

Supporting our region's veterans

Assessing the network of services
available for post-9/11 veterans and their
families in Northern Virginia



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Introduction

Background

The Community Foundation for Northern Virginia (the “Community Foundation”) is a public charity that works with local donors to grow philanthropy to help meet the region’s social service needs. The Community Foundation’s grants support poverty relief, child and youth development, education, health, mental health and aging, and services targeted at military personnel and their families. In FY12, the Community Foundation awarded nearly \$2 million in grants to nonprofits, interfaith groups, and schools.¹

The United Way of the National Capital Area serves as a unifying force in the greater Washington D.C. region, bringing together businesses, individuals, government agencies, and social service organizations who want to help those most in need. The United Way of the National Capital Area is a partner to more than 730 nonprofit organizations that are investing their time and talents in solving critical problems, including challenges facing Northern Virginia (NOVA) veterans and their families.

As part of their work, the Community Foundation and the United Way of the National Capital Area seek to better understand the specific needs of NOVA’s Iraq and Afghanistan war veterans (also referred to as “post-9/11 veterans” and used interchangeably in this report).

The Iraq and Afghanistan wars have been the “longest sustained U.S. military operations since the Vietnam era,” sending more than 2.2 million troops into battle and resulting in more than 6,600 deaths and 48,000 injuries as of December 2012.² According to a recent study by the Institute of Medicine, common challenges that Iraq and Afghanistan veterans face when reintegrating into civilian society, include:

- Healthcare: Physical and mental health problems as a result of military service
- Employment and education: Unemployment, underemployment, and limited educational access
- Housing and homelessness: Lack of adequate housing support and higher rates of homelessness
- Families and caregivers: Difficulty reintegrating into family life and family member-specific needs
- Barriers to accessing existing care: Issues of awareness, stigma of seeking out care, and physical access to care, such as transportation³

¹ Community Foundation for Northern Virginia. “2011–2012 Annual Report: A Year of Connection,” 2012. http://www.cfnova.org/images/content/publications/CFNOVA_AR2012_Final.pdf

² Institute of Medicine. “Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families.” The National Academies Press, 2013. <http://www.nap.edu/openbook.php?record_id=13499>

³ Ibid.

While U.S. veterans have historically faced similar challenges, the Iraq and Afghanistan conflicts have produced different and often more acute needs than in previous conflicts.⁴ The unique features of these conflicts have resulted in special transition needs for veterans, described below.

- **Unique medical conditions:** While posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) are not new, data suggests they are more common among returning Iraq and Afghanistan veterans. RAND reports that 18.5% of a representative sample of returning service members met the diagnostic criteria for PTSD or depression, 19.5% reported a probable TBI during deployment, and 7% met the criteria for a mental health problem and TBI.⁵ In a recent Pew survey, 37% of Iraq and Afghanistan veterans said they think they have suffered from PTSD, compared to 16% from pre-9/11 veterans.⁶
- **Extended, multiple deployments:** Multiple studies and media coverage have drawn attention to the potential exacerbating impact of multiple deployments on returning veterans and their families. As of 2010, more than 43.2% of post-9/11 veterans were deployed multiple times and those with two or more deployments averaged 16.9 months across all deployments combined.⁷
- **Higher survivability:** Advances in medical care have resulted in higher rates of injury per casualty. As of May 2013, approximately 50,806 veterans were wounded in action or 7.6 for each military casualty, compared to a ratio of 3.2 per casualty for Vietnam and 2.3 for World War II.⁸ While the increased survivability of veterans is unquestionably a positive development, it changes the landscape of post combat support and rehabilitation services needed.

The desire to meet the unique needs of these returning service men and women is strong among the American public – but an understanding of just how to provide that support may be lacking. A recent survey noted that helping returning Iraq and Afghanistan veterans was respondents' primary concern when compared to a list of nine other leading social causes.⁹ At the same time, the same Pew survey referenced above found that 71% of civilians and 78% of veterans say the public has little to no understanding of the problems faced by those in the military.¹⁰

Creating a complete picture of the demographics and needs of local veterans and their families – as well as the types of services currently available – is critical in creating a strong, connected, and well-coordinated web of support services in NOVA.

⁴ Tanielian, Terri and Lisa Jaycox, "Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery," 2008.

<http://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf>

⁵ Ibid

⁶ Pew Research Center, "War and Sacrifice in the Post-9/11 Era, The Military-Civilian Gap," 2011.
<<http://www.pewsocialtrends.org/2011/12/08/the-difficult-transition-from-military-to-civilian-life/>>

⁷ Institute of Medicine. "Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families." The National Academies Press, 2013.
<http://www.nap.edu/openbook.php?record_id=13499>

⁸ Department of Defense, "Casualty Status," 2013. <<http://www.defense.gov/news/casualty.pdf>>

⁹ Major Christopher Manglicmot et al., "Menu of Initiatives," Feb. 20, 2012.
<http://es.easterseals.com/site/DocServer/Menu_of_Initiatives_20Feb2012.pdf?docID=153081>

¹⁰ Pew Research Center, "War and Sacrifice in the Post-9/11 Era, The Military-Civilian Gap," 2011.
<<http://www.pewsocialtrends.org/2011/12/08/the-difficult-transition-from-military-to-civilian-life/>>

Executive Summary

Just across the river from our nation's capital, NOVA is home to countless icons representing the history of warfare in the United States and the sacrifices that have been made for our freedoms. From Arlington National Cemetery, to the Marine Corps War Memorial, to the United States Air Force Memorial, to the 9/11 Pentagon Memorial, to the Pentagon itself, these landmarks draw millions¹¹ of visitors each year and provide places for Americans to publicly mourn, celebrate, and remember our service men and women.

Less public, however, are the thousands of veterans and their families living in NOVA and the Washington, D.C. metropolitan area who are restarting their civilian lives after serving multiple tours in Iraq and Afghanistan. According to the US Census Bureau's American Community Survey (ACS), NOVA is home more than 35,000 that have served since 2001.¹² Indeed, Virginia has the highest Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) veteran ratio of all 50 states.¹³

Dozens of local organizations have risen to the challenge of supporting NOVA's post-9/11 veterans. These organizations deliver a range of interventions from financial counseling, to job training, to mental health services. It is clear that a wide array of support is available. What is less clear is exactly **what** those needs are and **how** local organizations are working collectively to address them.

In an effort to better understand this landscape, the Community Foundation – in partnership with the United Way of the National Capital Area and with the support of Deloitte – developed this report to gain a more in-depth understanding of NOVA's veteran support landscape. This report is intended to provide the Community Foundation and other local community-based organizations with the insights needed to strategically target and coordinate grant dollars toward the greatest needs.

Key findings

NOVA has a wide network of non-profit and community-based organizations committed to improving the lives of post-9/11 veterans and their families – at least 74 providers, not including the Department of Veterans Affairs (VA), providing services in nine categories based on analysis of the National Resource Directory but most likely many more.¹⁴ At the macro-level, NOVA's post-9/11 veterans have higher levels of education than the national veteran population, are less likely to be unemployed or live below the poverty line, and are more likely to have higher median income. At the individual level, however, anecdotes from veterans and providers offer cases that run counter to the macro-level narrative. Specific findings found by comparing the supply of services to demand among post-9/11 veterans are shown below:

- **Medical Care** – Despite the national demand for mental health services related to PTSD and TBI, VA spends a smaller percentage on medical care in NOVA (10.4%) compared to 38% for Virginia as a whole¹⁵ (2011 figures). Furthermore, a 2010 Virginia Tech survey

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¹¹ Army National Cemeteries Program, <<http://www.arlingtoncemetery.mil/visitorinformation/>>

¹² FY2012 American Community Survey (ACS), 5-Year Estimates, U.S. Census Bureau. <http://www2.census.gov/acs2012_5yr/summaryfile/>

¹³ Veteran Population Projection Model 2011, Department of Veterans Affairs (VA). <http://www.va.gov/VETDATA/docs/Demographics/New_Vetpop_Model/7IVetPop11_POS_State.xlsx>.

¹⁴ National Resource Directory. <<https://www.nrd.gov/state/virginia>>

¹⁵ Department of Veterans Affairs, Office of Policy and Planning. "Geographic Distribution of VA Expenditures (GDX) Report," 2012.

found NOVA veterans who sought additional assistance for mental health found services were either unavailable in their local communities or too inconvenient to access.¹⁶

- **Education & Employment** – Slightly more than 2% of veterans reported being unemployed in NOVA and unemployment among veterans aged 18–34 was 3.7%, compared to 5.3% in the region and 13.3% nationally. Educationally, more than 61% of veterans in NOVA reported having a bachelor's degree, compared with 25.8% nationally.¹⁷ Despite these comparatively higher outcomes, Education and vocational training comprised the second largest category of VA expenditures in NOVA in 2011 (29.3%) while expenditures in education and vocational training increased to more than 150% per year over three years.¹⁸
- **Housing & Homelessness** – In Virginia, veteran homelessness decreased by 18% from 2012 to 2013.¹⁹ In FY12, the Virginia Department of Veterans Services estimated 995 veterans are homeless in Virginia on any given night and between 2,000 and 3,000 veterans are estimated to be homeless at some point in the fiscal year. Nationally, key initiatives such as the VA Loan Guaranty Program and the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program exist to help provide returning veterans with a roof over their heads and stability during times of transition. However, according to a 2010 Virginia Tech survey, both veterans and service providers commented that NOVA's high cost of living increased the difficulty for local veterans to find and secure affordable quality housing.²⁰
- **Family Support** – In 2008, the Community Foundation for the National Capital Region estimated that there are up to 18,400 spouses and more than 25,000 children of Iraq and Afghanistan soldiers in the National Capital Region.²¹ In the 2010 Virginia Tech survey, Virginia veterans identified family therapy as a service most in need in their community, noting that it was either not available in their local communities or inconveniently located. While the VA does not directly finance family support services, more than 20 organizations provide family support services to NOVA veterans, with 75% of facilities located in D.C., Alexandria, Arlington, and Fairfax county.²²

The findings above indicate more research is necessary to fully understand the veteran support landscape in NOVA and the region at large. This study could be well complemented by studies targeting Washington, D.C. and Maryland, especially given that geographic boundaries are often meaningless to residents of the Washington D.C. metropolitan area. This full picture would provide local organizations across the region with the insights necessary to holistically provide for our region's veterans and their families.

