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A CONTINUUM OF COLLABORATION

The Landscape of Community Efforts to Serve Veterans

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About the CNAS Military, Veterans, and Society Program

The Military, Veterans, and Society (MVS) program addresses issues facing America's service members, veterans, and military families, including the future of the All-Volunteer Force, trends within the veteran community, and civil-military relations. The program produces high-impact research that informs and inspires strategic action; convenes stakeholders and hosts top-quality events to shape the national conversation; and engages policymakers, industry leaders, Congress, scholars, the media, and the public about issues facing veterans and the military community.

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Introduction

At the federal level, an enormous structure exists to serve veterans, a structure composed of the mammoth Department of Defense (DoD) and Veterans Affairs (VA) and other cabinet agencies. Each year, Congress appropriates hundreds of billions of dollars to fund this support system, money that pays for compensation, retirement, pensions, and health care for the nation's service members, veterans, and their families. In theory, this structure is coordinated through formal mechanisms such as the Office of Management and Budget (OMB) budget process or agency accountability process; in practice, a looser form of coordination and adjustment governs the interactions and activities of these large agencies, and their work to serve service members, veterans, and military families.

After their service ends, however, veterans do not come home to federal agencies; they come home to communities across America. Although they may avail themselves of federal benefits such as VA health care or the GI Bill, veterans largely will turn to private and nonprofit activities at the local level for employment, education, housing, and other forms of support. Over the past decade, those private and nonprofit activities have matured tremendously, developing into a rich nationwide "sea of goodwill" that supports its veteran and military communities. However, recent data indicates that resources may be declining for this sector, both in absolute terms and in terms relative to veterans' needs. This has the potential to sharpen competition for increasingly scarce resources, as well as to put a premium on the need for collaboration and coordination between entities working at the local level to serve veterans.[1]

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It is in this space, and at this particular moment, that community collaborative efforts to serve veterans have emerged around the country. These efforts mostly have arisen spontaneously and endogenously within communities, rather than as the result of deliberate planning or outside intervention. These collaboratives span a broad landscape that can be defined in multiple dimensions: size, infrastructure, degree of public-private interaction, subject-matter focus, geographic focus, and integration into other networks and collaborative systems. All of these efforts share an intent to serve veterans and an explicit or implicit desire to do so through better coordination, resource allocation, and improved support services (including referral services) for veterans. However, these collaborative efforts differ greatly in their approaches, reflecting the diverse circumstances of their communities.

This paper will examine the development of community collaboratives across the country to serve veterans, and will propose a framework for better understanding what these efforts are, how they operate, and how they relate to each other, as well as how they relate to other private and public initiatives to serve veterans, such as DoD and VA programs. To the extent that there are opportunities to improve public, private, and nonprofit activity in this sphere, this paper will make policy recommendations as well.

Among this paper's findings:

- Notwithstanding the recent history of "collective impact" efforts, collaboration (broadly defined) has a long history among nonprofits, including those focused on veterans.
- A significant majority (67 percent) of the nation's 100 largest communities have some type of collaborative activity underway to serve veterans.
- Collaborative activity to serve veterans exists on a spectrum. Some communities have informal collaborative activities that consist of political commitments and regular meetings, without formal infrastructure. Others have more robust collaborative efforts that include permanent infrastructure, staff, information sharing, and shared outcomes.
- Barriers to cooperation between public, private, and nonprofit actors have been reduced in recent years, but these barriers remain. Formal barriers include federal ethics rules, federal acquisition regulations, and federal data-sharing regulations, all of which impede government partnerships. Informal barriers include leadership risk aversion, conservative legal interpretations of existing authorities, and a subtle, competitive dynamic that exists among public, private, and nonprofit actors vying to serve veterans.
- There is no set of common outcomes or performance measures being pursued by public, private, and nonprofit actors across the country. This is a missed opportunity for alignment between these sectors in their efforts to serve veterans. Public, private, and nonprofit sector organizations should develop and use common outcomes for veterans, in order to drive better alignment between their efforts.

Background

America's Veteran Population

The U.S. veteran population currently includes more than 21 million men and women from all eras of service.[2] Together with the approximately 2.4 million active, Guard, and reserve service members currently serving, this group of roughly 23 million Americans and their families represents the U.S. veteran and military community. Those who wear the uniform, or previously have served, constitute approximately 7.6 percent of the total U.S. population, and approximately 10 percent of its total adult population.[3] However, the median age of a U.S. veteran today is 64; roughly half of today's veterans served during the Vietnam era or before, and are now at or near retirement age. Over time, if the current size and composition of the military remains relatively constant, the U.S. veteran population will continue to evolve into a smaller, more diverse, and more diffuse population.

While on active duty, most service members and their families live in the United States. In 2014, approximately 170,000 service members were stationed abroad (not including deployments), while the remaining 1.2 million service members were based domestically.[4] Of those 1.2 million service members stationed in the United States roughly half are based in just five states: California, Virginia, Texas, North Carolina, and Georgia. Reserve component service members have a different distribution, reflecting the historical footprint of the reserves, the location of population centers, historical recruiting trends, and other factors. Table 1 shows the military population for these states and others in the top ten, by component.

Geographically, veterans have a different distribution from the active duty and reserve military populations. The veteran population is spread more evenly across the United States, with the highest numbers living in the populous states of California, Texas, Florida, Pennsylvania, and New York.[5] Some of the largest veteran populations mirror the distribution of older Americans, with large veteran communities in Southern California, Arizona, Texas, and Florida. Working-age veterans are more dispersed, with clusters around major military bases, as well as major urban areas and job centers. DoD recruiting patterns, and post-service migration patterns, play a significant role in shaping the veteran population. In today's military, the South and Midwest are overrepresented in the pool of new recruits, while the Northeast and West are underrepresented among new recruits. Major urban centers such as New York, Chicago, the San Francisco area, and Southern California are particularly underrepresented in today's military.[6] In Fiscal Year 2013, the south Atlantic region – including Delaware south through Georgia and Florida – accounted for nearly a quarter of all enlistments.[7] Figure 1 and Table 2 show the current distribution of veterans, with blue representing the largest veteran populations (by county).

TABLE 1
Top Ten States by by Number of Military Personnel (Active and Reserve)

STATE	NUMBER OF ACTIVE DUTY PERSONNEL	PERCENTAGE OF THE ACTIVE DUTY FORCE	STATE	NUMBER OF SELECT RESERVE PERSONNEL	PERCENTAGE OF ALL SELECT RESERVE PERSONNEL
1. California	155,051	13.5%	1. California	58,348	7.2%
2. Virginia	122,884	10.7%	2. Texas	53,057	6.6%
3. Texas	117,623	10.2%	3. Florida	36,488	4.5%
4. North Carolina	100,867	8.8%	4. Pennsylvania	31,936	4.0%
5. Georgia	69,322	6.0%	5. New York	30,257	3.8%
6. Florida	60.095	5.2%	6. Ohio	28,227	3.5%
7. Washington	57,926	5.0%	7. Georgia	27,340	3.4%
8. Hawaii	49,519	4.3%	8. Virginia	26,414	3.3%
9. Colorado	37,731	3.3%	9. Illinois	24,526	3.0%
10. South Carolina	36,670	3.2%	10. North Carolina	23,230	2.9%

Source: Department of Defense, "2014 Demographics: Profile of the Military Community," http://download.militaryonesource.mil/12038/MOS/Reports/2014-Demographics-Report.pdf.

Federal Programs to Serve Veterans

The vast majority of government programs to serve veterans – as measured by dollars spent or numbers served – exist at the federal level of government. The two dominant agencies in this space are the (DoD) and VA, two agencies that collectively spend more than $300 billion each year on compensation, disability benefits, health care, retirement, and other benefits for service members, veterans, and their families.

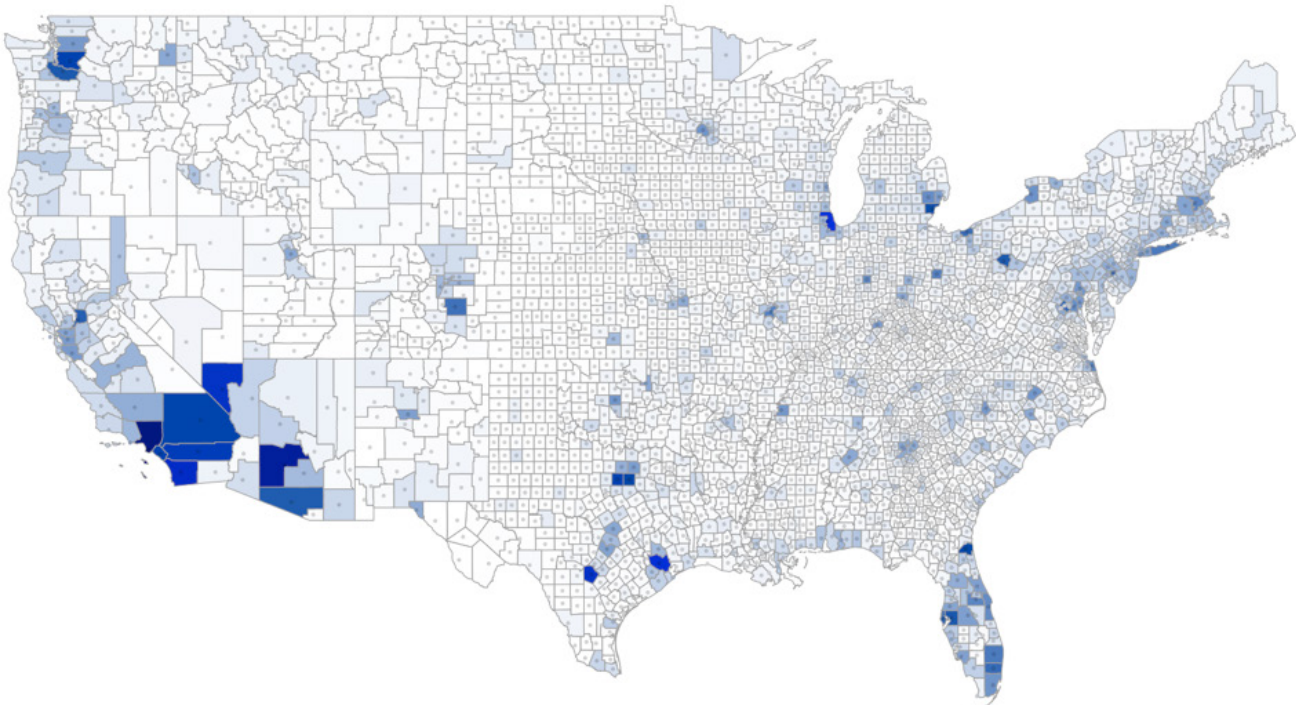
Most DoD programs focus on the active duty and reserve service member population, and ways to make this population more ready for deployment, and more successful once deployed. This mission focus also shapes the scope of programs focused on personnel, health, and family issues. Personnel compensation, including both current cash compensation and deferred compensation for military retirement, constitutes the largest chunk of DoD's support for military personnel and their families. Health care comes next, representing nearly 10 percent of the total DoD budget, supporting a large network of military treatment facilities, TRICARE contractors, and other programs that provide care to nearly 10 million service members, retirees, and their families worldwide.

