Metro Atlanta Veterans Services Report

A study of the quality and quantity of services available to veterans in the Metro Atlanta Area.

Thank you to the Home Depot Foundation and The Marcus Foundation, Inc. for commissioning this study and supporting us as partners in this effort to help the Veteran Community.
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**Study Overview**

The Metro Atlanta Veterans’ Services Research Project (M.A.VSRP) is the first comprehensive Metro Atlanta-focused research project designed to help the philanthropic, business, government and nonprofit communities understand how to best support and service the veteran community in Metro Atlanta.

The information gathered in this study will help these groups understand the efforts of nonprofits in the Metro Atlanta (M.A.) area as well as the needs of veterans in the area by providing an environmental scan and analysis of the current state of nonprofits serving veterans and veterans in the area of concern. Subsequently, this report will reveal gaps in service between what is currently provided to veterans and what veterans need now and will need in the future. As indicated above, Metro Atlanta is defined here as Cherokee, Cobb, Clayton, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry and Rockdale counties.

**Study Objectives**

This study was conducted to help provide a snapshot profile of the Nonprofits serving the veteran community in Metro Atlanta as well as a snapshot of the veteran population in Atlanta. This study is an effort to explore the type and depth of services available to veterans from nonprofit service providers, reveal capacity and capacity needs of organizations delivering these services, identify service gaps in services available, and bench mark and analyze data collected against secondary research and national statistics.

**Short Term Outcomes**

- Reference materials outlining the number, scope and size of support services currently available to veterans in Metro Atlanta.
- Assessment of the current “state” or capacity of organizations and services currently available to support the veteran community and an outline of existing service delivery gaps.
- A prioritized framework for solutions building.
- An informed platform from which to initiate collaborative conversations.
- A database of organizations providing services for veterans in Metro Atlanta.

**Long Term Outcomes**

- Expanded collaboration amongst business, philanthropic, nonprofit and government leaders serving and supporting veterans.
- Development of a construct for collaboration and an outline of opportunities for additional conversations and collaboration.
- Utilization of the developed framework to move forward, as a leadership collaborative, to improve defined elements of performance, such as leadership, management, or technical capacity of nonprofit organizations serving veterans.
- Growth of a stronger nonprofit community poised to respond to the greatest needs of veterans.
Survey Design & Methodology

This survey was designed to cover Metro Atlanta target populations. The Metro Atlanta 10-county definition to which we adhered is used by the Atlanta Regional Commission (ARC) and is generally used as a more narrow definition of the region than the 28-county definition used by the Metro Atlanta Chamber (MAC) or the Census. The 10-county definition is more appropriate here for multiple reasons as outlined later in the report. The 10 counties included are Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry and Rockdale.

All nonprofits were given the same survey and all veterans were given the same survey. The nonprofit and veteran surveys were conducted online via the surveymonkey.com surveying tool and through paper-based hand distribution. One-on-one interviews were also conducted via phone and in-person with national and local nonprofits chosen based on their reputations of success within the industry. Interviews were also conducted with a small number of veterans amenable to speaking openly and frankly about their experiences. A total of 92 surveys were completed across the nonprofit population of interest. This response rate indicates over a 64% response rate. A total of 92 surveys were completed across the veteran population.

Data Summary

The following high-level overview provides a brief capsule of the data presented more fully later in this report for those who will not read the entire report.

NONPROFITS SERVING THE VETERAN COMMUNITY

Demographics:

- There are approximately 7,603 nonprofits (Reporting Public Charities) in the state of Georgia (2009).
- Within the 10-county Metro Atlanta area, approximately 45 nonprofits are registered as veteran focused organizations with the National Center for Charitable Statistics (2010).
- There are approximately 146 nonprofits in the Metro Atlanta area that service veterans. Of the nonprofits which responded to our survey, approximately 19.6% of these nonprofits are veteran focused organizations and 80.4% are not veteran focused but rather work with veterans as a component of their overall service offering.
- Of the approximately 7,603 reporting nonprofits in Georgia service area breakdowns include: housing/shelter (30.1%), veterans services (19.4%), human services (15.1%), health institutions/services (15.1%), and mental health/crisis intervention (10.8%).
- Of the the nonprofit survey respondents serving veterans service area breakdowns include: housing/shelter (33.8%), human services (multipurpose) (19.1%), health institutions and services (16.2%), mental health/crisis intervention (11.8%), and employment (10.3%)
- Of the approximately 7,603 501(c)(3) reporting nonprofits (Groups that generate over $25,000 in gross annual revenue are required to file a 990 tax return with the IRS: we call these reporters) in Georgia, 79.1% have less than $500,000 in expenditures, 0.7% have greater than $10,000,000 in expenditures, 2.9% have somewhere between $10,000,000 and $99,999,999 in expenditures, 2.0% have somewhere between $5,000,000 and
$9,999,999 in expenditures, 9.1% have somewhere between $1,000,000 and $4,999,999 in expenditures, and 7.1% have somewhere between $500,000 and $999,999 in expenditures.

- Of the nonprofit survey respondents serving veterans in M.A., approximately 30% have an operating budget between $100,000 and $500,000. Approximately 16.2% have an operating budget less than $100,000. The highest category of representation amongst the nonprofits (54.4%) has an operating budget greater than $500,000, with around 7.4% of these nonprofits having an operating budget above $10 million. There is variance in what type of groups have the largest budget, but housing and shelter organizations have the highest representation in the higher budget levels.

**Capacity (Self-Reported):**
- 35% of nonprofit survey respondents working with veterans have experienced increases in revenue since 2006
- 73.9% do not have a waiting list for their services
- 65.2% rely upon other organizations to provide integral components of services they purport to offer to clients.
- 87% act as a referral service for services which they do not provide.

**Veteran Focus:**
- 80.4% of nonprofit survey respondents working with veterans do not serve veterans exclusively.
- 95.7% are not aware of the number of veterans in the Atlanta area, nor are they properly aware of the demographic representation of veterans in M.A.
- Nonprofit organizations working with veterans non-exclusively, on average, have a veteran client rate of about 0-40% of their clients. There is no strong variance based on the nonprofits type or area of service. There are, of course, a larger percentage of veteran clients amongst nonprofits who identify their primary field of service as veteran’s services. A large number of groups who provide housing shelter report that their clients include between 0 and 60% veterans.
- Nonprofit organizations serving the veteran community are not well aware of specific details about the clients with which they work.

**Type of Focus:**
- 67.4% of nonprofit survey respondents working with veterans provide housing, education or unemployment services to veterans.

**Homelessness:**
- 82% of nonprofit survey respondents working with veterans believe that homelessness is a major problem in the veteran community.
- The primary causes of veteran homelessness among nonprofit respondents were considered to be substance abuse issues, mental health disorders, and overall economic conditions. Most (53.6%) sought to address these causes through educational/training services, mental health counseling, and employment location services.
- 73.9% provide homelessness assistance of some type.
- Of the organizations that work against veteran homelessness, most work with chronically homeless veterans citing an increase in long-term goal solution oriented housing help.

**Mental and Physical Health:**
- 50% of nonprofit survey respondents working with veterans provide mental and physical health care assistance.
- Of the organizations that work to improve veteran mental and physical health, most report that they have enough employees to help all the veterans who come to them for help.
- Of the organizations that work to improve veteran mental and physical health in M.A., most observe either Post-Traumatic Stress Disorder and/or Major Depressive Disorder as the most common mental ailment amongst veterans.
• Of the nonprofits that address substance abuse issues, most seek to address substance abuse through counseling services.

Education and Training:
• Of nonprofit survey respondents working with veterans most report that most of their clients do not have a college degree.
• Few nonprofits offer job training or educational services.
• 40% of the nonprofits that do offer job training or educational services reported less than 20% of veterans receiving employment within a year.
• 68.6% of nonprofit survey respondents working with veterans make their veteran clients aware of GI Bill provisions.

Reintegration:
• There is no universal definition of social reintegration. Some nonprofits do not use this term, whereas the most concise definition is the ability of the veteran to reenter civilian life by recovering from trauma, coping with their environment and overcoming obstacles.
• 71.4% of nonprofit survey respondents working with veterans cite finding employment as the most common barrier to social reintegration. Other common barriers to social reintegration are finding stable housing and reconnecting with family and friends.
• Nonprofit respondents cite that several problems are experienced by veterans in trying to obtain employment: lack of a stable address, lack of computer and/or interview skills, substance abuse problems, mental illness, criminal history, legal problems, and transportation problems.
• 50% of nonprofits stated that substance abuse was one of two of the most common health problems observed among their veteran clients.
• The average length of time that veterans receive mental health services for over 50% of nonprofits (57.2%) is less than a year.

Sustainability and Accountability (self-reported from surveyed nonprofits):
• 62.5% of nonprofit survey respondents working with veterans have not run a deficit in the past five years (2005-2010).
• 72.4% of nonprofits surveyed generate an annual audit conducted by an outside entity, produce monthly financial statements and review them for exceptions, and have an active financial committee on the board.

Management/Board Performance (self-reported from surveyed nonprofits):
• 68% of nonprofit survey respondents working with veterans reported their fundraising efforts as either adequate or excellent.
• An overwhelming majority of the respondents reported that they deliver consistent and high-quality services.
• 62.5% reported that their organizations display excellent financial management and oversight.
• 62.5% also rated their nonprofit organizations as excellent concerning talent management (setting goals and expectations).
• 46.9% indicated that they receive and analyze important information adequately.
• A slim majority (53.1%) rated their organization’s performance pertaining to information management (i.e. data management) as excellent.
• 43.8% rated their organization’s benchmarking and result evaluation skills as adequate.
• 37.5% had 100% of the board members make annual monetary contributions to their organization.
• 72.4% observed a correlation between board performance and organizational effectiveness.
**VETERANS**

**Demographics:**
- In 2010, the total population in Georgia was 9,687,653. Veterans comprise 773,858, or approximately 8% of Georgia’s population.\(^1\) Approximately 216,000 veterans reside in Metro Atlanta as defined by the 10-county statistical definition provided here. There are approximately 146 nonprofit organizations in M.A. who serve the veteran population (not including fraternal organizations).
- No age group represents a majority of the survey respondents. Approximately one-third of veteran respondents were between the ages of 50-60 and one-third were between the ages of 40-60.
- Nationwide, and in Georgia, the majority of veterans are non-Hispanic whites. However, the 56.9% of veteran respondents in this survey are African-Americans. The group exhibiting the second largest demographical representation (41.2%) is non-Hispanic whites. The veteran population is also overwhelmingly male.
- 57.7% of the veteran respondents reported that they have experienced homelessness after their departure from the military.
- 59.6% of the veterans surveyed are not married, but have been married at some point in their lives.
- 74% of veteran respondents have children, although 84.3% do not have any dependents that are not children.
- The greatest percentage of veterans surveyed in the Vietnam War (representing 25% of veterans surveyed). 15.4% of the veterans surveyed served in Operation Enduring Freedom (Afghanistan), and the same percentage served in Operation Iraqi Freedom (Iraq).
- 44.2% of the veteran respondents had not served in any combat.
- 83.7% of the veteran respondents served between 1-2 tours, with 9.3% of respondents serving more than three tours.
- 65.2% of the veteran respondents report incomes less than $20,000, with 17.4% having incomes more than $80,000. 71.1% of veterans did not receive income from either pensions or retirement; 86% did not receive any income from public assistance (i.e. welfare) and 92.5% did not receive Supplemental Security Income. 49% of veteran respondents received their income from wages, salaries or bonuses.
- 19.2% of veterans have a Master’s Degree, and 40.4% have a high school diploma. 19.2% have their Associate’s Degree and 15.4% have their Bachelor’s Degree.
- 94.9% of veterans reported not receiving VA payments other than service-connected disability compensation payments, which were received by 32.6% of respondents.

**Awareness:**
- Some veterans don’t understand the services and benefits available to them from the VA, nor do they know how to apply for them.
- 15.4% of veteran respondents would not receive services from the VA because they don’t know how to apply or receive benefits.
- 59.6% of the veteran respondents are not aware of any state-specific services available to veterans in Georgia. However, 36.5% are aware of unemployment assistance from the Department of Labor (DOL), as well as free burial in state veterans’ memorial cemeteries.
- 51.9% were made aware of services and benefits available from VSOs.
- 57.7% have not received services from VSOs.
- 70.6% of veteran respondents are very willing to obtain information through the Internet about services; 76.5% are very willing to carry out research about services through the use of the Internet, 70.6% are willing to use
the Internet to obtain information about veteran benefits through the Internet, and 62% were very willing to use the Internet for searching for employment, although 47.1% were very willing to use the Internet to respond to polls or surveys.

Employability:

- 12.1% of Veterans Nationwide are unemployed and the unemployment rate in GA has hovered around 10% for several years state-wide amongst all parties. As of November 2011, the unemployment rate for OIF/OEF veterans was 18.7% (almost two times that of the general population). The average unemployment rate for the 10 counties observed here over the last 13 months is 9.3% (GA DOL).
- Of the veterans surveyed who responded to our question about employment, 50% are not employed.
- 51% of veteran respondents believe they were well prepared or very well prepared to enter the civilian job market after military service while 33.3% believed they were poorly or very poorly prepared to enter the civilian job market after military service. However, only 30.8% of veteran respondents agree that their civilian job matches the occupations they were trained for in the military. 32.7% stated that the training, skills, or experiences that they gained in the military applied a lot to their civilian job.

Mental and physical health:

- 75% of veteran respondents have known mental or physical health issues; 57.7% have either a mental or physical disability; and 61.4% have a physical disability.
- 31.8% of disabled veteran respondents have a mental disability.
- 28.8% had physical or mental health issues resulting from combat.
- 32.3% of veteran respondents who were or are homeless after military service attribute their homelessness to substance abuse, yet less than 4% utilized any substance abuse rehabilitation services.
- The overwhelming majority of veteran respondents, 71%, attribute their homelessness to unemployment.

Homelessness:

- Presently, 50% of veteran respondents are not homeless, even though 57.7% experienced homelessness at some period after their service in the military.

Reintegration into Society:

- 78.8% of veteran respondents believe that they have reintegrated into society (defined as adjusting to civilian life).
- 59.6% responded that they did not utilize any services to help them reintegrate into society, but 13.5% of the veteran respondents utilized educational services.
- 57.7% have not received benefits or services from any VSO; however, 30.8% received services or benefits from a federally funded organization.

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1Georgia QuickFacts. United States Census Bureau
http://quickfacts.census.gov/qfd/states/13000.html
Introduction

The Report:
Veterans Issues: National Context and Scope

In order to understand local dynamics related to veterans issues, it is important to put them in the context of the national dynamic and total scope. This section is a compilation of national academic, federal government level, state government level, nonprofit, and think tank research that provides the backdrop for our local study. It is important to note that a number of the studies referenced in this section conducted extensive research among veterans and the various entities that work with veterans, rather than simply using agency reports or intake statistics, and therefore provide a robust sense of what veterans themselves feel the most pressing issues facing them are as they reintegrate into civilian life and a glimpse into the capacity of all involved sectors to supply an infrastructure that can meet veteran demand for services. Essentially, this data provides a comparison point to the local data collected among veterans living in the Metro Atlanta area. It is also important to note that many of the studies have amassed longitudinal data on the effects of prior wars on veterans and have provided historical context for the development of services and approaches for providing support and care to veterans in the U.S. This provision of information is critical and we will use this context to discuss currently available and needed services and approaches.

What is a Veteran?

When using the term “veteran” many mean reference to soldiers who were engaged in combat. It is important to understand that, by general definition, a veteran is a person who has served in the armed services which includes every individual service member from front-line soldiers to cooks, to Reserve Members, to the National Guard. Thus veterans are not just service members who have engaged in warfare, but all veterans of all divisions of the armed forces from both peacetime and wartime eras whether or not they have been deployed to a combat zone.

Scope of Veterans in the U.S., Georgia and Metro-Atlanta

The U.S. has been at war for 46 of the past 75 years. Since October 7, 2001, the United States has been at war in Afghanistan. Beginning in 2003, the U.S. launched an offensive in Iraq which lasted 9 years. Prior to these wars, the United States had recent engagements in the Persian Gulf from 1990-1991, and a lengthy battle in Vietnam from 1955 until 1975. Before Vietnam, the US helped defend South Korea against North Korea and China from 1950 until 1953, and helped the Allied powers defeat Hitler’s Axis powers in World War II where we were in combat from 1941 until 1945.

During these conflicts and in the intermittent peacetime eras, the U.S. has produced around 21.9 million veterans or 7% of the total U.S. population (312.8 million). Of these living veterans in 2009, approximately 1.4 million were OEF veterans; 4.5 million were Gulf War I and II veterans; 7.6 million were Vietnam-era veterans; 2.7 million were Korean War veterans, and 2.3 million were World War II veterans. In 2009, there were also 5.6 million living veterans that served during peacetime.

<table>
<thead>
<tr>
<th>World War II</th>
<th>Korean War</th>
<th>Vietnam War</th>
<th>Gulf War I</th>
<th>Operation Enduring Freedom And Operation Iraqi Freedom</th>
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www.census.gov

www.census.gov
In 2009, Georgia had a total population of 772,832 veterans comprising 7.9% of Georgia’s total population and 3.4% of the total U.S. veteran population. 4 In the ten county statistical definition of Metro Atlanta used in this report, there were 216,000 living veterans as of 2010. 5

Different Service Eras – Different Veteran Experiences & Outcomes

It is perhaps trite to state that veterans from different conflicts (or periods of peace) will have vastly different experiences and outcomes as a result of the nature and length of their service in general, variances in active conflict scenarios and circumstances, the types of warfare technology used, training advances, equipment advances, medical and diagnostic advancements, and policy shifts affecting their service and available support upon reintegration. But, we would be remiss not to include that information here. In addition to these very practical considerations, the sentiment of the public (and now the world) relative to their service and sacrifice and the perceived validity or invalidity of the reasons underlying warfare are also relevant to their experience and outcomes.

However obtuse this observation may appear, when considering how to support veterans as a group, this singular point should be kept at the center of understanding data and developing services. The veteran population is not a homogenous group, it is diverse and distinctive relative to the era and nature of an individual’s service and the demographical distribution of veterans.