¹⁶ Virginia Tech Institute for Policy & Governance, "Assessing the Experiences, Supportive Service Needs and Service Gaps of Veterans in the Commonwealth of Virginia – Final Report," 2010.
http://www.dvs.virginia.gov/downloads/rptsnpubs_VWWPPProgressReport2010_FINAL_8410.pdf.

¹⁷ Virginia Tech Institute for Policy & Governance, "Assessing the Experiences, Supportive Service Needs and Service Gaps of Veterans in the Commonwealth of Virginia – Final Report," 2010.
http://www.dvs.virginia.gov/downloads/rptsnpubs_VWWPPProgressReport2010_FINAL_8410.pdf.

¹⁸ Department of Veterans Affairs, Office of Policy and Planning. "Geographic Distribution of VA Expenditures (GDX) Report," 2012.

¹⁹ Library of Virginia, "Governor McDonnell Announces 16 Percent Decrease in Overall Homelessness in Virginia," June 2013. <<https://wayback.archive-it.org/1655/20131222155724/http://www.governor.virginia.gov/News/viewRelease.cfm?id=1856>>

²⁰ Virginia Tech Institute for Policy & Governance, "Assessing the Experiences, Supportive Service Needs and Service Gaps of Veterans in the Commonwealth of Virginia – Final Report," 2010.
http://www.dvs.virginia.gov/downloads/rptsnpubs_VWWPPProgressReport2010_FINAL_8410.pdf

²¹ Community Foundation for the National Capital Region, "Troops and Family Care Fund Feasibility Study," 2008.
<http://www.cfncr.org/atf/cfi/%7B8C61F1DB-3FE6-435F-9B32-2D0D51A3C2EF%7D/Troop%20Whitepaper.pdf>.

²² National Resource Directory. <<https://www.nrd.gov/state/virginia>>

Approach, methodology, and limitations

Definitions

In this report, the following definitions are used to define the subgroups of the Population:

- **Veteran:** Any individual who has served in the Armed Forces of the United States and was discharged under honorable conditions from their respective branch of service. *Note that some Veterans were discharged under other than honorable conditions may still receive support services from the region's provider.*
- **Transitioning service member:** Any member of the Armed Forces of the United States preparing to enter a civilian career outside of the military
- **Military spouse:** Any husband or wife of any individual who is currently, or was previously, a member of the Armed Forces of the United States
- **Military family:** Any legal household with at least one parent who is currently, or was previously, a member of the Armed Forces of the United States
- **Iraq and Afghanistan veterans:** Veterans of current periods of conflict post-9/11 — including OIF, OEF, and Operation New Dawn
- **NOVA:** Arlington, Fairfax, Loudoun, and Prince William counties, as well as the independent cities of Fairfax, Manassas, Manassas Park, Falls Church, and Alexandria

While the report does include some information on each of the above subgroups, the majority of the analysis focuses on Iraq and Afghanistan, or post-9/11, veterans.

Methodology

The research team surveyed existing literature on the needs of Iraq and Afghanistan veterans nationally, then analyzed local demographic data to define needs specific to the population NOVA. Although regional data specific to post-9/11 veterans is limited, key sources of demographic data included the one-year U.S. Census Bureau American Community Survey (ACS) and the Veteran Population Projection Model 2011 ("VetPop2011"). The ACS is an ongoing survey that provides annual data on veteran status, as well as age, sex, race, income and benefits, education levels, and disability status on a county-level basis for populations more than 65,000. VetPop2011 provides the latest official veteran population projections from the VA for Virginia, by county. A study conducted by Virginia Tech University and commissioned by the Virginia Department of Veterans Services' Virginia Wounded Warriors Program – which uses a similar methodology to this report – provided key insights into the regional variations in need and available services across the entire state.

Next, the team analyzed the current supply of veteran services in NOVA using publicly available information such as the Geographic Distribution of VA Expenditures (GDX) Report and the National Resource Directory. The GDX provides data on VA spending levels for each NOVA county/city in key service areas, and the National Resource Directory is a website that connects wounded

warriors, service members, veterans, their families, and caregivers to programs and services, including community-based NOVA resources not captured in the VA data.²³

Finally, the team compared demographic and demand-related data against local supply data to guide recommendations of how the Community Foundation and other local organizations can more strategically deploy resources to address potential gaps for veterans and their families in NOVA.

Data limitations

Despite the many data sources reviewed for this report, certain limitations still exist — particularly on service needs in NOVA. The following data gaps present an opportunity for additional research:

- The majority of data is available for veterans from all conflicts at a national and statewide level, but not at the level of granularity necessary to support specific county or city interventions
- To the team's knowledge, the only existing primary source research on specific needs of NOVA veterans is a survey of NOVA-area veterans and transitioning service members conducted by Virginia Tech for the Virginia Wounded Warriors Program in 2010.²⁴
- Neither the U.S. Census Bureau nor the VA currently collect countywide or regional demographic data on transitioning service members or the families of veterans, and Department of Defense data for these groups was not publicly available.
- No organization currently collects, tracks, or reports comprehensive data on all government, private, and nonprofit organizations supporting the Population in NOVA. Preliminary analysis of organizations supporting NOVA veterans was conducted by reviewing of Virginia organizations listed in the National Resource Directory. While this resource is robust, there are gaps, including service providers that do not specifically target veterans but support a large number of them.

Given these limitations, an opportunity exists to develop new primary research on NOVA's veterans, such as a locally administered crowdsourcing study on veteran needs and available general service providers. Additionally, similar studies could in D.C. and Maryland could help paint a full picture of the support landscape and veteran needs in the Washington, D.C. metropolitan area. For example, a veteran living in Arlington, Virginia, could easily see a doctor in northwest D.C. while receiving job assistance services in Silver Spring, Maryland.

Report Structure

The report is organized into the following six sections:

- Section I: Describes the approach to the analysis, methodology, and existing data limitations
- Section II: Examines national statistics on the needs of Iraq and Afghanistan veterans
- Section III: Analyzes available data on the demographic characteristics of NOVA veterans
- Section IV: Compares the supply and demand for veteran support services in NOVA across seven of the National Resource Directory categories, and explores implications in each area
- Section V: Reviews barriers that prevent post-9/11 veterans from accessing existing resources
- Section VI: Draws conclusions from the analysis and discusses opportunities for addressing areas of veterans' needs in a cohesive, holistic manner

²³ National Resource Directory. <<https://www.nrd.gov/state/virginia>>

²⁴ Virginia Tech Institute for Policy & Governance, "Assessing the Experiences, Supportive Service Needs and Service Gaps of Veterans in the Commonwealth of Virginia – Final Report," 2010.
<http://www.dvs.virginia.gov/downloads/rptsnpubs_VWWPPProgressReport2010_FINAL_8410.pdf>

National statistics

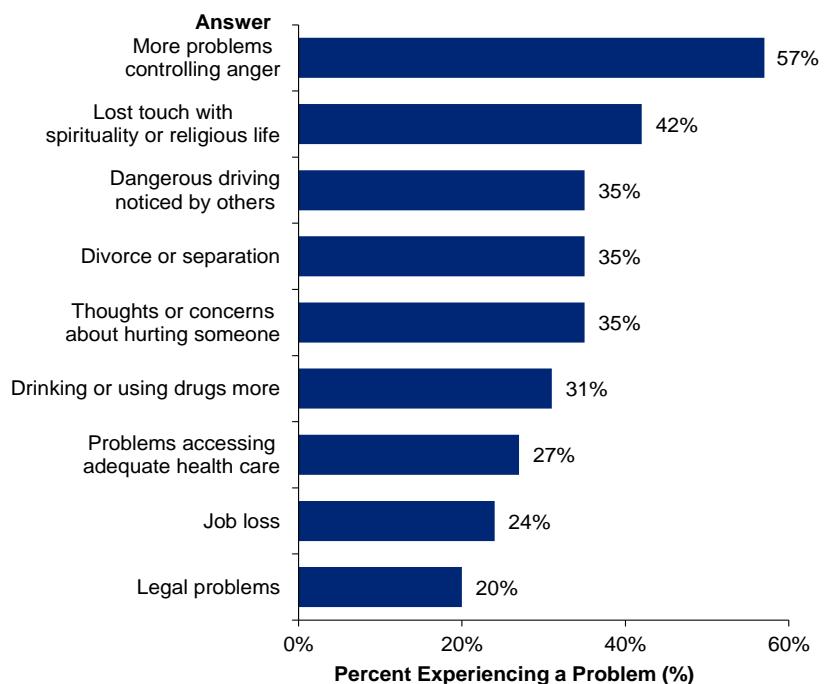
To understand the needs of the Iraq and Afghanistan veteran population in NOVA, it is important to grasp the unique issues facing these individuals as they transition into civilian life.

