

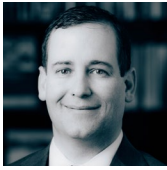


NEEDS ASSESSMENT

Veterans in the Dallas-Fort Worth Region

Katherine Kidder, Amy Schafer & Phillip Carter

About the Authors



Phillip Carter is Senior Fellow, Counsel, and Director of the Military, Veterans, and Society Program at the Center for a New American Security (CNAS). His research focuses on issues facing veterans and military personnel, force structure and readiness issues, and civil-military relations.

Phil began his career as an Army officer, serving for 9 years, including a combat deployment to Iraq in 2005–06. In addition to his work at CNAS, Phil serves on the Reserve Forces Policy Board and teaches as an adjunct professor of law at Georgetown University.



Katherine Kidder is the Bacevich Fellow at CNAS, working in the Military, Veterans, and Society Program. She is a doctoral candidate in security studies at Kansas State University, where she focused on congressional-executive relations and the formation of U.S. foreign policy. She writes

extensively on military retention, professional military education, defense budgeting, and foreign aid.



Amy Schafer is a Research Assistant with the Military, Veterans, and Society Program at CNAS, where she focuses on civil-military relations, issues facing military families and veterans, and military personnel reform. Ms. Schafer joined CNAS having

previously interned at both the Council on Foreign Relations and the Office of the Secretary of Defense for Policy.

Acknowledgements

The authors would like to acknowledge and thank Jacqueline Schneider, Adjunct Research Associate for the Military, Veterans, and Society Program at CNAS, for the design, implementation, and analysis of the survey instrument utilized in this study. In addition, we would like to thank Steven Braudt, VetConnectNTX Project Manager at the Dallas-based veteran service organization Honor, Courage, Commitment for his invaluable on-the-ground involvement in organizing working groups and interviews with thought leaders in the Dallas-Fort Worth region.

This report was made possible through the generous support of a consortium of funders including The Hawn Foundation, The Hoglund Foundation, the King Foundation Initiatives Fund of The Dallas Foundation, The Meadows Foundation, the May and Stanley Smith Charitable Trust, and the United Way of Metropolitan Dallas. We would like to thank Michelle Monse, President of the King Foundation, for her leadership, oversight, and thoughtful engagement in this project. The opinions expressed in the report are those of the authors alone, and do not necessarily reflect the views of its funders, consistent with CNAS policies on intellectual independence and support, available online at cnas.org.

About the Military, Veterans, and Society Program

The Military, Veterans, and Society (MVS) program addresses issues facing America's service members, veterans, and military families, including the future of the All-Volunteer Force, trends within the veteran community, and civil-military relations. The program produces high-impact research that informs and inspires strategic action; convenes stakeholders and hosts top-quality public and private events to shape the national conversation; and engages policymakers, industry leaders, Congress, scholars, the media, and the public about issues facing veterans and the military community.

Cover Photo

Veterans—and the agencies and nonprofits that support them—in the Dallas-Fort Worth area face a number of challenges, including access to VA services, economics, housing, transportation issues. (Flickr)

NEEDS ASSESSMENT

Veterans in the Dallas–Fort Worth Region

2	CHAPTER 1 <i>Introduction and Executive Summary</i>
5	CHAPTER 2 <i>Background, Methodology, and Report Design</i>
8	CHAPTER 3 <i>Context: Veterans in the United States and Texas</i>
13	CHAPTER 4 <i>Veterans in Dallas–Fort Worth Region</i>
30	CHAPTER 5 <i>Observations and Conclusions</i>
34	ENDNOTES

01 CHAPTER

Introduction and Executive Summary

Diverse challenges – access to VA services, economics, housing, transportation issues – face the region’s veterans and the various agencies, nonprofits, and support groups that serve them.

Texas has a rich legacy of military service that continues today in its large and vibrant active-duty and veteran military community. More than 1.6 million veterans call Texas home; 386,358, or roughly one-fourth of all veterans statewide, live in the Dallas–Fort Worth (DFW) area.¹ Veterans of all generations reside in this region, including approximately 57,000 post-9/11 veterans. Veterans comprise between 5.7 percent (in Dallas County) and 14.6 percent (in Hood County) of each county’s total population, compared with the national average of 6.7 percent. Within the region, the veteran population is most concentrated in the core urban and suburban areas of Dallas and Fort Worth. However, significant numbers of them also live on the periphery of these urban centers, driven by housing costs and economic opportunity. Diverse challenges – access to VA services, economics, housing, transportation issues – face the region’s veterans and the various agencies, nonprofits, and support groups that serve them. This report discusses these issues and makes recommendations for public, private, and nonprofit action to address the issues facing the DFW region’s veteran community.

The King Foundation and a collaborative of funders commissioned the Center for a New American Security (CNAS) to assess the needs of veterans in the region to assist in planning future philanthropic investment by the Foundation and its partners.² This report summarizes research conducted by CNAS researchers between August 2015 and February 2016, using a mixed-methods approach that included qualitative research on regional trends; quantitative research using data made public by the Department of Veterans Affairs (VA), the Department of Defense (DOD), and other agencies; a targeted survey of veterans in the region; and discussion groups with participants representing more than 50 organizations that serve those veterans.

The following assessment attempts to answer the following research questions: What is the state of veterans in the DFW region? Where do needs exist among the DFW veteran population? How are the needs of veterans being met in the DFW region? What are the main efforts at meeting the needs of veterans? How does the coordination of existing services take place, and is there a collaborative structure in the region that guides investments, services, and the overall care?

The research produced a number of observations and conclusions regarding issues facing veterans and military families in the region. Foremost among them were the following:

- As aforementioned, the DFW region is home to approximately 386,358 veterans, making up roughly 1.8 percent of the national veteran population. Veterans comprise 8.1 percent of the adult DFW population, making it one of the denser veteran communities in the nation.
- In 2014, the VA spent nearly \$2.5 billion in the region, with major expenditures divided between benefits in the form of compensation and pensions (\$1.3 billion), medical care (\$844 million), and education and vocational rehabilitation (\$292 million).
- The DFW Metroplex has a large influence on a diverse spectrum of communities, ranging from rural outlying counties like Wise County in the northwest and Hood County in the southwest to urban communities in downtown Dallas and Fort Worth.

- Vietnam-era veterans make up the largest proportion of the DFW region’s overall veteran population. According to feedback from interviews and working groups, the Vietnam-era cohort presents the highest amount of need for services.
- Female veterans in the region face acute obstacles, including difficulty in accessing women’s health care specialists and challenges in finding housing or shelter.
- Regional transportation shortfalls were listed as an access barrier for veterans seeking health care, benefits, and employment in nearly all interviews and working groups. Compounding these transportation issues are the distances from outlying counties to VA resources – in some cases, VA patients must travel more than 80 miles to the main VA hospital in southern Dallas.
- Resources in Texas are strongly rooted at the county level. Coordination between public, private, and nonprofit organizations varies across the counties, ranging from formal collectives in Tarrant, Dallas, Denton, and Collin counties to more informal networks of resources in rural outlying areas.

Chapter 2 provides the methodology for the assessment and provides additional context regarding the project’s scope. Chapter 3 gives an overview of both the national and Texas-specific veteran populations and provides context for the assessment of veterans in the DFW region. Chapter 4 provides the report’s findings from research in the DFW region, including information gathered through surveys, working groups, and interviews. Chapter 5 concludes the study with a number of observations and conclusions based on the research.



Fort Worth Skyline at Sunset. (Flickr/Longhorndave)

02 CHAPTER

Background, Methodology, and Report Design

A. Scope

The VA estimates there are 21.6 million veterans living in the United States; approximately 1,675,262 live in the state of Texas.³ Of these, approximately 386,358 live in the DFW region (the 13 counties including and around the DFW metropolitan area). Veterans make up a larger portion of the region's population (8.1 percent) than the national average of 6.7 percent, ranging between 5.7 percent in Dallas County and 14.6 percent in Hood County. This is due to many factors, including historic traditions of military service in Texas and growing job opportunities in the region.

