

**S** Syracuse University

D'Aniello Institute for  
Veterans & Military Families

JPMorgan Chase & Co., Founding Partner

# Collaboration In Context: The Present and Future of Coordinated Care for New Mexico's Military-Connected Population

Prepared by the D'Aniello Institute for Veterans and Military Families

# Agenda

1 Project Overview and Purpose

2 Methodology

3 Results and Findings

4 Recommendations

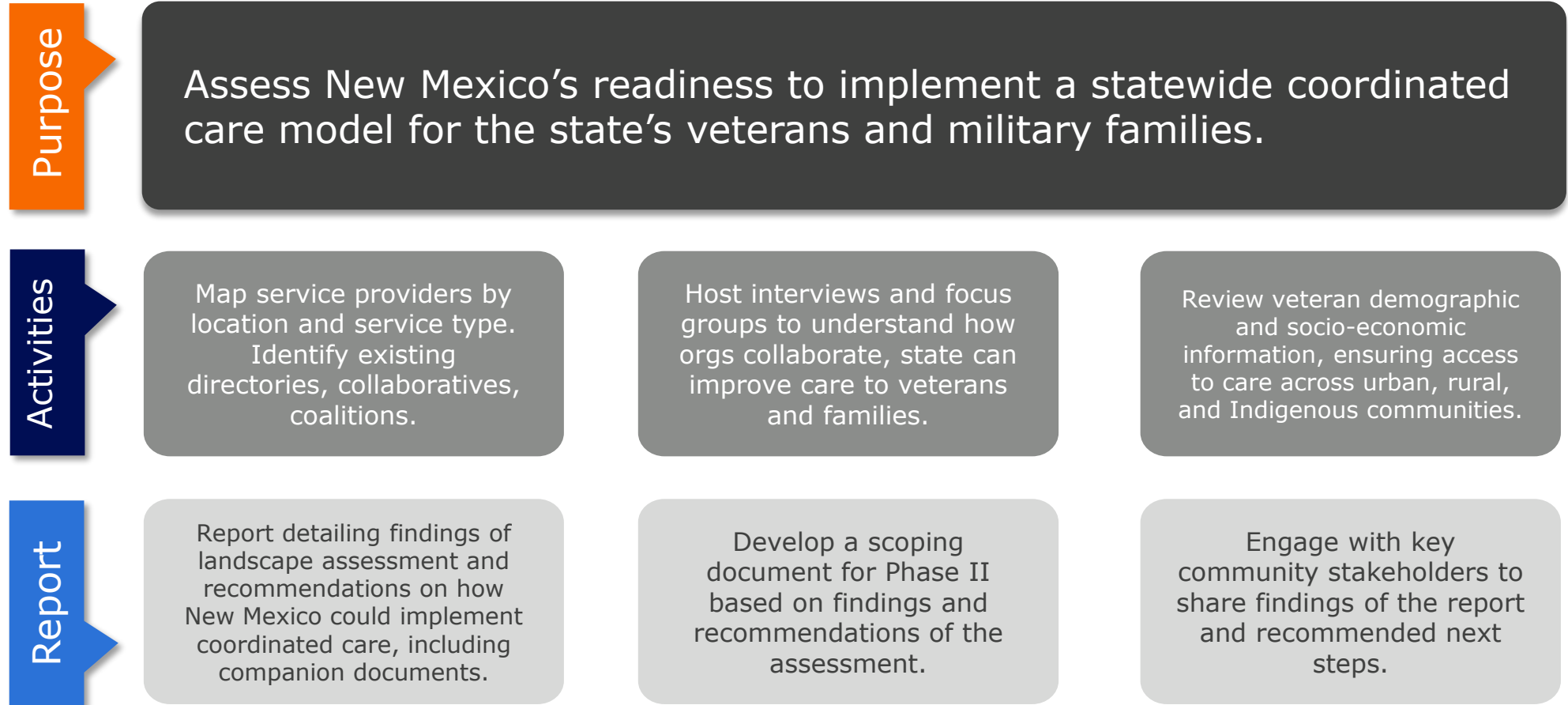
5 Questions and Discussion



# Project Overview and Purpose



# Landscape Assessment Project Overview



# Methodology



# Methodology

## Region-County Analysis

- Statewide research activities and analysis was conducted through a regional and county-based analysis
- Regions were extrapolated from groupings created by the Dept of Tourism and used to target focus groups:
  - **Central (Albuquerque)**
  - **North Central (Santa Fe)**
  - **Northwest (Farmington)**
  - **Northeast (Las Vegas)**
  - **Southwest (Las Cruces, Truth or Consequences)**
  - **Southeast (Clovis)**

