CLEARINGHOUSE
FOR MILITARY FAMILY READINESS

Improving Veterans' Access to Services Through Technical Assistance and Navigation Support:

Rapid Literature Review

Clearinghouse Technical Assistance Team

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Executive Summary

This rapid literature review was conducted in response to a request for information on technical assistance and navigation services for veterans, and this review examines whether these services improve veterans' access to and utilization of resources.

There is a wealth of services and programs available to veterans and their families across the United States and in Pennsylvania. However, these services tend to be fragmented and work in silos, which makes them difficult to negotiate (Gil-Rivas et al., 2017). Creating a service directory or "yellow-pages" resource can help local service providers and veterans identify available services; however, a service directory may not translate into increased access or use of services for veterans.

To improve access and use, barriers to accessing services should be addressed. Employing outreach specialists or navigators may decrease some of these barriers and improve service utilization. For example, rural veterans who were not actively receiving services from the United States Veterans Health Administration (VA) but who were receiving enhanced outreach services were significantly more likely to attend an appointment within 6 months of meeting with the outreach specialist than veterans in an administrative control group where support was not provided. Programs that use a navigator can also resolve requests for assistance quickly and efficiently. In 2018, 88% of requests received through PAServes were resolved successfully, and it took an average of 2.6 days for a client to be matched with a provider (Institute for Veterans and Military Families, 2019).

In addition, there is a proven need for technical assistance, navigation, or outreach services that facilitate the integration of veteran programs in Pennsylvania. In 2019, Pennsylvania 211 responded to more than 287,000 requests for assistance in accessing resources related to food, healthcare, housing and shelter, utilities payments, employment services, veteran services, and childcare and family services (2-1-1 counts, n.d.).

This report provides the following elements:

- A synthesis of the literature, including background information, barriers to accessing services, and information on navigation support;
- Information on programs that use navigators to improve access to and utilization of services; and
- An examination of additional programs of interest.

This rapid literature review provides a preliminary examination of the research. Thus, given the brief timeline, this report is not intended to serve as a comprehensive review of the literature, and the resources listed are not endorsed by the Clearinghouse for Military Family Readiness at Penn State. Rather, the resources are offered to assist you in making data-driven decisions.

Introduction

The Technical Assistance (TA) team at the Clearinghouse for Military Family Readiness at Penn State (Clearinghouse) conducted a brief, rapid literature review on the topic of technical assistance and navigation services for veterans and examined whether these services improve veterans' access to and utilization of resources. Research that examines this topic was identified by searching peer-reviewed journal articles and grey literature, and an emphasis was placed on research published between 2010 and 2020. Search queries included various combinations of the following terms: veteran, technical assistance, coaching, mentoring, navigation, community navigator, collective impact, person-centered, needs-service gap, value-based, improve, access, care, services, resources, and health.

Background

In 2018, there were 745,909 veterans living in Pennsylvania; 43% were between the ages of 18 and 64, and 57% were over 65 years old (Pennsylvania Center for Workforce Information & Analysis, 2020). These veterans are of both sexes and different ages, military and reintegration experiences, and socioeconomic statuses both pre- and post-military service, and they come from all Service branches. Just as their backgrounds vary greatly so do their service needs. The diverse service needs of United States veterans include mental health needs, employment, housing, benefits, transportation, lack of coordination of services, physical health, social support, finances, transitioning, substance use, and food insecurity (Perkins et al., 2017).

Barriers to Accessing Services

A review of veteran needs assessments identified the following as barriers to accessing services: awareness of services, eligibility restrictions, transportation issues, excessive paperwork, perception that services are of low-quality, confidentiality and stigma concerns, and a one-size-fits all approach (i.e., lack of tailored services) (Perkins et al., 2017). Veteran service providers in Virginia reported these concerns as barriers to utilizing services: transportation, economic hardship, and difficulty in navigating the

different services due to lack of coordination, knowledge deficits, and language (Dunkenberger et al., 2010).

As a large percentage of Pennsylvania veterans are over 65 years old, examining barriers to accessing services and service gaps identified by older adults is important. Older adults, especially those with multiple chronic health conditions or those experiencing long-term social conditions (e.g., poverty, poor housing), have barriers to accessing and utilizing health and social services (Valaitis et al., 2020). Primary care and social services providers of older adults with multiple chronic health conditions reported financial challenges, lack of affordable and accessible transportation, challenges with communication, and health literacy as challenges to service utilization (Valaitis et al., 2020). To help older adults overcome these barriers, system navigators or a navigation team are often employed by primary care offices. System navigators work to reduce barriers to care and facilitate continuity of care within primary care and the social-service systems.

