

A CALL TO ACTION:

**How Philanthropy can Support
Veterans Returning from Iraq and Afghanistan**

THE NEW YORK CITY
VETERANS
FUND  in
THE NEW YORK
COMMUNITY TRUST

June 2012

How Philanthropy can Support Veterans Returning from Iraq and Afghanistan

Table of Contents

What is the New York City Veterans Fund?	Page 1
Introduction	Page 3
Who are the Veterans?.....	Page 4
Challenges Facing Returning Veterans	Page 6
Services for Veterans.....	Page 10
Obstacles to Veterans Obtaining Services.....	Page 14
Summary of Service Gaps	Page 15
Opportunities for Philanthropy	Page 16
Best Practices for Veterans Services	Page 17
Grantmaking Strategy	Page 18
Examples of Recent Foundation Grants Made to Help Veterans	Page 19
New York City Veterans Fund Advisory Committee (in formation).....	Page 20
Appendices (references; interviewees; veterans organizations).....	Page 21

The New York City Veterans Fund was established by The New York Community Trust to provide a coordinated and collaborative philanthropic response to address the needs of veterans returning from the wars in Iraq and Afghanistan.

What is the New York City Veterans Fund?

Despite the many programs available, local government agencies and nonprofits that help veterans have no formal mechanisms for balancing and coordinating the services that each sector provides. Foundations and corporations have begun to make grants for services, but if funders do not work together, there is danger that philanthropic money will add to the confusion.

The New York City Veterans Fund brings together grantmaking organizations and donors working to increase private funding to address the needs of veterans (and their families) returning from the wars in Afghanistan and Iraq. Modeled on previous collaborative funds in The Trust, the New York City Veterans Fund is guided by a volunteer advisory committee of veterans advocates, public officials, service providers, corporations, and funders. It is co-chaired by The Trust and the New York State Health Foundation.

The New York City Veterans Fund advisory committee has developed a grantmaking strategy and priorities to ensure private philanthropic funding has the greatest impact. It meets periodically to assess the status of veterans services. Committee members without funding conflicts of interest review proposals and make grant recommendations. Foundations and corporations can make grants to the Fund for collaborative grantmaking or can coordinate their independent grantmaking with the Fund's efforts.

The New York City Veterans Fund is a model for other community foundations across the country to play leadership roles in their communities.

Issues affecting veterans cut across all funding silos. You don't have to be a veterans funder to award grants:

If you fund **mental health care**, veterans need your help. Thirty percent of veterans have PTSD, 20% have a traumatic brain injury, up to 30% report depression; they need specialized treatment for war-related problems.

If you fund **homelessness**, you can help veterans. More than 15% of recent veterans are homeless; they need assistance finding and retaining housing.

If you fund **workforce issues**, you can fund veterans' services. Fifteen percent of veterans are unemployed; they need job training and placement help. Private businesses should be helped and encouraged to hire veterans.

If you fund **health care**, you can support veterans. Less than 50% of veterans get health care from the Veterans Administration; local health care providers need training to better serve veterans.

If you fund **women's services**, you can help women veterans. About 10% of Iraq and Afghanistan veterans are women; veterans services were not designed for women.

If you fund **education**, you can support veterans and their families. Veterans need help preparing for higher education; close to 50% drop out and do not complete their degrees.

If you fund **family assistance**, veterans' families are in need. More than 40% of recent veterans are married with children; the Veterans Administration does not serve families.

If you are an **arts** funder, veterans can use your help. New forms of art therapy are showing promise in treating veterans with mental health problems.

If you fund **substance abuse**, you can fund treatment for veterans. Thirty percent of veterans report problems with drug and/or alcohol use.

If you are a **social services** funder, veterans can use your support. Veterans have complex needs that can be helped by case management services.

If you are a **disabilities** funder, veterans need help. About 10% of veterans have permanent service-related disabilities that require specialized job training and placement services.

If you fund **legal** services, veterans need help applying for or appealing denials of benefits. Veterans' benefits can be hard to understand.

If you fund **technical assistance**, community organizations will need help in building their capacity to plan and implement new programs for veterans

Introduction

More than 2.2 million U.S. military personnel have been deployed in 3 million tours of duty lasting more than 30 days since the beginning of the wars in Afghanistan and Iraq in 2001. These wars, and their impact on the men and women who have been deployed (and their families), differ significantly from previous wars. Among the factors distinguishing them are:

- An all-volunteer military, representing only 1% of the U.S. population.
- Multiple re-deployments.
- Heavy reliance on the National Guard and Reserves.
- The use of new technology and resulting injuries.
- The increased number of women serving.