## Demographic, Provider, and Rurality Analyses

- Demographic analysis examined distribution of veterans and nonveterans across the state
- Rurality analysis leveraged Index of Relative Rurality to enhance understanding of the rural experience in the state
- Provider analysis examined distribution of organizations and their reported resources across the state (both veteran serving and general population)

## Sampling Strategy

- Constructed using a purposive sampling strategy
- Identified key stakeholder groups:
  - **Native/Indigenous communities**
  - **State government entities**
  - **VA entities**
  - **Non-profits serving military-connected community**
- Consulted quantitative data sources
- Snowball sampled seed organizations

## Quantitative Analysis

- Examined data from:
  - **U.S Census Bureau**
  - **U.S Internal Revenue Service**
  - **Resource Directories:**
    - *2-1-1 of Northern New Mexico*
    - *2-1-1 United Way of North Central New Mexico*
    - *ABQ Coordinated Resource Guide - Veteran*
    - *FindHelp*
    - *New Mexico Aging & Disability Resource Center*
    - *Santa Fe County Resource Directory*
    - *United Way of Central New Mexico*
    - *SHARE New Mexico*

## Qualitative Analysis

- Examined findings from survey responses, stakeholder interviews and focus groups:
  - **75 individuals**
  - **41 organizations represented**
- Survey was distributed to entire sampling frame and snowball contacts
- Focus groups were advertised to sampling frame and snowball contacts
- Interviewees were selected for more intensive conversations

# Results and Findings



# Demographics Takeaways

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1. *Around **9% of New Mexicans are veterans** and their demographic backgrounds reflect the diversity of New Mexican cultures*
  2. *New Mexican **civilians closely intertwine** with the military-connected population*
  3. *New Mexican veterans tend to **live near urban cores** but also **spread across rural areas***
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# Provider Landscape Takeaways

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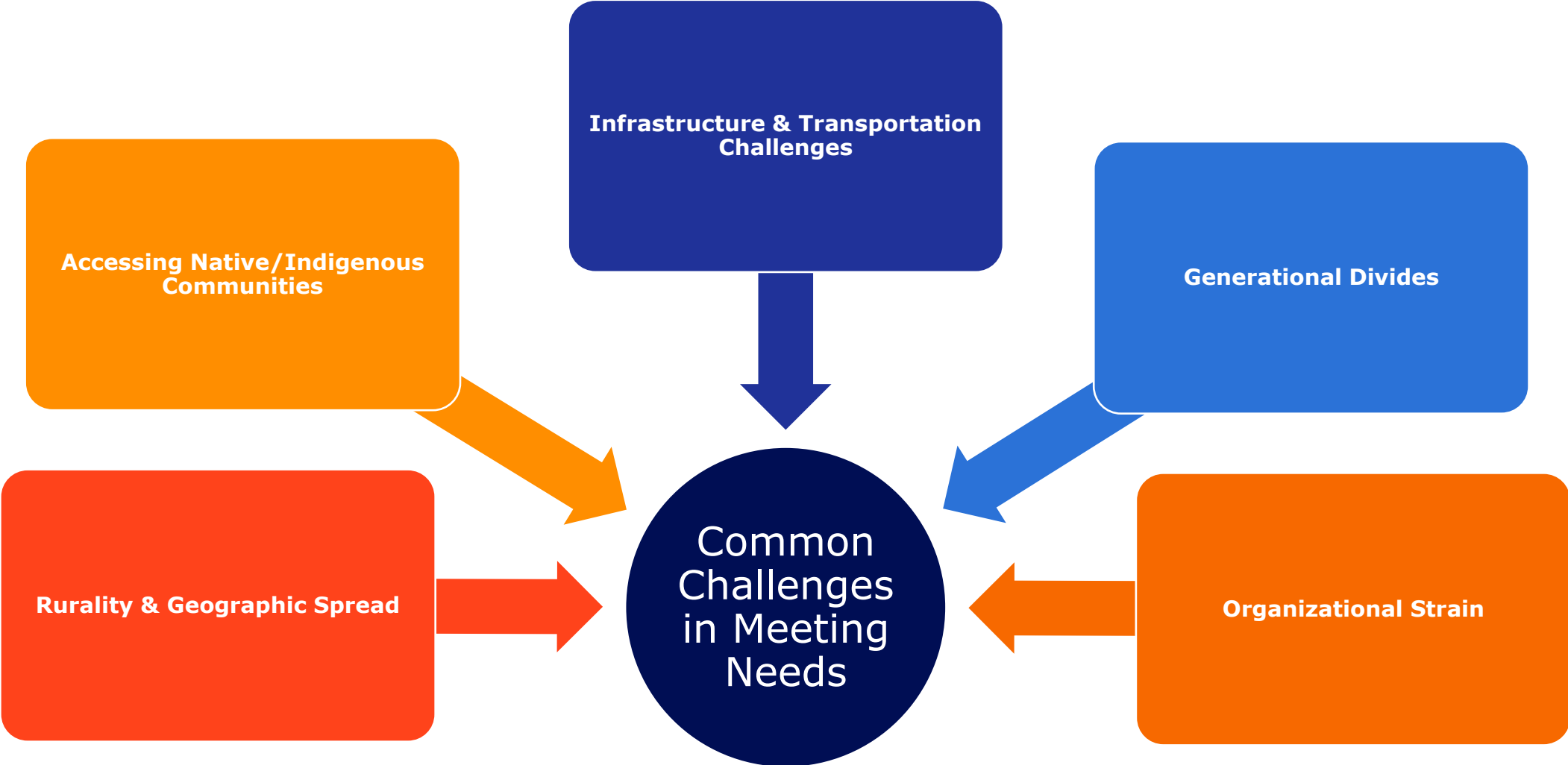
1. *Most organizations and resources are **concentrated in more urban areas of the state***
  2. *Concentration of veteran/military serving organizations and resources **aligns with concentration of overall population***
  3. *Availability of resources in more rural areas **does not necessarily align with the concentration of veterans** in those areas*
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# Veteran Needs Findings

