this mean veterans? \(including veterans, active duty, National Guard and Reserve\)](#) 5% are military spouses, 2.5% are family members, and 0.5% are civilian supporters ([Unite US, 2016](#)). Of the military members, 17% were post 9/11 era, 15% were Post-Vietnam, 9% were Persian Gulf, 8% were Vietnam Era, 2% were Korean or Post-Korean Era, and 49% did not know their era. From those various eras, 51% were veterans, 28% were active duty, 13% were reserve or National Guard, 2% were retirees, and 6% did not disclose the information ([Unite US, 2016](#)). 71% of those entered into the network were male, 16% were female, and 13% did not disclose the information. ~~Q~~ [Out of the 524 VetFiles created 23% were for family support, 20% were for housing, and 15% were for benefit services \(\[Unite US, 2016\]\(#\)\). The remaining services requested were 13% for financial assistance, 9% for employment, 7% for legal services, 7% for healthcare, and 6% for education, mentoring, meeting veterans or supporters, sports and fitness, disability, and volunteering \(\[Unite US, 2016\]\(#\)\).](#)

Challenges

While NYSServes, and NCServes both provided valuable learning opportunities, PAServes faced challenges. ~~Some paralleled those of the both similar to~~ other AmericaServes communities, ~~but there were and~~ unique challenges ~~into~~ the Greater Pittsburgh area. The level of ~~previously~~ collaboration ~~contrasted with differed from~~ that of Charlotte, with no clear leader in the community for veteran services. ~~During t~~The planning strategy sessions ~~showed it would, it was found to~~ be more difficult to bring the community together. ~~It was noted that t~~The planning phase was ~~also~~ not rigid enough for the community (Coyne, 2016). Service providers, for various reasons, ~~did not attend meetings regularly,~~ resulting in increased workload to reteach the providers missed information (Coyne, 2016).

A ~~more~~-unique challenge for PAServes was ~~that~~ the community was initially much more hesitant of ~~the~~-outside organizations than that of NCServes (Coyne, 2016). Also unique to PAServes was the introduction of the program to the community, ~~via a funder rather than through e~~ community members. ~~These two aspects may be inter-related.~~ In the case of NCServes, the community was already functioning with a high degree of collaboration, and with an eagerness toward to program. While the PAServes funders were eager for the opportunity, the community service providers were much more hesitant (Cleland, 2015).

Similar to NYSServes, and NCServes, PAServes ~~faced had~~ challenges with service provider adoption. Many ~~of the service~~-providers in the community felt threatened ~~by the act of outside by outside~~ organizations ~~entering into the entering the~~ community, ~~and did not fully understand how to effectively use the network effectively~~ (Coyne, 2016). Other organizations did not feel that their community was in need of such a ~~coordinating~~ service. Additionally, ~~serve~~ providers did not ~~comprehend fully understand the purpose of~~ collective impact, ~~which in that~~

~~collect impact~~ celebrates the differences among of various organizations, to produce a no wrong door approach (Coyne, 2016). Service providers ~~were also~~ feared afraid of an improper choice for the coordination center. If a proper coordination center was not chosen, one organization may not refer a veteran to other organizations, based on a biased view of service providers in the area. Service providers might lose or gain traffic depending on how veterans are directed to the various providers in the community (Coyne, 2016).

For many in the community, the planning strategy sessions felt fast, or rushed, causing some service providers ~~to not~~ to complete onboarding, training, etc. (Coyne, 2016). Providers did not fully understand how to use the network, which could an have a profound impact in the success or failure of the program in the region. Many in ~~the~~ Pittsburgh community viewed Unite US software as a database, however the software is not taught as a database. This caused miscommunication and confusion among the providers ~~about about~~ s to what the overall purpose of the software ~~was~~, and how it could ~~be~~ benefiticial to their organization (Coyne, 2016).