Although most veterans return and readjust successfully, some face one or more challenges to reintegration, including mental and physical disorders, difficulty in finding employment and/or housing, and making the transition back to family life.

This report provides background for the New York City Veterans Fund, a collaborative fund to support veterans returning to New York City. It provides information on the state of affairs for veterans returning to New York City and the services available to them. It describes the challenges veterans and their families face in accessing federal, state, and local government programs; the services offered by government and nonprofit agencies; and gaps that can be filled by private funding. The paper is the product of a series of interviews with experts and extensive reviews of existing reports, surveys, and data sources.

Funders have reported that it has been especially difficult to identify where and how to begin grantmaking to help returning veterans. Primary responsibility for supporting soldiers and veterans has always rested with the Department of Defense and the Department of Veterans Affairs, and, traditionally, there has been little call for private funders help. As a result, few funders feel prepared to assess the scope of problems facing returning veterans or to identify how to best meet these problems.

The physical and mental impact of the trauma of military engagement is new to many funders, and organizations serving veterans are often unfamiliar. Funders also want to balance a role that appropriately supplements government funding, without relieving the government of its responsibility to care for those it has placed into harm's way.

Because so few Americans have served in Iraq and Afghanistan, and because taxes were not raised, few Americans have felt the effects of these wars or made contributions. This is unlike any previous U.S. war. Now is the time for individuals, businesses, communities, and foundations to step forward to help those who served.

Who are the Veterans?

The National Picture:

Less than 1% of the U.S. population serves in the military, only half of whom have been deployed in Iraq and Afghanistan.

Of the 2.2 million service members deployed:

- 22% are members of the National Guard and Reserve, a significantly larger portion than in any prior conflicts.
- 11% are women; women make up 20% of the National Guard and Reserves; 200,000 women have served in Iraq and Afghanistan.
- 53% of Reservists are under 30 years of age, compared to 73% of active duty members.
- 66% of those serving are white, 16% are black, 10% Hispanic, and 8% other races.
- 50% are married, with officers more likely to be married.
- 28% of women are married to other members of the military.
- Roughly 40% of active duty soldiers have children.
- They are better educated (92% are high school graduates compared to 83% of the general population).

Because the number of troops in active service is smaller than those in prior conflicts, repeat tours of duty have been more common: 40% have served more than one tour. Troops needed for deployment have led to longer tours and shorter times between deployments, often shorter than established military policy.

Gender

- Although women are prohibited from participating in combat, support assignments now take them into combat areas.
- Conflict between loyalty to the military and to their families, and sexual harassment and assault are factors that cause psychological problems for women in the military.
- 72% of women and 42% of men are sexually harassed during military service.
- 43% of women report rape or attempted rape, all contributing to increased levels of Post-Traumatic Stress Disorder (PTSD).
- Only 50% of the women who experienced sexual trauma reported receiving mental health treatment.

Race

- Recent studies suggest that blacks and Hispanics are at greater risk for PTSD as a result of deployment.
- Ethnic and racial differences may affect receipt of benefits: one study found that black veterans' likelihood of receiving PTSD disability ratings was significantly lower than that of other veterans.

National Guard and Reserve

- Guard and Reserve members have unique challenges. Active duty service members return to bases with support services, but National Guard and Reserve must deal immediately with the challenges of reconnecting with their families, employment, and communities.
- Many returning National Guard and Reserve members look for services from non-governmental community providers rather than military programs. But few community providers are prepared to provide care for service-related conditions.

The New York Picture:

About 18,000 New York City residents have been deployed in Iraq and Afghanistan.

	Active Duty	Reserve	Total
Bronx	2,145	1,265	3,410
Kings	3,575	2,065	5,640
New York	1,742	912	2,654
Queens	3,301	1,839	5,140
Richmond	826	439	1,265
Total	11,589	6,520	18,109

Forty percent of Iraq and Afghanistan veterans from New York have been deployed by the National Guard and Reserve, compared to 22% nationally.

Challenges Facing Returning Veterans

The Department of Defense (DOD) and the Veterans Administration (VA) provide a vast array of services for veterans, but nearly one-third of Iraq and Afghanistan veterans report challenges getting services.