Figure 1 presents some of the common challenges experienced by Iraq and Afghanistan combat veterans (in this case, those receiving VA medical care) when reintegrating into their communities after combat deployment. The findings are based on a study published by VA and University of Minnesota researchers in 2010, which surveyed 754 combat veterans who received VA medical care between October 2003 and July 2007. While it specifically targeted those seeking out treatment — a group with inherently

more critical support needs — the study excluded information on noncombat veterans or those who did not seek care. Beyond the challenges listed above, more than 49% of survey respondents expressed challenges “belonging” in civilian life and taking part in community activities.²⁵

A similar study of the physical, mental health, and reintegration needs of Iraq and Afghanistan veterans and their families was conducted by the Institute of Medicine in 2013 and found that while many veterans return from deployment “relatively unscathed,” others return with complex health issues that present lifelong challenges. Common needs identified among the study group include healthcare access; “signature wounds” like PTSD, TBI, and amputation; access to existing care, benefits, and services; employment assistance; education and vocational training; housing and homelessness assistance; and family support.²⁶

Figure 1: Reintegration problems experienced since homecoming



²⁵ Reintegration Problems and Treatment Interests Among Iraq and Afghanistan Combat Veterans Receiving VA Medical Care.” Sayer, Nina et. al., Psychiatric Services Online. p. 594-595.” http://www.research.va.gov/media_roundtable/reintegration_problems.pdf.

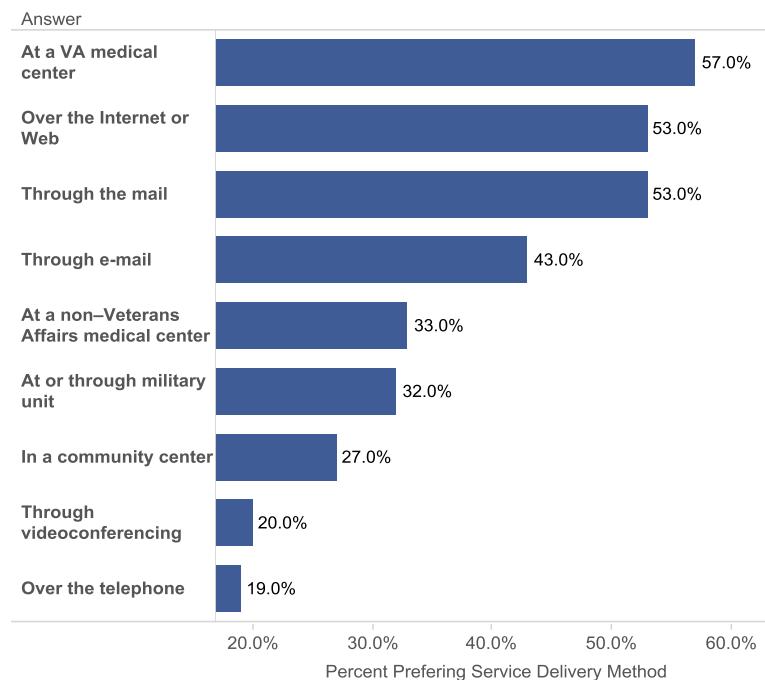
²⁶ Institute of Medicine. “Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families.” The National Academies Press, 2013. http://www.nap.edu/openbook.php?record_id=13499.

While it is important to consider the needs of all members of the post-9/11 veteran population, some segments may have specific and more pressing needs, particularly combat veterans. A Pew survey reported that only 44% of veterans considered reintegration difficult or somewhat difficult. However, when specifically addressed to combat veterans, that number increased to 51%. According to the analysis of the survey results, part of this difficulty with reintegration can be attributed to the fact that combat veterans have a higher likelihood of experiencing PTSD, TBI, and other symptoms.²⁷

With the increase in the number of support options available to veterans since the Iraq and Afghanistan conflicts began, it is important to not only understand the factors driving the need for services but also to understand how and where they prefer to receive services. Based on the results of the 2010 VA study described above, a majority of veterans (57%) already receiving services at VA clinics strongly expressed a desire to receive additional in-person services collocated at VA facilities. Only 25% - 35% expressed interest in receiving benefits at a non-VA medical center, military unit, or community center.²⁸

While directionally interesting, these data points only reflect the results of one study in one region and may not be indicative of national trends.

Figure 2: How veterans prefer to receive support services



²⁷ War and Sacrifice in the Post-9/11 Era, The Military-Civilian Gap." Pew Research 2011. <<http://www.pewsocialtrends.org/2011/10/05/war-and-sacrifice-in-the-post-911-era/>>.

²⁸ Reintegration Problems and Treatment Interests Among Iraq and Afghanistan Combat Veterans Receiving VA Medical Care." Sayer, Nina et. al., Psychiatric Services Online. p. 594-595." <http://www.research.va.gov/media_roundtable/reintegration_problems.pdf>.

Demographic characteristics of NOVA veterans

The region's total veteran population has been growing over the last five years with around 743,000 veterans living in the state of Virginia as of 2011, and 173,000 living in NOVA. Of these, approximately 36,000 participated in post 9/11 conflicts.²⁹

Figure 3: Population of NOVA veterans by county/city and era³⁰

Looking out beyond, the population of post-9/11 veterans in Virginia is expected to grow at 7% each of the next three years and peak at 415,000 statewide in 2033. While the veteran population will likely remain stable overall, growth is expected to vary by county as populations

decline in Fairfax, Arlington, and Alexandria and increase in Loudoun and Prince William counties.³¹

County	World War II	Korean War	Vietnam War	Gulf War (8/1990 to 8/2001)	Veterans (9/2001 or later)	All Veterans
Fairfax	5,108	6,423	29,873	26,777	16,330	84,511
Prince William	986	1,760	11,088	15,312	8,941	38,087
Loudoun	860	1,414	6,064	7,621	3,729	19,688
Arlington	1,137	1,198	4,072	3,705	2,959	13,072
Alexandria city	741	701	3,233	4,004	2,803	11,482
Manassas city	131	228	1,097	695	544	2,695
Fairfax city	151	213	693	509	308	1,874
Manassas Park city	27	44	128	368	224	790
Falls Church city	40	114	254	224	85	717
Grand Total	9,181	12,096	56,503	59,215	35,922	172,916

NOVA has a high concentration of female post-9/11 veterans – 19% – compared to national trends, with female veterans most concentrated in Prince William, Alexandria, and Fairfax counties.³²

Nationally, women comprise an increasing share of all active-duty officers and enlisted personnel.³³ In terms of age, NOVA skews younger than the veteran population as a whole. A higher proportion of NOVA veterans were under the age of 34 (11% versus 9% nationally) and under the age of 54 (38% versus 26% nationally).³⁴

NOVA veterans are predominately white and have an education rate that exceeds the population norm. Veterans in NOVA are also less likely to be unemployed or live below the poverty line, and they are more likely to have higher median income. The largest concentration of disabled veterans lives within Fairfax and Prince William counties.³⁵

²⁹ FY2012 American Community Survey (ACS), 5-Year Estimates, U.S. Census Bureau.
http://www2.census.gov/acs2012_5yr/summaryfile/

³⁰ Ibid. Population data from ACS and VetPop2011 are different because the amounts are derived from different sources. ACS provides a snapshot of the population in time and allows for analysis along multiple variables, whereas VePop2011 is a forecasting methodology that uses multiple sources (including ACS).

³¹ Veteran Population Projection Model 2011, Department of Veterans Affairs (VA).
http://www.va.gov/VETDATA/docs/Demographics/New_Vetpop_Model/71VetPop11_POS_State.xlsx.

³² Ibid.

³³ Pew Research Center. "For Many Injured Veterans, A Lifetime of Consequences."
<http://pewresearch.org/pubs/2126/injured-veterans-post-traumatic-stress-civilian-life>

³⁴ FY2012 American Community Survey (ACS), 5-Year Estimates, U.S. Census Bureau.
http://www2.census.gov/acs2012_5yr/summaryfile/

³⁵ Ibid.

Supply and demand of veteran support services in NOVA

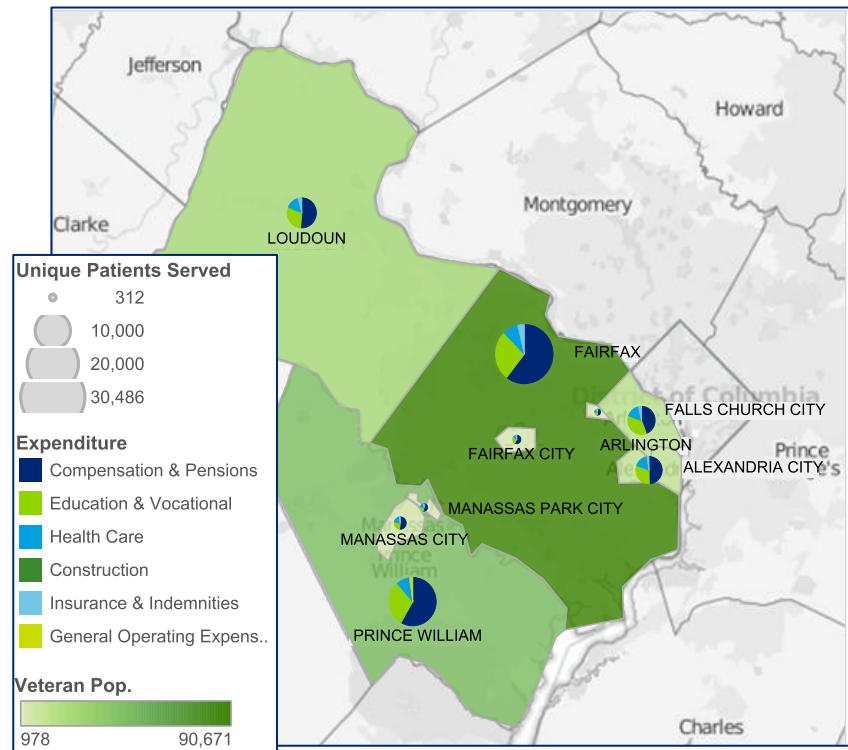
Introduction

The following sections are designed to inform organizations interested in providing or funding services to NOVA veterans where there may be gaps between the supply and demand for services in specific categories.