Geographically, this assessment focused on an area of North Texas that centers on Dallas and Fort Worth, including Collin, Dallas, Denton, Ellis, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Somervell, Tarrant, and Wise counties. This region includes the Dallas–Fort Worth–Arlington Metropolitan Statistical Area and the Dallas–Plano–Irving and Fort Worth–Arlington Divisions. The region includes both the urban communities of Dallas and Fort Worth but also includes the more suburban and rural surrounding areas with important social, political, economic, and historical ties to the Metroplex.

CNAS examined the full range of the veteran population in the region, taking into account the needs of the aging World War II, Korean War, and Vietnam War veteran populations and balancing them with the needs of the younger Gulf War and post-9/11 cohorts. In the DFW region, the Vietnam-era group makes up the most significant portion of the veteran population – between 34.3 percent of all veterans in Dallas County and 43.1 percent of all veterans in Hood County – bearing implications on the profile of veterans' needs and how those needs are met.⁴ In these counties, older veterans (World War II/Korea/Vietnam) still constitute more than half of the veteran population. Service providers in the region note that the highest demand for services comes from the Vietnam-era cohort.⁵ The older veterans' needs tend to center around access to health care, while the needs of Gulf War and post-9/11 veterans tend to center around education and employment. Noteworthy in the DFW region is the role that access to transportation plays for all cohorts, whether to enable steady employment or the ability to attend medical appointments.

Transportation issues matter greatly in this region because of the geographic distribution of housing, employment, medical, and support resources, and the difficulties associated with traffic and congestion in the DFW area that affect all residents.

B. Methodology

This needs assessment builds on earlier CNAS research on veteran wellness,⁶ and previous needs assessments, to assess veteran wellness at the individual and community levels in the DFW region. It follows a mixed-methods approach that has been used for a number of similar assessments across the country.⁷

Review of the literature and environmental scan. CNAS used quantitative research on the region's veteran population from the CNAS Veterans Data Project, integrating the publicly available data from the VA, DOD, Health and Human Services, and the Census Bureau's American Community Survey, among other data sources.⁸ CNAS further undertook qualitative research on issues and trends affecting the region's veterans by reviewing the existing literature describing the national veteran population, Texas-specific studies, and local reporting from The Dallas Morning News and Fort Worth Star-Telegram. CNAS used a number of different means to identify current service providers and organizations assisting veterans, to include following up with contacts provided by the consortium of funders, networking through existing contacts, and utilizing readily available contact lists through such sources as county veterans' service officer directories and the Texas Veterans Commission.⁹

Working groups and stakeholder interviews. CNAS further convened working groups with key stakeholders and community leaders from multiple counties throughout the region, focusing on the city of Dallas, the city of Fort Worth, and Dallas, Tarrant, Denton, and Collin counties as well as the outlying rural counties and communities in the southwest, northwest, and eastern portions of the region. CNAS then further conducted structured interviews with key individuals and stakeholders from across the region to ensure representation of a number of geographies and demographics. Included in the interviews and working groups were state

and county veteran officers, county social service providers, leadership and members of veteran-serving nonprofits, and health care and mental health care providers.

Transportation issues matter greatly in this region because of the geographic distribution of housing, employment, medical, and support resources, and the difficulties associated with traffic and congestion in the DFW area that affect all residents.

Working group participants were interviewed in a not-for-attribution setting (in order to provide background on the challenges veterans and veteran service providers face in the region), while some individual interviewees were given the option to have their comments made for attribution. Interviewees and working group participants were asked to provide background on their organization and position, and describe how their organization serves veterans. Interviewees were then asked to describe the greatest challenges facing veterans in their community, and the broader issues facing veterans in the DFW region. Interviewees were asked to identify the role of the VA, traditional Veterans Service Organizations (VSOs) such as the American Legion and the Veterans of Foreign Wars (VFW), state and local governments, and the private and nonprofit sector in the region.¹⁰ Participants were further asked to articulate the mechanisms for information sharing and coordination among veteran-serving actors in the region and, if such mechanisms exist, how well they work. Interviewees were further asked, “If you were going to make a targeted investment of \$500,000 to \$1 million in the region to serve veterans, what would you spend it on?” Lastly, interviewees were given the opportunity to bring up any issues the interviewers may have overlooked regarding veterans in the DFW region.

Survey. In addition, CNAS conducted an online public survey of veterans in the region, relying on a convenience-based sample recruited through regional public, private, and philanthropic organizations. CNAS administered this survey in

parallel with its working groups and interviews, to collect additional information from individual veterans in the DFW region, as well as stakeholders and community leaders unable to participate in a working group or interview.

Within the context of the broader community of veterans from all eras, CNAS focused the assessment in identifying trends specific to individual eras, comparing these needs and the tradeoffs associated with providing for the DFW veteran population as a whole. This assessment reports the results from that examination, organized into the categories of understanding veteran wellness (health, mental health, education, economic performance, housing/homelessness). Earlier studies by CNAS researchers defined the elements of veteran wellness as “the dynamic and multidimensional quality of one’s existence overall, as informed by both civilian and military experiences and circumstances.” The definition of wellness incorporates four dimensions: “social/personal relationships, health, fulfillment of material needs, and purpose.”¹¹ This broad definition reflects a normative goal for the community of practice that serves veterans; it also integrates the traditional areas—medical and mental health, education, and housing—that are the focus of most research on the veteran community. This definition of wellness also helps define those parts of the DFW population considered “at risk.”¹²

C. Report Design

The remainder of this report is organized into three chapters. Chapter 3 addresses the national and Texas-specific trends in the veteran community, drawing from the broader literature and the existing body of Texas veteran needs assessments. Chapter 4 provides an in-depth analysis of veterans in the DFW region, to include quantitative analysis of demographic and geographic trends and the current state of national, state, and local funding and investments in the region, and qualitatively captures survey results and input from interviews and working groups. The chapter articulates areas of need, and outlines the current types of resources and services currently available to meet those needs. Chapter 5 presents observations and conclusions, addressing existing or perceived gaps between the current services available and the needs identified.

03 CHAPTER

Context: Veterans in the United States and Texas

A. Veterans in the United States

Comprising a diverse segment of the broader U.S. population, veterans number approximately 21.6 million – men and women, veterans of World War II and the mid-20th century conflicts, veterans of Iraq, Afghanistan, and other recent theaters of war. The issues facing members of this population vary somewhat by age, cohort, geography, socioeconomic class, and other variables, but certain national trends affect the entire community.¹³

In 2014, the VA spent over \$161 billion on veterans, with major expenditures on compensation and pensions (\$75 billion), medical care (\$59 billion), and education and vocational rehab (\$14 billion). The VA budget for 2017 plans to spend \$182.3 billion across the VA on veterans. Despite these significant investments, veterans still face challenges nationwide, including access to primary, specialty, and mental health care; employment and economic challenges; housing/homelessness challenges; and transition to civilian life. Many times, these challenges are present most acutely at the local level, as veterans in need rely on county services, nonprofit assistance, and local VSOs.