By contrast, VA programs are designed to provide a benefit to veterans or their families, independent of the mission focus of DoD. The great majority of VA activity occurs through two massive programs administered by the VA: veterans' disability compensation and veterans' health care. Alongside (and partly in support of) these two programs, the VA also oversees a number of other programs, including educational support like the post-9/11 GI Bill, VA home loan guarantees, and crisis support for veterans such as those facing homelessness. The FY 2017 VA budget includes $183 billion for all of these programs, an amount that makes the VA the second largest agency by budget (and head count).

Alongside these two massive federal agencies and their programs, there exist a number of other federal programs to serve veterans and their families. In the health sector, the Department of Health and Human Services supports millions of veterans through Medicare and other federal insurance programs. The Social Security Administration also supports millions of veterans through Social Security payments and disability insurance payments. In the economic sphere, the Department of Labor oversees a vast network of employment centers and resources to serve all Americans, including veterans. Labor also coordinates federal policy with respect to the hiring of veterans by government contractors. The Small Business Administration runs numerous programs focused on veteran-owned businesses, including loan programs, training programs, and studies of veterans in business.

FIGURE 1

Geographic Distribution of Veterans by County, 2014



Source: Department of Veterans Affairs, Veteran Population Projection Model 2014

The Justice Department enforces federal laws regarding the protection of reservists and service members, alongside the Consumer Finance Protection Bureau, which manages a portfolio of consumer protection efforts supporting the veterans and military community.

State, Local, and Community Efforts to Serve Veterans

There is a tremendous range of activity at the state, local, and community level to serve veterans. State departments of veterans affairs typically fall into one of two categories: those focused on veterans' issues exclusively, and those focused on veterans and state National Guard personnel or units. Across the country, there is no standard set of state benefits for veterans, nor any significant amount of federal grant activity that drives a standard set of benefits or programs at the state level. Nonetheless, most states offer some type of benefit in three broad categories: educational support for veterans and family members attending state colleges or universities;[9] economic opportunity programs, including but not limited to state-guaranteed home loans or state government contracting preferences; and state-owned or subsidized nursing homes or residential treatment facilities for veterans. These state efforts are linked by a National Association of State Directors of Veterans Affairs,[10] and through informal connections with the VA and other federal agencies. But in contrast to other parts of the government, such as law enforcement, education, or homeland security, the federal government generally does not work through state agencies, nor provide significant grants to state veterans' agencies. One significant exception is the Department of Labor's Jobs for Veterans Grant program, which is projected to allocate $173.2 million in FY 2017 to state workforce agencies.[11] Others include federal programs overseen by the VA to grant federal funds to state veterans' agencies for their state-run cemeteries[12] and state veterans' homes.

At the county, municipal, and community levels (which are often the same thing), local support to veterans and their families often varies widely too. Most (but not all) U.S. counties have a county veterans service office of some kind; as a general rule, these are staffed on a part-time or full-time basis by a county employee, sometimes with support from local veterans service organizations. In dense areas, or places where the county and city governments perform substantially different functions, there may also be a municipal department of veterans, such as in New York City and Los Angeles. The structure, funding, and staffing for these offices varies widely; there is no national template for their organization or function. Nonetheless, interviews suggest that most county veterans services offices perform a core set of tasks relating to convening relevant stakeholders to discuss veterans' issues; providing support to veterans in the disability benefits application process; and informal casework or referrals in support of veterans seeking other types of support, such as applications for housing assistance.

TABLE 2
Geographic Distribution of Veterans (by CBSA or MSA, 2014)[8]

COMMUNITY	ESTIMATED TOTAL POPULATION (2015)	ESTIMATED VETERAN POPULATION (2015)	VETERAN POPULATION DENSITY
1. New York, NY	20,182,305	646,441	3.20%
2. Chicago, IL	9,551,031	415,658	4.35%
3. Washington, DC	6,097,684	413,189	6.78%
4. Los Angeles, CA	13,052,921	406,526	3.11%
5. Dallas, TX	6,700,991	392,419	5.86%
6. Atlanta, GA	5,710,795	362,676	6.35%
7. Philadelphia, PA	6,069,875	339,471	5.59%
8. Houston, TX	6,656,947	315,570	4.74%
9. Phoenix, AZ	4,574,351	305,237	6.67%
10. Seattle, WA	3,733,580	256,565	6.87%
11. Tampa, FL	2,975,225	249,860	8.40%
12. Virginia Beach, VA	1,724,876	245,198	14.22%
13. Riverside, CA	4,489,159	243,770	5.43%
14. Detroit, MI	4,302,043	233,391	5.43%
15. Boston, MA	4,774,321	227,239	4.76%
16. San Diego, CA	3,299,521	225,299	6.83%
17. St. Louis, MO	2,811,588	218,343	7.77%
18. San Antonio, TX	2,384,075	215,842	9.05%
19. Miami, FL	6,012,331	212,885	3.54%
20. Baltimore, MD	2,797,407	203,266	7.27%

Source: National Center for Veterans Analysis and Statistics, "Veteran Population: Fiscal Year 2014," http://www.va.gov/vetdata/Veteran_Population.asp.

Prior Literature on Collaborative Efforts to Serve Veterans

It has been written that there is nothing new under the sun,[13] and the field of veterans support is certainly no exception to this proverb. Today's community collaboratives to serve veterans, as well as research on this topic, builds on past efforts. This paper represents the continuation of research work on this topic by CNAS and other researchers at Syracuse University, Purdue University, RAND, and elsewhere.

In April 2012, the Center for a New American Security (CNAS) published "Well After Service: Veteran Reintegration and American Communities," examining veteran wellness models and several leading collaborative efforts around the country to meet veterans' needs.[14] Drawing upon extensive research, stakeholder working groups, and other work, this paper put forward a model for defining veteran wellness that has been adopted by many organizations across the sector. The CNAS veteran wellness model encompasses a number of domains, dimensions, and attributes of wellness, focusing on the total wellness of an individual as opposed to any particular outcome or metric (such as longevity, employment status, or income).

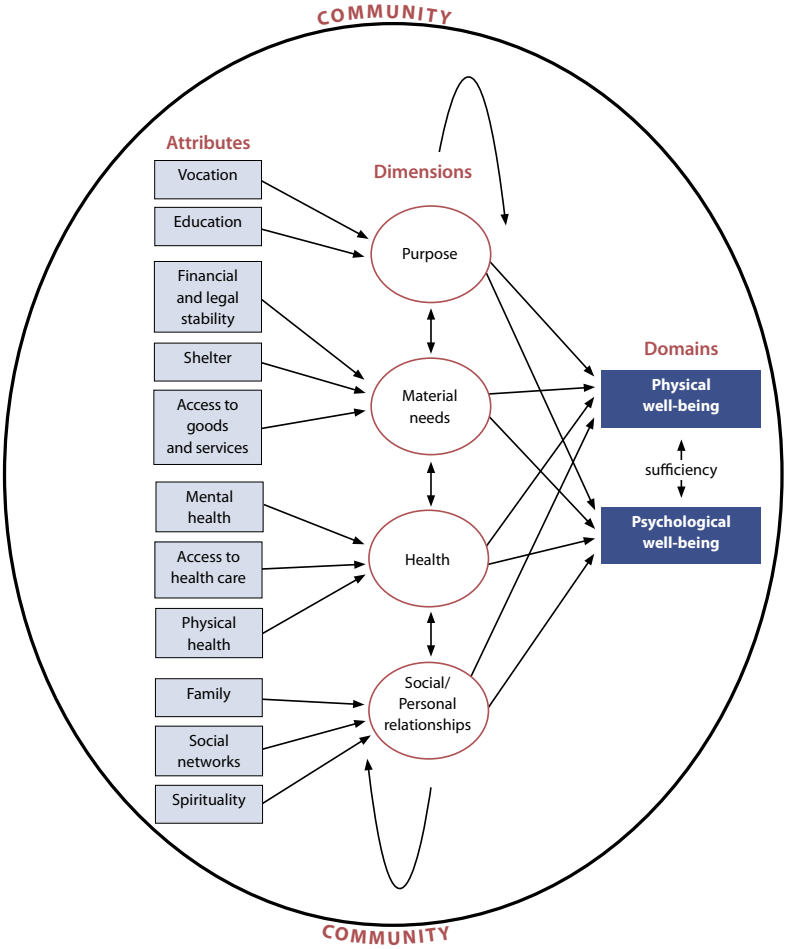
In addition to this wellness model, the CNAS paper identified the emergence of community collaboratives across the country to serve veterans, and sought to describe and classify these organizations in a meaningful way.[15] The authors looked at the Arizona Coalition for Military Families; the Augusta Warrior Project in Augusta, Georgia; Charlotte Bridge Home in Charlotte, North Carolina; Citizen Soldier Support Project in Chapel Hill, North Carolina; and the Lincoln Community Foundation in Lincoln, Nebraska. Notably, this paper found multiple challenges then facing collaboratives that continue to exist today, including resourcing challenges, inconsistencies in organizational capacity and sophistication, difficulty reaching veterans, and a lack of strategy binding these collaboratives together with each other, as well as with the public sector.