Combat VS Non-Combat Zones

It is generally agreed upon that war has harsh visible effects and consequences on its participants regardless of the war in which they served and according to much available research and our contact at the VA, veterans who served in combat zones are more likely to have mental or physical health complications than those who have not (Dean, 1997; Jones and Palmer, 2000; Newman, 1964).6 The distinct difference lies within the significant and enduring effects of the war and violence inherent in combat on one’s body and psyche. It also lies in technologies utilized to wage war as much as the technologies used in equipment, training and importantly, medical diagnosis and treatment. However, less obvious differences also influence veteran outcomes such as the repercussions that societal associations – positive or negative – about a particular conflict attach to veterans socially and politically. We know this to be true by simply

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4 [www.census.gov](http://www.census.gov)

5 Wheeler, Pete, 2010 Annual Report, Georgia Department of Veterans Service.

comparing the media coverage of returning Vietnam War vets compared to that of WWII returning veterans; one group was vilified while another was heroically celebrated. These attachments have a great deal of influence on the experience and successful reintegration of combat veterans. Other societal shifts, most notably the shift in accepting mental health issues as tangible, treatable conditions also have a great deal of influence on veteran outcomes.

In fact, the invisible effects of war are and have been a hugely important veteran issue in general, but uniquely so because they have been largely ignored by the Department of Veterans Affairs until the recent decade. In effect, invisible war wounds were a silent culprit while physical wounds were given attention. In fact, it is important to note that the Department of Veterans Affairs only distinctly recognizes mental health issues as part of their classification of unique health risks of war in relation to post 9/11 vets.7

However, a veteran leader (and veteran) with whom we spoke cites significant belief that post-traumatic stress disorder (PTSD) for example, has been a pervasive condition experienced by vets throughout the ages (with a first formal recognition of PTSD in 1979)8, however it has only been recently studied; diagnostic tools have only been recently developed along with treatment protocols; and lastly, it has also only been recently designated by the military as a qualified medical issue which would lead to covered treatment and benefits.

In terms of mental health and reintegration issues, combat zone veterans are more likely to have created a sense of family, fraternity, sorority or great reliance on their military counterparts than those who have not served in combat. Although this is positive in warfare, it can be difficult to emerge from war and reunite with their families without feeling extreme sadness, remorse and a feeling of mourning lost relationships9. This sense of loss can affect successful reintegration into work, marriage, or friendships leading to or exacerbating other mental or physical impacts of war. Moreover, deployments have lengthened deepening transition issues and creating the need for new terms, such as “combat fatigue” for the new reality of military service.

The positive outcome of the qualification of mental health issues by the DVA is an increase in attention given to these conditions and their concomitant causes, increased research into the invisible wounds of war (which shows that veterans as a whole are more affected than previously thought), as well as increased attention to veterans issues overall. This improved and increased research is uncovering nuances of service such as the differences in outcomes between conscripted and volunteer service experiences, effects of protracted deployment, etc.

Beyond mental health, perhaps the most widely demarcated difference among war eras are the unique physical health risks and illnesses experienced. Researchers are exploring data that show that post 9/11 veterans are dealing with new illnesses and injuries, such as traumatic brain injuries (TBI)10, combined penetrating and blunt trauma, blast or burn injuries, as well as illnesses such as multi-drug resistant acinetobacter11, unidentified dermatologic issues, etc. as a result of technological advances in warfare. These are compared to pre-9/11 war technologies such as overt chemical warfare (Agent Orange and Mustard Gas), nuclear exposure, as well as illnesses unique to an era or combat zone as prevalent such as Hepatitis C in the Vietnam era. The expressions of these various unique health risks and issues vary dramatically by era as do the outcomes of the veterans experiencing them which are related to the progression of diagnostic and treatment protocols and relative training and equipment efficacy.

While the vast array of differences between the veterans of different wars and eras is not listed in an exhaustive fashion above, the distinction between the experiences of veterans groups is given to help the reader understand that differences in health risks and experiences, as subtle as they may seem, do influence the prevalence of outcomes such

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7 www.va.gov
8 www.va.gov
as incidences of suicide, substance abuse, or the inability to reintegrate into civilian society, among a particular veteran cohort.

The historical record and statistics presented above indicate that there are veterans of varying ages and varying circumstances across the United States of America and across our sample population in Metro Atlanta. For example, whether a veteran originated from a strong family support system, an affluent or impoverished home, with or without higher education, and other socio-economic, cultural, religious backgrounds factors into the relative ease or difficulty of reintegration. In addition, officers who enter the service generally fair better than service members who enlist right out of, or not long after, high school.

“Camaraderie separates the officer community from the enlisted community. Officers stay connected, because they have various officers clubs and infrastructure in place to promote this continued connection.”

As such, there are veterans who separate from military service without any problems or issues. These veterans often find civilian employment, continue their educational paths, bond with their families, and are without impairing physical and mental health concerns. These veterans are not the typical consumer of veterans’ services through institutional outlets and nonprofits. An exception to this may be related to the economy whereby otherwise thriving veterans find themselves unemployed and reliant upon veterans’ health services (as opposed to company sponsored health benefits), or job retraining services from a nonprofit for example.

However, at increasing rates, especially in the post-9/11 era, there are veterans who do not have seamless and positive separation from service. Instead, many veterans who separate from military service (especially those who served in combat) emerge with a multitude of issues.

In fact the array of issues is overwhelming. Thus we have conducted a review of recent national and regional research along with a study of Metro Atlanta veteran service providers and veterans in the metro area. This effort is to identify major issues and highlight those that we have found have both the largest representation in national and regional research, and our survey that accompanies this report which provides insight into the Metro Atlanta area.
Factors that Predict an Easy or Hard Re-entry into Civilian Life*

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<th>Factor</th>
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<th>Harder Time</th>
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* PEW RESEARCH CENTER, 2011

Reintegration Ramp

The military is in many ways an island within America that average citizens are not accustomed to. Consider that the military has its own judicial system, its own police force, its own housing and grocery stores, a distinct culture and code of ethics, etc. Service men and women do not simply take a job, rather they are inculcated into a way of life. So much so that the on-boarding process, or recruit training process, for military service can last up to 22 weeks.

“Training provides military identity.”

During this process, recruits are taught to think, and act as soldiers and the resultant level of personal change is a deeply behavioral one rather than a surface subscription. For service persons that spend long tenures in the military, the adjustment to civilian life is compounded by the depth of behavioral adaptation. This issue is relevant to veterans of pre 9/11 wars and those who have served in peacetime. The inherent issues of combat-filled service grow and are particularly acute amongst post 9/11 service members as the average veteran returning from Iraq or Afghanistan is deployed more often and for a longer period of time, typically with fewer reprieves between deployments. In addition, those who have experienced combat conditions may have an even more acute issue with transition as many

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have deep fraternal bonds with their colleagues and for which the loss of these bonds upon separation is significant. In sharp contrast to the carefully orchestrated on-boarding process, the off-boarding process is literally a few days, a mere fraction of the amount of time spent in the on-boarding process. In short, men and women of the armed services are never taught how to mentally deactivate themselves from service and they are offered very little transition assistance.

As of 2011, an estimated 2.33 million U.S. troops have been deployed to Iraq and Afghanistan as a result of Operation Iraqi Freedom and Operation Enduring Freedom. Approximately three-quarters of these troops were active duty\textsuperscript{11}. While many of the veterans returning from Iraq and Afghanistan experience the same stressors as their predecessors from the Great World Wars, Korea, Vietnam, or the Gulf Wars, there are some unique features of Operation Iraqi Freedom and Operation Enduring Freedom that have created new problems for these veterans. As both Operation Iraqi Freedom and Operation Enduring Freedom draw to a close, the United States faces the prospect of over 2.3 million veterans returning to a nation suffering from persistently high levels of unemployment (approximately 12.1 percent of all veterans are unemployed, a number significantly above the level of total U.S. unemployment), hurdles to easy accessibility of physical and mental health care, and impediments to readjusting to civilian society\textsuperscript{12}. When soldiers are not well reintegrated into society, they can face severe challenges. Some of the most crippling of those challenges are unemployment, mental and physical disabilities, and homelessness.

**Economic & Social Barriers to Reintegration**

For example, military life is quite rigid and as such, a soldier’s life is highly structured and team oriented; he or she is a cog in a large wheel that must work in concert with others ‘for the good of the order’. Although civilian jobs are not devoid of team work, for the most part, job performance is highly driven by self-reward and many jobs are individualized rather than team structured. Most veterans, and particularly combat veterans, thrive on the fraternal nature of military service and the culture shift to what they perceive as a cut-throat corporate culture can be a severe struggle. Further, for those who have served in combat zones, there are a whole host of complexities, including mental and physical health issues, the breaking of fraternal bonds and stress on family ties (that may make it difficult, post-war, for veterans to re-establish family ties with their spouses, children, and extended family), and the mourning of loss (either death or physical separation) derived from combat and separation from the services.

Moreover, even years after their war-time experiences have ended, the imagery of war remains incredibly vivid in the daily lives of veterans which makes social reintegration incredibly difficult for the veteran and all who interact with them. For example, simply encountering a person from a particular ethnicity in a grocery store might trigger PTSD symptoms. These difficulties primarily cause social and emotional issues, but often times, these issues spillover into creating job retention and economic difficulties for the former soldier.

\textsuperscript{11} Abcnews.go.com/politics/us-veterans-numbers/story?id=14928136
The ability for veterans (who are able to work upon return) to find employment and quickly establish some mode of structure in their lives is key to reintegration success. However, as both Operation Iraqi Freedom and Operation Enduring Freedom draw to a close, the United States has faced the ongoing dynamic of over 2.3 million veterans returning to a nation suffering from persistently high levels of unemployment.

Nationally, as of November 2011, the unemployment rate for all veterans was 12.1%\(^\text{13}\) compared to an unemployment rate of 9.1% for the general population and male veterans have, on average, a higher unemployment rate than women. However, within the unemployed veteran population, Gulf War Era II veterans (Operation Iraqi Freedom) have an unemployment rate of 18.7%, almost twice the unemployment rate of the aggregate veteran population\(^\text{14}\). Moreover, between the period November 2010 and November 2011, the unemployment rates for both the aggregate veteran population and nonveteran population declined, whereas the unemployment rate for Gulf War Era II veterans almost tripled. Several reasons have been suggested as to why younger veterans have such a high unemployment rate: First, many of these veterans enlisted immediately after graduating from high school, so they lack the credentials to apply for many jobs. Second, many of the veterans are from, and return to, rural areas that have suffered from chronically high unemployment. Third, the longer time spent in the military, the longer time many potential employers believe that veterans have spent not being employed in any private-sector job (Beucke 2011). Fourth, some skills that were used by veterans in the military are not easily transferable to civilian employment. And finally, the recession has led to a decrease in government-sector jobs, and these are the jobs that veterans in all sectors are most attracted to.

Beyond the difficulties that the economy presents in terms of job shortages, the prospect of employment reintegration can be a daunting one for veterans that may struggle to find an application for the skills they acquired in the military. If they do find a job, the economic realities of civilian life are often vastly out of synch with the subsidized standard of living found in the military.

Most military service members join as enlisted members (with a high school education or some college education but no college degree). In large part, research shows us that enlisted personnel are more prevalent from zip codes where the median income is between $25,000 to $55,000 per year\(^\text{15}\). The national median income is about $50,000 a year\(^\text{16}\) which means that those joining the military come from largely low-to-middle income neighborhoods. In fact, many young men and women join the military for a “way out”, and many of them believe that military service will be a life-long career. When it becomes clear to service members that their military career will not be an enduring one, there can be difficulties in separating from the service and aligning one’s military career and skill set with civilian industries’ career offerings.

\(^{13}\) abcnews.go.com/politics/us-veterans-numbers/story?id=14928136


\(^{16}\) www.bls.gov
Further, many enlisted members join the forces believing that they might obtain a specific type of job such as becoming a paratrooper or other exciting position. The reality is that they are often assigned to positions like truck driver or ammunition management (which is essentially a mover). Firstly, these types of positions may not be the career path that the individual wants to pursue over the arc of their full career but they may feel “stuck” in terms of the types of jobs they qualify for upon return. Second, there are a variety of military jobs for which there are very few applications in civilian life. Depending on the geographic area a soldier is returning to, and the length of time in the position and/or age of the veteran, finding applicable work can be extremely difficult.

Last, the quality of life one derives from a salary of $35,000 in the military where they are also afforded benefits like commissaries that provide low cost food and base housing at substantially lower than market rates, is not the same as a similar salary in the civilian world. Thus, economic issues arise as former service members find it difficult to translate their military career and standard of living into a civilian one.

**Mental & Physical Issues**

Beyond economic and social reintegration, the reality of war is that, for some, there are a host of mental and physical realities that make it difficult to reintegrate well.

Modern soldiers experience a variety of novel threats, such as the use of asymmetrical warfare and the presence of improvised explosive devices (IEDs). As a result, veteran service organizations are witnessing the emergence of what are aptly termed the “invisible wounds of war.” These are mental disorders, such as Post-Traumatic Stress Disorder, Traumatic Brain Injury (TBI), and depression, whose effects are largely ignored due to the lack of physical manifestations of these disorders. Even more frustrating, for many veterans, the effects of PTSD and other disorders may not be apparent immediately after conflict, they may in fact be delayed causing a seemingly thriving veteran to spiral into manifestations of the condition well after what may seem a successful transition.

The Department of Veteran Affairs has discovered that the incidence of mental disorders, including PTSD has increased over time. There are a couple of reasons for this finding. First, modern medicine has better diagnostic technology and thus the relative volume of identified wounded has dramatically increased relative to prior wars. Second, medical advancements allow the combatants to be quickly treated and sent back onto the field after jarring injuries occur. Further, in spite of longer periods in combat, fatalities have declined as a result of technological advances. This presents a sort of catch-22 as the decline in fatalities creates long term demand on health systems resulting from substantial injuries and the repercussions of those on mental health.

In fact, the incidence of PTSD, major depressive disorder, and TBI are higher compared to those of the general population. Researchers have identified the most prevalent risk factors in TBI occurrences as serving in the Army or

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21 www.va.gov
Marine Corps, youth, and being enlisted. For PTSD, major identified risk factors include being a member of the Army, Marine Corps, National Guard or Reserve and being either female or Hispanic.\textsuperscript{22}

Although research into the diagnosis and treatment of TBI is in its early stages, one of the strongest predictors of TBI is exposure to combat trauma. Modern soldiers experience a variety of novel threats, such as the use of asymmetrical warfare and the presence of improvised explosive devices (IEDs). The use of IEDs has led to an explosion in the incidence of TBI, or traumatic brain injury. For example, the Defense Veterans Brain Injury Center estimates that approximately 2,700 troops and potentially 30\% of troops in active combat in Afghanistan and Iraq for four months or more have suffered a TBI.

In addition to TBI and other physical trauma, the rate of veterans returning with other mental health disorders has increased, while the rates for other medical diagnoses remain constant. (Hoge et al, 2004). And like TBI, the best predictor of both PTSD and depression is the degree of exposure to combat trauma. In fact, Better diagnosis and increased awareness of the medical dynamics of modern warfare have led to an expansion of the provision of mental health services by the VA, with over 40\% of OIF/OEF veterans receiving treatment (either inpatient or outpatient).\textsuperscript{23}

However, although the veteran service community is better prepared to cope with veterans suffering from PTSD and/or major depressive disorder as opposed to TBI, the incidence and subsequent treatment of these disorders still reveals concerning trends. Even though veterans experience PTSD and major depressive disorder at rates higher than the general civilian population, they seek treatment for these disorders at similar rates to the general population. As a result, a large number of veterans (47\%) with PTSD or major depressive disorder do not receive treatment. Even worse, 57\% of veterans who reported a probable TBI during deployment had never been evaluated by a specialist for possible brain injury. For those veterans who do receive treatment, receiving quality mental health care remains a formidable barrier to readjusting successfully into civilian life. Approximately 25\% of veterans expressed skepticism that “good” (not defined) mental health care would be effective. Furthermore, many believed that their information would not be kept confidential and their disorder would impede future job opportunities. Yet another 45\% were concerned about possible unfavorable side effects as a result of drug therapies.\textsuperscript{24}

Three broad classes of concerns relating to seeking mental health care treatment were identified: logistical (i.e. transportation) issues, institutional/cultural issues, and beliefs/preferences for treatment. For instance, over 40\% of the respondents felt that seeking mental health treatment would negatively impact their future career prospects. Despite the reluctance of many veterans to seek mental health treatment, studies have shown mental health problems are correlated with physical health problems. Veterans with any of the disorders assessed in the study have a greater likelihood of having other psychiatric problems, and exhibit higher rates of unhealthy behaviors, such as overeating, smoking, and substance abuse. The necessity of providing effective mental health care is crucial to solving problems widespread among the veteran community.

**Homelessness**

The economic realities in the U.S. coupled with the explosion of diagnosed cases mean that mental and physical health services at the federal, state and local level face a difficult task in meeting the demand of soldiers in need of these services.
services. For some, the combination of difficulties with social reintegration, economic or family stability, and some diagnosed or undiagnosed trauma spiral out of control and protracted unemployment and/or homelessness becomes a serious issue. In a 2011 study conducted by the National Center on Homelessness among Veterans, there exists, on average, a higher proportion of veterans that are both homeless and in poverty than exist in the general population. Female veterans were overrepresented, compared to the general population, among the homeless by a factor of two, and a factor of three when compared to the general female population living in poverty. For males, there were 30% more homeless veterans than the proportion of veterans in the general population and 50% more veterans living in poverty than the proportion of veterans in the general population. Among males, veteran status is associated with a 47% increase in the probability of becoming homeless, and this statistic is more than doubled for the female veteran population.

It is estimated that on any given night in the United States, between 100,000 and 250,000 veterans of the armed services are homeless. For the purposes of this section, we define homeless as someone with precarious housing, or housing and shelter that is not their own. While some have the comfort of a roof over their heads provided by family or friends, many thousands are in homeless shelters or are on the street.

It is important to note that within the veteran population, some demographic groups are more at higher risk of homelessness than others. Although female veterans represent a much smaller proportion of veterans than males, their numbers have doubled since 1980. This is an important statistic because, female veterans are three to four times more likely to be homeless than nonveteran women, and almost two times as likely to be homeless than their male counterparts. Further, if a woman veteran is black, or if she heads a family with young children, the risk becomes even more acute. A study conducted by the National Center on Homelessness among Veterans reported a 40% likelihood of homelessness among black female veterans compared to the poverty population, and a 9% likelihood compared to the general population.

There are several reasons that could be attributed to the increased risk of homelessness among females. A study conducted by the Journal of Health Care for the Poor and Underserved discovered several risk factors for homelessness and characteristics of homeless female veterans. It found that sexual assault during military service, PTSD (and other anxiety disorders), disability, and unemployment were strongly associated with homelessness.

Despite the race and gender concentrations, the two factors found to be most significant in determining veteran homelessness were race and age. In fact, black and older male veterans were overrepresented among the homeless veteran population as a whole even though the number of homeless male veterans has declined since the Post-Vietnam Era. For women, although young, female veterans of color are overrepresented amongst homeless vets, older females of any race were actually at a lower risk of homelessness.