A review of the National Resources Directory identified over 74 government, for-profit, and nonprofit organizations operating in NOVA (see Appendix B for the full list) that support veterans, transitioning service members, and their families – with most likely a much larger number in reality. Services were organized around nine categories of care, ranging from benefits and compensation, employment, and healthcare, to family and caregiver support and housing assistance.³⁶ At the same time, in the Virginia Tech Institute for Policy & Governance's 2010 report, "Assessing the Experiences, Supportive Service Needs and Service Gaps of Veterans in the Commonwealth of Virginia," both veterans and service providers identified the lack of coordination and partnerships between providers and agencies serving veterans as a major barrier to better serving this population.³⁷ While this report does not attempt to establish a causal relationship between the number of service providers and the perception of a barrier to care, the breadth and complexity of NOVA's veteran support infrastructure still appears to be a factor that may lead some to believe coordination among providers could be lacking.

As shown in Figure 4, VA spending in certain categories of care and benefits provides a proxy for the level of services

Figure 4: Geographic distribution of VA expenditures



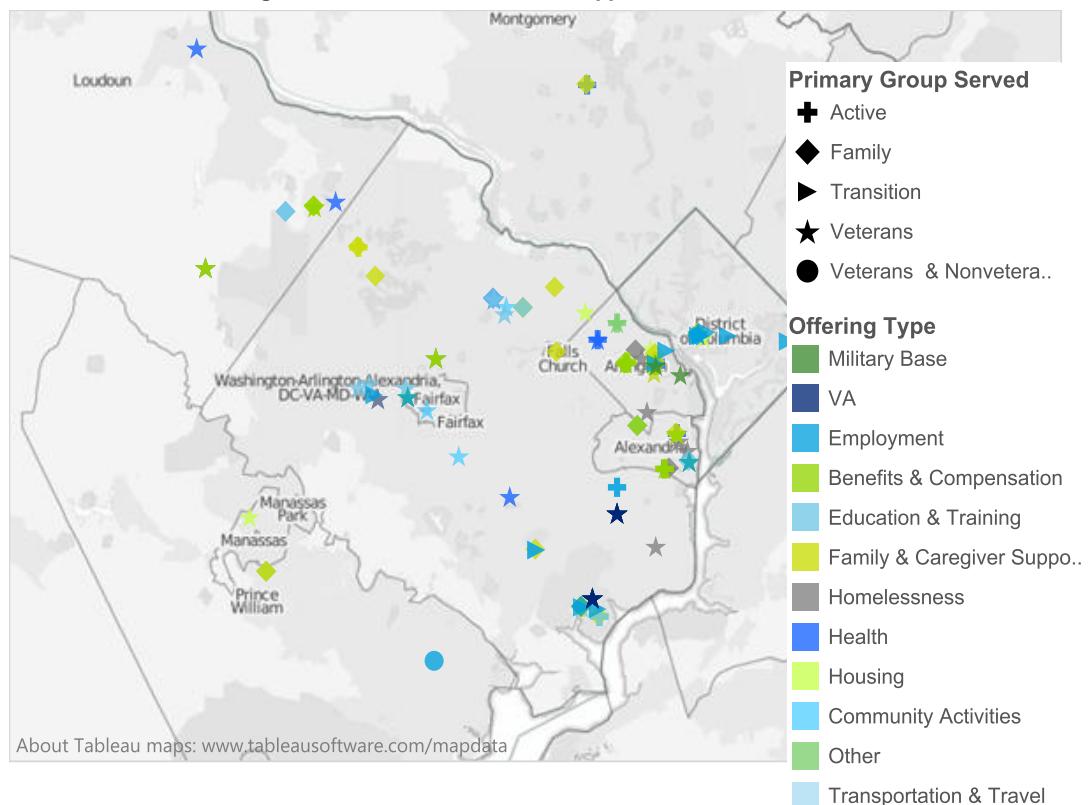
³⁶ National Resource Directory. <<https://www.nrd.gov/state/virginia>>

³⁷ Virginia Tech Institute for Policy & Governance, "Assessing the Experiences, Supportive Service Needs and Service Gaps of Veterans in the Commonwealth of Virginia – Final Report," 2010. <http://www.dvs.virginia.gov/downloads/rptsnpubs_VWWPPProgressReport2010_FINAL_8410.pdf>

available to veterans in NOVA. Overall, VA spending on NOVA veterans is focused most heavily on compensation, pension, and education. On a per veteran basis, spending appears to fluctuate between counties. For example, average VA spending per veteran ranged from \$2,310 in Loudoun County to \$5,160 in Alexandria.³⁸

State and local government and nonprofit providers of veteran services in NOVA are heavily clustered near military installations, as shown in Figure 5 below.³⁹ In particular, service providers are highly clustered in Fairfax, Arlington, and Alexandria, with fewer options in Prince William and Loudoun. While this concentration may not present problems for veterans with access to transportation, it may be perceived as prohibiting some veterans from accessing services due to a lack of convenience or limited mobility.

Figure 5: Distribution of veteran support facilities in NOVA



Structure

In this report, analysis of the supply of, and demand for, veteran support services in NOVA focused on seven out of the nine National Resource Directory service categories, which are defined on the following page (Transportation & Travel and Other Services & Resources were the two categories excluded from this analysis). Though not included as a stand-alone category, some services providers who have worked closely with NOVA veterans noted financial assistance is one of the most sought-after types of support. While outside the scope of this report, further analysis of financial assistance services in NOVA is merited, since it may help identify providers not exclusively focused on veterans who nevertheless form a key part of the region's veteran support infrastructure.

³⁸ Department of Veterans Affairs, Office of Policy and Planning, "Geographic Distribution of VA Expenditures (GDX) Report," 2012. <<http://www.va.gov/vetdata/Expenditures.asp>>

³⁹ National Resource Directory. <<https://www.nrd.gov/state/virginia>>

- 1. Health** – Clinical and non-clinical medical support for both physical and mental illnesses
- 2. Benefits & Compensation** – Financial assistance associated with defined benefit and compensation programs earned based on military service
- 3. Education & Training** – Programs and services related to obtaining a college degree or gaining new skills and capabilities required in the job market
- 4. Employment** – Programs, tools, and other resources to help veterans search for and transition into a civilian career
- 5. Family & Caregiver Support** – Range of assistance include employment, childcare support, and counseling for those connected to veterans as family members or caregivers
- 6. Homeless Assistance** – Programs and other resources aimed at the prevention of homelessness
- 7. Housing** – Financial assistance ranging from loan guarantees to temporary housing
- 8. Transportation & Travel** – Programs enabling travel and local transportation of veterans, their families, and caregivers to perform day-to-day activities or obtain support services
- 9. Other Services & Resources** – All other forms of support services not covered in the above categories, such as community activities, advocacy services, and support directories

Each of the four sections below covers several of the above-listed categories and is organized to:

1. Describe the demand for services among NOVA veterans, based on demographic data, survey findings, and existing literature
2. Summarize the supply of services in place to fulfill that demand
3. Analyze the implications found when comparing the supply against the demand

1. Health, benefits, and compensation

Demand

Due to a variety of factors such as better medical care and the unique characteristics of post-9/11 warfare, recent conflicts have witnessed the highest casualty ratio of wounded-to-killed in action in U.S. history.⁴⁰ Because of improvements in armor and emergency medicine, more veterans now survive their battlefield injuries than ever before and, as a result, require greater lifetime care. In addition to the physical wounds, military veterans also struggle with mental health conditions, which can complicate the transition to civilian life. As of January 2008, as many as 31% of returning soldiers were identified as having some form of mental health issue.⁴¹

Benefiting from VA Medical Services

A United States Marine Corps Iraq and Afghanistan veteran returned to the NOVA region and left active duty in October 2012. While on active duty, he suffered from chronic back problems. Upon separation, he went to the VA where he was diagnosed with three bulging discs and spinal curvature. "The VA employees were the first people who actually agreed to investigate, diagnose, and treat the problem." He credits the VA healthcare and treatment he receives for helping him make a successful reintegration into civilian life as it has kept him relatively pain free and thus able to seek and gain employment.⁴²

Veterans who suffered service-related injuries were more than twice as likely to say they had difficulties readjusting to civilian life than those without similar injuries. They were also almost three times as likely to report suffering from PTSD and less likely to be in overall good health or to hold full-time jobs in later life.⁴³ One study found that those post-9/11 veterans who were diagnosed with PTSD or depression were twice as likely to abuse alcohol as those who had neither disorder.⁴⁴

In a 2010 statewide survey of veterans conducted by Virginia Tech, 7.2% of NOVA respondents reported experiencing PTSD – a figure lower than national estimates. More than 58% of NOVA veterans reported some experience with depression. NOVA's veterans also reported the highest rate of head injury in the state, as well as higher incidents of chronic back pain, back injury, sleep problems, and headaches. Furthermore, NOVA veterans sought additional assistance for mental health, dental care, and family therapy services but noted that these services were either not available in their local communities or were too inconvenient to access. Survey respondents also indicated difficulty in obtaining and maintaining eligibility for services and health care. Within NOVA, "improved medical condition," "lower costs," and "better" information about services and benefits⁴⁵ were the most frequent responses to open-ended questions on satisfaction with medical care.