To reduce barriers to accessing services for veterans, a centralized case management or resource center has been suggested (Dunkenberger et al., 2010; Perkins et al., 2017). Dunkenberger et al. (2010) recommends the case management center coordinate services across multiple domains and employ veterans with lived experiences as case managers. Additional recommendations to decrease barriers to accessing services include tailored systems of service, resource sharing at appropriate times (e.g., not giving veterans too much information at the time of transition), improving access to services, and streamlining healthcare related services (Perkins et al., 2017). Valaitis et al. (2017, 2020) suggest a system navigator may address many of these challenges and, in turn, increase the effectiveness of health and social-services systems use.

Using Navigators to Improve Veterans' Access to and Utilization of Services

Patient or client navigation programs are designed to increase equitable access to care and services. These programs seek to identify and resolve barriers to care by linking patients and their families to primary care services, specialty care, and community-based programs and by delivering a holistic program that is patient centered (Valaitis et al., 2017). There are multiple programs and services available to Pennsylvania veterans that can address their service needs. Unfortunately, many programs have their own participation requirements, contact information, hours, and wait times, which makes it difficult for veterans to navigate the different services on their own. Patient navigators, outreach specialists, or community-health navigators provide coaching and mentoring to

help clients (e.g. veterans) understand what services are available to them, help the veteran register or sign up for services, and assist in coordinating services so the client does not have to worry about the logistics or if he or she is eligible to access the services.

Navigators, when part of a comprehensive program, are able to assist clients in accessing services that address a wide range of service needs (i.e., housing, employment, individual and family support, money management, benefits, legal, social enrichment, healthcare) (Institute for Veterans and Military Families, 2018). These navigators can facilitate the integration of care to go beyond the veteran's immediate needs or concerns. For example, if a client calls a navigator and requests assistance in paying a utility bill, the navigator may coordinate and register the client for emergency utility assistance. In addition, the navigator may use the phone call to understand the factors that prompted the request. The navigator can then work with the client to address those underlying concerns. However, if the client accesses an online directory of services on his or her own, he or she may find information on emergency relief but will not have the added benefit of discussing and addressing the underlying causes that lead to the need for emergency utility assistance. Additional benefits for clients who participate in patient navigation programs may include improved health and wellness (e.g., reduced unmet health needs, improved mental health, reduced co-morbidities); increased self-efficacy or self-management; increased access to care; and the resolution of financial, employment, and health claims (Valaitis et al., 2017).

The need for a navigator to assist in coordination of services is evidenced by the high percentage of AmericaServes clients who have multiple service requests that span several service categories and the large number of requests serviced by Pennsylvania 211 (PA 211) in 2019 (2-1-1 counts, n.d.). In the case of AmericaServes, 44% of clients had multiple service requests, and 71% of those requests covered more than one service category (Institute for Veterans and Military Families, 2019).

Programs Using Navigators to Improve Veterans' Access to and Utilization of Services

This section provides information on two programs that use navigators or outreach specialists to improve veterans' access to and utilization of primary care and social-service programs: Alabama Veterans Rural Health Initiative and AmericaServes.

Alabama Veterans Rural Health Initiative

The Alabama Veterans Rural Health Initiative aims to reduce barriers to VA healthcare and enhance enrollment and engagement with VA healthcare services among rural

veterans. From 2008 through 2010, this Initiative tested a new outreach strategy called enhanced engagement and enrollment (EEE). This strategy intended to improve rural veterans' access to VA health services. The EEE outreach strategy was compared to the Administrative Outreach (AO) strategy, which was used as a control condition (Hilgeman et al., 2014). The initiative engaged veterans who had never used VA health services or who had not used the services within 2 years, and it was the first plan to examine EEE outreach strategies with veterans who were not currently engaged in VA services.

Veterans engaged in the EEE outreach strategy participated in motivational interviewing with an outreach counselor, watched a short video on VA health services, and were engaged in patient navigation support through the outreach counselor. The outreach counselor provided patient navigation support by helping the veteran complete enrollment paperwork and by submitting the paperwork to the VA facility of the veteran's choice. In the AO control condition, the outreach counselor did not provide any support or education, they gave the veterans who were never enrolled in VA services an enrollment packet and told them to fill it out on their own. For veterans who were previously enrolled in VA healthcare services, the outreach counselor gave the veteran the phone number to the VA facility, so the veteran could call and schedule an appointment.