We have chosen to highlight only the most common issues facing veterans, however, from a great body of literature and data sets available from Rand Corporation, the Department of Veterans Affairs, the Lincoln Foundation, the California Community Foundation, IADIF, and several other sources, we know that veterans nationwide are dealing with a variety of complex issues.

There are likely sources of support for these needs beginning at the federal level and then moving to state and local resources and then into the private and nonprofit sectors.

25 www.hud.gov
While the Department of Veterans Affairs and its various departments are the major source of aid and support for U.S. veterans, it is interesting to understand their effectiveness in meeting needs, and other resources that veterans utilize to meet their needs. For example, out of the approximately 22 million living veterans, only 5.5 million use the VA for Healthcare and around 3.4 Million use the VA for benefits. Of the OIF and OEF veterans as of early 2011 of the 1,353,627 veterans who have left the military since then only 711,986 have used the VA health care system between FY 2002 and the third quarter of FY 2011. This is particularly troubling because out of the veteran population desiring work, 12.1% of those persons are unemployed. This statistic alone would lead one to believe that many veterans may be in need of supportive services.

A review of the available studies indicates a few reasons for the low level of absorption that the VA has among vets. Firstly, as indicated, there are a large number of thriving veterans who do not access veteran or nonprofit services. However, those thrivers who lose ground during a shaky economy and are unaccustomed to the bureaucratic nature of government services could feel discomfort or shame in asking for services; additionally those who are not necessarily thrivers could also feel ashamed of mental or certain physical conditions making them averse to seeking treatment. Second, the veteran population has become increasingly diverse since the Vietnam War (greater percentage of women in the military, greater presence of various racial groups), and government-run veteran service organizations have struggled to accommodate veterans from various cultural backgrounds. Thus there may be a feeling that the VA is ill-equipped to the interpersonal, cultural and religious complexities inherent in providing mental and physical healthcare to diverse populations in a culturally competent manner. Thirdly, many veterans are frustrated with navigating the complex bureaucracy responsible for managing veteran affairs and may simply avoid it or give up. Fourth, many veterans do not live in proximity to veterans services and thus are not able to access them. Fifth, veterans services have had, overall, a low level of proactive outreach to veteran populations relative to educating them about services that they may qualify for and relative to simply closing the proximity gap.

As the living veteran population has continued to rise over the past fifty years, nonprofits have emerged as larger players in the provisioning of support to vet needs such as mental and physical health services, awareness and access related services, transportation services, education enrichment and training, benefits acquisition services, legal services, and employment help, among other relevant and localized assistance. According to the Lincoln Community Foundation’s study, veterans access nonprofits at rates equal to or higher than they utilize the DVA services and agencies. Currently, the veteran population includes an aging cohort along with a new younger cohort with new issues that are both profoundly exacerbated by the economic crisis in the U.S. As a function of the dynamic of supply and demand, nonprofits are increasing, (albeit slowly and hampered by economics), their focus in the space of veterans services. There is an emerging segment of veteran-focused groups that has been largely absent from the nonprofit sector outside the local VFW lodges and associational organizations for specific wars until recently. In established nonprofits that are not necessarily solely veteran-focused, tailored programs are being devised to adapt broader services to the needs of veterans. Still other nonprofits, (who perhaps are not uniquely focusing on veterans as an organization or within distinct programs), are attempting to reach out to veterans as a part of their broader mission or are working with more focused efforts as support elements, because they see a need.

However, with the array of government services available to them, why would a veteran choose a nonprofit provider over a federal or state offered support? There are several key reasons that include localization, personalization and accessibility. For example, while the DVA and government entities are often bureaucratic, overrun with clients, slow, and impersonal, nonprofits are generally nimble, lean, quick, personal, and without red tape. The DVA and government agencies may have more resources and manpower, but nonprofits are more readily adaptive creating new

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27 abcnews.go.com/politics/us-veterans-numbers/story?id=14928136
and innovative organizations and more customized solutions quickly. The DVA offers benefits, but nonprofits help connect those who can’t understand bureaucracy or complete the paperwork on their own in order to receive their benefits or connect to resources. The DVA offers health services, but nonprofits may offer more personalized, trusted, and non-controversial service. The VA provides insurance, home loans, and burial benefits, but many nonprofits help veterans obtain sufficient and sustainable housing, as well as education regarding insurance and risk through individualized counseling. Importantly, nonprofits also work in areas where the DVA does not typically operate or cannot operate quickly and effectively, such as with financial assistance and legal service.

**Survey Results**

While examining the national and local scope and context of veterans’ issues from secondary data and reports is useful, a more detailed view of the profile of local veterans, their specific issues and the services available to help them are required for better collaboration and more targeted assistance in the Metro Atlanta area. To achieve this, GCN conducted two separate local surveys, one among nonprofits that were identified by federal and state veteran resources and other veteran specific providers via web, phone, and in-person contact form GCN; and another survey distributed in the same fashion dedicated to veterans. From this research, GCN identified 146 agencies that either focus on veterans as their core mission, have a distinctive program that focuses on veterans under their larger umbrella, or have a core mission that happens to serve veterans as well.

**The Veterans Research Project:** This study was conducted to help provide a snapshot profile of the Nonprofits serving the veteran community in Metro Atlanta as well as a snapshot of the veteran population in Atlanta. This study is an effort to explore the type and depth of services available to veterans, identify service gaps and capacity needs of organizations delivering these services, and then to benchmark and analyze data collected against secondary research and national statistics.

**Use of This Report**

This report should be used by members of the nonprofit, philanthropic, and business community in Metro Atlanta to gain deeper understanding regarding local nonprofits serving veterans, and an in-depth analysis of the veterans they serve.
Study Methodology and Sampling Design

Geographical Focus

This survey was designed to cover Metro Atlanta target populations. The Metro Atlanta 10-county definition to which we adhered is used by the Atlanta Regional Commission (ARC) and is generally used as a more narrow defining of the region than the 28-county definition used by the Metro Atlanta Chamber (MAC) or the Census. The 10-county definition is most appropriate here for several reasons. Firstly, the expanded county definition is decided by the Office of Management and Budget based on economic ties- namely the employment interchange, or "the sum of the percentage of employed residents of the smaller entity who work in the larger entity and the percentage of the employment in the smaller entity that is accounted for by workers who reside in the larger entity." The 10-county definition is delineated by the state in its division of Georgia into 12 regional commissions. Its use is more appropriate here because it is actually more akin to how the OMB decides the 28 county MSA. After several conversations with service providers both on the government and non-government end, and several veterans we learned that those who live further out do not have contact with or receive services from entities closer to the city center. Instead, they receive services from counties and towns that are physically closer to them- sometimes resulting in receiving care in Alabama. Additionally, the VA and other government organizations have satellite locations in the more rural areas sometimes included in the MSA. Thus, people living in those areas receive service in those areas and are not part of the population that receives services near the city center. The 10 counties included are Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry and Rockdale.

Issue Focus

There is a sharp focus on awareness of benefits and services, homelessness rates and services, unemployment issues and employment related services, education levels and education related services, reintegration issues, and mental and physical health conditions and related services. All nonprofits were given the same survey and all veterans were given the same survey. Although certain portions are not applicable to certain respondents, the general goal was to maintain survey item consistency across populations (e.g. if a veteran does not have mental or health issues, some questions would not be applicable to them specifically and thus they would skip that portion of the survey). That is to say that all veterans were asked the same frame of questions and all nonprofits were asked the same frame of questions.

Survey Tools

The nonprofit and veteran surveys were conducted online via survey monkey and through paper-based hand distribution. The sample approach was relatively targeted as concerns both surveys. The nonprofit survey was purposely targeted in order to include respondents from the 10 county definition of Metro Atlanta provided. We included both organizations that are focused on veterans and those who have another functional purpose under which the service of veterans falls. The survey distribution of the veteran survey was purposely targeted to get the broadest distribution across the sample population, representing those in and from homeless programs, mental and physical health focused programs, schools and universities, and those in the general population. The rationale is two-fold. There is a highly complete sample frame available for the nonprofits, but the frame veteran population is a bit more dubious. We attempted to decrease nonsampling error and sourced veteran respondents from a variety of different VSOs and fraternal organizations, schools and universities, and businesses.

Data gathering began on November 15, 2011 and continued until January 31, 2012. After making all pertinent parties in the Metro Atlanta area aware of the survey, via email and telephone, we monitored online response rates closely. In order to maximize response rates, we sent email reminders and made follow up phone calls.
Interviews

One on one interviews were conducted. National and Metro-Atlanta focused efforts were made to establish the context of the complex set of issues with which veterans of the armed forces find themselves dealing. In turn, we wanted to understand the fullness of services available to veterans to include services and benefits available from the government, nonprofits, businesses, and the philanthropic community. In these interviews, we aimed to have a deep-dive into the environment of operation for our concerned populations. These interviews included participants from the VA, the nonprofit community, the business community, and the philanthropic community. All interviewees were asked a frame of consistent questions as well as questions specific to their industry type and function.

Interviews were also conducted with a small number of veterans amenable to speaking openly and frankly about their experiences. From these conversations, we were able to glean similar sentiments to the body of literature we will present below as a baseline for understanding the context of the realities that many veterans face.

Questionnaire Design

For all surveys reported here, a consistent batch of questions was asked in order to elicit more easily analyzed results. For interviews, a static set of questions were asked in addition to some case-by-case questions. In both cases, questions were sourced from the 2010 National Survey of Veterans, Active Duty Service Members, Demobilized National Guard and Reserve Members, Family Members, and Surviving Spouses Final Report (Westat, 2010), Department of Veterans Affairs Advisory Committee on Women Veterans Report (August 2006), and the contextual implications and explications made in reports from the Lincoln Foundation, IADIF, RAND, The Points of Light Foundation, and preliminary phone interviews.

Data Collection

Web Participation and Paper Participation
The nonprofit and veteran surveys were conducted online via survey monkey and through paper-based hand distribution. The sample approach was relatively targeted as concerns both surveys. The rationale is that the targeted approach would result in a relatively complete sample frame in both sample populations.

Data gathering began on November 15, 2011 and continued until January 31, 2012. After making all pertinent parties in the Metro Atlanta area aware of the survey, via email and telephone, we monitored online response rates closely. In order to maximize response rates, we sent email reminders and made follow up phone calls.

A total of 93 surveys were completed across the nonprofit population of interest. This response rate indicates over a 64% response rate. That is to mean that, of the approximately 146 nonprofits identified as providing service to veterans in the Metro Atlanta area, over 64% of these organizations participated in the survey.

A total of 92 surveys were completed across the veteran population. Of the approximately 216,000 veterans in the Metro Atlanta area, approximately .004% participated in our survey. Given that 8,710 veterans responded to the last national veterans survey (2010) out of 21,800,000 veterans cited as living in the United States at that time (a .00003% sample population), our veteran sample population of 92, a is sufficient because in both instances a sample frame aimed at being inclusive of and representative of the varying ages, genders, employment, economic and health conditions of the total population of concern.

Phone Interviews and In-person Interviews
One on one interviews were conducted via telephone and in-person. National and Metro-Atlanta focused efforts were made to establish the context of the issue of veterans services to include services and benefits available from the government, nonprofits, businesses, and the philanthropic community. These interviews included participants from the
VA, the nonprofit community, the business community, and the philanthropic community. All interviewees were asked a frame of consistent questions as well as questions specific to their industry type and function.

A number of in-person visits were made. Interviews were not just conducted with the nonprofits (coupled with a tour of their facilities), but also conducted with a small number of veterans amenable to speaking openly and frankly about their experiences. From these conversations, we were able to glean similar sentiments to the body of literature referenced throughout this document as a baseline for understanding the context of the realities that many veterans face.

**Recommendations for Further Inquiry**

A full understanding of the scope, depth, breadth, and complexity of issues that veterans of the armed forces face cannot be captured in a 40 page report. In fact, most subjects in this report (i.e. homelessness, unemployment, invisible wounds of war, etc.) could easily elicit a 200 page response by themselves and still not present a complete picture. However, in the future, there are some strong areas of curiosity which could serve to provide more information pertinent to any person or organization who seeks to temper some of the undesired circumstances presented here.

**Nonprofits serving the veteran community:** It would be useful to examine more closely the capacity, management, and funding of nonprofits in this space. Also, it would be useful to look into the possibility of funding and growing small or incredibly innovative organizations that are behind the curve that are led by a person or persons with great vision and a keen sense of management. In addition, studying the quality and efficacy of partnerships and collaborations in this arena would yield informative results. Another possible area of inquiry is that of whether or not size of the program is correlated with performance of the program, openness of program participants, and success of participants post-program. Strong metrics, analytics, and key performance indicators sector-wide (e.g. some sort of standardization of practices of measures of practice) would prove quite useful as well.
Survey Results

NONPROFITS SERVING THE VETERAN COMMUNITY

Demographics

Veteran Population and Nonprofit Population: In 2010, the total population in Georgia was 9,687,653. Of these, 773,858, or approximately 8% of Georgia’s population, were veterans. Approximately 216,000 veterans reside in Metro Atlanta as defined by the 10-county statistical definition provided here. There are approximately 146 nonprofit organizations in M.A. who serve the veteran population.

Primary fields of Service: The primary fields of service of the sample of nonprofits provided here serving veterans in M.A., in descending order are: housing/shelter (33.8%), human services (19.1%), health institutions (16.2%), mental health (11.8%), and employment (10.3%). Only 4.4% cite their primary field of service as education support.

Organization’s operating budgets: Approximately 30% of the nonprofits that service veterans in Metro Atlanta have an operating budget between $100,000 and $500,000. Approximately 16.2% have an operating budget less than $100,000. Most of the nonprofits (54.4%), however, have an operating budget greater than $500,000, with around 7.4% of these nonprofits having an operating budget above $10 million.

Location and reach of service: Half of the nonprofits that service the veteran community in Metro Atlanta are located in Fulton County. Approximately 23% of the nonprofits are located in DeKalb, approximately 7% are in Gwinnett County, about 4.4% are in Cobb County, about 2.9% are in Fayette County, and 1.5% of the nonprofits are located in Bartow County.

Around 24% of nonprofits that service veterans have a local reach, with the greatest aggregation of nonprofits, approximately 25%, having a statewide reach. About 28% have either a multistate, national, or multi-community scope, with 5.9% of nonprofits having an international scope.

Awareness

Over 40% (43.8%) of the nonprofits that service veterans in Metro Atlanta reported a limited awareness on behalf of the public about their nonprofit organization. A similar percentage (40.6%) of the nonprofits reported a similarly low level of awareness about the activities of their nonprofit organizations among the business community. However, over 50% of nonprofits reported a high level of awareness about the nonprofit organization among members of the nonprofit community and relevant government agencies.

Only 6.3% of nonprofits were well-known locally and nationally, with most of the nonprofits known in their local or relevant service areas.

28Georgia QuickFacts. United States Census Bureau http://quickfacts.census.gov/qfd/states/13000.html
Capacity

Since 2006, approximately 31% of nonprofits that service veterans have experienced a decline in their operating budget, and almost 35% of nonprofits reporting an increase in their operating budget. Roughly 16.2% of nonprofits that service veterans have reported no change in their operating budgets, with around 18% reporting a fluctuation in their operating budgets. 100% of the nonprofits surveyed have a written business plan.

73.9% of the nonprofits surveyed do not have a waiting list for their services.

65.2% of the nonprofits that service veterans rely upon other organizations to provide components of their services. However, 36.8% have to outsource an integral functional component of services offered to veterans. For services that nonprofits do not provide, 84.8% of the nonprofits partner with organizations to provide these services.

87% of the nonprofits that service veterans in M.A. act as a referral source.

Finance (self-reported)

62.5% have not run a deficit in the past five years. (2006-2010)

71.9% of the nonprofits have an operating reserve, with 37.9% of those respondents reporting an operating reserve lasting more than six months.

74.2% of nonprofits generate an annual audit conducted by an outside entity, 83.9% produce monthly financial statements and review them for exceptions, and 83.3% have an active financial committee on the board.

Management/Board Performance (self-reported)

68.8% reported their fundraising efforts as either adequate or excellent. However, 25% of the respondents cited their fundraising efforts as poor, with 6.3% reporting no fundraising, although needed.

90.6% of the respondents reported their delivery of consistent and high-quality services as excellent.

62.5% of the respondents reported that their organizations display excellent financial management and oversight. 25% of the respondents reported their financial management efforts as adequate.

68.8% rated their nonprofit as being excellent in the management and maintenance of facilities. A somewhat smaller percentage of the respondents (62.5%) also rated their organizations as excellent concerning the management and maintenance of equipment. The same percentage of respondents also rated their nonprofit organizations as excellent concerning talent management (setting goals, expectations).

46.9% of the respondents rated their organization’s performance concerning the collection of critical information as excellent, with 40.6% reporting their performance as adequate, and 12.5% of the respondents citing their performance in this area as poor.

53.1% of the respondents rated their organization’s performance pertaining to information management (i.e. data management) as excellent.

43.8% of the respondents rated their organization’s benchmarking and result evaluation skills as adequate, with 34.4% rating their organization’s performance as adequate, and 15.6% rating their organization’s performance as poor.

37.5% of respondents had 100% of the board members make annual monetary contributions to their organization.

74.2% of the nonprofits that service veterans observed a correlation between the performance of the board and the effectiveness of the organization.
Veteran Focus

Only 19.6% of the nonprofit community servicing veterans is dedicated to serving veterans exclusively. Additionally, the same percentage (19.6%) of veteran service groups in M.A. has a branch or arm of their organization dedicated to serving veterans. The majority of nonprofits that serve veterans, 60.9%, have a mission under which serving veterans happens to fall (e.g. the group serves all homeless and as a result has a veteran contingent served under that mission).

Only 4.3% of the population sampled is relatively aware of the number of veterans in M.A.

Nonprofit organizations working with veterans non-exclusively, on average, have a veteran client rate of about 0-40% of their clients. For 60.9% of the nonprofits that service veterans, the veteran population comprises less than 20% of their populace. About 19.6% of these groups have between 20 and 40% veteran clients.

50% of the nonprofits have no knowledge of the various occupations held by veterans who receive their services, 41.3% of the nonprofits reported that they did not know whether most of their veteran clients were enlisted or commissioned, and 32.6% of nonprofits that service veterans did not know how long their veteran clients remained on active duty.

Scope, Type and Efficacy of Focus:

65.7% of nonprofits that service veterans help veteran clients locate employment, 54.2% of the nonprofits that service veterans address specialized needs housing for veterans, and 57.1% offer educational services.