- Many veterans find traditional government services and Veterans Service Organizations (VSOs) unwelcoming and designed for older veterans with different problems.
- Eligibility for services is complex and confusing, and obtaining services is often a lengthy process.
- Reluctance to acknowledge mental health and substance abuse problems can pose a barrier to getting services.
- Community organizations skilled in providing job training and placement, housing, and mental and physical health services often lack expertise in meeting the needs of this generation of veterans or managing “polytrauma”—described by the VA as injury to two or more body parts or systems that results in cognitive, physical, psychological, or other psychosocial impairments.
- Veterans who are injured while in service are eligible for disability benefits based on individual disability ratings ranging from 10% to 100%. Many soldiers appeal their rating, and there is a significant back-up both for appeals and for the payment of benefit claims.
- New veterans organizations have emerged to respond to this generation of veterans, but they are in their infancy and need help building infrastructure.

Physical Health

- In part, because of better protective gear and improved emergency medical care, more service members return with severe combat-related injuries. Up to 20% are reported to have traumatic brain injury (TBI), the “signature” wound of these conflicts, which is associated with a variety of long-term adverse health outcomes.
- Treatment and readjustment from these injuries is more difficult, particularly for those diagnosed with polytrauma.
- Less than 50% of veterans use VA services and staff of most community organizations are not trained to serve veterans with polytrauma.

Mental Health

- Mental health issues, including PTSD, anxiety, and depression, have been reported widely, as have the increased number of suicides both in the active military and those returning from conflict. Estimates of PTSD vary widely (17% to 30%). A significantly higher number (38% of enlisted soldiers, 49% National Guard), report “psychological symptoms.” A recent Pew survey found that 37% believe they have PTSD, whether or not they were formally diagnosed.
- Veterans reporting depression or PTSD were five times as likely to report problems with family readjustment as those who did not; 44% report difficulty doing their jobs.
- Multiple deployments increase likelihood of mental health issues. Of those deployed three or more times, diagnoses of depression, anxiety, and acute stress double. Risk of family dysfunction increases the longer the parent is absent, and the risk increases further when the deployed parent is the mother.
- Suicide is a significant problem. Historically, the suicide rate among military has been lower than among civilians, but recent rates among younger male veterans are double those of the general population. Approximately 6,500 recent veterans commit suicide a year.

Substance Abuse

- The Institute of Medicine reports higher rates of substance abuse among veterans.
- While rates of alcohol abuse among veterans of previous conflicts do not differ significantly from the general population, alcohol abuse among Iraq and Afghanistan veterans is significantly higher. One study found that up to 40% screened positive for alcohol abuse.
- A study among National Guard and reserve personnel found that those who had been in combat were significantly more likely to engage in abuse of alcohol than those not deployed.
- There is no conclusive evidence showing higher rates of drug abuse than in the general population.

Housing/Homelessness

- In 2011, about 10,000 Iraq and Afghanistan veterans nationally were reported to be homeless; they have been reported to become homeless more quickly than Vietnam veterans.
- Women veterans are more than twice as likely to be homeless compared to women who have not served; veterans between ages 18 and 30 are also twice as likely to be homeless as young non-veterans.

Families

- Even for those veterans who do not return with a serious mental or physical problem, the process of readapting to their home and family is difficult. One recent survey found that 48 percent of returning veterans reported strains in family relations; a similar number reported frequent outbursts of anger. Another study of reservists found that most couples struggled with their relationships and communication.
- Spouses face levels of distress and mental anxiety and trauma at rates similar to soldiers who have been deployed. Spouses are more likely to seek care, perhaps because they are less concerned about stigma.
- Divorce among female soldiers is higher than for women in the general population (9% compared to 6%) and higher than divorce rates among men in the military.
- Domestic violence in couples where the service member has been deployed six months or more exceeds 20% compared to 3% to 7% in the general population.
- Inpatient mental health visits by military children have increased by 50% since 2003; outpatient mental health visits provided to children of active duty parents doubled from one million to two million between 2003 and 2008.
- Twenty percent of active duty veterans report that a family member or friend left a job to care for them.

Children

- Children in military families experience high rates of mental health, trauma, and related problems.
- Multiple deployments, frequent moves, and having a parent injured or die is a reality for many children in military families.
- Depression was seen in about one in four children and parents reported that one in five children coped poorly or very poorly with deployment separation.

Education

- The GI Bill pays for tuition and fees, housing, and books. It covers graduate and undergraduate degrees, vocational/technical training, on-the-job training, flight training, correspondence training, licensing and national testing programs, entrepreneurship training, and tutorial assistance.
- Many returning veterans are unprepared to use these benefits. Problems in getting benefits under the GI Bill are similar to those related to other benefits—confusion about eligibility levels, complex application processes, and delays in decisions and payments.
- Veterans sometimes feel that they are unwelcome on campuses and viewed as outsiders. Historically, colleges and universities and students have not always been hospitable to veteran students and do not understand the veterans' life experiences.