Common & Critical Needs

- Financial Assistance
- Housing
- Mental & Behavioral Health
- Substance Use
- Physical Health & Medical Care
- Transportation

# Veteran Needs Findings



# Veteran Needs Takeaways

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1. *Root causes of unmet veteran needs are part of a **tangle of social, economic, and geographic issues***
  2. *The **distribution of resources skews away from rural areas** and creates challenges in opening greater access to services*
  3. *A **lack of veteran knowledge on navigating benefits and available services** hinders access*
  4. *Persistent **supply and demand issues in service delivery** creates great strain on providers and organizations*
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# Current Coordination Findings

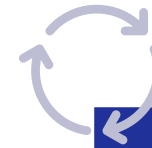
## Collaborative Activities



- Information sharing
- Joint outreach
- Networking



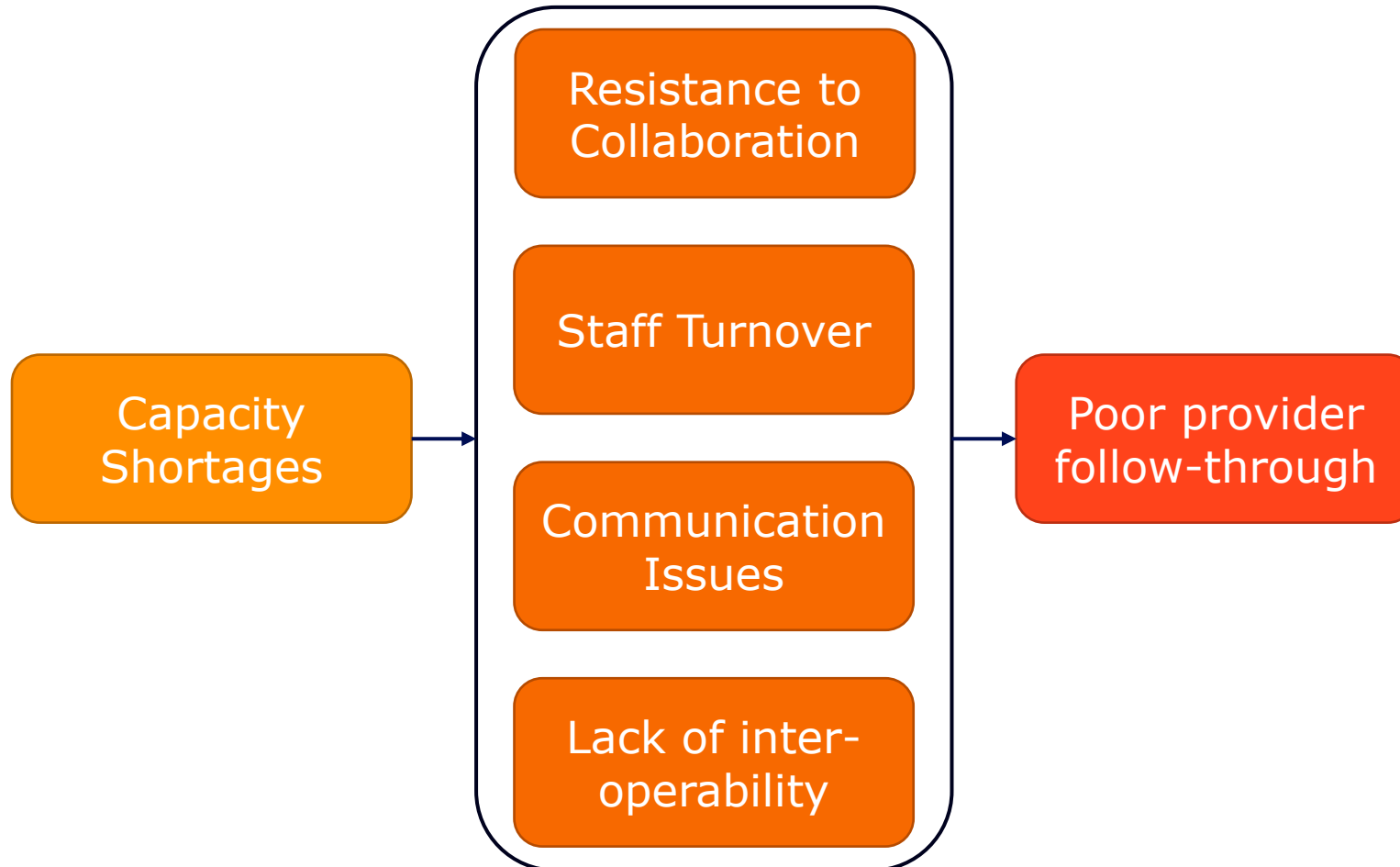
- Forming collaboratives
- Co-programming



- Strategic planning
- System alignment

# Current Coordination Findings

## Collaborative Challenges



Discussions with providers across New Mexico suggest that **poor follow-through is a symptom** rather than a cause of a misaligned system

Poor provider follow-through describes acts by a provider that lead to a client not receiving services (ex: not referring a client, not responding to a client, dropping a client)