The Veteran Population

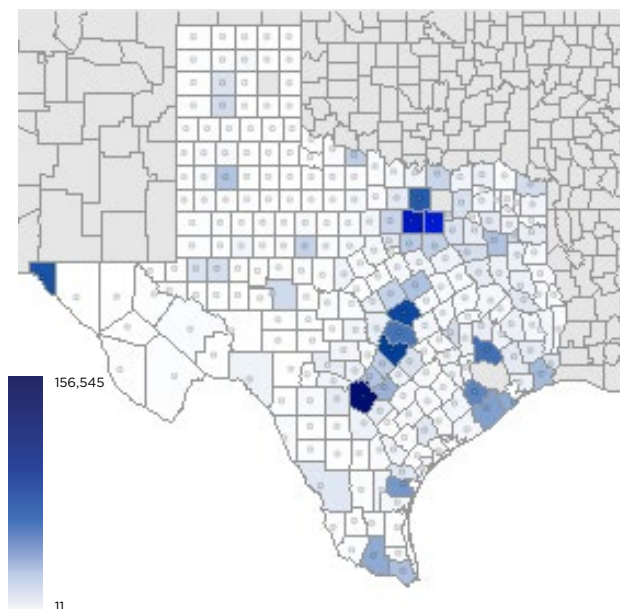
Out of that total national veteran population of 21.6 million, approximately 1.7 million live in the state of Texas. The per capita veteran density there is 8.23 percent, as compared to the national per capita rate of 6.7 percent. Texas' state veteran population is second only to California in absolute size.¹⁴ Of the veteran population in Texas, approximately 195,000 are military retirees, comprising 9.6 percent of the nation's total military retirees.¹⁵ This large concentration of military retirees in Texas reflects the state's rich tradition of venerating military service, its concentration of military bases (with commissaries, health facilities, and other services), and its lack of a personal income tax.

Texas is home to a number of major U.S. military installations throughout the state, including the Army's Fort Bliss (in El Paso), Fort Hood (near Killeen), and Fort Sam Houston (in San Antonio); Dyess Air Force Base (in Abilene), Lackland Air Force Base (in San Antonio), and Sheppard Air Force Base (in Wichita Falls); and Corpus Christi Naval Air Station and Naval Air Station Kingsville, as well as the DFW area's Grand Prairie Armed Forces Reserve

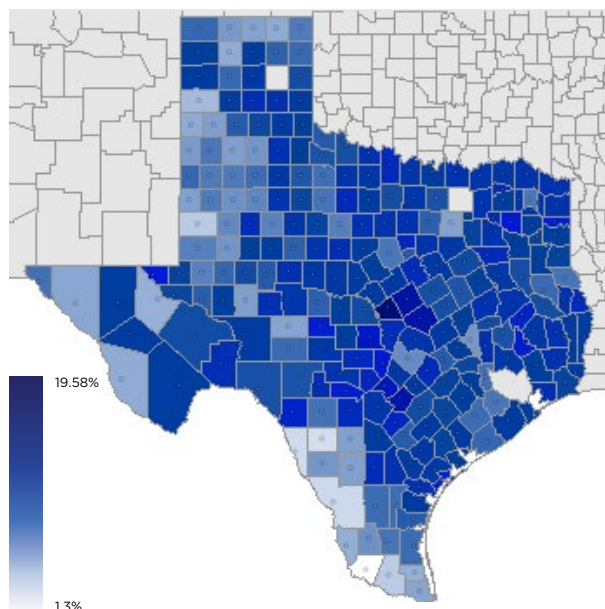
B. Veterans in Texas

Figure 1. Texas Veterans, Absolute and Per Capita

ABSOLUTE NUMBER OF VETERANS



VETERANS PER CAPITA



Department of Veterans Affairs Veteran Population Projection Model, 2014

Complex and Naval Air Station Joint Reserve Base Fort Worth. The communities surrounding these active bases are home to large numbers of active service members and their families, as well as numerous veterans and military retirees, particularly those who have recently separated from service.

VA Expenditures in Texas

In 2014 (the most recent year VA data is available), total VA expenditures in Texas totaled \$15.4 billion. The largest chunk of those expenditures went to compensation and pensions, in the amount of \$7.3 billion. Health care accounted for the next largest piece, at \$4.3 billion. Education, vocational rehabilitation, and employment expenditures accounted for \$1.4 billion. The proportion of expenditures dedicated to compensation, pensions, and health care reflects a large population of older veterans in Texas who utilize VA support and services at high rates.

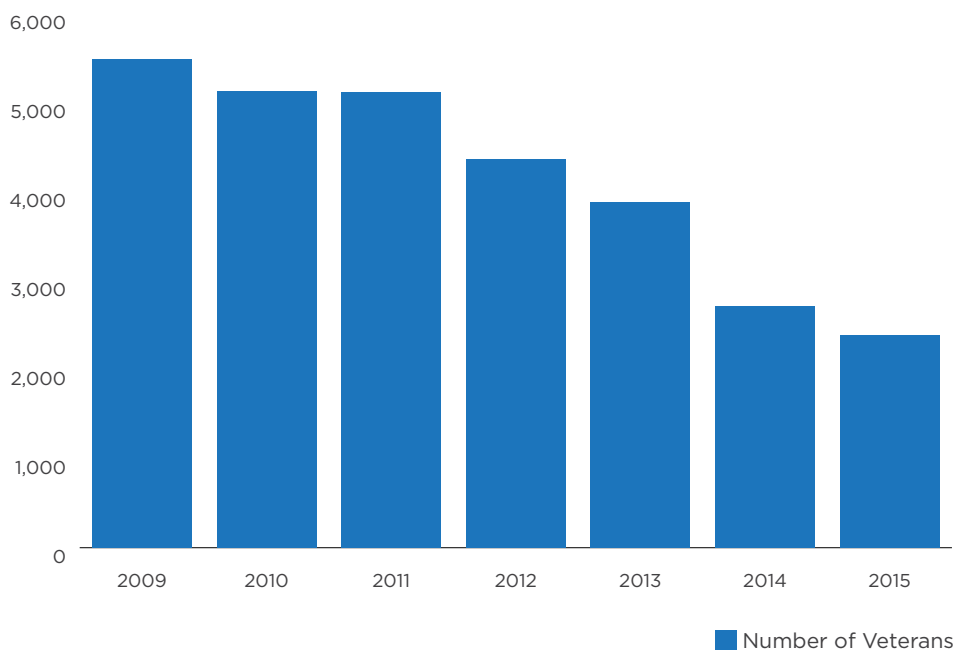
Economic Performance and Education

Veterans in Texas fare well compared to their civilian counterparts. The median veteran income in Texas is \$40,150, as compared to the median nonveteran income of \$25,483. At the household level, Texas households including a veteran make \$61,894 per year, while nonveteran households make \$51,900 on average.¹⁶ The Texas veteran unemployment rate is 6.8 percent, while the nonveteran rate is 7.6 percent. While 15.6 percent of nonveterans in Texas fell below the poverty line in 2014, only 6.8 percent of veterans suffered the same fate. The veteran population also fares better than their nonveteran counterparts with respect to higher education attainment: 29 percent of veterans in Texas have a bachelor's degree or higher, as compared to 26.9 percent of nonveterans; 40.4 percent of veterans in Texas have some college or an associate's degree, as compared to 28 percent of nonveterans.¹⁷ In part, these statistics may highlight the impact of the GI Bill on veterans in Texas; in 2014, VA expenditures on education and vocational rehabilitation totaled \$1.356 billion.¹⁸

The Hazlewood Act, a resource unique to Texas, exempts qualified veterans from paying tuition at public universities in the state.¹⁹ Initially passed in 1929, the act was intended to provide for “both

The proportion of expenditures dedicated to compensation, pensions, and health care reflects a large population of older veterans in Texas who utilize VA support and services at high rates.

nurses and veterans without other benefits.”²⁰ However, after World War II, Texas Senator Grady Hazlewood helped pass several amendments to the law intended to help returning veterans, leading to it being named the “Hazlewood Act.”²¹ The exemption covers up to 150 hours of tuition and can be transferred to dependent children who meet the requisite qualifications under the “Hazlewood Legacy Act.”²² Hazlewood Act benefits may also be claimed by the spouse or dependent of a service member who meets all of the qualifications and was either killed in the line of duty, missing in action, or 100 percent disabled.²³ Though recently struck down by the U.S. District Court for the Southern District of Texas, there is currently a clause stipulating that the recipient, “At the time of entry into active duty the U.S. Armed Forces, designated Texas as Home of Record; or entered the service in Texas; or was a Texas resident.”²⁴ As the benefit becomes available to all veterans residing in Texas, costs are projected to increase significantly. An incredibly generous benefit, the Hazlewood Act cost universities \$169 million in 2014, with projections estimating a price tag of \$379.1 million by 2019.²⁵

Figure 2. Homeless Veterans in Texas, 2009-15

Department of Housing and Urban Development Annual Homeless Assessment Reports, 2009-15

Housing and Homelessness

The number of homeless veterans in Texas has declined significantly since the Department of Housing and Urban Development and the VA began tracking veteran homelessness numbers in 2009. Over the course of six years, the number of homeless veterans was reduced by 56.4 percent, the result of getting 3,098 veterans into stable housing.²⁶ Across the 11 HUD continuums of care in the state of Texas,²⁷ the most recent count indicated there were 2,718 veterans who remained homeless in the state.