Another important recent study of this issue was produced in June 2016 by Syracuse University's Institute for Veterans and Military Families (IVMF).[16] This paper was produced in parallel with IVMF's efforts to build community collaboratives in several major cities, including New York City and Pittsburgh, and reflects insights developed by the IVMF team on the inside of those collaborative efforts.

Most notably, the IVMF paper developed a taxonomy for classifying collaboratives by network context (i.e., functional area and governance structure) and by size. This taxonomy contributed greatly to understanding of collaboratives by showing how structures could scale or evolve differently based on community context, resources, needs, or other factors, even where the ultimate goal of serving veterans through collaborative community services remained relatively constant. Like the 2012 CNAS paper, the 2016 IVMF study found that "there remains a need for more effective collaboration – especially multi-service coordination – between organizations that serve the same population."

FIGURE 2

The CNAS Veteran Wellness Model



Source: Nancy Berglass and Margaret C. Harrell, "Well After Service: Veteran Reintegration and American Communities," (Washington: CNAS, 2012).

In addition to these two works focused on community collaborative efforts, there have been a number of other recent studies with findings relevant to this paper. A series of needs assessments conducted by RAND, CNAS, and the University of Southern California have examined the conditions in local communities where community collaboratives exist, or where funders or local institutions are considering the creation of community collaboratives to serve veterans.[18] An unpublished study conducted by the consulting firm Oliver Wyman in 2016 looked at the landscape of community collaboration for the Bob Woodruff Foundation. This study found *some* form of collaborative activity in most of the nation's large- and medium-sized communities, finding that collaboratives existed in communities comprising 56 percent of the nation's veteran population, or roughly 11.8 million veterans.[19] Other relevant studies include the white papers issued by the office of service member reintegration that previously existed within the Joint Chiefs of Staff, focusing on the roles that philanthropy and the private sector can play in supporting veterans and military families.[20] And at Purdue University, Shelley Wadsworth and her team have led a multi-year research effort supporting community collaboratives, and synthesizing community data to identify trends within the veteran and military families populations.[21]

TABLE 3
The IVMF Veterans Collaborative Taxonomy[17]

PARAMETER	DESCRIPTION AND/OR AVAILABLE CLASSIFICATIONS	
Network Type: the underlying purpose of the collaborative entity.	Capacity Building Collaborative Governance Information Innovation Problem Solving	Knowledge Generation & Exchange Individual & Organizational Network Learning Policy and/or Advocacy Service
Service Area: the functional areas served by a collaborative network; many work in more than one service area.	Benefits Disability Education Employment Financial Health Care	Housing Legal Mentoring Sport Spouse and Family Support Volunteering
Central Coordinating Organizations: the governance structure of the entity.	Participant-governed collaboratives Lead organization–governed collaboratives Network administrative organization–governed collaboratives	
Formality of Relationships: the degree of structure or formality in the relationships between collaborative participants.	**Informal:** characterized by IVMF as an "Internet-based directory of available resources" **Moderately informal:** a referral service with no formal partnership structures **Moderately formal:** includes formalized information sharing or referral services, including referral or shared services agreements **Formal:** fully coordinated and integrated service delivery networks with formal agreements and a clear governance structure	
Government Involvement and Participation: to what extent does the collaborative work with federal, state, or local government entities?	Not present Exclusively local Exclusively state Exclusively federal Various permutations of local, state, or federal involvement	

Source: Nicholas Armstrong, Ryan Van Slyke, et al., "Mapping Collaboration in Veterans and Military Family Services," (Syracuse University Institute for Veterans and Military Families, June 2016).

Collaborative Efforts to Serve Veterans

A Brief History of Collaboration and 'Collective Impact'

Collaborative nonprofit activity has existed for more than 100 years. Some of the earliest examples of collaborative activity emerged among faith-based nonprofits, or nonprofits working in close proximity in urban areas like New York. In the late 19th century, many communities formed single or interfaith partnerships to raise funds and allocate them to local charities, such as Community Chest organizations or the Charity Organization Society. In the early 20th century, Jewish philanthropic organizations in the Los Angeles area linked together to form collaborative efforts, overseen by the United Jewish Community and United Jewish Welfare Fund, to collectively raise funds, allocate resources, coordinate activities, and conduct advocacy.[22] Similar efforts emerged in other communities where a critical mass of Jewish philanthropy existed, such as Cleveland and New York City. Many 19th-century and 20th-century efforts to serve the poor were formally or informally coordinated by the leadership of religious organizations like the Catholic Church or organized labor unions. Even political parties played a role in poverty amelioration, based on the recognition that poor votes counted as much as rich ones, and could be leveraged effectively as a voting bloc in dense urban areas like New York City.

Major philanthropic funders also played a role in catalyzing collaborative activity, either by funding collaborative efforts themselves, or by funding the construction of community centers that could serve as the physical and geographic hub for integrated activity. This included the construction of settlement houses (what would now be described as "supportive housing") for the poor, such as the Hull House in Chicago, as well as the construction of community religious centers for integration of faith-based programming. Some of these early efforts also leveraged schools and other public facilities to serve as the hubs for community nonprofit activity, financed by philanthropic or business interests committed to community development.[23] In the 1960s, the Johnson administration persuaded Congress to codify collaborative "Community Action Agencies" in the Economic Opportunity Act, a cornerstone of its Great Society program. These agencies were to "have a planning capacity that would cut across community agencies and sectors, [and] would engage in various linkage strategies; case management, outreach, and case finding, client advocacy, and collocation of activities . . . according to community needs."[24] However, these agencies experienced great friction because of the extent they competed with local agencies, and were often at odds with local leaders about their goals. Over time, these local tensions and political changes at the federal level resulted in the end of these Great Society collaborative efforts focused on community activities.

Veterans have benefited from collaborative nonprofit activity throughout the country's history as well. Much of that activity focused on areas where government did not act – such as support for wounded, missing, or dead service members, or recreation activity for service members off duty. During the Civil War, Clara Barton famously created an organization (the "Office of Correspondence with Friends of the Missing Men of the United States Army") to help families find missing service members, linking together the disparate efforts of benevolent societies, state-based military and militia organizations, and fragmented federal efforts. Barton eventually helped found the American Red Cross, which would become the nation's largest nonprofit serving the veterans and military community, with a charter focused on implementing the Geneva Conventions, supporting service members and military families and coordinating domestic disaster relief efforts.

In the 20th century, the United Services Organizations (USO) emerged as another significant example of collaborative activity to serve veterans. During the stormy months before the United States entered World War II, President Franklin D. Roosevelt issued an executive order in February 1941 creating the United Service Organizations for National Defense. The USO, as it would come to be called, brought together six organizations: the Salvation Army, the Jewish Welfare Board, National Catholic Community Service, the Young Men's Christian Association, the Young Women's Christian Association, and National Travelers Aid Association. The USO's creation reflected a compromise between the federal government, which wanted to control every aspect of service member life, and these nonprofit organizations, that felt they could better provide for service member morale than the government. The USO was created to more efficiently and effectively coordinate the activities of these organizations, and leverage buildings, supplies, and locations provided by the government through the legal authority conferred by President Roosevelt's order. Eventually, the USO would grow to integrate overseas and domestic morale activities, as well as travel support and other services.

The Contemporary 'Collective Impact' Movement

The term "collective impact" emerged more recently, describing a theory of change wherein multiple actors effect change through coordinated, linked efforts that converge on a common set of outcomes, measured by common metrics and methods. The term is widely considered to have originated in a 2011 paper coauthored by John Kania and Mark Kramer in a frequently cited article for the *Stanford Social Innovation Review*. This article describes collective impact as "a systemic approach to social impact that focuses on the relationships between organizations and the progress toward shared objectives."[25] This school of thought posits five factors for the success of this model, outlined in Table 4.[26]

Since the publication of the Kania and Kramer paper in 2011, "collective impact" has been embraced by public, private, and nonprofit sector leaders across a number of fields. The fingerprints of "collective impact" theory are evident in agency strategy documents calling for strategic partnerships between the government and the nonprofit sector.[27] In touting public and private efforts to boost high school graduation rates, the White House cited "new data that showcases the *collective impact* of federal and local efforts to improve high schools."[28] Similarly, a White House report on opportunity for disadvantaged youth described how "the emerging 'collective impact' movement is demonstrating that with public and private support and technical assistance, schools, communities, cities and regions can take more comprehensive, outcome-focused approaches to improving the lives of young people."[29]

This broad acceptance and embrace of collective impact owes much to the perceived efficiency of collaborative activity, which holds attraction for both funders and organizations alike in the nonprofit ecosystem. Economic factors also may play a role in driving government and nonprofit adherence to collective impact. Fiscal constraints on government may cause public leaders to look to the private and philanthropic sectors for greater involvement in solving problems, ideally linked together through mechanisms like a common agenda or shared measurement systems. During lean economic times,[30] nonprofits too may seek strategic paradigms such as collective impact that help raise, allocate, and use resources more efficiently. Historically, these collaborative efforts have succeeded (and persevered) when they have emerged endogenously as the solution to a problem shared by funders, organizations, and beneficiaries alike, and where the value proposition for shared action has been justified over time through performance.

Broad acceptance and embrace of collective impact owes much to the perceived efficiency of collaborative activity, which holds attraction for both funders and organizations alike in the nonprofit ecosystem.

TABLE 4
Five Factors for Successful Collective Impact Efforts

FACTOR	DESCRIPTION
1. Common Agenda	A shared vision that includes a common understanding of the problem requiring collective action
2. Shared Measurement Systems	Agreement on the definitions of success or failure, and the ways that progress will be measured, including specific outcome measurements
3. Backbone Support Organizations	Separate staff, resources, and organization(s) dedicated to ensuring the success of the collective enterprise
4. Mutually Reinforcing Activities	Coordinated activities that complement each other, even while taking different approaches to solving the problem(s) articulated in the common agenda
5. Continuous Communication	Regular meetings among organizational leaders and staff to facilitate planning, coordination, and resource allocation

Source: John Kania and Mark Kramer, "Collective Impact," Social Science Innovation Review (Winter 2011), http://ssir.org/articles/entry/collective_impact.