Homelessness

73.9% surveyed that serve veterans in Metro Atlanta provide some form of homelessness assistance in either the form of shelter provision, shelter fund provision, or referral.

33.8% of nonprofits surveyed report housing and shelter services as their primary field of service.

53.6% of organizations that seek to combat veteran homelessness work with chronically homeless veterans.

Over 82% of respondents either agreed or strongly agreed that homelessness was a major problem in the veteran community.

The primary causes of veteran homelessness were considered to be substance abuse issues, mental health disorders, and overall economic conditions. Most (53.6%) sought to address these causes through educational/training services, mental health counseling, and employment location services.

50% of veterans chronically homeless live in other shelters before arriving to that particular nonprofit.

53.6% of nonprofits that service veterans had less than 10% of their veteran clientele who are both homeless and mentally disabled. 50% of nonprofits that service veterans estimated that less than 10% of their veteran population is both homeless and physically disabled.

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Of the organizations that work against veteran homelessness, most don’t work with homeless female veterans. And of the few nonprofits that answered this question, homeless female veterans appear to be an underserved demographic, and most of the homeless female veterans tend to be single mothers. Mary Hall Freedom House was the only organization cited by these nonprofits as focusing on addressing female veteran homelessness. It is, however, important to note that male veterans in sheer numbers far outweigh female veterans, and it is possible that the lack of focus on female veterans is not a supply-side deficiency, but is created by lack of demand.
54.2% of nonprofits that service veterans address specialized housing needs for veterans.

Mental and Physical Health:

34.8% of the nonprofits provide mental health services, and less than half of this percentage, 15.2%, provide physical health care assistance.

However, only 28% of nonprofits report mental or physical health service as their primary field of service.

64.3% of nonprofits that provide mental health services to veterans report having enough employees to serve all veterans in need of mental health assistance.

Of the organizations that work to improve veteran mental and physical health in M.A., 71.4% observe either Post-Traumatic Stress Disorder and/or Major Depressive Disorder as the most common mental ailment amongst veterans. Substance abuse (50%) was the second most common mental ailment observed among veterans.

For those organizations that do offer mental services for veterans, 57.1% of the nonprofits also offer drug rehabilitation services.

57.1% of nonprofits seek to address substance abuse through counseling services.

Education and Training

82.6% of the nonprofits report that most of their clients do not have a college degree.

Only 42.9% of respondents offer job training or educational services.

In striking contrast, only 4.4% of nonprofits surveyed report education related services as their primary field of service.

40% of the nonprofits that do offer job training or educational services reported less than 20% of veterans receiving employment within a year.

Many of the organizations offer services such as résumé writing, interview skills, assistance with job search, GED classes, etc.

68.6% of the nonprofits ensure that their veteran clients are aware of the provisions of the GI Bill.

Reintegration

There is no universal definition of social reintegration. Some nonprofits do not use this term, whereas the most concise definition is the ability of the veteran to reenter civilian life by recovering from trauma, coping with their environment and overcoming obstacles.

The most commonly cited barrier (71.4%) to social reintegration is finding employment. Other common barriers to social reintegration are finding stable housing (50%) and reconnecting with family and friends (50%).

For over 67.4% of the nonprofit community, most of the veterans they work with are perceived or documented as unemployed.

65.7% of nonprofit respondents help veterans locate employment.

17.1% of the nonprofits estimate that between 90-100% of the veterans are estimated to be unemployed.
Several problems are experienced by veterans in trying to obtain employment: lack of a stable address, lack of computer
and/or interview skills, substance abuse problems, mental illness, criminal history, legal problems, and transportation
problems.

59% of the nonprofits that service veterans help them to access benefits.

The most common benefits sought by these nonprofits are Social Security Disability, Social Security, Supplemental Food
Income Benefits, and unemployment insurance.

**VETERANS**

**Demographics and Military Service Experience**

30.8% of veteran respondents were between the ages of 50-60 and the same percentage represented ages 40-50.

56.9% of the veteran respondents were African-American, followed by non-Hispanic whites (41.2%), and Asian/Pacific
Islanders (2%).

Additionally, the majority of the veteran population is male, representing 75% of total respondents.

82.7% of the veteran respondents joined the services enlisted and 51% served in the Army. The second highest
representation was those who served in the Navy (23.5%), followed by the Marines (13.7%) and the Air Force (11.8%).

92.3% of respondents who were veterans were active duty, and within this category, 25% were active duty for 2-4 years,
followed by 21.2% of veteran respondents that were active duty for 0-2 years. 73.1% of veteran respondents were
deployed during their time in the military. 63.3% were deployed to either Vietnam or Germany, and 51.1% of those on
active duty served between the periods of May 1975-July 1990. There was some overlap, with 38.3% serving between
August 1964-April 1975 (Vietnam Era), 36.2% serving between August 1990-August 2001, and 23.4% serving since
September 11. 25% of veteran respondents reported serving in the Vietnam War, and 15.4% each serving in Iraq and
Afghanistan. However, 44.2% reported that they had not served in any combat.

83.7% of the respondents reported that they had served between 1-2 tours, with 9.3% serving more than three tours.
42.9% of those surveyed reported experiencing between 6-12 months of conflict. 80% have experienced 1 year or less of
conflict, with 14.3% reporting that they experienced conflict between 18-24 months. 57.4% reported being exposed to
dead, dying, or wounded people.

59.6% of the respondents are not married, but at some point in their life, 53.3% of veterans were married. 74% of
respondents have children, and within this category, 44.2% of the respondents have either one or two children. Most of
the respondents reported no dependent children (68.6%) or no dependents other than their children (84.3%). For those
who have dependents other than their children, 16.7% reported having one dependent.

**Snapshot of Demographics by OIF, OEF, and Vietnam**
<table>
<thead>
<tr>
<th>Deployment</th>
<th>Ethnicity</th>
<th>Gender</th>
<th>Average Age</th>
<th>Relationship Status (Married?)</th>
<th>Average Length of Deployment (Number of Tours)</th>
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<tr>
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<tr>
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<td>Gender</td>
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<tr>
<td></td>
<td>White: 37.5%</td>
<td>Male: 62.5%</td>
<td>28-30: 12.5%</td>
<td>Yes: 37.5%</td>
<td>1-2 tours: 62.5%</td>
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<tr>
<td></td>
<td>Black: 50%</td>
<td>Female: 37.5%</td>
<td>30-33: 25%</td>
<td>No: 62.5%</td>
<td>2-3 tours: 25%</td>
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<td></td>
<td>Asian/Pacific Islander: 12.5%</td>
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<td>33-37: 37.5%</td>
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<td>Gender</td>
<td>Average Age</td>
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<td>Male: 75%</td>
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<td>1-2 tours: 62.5%</td>
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<td>Black: 25%</td>
<td>Female: 25%</td>
<td>30-33: 12.5%</td>
<td>No: 62.5%</td>
<td>2-3 tours: 25%</td>
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<td>37-40: 12.5%</td>
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<td>More than three: 12.5%</td>
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<td>40-50: 12.5%</td>
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<td>50-60: 12.5%</td>
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<td>Deployed?</td>
<td>Ethnicity</td>
<td>Gender</td>
<td>Average Age</td>
<td>Relationship Status (Married?)</td>
<td>Average Length of Deployment (Number of Tours)</td>
</tr>
<tr>
<td>Yes: 84.6%</td>
<td>White: 53.8%</td>
<td>Male: 92.3%</td>
<td>50-60: 38.5%</td>
<td>Yes: 61.5%</td>
<td>1-2 tours: 100%</td>
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<td>No: 15.4%</td>
<td>Black: 46.2%</td>
<td>Female: 7.7%</td>
<td>60-70: 53.8%</td>
<td>No: 38.5%</td>
<td></td>
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</tbody>
</table>

**Health Conditions:** 75% of the respondents had a physical or mental health issue. 33.3% state that this issue was the result of combat; 42.3% state that this health issue was not the result of combat, and 15.4% did not know the origin of their health problem. 57.7% of the respondents are either physically or mentally disabled, with 61.4% citing a physical disability and 31.8% citing a mental disability. 57.5% of the veterans that have disabilities require continuous medical care, although 87.5% of the veterans do not require a caregiver or constant care. 54.9% of the veterans surveyed do not have a service-connected disability issued by the VA. 51.9% of veterans stated that there are no reasons why they would not go to the VA for assistance, although 19.2% of the respondents indicated that bureaucracy was a disincentive for going to the VA.
Awareness and Outreach: 48.1% of the respondents were not made aware of VSOs after military services and for those who were made aware of the presence of VSOs, 42.3% were informed of these services from another veteran. 82.7% of respondents are aware of specific benefits and services for veterans, but 59.6% are unaware of any state-specific benefits for veterans in Georgia. The most commonly cited services of which veterans were aware were the free burial services for veterans in state veteran memorial cemeteries (36.5%) and employment assistance from the Department of Labor (36.5%). 75% of veterans believe that benefits and services available to them come from the Department of Veteran Affairs; 34.6% show a belief that services and benefits to them come from VSOs and 19.2% believe that services and benefits come from foundations (in a select all that apply question). For those who had been made aware of veteran benefits through the Department of Defense, the most common benefits they were informed about were VA health care benefits (40.4%), education benefits (GI Bill), (32.7%), VA Life Insurance Program (30.8%), and Home Loan Guarantee Program (30.8%).

Income Levels: 52.2% of the veteran respondents have incomes less than $20,000 and 17.4% have incomes greater than $80,000. 10.9% of the veterans had incomes between $60,000-$80,000.

Education and Training: 40.4% of veterans have a high school diploma. Both Associate and Master’s degrees have an attainment rate of 19.2%, followed by 15.4% who have a Bachelor’s Degree. 69.2% of the respondents do not have a job that matches with the occupation they were trained for in the military, and 32.7% believed that the training and skills they acquired in the military applied a lot to their most recent civilian job, although this same percentage believed that the training and skills acquired in the military were not at all applicable to their most recent civilian job. 51% of those surveyed also believed they were either well-prepared or very well-prepared to enter the job market after leaving military service.

Housing Conditions: 50% of veterans currently have housing; the remainder of the population is homeless. Over 71% of the veterans surveys have cited unemployment as the reason for homelessness. The other major reasons cited for homelessness were major depressive disorder (35.5%), substance abuse (32.3%), and PTSD (32.3%).

Employment Conditions: 50% of the veterans who responded to this survey are unemployed.

Reintegration: 78.8% of the veteran respondents believe that they had readjusted to civilian life and a similar percentage (77.1%) credited their family and friends for their successful transition to civilian life. About a third of veteran respondents (32.7%) strongly agreed that civilian family and friends were helpful in helping them to transition into civilian life. 32.7% were neutral when asked whether their military family and friends were helpful in transitioning to civilian life although 42.4% of the respondents either agreed or strongly agreed with this statement. 48.1% of the respondents either disagreed or strongly disagreed with the statement that VSOs were helpful in transitioning to civilian life, while 13.5% of the respondents either agreed or strongly agreed with this statement. Only 27.5% of the veterans surveyed utilized services or benefits provided by any organization which they deemed to crucial to their transition back into civilian life. The most common services used by the veteran respondents to aid in the transition to civilian life were educational services (13.5%), employment services (11.5%), physical health services (9.6%), and home loan assistance (9.6%). Of the nonprofits surveyed, 71.4% cited finding employment as a barrier to social reintegration, 50% cited reconnecting with family and friends, and 50% cited finding stable housing as a barrier to social reintegration. Many veterans cited employment, employment assistance, mental health assistance, a transitional course, financial assistance, preferential treatment concerning job opportunities, educational benefits, greater access to services (i.e. less red tape), and translation of military experience into civilian employment as needed to help decrease unemployment and increase their ability to successfully reintegrate into society. 59.6% did not use the help of any organization to transition to civilian life. 19.2% of the respondents felt that nonprofit organizations with a veteran focus and nonprofit organizations without a veteran focus were equally as helpful in helping them transition. 11.5% felt that neither nonprofit organizations with a veteran focus nor nonprofit organizations without a veteran focus were helpful. More respondents
(11.5%) felt that nonprofit organizations without a veteran focus were helpful in transitioning to civilian life than respondents (7.7%) who believed that nonprofits with a specific focus were most helpful in transitioning to civilian life.

**VA Usage:** If a veteran needed help, 32.7% would first go to the VA, 26.2% would go to the VA, 25% would go to their church or other religious organization, and 23.1% would go to their civilian family. 61.1% of veterans either agreed or strongly agreed with the statement that the VA serviced them quickly and efficiently, while 38.9% agreed that the VA provided care comparable to private practice physicians. 50% of respondents, however, believe that the VA is the best place for veterans to get medical care. Additionally, 47% and 41% (respectively) either agreed or strongly agreed that the VA has wonderful physical health services and wonderful mental health counseling services. While 51.9% of the respondents do not cite reasons for which they would not go to the VA, the most cited reasons for which veterans would not go to the VA are the distance (11.5%), a belief that the doctor’s don’t care about them (11.5%), applying for care was too much trouble (19.2%), a preference for other providers (23.1%), and a lack of knowledge around how to apply for or get needed benefits (15.4%). 7.7% of respondents believe that the VA doctors aren’t very experienced and that they wouldn’t be able to work in the military again if they went to the VA.

**VA Benefit and Service Usage:** 51.1% of veteran respondents were dissatisfied to some extent with their ability to access veterans’ benefits. Of respondents who were able to access their benefits, 28.9% were either very satisfied or satisfied with the quality of their benefits.

**VSO Usage:** 59.6% of veteran respondents did not use any services immediately after military service, yet there was a greater utility in services six months after military service (53.8%). Immediately after military service, the most commonly used services were educational services (13.5%), home loan assistance (9.6%), physical health assistance (9.6%), and employment services (11.5%). Six months after military service, the most commonly used services were mental health services (17.3%), physical health services (13.5%), homelessness assistance programs (13.5%), employment services (13.5%), and educational services (13.5%). Six months or more after military service, there was an increase in use of several services. 48.1% of respondents report contacting a VSO between 1 and 5 times per month.
Data Analysis

In this section, we will further investigate and synthesize the data presented above in order to illuminate key findings and insights related to barriers to reintegration, gaps in contextual understanding, and gaps in service.

Barriers to Reintegration, Gaps in Theoretical Understanding, and Gaps in Service:

“A minority of military people are infantry. The rest are truck drivers, etc. Hardest time is for the "front of the spear" vets. Many come out with issues and no employable skills.”

“Off-boarding process not good. More skills need to be given transitioning out because of difficulty in socializing, difficulty financially (when $$ stops), and difficulties mentally. There should be a true reintegration process. DOJ sensitivity program for PTSD, etc.”

“Vets are hard to reach and difficult to pull in because of gaps between military and civilian life.”

“Hard to reconnect with family and friends, feel like the world has gone on without them.”

“Social reintegration was previously viewed as too nebulous for funders to think about.”

Overview

The top three challenges cited by veterans are mental health issues (56.1%), employment post-military (43.9%), and physical health issues (41.5%). 71.4% of the nonprofits cited finding employment as a barrier to social reintegration, 50% cited reconnecting with family and friends, and 50% cited finding stable housing as a barrier to social reintegration. This means that there is a theoretical gap between what veterans believe serve as a barrier to reintegration and that which nonprofits believe serve as a barrier to reintegration. The veteran emphasis on mental and physical health issues supports the literature that states that these issues serve as a primary issue which has an effect on a veteran’s ability to reintegrate socially and economically into society.
It seems that more than 6 months after separation from service, some veterans begin to fall through the cracks and fail to reintegrate. Being able to nail on the head what that specific thing, or set of things is that occurs to cause this failure is difficult and certainly beyond the scope of this research. It seems, however, that there is possibly a critical point of intervention at the lowest level of service usage reported, immediately after service where veterans seem to slip through the cracks (leading to failure to reintegrate) where nonprofits could step in and help. The huge increase in mental health service usage and the significant increase of almost 6 percent in homelessness assistance, combined with the 3.9% increase in substance abuse addiction services, insurance services, physical health services, and a need for financial assistance point to this insight in our survey. The qualitative comments from the sector and the literature support this finding.
“Veterans need a sense of hope and something to love within 6 months”

“The time right after war is so critical for reintegration.”

“Most people ask for help when its very late.”

“Catch them before they are homeless.”

“Problems reintegrating: physical health, homelessness, volunteerism. Enjoy safety and camaraderie and belonging in the military. Needs a sense of hope within 6 months. Must have someone/something to love.”

The chart below shows the huge increase in demand for most services from veterans separated from military service for more than 6 months.
Service Provision
The next logical question to ask is around what services both veterans and the nonprofits serving veterans view as important. Somewhere at the cross-section of these two groups’ opinions about what’s important to veterans may lie the answer to how to help veterans during that crucial 6 month period of time.

“3 Fields that are most important right now: TBI - Traumatic Brain Injury (psych counseling) VA inadequate (drug and warehouse approach). Job reintegration - definitely needed/ about 40% of calls in the last 4 years. Skills need to be translated.”

“What’s needed most is financial assistance (emergency), mental health, more programs to train counselors for their issues, peer support (esp. for guard and reserve) employment, and help people connect with resources. Lots of time on outreach.”

Veterans found mental health care and physical health care services most important to them personally and in the overall veteran population.

How important are the following services to the overall veteran population?

- Substance Abuse Rehab: 50%
- Housing Assistance: 46.7%
- Mortgage Loans: 23.6%
- Burial Benefits: 45.8%
- Education/Training: 15.8%
- Life Insurance: 0.6%
- Disability Benefits: 51.8%
- Dependent health Care: 48%
- Physical Health Care: 92.3%
- Mental Health Care: 91%
When asked as a blind, open-response question, nonprofits considered housing/housing assistance, education/training, employment, mental health services, medical care, transportation, financial education, and financial assistance of greatest need in the overall veteran population (top 3 shown below).
When asked what services were of greatest need to their specific clients, nonprofits responded in the following manner:

The above presented charts do not present large gaps in theoretical understanding of the issues, but do present some gaps in contextual understanding and gaps in service provision. Veterans value housing, employment, and mental/physical health services. Nonprofits believe that their veteran clients have the greatest need for housing, mental health services, education, and job training. Nonprofits believe the entire veteran population exhibit needs similar to that of their veteran clients, such as housing, employment, mental health, and more promptness on the part of the VA. However, veterans view mental and physical health services, disability benefits, housing, substance abuse, and burial services of increased importance in the overall veteran community displaying a belief that there are differences between them individually and the overall veteran population. Although the nonprofit community is seen as a more individualized provider of service than the VA and other DOD or DVA agencies, we infer from the above data that nonprofits could still adopt a more individualized approach to working with vets.