⁴⁰ Department of Defense, "Casualty Status." <<http://www.defense.gov/news/casualty.pdf>>

⁴¹ Tanielian, Terri and Lisa Jaycox, "Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery," 2008. <http://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf>

⁴² Interview with U.S. Marine Corps Veteran, November 2013.

⁴³ Pew Research Center, "War and Sacrifice in the Post-9/11 Era," 2011. <<http://www.pewsocialtrends.org/2011/10/05/war-and-sacrifice-in-the-post-911-era/>>

⁴⁴ Hassija CM, Jakupcak M, Maguen S, Shepherd JC, "The influence of combat and interpersonal trauma on PTSD, depression, and alcohol misuse in U.S. Gulf War and OEF/OIF women veterans," 2012. <<http://www.ncbi.nlm.nih.gov/pubmed/22522738>>

⁴⁵ Virginia Tech Institute for Policy & Governance, "Assessing the Experiences, Supportive Service Needs and Service Gaps of Veterans in the Commonwealth of Virginia – Final Report," 2010. <http://www.dvs.virginia.gov/downloads/rptsnpubs_VWWPPProgressReport2010_FINAL_8410.pdf>

Supply

The Virginia Tech survey found that NOVA veterans enjoy greater access to dental services, better utilization of TRICARE as insurance, higher rates of VA disability, and greater filing of VA claims than the state as a whole, but its veterans tend to visit VA health facilities less frequently than the national trend.⁴⁶

VA expenditures for compensation and pension benefits – defined as compensation for veteran disabilities, dependency/indeemnity compensation for service-connected death, and burial benefits to veterans and their survivors – have increased steadily over the most recent five-year period.⁴⁷ While compensation and pension payments are not technically “services,” they are a critical pillar of support for veterans and one where help is often needed to navigate all the benefits available.⁴⁸

Medical care comprised the third largest category of VA expenditures in NOVA. In 2011, medical care made up a far smaller percentage of the VA’s total spending within NOVA (10.4%) compared to 38% for Virginia and 35% nationally.⁴⁹ This uneven allocation of spending compared with other regions indicate NOVA’s veterans are less likely to be served by the VA and may be choosing to receive services at the VA medical center in Washington, D.C. or a non-VA facility in NOVA. They also may be less likely to require support or be less aware of services available within NOVA.

Implications

Demand for mental health care is high among the post-9/11 NOVA veterans, yet is unclear if the region’s medical providers are equipped to fulfill this demand. VA expenditures on medical care suggest many post-9/11 veterans may be seeking medical care outside the VA health system; where they are going instead is less clear. While a large number of community-based organizations provide medical care to NOVA veterans, the data does not indicate if these organizations are addressing veterans’ mental health needs or filling the gaps in care suggested by lower utilization of VA services. Additional data on usage of mental health services – particularly with private health care providers outside the VA system – could help address this uncertainty. At the moment, however, survey results showing difficulty among accessing mental health and family therapy services in NOVA, combined with the lower utilization of VA medical care, suggest the supply of medical services (particularly mental health care) may not be meeting post-9/11 veterans’ demand.

⁴⁶ Virginia Tech Institute for Policy & Governance, “Assessing the Experiences, Supportive Service Needs and Service Gaps of Veterans in the Commonwealth of Virginia – Final Report,” 2010. <http://www.dvs.virginia.gov/downloads/rptsnpubs_VWWPPProgressReport2010_FINAL_8410.pdf>

⁴⁷ Department of Veterans Affairs, Office of Policy and Planning, “Geographic Distribution of VA Expenditures (GDX) Report,” 2012. <<http://www.va.gov/vetdata/Expenditures.asp>>

⁴⁸ Tanielian, Terri and Lisa Jaycox, “Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery,” 2008. <http://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf>

⁴⁹ Department of Veterans Affairs, Office of Policy and Planning, “Geographic Distribution of VA Expenditures (GDX) Report,” 2012. <<http://www.va.gov/vetdata/Expenditures.asp>>

2. Education and employment assistance

Demand — national

Beyond the immediate medical and psychological challenges of returning home, veterans also face the difficulty of starting a civilian career after years of military service. Often, a core need when preparing for employment includes educational assistance from the VA or a local community support organization.

Contrary to popular belief, veterans are less likely to be unemployed than nonveterans nationally and more likely to have a bachelor's degree or higher. The 2011 ACS showed veteran unemployment stood at 7.4% nationally, compared to 8.6% for nonveterans. Similarly, more than 65% of veterans reported having a high school degree or some college, compared with only 56.1% for nonveterans.⁵¹

Still, studies have identified the importance of employment assistance for returning veterans and highlight that young veterans (aged 18–34) suffer from higher rates of poverty and unemployment. The literature also notes a strong correlation between PTSD, depression, service-related injuries, and unemployment/underemployment.⁵² According to ACS data, the unemployment rate of veterans aged 18–34 stood at 13.3%, almost double the unemployment rate among veterans overall.⁵³

Demand — NOVA

NOVA-specific and Virginia-wide unemployment and education statistics in 2011 were more positive than national trends. NOVA veterans were more likely to be employed and educated, with slightly more than 2% reporting as unemployed. Similarly, unemployment among veterans aged 18–34 was also substantially lower at 3.7%, compared to 5.3% in the region and 13.3% nationally. As of 2012, less than 3.4% of NOVA veterans lived below the poverty line. Educationally, more than 61% of NOVA veterans reported having a bachelor's degree (compared with 25.8% nationally) and more than 97% are high school graduates.⁵⁴

Benefiting from VA Employment Programs

A United States Marine Corps Iraq and Afghanistan war veteran returned to the region in June 2012. He has remained unemployed since leaving active duty, having difficulty translating his decade of infantry experience into a civilian career. In August 2013, the VA's Warriors to Workforce program accepted him. As a result of the program, he will attend school full time over the next three years and get paid to learn a skill set that will make him marketable to the civilian workforce. He will graduate with a college degree and be placed into a GS-11 contract specialist position working at the VA. The veteran and his family credit the program with giving him the leg up he needed to be successful in the civilian workforce.⁵⁰

⁵⁰ Interview with U.S. Marine Corps Veteran, November 2013.

⁵¹ FY2012 American Community Survey (ACS), 5-Year Estimates, U.S. Census Bureau. <http://www2.census.gov/acs2012_5yr/summaryfile/>

⁵² Tanielian, Terri and Lisa Jaycox, "Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery," 2008. <http://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf>

⁵³ FY2012 American Community Survey (ACS), 5-Year Estimates, U.S. Census Bureau. <http://www2.census.gov/acs2012_5yr/summaryfile/>

⁵⁴ Ibid.

However, when these statistics were broken down by county (as shown in Figure 6), substantial differences existed in the level of unemployment for young veterans (as a percentage and the total number of the county's post-9/11 veteran), particularly in western NOVA and areas immediately outside of NOVA. Unemployment among veterans aged 18-34 was more than 6% in Loudoun and Fauquier counties and more than 15% in Culpeper County. Educational attainment also appears to be much higher in the counties bordering the District of Columbia.⁵⁵

Supply — NOVA

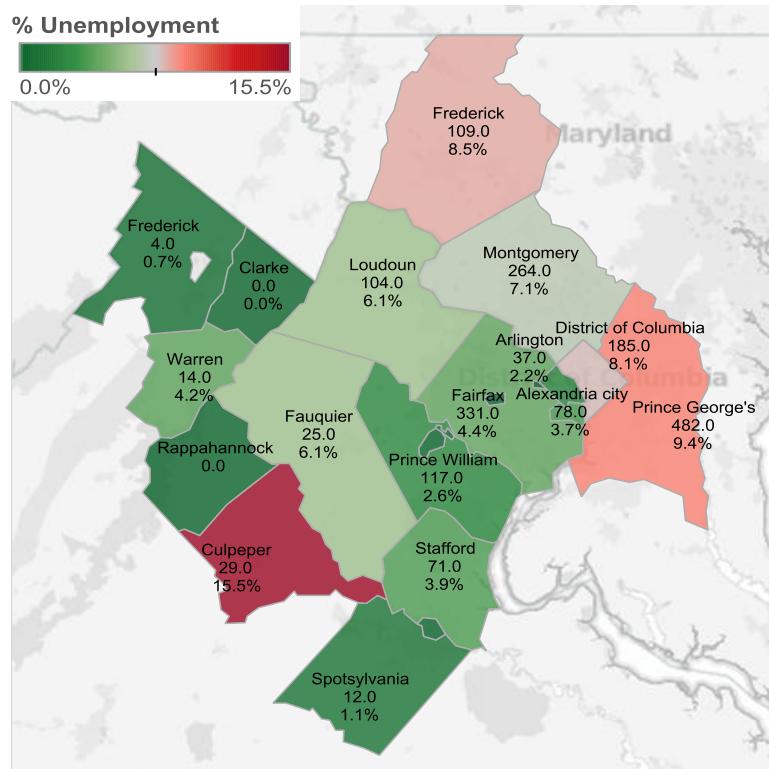
Though NOVA veterans are less likely to be unemployed and more likely to be highly educated, VA expenditures on education, vocational rehabilitation, and employment in NOVA have increased dramatically from 2009 to 2011. Education and vocational

training comprised the second largest category of VA expenditures in NOVA in 2011, making up 29.3% of total expenditures. Additionally, expenditures in education and vocational training increased to more than 150% per year over three years.⁵⁶ It is unclear if the increase resulted from higher demand due to an increasingly younger veteran population or larger numbers of veterans obtaining advanced degrees. Beyond VA, 13 NOVA organizations provide funding for education and vocational rehabilitation services to veterans and 16 provide funding for employment services.⁵⁷