Collaboration and Collective Impact in Other Communities

Collective impact theory – and the broader idea of collaboration among nonprofits to pursue shared outcomes – has taken root in numerous communities outside the veteran community. Because these other communities are more advanced in their embrace of collective impact, they offer useful case studies for the veteran community, and an opportunity to learn from successes and failures in solving social problems in other contexts.

Education. Nonprofit and public sector organizations working in the education field have long collaborated using something like the collective impact model to synchronize their efforts. There are numerous sub-communities within the broad field of childhood education, ranging from those focused on early childhood education, to those focused on particular skill sets (e.g., reading at specific grade levels or STEM education), to efforts focused on high school graduation rates. Typically, these efforts coalesce around a specific outcome as both problem statement and measurement of success, such as high school completion within a particular sub-population. Like other sectors, nonprofit activity in the educational realm typically begins where public funding ends, for example, by providing programming outside of normal school hours or curricular boundaries, or supplemental services to students who need more than what public education can provide.[31] Today, in addition to local collective impact efforts in the educational sphere, there also exist a number of regional or national collective impact networks focused on education, including StriveTogether's Cradle to Career Network, the Forum for Youth Investment's Ready by 21 initiative, and America's Promise GradNation communities.

Criminal Justice and Recidivism. Another social sector that has benefited from collaborative work and collective impact theory is that focused on criminal justice, particularly the problem of recidivism among previously incarcerated adults and youth. This sector suffers from extreme fragmentation and complexity, with divisions of authority and responsibility at the federal, state, and local levels, as well as among the public, private, and nonprofit sectors. However, the recidivism problem also benefits from having enormous public interest in law enforcement and public safety, large public expenditures, and a common set of metrics regarding criminal activity and recidivism. In New York State, the collective impact approach was successfully deployed to knit together public, private, and nonprofit sector actors to achieve better outcomes in the area of juvenile recidivism – with no adverse impact on public safety.[32] Following implementation, juvenile arrests dropped by 24 percent, and the number of juveniles in state custody dropped by 45 percent.[33] Other communities also have formed public-private coalitions based on the collective impact model to address recidivism among juvenile or adult offenders.[34]

Poverty and Homelessness Reduction. Another field that has been affected by the collective impact movement in recent years is the social sector focused on poverty (as well as the closely related sector focused on homelessness). Although efforts to support the poor and reduce poverty have existed for many decades, many of these efforts can stagnate or lose momentum over time, particularly if they lose political champions, or local agencies become calcified or overly competitive in their work. Several efforts have emerged in recent years to reinvigorate this field, leveraging collective impact theory to redesign how locales address poverty and homelessness, and unite relevant actors and stakeholders in their pursuit of a common agenda. In Canada, the Vibrant Communities effort began in 2002 to address poverty in 50 communities across the country; by 2013, this effort had positively changed outcomes for more than 203,000 Canadians who previously had lived in poverty.[35] In the United States, the organization Community Solutions has pursued a collaborative strategy similar to the collective impact model to combat homelessness in cities across the country. Among its innovations are the use of a common agenda, common outcomes, and data dashboards to drive activity by diverse actors across the public, private, and nonprofit sectors.

Analysis of Collaborative Efforts to Serve Veterans

The primary objectives for this paper are to describe the landscape of collaborative efforts to serve veterans at the local level; articulate a taxonomy for understanding of these efforts and how they relate to each other; identify common issues on this landscape; and recommend policy or practical solutions to barriers that impede these organizations from working effectively with each other, or with the government, to serve veterans.

Scope and Taxonomy

As a threshold matter, the scope of this paper was set to include community collaborative efforts to serve veterans. This scope is both over- and under-inclusive to some extent. It includes a continuum of collaborative efforts from informal councils that engage in some coordinating function, to those more formal efforts that include full-time staff, case management capability, or more robust service delivery capabilities. However, this definition excludes collaborative efforts that do not directly or specifically target veterans, such as health care networks or nonprofit organizations that serve the overall population without a specific focus on veterans.

Within this scope, this paper aims to articulate a taxonomy for understanding these organizations that informs policy and practice. This paper makes use of a set of specific terms, and uses these terms to define the parameters of the collaboratives being studied. This taxonomy includes:

Community. This paper uses community to describe a geographic location that has a distinct identity, population, and economy. A community may be congruent with a particular political subdivision (such as a city or county), but more frequently includes more than one such subdivision, or parts of one, in ways that do not clearly align with political authorities. For measurement purposes, this paper uses the most recent Core Based Statistical Areas (including metropolitan and micropolitan statistical area definitions) published by the Office of Management and Budget.[36]

Collaborative. When used as a noun (e.g., "the Los Angeles collaborative"), this generic term suggests some collective organization, whether formal or informal, whose purpose is to better serve veterans through some level of communication, coordination, and collaborative activity.[37] An organization need not have its own legal entity nor funding to qualify as a collaborative for purposes of this paper. Further, we distinguish *collaborative* (the noun) from *collaborative* (the adjective) and *collaborate* (the verb), with the latter two terms meant to describe types of activity engaged in by organizations, agencies, and individuals within a broader ecosystem of service at the community, regional, state or federal level.

However, this definition of collaborative is almost too broad as to be useful, since some type of collaborative activity arguably exists in any community where two people or organizations meet regularly to serve veterans. Consequently, this paper articulates a taxonomy to describe categories of collaboratives that fall on a spectrum from less to more activity.[38] Collaborative activity can be measured and defined using various parameters, and arrayed among many different types of axes, as illustrated by the classification schema described in the 2016 Syracuse University paper. This paper simplifies that taxonomy and adopts a rough quantum of activity as the parameter for defining collaboratives. Although the types of funding, types of cross-sector collaboration, and functional areas of emphasis matter greatly, this paper argues that collaboratives can best be understood on a continuum of complexity or activity, and that this measure best differentiates the collaborative models currently in existence across the veteran and military community. This paper divides collaborative activity occurring in the veterans' sphere into four types, arrayed from least to most activity, as described in Table 5.

Veteran. This paper defines veterans in the same manner as the federal government: "a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable."[39] Use of this definition allows the paper to leverage federal population data that counts veterans on this basis. However, it is important to note that this definition excludes two significant sub-populations who have served in the armed forces: those individuals who serve exclusively in the National Guard or reserves, without mobilization for active duty, and those individuals discharged with "bad paper" by the military who are excluded from the statutory definition of "veteran." Each of these sub-populations is important at the community level, and will be specifically mentioned where appropriate in this paper.

Public, Private, and Nonprofit Sectors. For purposes of this analysis, the *public sector* includes government at the federal, state, and local levels, including instrumentalities and agencies of the government. The distinguishing characteristics of the public sector are its concentration of authority in elected or appointed

TABLE 5
The Four Types of Collaborative Models

DESCRIPTION	COMMUNITY COUNCILS	COMMUNITY COLLECTIVES	COMMUNITY COLLABORATIVE NETWORKS	REGIONAL OR NATIONAL NETWORKS
Illustrative Activities or Characteristics	Regular stakeholder meetings; no staff assigned to collective activities; political commitments	Regular stakeholder meetings; some web presence; some activity separate from individual members; no staff assigned to collective activities; political commitments; some case management or referral activity	All the prior activity plus some staff, funding, and infrastructure dedicated to collective activity; active referral or case management activity; collects data on outputs or outcomes; some level of public-private-nonprofit integration	Regional or national networks may (or may not) be connected to specific geography; they typically provide case management or referral services; some networks also may engage in casework or advocacy activities; other networks may focus on improving efficacy for nonprofits (vice veterans)
Examples	Local veterans' advisory councils; VA Community Veteran Engagement Boards (without more); Points of Light communities	Los Angeles Veterans Collaborative; Greater Boston Veterans Collaborative; San Antonio Coalition for Veterans and Families; informal networks run by county veterans' service officers	AmericaServes; America's Warrior Partnership	American Red Cross; Code of Support Foundation; Wounded Warrior Project; NAVSO; National Guard Joining Community Forces

officials, and its financing via public methods such as taxation, bonds, or user fees. The *private sector* includes all entities that conduct business, including those organized as corporations, partnerships, sole proprietorships, or in some other form. The distinguishing characteristics of these entities is that they exist to make money. The *nonprofit sector* includes organizations that are generally organized as corporations, but which have sought and received tax-exempt status from the Internal Revenue Service because they operate for a charitable purpose, not to make money. The nonprofit sector includes a broad array of institutions, from universities to religious organizations to veterans' organizations to charitable organizations that deliver services. Nonprofit organizations can (and often do) charge for their goods or services, but the funds they make are generally required to be spent on the organization's charitable purpose, not the enrichment of the organization or its shareholders.

LANDSCAPE ANALYSIS

This paper takes two approaches to analyze and understand the landscape of collaboratives serving veterans. The first approach counts these organizations and estimates their scale and impact based on publicly available information regarding the collaboratives, as well as interviews with leaders and veterans within these communities. The second approach takes a more conceptual approach, listing illustrative models for community collaboration to serve veterans, with specific parameters (such as focus areas or financing) noted for each. Together, these two approaches offer insight into the complex and constantly evolving landscape of collaboratives to serve veterans.

QUANTITATIVE ANALYSIS OF COMMUNITY COLLABORATIVES

This paper assessed the landscape of community collaboratives to serve veterans in two primary dimensions. First, this paper examined the extent to which the veteran population was served by these collaboratives, looking at the most populous communities (as measured both by veteran and non-veteran population) in the nation. Second, this paper examined the degree of sophistication for networks in these communities, mapping the existence of collaborative activity to visualize where the most robust community collaboration efforts existed with respect to the veteran population.

Within the United States, approximately 63 percent of the nation's population lives in the 100 most populous communities; approximately 60 percent of the nation's

veterans live in these most populated communities. The largest of these is the greater New York City core-based statistical area, including more than 20 million persons, of whom nearly 650,000 are veterans. The ten largest cities (New York, Chicago, Washington, Los Angeles, Dallas, Atlanta, Philadelphia, Houston, Phoenix, and Seattle) by total population account for roughly 26 percent of the U.S. population, and approximately 18 percent of the U.S. veteran population. Among the most populous communities, the dropoff is fairly steep. The 100th most populous community is Anchorage, Alaska, with approximately 400,000 residents, of whom the VA estimates that 42,000 are veterans.