- Of more significant concern are reports that for-profit universities, in part through smart social media strategies, are recruiting veterans for programs for which they are not suited. Completion rates for veterans at any type of college are low, but are dismally low for the for-profit schools.

Employment

- Last year, 13% of veterans 35 years of age and younger in New York City were unemployed, and 25% of those with jobs earn less than \$20,000 per year.
- The problems that veterans experience finding employment include physical and mental health issues and difficulty translating military training to equivalent skills in the civilian sector.
- National Guard and Reserve, whose jobs technically are protected when they are deployed, report both significant difficulties in reclaiming their jobs and obstacles to being hired based on their participation in the Guard and Reserve, although this discrimination is illegal.
- There has been one glimmer of good news; there is recent evidence that unemployment rates among veterans fell at a rate faster than the national average: from 15.2% to 9.1% over the last year.

Services for Veterans

Service members and their families, and National Guard and Reserve members, receive health care through the military health system while on active duty. Upon returning to civilian life after discharge, veterans get services through organizations that are funded and operated by the government, such as the Veterans Administration (VA), as well as community organizations that are funded through government contracts and/or private support. Together, these services make up the patchwork of support that help veterans return home. Traditionally the VA has been reluctant to officially join community organizations, taking the position it can adequately meet the needs of veterans. But over the past couple of years, more collaborations have been formed.

Federal Government Services

Veterans Administration—General

TAP (Transition Assistance Program) is coordinated by the VA, the Department of Defense (DOD), and the Department of Labor (DOL) to help veterans leave active duty. It provides briefings on benefits for which veterans will be eligible upon separation. But these one-time briefings are insufficient and there is limited follow-up.

On separation, veterans are referred to the Veterans Administration, which oversees health-care services, disability compensation, pensions, education assistance, home-loan assistance, life insurance, vocational rehabilitation and training, and burial benefits.

- There are nearly 8 million veterans enrolled in the VA system; this is about 30% of the living veterans in the United States. Veterans have five years from date of discharge to enroll in and obtain VA health coverage.
- Eligibility is determined through an eight-step process and veterans are placed in one of eight health care priority groups based on income and disability. Injuries or conditions that are combat-related are treated free of charge.
- Soldiers leaving the military are eligible for 18 months of coverage through the Continued Health Care Benefit Program.
- Services generally are not available to spouses or dependents unless these services (e.g., family or marriage counseling) are necessary for the treatment of the veteran.

Veterans Administration – Health and Mental Health Services

- Health care is delivered through 23 Veterans Integrated Service Networks. New York City veterans are cared for by the VA New York Harbor Health Care System and the James J. Peter Medical Center which includes 3 hospitals (Bronx, Brooklyn, and Manhattan), and four community clinics (Manhattan, Queens, Staten Island, and Brooklyn). For severely wounded veterans, the VA provides care through a four-level Polytrauma System of Care with facilities located in the Bronx.

- Mental health treatment is provided through a vast array of DOD and VA programs that are operated and administered locally and cover services such as counseling and medication. The DOD has started programs to reduce stigma about reporting and treating mental health problems and sexual abuse while soldiers are still in the military.
- Suicide prevention for veterans is coordinated between VA and nonprofit community programs. Services include a 24-hour suicide prevention hotline (Veterans Crisis Line) accessible by phone, text, or live chat, as well as a system of suicide prevention coordinators located in VA medical centers.
- Distinct from the VA, each branch of the military has established its own Wounded Warrior Support program for seriously injured and ill service members who qualify. These veterans are assigned case managers but coordination with the VA is limited.

Veterans Administration – Services for Women and Minorities

- The Center for Women Veterans and the Center for Minority Veterans were established by the VA to meet the needs of women and minorities and to provide information about benefits and services available to them.
- Some government services are available for female veterans, including universal screening for sexual trauma and health care services geared specifically to women.

Veterans Administration – Employment Services

- Traditionally, the VA and DOD have supported employment efforts for veterans with disabilities, not veterans in general.
- Recent efforts by the VA have focused on recruiting veterans to join the VA workforce and now nearly 30% of the VA workforce are veterans.
- Employment efforts for veterans who do not have disabilities are mainly run by the federal DOL through state veterans programs. Federal DOL grants support a local non-profit, Services for the Underserved, to provide job training and placement for homeless veterans, particularly women and heads of households.
- A new federal program has been proposed that would start a new federal conservation corporation that would employ veterans and new programs to provide resources to communities to hire more police officers and firefighters who are veterans.