Alongside this data on homelessness, the VA and Housing Assistance Council have recently made available several data sets regarding home ownership and VA home loan assistance. This data paints a relatively positive picture of home ownership for Texas veterans. Across the state, veterans occupy 1.1 million homes, or 12.8 percent of the state's overall housing stock. Seventy-eight percent of Texas veterans are homeowners, as compared to 63.3 percent of all Texans.²⁸ Among those veterans who own a home, the median home value is \$138,000, slightly higher than the median home value for nonveterans, suggesting that Texas veterans are more prosperous (or at least own more expensive homes) than nonveterans. According to the council's analysis of census data, however, 257,355 veterans across the state live in housing that suffers from major quality, crowding, or cost problems, and roughly one-fifth of all Texas veterans pay too much for their housing relative to local benchmarks.

Texas Political Dynamics and Veterans

As highlighted by a number of individuals who participated in working groups and individual interviews, two “uniquely Texan” political dynamics exist throughout the state that bear considerable implications on the way services are delivered to veterans. The first dynamic is the statewide approach to social services; the second is the power of county and local politics in governance throughout the state.

Social Services in Texas

Statewide, Texas adopts an approach to social services that minimizes funding for programs in favor of a lower tax burden. This philosophy led Texas to be “ranked forty-first among the fifty states in per capita expenditures for welfare services . . . the state’s rankings fluctuate because Texas has a tendency to cut social services first when the budget is tight.”²⁹ Additionally, Texas did not participate in Medicaid expansion, resulting in \$5.5 billion in annual hospital costs for treating uninsured individuals and preventing the state from receiving approximately \$100 billion in federal funding.³⁰ Though consistently ranking among the lowest in state spending per capita, “Texas spending does match voter priorities, and the budget drives policy choices.”³¹ In fact, it is not uncommon to view the solution to low services to be turning to the private or nonprofit sectors, rather than seeking further public funding or support for government services.³²

However, the lack of robust public services available may provide an extra challenge to veterans in need of assistance, eliminating broader social safety nets and thus putting more pressure on the VA, the private sector, and veteran-oriented nonprofits to fully meet the needs of the veterans in their network. According to 2012 data, Texas is the state in the nation with largest percent of its population not covered by health insurance, and the tenth highest percentage for poverty rate.³³ Despite this, public-assistance expenditures for Texas, defined as “cash assistance provided through the Temporary Assistance for Needy Families program and other public assistance programs,” saw significant decreases from 2011 to 2013, dropping from \$117 million to \$88 million.³⁴ As one columnist notes, despite the state’s resiliency throughout the recession, “The state’s spending may not meet

the needs of all its citizens, particularly when one considers that, in spite of spending more and more dollars, the state ranks in the bottom half of all states in every service category.”³⁵

County Dynamics

The Texas political environment places a high emphasis on local government as the primary tool of governance; a 2015 University of Texas study finds that “Texas political culture calls for addressing problems at the lowest possible level of government.”³⁶ Though the VA as a federal entity plays a large role in providing health care to veterans, the county veterans service officers serve as one of the key administrators of services and points of contact both for the veterans themselves and the different entities looking to them.³⁷ Though it reflects Texas’ political philosophy, that the “provision of basic government services in Texas on a daily basis has been reserved for and is normally provided by counties, cities, local education districts, and special districts,”³⁸ this phenomenon also can stymie larger efforts from reaching across county lines. In particular, participants in rural-area working groups noted instances where individual veterans, particularly those who live close to county lines, were denied access to resources such as transportation to VA hospital appointments, even though they lived within a mile of the service, since eligibility was tied to the county of residence. Although the state has a strong statewide agency (the Texas Veterans Commission) working in this sector, that agency operates primarily through local representatives and partnerships.

The lack of robust public services available may provide an extra challenge to veterans in need of assistance, eliminating broader social safety nets and thus putting more pressure on the VA, the private sector, and veteran-oriented nonprofits to fully meet the needs of the veterans in their network.

04 CHAPTER

Veterans in the Dallas-Forth Worth Region

Nationwide, the geography of veterans' needs varies considerably – as does the availability of public-, private-, and nonprofit-sector resources, both those targeted at helping veterans and those serving the community as a whole. The following chapter reports findings from the DFW region. Where possible, the chapter ties these findings to broader national trends and observations from other specific veteran communities previously examined in CNAS research.

A. Overview

The Dallas–Fort Worth–Arlington Metropolitan Statistical Area has a population of 4,874,000; the city of Dallas itself has approximately 1,258,000 residents and Fort Worth has approximately 792,727 residents.³⁹ Approximately 100,389 of the 386,358 veterans living in the DFW region reside in Dallas County and 114,943 in Tarrant County, the two most urban of the region's counties. Major military installations in the area include the Grand Prairie Armed Forces Reserve Complex and Naval Air Station Joint Reserve Base Fort Worth. Notably, the DFW region does not contain any major active-duty military presence, although Fort Hood, one of the military's largest installations, sits approximately 150 miles south of Dallas. Fort Hood is home to roughly 45,000 active-duty personnel, 20,000 government civilians and contractors, and more than 260,000 family members, retirees, and survivors.

Historically, the energy industry has defined the Texas economy.⁴⁰ In 2014, of the ten largest public companies headquartered in Texas based on revenue, eight were oil and gas industry-based.⁴¹ Throughout the national recession Texas was thought to have retained a strong economy and low unemployment due mainly to the energy industry, which is now facing unforeseen low prices per barrel of oil and causing Texas' unemployment rate to potentially be higher than the national average for the first time since 2006.⁴² Since 2014, job growth has slowed from 3.6 percent to 1.3 percent, however, despite accounting for 14 percent of Texas' GDP, energy is only 3 percent of employment.⁴³ Despite this downturn, the diversification of industries in Texas since the 1980s oil crash has allowed for a modicum of stability and even growth in the face of declining oil prices.⁴⁴

The DFW area has maintained a strong economy throughout both the global recession and the recent drop in oil prices. In 2009, Dallas–Fort Worth–Arlington ranked fifth in the nation for “Strongest Metro Economies” according to Bloomberg Business analysis of the Brookings Institution Metro Monitor.⁴⁵ The Texas economy as a whole was largely spared from the 2008 recession due to the energy industry. The DFW area's major industries are technology, financial services, and defense, thus protecting it from the variability of the oil and energy industry as well.⁴⁶ This has contributed significantly to the area's continued success, with some noting, “the continued economic success of the DFW metro area . . . is one of the reasons Texas has so far managed to stave off a sharp downturn despite losing thousands of jobs in the oil patch and related industries.”⁴⁷ Since 2006, DFW has consistently had a higher number of full- and part-time jobs, lower levels of unemployment, and higher output than the national average.⁴⁸