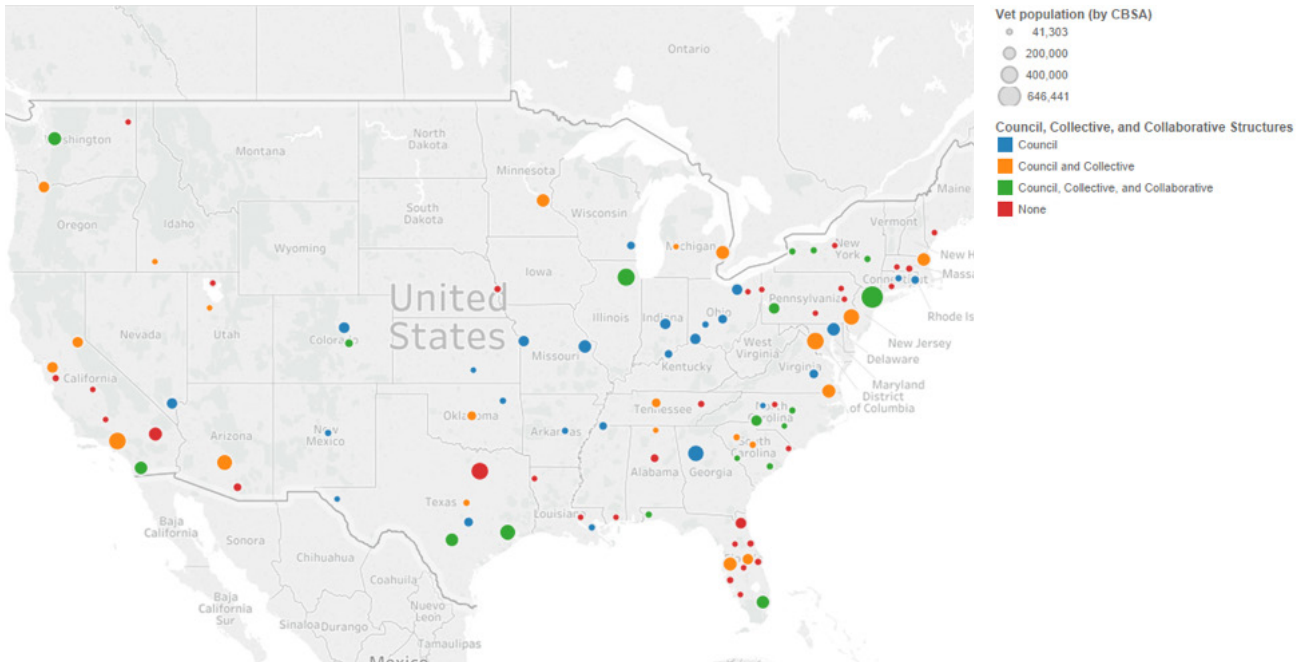
In assessing collaborative activity, this paper used the taxonomy described above to sort communities on the basis of their activity to serve veterans: no meaningful activity; councils; collectives; collaborative networks. Based on this taxonomy, this research effort identified 67 communities of the 100 most populous communities that had some type of meaningful collaborative activity under way. 40 of the most populous communities had a more robust form of activity, which we describe as a collective. And 18 of the nation's most populous communities had a robust collaborative network in place, or one that was funded and in the process of being built at the time of this assessment. Table 6 lists the top communities, along with the assessment of what collaborative activity exists in each.[40]

Of the top 100 Core-Based Statistical Areas(CBSAs)[42] by veteran population, 18 have a council, collaborative, and collective; 22 have only a council and a collective; 27 have only a council; and 33 lack a council, collaborative, or collective. This finding indicates a particularly large opportunity to develop councils, collectives, or collaboratives in the 33 communities from the 100 largest veteran populations currently lacking any formal structure. Dallas, with more than 392,000 veterans (ranking fifth in veterans per CBSA), is the largest CBSA by veteran population without a council, collective, or collaborative, followed by the Riverside-San Bernadino CBSA in California with more than 243,000 veterans (ranking 13th in veterans per CBSA). Conversely, there are CSBAs with smaller veteran populations who have established a council, collective, and collaborative; these include Fayetteville, NC (ranked 71st with over 57,000 veterans); Augusta, GA (70th with over 58,000 veterans); Albany, NY (ranked 67th with over 60,000 veterans); and Pensacola, FL (63rd with over 65,000 veterans). This indicates the possibility for robust networks throughout a wide range of veteran population sizes.

Each community network emerged from a unique set of circumstances. Those that emerged endogenously, such as the Los Angeles Veterans Collaborative, Charlotte Bridge

FIGURE 3

Veteran Councils, Collectives, and Collaboratives in the Top 100 Core-Based Statistical Areas by Veteran Population



Source: Department of Veterans Affairs, Veteran Population Projection Model 2014

TABLE 6

The 100 Most Populous Veteran Core-Based Statistical Areas

	CBSA NAME	COUNCIL	COLLECTIVE	COLLABORATIVE NETWORK	TOTAL POPULATION (2015 CENSUS ESTIMATE)	VETERAN POPULATION (VA ESTIMATE)	VETERAN DENSITY
1	New York, NY	■	■	■	20,182,305	646,441	3.20%
2	Chicago, IL	■	■	■	9,551,031	415,658	4.35%
3	Washington, DC	■	■		6,097,684	413,189	6.78%
4	Los Angeles, CA	■	■		13,052,921	406,526	3.11%
5	Dallas, TX				6,700,991	392,419	5.86%
6	Atlanta, GA	■			5,710,795	362,676	6.35%
7	Philadelphia, PA	■	■		6,069,875	339,471	5.59%
8	Houston, TX	■	■	■	6,656,947	315,570	4.74%
9	Phoenix, AZ	■	■		4,574,351	305,237	6.67%
10	Seattle, WA	■	■	■	3,733,580	256,565	6.87%
11	Tampa, FL	■	■		2,975,225	249,860	8.40%
12	Virginia Beach, VA	■	■		1,724,876	245,198	14.22%
13	Riverside, CA				4,489,159	243,770	5.43%
14	Detroit, MI	■	■		4,302,043	233,391	5.43%
15	Boston, MA	■	■		4,774,321	227,239	4.76%
16	San Diego, CA	■	■	■	3,299,521	225,299	6.83%
17	St. Louis, MO	■			2,811,588	218,343	7.77%
18	San Antonio, TX	■	■	■	2,384,075	215,842	9.05%
19	Miami, FL	■	■	■	6,012,331	212,885	3.54%
20	Baltimore, MD	■			2,797,407	203,266	7.27%
21	Minneapolis, MN	■	■		3,524,583	198,292	5.63%
22	Pittsburgh, PA	■	■	■	2,353,045	182,364	7.75%
23	Denver, CO	■			2,814,330	173,503	6.16%
24	San Francisco, CA	■	■		4,656,132	168,543	3.62%
25	Portland, OR	■	■		2,389,228	166,824	6.98%
26	Jacksonville, FL				1,449,481	164,133	11.32%
27	Charlotte, NC	■	■	■	2,426,363	158,361	6.53%
28	Kansas City, MO	■			2,087,471	149,457	7.16%
29	Las Vegas, NV	■			2,114,801	148,802	7.04%
30	Orlando, FL	■	■		2,387,138	148,144	6.21%
31	Cincinnati, OH	■			2,157,719	144,843	6.71%
32	Sacramento, CA	■	■		2,274,194	138,831	6.10%
33	Cleveland, OH	■			2,060,810	137,739	6.68%
34	Indianapolis, IN	■			1,988,817	137,448	6.91%
35	Columbus, OH	■			2,021,632	128,762	6.37%
36	Nashville, TN	■	■		1,830,345	118,706	6.49%
37	Austin, TX	■			2,000,860	115,521	5.77%
38	Oklahoma City, OK	■	■		1,358,452	112,001	8.24%
39	Richmond, VA	■			1,271,334	105,450	8.29%
40	Providence, RI	■			1,613,070	99,677	6.18%
41	Louisville, KY	■			1,278,413	93,706	7.33%
42	Milwaukee, WI	■			1,575,747	87,993	5.58%
43	Memphis, TN	■			1,344,127	87,814	6.53%
44	Tuscon, AZ				1,010,025	87,467	8.66%
45	Urban Honolulu, HI	■			998,714	87,425	8.75%
46	Colorado Springs, CO	■	■	■	697,856	87,015	12.47%
47	Birmingham, AL				1,145,647	84,448	7.37%
48	Tulsa, OK	■			981,005	79,169	8.07%
49	Raleigh, NC	■	■	■	1,273,568	78,728	6.18%
50	New Orleans, LA	■			1,262,888	78,688	6.23%
51	Buffalo, NY	■	■	■	1,135,230	76,562	6.74%
52	Albuquerque, NM	■			907,301	74,267	8.19%
53	Columbia, SC	■	■		810,068	72,024	8.89%
54	Omaha, NE				915,312	71,919	7.86%
55	Hartford, CT	■			1,211,324	71,446	5.90%
56	Charleston, SC	■	■	■	744,526	71,419	9.59%
57	Knoxville, TN				861,424	71,371	8.29%
58	Killeen, TX	■	■		431,032	68,618	15.92%
59	North Port, FL				768,918	68,156	8.86%
60	Dayton, OH	■			800,909	67,019	8.37%
61	Rochester, NY	■	■	■	1,081,954	66,293	6.13%
62	Deltona, FL				623,279	65,832	10.56%
63	Pensacola, FL	■	■	■	478,043	65,584	12.72%
64	Palm Bay, FL				568,088	64,774	11.40%
65	Greenville, SC	■	■		874,869	63,641	7.27%
66	Little Rock, AR	■			731,612	62,892	8.60%
67	Albany, NY	■	■	■	881,830	60,985	6.92%
68	Worcester, MA				935,536	60,017	5.77%
69	San Jose, CA				1,976,836	58,558	6.92%
70	Augusta, GA	■	■	■	590,146	58,018	9.83%
71	Fayetteville, NC	■	■	■	376,509	57,915	15.38%
72	Allentown, PA				832,327	57,673	6.93%
73	Grand Rapids, MI	■	■		1,038,583	56,114	5.40%
74	Lakeland, FL				650,092	55,969	8.61%
75	Spokane, WA				547,824	55	10.10%
76	Cape Coral, FL				701,982	54,984	7.83%
77	Baton Rouge, LA				830,480	53,881	6.49%
78	Salt Lake City, UT	■	■		1,170,266	52,732	4.51%
79	Greensboro, NC				752,157	50,303	6.69%
80	Boise City, ID	■	■		676,909	49,706	7.34%
81	Akron, OH				704,243	48,877	6.94%
82	Huntsville, AL	■	■		444,752	48,458	10.90%
83	Winston, NC	■			659,330	48,335	7.33%
84	El Paso, TX	■			838,972	47,924	5.71%
85	Wichita, KS	■			644,610	47,563	7.38%
86	Youngstown, OH				549,885	46,746	8.50%
87	Bakersfield, CA				882,176	46,391	5.26%
88	Harrisburg, PA				565,006	46,251	8.19%
89	Ocala, FL				343,254	45,223	13.17%
90	New Haven CT				859,470	44,341	5.16%
91	Portland, ME				526,295	44,051	8.37%
92	Fresno, CA				974,861	43,073	4.42%
93	Scranton, PA				558,166	43,012	7.71%
94	Myrtle Beach, SC				431,964	43,007	9.96%
95	Syracuse, NY				660,458	42,831	6.78%
96	Springfield, MA				631,982	42,831	6.78%
97	Ogden, UT				642,850	42,117	6.55%
98	Shreveport, LA				443,708	41,633	9.38%
99	Gulfport, MS				389,255	41,303	10.61%
100	Anchorage, AK				399,790	41,095	10.28%