# Current Coordination Takeaways

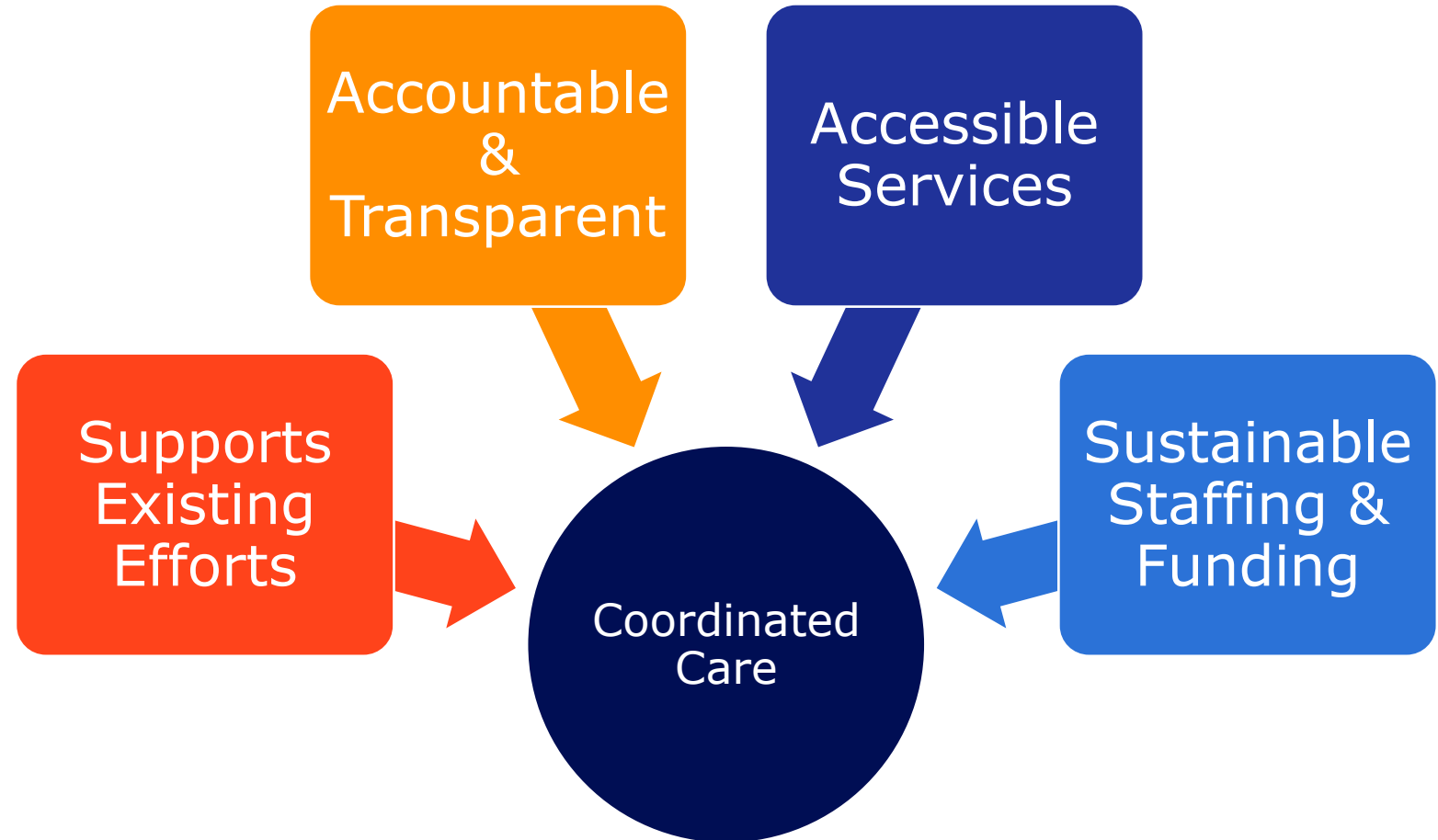
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1. *Environmental pressures across levels of society are **necessitating collaboration***
  2. *Providers are **engaging in diverse activities** to support the military-connected collaboration, but **transformative efforts are hard***