The area's success is not without consequences, especially for working-class residents. In particular, regional surveys have noted how “the overall growth is starting to threaten affordability, driving housing inventories to record lows and prices to highs.”⁴⁹ Since the second quarter of 2008, DFW housing prices have exceeded the national average.⁵⁰ Housing accounts for 33.1 percent of the average annual household expenditures in the area⁵¹ while the cost of living exceeds the national average by 8.352 percent.⁵² According to the most recent census data available, the median household income in the Dallas–Fort Worth–Arlington Metropolitan Statistical Area is \$27,305. The median home price in the DFW metro area is \$175,600.⁵³ The DFW rate of foreclosure matches the national average, at three foreclosures per 10,000; there is a 3.1 percent rate of mortgage delinquency in the region (compared to the national average of 4.8 percent).⁵⁴

Survey results indicate that veterans are moving to the area in pursuit of jobs (37 percent), or because they either grew up in the area (22 percent) or have family or close friends there (37 percent).⁵⁵ Interviewees also cited that veterans moved to the area for a number of qualitative reasons, particularly the perception of good school districts (an attractive enticement for families). Because of its economic prosperity, and the availability of employment, the

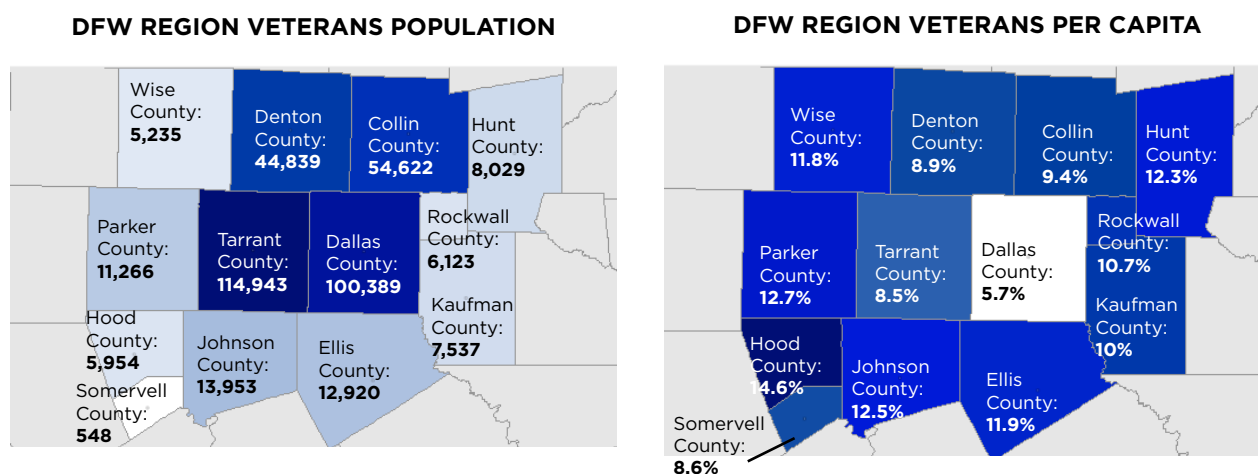
DFW region exerts a magnetic pull on the thousands of veterans exiting the military from the state's large military bases, as well those who grew up in Texas and desire to return home after their service ends.

B. Veteran Population Demographics in the DFW Region

At the county level, the total veteran population ranges from a low of 548 veterans in Somervell County to a high of 114,943 in Tarrant County (where Fort Worth is the county seat), followed closely by the Dallas County veteran population of 100,389. However, the rates of veterans per capita per county paint a different picture; the per capita rate ranges from 5.7 percent in Dallas County to 14.6 percent in Hood County, a small rural county to the southwest of the Metroplex. Given that many federal dollars tend to track with larger absolute populations, this suggests the possibility that small counties with high concentrations of veterans may suffer from a dearth of resources for a higher proportion of their population.

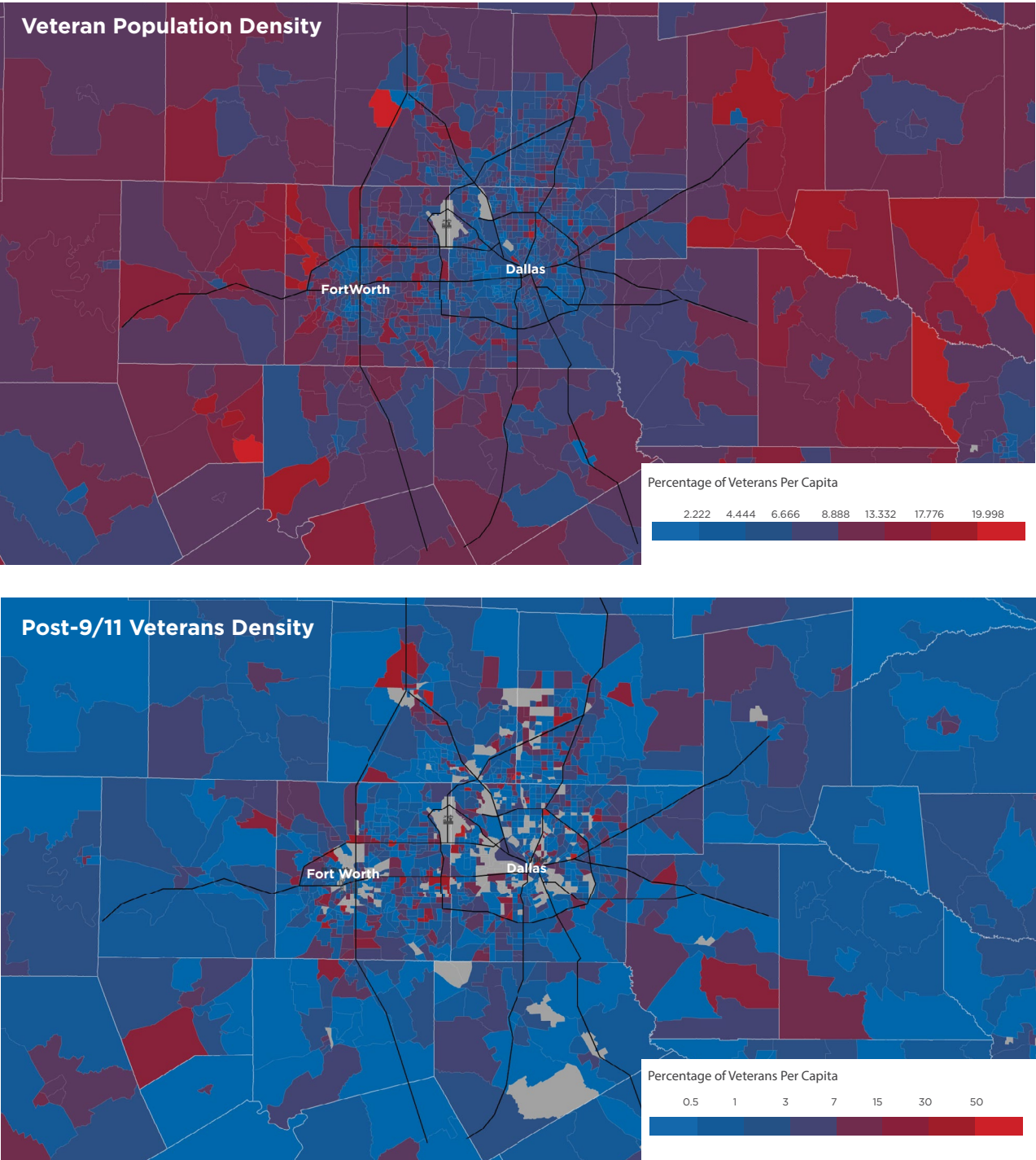
The urban/rural (or core/periphery) divide in the DFW region becomes even more apparent when we looked at census tract-level data. The first figure shows the overall population distribution, including nonveterans and veterans. Unsurprisingly, this data shows that Dallas, Tarrant, Collin, and Denton counties have both more numerous and significantly denser populations than the region's other counties. However, when we looked at veteran population at the census tract level, we found a more complicated picture. Although some veterans cluster in dense communities inside the core of the DFW region such as Addison, Arlington, and southern Dallas, the densest DFW veteran populations exist outside of the urban core. In absolute and per capita terms, the very centers of Dallas and Tarrant counties have the fewest veterans, while the suburban parts of these counties, and the more suburban and rural counties of the region, have the most veterans.