Veterans Administration – Veterans Centers

- There are six federally funded Veterans Centers in New York City that offer a range of services for veterans and their families using peers, group and individual counseling, referrals for medical services, and job placement.
- Centers run outreach events to introduce their services but operate independently and have little coordination with the VA.

New York State Services

- The New York State Division of Veterans Affairs coordinates state funding for veterans benefits by providing grants to county veterans services agencies for tuition assistance and tax relief on mortgages.
- In New York State, outside of healthcare, all benefits are administered through 57 federal VA regional offices, including one in Manhattan, which oversees pensions, education, loan guarantee, employment, and insurance services. In general, each program is managed and coordinated separately and each has its own eligibility, application, and benefit determination process. Limited case coordination is available, targeted mainly to those most severely injured.
- The New York State Office on Mental Health offers outreach, information, and referral and counseling services to veterans and families during reintegration and post-deployment.
- The Veterans Outreach Center (Rochester, NY), the oldest community veterans outreach effort in the country, provides free, comprehensive community services at a centralized location in Rochester. This center could be a model for other areas.

New York City Services

- The Mayor's Office of Veterans' Affairs advises the mayor on issues that affect the military and helps veterans in obtaining benefits through in-person assistance and through its website.

Community Organization Services

- Traditional veterans service organizations, such as the Veterans of Foreign Wars and American Legion, are not attracting veterans from Iraq and Afghanistan who report feeling that they don't understand or address their problems. Similarly, several social service organizations which have historically provided services such as housing and employment for older generations of veterans, lack experience with the needs of this generation of veterans.
- There are newly established groups founded to help these veterans, such as Iraq and Afghanistan Veterans of America (IAVA) and Service Women's Action Network (SWAN).
- The New York City Mental Health Association is one of the local community nonprofits that provides mental health services to veterans through the crisis line and houses the New York City Veterans Mental Health Coalition.
- Housing is the service most often provided through joint government and private sources. For example, the Corporation for Supportive Housing along with the VA, New York City Housing Authority, and Department of Homeless Services began a program to reduce the time to place homeless veterans in permanent housing, and the Jericho Project is using federal funds to develop new permanent supportive housing for veterans and their families.
- The City University of New York offers a program to help veterans with the new GI Bill stay in school.

Corporate Sector Services

New corporate jobs programs are supplementing government efforts in the employment arena:

- Local banks have established programs to protect the mortgages of veterans and to encourage home ownership.
- A coalition of businesses, including Citi and JPMorgan Chase, plan to hire 100,000 military and veterans over the next ten years.
- The Wall Street Warfighters program is taking the lead locally to identify, train, and place service disabled veterans in careers in the financial services industry.
- The New York Times led 50 businesses in sponsoring Veterans Career Fairs and Job Expos. This effort is continued online through a resume match with participating companies.

Obstacles to Veterans Obtaining Services

It takes a long time for veterans to obtain benefits.

- The large number of soldiers leaving military service has led to significant delays in processing of benefits claims by the VA.
- Because of the long wait periods for cases to be approved, many veterans give up in the middle of the process.
- Polytrauma has led to veterans filing for multiple disabilities, further backlogging the system.

The benefits application process is confusing.

- The complexity of benefits applications and the numerous and distinct processes can be daunting for many veterans. For example, the application form for disability benefits is 28 pages. The backlog of disability claims is reported to be 1 million. Veterans wait an average of six months for an initial determination; disputed claims can take up to four years to resolve.

There is still a strong stigma attached to seeking mental health services.

- The belief that diagnosis will affect future opportunities for employment can lead veterans to avoid or delay treatment.
- Physical and mental health conditions may present barriers to obtaining benefits and services. PTSD, depression, and TBI all may make it more difficult for veterans to mount the significant effort required to become informed about benefits, sort out those they are eligible for, and complete the complex application processes.

This generation of veterans prefers to get services in the community, but there is not enough capacity at trusted agencies.

- Only 50% of the 1.4 million veterans from the wars in Afghanistan and Iraq eligible for health care services have been treated in the VA system.
- Veterans report that VA facilities are not prepared or hospitable, and the stigma attached to mental health problems discourages the use of VA facilities.
- Some veterans prefer to be treated in the private health care system, but private practice and clinic professionals report a lack of training and preparation in identifying and treating their physical and mental health problems.

Information coordination

- Interpretation of the DOD and VA privacy and confidentiality requirements have led to a fragmented and error-prone system of records and, more recently, a difficulty on the part of nonprofits to reach veterans before they face a crisis.
- The DOD and VA maintain separate and uncoordinated medical records (although there are steps underway to merge these systems). Even nonprofit programs that receive grants from the VA are not given access to the names and contact information of veterans at the time of separation.