Implications

Demand for employment and education support in NOVA is less acute than it is nationally, yet this is one of the fastest growing categories of VA spending in NOVA and one where many large, community-based organizations complement VA programs. Still, unemployment remains a particular concern among young veterans who are unemployed at double the rate of veterans overall – a finding that is especially true in more rural areas of NOVA. Greater fidelity in the data, including information on the performance outcomes of veteran employment and education programs, might help determine if greater investment in this category of service is actually causing positive statistics in employment and educational attainment of post-9/11 NOVA veterans. Currently, however, there is not enough information to determine if existing investments are appropriate.

Figure 6: 2011 unemployment levels for veterans aged 18-34, by county



⁵⁵ FY2012 American Community Survey (ACS), 5-Year Estimates, U.S. Census Bureau. <http://www2.census.gov/acs2012_5yr/summaryfile/>

⁵⁶ Department of Veterans Affairs, Office of Policy and Planning, "Geographic Distribution of VA Expenditures (GDX) Report," 2012. <<http://www.va.gov/vetdata/Expenditures.asp>>

⁵⁷ National Resource Directory. <<https://www.nrd.gov/state/virginia>>

3. Housing and homelessness

Demand

National research continues to identify housing support and homelessness prevention as services that help keep veterans off the streets. Given the difficulty many veterans face with psychological integration, health, and employment, veterans are at substantially increased risk of homelessness.⁵⁸

Nationally, veterans represent approximately 13% of the homeless population.⁵⁹ The 2012 Annual Homeless Assessment Report to Congress estimates there were 62,619 homeless veterans across the United States on a single night in January 2012, a 7.2% decline since 2011 and a 17.2% decline since 2009.⁶⁰ In Virginia, veteran homelessness decreased by 18% from 2012 to 2013.⁶¹ In FY12, the Virginia Department of Veterans Services estimated that between 2,000 and 3,000 veterans are estimated to be homeless at some point in the fiscal year. Nationally, approximately 56% of homeless veterans, or 35,143 people, found shelter while 44% lived in unsheltered locations.⁶²

According to survey data from the Virginia Tech study, NOVA had the highest percent of veterans renting their own home in the state of Virginia (17.4%) and living at their current address for less than five years (27.3%). In that study, both veterans and service providers commented that NOVA's high cost of living increased the difficulty for local veterans to secure quality, affordable housing.⁶³

Supply

Nationally, key initiatives such as the VA Loan Guaranty Program and the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program provide housing to returning veterans and stability during times of transition. Since 2008, the HUD-VASH program has awarded 58,250 vouchers nationally and 43,371 formerly homeless veterans are currently in their own homes because of HUD-VASH.⁶⁴

Based on the analysis of service providers in the National Resources Directory, eight NOVA organizations are dedicated to providing housing and homelessness support.⁶⁵ It should be noted that this most likely excludes a large number of housing and homelessness organizations that do not specifically brand themselves as veteran support providers and thus would not be included in the National Resource Directory.

⁵⁸Tanielian, Terri and Lisa Jaycox, "Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery," 2008. <http://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf>

⁵⁹ Metropolitan Washington Council of Governments, "Homelessness in Metropolitan Washington," May 2013. <<http://www.mwcog.org/uploads/pub-documents/qF5cX1w20130508134424.pdf>>

⁶⁰ Department of Veterans Affairs, Office of Public and Intergovernmental Affairs, "Report Reveals Further Reduction in Veterans Homelessness," December 2012. <<http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2411>>

⁶¹ Library of Virginia, "Governor McDonnell Announces 16 Percent Decrease in Overall Homelessness in Virginia," June 2013. <<https://wayback.archive-it.org/1655/2013222155724/http://www.governor.virginia.gov/News/viewRelease.cfm?id=1856>>

⁶² Department of Housing and Urban Development, "2012 Point-in-Time Estimates of Homelessness," 2012. <<https://www.onecpd.info/resource/2753/2012-pit-estimates-of-homelessness-volume-1-2012-ahar/>>

⁶³ Virginia Tech Institute for Policy & Governance, "Assessing the Experiences, Supportive Service Needs and Service Gaps of Veterans in the Commonwealth of Virginia – Final Report," 2010. <http://www.dvs.virginia.gov/downloads/rptspubs_VWWPPProgressReport2010_FINAL_8410.pdf>

⁶⁴ Department of Housing and Urban Development, "HUD Reports Continuing Decline in U.S. Homelessness in 2013," 2013. <http://portal.hud.gov/hudportal/HUD?src=/states/new_york/news/HUDNo.2013-11-21>

⁶⁵ National Resource Directory. <<https://www.nrd.gov/state/virginia>>

Implications

VA and HUD form a significant portion of the region's supply of assistance for both housing and homelessness, though there are still a number of non-profit and government organizations in NOVA that offer support in this area. Recent downward trends in homelessness suggest progress is being made. On the housing front, however, it appears the region's high cost of living continues to be a challenge for NOVA's post-9/11 veterans, a large percentage of whom are renting and living at the same address shorter (though these two factors on their own do not necessarily indicate a problem). What is clear from the literature is that housing and homelessness are closely related to both economic stability and health, particularly mental health. Understanding the relationship between these needs among individual veterans and the broader NOVA population would help target where needs are strongest and where supply of available resources may be low.

4. Family and caregiver support

Demand — national research

Post-9/11 veterans are more likely to have a spouse than veterans of previous conflicts and a large portion of these veterans also have children. Active-duty military members and veterans are more likely to be married than their civilian counterparts are. Today, 53% of all enlisted military personnel are married, up from 40% in 1973.⁶⁶ As of 2011, 1.9 million children had a parent serving in the military; more than 220,000 of these children had a parent currently deployed; and 153,669 single parents served in the military. Of the post-9/11 veterans with families, more than 48% have said they experienced family strain since leaving the military, particularly parents of young children (57%).⁶⁷

The Blue Star Families' Military Family Lifestyle Surveys in 2010 and 2012 provide an extensive review of the needs of military families, though they are not specific to military families of post-9/11 veterans or NOVA. Top issues included the effect of deployment on children, spousal education and employment, access to childcare services, and suicide support.⁶⁸

Within the Blue Star surveys, more than 52% of military families said children experienced negative effects related to deployments and 41% felt like their community did not adequately support military children. More than 57% of military spouses felt that being a military spouse had a negative impact on their ability to pursue a career and 60% of military spouses reported being unemployed, citing job market misalignment and childcare issues. More than 27% of spouses had faced challenges with their state licenses, certifications, or other professional qualifications due to military-oriented travel.⁶⁹

Regarding education, 47% of the Blue Star surveys' respondents reported their children's school did not find opportunities to celebrate and/or include the service member in the classroom and 41% said their child's school did not respond to unique military situations and needs. Alarmingly, more than 10% of respondents noted they had considered suicide, compared to 9% among service members.⁷⁰

Demand — NOVA

Neither the U.S. Census Bureau nor VA track demographic information on the number of military families locally in Virginia or the number of families of post-9/11 veterans.⁷¹ As a result, limited information exists on the specific needs of veteran and military families in NOVA. In 2008, the Community Foundation for the National Capital Region estimated there are up to 18,400 spouses and more than 25,000 children of Iraq and Afghanistan veterans in the National Capital Region.⁷² Today, based on national marriage rates, up to 25,800 military spouses could be living in the NOVA area. In addition, according to the 2010 Virginia Tech survey, more than 44% of returning service members in NOVA had a child under the age of 18.⁷³

⁶⁶ Blue Star Families, "2012 Military Family Lifestyle Survey Comprehensive Report," 2012. <http://www.bluestarfam.org/Policy/Surveys/Survey_2012>

⁶⁷ Executive Office of the President. "Strengthening Our Military Families," 2011.

<http://www.whitehouse.gov/sites/default/files/rss_viewer/strengthening_our_military_families_meeting_americas_commitment_january_2011.pdf>

⁶⁸ Blue Star Families, "2012 Military Family Lifestyle Survey Comprehensive Report," 2012. <http://www.bluestarfam.org/Policy/Surveys/Survey_2012>

⁶⁹ Ibid.

⁷⁰ Ibid.