Figure 3. Dallas-Fort Worth Area Veterans, Absolute vs. Per Capita



Department of Veterans Affairs Veteran Population Projection Model, 2014

Figure 4. Census Tract Level Maps - All Veterans and Post-9/11 Veterans in the DFW Region



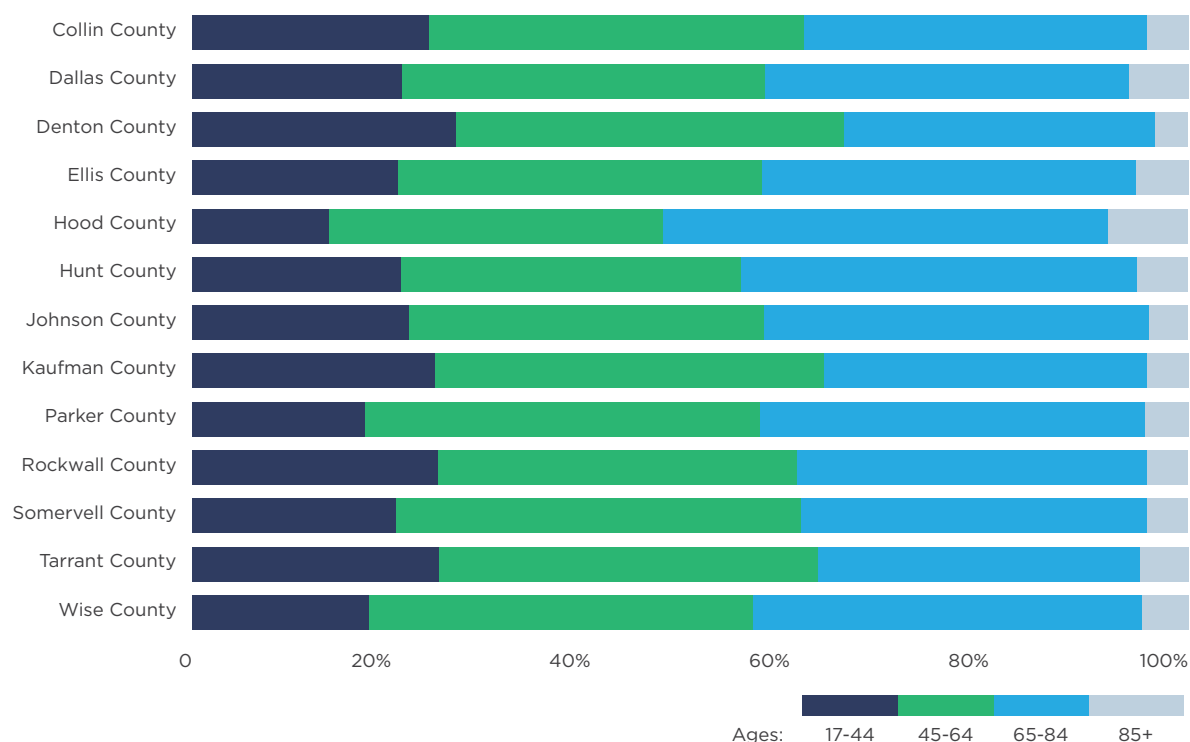
These maps display the relative density of veterans in the DFW area on a blue-red color scale, with bluer census tracts having fewer veterans, and redder census tracts having more veterans. The highway infrastructure and urban centers of Dallas and Fort Worth are shown as well to provide geographic reference points. In general, these density maps show veterans concentrating in the DFW region's periphery, outside of Dallas and Fort

Worth proper. However, post-9/11 veterans are more intermixed with the region's population, with high density areas in Dallas, Fort Worth, and Arlington, as well as further out in Denton, Collin and Kaufman counties.

U.S. Census Bureau American Community Survey 5-year Estimates for 2014

On average, the veteran population of the DFW region is younger than the national average. According to VA actuarial data, the median veteran age in the U.S. is 64; in every county examined except Hood County, over 50 percent of the population is 64 or younger. The average age is youngest in Denton County, where approximately 25 percent of the population is under 44. This distribution is representative of the large presence of Vietnam, Gulf War, and post-9/11 veterans in the area, and likely reflects the influx of many younger veterans seeking employment in the region's prospering economy.

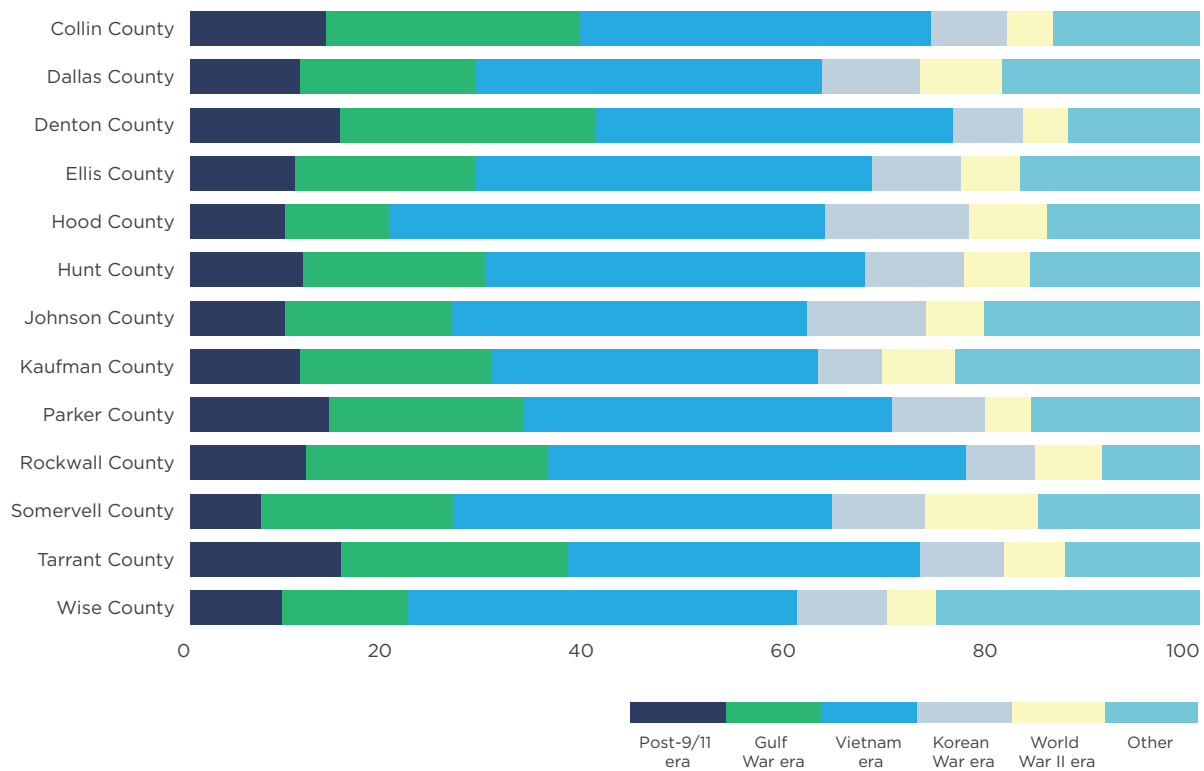
Figure 5. Veteran Population by Age



Department of Veterans Affairs Veteran Population Projection Model, 2014

The largest segment of the DFW region's veterans belong to the Vietnam era. Participants in both Dallas and Fort Worth working groups, as well as Vet Center employees in the rural eastern counties, highlighted that they see the highest amount of need in their Vietnam-era veteran cohort. Participants and interviewees tied the increased need to a combination of factors, including access to health care as veterans age, combined with employment for an aging population nearing retirement. Additionally, participants in the Fort Worth working group addressed a growing need for mental health care for the Vietnam-era cohort. In part, participants attributed it to the fact that upon returning from combat in the 1960s and 1970s, many Vietnam combat veterans threw themselves into the tasks of building careers and raising families; but as the cohort enters retirement, they are increasingly finding time to ruminate over their wartime experiences and thus need access to mental health care.