Sources: U.S. Census Bureau; Department of Veterans Affairs; CNAS research

Home, or the original America's Warrior Partnership in Augusta, grew out of the efforts of a single organization and/or individual to better synergize existing efforts in that community. In their formative years, these early collaboratives evolved first into councils or informal referral networks, generally linked by social and professional networks, informal agreements, and regular meetings.[43] The early collaboratives gathered momentum as they demonstrated initial success, attracting greater community support, and importantly, greater funding from community and external sources. In short order, circa 2013–14, the AmericaServes collaboratives emerged, and the America's Warrior Partnership expanded into additional communities across the country.[44] These exogenous collaboratives brought a more formal structure and business model to communities, seeking to build collaboration and cooperation from the top down, leveraging expertise developed in New York, Augusta, and other early locations. Other collaborative efforts emerged during this time frame too, including national organizations focused on case management and referral.

Within the United States, approximately 63 percent of the nation's population lives in the 100 most populous communities.

To some extent, these community collaboratives were assisted or encouraged by government support for public-private partnerships. The White House's Joining Forces initiative, led by then-First Lady Michele Obama, highlighted contributions made by nonprofits and the private sector, and encouraged philanthropy to support these efforts.[45] Former VA Secretary Robert McDonald also sought to ride this wave and leverage its energy to support his "MyVA" rebranding efforts for the massive veterans' agency. McDonald directed every VA hospital to launch a "Community Veteran Engagement Board," or join existing collaboratives if they existed, and use VA funds and facilities to support these efforts.[46] This VA push into communities occurred at the same time the VA was purchasing more of its health care from private sector community providers, and pouring hundreds of millions of dollars each year into community organizations to fight veteran homelessness. For its part, the DoD also sought to work with private sector and nonprofit organizations, particularly those focused on veteran transition and employment issues. From 2011 to 2016, the Joint Chiefs of Staff ran a highly public office focused on how to better knit together DoD, private, and nonprofit sector efforts, and used this office to push for more collaboration.[47] Other parts of the department, such as the Army's highly visible Soldier For Life program, have similarly sought to leverage private sector and nonprofit activities to improve service member transition.[48]

ILLUSTRATIVE COLLABORATIVE MODELS AND PARAMETERS

In addition to defining a taxonomy of collaborative activity, and quantifying the existence of that activity in the nation's most populous communities, it is also important to understand the qualitative dimensions of collaborative activity in the veteran sphere. Over the past several years, various fundamentally different models have emerged, both endogenously and exogenously within communities, to serve veterans at the community level. These models differ substantially because of their funder or lead agency, their business model, their level of activity, their substantive focus, and other parameters. A comprehensive list of these organizations or activities is beyond the scope of this paper. Instead, the list below describes some of the most prominent illustrative models, in order to distinguish among them and their approaches to serving veterans in communities.

TABLE 7
Illustrative Collaborative Models

PARAMETER	AMERICA-SERVES	AWP	L.A. VETERANS COLLABORATIVE	KING COUNTY, WASHINGTON	VETERANS JOBS MISSION	VA CVEB	AMERICAN RED CROSS
Sector	Nonprofit	Nonprofit	Nonprofit	Public	Private	Public	Nonprofit
Funding Source	Corporate and Philanthropic Donations	Corporate and Philanthropic Donations	Corporate and Philanthropic Donations	Property tax levy approved by county voters	Corporate philanthropy	Federal appropriations	Corporate and Philanthropic Donations; Government Support
Lead Organization	Syracuse University's Institute for Veterans & Military Families	America's Warrior Partnership	University of Southern California	King County Department of Community and Human Services	J.P. Morgan Chase	Department of Veterans Affairs	American Red Cross
Primary Partners	Nonprofits engaged in communities as contractors, subcontractors and partners	Nonprofits engaged in communities as contractors, subcontractors and partners	Nonprofits, private sector organizations, veterans organizations, govt agencies	VA, community organizations, community nonprofits	Large and medium-size employers; DoD and VA leaders	VA hospital and clinic staffs; veterans organizations	Local Red Cross affiliates and local partners
Functional Area(s)	Health, homelessness, employment, transition	Health, homelessness, employment, transition	Health, homelessness, employment, transition	Transition, health, homelessness, crisis support, family support	Transition, employment, economic opportunity	Health care, homelessness, benefits utilization	Crisis support, deployment support, homelessness, health care and wellness
Business Model	Case management network built around local managing partner and local service providers, using sophisticated IT platform to link providers and veterans	Case management network built around local managing partner and local service providers, using sophisticated IT platform to link providers and veterans	Emerged first as collaborative council; now operating more robust collaboration and coordination network with case-management and referral capability	A county-funded network of support services that augments the VA and provides specialized support services to those in need, including those not served by VA (i.e. families, veterans with "bad paper")	Collective impact organization of private sector employers focused on improving the hiring, retention and performance of veterans in the workforce	Boards link VA facilities and staffs to communities, and to community collective or collaborative organizations where they exist	Leverage Red Cross capacity and case management network to deliver supportive service to veterans and families in crisis, and link to other community support services
Network Type	Community Collaborative Network	Community Collaborative Network	Community Collective	Community Collaborative Network	National Network and/ or National Community Collective	Community Council	Community Collaborative Network
Genesis	Exogenous	Endogenous / exogenous	Endogenous	Endogenous	n/a	Exogenous	Endogenous / exogenous

Observations and Recommendations

This paper concludes with several observations and recommendations reached on the basis of CNAS' research on community collaboratives, including prior work on community needs assessments and veterans' nonprofits.[49] As indicated above, veteran-focused community collaboration sits at an inflection point. Government support (rhetorical and financial) for this activity remains uncertain at the start of the Trump administration, as does the extent to which communities (and society writ large) will continue to focus energy on serving the veteran population. The observations and recommendations below recognize this uncertainty, identifying paths forward that can mitigate this sector's risk and position this sector for success in the years ahead.

Observations on Collaborative Activity to Serve Veterans

BREADTH AND HISTORY OF COLLABORATIVE ACTIVITY

The first observation apparent from this project is that there is an enormous amount of collaborative activity in communities across America to serve veterans. This activity has a rich history within the nonprofit sector – including both efforts to serve veterans, and efforts outside the veteran sector such as those in faith-based communities. Defining collaborative activity broadly to include some type of regular gathering with a planning and coordination purpose, such activity exists in a majority of America's most populous communities. Most of these efforts are endogenous to the communities where they reside; they emerged spontaneously between veterans' service organizations, human service organizations, government agencies, and other actors at the community level.

The federal government recently catalyzed the development of additional community collaborative activity through the VA's mandate to medical centers to build Community Veteran Engagement Boards, and DoD's efforts to harness public-private partnerships to improve service member transition, among others. This has increased the number of collaboratives around the country, creating at least a council (as this paper defines it) in those communities where nothing else exists. If these boards continue, and expand into communities where no councils exist (such as those with only a VA clinic, or no physical infrastructure), this will further increase the amount of collaborative activity serving veterans at the community level.

THE SCOPE, STRUCTURE, AND FOCUS OF COLLABORATIVES REFLECTS THEIR GENESIS AND THEIR COMMUNITIES

The quantitative and geographic analysis in this paper did not identify any particular pattern to the dispersion or placement of collaborative activity across the country, except that such collaboratives tend to emerge in more populated communities. The robust collaboratives seem to have emerged endogenously in some places like Seattle, where voters approved a tax levy to support veterans;[50] or they have emerged in places like New York City or Augusta where a major funder or group of funders has supported professional efforts (such as those of Syracuse University or America's Warrior Partnership) to build a collective impact organization with dedicated funding, infrastructure, and staff. Conversely, robust collaboratives have not emerged in places like Los Angeles or Dallas-Fort Worth, two of the nation's largest veteran communities, because the geography and political economy of these communities do not support robust collaborative, cross-sector activity, whether to serve veterans or any other purpose. It is unclear from the data whether there is any correlation between the size, density, or other characteristics of a community, and the genesis of a collaborative to serve veterans in that community.

Veteran-focused community collaboration sits at an inflection point.

Notably, the emergence of collaborative activity does not necessarily correspond to trends or needs within the veteran population (although the best collaboratives do respond to needs once established). Collaborative activity tends to emerge in large- or medium-sized cities, either because a particular leader or organization takes the initiative to create this activity, or because a funder underwrites it. Such communities may or may not have high numbers of at-risk veterans (relative to the national population); there is no national mechanism to guide private and nonprofit funding to the neediest communities and build collaboratives there first. Conversely, collaborative activities do not always emerge, even where large veterans communities exist or where there may be ample funding for such an activity. Beyond the presence of veterans, funding, and interest, there must also be some catalyst to action, whether in the form of a charismatic leader, crisis moment, or funder.