An very interestintriguing challenge ~~which~~ also ~~has been~~ repeated through ~~the~~ various communities was the degree to which? leadership in levels of the service organizations ~~in the~~ community, such as the executive directors and program managers, were aware of and open to the initiative, ~~and were open to it as well~~. However, employees of the organizations working with veterans one on one, including the case managers and service coordinators, were not as open to the idea of PAServes. Many, believing it would increase workload, viewed the network and software as just another system in which to input information, ~~believing it would increase workload~~. In some ~~There were also~~ cases, in which program ~~managers~~ or case managers had did ~~not~~ no have any knowledge of the ~~in a initiative~~ initiative due to lack of communication within ~~their~~ own organizations their organizations (Bourne, 2016; Coyne, 2016). Leadership from the

coordination center was needed in a fundamental way to increase buy-in among the case managers allowing trust to form, which would later turn into cooperation, and collaboration (Coyne, 2016).

Many organizational challenges ~~arose were also faced~~ during this time as well. Pittsburgh Mercy Healthcare System was chosen in July to be the coordination center. The time between July and the live launch in October was a difficult due to the preparation process (Coyne, 2016). An example of this would be hiring employees to staff the coordination center. Hiring employees is no easy process, especially in larger organizations. Pittsburgh Mercy Healthcare System was not able to navigate through the hiring process until October, after the launch of the network, ~~which putting it them~~ behind the curve (Coyne, 2016). Prior to adding employees, the coordination center was managed by one employee, putting a high amount of pressure ~~on both~~ both the employee, and the organization. Due to the late hiring, training the newly on-boarded employees took more time than the organization felt comfortable ~~with~~ (Coyne, 2016). Additional internal challenges unique to PAServes ~~involved was one of~~ technology literacy (Cleland, 2015). Depending on the organization's experience with certain technology platforms, onboarding or using that organization as the coordination center became much more challenging, because extra time needed to be spent on basic technology literacy (Cleland, 2015; Coyne, 2016). This was the case with Pittsburgh Mercy, with additional time needed to increase technology literacy, which the IVMF was not prepared for. Was this the case with Mercy? Unclear.

Lessons Learned

~~A One of the~~ major lessons learned from PAServes was that of how the initiative was introduced to the community. NCServes was introduced to their community by a service provider leader, already trusted by the other service providers (Bourne, 2016; Cleland, 2015).

PAServes was introduced to the community from a potential funder, causing lack of trust and understanding behind the purpose and usefulness of PAServes (Cleland, 2015). The planning process and launch felt rushed to the community, increasing apprehension ~~about~~for the initiative (Coyne, 2016). A learning point from this is that each community must be treated in a unique manner. Four planning strategy sessions may work for one community, but might not fit well for another community that has a lack of trust ~~off~~for the outside organizations. Without ~~having a~~ leader in the community to vouch for the outside organizations, ~~gaining their trust~~gaining trust and respect was a lengthy process in PA.

~~As with~~ Similar to NCServes, ~~intense a high amount of~~ attention must be given to properly train~~ing~~, and onboard~~ing~~ to develop a full understand~~ing~~ of the network, and ~~to demonstrate~~ how it ~~will be benefit~~seial the community. This must not only be done at the leadership level~~s of organizations~~, but ~~also~~ at the case manager level, because the case managers utilize the system ~~daily every day~~. Input from ~~the case managers level~~ prior to engaging in the planning process might also give a more accurate view of how the community will react to the outside organizations including the IVMF, Accenture, and Unite US. ~~Strong~~A large emphasis must also be placed on the coordination center to understand their purpose in leading the community, and ~~the frequent~~frequent need to ~~often times~~ continue ~~ing to building~~ trust after the formal planning process has ceased and the network has launched.

A deep understanding of the community must be present to enhance cooperation. Recognizing that each community is unique, ~~as which~~ the IVMF strives to do, is key to the success of any AmericaServes location. For example, Pittsburgh Mercy Healthcare System was not deeply engrained as a veteran service provider ~~as when~~ compared ~~with to the~~ other coordination centers. This organization does serve veterans, but also other populations in their

community, as opposed to a ~~service-provider that~~ solely focusing on veteran care. This detail is important to how much training is needed for the coordination center to effectively operate in the veteran space, with other veteran-only service providers. Additionally, ~~other the~~ community organizations may feel that if there is a duplication of services from multiple ~~providers~~organizations, their organization will not be viewed as useful to the network and will, ~~causing that organization to~~ witness a decline of number of veterans served. This is a reasonable fear. Communities must fully understand that in the collective impact model, ~~in that~~ each organization is needed due to ~~its~~their specialty (Kania & Kramer, Collective Impact, 2011). Competition between service providers may also be perceived while not being accurate~~true~~. A duplication of services may be needed due to geographical or population differences in each community. For example, a veteran may not want to travel to certain communities to receive care. In this instance, duplication of services is not only allowable, but necessary ~~eded~~ to fully serve the various populations of veterans ~~in that community~~ (Coyne, 2016). Giving communities this information may promote also allow for increased trust and cooperation and reduce ~~because there will be~~ less fear of how ~~their~~ individual organizations will survive the collaboration.