While many nonprofits purport to provide certain veterans services and it appears that veteran needs are well-matched by the nonprofit sectors supply of services, one question provides a more round explanation to why the statistical record overall suggests that there may be some gaps in service in the sector. That question is about organization’s primary focus or primary field of service. Looking at the two graphs below, one cannot discern a large shift in service provision when nonprofits responded about aggregate service provision versus area of focus. The primary field of service view seems to suggest some gap where services are provided.

The below chart looking at specific service provided to veterans would not reveal a gap in service when compared to earlier charts showing services of greatest need or demand in the veteran population:
However, this chart below reveals that while nonprofits provide services to veterans in categories that are capable of covering most need, there is a huge difference in primary focus or field of service and what veterans discuss as needing most:
Mental and Physical Health Issues

One of the most glaring disparities in service demand and service provision lies in mental health related care and support. It seems that there is both a gap between the understanding of a prevalence of mental health issues and nonprofits who believe their clients have a mental or physical health issue, and nonprofits who provide mental or physical health services and the demand for these services in the veteran community.

75% of the veterans have known mental or physical health issues. 61.5% of nonprofits do not provide mental health services.

There are Clear Gaps Shown in the Provision of Mental Health Services
“Gaps in services: Not enough MH services available, especially outside of the hours 8am-4:30pm. All VA needs in patient substance abuse or PTSD program. In patient can remove from bad environments. Need more services available to family members also and support is a huge predictor of how soldier does after deployment.”

“MHI/Care can be an impediment to getting another job in the military/gov.”

“In terms of mental health process, the support needs to come before they are deployed and afterwards along with their families. Partner with VA, reintegration events, churches, etc. Work in the community to solve issues, create a cohesive system of care, DOD and VA can't serve this.”

Employment

There are clear gaps between the percentage of veterans surveyed who are unemployed and the percentage of nonprofits who work directly with helping veterans locate employment as a primary area of focus. There are, however a large percentage (65.7%) of nonprofits who assist veterans in locating employment as a part of their service offerings. What becomes of question then, is the job-readiness or employability of these veterans. While it has been discussed that job-readiness and employability may be low due to ascertaining military skills that are incongruent with civilian industry employment, one must also look at the education piece of this puzzle in order to ascertain whether or not most vets are academically prepared for the workforce.
Education

Gaps in understanding the target population yields gaps in service approach and provision. 42.9% of nonprofit organizations provide job training or educational services. 40% of veterans have obtained a high school diploma. While 40% is below 42.9%, the 40% number is dangerously close to the 50% number of unemployed veterans in the population sample and is indicative of the fact that perhaps a greater percentage of nonprofits should provide education and training related services to enhance the employability of less educated veterans. The chart below also indicates a misunderstanding among veteran serving nonprofits regarding the education level of their clients. Interestingly, they overestimate the number of veterans with a high school education while reporting a service rate in that area of half what they perceive to be the rate of veterans with a high school education. Because there is a strong emphasis on employment as shown above, perhaps the missing link is in provision of education and training related services.

![Comparison of Nonprofits Providing Educational Services and Perceived and Actual Education Attainment of Veterans](chart.png)
“People enlisting during wartime usually have lower access to healthcare, education, etc. And are from backgrounds where they are more vulnerable to MHI or homelessness. Also young when they are exposed to their traumas (most are late teens, early 20’s) Soldiers who experience multiple tours are exposed to a lot more trauma.”

“Homelessness is usually a symptom of something. Violence is hard to turn off. Lots of trauma happens while homeless and on drugs. Makes the hole harder to come out of. Lots of male-male forced intercourse in military. Women soldiers are harassed, raped, etc. Many medically discharged thought they could count on money until retirement.”

“A vet usually has a mental disorder after more than 3 months on the streets.”

“The last 4 years we have targeted substance issues, PTSD, and other mental health issues that lead to homelessness.”

In the area of homelessness service provision, almost 9% less nonprofits provide housing assistance to homeless veterans as there are organizations that believe homelessness is a major issue among veterans. This discrepancy possibly points to a lack of supply to meet the demand exhibited by veterans.
The charts below demonstrate some discrepancies between what organizations view as the primary causes of veteran homelessness and their efforts to combat veteran homelessness.

**What Do You Think are the Primary Causes of Veteran Homelessness?**

- Overall Economic Conditions: 3.50%
- Substance Abuse: 71.40%
- Mental Health Disorder: 64.30%
- Mental Health Complications (no disorder but need counseling or short-term help): 57.10%
- Physical Health Complications: 39.90%
- Inability to get a job: 3.50%
- Inability to keep a job: 3.50%
- Criminal Record: 25%
- Other: 21.40%

**How Does Your Organization Work To Combat the Cited Causes of Veteran Homelessness?**

- Provision of Education/Training Resources: 53.60%
- Provision of Employment Location Services: 28.60%
- Substance Abuse Education: 21.40%
- Provision of Rehabilitation Services: 50%
- Provision of Mental Health Counseling and Services: 50%
- Provision of In-Patient Services: 21.40%
- Provision of Out-patient Services: 28.60%
- We do not address: 25%
The chart presented below shows the total homeless picture across Metro Atlanta. From this chart we know that the beds available in the homeless shelters and organizations across the metropolitan area are not sufficient to serve the total number of homeless persons. We know from the VA’s last count that there were at least 1,597 known homeless veterans in the M.A. area. There simply are not enough beds to meet the demand for shelter in Metro Atlanta.

**Homeless Needs vs. Available Beds**

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<thead>
<tr>
<th>Area</th>
<th>Total Homeless</th>
<th>Total Number of Emergency and Transitional Beds</th>
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**Areas for Improvement**

“Nonprofits don’t have funds to reach Vets because they can’t pay for paid advertisements and rely on word of mouth. Need higher visibility. Have to find Vets and they don’t know they exist until a mom or wife finds them on the internet. Difficult to reach the military and offer services.”

“Level of awareness is in the community is average/standard. Could do better in making the public aware. Innovative Example Description.”

Almost half of the veteran respondents (48.1%) believed that veteran services could be improved by faster delivery; 28.8% cited access to an easier location, 21.2% cited more available resources, and 15.4% cited greater inclusivity. A majority (55.9%) believe that more convenient locations and greater communication with veterans concerning access to services and benefits would improve access services. Half of the respondents also felt that advertising services would improve access.
Veteran Suggestions on Areas Where Service Providers Could Improve

- Increased and Better Targeted Advertising: 55.90%
- Faster Delivery of Service: 48.10%
- Easier To Access Locations: 28.80%
- Provide More Resources: 21.20%
- Increase Inclusivity: 15.40%
- Better Locations and Greater Communication: 50%
Conclusions and Recommendations

“Gaps: holistic approach. Deal with everything currently. DOD and DOL didn’t do a good job with education and employment. Youth + 6 areas. Need increased collaboration and cooperation as provides in the nonprofit community. VA is a huge problem. $129 Billion. 45 days and 85 days to resolve simple issues.”

“There is a ton of overlapping. Families and children portion needs more focus.”

“Takes time, being tuned in, compassion & understanding.”

“Yes, the VA is slow because so many vets need them and the supply of service provided does not match the demand.”

“The Community Blueprint looks at: employment, education, financial areas, legal areas, homelessness, behavioral health, family strength, reintegration, volunteerism.”

Ultimately, although there are many problems that plague the veteran community, the majority of these problems can be classified under one broad category: failure to reintegrate into society. Failure to reintegrate into society stems from social and economic barriers to doing so. The rooting of these social and economic barriers lies, subsequently, in four general categories: difficulty accessing medical services (particularly for mental health issues), homelessness, insufficient education, and unemployment. Each of these problems is interlinked, and this linkage necessitates coordination in resolving any single issue. In addition, even though much of the funding is allocated to veterans from the wars in Iraq and Afghanistan, they continue to confront extreme challenges in their efforts to reintegrate into civilian society. These include the following:

- The level of disability from the Iraq and Afghan wars is higher than any other war.
- One-fifth of the many injuries resultant from these conflicts involves either the spinal cord or the brain.
- This cohort tends to experience higher levels of unemployment and mental illness than not only the general civilian population, but also the average veteran population.

Unless access to medical services among veterans is expanded, this segment of the veteran community, has an increased probability of mental illness, unemployment, substance abuse, and homelessness. As the public and the provider community have become more aware of and vocal about these difficulties, there has been increased activity on the part of Congress, the President, Department of Defense, and the VA to address some of the inadequacies of veteran’s mental health care. For example, President Bush established the President’s Commission on Care for America’s Returning Wounded Warriors which issued a 2007 report that emphasized the challenges of treating PTSD and TBI and recommended that all OEF/OIF veterans who suffer from PTSD should receive treatment from the VA. Care, benefits, and service have also been expanded greatly under President Obama. The Department of Defense and the VA have also
sought to increase the number of mental health providers and expand training in the provision of mental health care to veterans. But, usage of the VA agencies among veterans is still not as high as one might expect. Both the review of national and regional studies, as well as our local research shows that this is a result of not only structural aspects of services (waiting list, prioritization of older veterans over younger veterans) but also personal and cultural factors (i.e. feelings of discomfort).

Despite these factors that perhaps create an aversion to pursuing the resources on the part of veterans, veterans still need a good deal of services and support. A major impediment in bridging the chasm between the need for these services and their usage is capacity. In particular, mental health services for veterans cannot be solely delegated to the Department of Defense (DOD) and Veterans Affairs (VA). (Rand Corporation, 2008). People, including veterans, live locally and thus local solutions would increase accessibility and availability of many services should they be offered. Thus, it is widely recognized that for any of these issues to be effectively addressed, there is a need for greater coordination, greater accessibility to services, and increased communication among all sectors of society: government, philanthropic, business, as well as civil society. Without this effort, hundreds of thousands of veterans returning from increasingly conflict-stricken areas may lack the services required to ensure their social reintegration.

The data tells us that there is a very critical point sometime 6 months or more after separation from military service where veterans seem extremely vulnerable. Although many veterans report low usage of services within the first 6 months of separation from military service, our survey research echoes the literature in showing that there is a rather large jump in demand or usage of services related to homelessness, employment, and mental and physical health related services primarily at points in time more than 6 months after separation. This indicates that some entity or entities need to work to capture veteran attention about services available to them from all sectors immediately upon separation from military service. In addition, veterans should be urged to make use of available services within 6 months of separation. Whether this push comes as a new initiative of the DOD or DVA as an official off-boarding process, from other federal or state level government agencies, or from the nonprofit community it must come in order to increase the chance that more veterans will experience more seamless reintegration into society.

From our research with veterans, we know that the nonprofit sector brings a unique and important component to veterans’ services, which differentiates it from other providers, which is trust. Veterans also come to nonprofits because they are smaller, leaner, and more nimble than other entities able to react quickly to assist veterans. But we must emphasize that veteran sentiment about why they choose nonprofits is really around trust. We have found in our interviews with veterans, and in the literature, that trust is one of the most important but most often neglected components of serving veterans. Many veterans do not proactively seek the help they need, especially mental health services, because they are afraid of some negative event. This could be fear that formal documentation of a mental issue might impact their ability to get work or reenter the military at another time for example. Second, most nonprofits are small and local and this meets the needs of many veterans who cannot or will not travel, or who have an aversion to the process laden nature of government providers. Additionally, the nonprofit sector has been quite innovative in several different markets and more dynamic than the VA or other government agencies are able to be. Thus, the sector has a unique ability to more nimbly address some gaps in service and unmet needs.

Therefore, if businesses, government entities, nonprofits, and the philanthropic sector are to think most strategically about how to help support veterans of the military services, there are a few key considerations that would make the most significant impact.

**Create Mechanisms to Ensure a Longer Reintegration Ramp.**

We know that lengthy periods of time are spent inculcating people into the armed forces and short timeframes off boarding them. Research has quantitatively proven that specific factors of combat zone service, like longer
deployments, traumatic experiences, personal injury experiences, and marital stress (PEW 2011) coupled with low educational attainment, and mission confusion, escalate the difficulty level of reintegration. We also know that many veterans are asymptomatic for the first six months. A longer “off-ramp” should be provided by the armed forces. In the absence of this ramp, the community should step into this gap. However, a better solution would be a cooperative planning effort with the DOD or DVA and providers to deliver a more robust and lengthy off boarding process/opportunity for veterans. There are many aspects of veterans’ issues that can be quite technical. We therefore believe that there is an opportunity to create a new type of volunteer program – much like the technical ombudsman (type) of volunteers found in CASA programs (court appointed special advocate) or in elder abuse cases. This type of technical volunteerism combines a lengthy commitment (1-3 years) to serve as a mentor/advocate to veterans as they navigate civilian life, veteran’s services, and work. Such a program would require that mentors be substantially familiar with veteran’s issues and risk profiles as well as the VSA, state, and nonprofit services. Some of the services offered by such an ombudsman program might be assistance with benefits applications, planning for career adaptation or further education, screening or assessment for significant risk factors like marital stress, economic stress, and mental health risk factors that might thwart their progression.

**Specific Risk Factor: Education Among Significant Players in the Reintegration Food Chain.**

There is increasing public will and now policy actions that encourage employers to hire veterans. There is a growing contingent of nonprofits who see veteran services as an area of need and an area for growth. Additionally, one quarter or more veterans self-report that they seek assistance from institutions of faith. For each of these constituencies, our data indicates that there is a low level of awareness about issues that might impact veteran success, what is most important / impactful to veterans; and even the relevant extent of need in a location. For example, many nonprofit respondents did not know how many veterans were in their service area and many also did not ask if their clients were veterans. Similarly, employers who are hiring veterans may not understand some of the late onset symptoms of PTSD and therefore may not be able to effectively help veterans retain their employment.

Business leaders, and HR leaders, need to be fully educated on the issues that veterans face that can impact successful employment. While businesses are stepping up in terms of hiring veterans, they are often not equipped to understand the issues that veterans may have in navigating a less rigid and less team centered work environment. An initiative to provide education of HR leadership and company management about veteran integration issues would create longer term success for more veterans. We believe that this could be an initiative of the Chamber of Commerce network, or a free service that employers work with the Society of Human Resource Management proved in electronic format to the community or to their business members. A smaller idea for employers would be to create support/special interest groups at work much like many women’s or other diverse employee interest groups.

Nonprofits and faith institutions who are actively working with or plan to work with vets need education on the major issues impacting vets. This is particularly important because there are very few comprehensive providers. It is important that all ‘players’ - nonprofits, faith institutions, state and local intake workers - know how to assess veteran’s holistically and they should also know about each other and the array of resources available for veterans. They also need education regarding the identification of veterans that are in high risk pools for homelessness and begin interventions earlier in the chain of events.

Our data and the national literature note that veterans are often not familiar with the benefits that are available to them from the DVA. This awareness deficit is worse as it relates to state and nonprofit resources. Services for veterans need to be centrally advertised and a greater awareness level overall needs to be built. A barrier to this has been to simply create the list of services. This would be ideally accomplished via a central website similar to an insurance aggregator where the client provides some information and various resources are generated. Another idea could be to leverage the existing 211 system and adapt it somewhat to provide a connecting resource specifically for veterans. This resource
could be widely advertised using PSA's and other mechanisms such as hand-outs at checkout points in area businesses, bill inserts, etc. Many veterans may respond better to a personal approach rather than an electronic one, however, we feel that it would be advisable to create both and allow them to support one another (i.e. the list supports 211 and 211 workers add to and update the list).

Data from our veteran study and other national veteran surveys indicate that many veterans face quite practical barriers that prevent them from accessing services. These are transportation, localized services, impersonalized and (perceived) undignified provision of services. Many also are concerned about anonymity. Further, veteran needs are often immediate (a mental crisis, eviction, family strife) and long waits are not conducive to their care. More local services should be provided to veterans. The Veterans Administration could create outreach centers or efforts. If they will not or cannot, then nonprofits could take this on by creating mobile units much like the traveling mammogram centers or dental centers that are common for localizing care. These outreach efforts/mobile units could deliver a wide spectrum of services by creating a collaborative staffing model and through the use of telepresence technology to link providers and VA staff into the unit.

**Strategies for Mental Health Care**

The sad fact is that the mental health issues that drive many veterans to homelessness, suicide or other negative situations are exacerbated by the shortage of actual care. There are a large number of groups that make referrals to mental health care counseling and resources, but there are not a tremendous amount of organizations that actually provide the care. Homeless veterans often suffer from dual diagnosis and these conditions are not only difficult to treat even in the best of circumstances they are also expensive to treat. In our provider interviews, we noted that many did not ask whether clients were veterans or not, nor did they have a grasp of the key needs and issues of veterans. Educating homeless providers and providers who serve poverty groups could expand the use of existing federal and state resources specifically available to veterans with protracted mental issues. Likewise, providers need to be acutely aware of documented (rather than their perception of) risk factors that often lead to homelessness as well as the veteran segments who are most at risk. From this awareness, early interventions may keep some from becoming permanently homeless.

Perhaps the most significant recommendation we have is for nonprofits, federal sources and state sources of support to create one cohesive plan that would maximize services while decreasing duplication. We suggest examining the model that Strive Partnership has created. ([http://www.strivetog ether.org/](http://www.strivetog ether.org/)) Donors could fund the creation of the plan and could fund strategic objectives within the collective plan or provide leverage for other federal or private resources.

**Strategies for Employment**

Unemployment for veterans from 18 to 24 hit 21.6 percent in 2009, slightly higher than the unemployment rate of 19.1 percent for their civilian counterparts, according the most recent March report from the Bureau of Labor Statistics. A January 2012 Pew Research study found that 54% of young people 18-24 are unemployed and therefore, we extrapolate that a similar or higher percentage of that age group are veterans who are unemployed. Of all the veterans from past wars, soldiers returning from Iraq and Afghanistan have experienced higher rates of joblessness, the BLS reports on its web site. We have several recommendations around this area. First, states could offer tax credits for those businesses hiring vets that are documented as unemployed; Second, some of the earlier recommendations, such as mobile outreach units, would require staff and these could be or perhaps should be veterans themselves, which would provide job opportunities. Third, the existing structure of Americorps could create a veteran corps to provide jobs and benefits to returning vets that actually focus on serving other vets or who assist with outreach efforts on behalf of the VA.