Veterans participating in the EEE outreach group were significantly more likely to attend an appointment within 6 months of meeting with an outreach counselor than those who were assigned to the AO group (87% versus 58%, respectively). In addition, veterans participating in the EEE group had a substantially shorter time from intervention to first appointment. The average time from meeting with an outreach counselor to appointment was 28 days for the EEE group and 71 days for the AO group. Race did not affect the average time to attend an appointment in the EEE group; however, in the AO group, the average time to attend an appointment was significantly different by race. Black veterans took more than twice as long as White veterans to attend an appointment in the AO group (119 days versus 46 days, respectively) (Hilgeman et al., 2014).

AmericaServes

AmericaServes works to provide Service members, veterans, and military-connected families easy access to coordinated, comprehensive services. It does this by using the Collective Impact (CI) approach (Institute for Veterans and Military Families, 2018). CI was developed by Kania and Kramer in 2011 to resolve the problem of multiple organizations working on the same complex social issues in isolation (Mayan et al., 2020). CI is a tool, model, or framework that aims to achieve systems-level impacts in communities through managed collaborations (Christens & Inzeo, 2015). CI requires partners to follow five constructs: common agenda, shared measurement, mutually reinforcing activities, continuous communication, and backbone support (Mayan et al.,

2020). Backbone support means that infrastructure (e.g., dedicated staff) to support and coordinate the initiative exists outside of the partner organizations.

In the AmericaServes framework, the navigators are housed within the backbone support organization. Coordination of services by a navigator is an important component of AmericaServes as 44% of clients had two or more requests in 2018. Of those with two or more requests, 71% made requests across different service agencies (Institute for Veterans and Military Families, 2019). This outcome suggests the need for partnerships and coordination across social-service and healthcare agencies.

AmericaServes is currently working in 17 communities across 12 states to coordinate care and services that address the social determinants of health and improve the lives of veterans. In 2018, 72% of service requests were resolved successfully, which is up from 69% in 2018-2017 (Institute for Veterans and Military Families, 2019). One of those communities currently partnering with AmericaServes is the Greater Pittsburgh area of Pennsylvania. More information on PAServes of Greater Pittsburgh is provided in the section below.

To learn more about AmericaServes, please visit https://americaserves.org/.

Pennsylvania Initiatives Using Navigators to Improve Residents' Access to and Utilization of Services

The TA team conducted a rapid review of publicly available resources to identify initiatives in Pennsylvania that use navigators to provide person-centered, individualized assistance to combat the social determinants of health and improve health outcomes across Pennsylvania. One initiative that specifically serves veterans was identified: PAServes of Greater Pittsburgh. Two initiatives were identified that serve all Pennsylvania residents including veterans: PA 211 and the development of a Resource and Referral Tool to improve health outcomes of Pennsylvania residents. More details on each of these programs are provided below.

Initiatives Serving Veterans

PAServes of Greater Pittsburgh

PAServes of Greater Pittsburgh (PAServes) is part of the AmericaServes network. PAServes brings together service providers from Allegheny, Westmoreland, and Butler Counties to provide coordinated care to veterans and their families in the Greater Pittsburgh area. Providers specialize in a wide range of services such as healthcare, legal services, family support, and housing. From 2015 - 2018, PAServes responded to nearly

7,500 requests for assistance from 3,540 clients (Institute for Veterans and Military Families, 2019). In 2018, 88% of requests were resolved, and it took an average of 2.6 days for a client to be matched with a provider (Institute for Veterans and Military Families, 2019). In addition to providing navigation services, PAServes provides a searchable list of partners on their website.

To learn more, please visit https://pittsburgh.americaserves.org/.

Initiatives Serving All Pennsylvania Residents

Pennsylvania 211

PA 211 connects residents to resources in their community using resource specialists. The resource specialists are trained to listen and ask questions to help identify and address the root causes of a client's problem. This allows the resource specialists to connect the client to a wide range of resources. Many times this includes connecting the client to resources that go beyond the immediate need that prompted the call or text (United Way of Pennsylvania, 2020). In 2019, PA 211 responded to more than 287,000 requests for assistance in accessing resources related to food, healthcare, housing and shelter, utilities payment, employment services, veteran services, and childcare and family services (2-1-1 counts, n.d.). PA 211 is currently involved in PAServes of Greater Pittsburgh and working to provide services to veterans in Pennsylvania.

To learn more, please visit www.pa211.org/.

Resource and Referral Tool to Improve Health Outcomes of Pennsylvania Residents

In a press release issued on July 8, 2020, the Pennsylvania Department of Human Services announced a Request for Expressions of Interest in the development of a Resource and Referral Tool to address the social determinants of health and improve health outcomes for all Pennsylvania residents. According to the press release, the tool will serve as a care coordination system for providers and an access point for residents. The intended tool will include a closed-loop referral system and help Pennsylvanians find and access the services they need to achieve overall health and well-being. According to the press release, "By looking at critical social determinants of health, including employment, childcare, transportation, food security, access to health care, and housing stability, the Commonwealth and all network organizations can help individuals achieve better long-term health outcomes and maximize the impact of health care dollars."(Pennsylvania Department of Human Services, 2020)

The press release can be accessed at www.media.pa.gov/pages/DHS_details.aspx?newsid=565.