The Way Ahead

The way ahead for PAServes is vastly different from the other communities in the AmericaServes network. This is not to say that all of the communities will not be connected through the nation, or that expansion into the rest of Pennsylvania will not happen. However, PAServes is at a completely different stage of collaboration inside of the community when compared to other communities. Their level of collaboration should not be viewed negatively when compared to other communities, but should be viewed as unique. Work must continually be done by the coordination center to continue building trust inside ~~of~~ the Pittsburgh area. As

relationships and trust grows inside the community, collaboration and collective impact will ~~solidify~~~~form a solidified base~~, increasing the success of the network. Success can be measured in various ways, including how well the community is working together, and how many veterans, service members, and family members are receiving services. As the network ~~expands~~ ~~continues to grow~~ ~~inside of~~ the community, a goal of the coordination center is to increase the number of service provider referrals, in hopes of decreasing self-referrals (Coyne, 2016). Completing this will demonstrate true collaboration among the community ~~service~~-providers.

Chapter 6

Cross Case Analysis

This cross case analysis ~~is meant to~~ ~~highlight~~s the similarities and differences between the AmericaServes Communities. I will discuss factors such as demographic data of each region, and the similarities and differences of the various stages of the initiative. The analysis will also help to provide final learning points, which will be discussed in the conclusion and recommendations section.

While the underlying purpose of AmericaServes is to serve veterans, service members, and their families, and this purpose is being put into practice in the various communities of AmericaServes, each of the communities has ~~singular~~ ~~unique~~ characteristics. Based on Department of Veteran Affairs's statistics, the NYServes service area of the five boroughs has the

largest ~~population amount~~ of veterans, approximately 193,000 (U.S. Department of Veteran Affairs, 2015). The PAserves service area of Allegheny, Butler, and Westmoreland counties has the second ~~largest number of approximately~~ largest, approximately 145,000 veterans, and the NCServes service area of Cabarrus, Gaston, Lincoln, Mecklenburg, Rowan, Southern Iredell, and Union counties has approximately 130,000 veterans (U.S. Department of Veteran Affairs, 2015). These numbers do not include service members on active duty, those in the reserves and National Guard, or family members. Demographic ~~data numbers on for~~ these are incredibly difficult to determine, and will depend on the area of interest.

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Demographic data differences between the communities include a ~~contrasts~~ among difference of the top three services requested. The top three requested services of NYServes included housing, employment, and legal services. For NCServes, they were employment, housing, and financial assistance, and in PAserves they were housing, family support and benefits services. ~~These is~~ data represents ~~veterans' the~~ high need for ~~veteran population to have support in~~ housing and employment services. Additionally, there were gaps of knowledge in the service eras. For data collection purposes, the software system separates veterans by the era or time frame in which they served. For example, Post 9/11 Era veterans are those that served after September 11, 2001. While the most served populations in each of the service eras is Post 9/11 Era, ~~it should be noted that~~ almost half or more of the individuals entered into the system did not know their era of service. This represents a critical gap in the data ~~being collected~~, especially when 55% in NYServes, 33% in NCServes, and 49% of PAserves did not know the era in which they served. This gap of knowledge could lead to an improper understanding of veterans based on their era of service ~~when categorizing them~~. For example,

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Commented [EL11]: Can you talk about the impact of this lack of information?

determining which era of veteran has the most needs and why cannot be determined with improper information.