Additionally, because collaboratives seem to require a critical mass of suppliers and users, they appear to emerge primarily in the nation's most populous communities. In the top 200 communities studied for this paper, the volume of collaborative activity declines sharply as aggregate community size declines. Consequently, veterans and their family members who live in rural areas are not likely to be served by a veteran community collaborative, other than those that exist in the virtual space.

COMMUNITIES WITHOUT FORMAL COLLABORATIVE ACTIVITY TO SERVE VETERANS LIKELY WOULD BENEFIT FROM SOME SIMILAR ACTIVITY

A majority of large communities have some kind of collaborative activity to serve veterans. However, this activity declines significantly as communities get smaller, or where there is no nucleus of veterans and military activity such as a VA medical center or military base. And in those communities where only a coordinating council or informal collaborative activity exists, it may be the case that the activity does little to actually impact the lives of veterans. The veterans who live in communities without a formal collaborative activity likely would benefit from the coordination, referral networks, resource sharing, and best practices that exist among the best of the formal collaboratives. However, these communities generally lack the economies of scale or startup capital necessary to surmount the considerable entry barriers for establishment of formal collaborative activity.

There is a need in these communities for some intermediate or virtual model of collaboration that can serve veterans without the tremendous cost and infrastructure used by the collaboratives in places like New York City and Seattle. To the extent that such a collaborative activity could be made virtual, it could scale and replicate to communities across the United States almost regardless of size of density, reaching veterans wherever they are. And, to the extent such virtual activity linked to the public sector, it also could solve a major problem for the VA and other federal agencies: how to efficiently and effectively deliver federal benefits and support to veterans who live in places where the government lacks physical infrastructure, or where geography makes access to physical infrastructure difficult. This would be valuable both for rural and remote locations, as well as more urban locations like the Dallas–Fort Worth area or Orange County, California, where large veteran communities may have no meaningful access to nearby facilities because of the extent that urban geography and traffic make access infeasible.

The emergence of collaborative activity does not necessarily correspond to trends or needs within the veteran population (although the best collaboratives do respond to needs once established).

LINKAGE BETWEEN SECTORS IN COLLABORATIVES IS A FUNCTION OF FUNDING – BUT REMAINS WEAK

Concentric circles of collaborative activity exist in every social sector, and the veteran sphere is no different. Within the innermost circles, those containing exclusively public, private, or nonprofit organizations, there exists relatively good collaboration. The councils, collectives, and networks described above do a relatively good job of facilitating communication and coordination within and among nonprofits, or between private sector organizations. However, these collaborative activities still fall short at facilitating effective communication and coordination across sectors, especially between the public sector and private or nonprofit sectors. Many reasons explain this failure, including persistent government barriers to coordination such as ethics rules or data-sharing restrictions (discussed more fully below), or cultural divides between organizations and sectors. Whatever the cause, however, the net effect is to dilute the value of the collaborative activity.

Where cross-sector linkages exist, they typically do so because funders create or mandate them. When the federal government treats nonprofits as contractors or grantees – such as under the auspices of VA programs to combat homelessness – the government can effectively coordinate and communicate with nonprofit and private sector organizations. Similarly, when corporate or philanthropic funders mandate coordination through their grantmaking – or better yet, fund such collaborative activity through additional overhead or staff positions – the coordination and communication occurs with greater frequency and success. The implications of this observation are clear: to the extent practicable and legal, funders in all sectors should mandate greater coordination, communication, and collaboration.

DIFFICULT TO EVALUATE THE PERFORMANCE OR RELATIVE MERITS OF PROGRAMS OR COLLABORATIVES

Given the number of councils, collectives, and networks serving the veteran community, it is difficult to differentiate them without a scorecard. Unfortunately, it is impossible to construct a meaningful scorecard because there is so little available data regarding these collaborative activities, particularly their inputs, outputs, and outcomes. This project initially set out to develop such a scorecard, but quickly determined that insufficient data existed to fill one out. It may be possible to construct such data, through primary collection efforts and program evaluation efforts in communities; however, such research was beyond the scope of this effort. Consequently, this paper sought instead to build a framework for understanding collaborative activity, and then survey such activity in the nation's largest communities through available data, interviews, and discussions with sector leaders and organizations.

The largest and most sophisticated networks, such as AmericaServes and America's Warrior Partnership, collect extensive data on the performance of their systems. To their credit, both publish much of this data. However, this extensive data highlights two additional methodological problems with building a scorecard to evaluate veteran collaborative activity. The first is an "apples to oranges" problem – even the most similar collaborative models differ enough to frustrate direct comparison of systems, processes, outreach, or outputs. Each program or collaborative activity differs significantly in its theory of change, as well as its actual causal relationship (if any) to change. Consequently, it can be difficult or impossible to evaluate programs alongside each other, particularly across sectors or domains. The second methodological problem relates to the use of "outcomes" data, and whether individual outcomes (such as longevity or wealth) or community outcomes (such as employment rates or homelessness) can be used to evaluate collaborative activities. In theory, any social service in any sector ought to positively impact these outcomes, or be abandoned as wasted effort. In practice, however, the linkage between any social program and an outcome may be attenuated. There also may be significant time lag between a given social intervention (like the post-9/11 GI Bill's educational stipends) and the effect on outcomes (improvement of lifetime incomes). Although there may be observable short-term outcomes or proxies, even these may lag by several months or years, making evaluation and comparison of outcomes difficult.

To the extent practicable and legal, funders in all sectors should mandate greater coordination, communication, and collaboration.

SUSTAINABILITY REMAINS A CONCERN FOR NONPROFITS AND COLLABORATIVE ORGANIZATIONS

The overall economic environment for nonprofit support to veterans has become increasingly austere over the past few years, the result of long-term macroeconomic trends, increased competition for scarce resources, and other factors.[51] Many successful veteran nonprofit organizations have developed long-term revenue streams that increasingly integrate public funding; however, that public funding has become vulnerable due to political turnover and changes in policy priorities. At the local level, some of the largest collaborative organizations have struggled to sustain their efforts, which require investments in manpower, organizational effort, and capital. Further, collaborative activities struggle to prove their value proposition alongside other nonprofit activities that are competing for funding, and may have a more direct value proposition based on their direct provision of services.

GOVERNMENT PLAYS A LARGE BUT UNCERTAIN ROLE IN COLLABORATIVE LANDSCAPE

The federal government spends orders of magnitude more on service members, veterans, and their families than the private and nonprofit sectors.[52] The scale of the DoD and VA footprint dwarfs all but the private economy itself. Partnerships and collaboration involving the federal government do exist, ranging from long-existing programs to purchase health care from the private sector to newer partnerships focused on veteran transition or employment. However, most of these partnership and collaboration activities largely fit into traditional government contracting or granting frameworks, because federal ethics and acquisition rules preclude more creative or open-ended relationships between the government and these other entities.

Government funding for nonprofit organizations makes up an enormous and important part of the sector's capacity. In 2015, the VA alone spent more than $2 billion on grants and contracts going toward nonprofit entities or state and local governments. These funds primarily went to purchase health care from academic

medical centers or nonprofit hospitals, and secondarily to fund the VA's mammoth investment in ending veteran homelessness. Through these expenditures, the VA has become the single largest funder on the veteran landscape. Its largesse pays for the services purchased as well as significant overhead and infrastructure, which has a spillover effect into other areas of veteran philanthropic activity. Similarly, VA educational expenditures have provided the seed capital for colleges and universities to invest in veterans' programs, by making the market for federally funded student veterans lucrative for these schools. And, to a lesser extent, DoD's investments in service member training and education, as well as transition programs, have provided attractive incentives for employers seeking to hire veterans.

The federal government also has been an uneven and imperfect partner for the nonprofit and private sector.

Despite these expenditures, and efforts to partner around these federal programs, the federal government also has been an uneven and imperfect partner for the nonprofit and private sector. Federal ethics and acquisition rules continue to impede contacts, communication, and coordination between government agencies and "non-federal entities," as ethics lawyers describe private and nonprofit organizations. Efforts to obtain data that would inform private and nonprofit activity – such as individualized contact information for transitioning service members, or even aggregate information about the locations from which service members are discharged – remain thwarted by government information firewalls.[53] To some extent, public-private partnership efforts live or die by the personalities of the individual officials responsible for them. Such partnerships flourished and began to take root under VA Secretary McDonald, the former CEO of Procter & Gamble who personally believed in the value of such interaction to serve veterans. The fate of these public-private partnerships under the Trump administration and its appointed leadership remains uncertain.

Recommendations

In addition to driving collaboration between organizations focused on veterans, funders also should incentivize their grantees to collaborate with public, private, and nonprofit entities focused on broader social issues. For example, instead of simply funding organizations to focus on veterans' mental health, funders should consider encouraging veteran-focused organizations to work with community mental health organizations that deal with populations other than just veterans, particularly those with expertise or capacity to leverage. This likely will improve the practices of veteran-focused organizations, and enable greater economies of scale and efficiencies in these social sectors. Although cultural competency is important, particularly within the veteran and military community, the veteran sector likely will benefit from greater linkages to leading organizations that work with broader populations than just veterans.

Funders Should Demand Rigorous Evaluation of Programs

Alongside these investments in collaboration, funders should use their leverage to demand evaluation of program outputs and outcomes. This evaluation should form the foundation of a rigorous learning process within and among organizations serving veterans, that can help elevate practices and improve outcomes across the country. Over time, such a learning process also can facilitate better coordination and communication, to the extent that organizations will gradually converge on best practices and shared approaches. And, to some extent, rigorous evaluation of program outcomes also will ensure accountability for performance. Over time, this will help resources to be steered to the most effective programs.

Performance measurement and program evaluation should not be considered overhead – which is generally disfavored in the nonprofit ecosystem, and even punished by some of the ratings organizations that score nonprofits. To the extent that program evaluation can be identified with a specific funded program, it should be accounted for as part of that program. Just as major global development agencies allot some percentage of every programming dollar for monitoring and evaluation, so too should funders in the veteran ecosystem, ensuring that the programs being funded are being evaluated for efficacy. Over time, this will dramatically improve performance – as well as fiscal accountability.