Summary of Service Gaps

Veterans are at risk of falling between the cracks and not getting the critical health, mental health, education, employment, housing and other services which can help them successfully reintegrate into their communities. For the 18,000 New York City veterans, the gaps in service are summarized in the following key areas:

Gap	Rationale
Mismatch between historic VSOs and current veterans	Services provided by organizations, such as VFW and American Legion that have served earlier generations, are not tailored to meet the needs of these veterans. New models are needed.
Unprepared nonprofits	Most mainstream health, mental health, and social service agencies are unprepared to serve veterans and need help to improve competency.
Poor connections between VA and nonprofits	The VA has little experience working with nonprofit community agencies serving veterans. They are slowly developing links that need strengthening.
Complex and hard to access government benefits	There is a lack of case management services to help veterans get services for which they are eligible.
Delay in getting help	Many veterans are not reached early after discharge from service and seek help at crisis points.
No single entry point for service in New York City	The Veterans Outreach Center in Rochester could serve as a model for coordinated services in New York City.
Low college completion rates	Veterans are often poorly prepared for college and could use remedial assistance and ongoing support to ensure graduation.
High unemployment among veterans	Veterans find it hard to translate military experience into civilian work and may need time and help to adjust to civilian life before successful job placement.
Stigma of using mental health services	Veterans often deny mental health problems until a crisis, partially because nonprofits are unfamiliar with veterans.
No benefits for spouses	Spouses provide support for veterans and have high rates of unemployment, but are ineligible for government benefits

Opportunities for Philanthropy

This generation, more than any prior generation of veterans, is looking beyond the VA and traditional veterans service organizations for help. While the federal government must continue to bear primary responsibility for services and benefits for veterans, non-profits can play a vital role in helping veterans reintegrate into community life. Simply stated, veterans leave their communities for duty and return to their communities: if veterans receive help solely from the VA, they will never become full and active members in civilian life. Philanthropy can play a key role in helping community agencies prepare to serve veterans.

In New York City, philanthropy stepped forward to address the enormous challenges faced by three earlier crises: the AIDS epidemic, the September 11th terrorist attacks, and the recent economic collapse. Funders helped nonprofits develop coordinated systems to provide benefits counseling, health care, mental health services, case management, and job training and placement. They also funded advocacy to demand that government meet its obligations. The overriding common theme in these earlier philanthropic efforts was that foundations did not remain in rigid funding silos but took a more systematic and broad view of grantmaking guidelines. Once again, the needs of veterans are so broad that every philanthropic organization in the City can find a place to help.

Many of the proven approaches used by philanthropy for other issues can also be used to help community agencies serve veterans. Philanthropy is well versed in working with government agencies on issues, like those faced by veterans, that are bigger and more complex than any one party can address alone.

Philanthropy has deep experience in support of innovative pilot programs that can be tested and evaluated before being taken to scale with ongoing government funding. The VA has already begun to work with nonprofit organizations on new veteran employment and counseling programs. Now is the time for philanthropy to step up to expand programs operated by nonprofit agencies that are trusted by veterans and to create new ones to fill unmet needs.