Planning stages for the communities ranged widely, depending on many factors such as experience of the IVMF in serving communities, collaboration among the communities in the veteran non-profit sector, and how quickly the communities wanted the initiative to begin. The NYServes planning phase was the most intense, with seven meetings taking six to seven months of planning, and a large number of support meetings held by IVMF employees for the Coordination center after launch (Cleland, 2015). The NCServes planning phase consisted of six sessions in approximately five months, and PAServes planning phase lasted approximately eight or more months from late 2014 to a launch of August 2015. NYServes was the first initiative with a very hands-on planning phase, however, the entire initiative was in its infant stages. With little experience with collaboration, teamwork among the service providers took time to implement. NCServes demonstrates the efficiency at which a community can maneuver through the planning phase of AmericaServes, however, ~~it should be noted that~~ this is due to a high antecedent or pre-existing degree of collaboration among the service providers of the Charlotte area. Also, Charlotte Bridge Home acted as a leader among the community, facilitating discussions and allowing the community to agree upon a plan to improve veteran's service. With such a solid foundation in place, the community was completely ready for the AmericaServes initiative. This readiness to begin and willingness to change the current way of operating made Charlotte an ideal location for the use of collective impact.

Lack of experience with collective impact and collaboration in a community can be seen again with PAServes. Unlike Charlotte, this community did not have a clear leader in the veteran community to foster/help increase collaboration among ~~the service~~service providers. Without this

head start, the community felt that the planning phase was incredibly quick, and were not as open to changing how they conducted their services (Coyne, 2016). Despite this, PAServes is currently successfully serving veterans, and the coordination center is stepping up as a leader in the community.

After the planning phase, a ~~contrast~~~~large difference~~ among the communities was the choice of coordination centers. For NYServices and PAServes, larger organizations were chosen with a long history in the non-profit sector. Because of the long histories of these organizations, many challenges were avoided simply because they had business processes and an organizational structure already in place. This was not the same for NCServes, with Charlotte Bridge Home as the coordination center. Charlotte Bridge Home, when compared to Pittsburgh Mercy Healthcare System and Services for the UnderServed, was an incredibly small organization with a start-up frame of mind as an organization. This caused many internal struggles, for example, not having a full staff including IT personnel, and facing issues of hardware not working in the building. These issues are very rarely faced for by organizations with longer histories and a higher funding budget. Despite this, Charlotte Bridge Home served as the right choice for the coordination center because ~~it~~~~they was ere~~ already leading the community in collaboration and teamwork among the veteran facing organizations.

Despite the many difference in the communities of AmericaServes, each faced similar challenges as well. Among each of the three communities, buy-in for the initiative, and trust for the IVMF and partner team was a challenge. In each of the communities, although this seemed especially true with NYServices, and PAServes, there was lack of trust for the IVMF and the purpose behind AmericaServes. From the lack of trust, lack of buy-in for the system was prevalent, especially for the ground-level employees, including case managers. AmericaServes,

for many, seemed like another system to use ~~that~~; ~~creat~~~~ed~~~~ing~~ more work for the employees and ~~did~~ not ~~serv~~~~e~~~~ing~~ a purpose. To aid with this, ~~active promotion sales tactics must be used to demonstrate~~~~must demonstrate~~ to the community the value in using AmericaServes, thereby increasing collaboration in the community. This challenge was lessened in Charlotte ~~by~~ ~~due~~ ~~to~~ the high degree of buy in from Charlotte Bridge Home. The staff and leaders in ~~th~~~~a~~~~t~~~~e~~ ~~organization helped bridge~~~~organization bridged~~ the gap between the IVMF and the community.

Stemming from lack of trust and buy-in for the software, provider adoption was a common challenge faced by all ~~three~~~~of~~~~the~~ communities (Bourne, 2016; Cleland, 2015; Coyne, 2016; Kubala, 2015). This means that service providers did not utilize the software when they should have, if at all, in some cases. Without using the software, success of the network was decreased leading to further lack of trust in the system. To increase provider adoption, each of the coordination centers participated in working closely with the service providers. This was done via face-to-face interactions, at which point the representatives from the coordination centers highlighted the value from using AmericaServes. Not only does trust need to be formed among between the IVMF and the community, it also must be formed between the coordination center and the providers of the network. Provider adoption issues also stemmed from lack of communication between the leadership of the IVMF and service providers to the case managers. In one instance, case managers of service providers in the system of PAServes did not have any knowledge of the system or the initiative. ~~Great example.~~