  3. *A pattern of **poor follow-through is a symptom** of the care system rather than a root cause of its shortcomings*
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# Future State Findings

## Values & Ideals

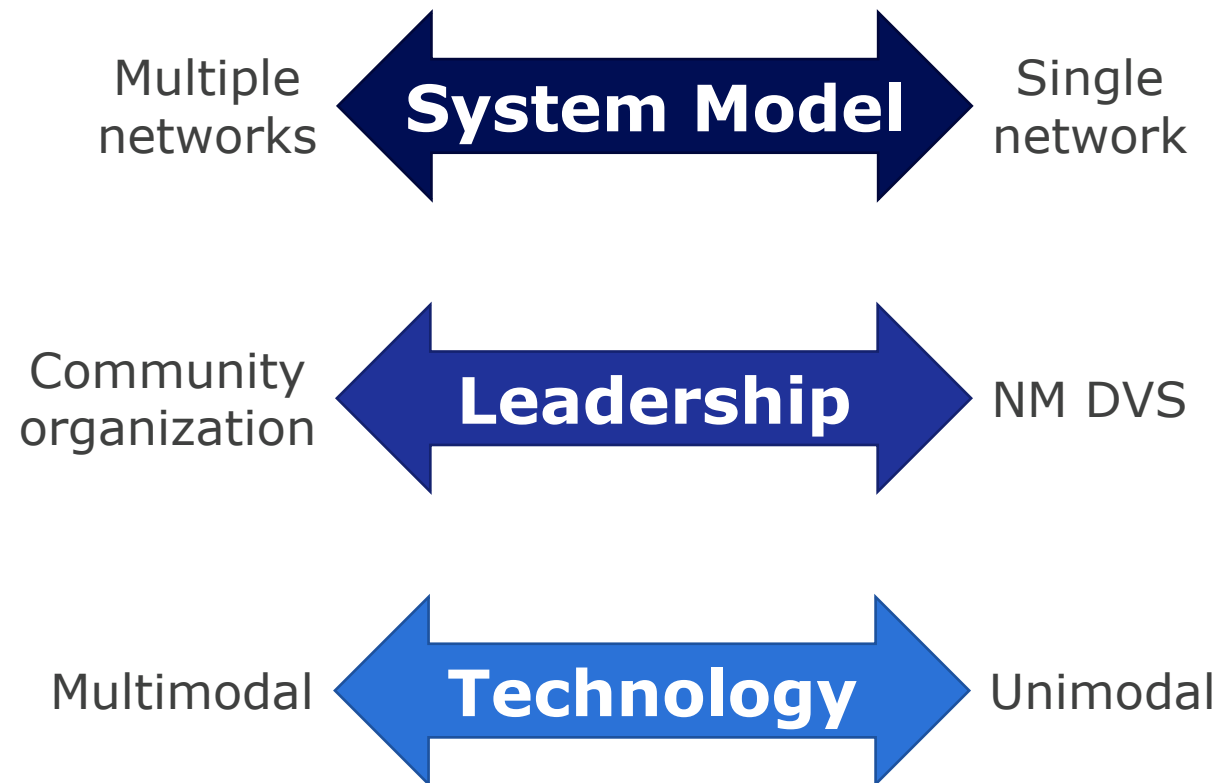
Discussions during focus groups and interviews revealed **four values** that providers wanted to see **reflected in the design of any future coordinated care system** for New Mexico