**Recommendations for Nonprofits**
If this is not possible, the same type of structure could be created as a privately funded initiative and organized as an internship or fellowship program to improve the capacity of nonprofits to serve veterans. Nonprofits have low capacity to meet the needs of veterans. We see this in the data relative to size and overall stability. To make the most significant impact on veterans issues, nonprofits must think about doing two things concomitantly that are partially contradictory: having a holistic service approach and not duplicating service efforts. Of the nonprofits surveyed and interviewed for this report, we noted that the most efficient and effective organizations have a holistic approach to veteran support. We also noticed that unsophisticated attempts at holistic service provision failed. This means then, that there must be intense levels of collaboration amongst all industry players in order to decrease duplication of services and provide a holistic system of support. Thus, those who can provide holistic support services well on their own should do so. Others should collaborate with key players in the community to create a system that provides a holistic approach by focusing their efforts primarily on one area of service that they can do flawlessly and allowing others to do the same. This will decrease duplication and increase collaboration because it requires interdependence and communication across the community of providers in any one geographic area. We recommend this with a caveat; it is helpful to create holistic programs or holistic synchronization across industries to create programs that touch on all of the areas cited above as requiring support to veterans (employment, education and training, awareness and outreach, mental and physical treatment, housing solutions, and family counseling). However, it is important for each nonprofit that services veterans to carefully consider what it is that they do best, and to do that with vigor as opposed to reaching beyond their focus and capabilities to create the semblance of having a holistic approach to solving many veteran problems.

**Recommendations for the Philanthropic Community**

There are several recommendations for philanthropic entities interested in supporting nonprofits who service veterans. First and foremost, research should be conducted about the veteran environment in the specific area of interest. Second, donors should not be afraid of new and innovative organizations. The modes and methods of serving new populations of veterans with new issues is emerging and there are few groups who have total solutions. The general approach of foundations is to support the well-oiled machine that works. It’s smart to look at the capacity and record of an organization before funding it. However, in this arena, in the wake of rapid technological advances and innovations and rapid emergence of nonprofits with new and novel ways to approach helping a cohort that has been largely failed over time involves taking calculate risks with some of the smaller and newer players in the space and helping them to grow to a place where they can be as competent and competitive as some of the larger and more prepared organizations. Third, donors can catalyze collaborative efforts and could perhaps build their own capacity to work in more collaborative spaces as they fund. Last, we recommend increased qualitative research into the myriad issues facing local veteran populations and an increase in collaboration amongst those supporting the provider community. This will decrease duplication and increase collaboration because it requires interdependence and communication across the community of providers in any one geographic area.

**About the Georgia Center for Nonprofits**

As its central goal, the Georgia Center for Nonprofits (GCN) works to improve the way nonprofits do business so they can, in turn, have a greater impact on our communities. For 20 years, GCN has worked to provide nonprofits with the resources and tools they need to be most effective; promote partnerships between nonprofits and businesses, government and foundation; and speak with one voice to policy makers and the public about the work and worth of charitable work. Whether GCN is working with nonprofit professionals who manage a homeless shelter or run a major art museum, our constant goal is to increase community impact through more sustainable, better managed and well-governed organizations.

Find out more about the Georgia Center for Nonprofits and how we serve, strengthen and support the thousands of nonprofit organizations in Georgia that are a part of our network of success and impact by visiting [www.GCN.org](http://www.GCN.org).
Appendices

Appendix A: List of Acronyms

Appendix B: Philanthropic Guidance

Appendix C: Additional Reference

Appendix D: Database of Organizations Working with Veterans in the Metro Atlanta Area

Appendix E: Question Instruments

Nonprofits Survey

Veterans Survey
Appendix A: List of Acronyms

**DoD - Department of Defense:** A U.S. government agency responsible for coordinating the activities of all subordinate government agencies relating to defense.

**DD - Dishonorable discharge:** An authorized punishment by the military in which the person convicted loses his/her rights to benefits issued by the military.

**DD Form 214 (DD 214):** A document of the United States Department of Defense, issued upon a military service member’s retirement, separation or discharge from active-duty military. There are 8 copies of the DD form 214 provided (one each) to the Service Member, Service Personnel File, United States Department of Veterans Affairs, Member, United States Department of Labor, State Director of Military Affairs, and 2 copies are provided and distributed in accordance with the Military Service Departments specific orders.

**GIB (new) GI Bill:** Financial assistance for education, housing, and textbooks for veterans who have served since September 11, 2011. The Post-9/11 GI Bill is effective August 1, 2009. Approved training under the Post-9/11 GI Bill includes graduate and undergraduate degrees, vocational/technical training, on-the-job training, flight training, correspondence training, licensing and national testing programs, entrepreneurship training, and tutorial assistance. (va.gov)

**GIB (old) - GI Bill:** Originally enacted in 1944, the Montgomery GI Bill (MGIB) was expanded several times. The MGIB program provides up to 36 months of education benefits, which may be used for degree and certificate programs, flight training, apprenticeship/on-the-job training and correspondence courses. Remedial, deficiency, and refresher courses may be approved under certain circumstances. Generally, benefits are payable for 10 years following release from active duty. This program is also commonly known as Chapter 30. The MGIB-SR program may be available to you if you are a member of the Selected Reserve. The Selected Reserve includes the Army Reserve, Navy Reserve, Air Force Reserve, Marine Corps Reserve and Coast Guard Reserve, and the Army National Guard and the Air National Guard. Veterans may use this education assistance program for degree programs, certificate or correspondence courses, cooperative training, independent study programs, apprenticeship/on-the-job training, and vocational flight training programs. Remedial, refresher and deficiency training are available under certain circumstances. (va.gov)

**GWI - Gulf War I:** Conflict from 1990-1991 in which the United States sought to remove Iraqi dictator Saddam Hussein from Kuwait.

**GWII - Gulf War II:** Conflict that occurred in Iraq from March 20, 2003 to December 18, 2011. It is also referred as Operation Iraqi Freedom.

**HD - Honorable discharge:** A form of discharge granted to persons who received a service rating between good and excellent for their service to the military. These service members must meet or exceed the required standards of duty performance and personal conduct, and complete their tours of duty where applicable to receive an honorable discharge.

**HUD - Department of Housing and Urban Development:** Government agency that oversees home mortgage lending practices.

**IADIF - Iraq Afghanistan Deployment Impact Fund:** Provides funds to nonprofit organizations that offer direct services and other assistance to American military personnel and their families who have been impacted by deployment. IADIF grants are administered independently and grant proposals are by invitation only.

**LF - Lincoln Community Foundation:** Promotes community philanthropy by working with individuals, families, and organizations to develop tailored giving plans.
M.A. - Metro Atlanta: Metro Atlanta is statistically defined in this study by the 10-county definition of the area. These counties are Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton (including the City of Atlanta), Gwinnett, Henry, and Rockdale.

M.A.VSRP - Metro Atlanta Veterans’ Services Research Project: A research project that seeks to provide statistics concerning veterans and veterans services in the Metro Atlanta area (as defined above), as well as offer recommendations on how to improve these services.

MD - Major Depression (Major Depressive Disorder): Condition characterized by recurrent depressive disorder also known as clinical depression.

NP - Nurse Practitioner: A registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice.

OEF - Operation Enduring Freedom: The war in Afghanistan launched in 2001 to root out the Taliban, an Islamic terrorist group accused of harboring Bin Laden.


PCP - Primary care physician: A physician who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.

POW - Prisoner of War: A member of the armed forces of a particular nation who is captured by the enemy during combat.29

PTSD - Post-Traumatic Stress Disorder: An anxiety disorder that occurs as a result of a traumatic event and is characterized by hyper arousal (lack of sleep, irritability, insomnia), re-experiencing the traumatic event, and avoidance of stimuli relating to the event for more than one month.

SAF - San Antonio Area Foundation: A 501(c)(3) nonprofit organization which manages and administers charitable funds for individuals and organizations in San Antonio and South Central Texas.

SS - Social Security: Federal old age, survivors, and disability insurance program.

SSI - Supplemental Security Income: A federal income supplement that helps aged, blind, and disabled people who have little to no income. 30

SSN - Social Security Number: A nine-digit number issued to U.S. citizens, permanent residents, and temporary (working) residents under section 205(c)(2) of the Social Security Act, codified as 42 U.S.C. § 405(c)(2).

TBI - Traumatic Brain Injury: A head trauma that either temporarily or permanently disrupts the brain’s function.

VA - Veteran Affairs: A U.S. federal department which provides services, such as medical and housing services, and benefits to veterans.

VBA - Veterans Benefits Administration: An organization which provides services, such as health care, to veterans.

VSO - Veteran Service Organization: For the purposes of this study, a Veteran Service Organization is defined as a nonprofit organization that acts in (or not in) partnership with the Department of Veteran affairs, which services veterans.

29 Merriam Webster definition of prisoner of war
Appendix B: Philanthropic Guidance

Philanthropic entities interested in supporting nonprofits who service veterans should look into the following recommendations from the Lincoln Community Foundations’ Community Blueprint (LF) http://www.lcf.org/resources/dyn/files/661353zbd38d78a_/fn/lcf-veteran-support-initiative.pdf:

1. Learn about veteran issues in your community. Increase research efforts in order to understand the demographic characteristics and issues facing service.
   a. Gather facts, figures, and data in order to have a full understanding of the veteran space.
   b. Understand and define the target population.
   c. Create and sustain strong relationships with veteran stakeholders and nonprofit stakeholders who can inform your efforts and provide critical support.
   d. Prioritize funding based off of the analyzing of available data regarding both veteran needs and nonprofits capacity and structure.
   e. Learn about services and gaps in service.

2. Develop a strategy to guide your efforts.
   a. Develop a non-grant making strategy in order to stimulate change in the sector and assess what methods you can include and when.
   b. Develop a grant making strategy that not only invests in currently capable organizations but helps to build the capacity or strongly-led organizations with an important and integral vision or mission.
   c. Be dynamic to account for shifts in the population.

3. Invest in grant making opportunities that are veteran focused.
   a. Send RFPs out to the broadest possible network.
   b. Assess the cultural competency of prospective grantees (do they understand the space, do they know theoretically and practically about the veteran population in their area of service).
   c. Take calculated risks in order to help grassroots organizations grow. Do not be afraid of untested organizations.
   d. Devise a strong and efficient set of metrics to employ in order to constantly monitor the grantees and ensure mission fulfillment.
   e. Convene your grantees to increase collaboration and decrease service duplication.

4. Collaborate with grant makers and other stakeholders.
   a. Create a unified process to facilitate grant making and assessment of applicants.
   b. Establish basic practices and a person to maintain collaboration.
5. Plan for stability and sustainability. Financial sustainability and sustainability of funding are imperative.

   a. Educate donors about the needs of the veteran community and how the business, philanthropic, and nonprofits community are the most efficient providers of support.

   b. Leverage all relative resources.

   c. Promote sustainability through grant making efforts and capacity building coupled together.
Appendix C: Additional Reference


6. Ibid


10. Jamison Fargo, Stephen Metraux, Thomas Byrne, Ellen Munley, Ann Elizabeth Montgomery, Harlan Jones, George Sheldon, and Dennis P. Culhane. “Prevalence and Risk of Homelessness among US Veterans: A Multisite Investigation.” National Center on Homelessness among Veterans. August 2011. http://repository.upenn.edu/cgi/viewcontent.cgi?article=1161&context=spp_papers&sei-redir=1&referer=http%3A%2F%2Fscholar.google.com%2Fscholar%3Fh%3D%26q%3Dveteran%2Bhomelessness%26as_sdt%3D0%252C11%26as_ylo%3D2006%26as_yhi%3D2013%26as_vis%3D0%26#search=%22veteran%20homelessness%22

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<th>Description of Services</th>
<th>Area(s) of Service</th>
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<td>American Corporate Partners</td>
<td>New York, NY</td>
<td><a href="http://www.acp-usa.org">www.acp-usa.org</a></td>
<td>Offers a nationwide mentoring program and online network offering business advice</td>
<td>Career development and networking</td>
</tr>
<tr>
<td>American Ex-Prisoners of War Organization</td>
<td>Arlington, TX(Nat'l Headquarters)/Chapter in Tucker, GA</td>
<td><a href="http://www.axpow.org">www.axpow.org</a></td>
<td>Service organization that advocates for former prisoners and their families</td>
<td>Advocacy, search assistance and fraternal activities</td>
</tr>
<tr>
<td>American Legion</td>
<td>National</td>
<td><a href="http://www.galegion.org">www.galegion.org</a></td>
<td>Patriotic veterans organization, highlighting camaraderie between veterans across America</td>
<td>Fraternal activities</td>
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<td>AMVETS</td>
<td>Lanham, MD/Chapter in Decatur, Ga.</td>
<td><a href="http://www.va.gov">www.va.gov</a></td>
<td>Serves as a resource center/programs center for veterans and as a liaison between the veterans and the services they seek</td>
<td>Advocacy</td>
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<tr>
<td>Atlanta Vietnam Veterans Business</td>
<td>Atlanta, GA</td>
<td><a href="http://www.avvba.org">www.avvba.org</a></td>
<td>Promotes patriotism by sponsoring activities of a patriotic nature among the business community. Recognizes and honors those who served or gave their lives in the Vietnam War. Promotes the positive image of the Vietnam Veteran, their dependents and the widows and orphans of deceased Vietnam Veterans.</td>
<td>Advocacy, memorial activities, community outreach</td>
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## Appendix D.1: Database of Organizations Focused on Serving Veterans in the Metro Atlanta Area

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<td>Blinded Veterans of America</td>
<td>National</td>
<td><a href="http://www.bva.org">www.bva.org</a></td>
<td>Promotes the welfare of blinded veterans through programs and resources</td>
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<tr>
<td>BraveHeart Veterans</td>
<td>Atlanta, GA</td>
<td><a href="http://www.braveheartveterans.org">www.braveheartveterans.org</a></td>
<td>Emory University and the Atlanta Braves partnership offers Veterans of the war in Iraq and Afghanistan and their family members a variety of expert support resources through BraveHeart’s Welcome Back Veterans Southeast Initiative.</td>
</tr>
<tr>
<td>Bridging The Gap Foundation of Georgia</td>
<td>Atlanta, GA</td>
<td><a href="http://www.btg-foundation.org">www.btg-foundation.org</a></td>
<td>Assists individuals, in finding employment, works with them to bridge the barriers of society that have prevented them from succeeding through mentorship programs</td>
</tr>
<tr>
<td>Care For the Troops</td>
<td>Marietta, GA</td>
<td><a href="http://www.careforthetroops.org">www.careforthetroops.org</a></td>
<td>Works to improve the ability of the civilian mental health infrastructure in the State of Georgia, works with military family members in all aspects of assistance</td>
</tr>
<tr>
<td>Disabled American Veterans</td>
<td>National</td>
<td><a href="http://www.dav.org/">www.dav.org/</a></td>
<td>Provides all forms of support for veterans with disabilities</td>
</tr>
<tr>
<td>Georgia Association of Veteran Certifying Officials</td>
<td>Atlanta, GA</td>
<td><a href="http://www.gavco.org/">www.gavco.org/</a></td>
<td>Serves veterans through online membership</td>
</tr>
<tr>
<td>Georgia Veterans Day Parade Association of Atlanta</td>
<td>Atlanta, GA</td>
<td><a href="http://www.gavetsdayparade.org/">www.gavetsdayparade.org/</a></td>
<td>Hosts the Veterans Day Parade in Atlanta, GA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Civic activities</td>
</tr>
<tr>
<td>Organization</td>
<td>Location</td>
<td>Website</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------------</td>
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<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Georgia Veterans Memorial Park</td>
<td>Conyers, GA</td>
<td><a href="http://www.walkofheroes.org/">www.walkofheroes.org/</a></td>
<td>Preserves the memory and sacrifices of veterans by sustaining a memorial park.</td>
</tr>
<tr>
<td>PTSD</td>
<td>Fayetteville, GA</td>
<td><a href="http://www.georgiaveterans.org">www.georgiaveterans.org</a></td>
<td>Assists veterans with PTSD</td>
</tr>
<tr>
<td>Vietnam Veterans Alliance</td>
<td>Atlanta, GA</td>
<td><a href="http://www.gvva.org/">www.gvva.org/</a></td>
<td>Serves as a resource center for Veterans in Georgia</td>
</tr>
<tr>
<td>Give an Hour</td>
<td>National</td>
<td><a href="http://www.giveanhour.org">www.giveanhour.org</a></td>
<td>Provides counseling and therapy services for veterans</td>
</tr>
<tr>
<td>Helping Our Veterans, Inc.</td>
<td>Decatur, GA</td>
<td><a href="http://www.helpingourveterans.us/">www.helpingourveterans.us/</a></td>
<td>Serves as a resource center, and as advocate for homeless veterans</td>
</tr>
<tr>
<td>Heroic Veterans of Georgia</td>
<td>Atlanta, GA</td>
<td></td>
<td>Assists veterans through various resources and programs</td>
</tr>
<tr>
<td>Hire a Hero</td>
<td>National</td>
<td></td>
<td>National employment and job search engine for veterans</td>
</tr>
<tr>
<td>Honor Flight Fayette</td>
<td>Fayetteville, GA</td>
<td><a href="http://www.honorflightfayette.org">www.honorflightfayette.org</a></td>
<td>Organization created to honor our WWII veterans</td>
</tr>
<tr>
<td>Jewish War Veterans of America</td>
<td>National</td>
<td><a href="http://www.jwv.org/">www.jwv.org/</a></td>
<td>Support group with an online presence for Jewish war veterans</td>
</tr>
<tr>
<td>Joseph and Sarah Caring for Vets</td>
<td>Atlanta, GA</td>
<td><a href="http://www.jandshouse.org">www.jandshouse.org</a></td>
<td>Assists in homeless veterans in the areas of self sufficiency and housing</td>
</tr>
</tbody>
</table>

**Appendix D.1:** Database of Organizations Focused on Serving Veterans in the Metro Atlanta Area
### Appendix D.1: Database of Organizations Focused on Serving Veterans in the Metro Atlanta Area

