A new Heinz Endowments–funded study is underway to determine the impacts of the PAServes care network and the Veterans Affairs health system—separately and together—on veterans and their families as they transition to civilian life. By Julia Fraser

military to civilian care

Every day those serving in combat zones face risk, uncertainty and peril. A stadium of fans at a baseball game stand and applaud those contributions, a neighbor says "thank you for your service," but for many returning service members, hardships await back home.

Waves of transition challenges hit returning service members and veterans: a new career, housing, medical care, transportation. But even more than finding a job, a 2014 study by Syracuse University's D'Aniello Institute for Veterans and Military Families (IVMF), found that the most significant challenge was navigating the many fragmented resources in the community available to help these returning veterans and their families. This finding sparked change.

"The main thing we needed was someone to own providing services," said Gilly Cantor, director of evaluation and capacity building at IVMF. "We needed a backbone organization in the middle that we call a coordination center to manage referrals across all of the organizations that are willing to participate."

PAServes is one of 18 AmericaServes network locations that help military personnel veterans and their families connect with health and social service providers. It launched as the backbone of a regional coordinated support network in October 2015 with a $300,000 grant from The Heinz Endowments to help establish the network. Since then, PAServes has helped more than 10,000 veterans, providing guidance and referrals to those seeking assistance in 30 counties across Pennsylvania, New York and Ohio, and connecting veterans to three Department of Veterans Affairs (VA) health systems.

The needs of returning veterans haven't changed, but the expansion of the care coordination by PAServes has tapped into veterans who haven't historically connected with their local VA. Starting in October 2023, a major study funded by The Heinz Endowments began digging into the health care outcomes and costs for those who used PAServes and the region's VA medical centers. The results of the study will quantify the impact of the program, shedding light on how veterans fare after receiving care and offering a better understanding of how health care and human services organizations should evolve to work together.

The backbone process

The work of PAServes is set in motion when veterans contact the support network and are paired with staff who make the calls and connect them to the resources they need and then follow up to see if they received help. Veterans Leadership Program, an organization that provides services to veterans and their families, arranges the care connections for PAServes with the help of a single technology platform that helps staff match a veteran's needs with participating organizations, from the Pittsburgh Veterans Affairs Healthcare System to ACTION-Housing, a nonprofit developer focused on providing affordable housing.

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In Western Pennsylvania, benefits navigation remains the top need for veterans who contact PAServes, followed by clothing and household goods and income support. The median time it takes the program to match veterans to providers is 18 hours after a referral, according to Megan Andros, director of The Heinz Endowments' Veterans program.

A key factor in PAServes' success is its partnership with the Department of Veterans Affairs.

PAServes has been a boon for social workers who interact with veterans every day. PAServes' online referral system allows social workers to make a referral to PAServes, and then the network coordinates the process to meet a veteran's needs from multiple local agencies at once, instead of calling each agency individually. This has allowed the social workers to address their patients' non-health-related needs more quickly and accurately.

"The PAServes electronic system facilitates a collaborative effort between the VA social worker and the PAServes coordinator who are helping the veteran," said Laura Akers, social work supervisor at VA Pittsburgh Healthcare System. "This presents a great opportunity to maximize all supports that may be available through both the VA and community providers."

A recent study of PAServes showed that the program provides a critical connection for populations of veterans who traditionally are less likely to receive health care services at the VA, including women and Black veterans. Of the veterans in the region who used both PAServes and the regional VA Medical Center, 30.5 percent were Black and 16 percent were women. These populations make up a smaller slice of those who only use the regional VA Medical Center, where 8.6 percent of the population served were Black and 7 percent were women.

"For whatever reason, female veterans feel comfortable coming to PAServes," Ms. Cantor said. "These are people the VA is trying to reach."

The scope of care

PAServes stands apart from other health networks by providing "the whole scope of care," according to Michelle Shumate, research professor and director of the Network for Nonprofit and Social Impact at Northwestern University. PAServes was among the first programs that she was aware of that connected people with services and tracked them in what's called a closed loop referral system.

"[One of] the best things that were available eight years ago was a resource directory — maybe it's a pdf, maybe it's on a website — early 2-1-1," Ms. Shumate said. "And they don't make the call for you. The idea of being more concierge and

PASERVES: RESPONDING TO NEEDS

10.8K unique clients

31.3K service requests

SINCE 2015, 10,800 CLIENT INQUIRIES TO PASERVES HAVE RESULTED IN 31,300 SERVICE REQUESTS, AN AVERAGE OF 3 RESOURCE CONNECTIONS PER CLIENT.