~~Additionally, in e~~Each community, and ~~indeed in~~ the non-profit sector as a whole, ~~there is a~~ ~~lacks a culture~~ of measurement and evaluation among veteran service providers. Many organizations ~~do not maintain~~ ~~have~~ ~~neither~~ accurate records of how many veterans enter their organization and receive services, nor records of the success rates of the services rendered. ~~Due~~

~~to~~ This lack of data ~~prevented~~ presented adequate, ~~it was difficult to~~ determination of ~~e~~
~~whether~~ if the network was increasing the number of veterans served in the communities. ~~Also,~~
~~b~~ Because each community is unique, it is difficult to determine the increase in volume of
veterans requesting services from these organizations. This may also ~~enhance~~ lead to difficulties
within the organization when the organization needs to hire additional employees reflecting the
demand for services.

Lastly, a large distinction should be made between communities in which funders request
the implementation for AmericaServes versus communities in which service providers request
AmericaServes. For example, NY Serves, and PA Serves are cases in which a funder or
foundation that provides financial support to non-profit organizations wanted AmericaServes
implemented in their communities. I believe this is the reason behind lack of trust of the IVMF,
and lack of provider adoption; each community did not ~~experience~~ feel like this was a choice. The
opposite can be seen by the success of Charlotte. The community of service providers ~~was~~ were
open and ready to change, which ~~accelerated~~ increased provider adoption, leading to increased
success of the network.

Chapter 7

Conclusion and Recommendations

~~From t~~These case studies ~~reveal, it can be seen~~ how collective impact is being utilized to serve the veteran community and how it can be scaled to new communities around the country. From each community, lessons will be continually learned that not only add to conversations around collective impact, but also increase the ~~degree amount~~ of success of AmericaServes seen in future communities. Although each community is unique, similar challenges and lessons learned have helped to form key takeaways for the AmericaServes staff, as well as ~~for the~~ AmericaServes community.

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AmericaServes Recommendations

1. **Treat each community with a fresh lens.** One ~~of the~~ major takeaways from the case studies is that each community was at a different stage of collaboration when AmericaServes began. How well a community can work together will set the stage for future success. If a community already has a leading organization in place, it is far more likely for that community to accept the changes brought by AmericaServes, and utilize them effectively. Additionally, a one-size-fits-all mentality for implementing AmericaServes in a new market may not be as effective as a more fluid model. For example, NCServes conducted five to six planning sessions in preparation for launch, with PAServes conducting only four. However, the Charlotte market was ahead of the curve with collaboration and teamwork among the organizations in the area. Using a structured model in new markets may prevent future success if the community is in the beginning stages of collaboration and teamwork among the key stakeholders. In this case,

more planning sessions or preparation meetings may be necessary to ensure confidence in the initiative and the organizations supporting it.

2. Actively engage Receive community feeds service providers for community feedback back throughout the process. Community feedback throughout each phase of the initiative is incredibly important for the IVMF and partners, and the community itself. This can serve dual roles: it can determine if the initiative will be a good fit for the community, and allows for adaptations to be made for future success. Community feedback will also let those organizations responsible for the success of the network ~~feel like they~~ have a voice throughout the process. This ~~promotes will allow~~ trust ~~to be built~~ between the community and the IVMF, building buy-in for the program and reducing the timeline of the initiative.