Collaborative Activities Should Identify and Better Use Performance Metrics, and Drive Collective Impact Through Shared Outcomes

Organizations and individuals do what gets measured. Public, private, and nonprofit sectors should be encouraged and incentivized to measure their performance. However, performance measurements must be carefully developed to ensure that organizations pursue the right goals without distorting their mission or operations to meet arbitrary targets. To take but one example, hiring goals are important, but they can have a distorting effect without parallel goals set for retention, satisfaction, and performance.[54]

Within the public sector, two entities must take charge of setting and enforcing performance measures. For the public sector, Congress (particularly its Armed Services and Veterans Affairs committees) must set goals for how DoD and VA support service members, and hold leaders responsible and accountable for meeting these goals. To the extent possible, Congress should seek to hold programs broadly accountable for improving or affecting veteran outcomes. At a more micro-level, the White House (through the Office of Management and Budget) must set and enforce agency and cross-agency goals for DoD, VA, and other agencies that support veterans and their families. These goals should align with the priorities of the Trump administration, and be realistic in light of resources (ways and means) allotted; they also should be transparent and susceptible to public, objective measurement.

In the private and nonprofit sectors, funders and organizations alike should come together to develop and use common outcomes measurements that make sense for the veteran sector. These outcomes ultimately should aggregate up to the most basic quantifiable measures of wellness, such as longevity and income. Program-specific outcomes should contribute in some meaningful way to these broader outcomes, although the linkages may be attenuated in some cases, or delayed in cases where a particular intervention takes years to act (such as the effect of the GI Bill on long-term earnings).

Ultimately, there should be alignment of the performance measurements and outcomes chosen for the public, private, and nonprofit sectors.

Ultimately, there should be alignment of the performance measurements and outcomes chosen for the public, private, and nonprofit sectors. This commonality of goals and performance measures will enable a collective impact strategy to work across public, private, and nonprofit organizations serving veterans by aligning and converging action upon common ends.[55]

Funders Should Drive Increased Collaboration Between Organizations and Sectors

Funders – including public, private, and nonprofit organizations that give money through contracts, grants, or donations – hold both the leverage and the power in the veteran landscape. This leverage and power ought to be used to drive grantee activity wherever possible. On a micro-level, funders should encourage the recipients of their dollars to use best practices that are supported by evidence to ensure that each dollar achieves the best possible return. On a macro-level, funders should encourage organizations to work together when such work will result in better outcomes as well.

To the extent that funders believe in "collective impact," or want to leverage investments made by others in programs supporting veterans, then funders should use the power and leverage afforded by their position to incentivize nonprofit and private sector organizations to collaborate and coordinate. Such incentives should include, but not be limited to, additional support for overhead staff that can participate in collaborative activity outside of direct programming; specific funding for staff time and participation in collaborative activities; and funding of the infrastructure necessary to support collaboration and coordination between nonprofits, such as full-time staff or IT infrastructure where necessary. A premium should be placed on cross-program or cross-sector collaborative activity that has been demonstrated to improve outcomes, such as the pairing of health and economic support services with housing for homeless veterans, or cross-sector collaboration between the VA's health facilities and nonprofits providing health services.

Government Should Identify and Reduce Barriers to Public-Private-Nonprofit Partnership

By any measure, the federal government provides the overwhelming share of support to veterans. However, the federal government also depends greatly on the private and nonprofit sectors, as well as state and local government, to provide support that falls outside the federal government's writ. The biggest example of such support

is employment, where the private sector (not government) is the great employer of veterans after service. However, the federal government also relies heavily on the private and nonprofit sectors to support veterans in many other ways, from colleges and universities to organizations fighting homelessness to nonprofits and local government serving veterans not served by the VA, such as veterans with "bad paper" discharges.

However, for a variety of reasons, federal ethics and acquisition rules continue to impede government agencies from working effectively with collaborative activities that knit together the public, private and nonprofit sector organization serving veterans. These barriers to constructive collaborative activity far exceed what these rules' drafters, let alone Congress, ever intended when codifying things such as the Competition in Contracting Act. To the extent that agencies have found workarounds for these rules, they often have twisted the exceptions beyond recognition, creating ethical and legal risks for the agencies that may jeopardize the partnership efforts. Instead of leveraging existing authorities (like the statutory rules regarding gifts) or forcing nonprofit and private sector partners to become government contractors, federal agencies should review and revise their rules to facilitate public-private partnerships. This recommendation aligns with the policies articulated thus far by the Trump administration, which have emphasized leveraging the private sector, and making government work better through more effective and inclusive work with the private sector.

VA Should Specifically Work to Better Engage State and Local Governments in Efforts to Serve Veterans

With few exceptions, current VA programs largely bypass state and local governments in their entirety, preferring instead to deliver services directly, or direct funds to local recipients using contract and grant mechanisms. This enables the VA to control its delivery channels and act directly in a way that few federal agencies enjoy. However, the lack of significant intergovernmental activity also deprives the VA of bridges to state and local governments that could be used to facilitate planning and coordination in the communities where veterans reside. The VA's choice to work directly also concentrates power and funding leverage in federal hands, depriving state and local officials of resources and autonomy they could use to serve veterans in their locales around the country.

If the VA wants to better serve veterans in communities, it should consider redesigning its fiscal and operational structure to better work with state and local governments, instead of delivering all its support directly to veterans via federal channels. For example, instead of using federal VA officials and capacity to oversee the VA's vocational rehabilitation program, it could give block grants to state veterans departments (or state departments of education) to oversee these programs, at a level closer to veterans and to public colleges and universities too. The VA also could change the design of its homelessness programs to work through state and local governments more, potentially giving grants to government entities instead of working directly with community providers. Each of these major design changes represents a significant departure from VA structure, policy, and practice, and should be studied and piloted before adopted. However, the potential benefits of greater community engagement and collaboration suggest that VA should consider these changes.

VA Should Specifically Look to Leverage Community Collaboratives for Community Care

Since the 2014 Phoenix scandal over appointment waiting times, the VA has radically altered its approach to delivering health care. In 2014, approximately 10 percent of VA health care appointments were delivered by private sector providers, with such care purchased by the VA through various contract mechanisms. In 2016, approximately 32 percent of VA health care appointments were purchased by VA from the private sector for veterans.[56] The VA purchases the vast majority of this care through two pathways: two large managed care contracts run by Health Net Federal Services and Tri-West, and small contracts with individual providers for specific instances of private sector care, what the VA calls "fee basis" care.

There is an opportunity for the VA to knit together these purchased care activities and veteran collaborative activity into a sustainable network or system that improves outcomes for both agencies and organizations and for veterans. For all its flaws, because of its immense resources, the VA delivers orders of magnitude more health care and benefits support to veterans in communities. Community providers and private sector organizations, by contrast, deliver care and support to those they touch, and generally enjoy better community relations, more cross-sector integration, and more freedom of maneuver than the VA. For the most part, private sector and nonprofit organizations do not compete directly with the VA; they augment and supplement its capabilities and capacity, particularly with respect to individuals who fall outside the VA's statutory

mandate (like veterans' families or veterans with "bad paper" discharges.) However, private sector and community organizations struggle to sustain their efforts with resources; they also sometimes struggle with outreach to veterans. By coming together, the VA can leverage these community networks to better integrate its health and benefits operations with communities, and supplement its offerings where necessary. Community organizations can benefit from VA resources, as well as access to the veterans served by VA.

Such an integrated ecosystem cannot be built overnight, or even over a period of years, by federal fiat alone. Nonetheless, there are things the VA (and broader federal government) can do to begin moving toward such an integrated support structure for veterans. In the near term, the VA can begin by reducing the legal and policy barriers to collaboration, as noted above. The federal government also can continue its partnerships with nonprofit and private partners in key areas such as transition, employment, and homelessness, where great complementarity exists between the public, private, and nonprofit sectors. Over time, the VA can begin to include community collaborative organizations in its health care structure by mandating the inclusion of these entities as subcontractors within its purchased care structure, and directing the referral of cases to these partners when appropriate. VA also can facilitate better interaction and coordination by enabling health data sharing, both by giving permission to do so, and possibly also by funding the adoption of common electronic health records platforms or protocols across sectors.

Conclusion

Collaboration to serve veterans holds enormous promise. In theory, the whole should be greater than the sum of its parts; there are great synergies and efficiencies to be realized through effective collaboration, and better efficacy too. The landscape of collaboration to serve veterans has evolved significantly over the past several years, keeping pace with similar evolutions across the veteran sector. Collaborative activity – broadly defined – now touches a majority of American veterans. However, significant questions exist regarding the path forward for this collaborative activity, whether it can achieve its full potential of improving outcomes for veterans, and whether such activity can be sustained in the years ahead. This paper identifies several recommendations to better capitalize on the impressive developments to date, and sustain this community of practice as well. Future CNAS work will focus on the role that shared performance goals and outcomes measures can play in driving collaborative activity, as well as the ways that public-private-nonprofit partnerships can better work in practice to reduce barriers to collaboration.

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40. This assessment of collaborative activity was based on interviews, working group discussions, review of government documents, and documents and websites for the collaboratives themselves. Importantly, this research project did not audit the assertions or data contained in these documents and interviews. Consequently, this paper's count may be overly broad, giving credit to some organizations or collaboratives for aspirational language or intentions.

41. Note: Not depicted are Urban Honolulu (ranking 45th with a CBSA veteran population of over 87,000 veterans) and Anchorage, AK (ranking 100th with a CBSA veteran population of over 41,000).

42. According to the U.S. Census Bureau, a Core-Based Statistical Area (CBSA) "consist[s] of the county or counties or equivalent entities associated with at least one core (urbanized area or urban cluster) of at least 10,000 population, plus adjacent communities having a high degree of social and economic integration with the core as measured through commuting ties with the counties associated with the core. The general concept of a CBSA is that of a core area containing a substantial population nucleus, together with adjacent communities having a high degree of economic and social integration with that core." U.S. Census Bureau, "Geographic Terms and Concepts—Core Based Statistical Areas and Related Statistical Areas," https://www.census.gov/geo/reference/gtc/gtc_cbsa.html.

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