Figure 6. Veteran Population by Era



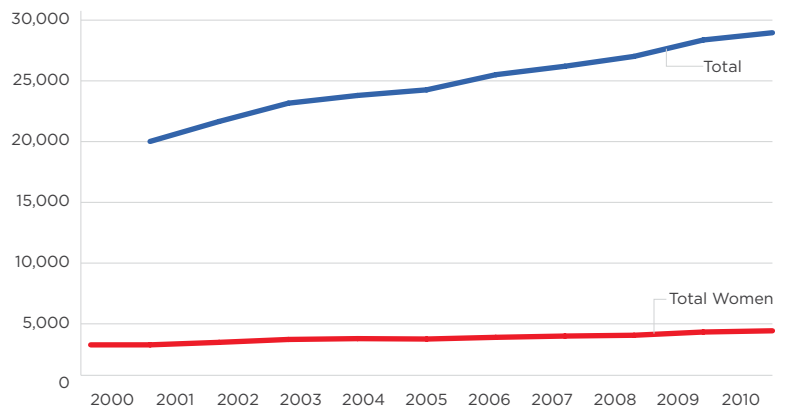
Department of Veterans Affairs Veteran Population Projection Model, 2014

There is a long-standing tradition of military service in Texas and the DFW region. In 2014, the state produced 13,568 enlisted recruits for the military, accounting for 10 percent of the entire country's enlistment that year.⁵⁶ These trends are not simply a remnant of history; in the post-9/11 period, military recruitment from the DFW area increased every year. In 2001, there were 19,249 active service members who called the area home; by 2010 (the most recent year for which data is available), the number had grown to 28,200, a 46.5 percent increase. Equally significant was the growth in female service members over the same period of time, starting with 2,507 in 2001 and growing to 3,664 in 2010 – also a nearly 46 percent increase.

According to survey data from veterans in the DFW region, 22 percent of veterans indicated that at least one motivating factor for moving to the area was that it was where they grew up. While this is a lower rate of return to hometown than other areas across

the country,⁵⁷ these results can better inform long-range planning for the size of the future DFW veteran population and the potential demand on services.

Figure 7. Military Recruits from the Dallas-Fort Worth Region



Defense Manpower Data Center, 2011

C. Federal Veteran Expenditures in the Region

In 2014, the VA spent nearly \$2.5 billion on veterans in the DFW region, representing nearly 16.6 percent of the VA's overall spending in Texas and 1.5 percent of the VA's national budget. This equals approximately \$6,226 per veteran, which was approximately 15 percent below the national average of \$7,364 per veteran. The VA spends the highest amount – roughly \$8,597 – per veteran in Dallas County, while it spends the lowest amount – roughly \$3,918 – per veteran in Collin County. The high expenditures on veterans in Dallas County can partly be explained by the presence of major VA resources, particularly the VA Medical Center located in southern Dallas.

The overwhelming majority of VA spending falls into two categories: compensation and benefits, and VA health care. Compensation (including disability compensation and pensions) totals \$1.3 billion for the region, accounting for 52 percent of VA spending there. Health care expenditures, totaling \$844 million, represent 34 percent of total VA regional expenditures. Education, including both GI Bill and vocational rehabilitation programs, accounted for \$292 million, or 11.9 percent of VA spending in the region in 2014, higher than the national average of 8.4 percent. This higher-than-average allocation of VA spending to education likely reflects the region's younger demographics as well as the presence of a number of colleges and universities.⁵⁸

Figure 8. Geographic Distribution of Expenditures

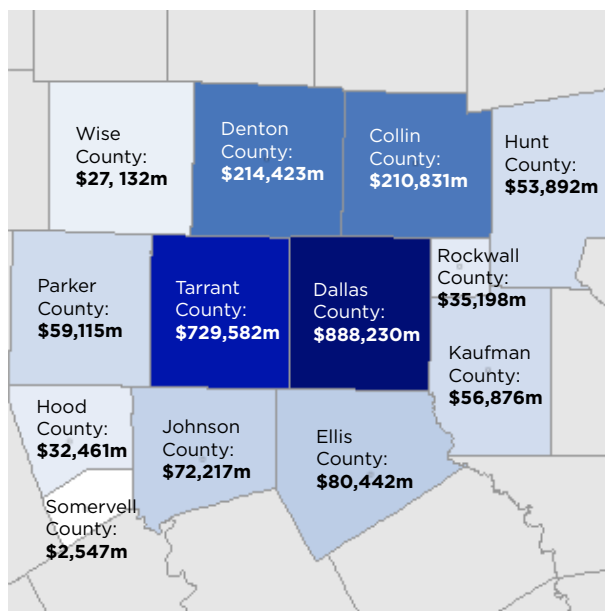
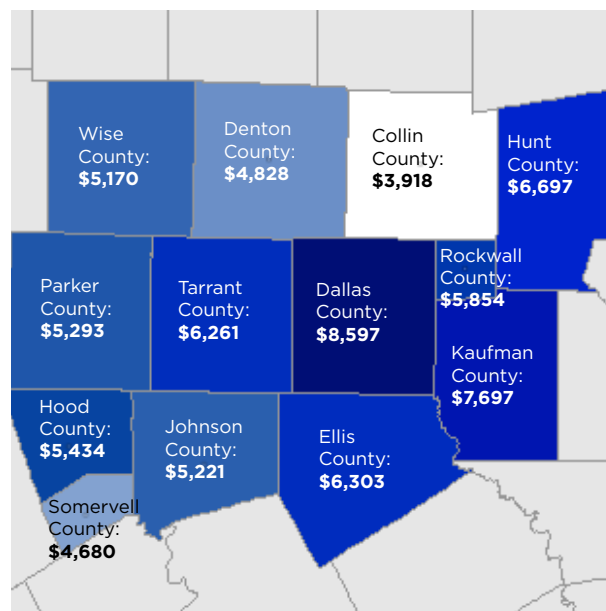


Figure 9. Geographic Distribution of Expenditures per Veteran



Department of Veterans Affairs Geographic Distribution of Expenditures Report, 2014

D. Regional Observations

Health Care

DFW falls within Veterans Integrated Service Network (VISN) 17, the VA Heart of Texas Health Care Network, which encompasses much of the eastern half of the state from the Oklahoma border to the Gulf of Mexico. Within this health care network, the VA operates several facilities, including VA medical center in Dallas and the Sam Rayburn Memorial Veterans Center in Bonham,⁵⁹ as well as outpatient clinics in Fort Worth, the Polk Street VA Annex Clinic in Dallas, and the Denton and Granbury Community Based Outpatient Clinics (CBOCs). The region will gain further capacity to treat veterans with the opening of a 10,000 square-foot CBOC in Plano, tentatively scheduled to open in May 2016.⁶⁰

Approximately 87,385 unique patients in the DFW region access their health care through the VA, accounting for 22 percent of the total veteran population. The proportion of veterans in the area utilizing VA health care is slightly lower than the national average of 26.6 percent. In part, this may be explained by access to other forms of health care, particularly among the younger, employed portion of the DFW veteran population. However, the lower utilization rate may also indicate a difficulty accessing the VA system or a lack of education on health care eligibility.

Of veterans who responded to the survey, a full 93 percent reported that they are covered by some form of health insurance, with 61 respondents, or 50 percent, reporting that they receive at least some health care through the VA, and 58 respondents, or 47 percent, having access to insurance through their employer.