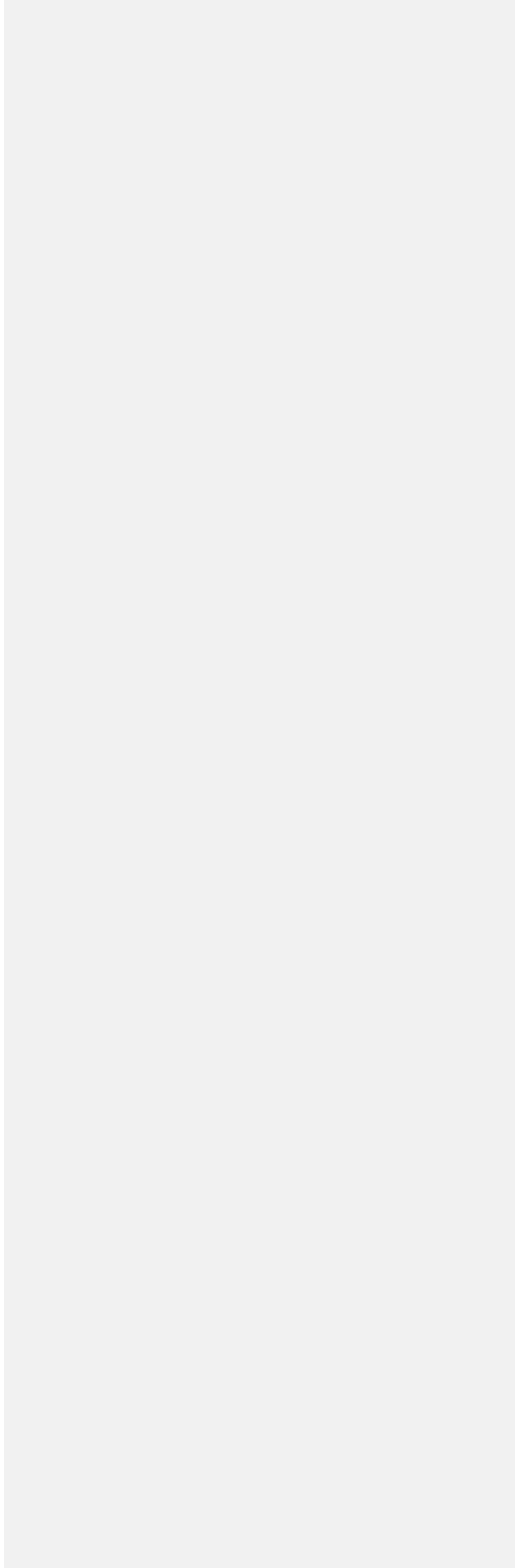
3. Ensure communication and education Communicate to all levels of the service providers. A common theme among each community is that many of the case-workers or personnel using the software, who are in direct contact with veterans, did not have enough information about the software or the initiative. Active steps should then be taken to ensure that the leadership, as well as other employees in the organizations, are properly educated. ~~Proper education of the system cannot be emphasized enough, with the success of the network relying heavily on the lead-edge employees. (Dan: it could be argued that support for, and education of, leading edge employees is even more essential to success than the initial agreements among the leadership. T) This step will, again, increase buy-in for use and effectiveness of the software, and strengthens the will allow an~~ in-depth dialogue with those responsible for using the software. An example of how this could be accomplished would be to invite the leaders of an organization to introductory planning

sessions, while also extending that invitation to a case-worker in the organization. Case worker adoption can also be increased by presenting an understanding of their challenges and actively promoting the value from using the AmericaServes network. (What are the incentives — or would you recommend incentives — for case worker adoption?)

Community Recommendations

1. **The coordination center ~~must needs to~~ set the example for the community.** Not only does this include serving the duties and tasks assigned, it also includes acting as a leader in the community in the network. The leader sets the example for the rest of the community, actively works to establish and maintain relationships with the providers, and ~~has a largely controls part in~~ the success or failure of the network. ~~From p~~Proper leadership, ~~can dramatically increase~~ the confidence in the network ~~can be dramatically increased~~ because the coordination center is a trusted member of the community. This ~~also~~ allows the coordination center to ~~aet as a~~ liaise effectively on between the community and the support organizations including the IVMF, Accenture, and Unite US.
2. ~~Allow the details of the initiative to reach~~ **Educate all levels of the your organization involved.** A common theme among each community is that many of the case-workers or personnel using the software, who are in direct contact with veterans, did not have enough information about the software or the initiative. This is not only a learning point to the AmericaServes staff but also the service providers in each community. Without proper communication and education of the initiative and network software, ~~usage~~ the ~~success~~ of the network will dramatically decrease~~d~~. As discussed previously, this can have a snowball like effect on a community. Increasing awareness will increase confidence in the system, and also increasing usage. From usage, value from the software

will be seen from the organization using the software, but also to all of the organizations in the network.