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Location</th>
<th>Website</th>
<th>Focus</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Korean War Veterans Association</td>
<td>National</td>
<td></td>
<td><a href="http://www.kwva.org">www.kwva.org</a></td>
<td>Association for veterans who served in the Korean War</td>
<td>Fraternal activities, member support association</td>
</tr>
<tr>
<td>Marine Corps League</td>
<td>Merrifield, VA/Chapter in Marietta, GA</td>
<td><a href="http://www.mcleague.org">www.mcleague.org</a></td>
<td>Assists active marine corps members and their families as well as marine corps veterans with resources and programs through membership</td>
<td>Membership program, resource center</td>
<td></td>
</tr>
<tr>
<td>Military Officers Association of America</td>
<td>National</td>
<td></td>
<td><a href="http://www.moaa.org">www.moaa.org</a></td>
<td>Connects military officers throughout the United States</td>
<td>Fraternal activities</td>
</tr>
<tr>
<td>Military Warriors Support Foundation</td>
<td>National/San Antonio Texas</td>
<td><a href="http://militarywarriors.org">http://militarywarriors.org</a></td>
<td>Provides an array of services to wounded warriors</td>
<td>Mentoring, recreational outings, financial planning, counseling, education assistance</td>
<td></td>
</tr>
<tr>
<td>Muslim American Veterans Association</td>
<td>National</td>
<td><a href="http://www.mavapost2.com">www.mavapost2.com</a></td>
<td>Involved in community service, clothing drives, bringing in speakers for veterans, passing out toiletries at hospitals, etc..</td>
<td>Involved in community service, clothing drives, bringing in speakers for veterans, passing out toiletries at hospitals, etc..</td>
<td></td>
</tr>
<tr>
<td>National Association of Black Veterans, Inc.</td>
<td>National</td>
<td><a href="http://www.nabvets.org">www.nabvets.org</a></td>
<td>Association for African American males who serve and who have served in the military.</td>
<td>Fraternal activities</td>
<td></td>
</tr>
<tr>
<td>National Coalition for Homeless Veterans</td>
<td>National</td>
<td><a href="http://www.nchv.org">www.nchv.org</a></td>
<td>A national coalition dedicated to ending the trend of homeless veterans</td>
<td>Advocacy, employment assistance</td>
<td></td>
</tr>
<tr>
<td>National Veterans Foundation</td>
<td>National</td>
<td><a href="http://www.nvf.org/">www.nvf.org/</a></td>
<td>Assists veterans through various resources and programs</td>
<td>Assistance to obtain benefits, job placement</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix D.1: Database of Organizations Focused on Serving Veterans in the Metro Atlanta Area

<table>
<thead>
<tr>
<th>Organization</th>
<th>Location</th>
<th>Website</th>
<th>Description</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operation Homefront</td>
<td>National</td>
<td><a href="http://www.operationhomefront.net">www.operationhomefront.net</a></td>
<td>Caters to multiple parts of a veteran's life and family, and provides multiple programs dedicated to sustainability of families and veterans</td>
<td>Family support assistance, transitional assistance, job placement, family counseling</td>
</tr>
<tr>
<td>Operation One Voice</td>
<td>Atlanta, GA</td>
<td><a href="http://www.operationonevoice.org">www.operationonevoice.org</a></td>
<td>This is a program designed to raise funds for military men and women and their families</td>
<td>Fundraising for veterans</td>
</tr>
<tr>
<td>Samaritan House of Atlanta</td>
<td>Atlanta, GA</td>
<td><a href="http://www.samhouse.org">www.samhouse.org</a></td>
<td>Serves homeless veterans and assists in employment for individuals who are homeless</td>
<td>Hosing and employment assistance</td>
</tr>
<tr>
<td>Southeastern Paralyzed Veterans, Inc.</td>
<td>Decatur, GA</td>
<td><a href="http://www.southeasternpva.com">www.southeasternpva.com</a></td>
<td>Assists veterans with spinal cord injury, as well as other veterans needing assistance with VA benefits, entitlements, medical care and other benefits</td>
<td>Assistance with VA benefits, entitlements, medical care and other benefits</td>
</tr>
<tr>
<td>Student Veterans of America</td>
<td>National</td>
<td><a href="http://www.studentveterans.org">www.studentveterans.org</a></td>
<td>Assists student veterans across America</td>
<td>Education assistance, job placement, peer support</td>
</tr>
<tr>
<td>The Georgia Veterans Group</td>
<td>Stone Mountain, GA</td>
<td><a href="http://www.georgiaveterans.org">www.georgiaveterans.org</a></td>
<td>Assist veterans, and/or their families in all aspects including assistance with VA and Social Security claims, and knowledge and information on a variety of issues that plague veterans families and communities</td>
<td>Resource assistance, benefits assistance, knowledge base for veterans and their families</td>
</tr>
<tr>
<td>The Transition House, Inc.</td>
<td>Atlanta, GA</td>
<td><a href="http://www.transition-house.org">www.transition-house.org</a></td>
<td>Caters to homeless veterans, or veterans who have been previously incarcerated in the Atlanta area through housing assistance</td>
<td>Homeless veteran assistance, transitional housing, job assistance</td>
</tr>
<tr>
<td>The Veterans Support Organization</td>
<td>Snellville, Georgia</td>
<td><a href="http://www.theveteranssupport.org">www.theveteranssupport.org</a></td>
<td>Implements programs that assist homeless veterans and veterans who are facing financial hardship</td>
<td>Housing, job assistance, housing, donations, financial assistance</td>
</tr>
<tr>
<td>U.S. Vets</td>
<td>Los Angeles, CA</td>
<td><a href="http://www.usvetsinc.org">www.usvetsinc.org</a></td>
<td>Serves veterans through counseling, training, and</td>
<td>Housing, job assistance, counseling, career development</td>
</tr>
<tr>
<td>Organization Name</td>
<td>Location</td>
<td>Website</td>
<td>Services Provided</td>
<td>Other Services Provided</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
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<td>----------------------------------------------------------------</td>
</tr>
<tr>
<td>United Services Organizations</td>
<td>National/Atlanta, GA</td>
<td><a href="http://www.uso.org/">www.uso.org/</a></td>
<td>Assists in support and resource assistance for military personnel</td>
<td>Family assistance, readiness programs, communications access</td>
</tr>
<tr>
<td>US Dept. of Veterans Affairs</td>
<td>National</td>
<td><a href="http://www.va.gov">www.va.gov</a></td>
<td>Serves as a liaison for veterans and benefits, veteran support</td>
<td>Veteran health care, benefits, legal assistance</td>
</tr>
<tr>
<td>Veteran Information Network</td>
<td>National</td>
<td><a href="http://www.kansasvets.org">www.kansasvets.org</a></td>
<td>Online support resource center based on peer support &quot;vets helping vets&quot;</td>
<td>Resource center for veterans services</td>
</tr>
<tr>
<td>Veterans Empowerment Organization</td>
<td>Atlanta, GA</td>
<td><a href="http://www.veteransempowerment.org">www.veteransempowerment.org</a></td>
<td>Accepts homeless veterans from the streets of Atlanta into their Rehousing-to-Permanent Housing program.</td>
<td>Case management, housing assistance, life skills training</td>
</tr>
<tr>
<td>Veterans for Community Services</td>
<td>Atlanta, GA</td>
<td><a href="http://www.aidetoveterans.org">www.aidetoveterans.org</a></td>
<td>Assists in referrals to employment, vocation, and substance abuse programs</td>
<td>Employment assistance, job readiness, substance abuse assistance, legal assistance</td>
</tr>
<tr>
<td>Veterans Heart Georgia</td>
<td>Atlanta, GA</td>
<td><a href="http://www.veteransheartgeorgia.org">www.veteransheartgeorgia.org</a></td>
<td>Attends to the emotional and spiritual needs of veterans through consultations, workshops, and community outreach</td>
<td>Counseling, spiritual development, emotional support</td>
</tr>
<tr>
<td>Veterans of Foreign Wars</td>
<td>National</td>
<td><a href="http://www.gavfw.org">www.gavfw.org</a></td>
<td>Supports veterans of foreign wars</td>
<td>Transitioning, family assistance, troop support</td>
</tr>
<tr>
<td>Vietnam Veterans of America</td>
<td>National</td>
<td><a href="http://www.vva.org">www.vva.org</a></td>
<td>Assists the families of veterans in every aspect of advocacy and healthcare</td>
<td>Advocacy, healthcare, community outreach</td>
</tr>
<tr>
<td>Warrior Transition Unit</td>
<td>National</td>
<td><a href="http://www.wtc.army.mil/about_us/wtu.html">www.wtc.army.mil/about_us/wtu.html</a></td>
<td>Assists soldiers in all areas of transitioning</td>
<td>Transition treatment facilities</td>
</tr>
<tr>
<td>Wounded Warrior Project</td>
<td>National</td>
<td><a href="http://www.woundedwarriorproject.org">www.woundedwarriorproject.org</a></td>
<td>Offers various programs around the U.S. catering to wounded veterans</td>
<td>Rehabilitation programs, economic empowerment</td>
</tr>
</tbody>
</table>
### Appendix D.2: Database of Other Organizations Serving Veterans in the Metro Atlanta Area
(Not focused on Veterans)

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Location</th>
<th>Website</th>
<th>Description of Services</th>
<th>Area(s) of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>AID Atlanta</td>
<td>Atlanta, GA</td>
<td><a href="http://www.aidatlanta.org">www.aidatlanta.org</a></td>
<td>Provides HIV/AIDS and prevention education. HIV medical case management services; primary medical care; HIV treatment</td>
<td>Education and physical health treatment, HIV medical case management services; primary medical care; HIV treatment</td>
</tr>
<tr>
<td>American Red Cross (N)</td>
<td>Atlanta, GA</td>
<td></td>
<td>Provides assistance and information in preparing, developing, and obtaining sufficient evidence to support applicants’ claims for veterans’ benefits and also assists claimants who seek to appeal to the Board of Veterans’ Appeals (BVA).</td>
<td>Advocacy, veterans claims, veterans support</td>
</tr>
<tr>
<td>AmeriCorps/Georgia Dept. of Community Affairs (N)</td>
<td>Atlanta, GA</td>
<td><a href="http://www.dca.ga.gov">www.dca.ga.gov</a></td>
<td>Assists in community outreach/volunteerism.</td>
<td>Community outreach/volunteerism</td>
</tr>
<tr>
<td>Antioch Baptist Church</td>
<td>Atlanta, GA</td>
<td><a href="http://www.antiochnorth.org">www.antiochnorth.org</a></td>
<td>Provides food and donated clothing to individuals in need.</td>
<td>Community outreach, homelessness assistance</td>
</tr>
<tr>
<td>Atlanta Mission</td>
<td>Atlanta, GA</td>
<td>atlantamission.org/</td>
<td>Assists individuals who are homeless with various programs and initiatives.</td>
<td>Volunteerism, job assistance, housing assistance</td>
</tr>
<tr>
<td>Atlanta Center for Self Sufficiency</td>
<td>Atlanta, GA</td>
<td><a href="http://www.atlantaccs.org">www.atlantaccs.org</a></td>
<td>Supports homeless veterans in their efforts to re-enter the workforce by providing outreach, assessment, skills building, individual case planning, job readiness training, job placement assistance, referrals to housing and other supportive services.</td>
<td>Advocacy, case management, housing, job placement, skill building</td>
</tr>
<tr>
<td>Organization</td>
<td>Location</td>
<td>Website</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
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<td>----------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Atlanta Neighborhood Development Partnership</td>
<td>Atlanta, GA</td>
<td><a href="http://www.andpi.org">www.andpi.org</a></td>
<td>Promotes, creates and preserves mixed income communities through direct development, lending, policy research and advocacy that result in the equitable distribution of affordable housing throughout the metropolitan Atlanta region. Advocacy, policy research, housing assistance</td>
<td></td>
</tr>
<tr>
<td>Atlanta Veterans Acupuncture Clinic/In Town Acupuncture</td>
<td>Atlanta, GA</td>
<td><a href="http://www.veteransacupunctureatlanta.org">www.veteransacupunctureatlanta.org</a></td>
<td>Provides acupuncture treatment for veterans and their families. Accupuncture treatment</td>
<td></td>
</tr>
<tr>
<td>Atlanta Workforce Development Agency</td>
<td>Atlanta, GA</td>
<td><a href="http://www.atlantaworkforce.org">www.atlantaworkforce.org</a></td>
<td>Caters to all forms of employee readiness for individuals in the metro Atlanta. Job assistance, career development, employment workshops</td>
<td></td>
</tr>
<tr>
<td>Bobby Dodd Institute</td>
<td>Atlanta, GA</td>
<td><a href="http://www.bobbydodd.org">www.bobbydodd.org</a></td>
<td>Provides training and job placement for individuals who are disabled, and assists them in being able to live independently. Financial training and job placement for veterans with disabilities, life skills education</td>
<td></td>
</tr>
<tr>
<td>Brain Injury Association of Georgia</td>
<td>Atlanta, GA</td>
<td><a href="http://www.braininjurygeorgia.org">www.braininjurygeorgia.org</a></td>
<td>Offers a Peer Visitor for Veterans Program which is staffed with volunteers who offer hope, support, empathy, inspiration, education and resources necessary to help survivors of an injury to the brain and their families navigate the recovery process. Mental and physical health services coupled with family support and education around injuries</td>
<td></td>
</tr>
<tr>
<td>Brain Line</td>
<td>National</td>
<td><a href="http://www.brainline.org">www.brainline.org</a></td>
<td>Assists individuals with any type of brain injury. Advocacy, mental and physical health care or referral and employment training</td>
<td></td>
</tr>
<tr>
<td>Center for American Values</td>
<td>National</td>
<td><a href="http://www.americanvaluescenter.org">www.americanvaluescenter.org</a></td>
<td>Promotes public awareness, and engages discussions on how to improve the lives of veterans. Public awareness, advocacy</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix D.2: Database of Other Organizations Serving Veterans in the Metro Atlanta Area
(Not Focused on Veterans)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Location</th>
<th>Website</th>
<th>Services Provided</th>
<th>Focus Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Outreach and Advocacy Center</td>
<td>Atlanta, GA</td>
<td><a href="http://www.centraloutreachandadvocacy.org">www.centraloutreachandadvocacy.org</a></td>
<td>Homeless assistance and advocacy work on behalf of the homeless.</td>
<td>Homelessness assistance, advocacy, community outreach</td>
</tr>
<tr>
<td>Central Presbyterian</td>
<td>Atlanta, GA</td>
<td><a href="http://www.cpcatlanta.org">www.cpcatlanta.org</a></td>
<td>Provides all forms of community service.</td>
<td>Community outreach, volunteerism</td>
</tr>
<tr>
<td>Champions Made From Adversity</td>
<td>Evans, GA</td>
<td><a href="http://www.cmfa.us">www.cmfa.us</a></td>
<td>Helps advance the lives of those with physical disabilities through sport and leisure activities.</td>
<td>Physical assistance and education, athletics, disability assistance</td>
</tr>
<tr>
<td>Clifton Sanctuary</td>
<td>Atlanta, GA</td>
<td><a href="http://www.cliftonsanctuary.com/">www.cliftonsanctuary.com/</a></td>
<td>Provides shelter for the homeless and distributes food.</td>
<td>Housing, food distribution, community outreach, homelessness</td>
</tr>
<tr>
<td>Cornerstone Association, Inc.</td>
<td>Atlanta, GA</td>
<td></td>
<td>Provides assistance in capacity building and consulting.</td>
<td>Capacity building, consulting</td>
</tr>
<tr>
<td>Corporate Volunteer Council</td>
<td>National</td>
<td><a href="http://www.cvcoatlanta.org">www.cvcoatlanta.org</a></td>
<td>Specializes in engaging community volunteers and capacity building.</td>
<td>Volunteerism and capacity building</td>
</tr>
<tr>
<td>CredAbility</td>
<td>Atlanta, GA</td>
<td><a href="http://www.credability.org/">www.credability.org/</a></td>
<td>Provides nonprofit credit counseling and education.</td>
<td>Nonprofit credit counseling, financial assistance and education</td>
</tr>
<tr>
<td>Crossroads Community Ministries</td>
<td>Atlanta, GA</td>
<td><a href="http://www.crossroadsatlanta.org/">www.crossroadsatlanta.org/</a></td>
<td>Assists individuals who are homeless through various programs and resources provided by the organization.</td>
<td>Food assistance, life skills assistance, group mentoring programs, workshops</td>
</tr>
<tr>
<td>Dekalb Community Service Board</td>
<td>Atlanta, GA</td>
<td><a href="http://www.dekcsb.org/">www.dekcsb.org/</a></td>
<td>This organization deals with all forms of community services and community development throughout DeKalb County.</td>
<td>Volunteerism, advocacy, capacity building, community development</td>
</tr>
<tr>
<td>Dekalb Rape Crisis Center</td>
<td>Decatur, GA</td>
<td><a href="http://www.dekalbrapecrisiscenter.org/">www.dekalbrapecrisiscenter.org/</a></td>
<td>Provides counseling, support, and education for women who have been raped, or sexually abused.</td>
<td>Counseling and therapy, education</td>
</tr>
<tr>
<td><strong>Organization</strong></td>
<td><strong>Location</strong></td>
<td><strong>Website</strong></td>
<td><strong>Services</strong></td>
<td><strong>Focus</strong></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
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<td>-----------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>DFCS (Department of Family and Children Services): Fulton County</td>
<td>Atlanta, GA</td>
<td><a href="http://www.dfcs.dhr.georgia.gov/">www.dfcs.dhr.georgia.gov/</a></td>
<td>Active in investigating child abuse cases, helps unemployed and/or low income parents by providing various programs.</td>
<td>Child advocacy, family financial assistance</td>
</tr>
<tr>
<td>Georgia Commission for Service and Volunteerism</td>
<td>Atlanta Georgia</td>
<td><a href="http://dca.ga.gov">dca.ga.gov</a></td>
<td>Assists in engaging volunteers in order to build the capacity of Atlanta's nonprofit organizations.</td>
<td>Volunteerism and capacity building</td>
</tr>
<tr>
<td>Georgia Law Center for the Homeless</td>
<td>Atlanta, GA</td>
<td><a href="http://www.galawcenter.org/">www.galawcenter.org/</a></td>
<td>Assists in all legal areas of homelessness.</td>
<td>Legal assistance, advocacy, counseling, consulting</td>
</tr>
<tr>
<td>Georgia Lions Lighthouse Foundation</td>
<td>Atlanta, GA</td>
<td><a href="http://www.lionslighthouse.org/">www.lionslighthouse.org/</a></td>
<td>Assists in providing individuals with eye exams, eye surgeries, eyeglasses, and hearing aids.</td>
<td>Medical eye exams, eye surgeries, eyeglasses, and hearing aids (physical health)</td>
</tr>
<tr>
<td>Georgia Radio Reading Services</td>
<td>Atlanta, GA</td>
<td><a href="http://www.garrs.net/">www.garrs.net/</a></td>
<td>Radio broadcast that provides readings for the blind and disabled.</td>
<td>Radio broadcasting</td>
</tr>
<tr>
<td>Good Neighbor Homeless Shelter</td>
<td>Cartersville, GA</td>
<td><a href="http://www.goodneighborshelter.org/">www.goodneighborshelter.org/</a></td>
<td>Provides temporary shelter and physical, emotional, and spiritual support to individuals and families.</td>
<td>Temporary housing, therapy, counseling</td>
</tr>
<tr>
<td>Good Samaritan Health Center</td>
<td>Atlanta, GA</td>
<td><a href="http://www.goodsamatlanta.org/">www.goodsamatlanta.org/</a></td>
<td>Provides medical services (checkups, vaccinations, prenatal care), mental health counseling, dental services, and social services to individuals in need.</td>
<td>Medical assistance, mental health counseling, dental services, and social services</td>
</tr>
<tr>
<td>Grady Hospital Volunteers</td>
<td>Atlanta, GA</td>
<td><a href="http://www.gradyhealth.org/volunteer/">www.gradyhealth.org/volunteer/</a></td>
<td>Provides home repairs, home renovations, housing, and assists individuals who are homeless.</td>
<td>Homelessness assistance, community volunteerism, housing assistance</td>
</tr>
<tr>
<td>Habitat for Humanity</td>
<td>National/Atlanta, GA</td>
<td><a href="http://www.atlantahabitat.org">www.atlantahabitat.org</a></td>
<td>Provides home repairs, home renovations, housing, and assists individuals who are homeless.</td>
<td>Homelessness assistance, community volunteerism, housing assistance</td>
</tr>
<tr>
<td>Organization</td>
<td>Location</td>
<td>Website</td>
<td>Services</td>
<td>Focus</td>
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</tr>
<tr>
<td>Help USA</td>
<td>National</td>
<td><a href="http://www.helpusa.org">www.helpusa.org</a></td>
<td>Assists individuals who are homeless through mentoring and various programs.</td>
<td>Mentoring, job assistance, housing assistance</td>
</tr>
<tr>
<td>Initiative for Affordable Housing</td>
<td>Decatur, GA</td>
<td><a href="http://www.affordablehousingatl.org/">www.affordablehousingatl.org/</a></td>
<td>Assists in various areas of human services.</td>
<td>Therapy, food vouchers, housing assistance, financial assistance</td>
</tr>
<tr>
<td>Jails to Nails, Inc.</td>
<td>Atlanta, GA</td>
<td><a href="http://www.jailstonails.org/">www.jailstonails.org/</a></td>
<td>Program that provides key social, training and occupational skills to non-violent ex-offenders.</td>
<td>Education, occupational training, transition skills training</td>
</tr>
<tr>
<td>Jefferson Place Emergency Shelter/Transition House</td>
<td>Atlanta, GA</td>
<td><a href="http://www.fultoncountyga.gov/divisions-">www.fultoncountyga.gov/divisions-</a></td>
<td>Assists in providing temporary housing, medical care, and other services to individuals who are homeless or are in need.</td>
<td>Housing, medical care, substance abuse services, dental care, primary care, gynecological services.</td>
</tr>
<tr>
<td>Just Heart Foundation, Inc.</td>
<td>Atlanta, GA</td>
<td><a href="http://www.justheart.org">www.justheart.org</a></td>
<td>Assistance to families in any type of crisis, esp. those with a hospitalized child.</td>
<td>Emergency financial assistance, counseling</td>
</tr>
<tr>
<td>Lady of Lourdes</td>
<td>Atlanta, GA</td>
<td><a href="http://www.lourdesatlanta.org/">www.lourdesatlanta.org/</a></td>
<td>Deals with all aspects of community service and the homeless.</td>
<td>Volunteerism, community outreach</td>
</tr>
<tr>
<td>Licensed Professional Counselors of Georgia</td>
<td>Decatur, GA</td>
<td><a href="http://www.lpcaga.org/">www.lpcaga.org/</a></td>
<td>This organization is a counseling association, and serves as a resource for professional counselors in</td>
<td>Mental health, counseling, therapy</td>
</tr>
<tr>
<td>Mary Hall Freedom House</td>
<td>Atlanta, GA</td>
<td><a href="http://www.maryhallfreedomhouse.org/">www.maryhallfreedomhouse.org/</a></td>
<td>Improves the quality of life of women and women with children by empowering them to break the cycle of addiction, poverty and homelessness.</td>
<td>Outpatient treatment, residential treatment, job assistance, temporary housing</td>
</tr>
<tr>
<td><strong>Organization</strong></td>
<td><strong>Location</strong></td>
<td><strong>Website</strong></td>
<td><strong>Services</strong></td>
<td><strong>Additional Services</strong></td>
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<tr>
<td>---------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Metro Atlanta Task Force for the Homeless/National Coalition for the Homeless</td>
<td>Atlanta, GA</td>
<td><a href="http://www.homelesstaskforce.org/">www.homelesstaskforce.org/</a></td>
<td>Provides transition housing and aids individuals who are homeless.</td>
<td>Housing, advocacy, job training</td>
</tr>
<tr>
<td>Midtown Assistance Center</td>
<td>Atlanta, GA</td>
<td><a href="http://www.midtownassistancectr.org/">www.midtownassistancectr.org/</a></td>
<td>Assists individuals with rent, utilities, groceries, counseling, and transportation for those in need.</td>
<td>Financial assistance, utilities, groceries, counseling, and transportation</td>
</tr>
<tr>
<td>NAMI/NAMI Georgia</td>
<td>National/Atlanta, GA</td>
<td><a href="http://www.namiga.org">www.namiga.org</a></td>
<td>Assists individuals with mental illnesses.</td>
<td>Counseling, therapy, emotional support</td>
</tr>
<tr>
<td>Not Alone</td>
<td>Nashville</td>
<td><a href="http://www.notalone.com">www.notalone.com</a></td>
<td>Provides services to families and soldiers suffering from PTSD.</td>
<td>Counseling, emotional support</td>
</tr>
<tr>
<td>Odyssey Family Counseling Center</td>
<td>College Park, GA</td>
<td><a href="http://www.odysseycounseling.org/">www.odysseycounseling.org/</a></td>
<td>Assists in mental health and substance abuse counseling.</td>
<td>Mental health, counseling</td>
</tr>
<tr>
<td>Positive Impact</td>
<td>Atlanta, GA</td>
<td><a href="http://www.positiveimpact-atl.org/">www.positiveimpact-atl.org/</a></td>
<td>Assists in education in all areas of HIV treatment and risk reduction.</td>
<td>Metal health counseling, substance abuse treatment, HIV risk reduction</td>
</tr>
<tr>
<td>Quest 35 Housing</td>
<td>Atlanta, GA</td>
<td>quest35housing.org/</td>
<td>Develops and implements affordable-supportive housing programs that service the special need homeless and/or low income populations.</td>
<td>Housing, substance abuse, emotional support, job assistance, counseling, vocational training</td>
</tr>
<tr>
<td>Rebuilding Together Atlanta</td>
<td>Atlanta, GA</td>
<td><a href="http://www.rebuildingtogether-atlanta.org/">www.rebuildingtogether-atlanta.org/</a></td>
<td>Specializes in preserving, rebuilding, and revitalizing homes and communities.</td>
<td>Housing, community development</td>
</tr>
<tr>
<td>Resources for Residents and Communities</td>
<td>Atlanta, GA</td>
<td><a href="http://www.reynoldstown.org/">www.reynoldstown.org/</a></td>
<td>Specializes in providing housing and community development resources.</td>
<td>Housing, community development</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>National</td>
<td><a href="http://www.uss.salvationarmy.org">www.uss.salvationarmy.org</a></td>
<td>Assists with food, clothing, shelter, and counseling to various individuals across the United States.</td>
<td>Assists with food, clothing, shelter, advocacy, homelessness</td>
</tr>
</tbody>
</table>