Additional Programs of Interest

The TA team identified three additional programs of interest: Northwest Pennsylvania Veteran Suicide Prevention Program, The Veteran Family Transition Program, and PA VETConnect. Details on each of these programs are provided below.

Northwest Pennsylvania Veteran Suicide Prevention Program

In a press release issued on September 29, 2020, the University of Pittsburgh Program Evaluation and Research Unit (PERU), in partnership with the Pennsylvania Department of Human Services and Department of Military and Veterans Affairs, announced the receipt of a cooperative agreement from the Centers for Disease Control and Prevention (CDC). The cooperative agreement will focus on creating, implementing, and evaluating the Northwest Pennsylvania Veteran Suicide Prevention Program. PERU has partnered with Pennsylvania Departments of Health, Drug and Alcohol Programs, PA Commission on Crime and Delinquency, University of Pittsburgh Medical Center, U.S. Department of Veterans Affairs, CDC, and mental health administrators in 15 counties (i.e., Erie, Warren, McKean, Crawford, Forest, Elk, Clearfield, Jefferson, Armstrong, Clarion, Butler, Venango, Mercer, Lawrence, and Beaver) –to implement and evaluate a comprehensive suicide prevention approach.

The press release can be accessed at www.media.pa.gov/Pages/Military-and-Veteran-Affairs-Details.aspx?newsid=462.

The Veteran Family Transition Program

The Veteran Family Transition (VFT) program is part of the Veteran Spouse Network at the Institute for Military and Veteran Family Wellness, University of Texas at Austin. The VFT program provides peer navigation and support to spouses and partners of transitioning Service members and veterans and their families who live in Texas. The program assists transitioning families by helping them identify their unique needs through an assessment of goals, creating a transition plan, connecting the family to local services and resources, and following up with the family for 6 to 12 months.

To learn more, please visit http://sites.utexas.edu/vsn/vftp/

PA VETConnect

PA VETConnect is a regional outreach initiative by the Pennsylvania Department of Military and Veterans Affairs. PA VETConnect uses a resource database that contains information on programs currently serving Pennsylvania veterans. The resource database is available to County Directors of Veterans Affairs, Veteran Service Officers and Specialists, and other veteran advocates to help coordinate services for veterans. As

of June 2020, there were over 1,400 resources within the resource database that provide a service to veterans, their families, or surviving spouses (Pennsylvania Department of Military and Veterans Affairs, n.d.).

Recommendations

Multiple programs and services are available to Pennsylvania veterans to address their service needs. Unfortunately, many programs have their own participation requirements, contact information, hours, and wait times. The varying requirements and eligibility for services creates an additional barrier for veterans with complex needs. The creation of a service directory or "yellow-pages" resource may help local service providers and veterans identify available services, but this directory may not translate into increased access or use of services for veterans. The following list of recommendations may be used to inform planning efforts towards increasing the use of veteran's services:

- To understand the needs of Pennsylvania veterans and what initiatives already exist in the commonwealth, conduct a needs and resource assessment, if not already completed. The information provided in this report can be used as a starting point to identify current initiatives; however, the information contained in this document is not intended to be comprehensive.
- After identifying current initiatives in Pennsylvania with similar goals, consider creating a coalition or partnership that works to create a centralized case management or resource center for veterans and service providers.
- Consider employing navigators or outreach specialists to assist veterans in navigating the available resources. Navigators can provide coaching and mentoring to help veterans understand what services are available to them, help veterans register or sign up for services, and assist in coordinating services for veterans.
- Explore the possibility of using a peer-to-peer approach and employing Pennsylvania veterans as navigators.
- As with all programs, include the intended recipients of the program (i.e. Pennsylvania veterans) from the planning through the implementation and evaluation phases of the program to ensure equitable practices and greater stakeholder engagement.

Additional Assistance

The TA specialists at the Clearinghouse provide support to professionals as they examine and make informed decisions about which programs fit specific situations and are worth the investment. Whether connecting one with the resources and tools to conduct a needs

assessment in a specific community, suggesting the best evidence-based program or practice for a certain situation, or developing an evaluation plan, the TA team of experts is a call or email away.

Please visit the Clearinghouse's website at www.militaryfamilies.psu.edu or call 1-877-382-9185 to speak with a TA specialist.

Suggested Citation

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