Future of Collective Impact

Collective impact is now having a profound impact for veterans, service members, and their families around the country through the AmericaServes initiative. While a complex problem still exists around lack of coordinated services in which to support them through their lives of service and their transition into becoming a civilian, communities are now realizing how to effectively come together to solve this problem. AmericaServes is a prime example of how various communities from different geographical, cultural, and demographic backgrounds can utilize collective impact to form a common agenda around lack of coordinated veteran services, utilize software to share measurement, engage in mutually reinforcing activities to support one another, and share in continuous communication through regular, focused meetings while being led by a backbone organization in the form a coordination center (Kania & Kramer, Collective Impact, 2011). AmericaServes is currently acting as a catalyst for this process as it utilizes collective impact as a tool to rally support of important actors from various sectors to form public and private partnerships. From this groundbreaking work, organizations on all levels of the spectrum, from large corporations such as Walmart to grassroots organizations such as Charlotte Bridge Home, are finding new ways to serve veterans.

Future of Areas of Concerns

While the work being done by AmericaServes is changing the way our communities are serving the veteran population, ~~there will always be~~ ways to improve will emerge as the initiative continues to grow. Some ~~of the~~ questions brought forth during my interviews from the communities included:

1. How can we reach the veterans that we are not currently serving, such as those in rural areas?

2. Will coordination centers be needed in rural areas with much smaller populations?
3. How can we serve veterans living outside of a network who reach out to a network for help?
4. How can we serve communities that may not be ready for the collective impact?

From these questions, as well as future challenges and lessons learned, AmericaServes will continue to serve veterans, service members and their families in communities around the nation. Currently, AmericaServes communities have expanded with the inclusion of Raleigh, North Carolina, Charleston, South Carolina, and plans for Upstate New York as well. Each initiative adds to the knowledge base of how to best serve our nation's veterans and the communities supporting ~~th~~em~~ose veterans. [~~for the ~~communities that care about them.]~~

Works Cited

1. Ahmadi, S. (2016, 01 28). AmericaServes. (D. Piston, Interviewer)
2. AIIM. (2015). *Research*. Retrieved from What is Collaboration?: <http://www.aiim.org/What-is-Collaboration>
3. Armstrong, N., McDonough, J., & Savage, D. (2015). *Driving Community Impact*. Syracuse: Institute for Veterans and Military Affairs.
4. Berglass, N., & Harrell, M. (2012). *Well After Service: Veteran Reintegration and American Communities*. Washington, DC: Center for New American Security. Retrieved December 2015, from http://www.cnas.org/files/documents/publications/CNAS_WellAfterService_BerglassHarrell.pdf
5. Bourne, B. (2016, 03 02). NCServes. (D. Piston, Interviewer) Syracuse.
6. Brillman, D. (2015, 11). AmericaServes. (D. Piston, Interviewer)
7. Charlotte Bridge Home. (2012). *Coming Home: Support for Returning Veterans in Charlotte Mecklenburg*. Charlotte: Charlotte Bridge Home.
8. Cleland, J. (2015, 11). AmericaServes. (D. Piston, Interviewer)
9. Copeland, J. M., & Sutherland, D. C. (2010). *Sea of Goodwill: Matching the Donor to the Need*. Washington, DC: Office of the Chairman of the Joint Chiefs of Staff, Warrior and Family Support. Retrieved December 2015, from http://www.jcs.mil/Portals/36/Documents/CORE/SOGW_donor_to_need.pdf
10. Coyne, J. S. (2016, 02 05). PAServes. (D. Piston, Interviewer)
11. FSG. (2013). *Collective Impact Case Study: Shape Up Somerville*. FSG.
12. Hanleybrown, F., Kania, J., & Kramer, M. (2012). *Channeling Change: Making Collective Impact Work*. Stanford Social Innovation Review. Retrieved December 2015, from http://ssir.org/articles/entry/channeling_change_making_collective_impact_work
13. Heifetz, R., Kania, J., & Kramer, M. (2004, Winter). Leading Boldly. *Stanford Social Innovation Review*. Retrieved from http://ssir.org/articles/entry/leading_boldly
14. Institute for Veterans and Military Families (IVMF). (2015, 8 8). *People: Institute for Veterans and Military Families*. Retrieved from <http://vets.syr.edu/about/people/>
15. IVMF. (2012, 5 9). IVMF Announces Veterans' Employment Toolkit, New Partnership at Robin Hood Veterans Summit. Syracuse, NY, U.S.: Institute for Veterans and Military Families.
16. IVMF. (2013, 10 28). New York City is the Next Step in the Effort to Improve Services for Veterans. Syracuse, NY, U.S.: Institute for Veteran and Military Families. Retrieved from <http://vets.syr.edu/new-york-city-is-the-next-step-in-the-effort-to-improve-services-for-veterans/#bKZD5Ky6jYEvKC4S.99>
17. IVMF. (2015, 10 15). *About Us: NYServes*. Retrieved from NYServes: <https://nycserves.org/>
18. IVMF. (2015, 7 22). Heinz Endowments Awards \$300,000 to IVMF for Creation of PAServes. Syracuse, NY, U.S.: Institute for Veterans and Military Families.
19. IVMF. (2015). Welcome Home North Carolina: A Public/Private Partnership Initiative to Strengthen Employment and Supportive Services Networks for Veterans, Service Members, and their Families. Syracuse, NY: IVMF.