**Appendix D.2:** Database of Other Organizations Serving Veterans in the Metro Atlanta Area (Not specifically focused on Veterans)
<table>
<thead>
<tr>
<th>Organization</th>
<th>Location</th>
<th>Website</th>
<th>Services</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Citizens of Metropolitan Atlanta, Inc.</td>
<td>Atlanta, GA</td>
<td><a href="http://www.scsatl.org/">www.scsatl.org/</a></td>
<td>Assists in all aspects of catering to senior citizens.</td>
<td>Volunteerism, housing, group therapy</td>
</tr>
<tr>
<td>Serenity House</td>
<td>Atlanta, GA</td>
<td><a href="http://www.serenityhouse.com/">www.serenityhouse.com/</a></td>
<td>Facilitates recovery programs, counseling, and extended residential care.</td>
<td>Substance abuse, mental program facilitation,</td>
</tr>
<tr>
<td>Serenity Tranquility and Peace Sober Living Home, Inc.</td>
<td>Conyers, GA</td>
<td></td>
<td>Specializes in substance abuse counseling and transition services.</td>
<td>Substance abuse counseling, transition services</td>
</tr>
<tr>
<td>Shepherd Center</td>
<td>Atlanta, GA</td>
<td><a href="http://www.shepherd.org">www.shepherd.org</a></td>
<td>Assists with spinal injuries, brain injuries. The Share Initiative Program specifically assists veterans.</td>
<td>Full service center that provides mental and physical health services, and a full reintegration plan and execution of said plan for veterans.</td>
</tr>
<tr>
<td>Side by Side Brain Injury Clubhouse</td>
<td>Atlanta, GA</td>
<td><a href="http://www.sidebysideclubhouse.org">www.sidebysideclubhouse.org</a></td>
<td>Assist individuals who have a brain injury.</td>
<td>Assist individuals who have a brain injury</td>
</tr>
<tr>
<td>St. Joseph's Care</td>
<td>Atlanta, GA</td>
<td><a href="http://www.mercycareservices.org">www.mercycareservices.org</a></td>
<td>Houses multiple programs that assist in the health of the community.</td>
<td>Rehabilitation services, counseling, health care assistance</td>
</tr>
<tr>
<td>St. Joseph's Hospital</td>
<td>Atlanta, GA</td>
<td><a href="http://www.sjmediaroom.com">www.sjmediaroom.com</a></td>
<td>Assist the community in various forms of medical services.</td>
<td>Medical services (checkups, vaccinations, pre-natal care), mental health counseling, dental services, and social services</td>
</tr>
<tr>
<td>St. Vincent de Paul Society</td>
<td>Atlanta, GA</td>
<td><a href="http://www.svdpatl.org">www.svdpatl.org</a></td>
<td>Provides temporary housing, clothing drives and food distribution in the community.</td>
<td>Temporary housing, clothing drives, food distribution, family support system</td>
</tr>
<tr>
<td>State Bar of Georgia</td>
<td>Atlanta, GA</td>
<td><a href="http://www.gabar.org/">www.gabar.org/</a></td>
<td>Provides all forms of legal services for the state of Georgia.</td>
<td>Legal services</td>
</tr>
<tr>
<td>Stride Ahead/Horses for Heroes</td>
<td>Decatur, GA</td>
<td><a href="http://www.strideahead.org/">www.strideahead.org/</a></td>
<td>Provides equine assisted therapy for wounded warriors.</td>
<td>Equine assisted therapy, group counseling</td>
</tr>
</tbody>
</table>
## Appendix D.2: Database of Other Organizations Serving Veterans in the Metro Atlanta Area
(Not Specifically Focused on Veterans)

<table>
<thead>
<tr>
<th>Organization</th>
<th>City, State</th>
<th>Website</th>
<th>Description</th>
<th>Focus Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>The ALS Association of Georgia</td>
<td>Atlanta, GA</td>
<td><a href="http://www.alsaga.org">www.alsaga.org</a></td>
<td>The ALS Association empowers people with Lou Gehrig’s Disease and their families to live fuller lives by providing compassionate care and support.</td>
<td>Research, resources, support, counseling</td>
</tr>
<tr>
<td>The ArtReach Foundation</td>
<td>Atlanta, GA</td>
<td><a href="http://www.artreachfoundation.org">www.artreachfoundation.org</a></td>
<td>Provides therapy through the use of art in various forms.</td>
<td>Art therapy</td>
</tr>
<tr>
<td>The Center for Family Resources</td>
<td>Atlanta, GA</td>
<td><a href="http://www.thecfr.org/">www.thecfr.org/</a></td>
<td>Provides temporary financial assistance, housing for low-income and homeless families in a safe and secure environment; and education and training to individuals and communities.</td>
<td>Financial assistance, housing, education, training</td>
</tr>
<tr>
<td>The Drake House</td>
<td>Roswell, GA</td>
<td><a href="http://www.thedrakehouse.org/">www.thedrakehouse.org/</a></td>
<td>Provides housing, empowerment programs, family life skills program, food pantry, and career counseling for individuals needing assistance.</td>
<td>Housing, life skills training, job assistance, food assistance</td>
</tr>
<tr>
<td>The Gateway Center</td>
<td>Atlanta, GA</td>
<td><a href="http://www.gatewayctr.org/">www.gatewayctr.org/</a></td>
<td>Assists individuals who are homeless through therapeutic programs and providing various resources.</td>
<td>Housing, substance abuse counseling, employment assistance</td>
</tr>
<tr>
<td>The Impact! Group</td>
<td>Norcross, GA</td>
<td><a href="http://www.theimpactgroup.org/">www.theimpactgroup.org/</a></td>
<td>Assists with transitional and affordable housing.</td>
<td>Housing</td>
</tr>
<tr>
<td>The Link Counseling Center</td>
<td>Atlanta, GA</td>
<td><a href="http://www.thelink.org/">www.thelink.org/</a></td>
<td>Provides counseling and psychotherapy.</td>
<td>Counseling psychotherapy</td>
</tr>
<tr>
<td>Trinity Community Ministries</td>
<td>Atlanta, GA</td>
<td><a href="http://www.tcmatlanta.org">www.tcmatlanta.org</a></td>
<td>Assist in a number of areas in human services and community outreach.</td>
<td>Food distribution, substance abuse assistance, resident assistance, education assistance</td>
</tr>
<tr>
<td>United Way</td>
<td>National/Atlanta, GA</td>
<td><a href="http://www.unitedwayatlanta.org">www.unitedwayatlanta.org</a></td>
<td>Acts to prevent homelessness, and assists in disaster assistance.</td>
<td>Emergency financial care, housing assistance, food distribution</td>
</tr>
<tr>
<td>Organization</td>
<td>Location</td>
<td>Website</td>
<td>Description</td>
<td>Focus Areas</td>
</tr>
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</tr>
<tr>
<td>Voices for Georgia’s Children</td>
<td>Atlanta, Ga.</td>
<td><a href="http://www.georgiavoices.org">www.georgiavoices.org</a></td>
<td>Serves as advocates for children in Atlanta and surrounding areas.</td>
<td>Child policy advocacy</td>
</tr>
<tr>
<td>Volunteers of America Southeast</td>
<td>National</td>
<td><a href="http://www.voase.org">www.voase.org</a></td>
<td>Caters to children and youth, community development, homeless veterans, disaster response, elderly individuals through volunteer opportunities.</td>
<td>Volunteerism</td>
</tr>
<tr>
<td>Wheat Street Baptist</td>
<td>Atlanta, GA</td>
<td><a href="http://www.wheatstreet.org/">www.wheatstreet.org/</a></td>
<td>Serves the community in various outreach programs.</td>
<td>Outreach, community development, volunteerism</td>
</tr>
<tr>
<td>Wholistic Stress Control Institute, Inc.</td>
<td>Atlanta, GA</td>
<td><a href="http://www.wholistic1.com">www.wholistic1.com</a></td>
<td>This organization teaches Wholistic stress management by promoting wellness and healthy lifestyle choices.</td>
<td>Stress reduction, stress management</td>
</tr>
<tr>
<td>Name</td>
<td>Contact Information</td>
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<tr>
<td>Harold Byrd, GA Post 66</td>
<td>Avondale Estates, GA</td>
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<tr>
<td>Joe Pritchett, GA Post 207</td>
<td>Tucker, GA</td>
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<tr>
<td>Fulton County, Inc. GA Post 134</td>
<td>Atlanta, GA</td>
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<tr>
<td>Atlanta, Inc. GA Post 1</td>
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<tr>
<td>Waldo M. Slaton, GA Post 140</td>
<td>Atlanta, GA</td>
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<tr>
<td>Bolton, Inc. GA Post 156</td>
<td>Atlanta, GA</td>
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<tr>
<td>Charles R. Milton, GA Post 574</td>
<td>Atlanta, GA</td>
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<tr>
<td>Stone Mountain, GA Post 325</td>
<td>Lithonia, GA</td>
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<tr>
<td>Hapeville, GA Post 147</td>
<td>Hapeville, GA</td>
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<tr>
<td>Chattahoochee, Inc. GA Post 251</td>
<td>Duluth, GA</td>
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<tr>
<td>East Point, GA Post 51</td>
<td>East Point, GA</td>
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<tr>
<td>John R. Dodgen, Inc. GA Post 264</td>
<td>Mableton, GA</td>
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<tr>
<td>Sawyer-Herndon, GA Post 232</td>
<td>Snellville, GA</td>
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<td>Jerome Butler, GA Post 291</td>
<td>Atlanta, GA</td>
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<tr>
<td>Paul E. Kelly Jr. Inc. GA Post 296</td>
<td>Marietta, GA</td>
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<tr>
<td>Ramon H. Bassett, Inc. GA Post 309</td>
<td>Roswell, GA</td>
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<td>Horace Orr, Inc. GA Post 29</td>
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<td>Lawrenceville, GA Post 262</td>
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<td>Rockdale County, Inc. GA Post 77</td>
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<td>Post</td>
<td>Location</td>
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<td>Post 4706 - Belvedere Post</td>
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<td>Post 5257 - Walter Ogletree Post</td>
<td>Stone Mountain, GA</td>
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<td>Post 7612 - Charles W. Clemmons Jr. Post</td>
<td>Atlanta, GA</td>
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<td>Post 10822 - Dunwoody Post</td>
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<td>Lilburn VFW Post 12096</td>
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<tr>
<td>Post 2681 - Rainbow Post</td>
<td>Marietta, GA</td>
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<td>Post 4180 - Bob Cofer Post</td>
<td>Snellville, GA</td>
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<td>Post 5058 - Delma Barbour Post</td>
<td>Lake City, GA</td>
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<td>Post 8977 - Cheshire Bridge post</td>
<td>Rex, GA</td>
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<td>Post 7583 - William Cobb Post</td>
<td>Roswell, GA</td>
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<td>Post 5290 Rockdale County Post</td>
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<td>Post 5255 Gwinnett County Post</td>
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<td>Post 12002 General Raymond G. Davis Post</td>
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<td>Post 2938 John O Mccart Post</td>
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<td>Post 6330 Michael G. Gecik Post</td>
<td>Jonesboro, GA</td>
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<tr>
<td>Post 6449 Old Campbell County Post</td>
<td>Fairburn, GA</td>
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<td>Post 3650 Riverdale Post</td>
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<td>ELKS LODGE CONTACTS</td>
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<td>Cartersville, GA - No. 1969</td>
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</tbody>
</table>