# Future State Findings

## Implementation Tensions



Participants identified **three issues** they perceived would **require a decision** by the party responsible for implementing coordinated care

Notably, these issues embody tensions that likely involve **mutually exclusive choices**

# Future State Takeaways

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1. Providers named **four ideals** a future coordinated care system should embody
  2. There are at least **three mutually exclusive decision points** that affect the design of the system
  3. Facilitating **adoption** of a future system **will require multiple angles and approaches**
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# Recommendations



# Summary of Recommendations

## Implement a Community Design and Planning Phase

1. Hold listening sessions with community stakeholders
  - Consider models to meet the community context
  - Explore network leadership options
2. Involve key institutional stakeholders to inform design and sustainability
3. Develop roadmap for implementation of collaborative models across New Mexico

## Use Data to Address Shortages in Services

1. Acknowledge boundaries of coordinated care
  - Coordinated care networks reflect the gaps that exist in communities
  - Community providers should be aware
2. Create data sharing pathways
  - Data on resource shortages can inform key decision-makers for investment

# Questions and Discussion





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# Appendix



# D'Aniello Institute for Veterans and Military Families at Syracuse University



## Mission

To empower service members, veterans, and their families through actionable research, innovative programs, and insightful analytics.

Since 2011, **170,000+** transitioning service members, veterans, and military families have been impacted by IVMF programs.

"I believe Syracuse University must once again become the best place for veterans. We have the capacity, we have the opportunity, to be the best in the world at providing opportunity and empowerment to the veterans of our armed forces and their families."

**–Chancellor Syverud**



# IVMF Pillars

## RESEARCH & ANALYTICS

- Original Research
- Policy Analysis
- Third-Party Assessment
- Program Evaluation
- Needs Assessment
- Data Visualization

## CAREER TRAINING

- Transition Counseling
- Vocational Assessment
- Skills-Bridge Programming
- Credentialing/Certification
- Employer Engagement
- Professional Development

## ENTREPRENEURSHIP

- Education & Training
- Needs Assessment
- Technical Assistance
- Network Development
- Micro-Funding
- Advocacy
- Corporate Development

## COMMUNITY SERVICES

- Landscape Assessment
- Best Practice Sharing
- Provider Education & Engagement
- Network Strategy & Operations
- Analytics
- Funding Solutions

# Coordinated Care - Funding Models



## North Carolina

- Two NCServes networks covering all 100 counties
- NC Department of Health & Human Services currently supporting both NCServes and a broader coordinated care initiative serving the general population



## Rhode Island

- Network operated at the state level out of the Department of Veterans and Military Services
- New efforts out of State DHS to offer coordinated care model for broader population



## New York

- VetConnectNYC: Network funded and operated by NYC as a program of Department of Veterans' Services
- 360 Collaborative Network: NYServes-Upstate merged with another network in Greater Rochester serving the general population



## Texas

- RFA issued by the Texas Workforce Commission for care coordination with statewide coverage - awards to two organizations
- IVMF partnering with one awardee, Combined Arms, to support coverage across the northern two-thirds of the state