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20. IVMF. (2016). *The North Carolina Story: Leadership in Action Serving the Needs of our Service Members, Veterans, and Their Families*. Syracuse: Institute for Veterans and Military Families.
21. Kania, J., & Kramer, M. (2011). *Collective Impact*. Stanford Social Innovation Review. Retrieved December 2015, from www.ssir.org
22. Kania, J., & Kramer, M. (2013). *Embracing Emergency: How Collective Impact Addresses Complexity*. Stanford Social Innovation Review. Retrieved December 2015, from www.ssir.org
23. King, D. (2015, September 1). N.C. Veterans Getting a Million Bucks from Walmart Foundation. *Jones and Blount*.
24. Kubala, B. (2015, 12 18). AmericaServes. (D. Piston, Interviewer)
25. McDonough, J. (2016). AmericaServes. NY.
26. NC4VETS. (2016, 02 16). Retrieved from NC4VETS: <http://www.nc4vets.com/info>
27. Pittsburgh Mercy Healthcare System. (2015). *Mercy Healthcare History*. Retrieved from Pittsburgh Mercy: <https://www.pmhs.org/about-us/mercy-healthcare-history.aspx>
28. Pollard, M. (2015, 11). AmericaServes. (D. Piston, Interviewer)
29. Price, M. (2015, February 17). \$1 Million Gift to Launch Vet Support Plan. *Charlotte Observer*.
30. Robin Hood Foundation. (2012, 10 15). GE Expands on Robin Hood Veterans Initiative Work. New York City, NY, U.S.: Robin Hood Foundation. Retrieved from <https://www.robinhood.org/news/ge-expands-robin-hood-veterans-initiative-work>
31. Robin Hood Foundation. (n.d.). *Robin Hood Foundation*. Retrieved from <https://www.robinhood.org/>
32. Services for the UnderServed. (2015, 9 3). *About Us: Services for the UnderServed*. Retrieved from Services for the UnderServed Web site: <http://sus.org/>
33. U.S. Department of Health and Human Services. (2016, March). *Care Coordination*. Retrieved from Agency for Healthcare Research and Quality (AHRQ): <http://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/index.html>
34. U.S. Department of Veteran Affairs. (2014). *SSVF Program Fact Sheet*. Washington, DC: Office of Public Affairs Media Relations. Retrieved from http://www.va.gov/HOMELESS/ssvf/docs/SSVF_Fact_Sheet_April2014.pdf
35. U.S. Department of Veteran Affairs. (2015). *Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans Cumulative from 1st Qtr FY 2002 through 3rd Qtr FY 2014 (October 1, 2001 - June 30, 2014)*. Washington, DC. Retrieved December 2015, from <http://www.publichealth.va.gov/epidemiology/reports/oefoifond/health-care-utilization/>
36. Unite Us. (2016, March). *About Us: Unite Us*. Retrieved from Unite Us : <https://uniteus.com>
37. Veterans Outreach Center Inc. (2012). *Coming Home to Caring Communities*. Rochester.
38. W.K. Kellogg Foundation. (2004). *W.K. Kellogg Foundation Evaluation Handbook*. Battle Creek: W.K. Kellogg Foundation.
39. WHO. (2015). *World Health Organization*. Retrieved from Social Determinants of health: http://www.who.int/social_determinants/en/

40. Zoli, C., Maury, R., & Fay, D. (2015). *Missing Perspectives: Servicemembers' Transition from Service to Civilian Life*. Syracuse: Institute for Veterans and Military Affairs. Retrieved December 2015, from <http://vets.syr.edu/research/highered/>