THE MEDIAN TIME TO MATCH A CLIENT TO A RESOURCE IS 18 HOURS.

18 hours

87% success rate

87% OF 31,300 SERVICE REQUESTS WERE SUCCESSFULLY FULFILLED.

Source: Syracuse University's Institute for Veterans and Military Families.

shepherding a referral all the way through completion and following up was absolutely not done. This was a brand-new idea. This was an innovation."

The most widely known referral system is still 2-1-1 — a phone number used to reach information on health and human services organizations. But only 36 percent of 2-1-1 callers received assistance from the referral, according to a 2016 study of 2-1-1 in Missouri published in the Journal of Social Service Research. For the people who contact PAServes, 87 percent of them were able to get the service they needed from the referral, according to data from PAServes and the VA.

State government agencies and nonprofits outside of Pennsylvania and the veteran community have taken note of the PAServes model as a potential way to address entwined public health needs in their communities.

"A lot of people are peeking over the fence and asking, 'Is this scalable? What can we do?'" Ms. Schumate said. "'Is this a model we could do statewide?'"

Centers for Medicare and Medicaid Services in Ohio, Arizona and North Carolina have technology that would allow for this type of service coordination, according to Ms. Schumate. "They're trying to figure out how did they do this? What's the human element to this? Because the technology itself won't get you there," she said.

Meanwhile, PAServes has expanded across the region, partnering with the Butler and Erie VAs. A big part of the expansion is due to two $750,000 grants through the U.S. Department of Veterans Affairs' Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program.

Veterans are 1.5 times more likely to die by suicide than nonveteran adults, according to the American Psychological Association. Financial hardship, housing insecurity, isolation, and underlying mental or physical health conditions are some of the leading risk factors for suicide, according to the Centers for Disease Control and Prevention. The CDC's findings, along with studies published in journals such as Archives of Suicide Research and the Journal of General Internal Medicine, show that suicidal risk among veterans does not come only with mental health diagnoses, as some have believed. Instead, social and economic factors strongly influence suicidal fantasies and suicide attempts, even after adjusting for mental health issues.

"These are factors that vets are dealing with every day," said Aaron Melius, team leader at PAServes. "It's a chance to alleviate that need at a time when they are most vulnerable. It's going to play a huge role in the suicide prevention work that this community is doing — to have options to meet those needs and not have to call 44 organizations and be told no. We take on that burden. I know that it plays a big role in the reduction of suicide among veterans in Western Pennsylvania."

Measuring the impact

A better understanding of the impact of the program on the health outcomes of veterans will emerge from the Endowments-funded study that launched in October. It will compare those who used PAServes and the VA with those who just used the VA's services, between 2018 and 2020.

"We don't know whether connecting with PAServes reduces things like emergency room visits or hospitalizations, or increases use of important preventive services, like primary care or mental health care," said Leslie Hausmann, a researcher at the Center for Health Equity Research and Promotion housed within the VA Pittsburgh Healthcare System, who leads the study. "The new study will examine these possibilities."

The study will also explore if receiving support through PAServes is similar across racial and gender groups. This new research could provide data showing what is or isn't working to improve the health of the vulnerable populations of veterans.

"We're trying to demonstrate to the VA through completely evidenced-informed and data-backed findings that these approaches can work and under what conditions they do work, so we can move the needle on policy and help make this more common across the country," Ms. Cantor said. "Can we objectively say someone is getting better or not? Is it saving money and time for the VA to have this approach? Are there cost savings to the health system?"

The overlap between PAServes and VA Medical Center patients shows the flow of people through the veteran assistance community — from a human services system to a health care system and back. This new research could help quantify its value and show its worth in ways that can go beyond veteran support, Ms. Andros explained.

"What we're learning is how health care and health and human services organizations should be collaborating to make sure there isn't a wrong front door," Ms. Andros said. "A person who shows up in a doctor's office and needs food. We can get them food now, and we know that we got them food. A person who shows up at a food organization that needs health care, we can get them there. We know how to do that now."

This means the model can serve non-veterans in the community, but if such a move is made, there are bigger questions that have yet to be answered, Ms. Andros added. "What are the policy implications of that? And who's the responsible party? Who pays for it?" h