Best Practices for Veterans Services

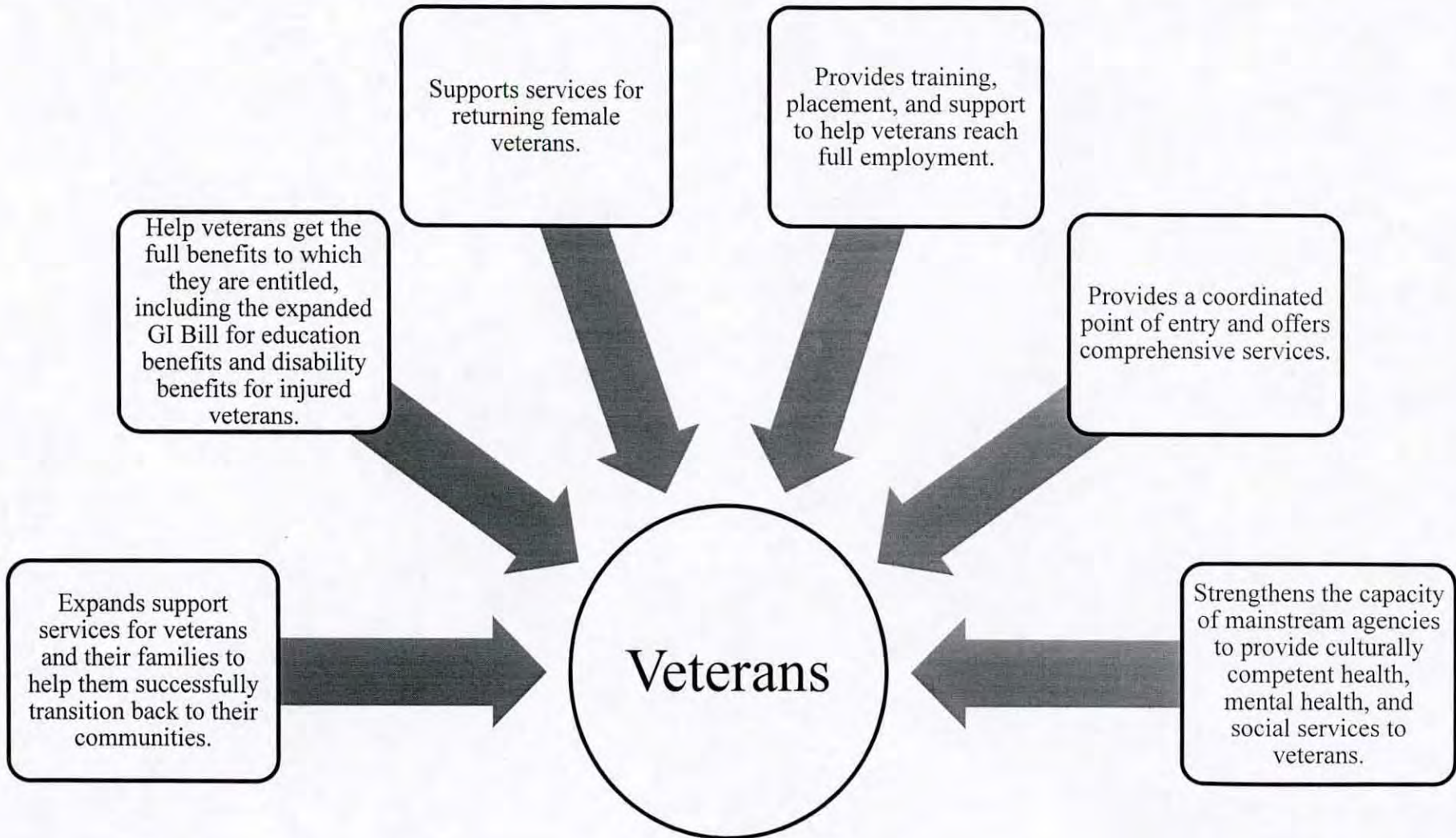
It is critical that philanthropy identify and support the best practices of veterans services programs. A report by the Center for a New American Security recommends that veterans programs should have 6 characteristics to meet the highest standards.

High quality veterans programs should be:

- 1. Well-versed in veterans' issues and competent to serve veterans.**
- 2. Endorsed by veterans, including veterans on staff and in agency governance.**
- 3. Strategic, well-planned, and built on existing community strengths.**
- 4. Collaborative, so as not to be duplicative with other nonprofit, business, and government programs.**
- 5. Offer coordinated services, including case management.**
- 6. Evaluated to validate effective outcomes.**

Grantmaking Strategy

In order for philanthropy to be most effective, the New York City Veterans Fund has identified five areas where immediate support is critical to veterans' successful transition and integration back into their communities. Grants from the New York City Veterans Fund will follow a strategy that:



Examples of Recent Foundation Grants Made to Help Veterans

Over the past three years, foundations in New York and across the country have begun to support projects that address key unmet needs of veterans. Grants have been made to:

- Community agencies that are experts in a field (e.g., housing, mental health) and have now developed services for veterans.
- Community agencies that focus on serving veterans and are beefing up the services they offer.

Through April 2012, foundations listed below have made close to \$15 million in grants to help address key areas of need. The chart below lists the broad areas and the key funders that support each issue. This list illustrates the types of grants being made and is not a comprehensive list of all private grants made to support veterans.