⁷¹ Pew Research Center, "War and Sacrifice in the Post-9/11 Era, The Military-Civilian Gap," 2011. <<http://www.pewsocialtrends.org/2011/12/08/the-difficult-transition-from-military-to-civilian-life/>>

⁷² Community Foundation for the National Capital Region, "Troops and Family Care Fund Feasibility Study," 2008. <<http://www.cfncr.org/atf/cf/%7B8C61F1DB-3FE6-435F-9B32-2D0D51A3C2EF%7D/Troop%20Whitepaper.pdf>>.

⁷³ Virginia Tech Institute for Policy & Governance, "Assessing the Experiences, Supportive Service Needs and Service Gaps of Veterans in the Commonwealth of Virginia – Final Report," 2010. <http://www.dvs.virginia.gov/downloads/rptsnpubs_VWWPPProgressReport2010_FINAL_8410.pdf>

In the 2010 Virginia Tech survey, veterans identified family therapy as a service most in need in their community, noting that it was either not available in or inconveniently located. Veterans and their families also identified the need for increased counseling to understand symptoms and behaviors, life coaches for struggling families, increased family involvement in treatment, and more integrated support/services during and between deployments.⁷⁵

Supply — NOVA

While the VA does not directly finance family support services, a review of the National Resource Directory found more than 20 organizations that provided family support services to NOVA veterans. Family support services appear to be highly centralized, with 75% of facilities located in D.C., Alexandria, Arlington, and Fairfax.⁷⁶

Implications

Despite data limitations making it difficult to distinguish between active duty military families and the families of post-9/11 veterans, the surveys and other literature suggest a strong desire for additional family support services. A large number of community-based organizations assist veteran and military families in the NOVA region, but there is limited data on the usage rates of these services, their effectiveness, or on the financial investments being made. What is clear, however, is that there is room for additional attention on this category to reduce the high percentage of survey respondents who appear un-satisfied with the region's existing family support capabilities.

VA Marriage Counseling Helps NOVA Veteran

The wife of an U.S. Army Afghan War Veteran credits the VA's military family and couples counseling with saving their marriage. After the veteran returned from the war in 2009, he began drinking excessively to cope with PTSD. Their marriage suffered and within a year, the wife began investigating counseling services and options for separation and divorce. She demanded the veteran attend VA counseling. He began counseling and cognitive behavioral therapy in spring 2011. By fall, the veteran asked his therapist if she could recommend a marriage counselor. The therapist informed him that the VA offers marriage counseling to war veterans and their spouses, especially in instances of wounded veterans. The veteran and his wife began attending marriage counseling with another VA therapist in fall 2011.⁷⁴

⁷⁴ Interview with U.S. Marine Corps Veteran, November 2013.

⁷⁵ Virginia Tech Institute for Policy & Governance, "Assessing the Experiences, Supportive Service Needs and Service Gaps of Veterans in the Commonwealth of Virginia – Final Report," 2010.
http://www.dvs.virginia.gov/downloads/rptsnpubs_VWWPPProgressReport2010_FINAL_8410.pdf

⁷⁶ National Resource Directory. <https://www.nrd.gov/state/virginia>

Barriers to accessing existing care and services

Beyond misalignments in the supply of veteran support services and their demand, other factors may be limiting NOVA veterans' ability to take full advantage of the region's extensive network of providers. A survey of veterans conducted by Virginia Tech for the Virginia Wounded Warrior Program in 2010 identified the following barriers to caring for veterans in Virginia:

- **Access:** Lack of convenience and coordination between local agencies and service providers. One NOVA veteran specifically stressed the greater convenience of using VA system services compared to other organizations – including longer and weekend appointment hours at VA facilities and transportation support to access existing VA service providers.⁷⁸
- **Cultural competency:** Lack of cultural competency and knowledge of military and veteran culture among some service providers. For instance, some veterans indicated they did not see the benefit of seeking out support due to a lack of awareness by service providers on the specifics of service branches, career paths and experience, deployment and combat cohorts, and racial and gender-specific needs. Veterans also emphasized the need and importance of peer-to-peer (veteran-to-veteran) relationships as a more effective means of informing them about necessary services and then getting them to actually use those programs.⁷⁹
- **Stigma:** Pursuing services often created an additional barrier, as some veterans feared seeking out treatment would negatively affect their future military and civilian careers.⁸⁰ Even active-duty service members fear visits to a mental health provider will jeopardize their future military careers due to a fear of reporting problems to the chain of command. Many active-duty service members also felt they received mixed messages about seeking treatment from their peers.⁸¹

These barriers indicate that although local services may be plentiful and accessible for veterans and their families, cultural and psychological issues often prove to be the most difficult barriers to overcome. This should be taken into consideration when seeking to fill service gaps in NOVA.

Local Marine Corps Veteran Receives Support From His Fellow Veterans

A local Marine Corps Iraq war veteran who left active duty in 2009 credits his eventual reintegration with being paired up with other veterans on a near-daily basis. Upon returning home, he immediately applied for unemployment benefits and the person assisting him with the paperwork was another Marine Corps Iraq war veteran. As a result of this interaction, the veteran went to college using his post-9/11 GI Bill benefits. While in school, several of the veterans' fellow Iraq war veterans died from suicide or overdose. The veteran again credits his community of fellow war veterans for keeping him from suffering a similar fate. "Without those men and women helping me keep it together during those really rough times, I'm not sure I'd still be here."⁷⁷

⁷⁷ Interview with U.S. Marine Corps Veteran, November 2013.

⁷⁸ Ibid.

⁷⁹ Ibid.

⁸⁰ Ibid.

⁸¹ Institute of Medicine. "Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families." The National Academies Press, 2013. <http://www.nap.edu/openbook.php?record_id=13499>.

Conclusion

To date, thousands of veterans who have served in Iraq and Afghanistan have come home to rejoin their families and communities. Thousands more will soon come home. Many returning veterans will transition back into their civilian lives smoothly, and others may need temporary support as they look for a job or readjust to post deployment life. Others still may need long-term support as they grapple with PTSD, TBI, or polytrauma and are unable to quickly reenter the workforce. The spouses, children, and parents of these veterans will need support too, regardless of the severity of their loved ones' injuries. These issues are particularly prevalent in NOVA, where high concentrations of post-9/11 veterans call home.

In spite of these challenges, veterans and their families can benefit from the goodwill and outpouring of support provided by a deep, diverse network of nonprofit organizations and government entities. In NOVA specifically, the macro-situation for veterans and their families exceeds the national averages in many areas. However, at the micro-level, there is still room for improvement and several ways organizations can better meet the needs of NOVA veterans and their families.

Leverage existing service pathways. As the research indicates, a majority of veterans already receiving services nationally at VA clinics strongly desire to receive additional in-person services collocated at VA facilities. Only 25%–35% expressed interest in receiving benefits at a non-VA medical center, military unit, or community center.⁸² Providers can heed this data and deliver services to veterans and their families at places, and in ways, they are most comfortable.

Complementing VA medical services. Consistent with national trends, demand for mental health care services among post-9/11 veterans is high, particularly for conditions such as PTSD and TBI. By itself, the smaller percentage of VA spending on medical care in NOVA (10.4%) compared to 38% for Virginia as a whole⁸³ (2011 figures) does not imply post-9/11 veterans are under-served. Yet given the high overall demand for these services, it begs the question of how community-based providers in NOVA are stepping in to address the perceived gap in VA investment. Gaining a greater understanding of how NOVA providers – both VA and non-VA – are or are not meeting post-9/11 veterans' mental health needs could yield insights into the preferences and patterns that shape how medical providers organize themselves to serve this population.

Sustaining high levels of education and employment. While demand for employment and education support is less acute in NOVA than national trends, VA spending in this category continues to grow and many large, community-based organizations provide a wide range of services across NOVA. Greater fidelity around the factors driving VA's spending increases and whether that requires commensurate increases among community-based organizations could help NOVA providers develop long-term strategies for their education and employment offerings. Furthermore, performance outcomes of post-9/11 veterans using employment and education services could then help providers make more informed choices on the types of services to deliver.

⁸² Institute of Medicine. "Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families." The National Academies Press, 2013. <http://www.nap.edu/openbook.php?record_id=13499>

⁸³ Department of Veterans Affairs, Office of Policy and Planning, "Geographic Distribution of VA Expenditures (GDX) Report," 2012. <<http://www.va.gov/vetdata/Expenditures.asp>>

Making family support services more widely available. The Blue Star Families, “2012 Military Family Lifestyle Survey Comprehensive Report” and other literature suggest a potentially un-met demand for family support services among post-9/11 veterans and their families. However, this is only one data point. More information is needed to understand how existing family support services from NOVA organizations are used, including the rate of usage, the effectiveness of individual encounters, and providers’ financial investments.

Increasing collective impact. One data point was absent from the body of literature reviewed for this report but was often raised anecdotally among the project’s stakeholders: the suspicion that organizations serving NOVA’s post-9/11 veterans had less collective impact because they operated in siloes independent of one another. Individual data sources did not show this to be the case. Rather than present an un-supported conclusion, the report offers a question instead: how can community-based providers have greater collective impact on NOVA’s post-9/11 veterans?

This report creates a framework for future dialogue among the region’s veteran service providers on how to analyze the supply, demand, and gaps preventing post-9/11 veterans from achieving the positive outcomes earned from serving their nation. It is not a single call to action, but a starting point for the collective action of how best to meet the post-9/11 veteran population’s needs after a decade of war.

Appendix A: References

The list below includes all of the literature that was reviewed during the preparation of this report and cited within the sections above. References are organized in no particular order.