<u>Mental Health/ Health Support</u>	<u>Family Support</u>	<u>Case Management</u>	<u>Educational Assistance</u>	<u>Employment Assistance</u>	<u>Women's Services</u>
Ittleson Foundation	The New York Community Trust	The New York Community Trust	The New York Community Trust	Robin Hood Foundation	The New York Community Trust
Jonas Center for Nursing Excellence	New York State Health Foundation	New York State Health Foundation	Robin Hood Foundation		New York State Health Foundation
Mayday Fund	Robin Hood Foundation	Robin Hood Foundation			
The New York Community Trust	van Ameringen Foundation				
New York State Health Foundation					
Robin Hood Foundation					
van Ameringen Foundation					

New York City Veterans Fund Advisory Committee (in formation)

Co-Chairs

Ms. Jacqueline Martinez, Senior Program Director
The New York State Health Foundation

Mr. Len McNally, Program Director
The New York Community Trust

Members

Mr. Yves Ades, Chief Operating Officer
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Ms. Susan Berresford, Philanthropy Consultant

Ms. Anu Bhagwati (U.S. Marine Corps Reserve), Executive Director
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Ms. Joyce Bove, Senior Vice President, Grants and Special Projects
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Mr. Todd Bowers (U.S. Marine Corps Reserve), Relationship Manager
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Ms. Ronna Brown, President
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Mr. Robert Greene, OEF/OIF Program Manager
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United Hospital Fund

Mr. Irfan Hasan, Program Officer
The New York Community Trust

Rev. Matthew Heyd, Priest and Director of Faith in Action
Trinity Wall Street

Mr. Anthony Hoglebe, Special Advisor to the Speaker
Office of Speaker of the City Council

Col. Terrance Holliday (U.S. Air Force, Retired), Commissioner
Mayor's Office of Veterans' Affairs

Billy Jones, M.D., Senior Advisor to the Assistant Secretary for Policy and
Planning
United States Department of Veterans Affairs

Ms. Lynn Kelly, Executive Director
City Bar Justice Center at the New York City Bar Association

Ms. Trish Marsik, Assistant Commissioner, Bureau of Mental Health
New York City Department of Health and Mental Hygiene

Ms. Christine McMahon, President and Chief Executive Officer
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Col. James McDonough, Jr. (U.S. Army, Retired), Senior Fellow for
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New York State Health Foundation

Mr. Christopher Page (U.S. Army), Vice President—Citi Military Programs
Citibank

Mr. Paul Reickoff (U.S. Army), President
Iraq and Afghanistan Veterans of America (IAVA)

Mr. Andrew Roberts (U.S. Army), Director—Office of Military and
Veterans Liaison Services
North Shore-Long Island Jewish Health System

Ms. Christina Spellman, Executive Director
Mayday Fund

Ms. Giselle Stolper, President
Mental Health Association of New York City

Mr. Eric Weingartner, Managing Director—Survival
Robin Hood Foundation

Mr. Anthony Wood, Executive Director
Ittleson Foundation

Appendices

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Center for a New American Security (Nancy Berglass and Margaret Harrell)

Interviewees

Arabella Partners

Wayne Farmer, Managing Director

Bristol-Myers Squibb Foundation

Catherine Grimes, Director

Citizen Soldier Support Program

Bob Goodale, Director

Councilwoman Christine Quinn's Office

Meghan Linehan

Iraq and Afghanistan Veterans of America

Paul Reickhoff, President and Founder

Mental Health Association New York City

Giselle Stolper, President

Kimberly Williams, Director Center for Policy and Advocacy

National Organization on Disability

Carol Glazer, President

Kate Brady, Director of Research

The New York Community Trust

Len McNally, Program Director

Pat Jenny, Program Director

Pat White, Program Director

Pat Swann, Senior Program Officer

Irfan Hasan, Program Officer

Roderick Jenkins, Program Officer

New York State Health Foundation

Jacqueline Martinez, Senior Program Director

North Shore-Long Island Jewish Health System

Andrew Roberts, Director of the Office of Military and Veterans
Liaison Services

Robin Hood Foundation

Eric Weingartner, Managing Director, Survival

Services for the Underserved

Yves Ades, Chief Operating Office

David Hertz, Chief Development Officer

Senator Kirsten Gillibrand's Office

Elizabeth Langton, Deputy Director of Constituent Affairs

Service Women's Action Network

Anu Bhagwati, Executive Director and Co-Founder

Veterans Outreach Center, Rochester, New York

James McDonough, Director (through March 2012)

Major New York City Veterans Organizations

- American Legion, national with multiple local clubhouses
- Black Veterans for Social Justice, Brooklyn NY
- Disabled American Veterans (DAV), national with local office
- Iraq and Afghanistan Veterans of America (IAVA), national; headquartered in New York City
- Services for Women's Action Network (SWAN), national; headquartered in New York City
- Veterans of Foreign Wars (VFW), national with multiple clubhouses
- Wounded Warrior Project, national

Major Nonprofit Organizations Serving Veterans

- Services for the Underserved (SUS)
- Mental Health Association of New York City
- Bar Association
- Jericho Project
- Corporation for Supportive Housing
- Fedcap

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