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Appendix B: Veteran Support Service Providers in NOVA

The following table provides a listing of 74 NOVA organizations who serve veterans, based on queries conducted in the National Resources Directory.⁸⁴ This is not an exhaustive list of all organizations providing support services to veterans, members of the military, and their families. For example, the list excludes a large number of NOVA non-profits not categorized as a veteran service provider or may not track if they are serving veterans, but still serve large numbers of veterans.

Figure 7: Sample List of Veteran Service Providers in NOVA

Organization Name	Affiliation with NOVA	Primary Service Category	Organization Type	Primary Group Served
1. Project Enduring Pride	Local Va	Community Activities	Non-stock corporation	Veterans
2. Virginia Department for Aging and Rehabilitative Services	Local Va	Benefits & Compensation Health	Government	Veterans
3. Virginia National Guard Family Assistance Center	Local Va	Family & Caregiver Support Other	State	Family
4. 211 Virginia	Local Va	Other	State/Non-profit partnership	Active Veterans Family
5. Virginia Wounded Warrior Program / We are Virginia Veterans	Local Va	Benefits & Compensation Family & Caregiver Support Housing Health Other	State	Veterans
6. Operation Military Kids - Virginia	Local Va	Family & Caregiver Support	Non-profit	Family
7. Army Family Readiness Groups - Virginia	National	Family & Caregiver Support	Government	Family Active
8. Army Emergency Relief Sections in Virginia	National	Benefits & Compensation	Non-profit	Active Veterans
9. Virginia Department for the Aging	Local Va	Family & Caregiver Support Transportation & Travel Family & Caregiver Support	State	Veterans Family
10. Fisher House Program	Local Va	Health	Non-profit	Family Active
11. Joint Base Myer-Henderson Hall RSO	Local Va	Family & Caregiver Support Health	Government	Family Active
12. Army Community Service-Fort Belvoir	Local Va	Family & Caregiver Support Education & Training Community Activities	Government	Family Active
13. Virginia Department of Social Services	Local Va	Benefits & Compensation Family & Caregiver Support Health Homelessness	State	Veterans Family Active
14. Virginia Vet Care Centers	Local Va	Health Benefits & Compensation Education & Training	State	Veterans
15. Virginia Housing Development Authority: Military and Veterans Programs	Local Va	Housing	State	Active Veterans

⁸⁴ National Resource Directory. <<https://www.nrd.gov/state/virginia>>

Organization Name	Affiliation with NOVA	Primary Service Category	Organization Type	Primary Group Served
16. National Low Income Housing Coalition - Virginia	Local Va	Housing	Non-profit	Veterans
17. Virginia State Independent Living Council	Local Va	Housing	Non-profit	Veterans
18. Vinson Hall Retirement Community	Local Va	Housing	Non-profit	Veterans
19. State Agency for Approving Veterans Education and Training	Local Va	Education & Training	State	Veterans Family
20. Virginia Job Corps Centers	Local Va	Education & Training Employment	Government	Veterans
21. Virginia College Military Student Center	Local Va	Education & Training	Non-profit	Veterans Active
22. Center for Personal and Professional Development - Navy Program	National	Education & Training	Government	Active
23. Virginia Troops to Teachers	Local Va	Employment	Government	Veterans
24. ECPI College	Local Va	Education & Training	Non-profit	Veterans Active
25. Brain Injury Association of Virginia	Local Va	Family & Caregiver Support Health	Non-profit	Veterans
26. Virginia Health Promotion for People with Disabilities	Local Va	Health	Non-profit	Veterans
27. Brain Injury Services	Local Va	Health	Non-profit	Veterans
28. Mental Health America - Virginia	Local Va	Health	Non-profit	Veterans
29. Semper Max	Local Va	Benefits & Compensation Health Community Activities Other	Non-profit	Veterans
30. Northern Virginia Resource Center for Deaf and Hard of Hearing Persons	Local Va	Education & Training Transportation & Travel	Non-profit	Veterans
31. Virginia Department of Veterans Services	Local Va	Benefits & Compensation Family & Caregiver Support Health Education & Training	State	Veterans
32. AFCEA Educational Foundation	HQ in Va	Education & Training	Non-profit	Veterans
33. Army Emergency Relief	HQ in Va	Benefits & Compensation	Non-profit	Active
34. Blue Star Families	HQ in Va	Family & Caregiver Support	Non-profit	Family
35. Coast Guard Mutual Assistance	HQ in Va	Benefits & Compensation	Non-profit	Veterans Active Family
36. Coming Home Foundation	HQ in Va	Family & Caregiver Support	Non-profit	Family Active
37. Freedom Alliance	HQ in Va	Education & Training	Non-profit	Family
38. Military Officers Association of America	HQ in Va	Education & Training Benefits & Compensation Health Transportation & Travel Employment	Non-profit	Veterans Family
39. Military Chaplains Association	HQ in Va	Other	Non-profit	Veterans Active
40. National Naval Officers Association	HQ in Va	Education & Training Employment	Non-profit	Active
41. Navy Mutual Aid Association	HQ in Va	Benefits & Compensation	Non-profit	Veterans Active Family
42. Salute our Services	HQ in Va	Family & Caregiver Support	Non-profit	Family
43. National Military Family Association	HQ in Va	Family & Caregiver Support Education & Training Benefits & Compensation	Non-profit	Family
44. Navy Marine Corps Relief Society	HQ in Va	Benefits & Compensation	Non-profit	Active
45. Peak NT	Local Va	Health	For Profit	Veterans

Organization Name	Affiliation with NOVA	Primary Service Category	Organization Type	Primary Group Served
46. Call of Duty Endowment	National	Employment	Non-profit	Transition
47. My Skill Source	Local Va	Education & Training	Non-profit	Veterans
48. We Are Virginia Veterans- Region II	Local Va	Health	State	Veterans
49. Military Child Education Coalition	National	Family & Caregiver Support Education & Training	Non-profit	Family
50. National Resource Directory (NRD)	National	Other	Government	Veterans Active
51. Crisis Link	Local Va	Health	Non-profit	Veterans Active
52. Hire Heroes USA	National	Employment	Non-profit	Transition Family
53. Ride 2 Recovery	National	Community Activities	Non-profit	Veterans
54. Fairfax County Div. of Disability Services & Planning	Local Va	Health	Government	Veterans
55. Fairfax County Office to Prevent and End Homelessness	Local Va	Homelessness	Government	Veterans
56. (Turbo) Transition Assistance Program	National	Employment	Government	Transition
57. Helmets to Hardhats	National	Employment	Non-profit	Transition
58. IAVA Career Pathfinder	National	Employment	Non-profit	Transition
59. VA for Vets	National	Employment	Government	Transition
60. America's Heroes at Work	National	Employment	Government	Transition
61. ACAP	National	Employment	Government	Transition
62. Military Hire	National	Employment	Non-profit	Transition Family
63. RecruitMilitary	National	Employment	Private	Transition
64. VetsCentral	National	Employment	Non-profit	Transition
65. American Legion	National	Health Employment Family & Caregiver Support Benefits & Compensation Community Activities	Private	Veterans Family
66. Community Foundation for Northern Virginia	Local Va	Community Activities	Non-profit	Veterans
67. The Aurora Foundation	Local Va	Education & Training	Non-profit	Veterans
68. Final Salute	Local Va	Homelessness	Non-profit	Transition Family
69. Homeward Deployed	Local Va	Education & Training Employment Family & Caregiver Support	Non-profit	Transition Family
70. Our Military Kids	Local Va	Family & Caregiver Support	Non-profit	Family
71. Operation Homefront- DC Metro	National	Benefits & Compensation Family & Caregiver Support Benefits & Compensation	Non-profit	Veterans Family
72. United way of national capital area	National	Education & Training Health	Non-profit	Veterans Family
73. Volunteer Fairfax- Stars, Stripes and Service	Local Va	Community Activities	Non-profit	Veterans
74. USO of Metropolitan Washington	Local Va	Community Activities Health Benefits & Compensation	Non-profit	Active Family



About the Community Foundation for Northern Virginia

The Community Foundation for Northern Virginia is a public charity that grows philanthropy to help meet the most critical needs of the community. Comprised of giving circles, donor advised funds, community investment funds and scholarship funds, the Community Foundation engages donors and grantees in building the Northern Virginia community, and engages in research to assess the region's critical needs.

During FY2013, the Community Foundation awarded \$2.2 million in grants to nonprofits, interfaith groups and schools addressing critical community needs; awarded \$240,000 in scholarships to graduating high school seniors in Northern Virginia; and reported approximately \$32,000,000 in philanthropic funds established by individual and corporate donors.

For more information about the Community Foundation for Northern Virginia, visit www.cfnova.org, follow them on Twitter @CFNova, or like them on Facebook at facebook.com/CommunityFoundationforNOVA.



About United Way of the National Capital Area

Focusing on the critical areas of education, financial stability and health, United Way of the National Capital Area and its nonprofit members not only provide immediate relief of social problems affecting the community, but also work to alleviate the underlying causes of these issues. Serving the District of Columbia, Northern Virginia, and Montgomery and Prince George's Counties for 40 years, United Way of the National Capital Area works to inspire acts of caring, deliver hope and improve lives.

For more information about United Way of the National Capital Area, visit www.unitedwaynca.org, follow the organization on Twitter @UWNCA or like them on Facebook at facebook.com/unitedwaynca.

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