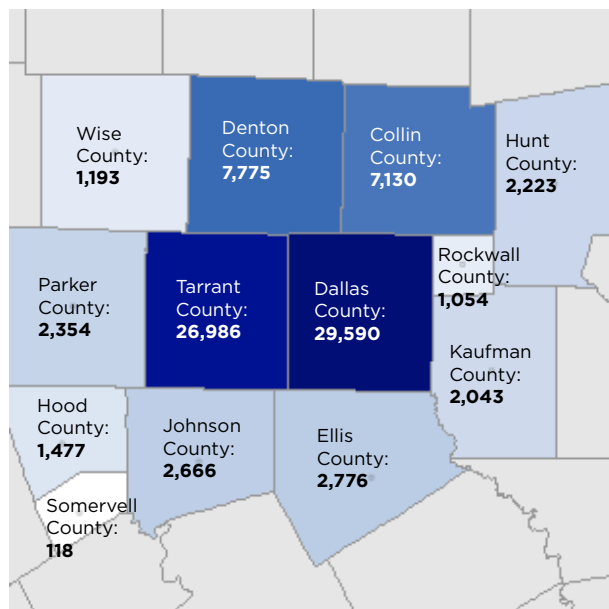
In the DFW region, approximately 50,000 veterans have a service-connected disability rating, accounting for roughly 13 percent of the overall DFW veteran population (see Figure 11 for geographic distribution). But the perception of physical health among veterans surveyed is low. Veterans were asked to respond to the question, “In general, would you say that your physical health is better, worse, or the same since leaving active duty?” Of the 118 veterans who answered this question, 49 (or 42 percent) answered “significantly worse,” with

another 34 (29 percent) answering “slightly worse.” Twenty-one responded “neither better nor worse,” and a combined 14 answered “significantly better” or “slightly better.”

The proportion of veterans in the area utilizing VA health care is slightly lower than the national average.

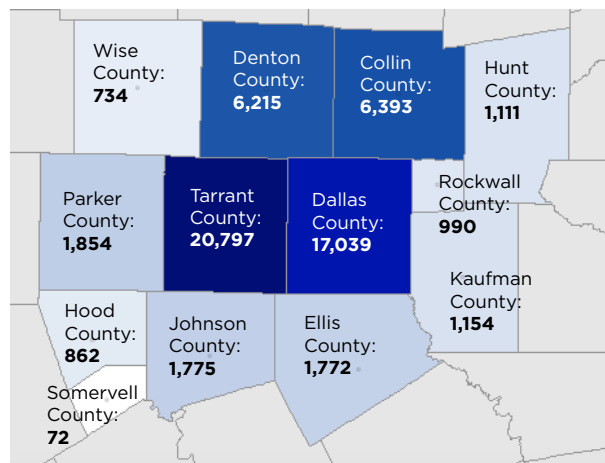
The VA expends over \$840 million on medical care throughout the region, with nearly 45 percent of medical expenditures (\$382 million) going to Dallas County. Rural outlying counties such as Somervell County and Rockwall County receive 1 percent or less of overall medical expenditures in the region. The disparity is most likely explained by the regional impact of the Dallas VA Medical Center, which draws in veterans from the far reaches of the outlying urban counties. This phenomenon is also clearly seen at the per-patient expenditure levels, where Dallas County receives significantly more per patient (\$12,900) than the other counties in the region.

Figure 10. Unique Veteran Patients Served by the VA in Each County



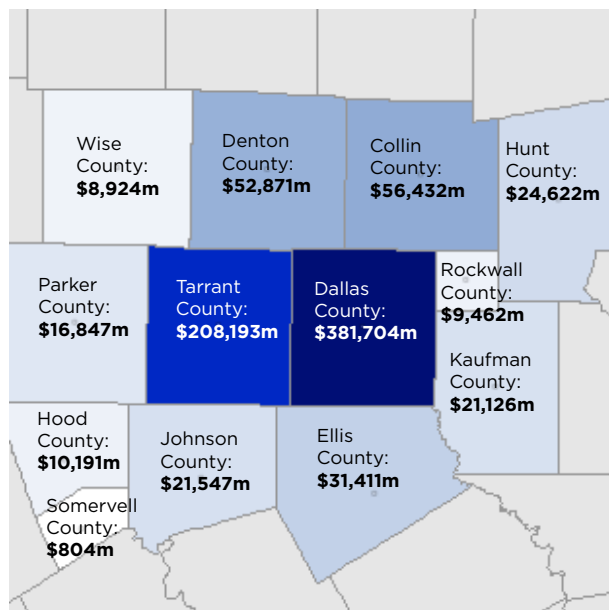
Department of Veterans Affairs Geographic Distribution of Expenditures Report, 2014

Figure 11. Dallas-Fort Worth Service-Connected Disabled Veterans



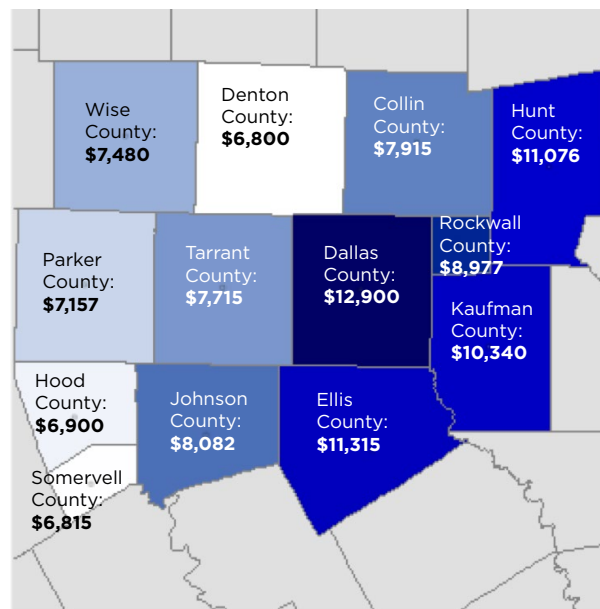
Department of Veterans Affairs Report on Service-Connected Disabled Veterans, 2014

Figure 12. VA Health Care Spending by County in FY 2014



Department of Veterans Affairs Geographic Distribution of Expenditures Report, 2014

Figure 13. VA Health Care Spending by County in FY 2014



Regionally, the DFW area outperforms the VA's national average with respect to wait times across all measured categories – primary care, secondary care, and mental health care – for all 106,000 appointments (see Table 1).

However, while regional VA medical centers and clinics outperform national VA statistics, working-group and interview participants highlighted a number of health care-related issues, particularly with respect to access to health care. Three themes came up repeatedly: access to mental health care, transportation, and access to women's health care.

Table 1: VA Health Care Waiting Times (As of January 14, 2016)⁶¹

LOCATION	COUNTY	FACILITY TYPE	TOTAL APPTS SCHEDULED (For Period Ending Jan. 1)	% OF APPTS SCHEDULED OVER 30 DAYS	AVERAGE WAIT TIME: PRIMARY CARE APPTS (DAYS)	AVERAGE WAIT TIME: SECONDARY CARE APPTS (DAYS)	AVERAGE WAIT TIME: MENTAL HEALTH APPTS (DAYS)
<i>Within the 13 Counties</i>							
Dallas VAMC	Dallas	VA Medical Center	74,767	3.05%	6.68	4.11	1.10
Fort Worth VA Clinic	Tarrant	Clinic	17,973	4.33%	4.90	6.10	4.34
Denton	Denton	Community Based Outpatient Clinic	1,786	6.66%	9.64	0.00	5.15
Bridgeport	Wise	Community Based Outpatient Clinic	364	1.65%	5.61	7.00	7.49
Granbury	Hood	Community Based Outpatient Clinic	232	.86%	4.79	0.00	N/A
Greenville	Hunt	Community Based Outpatient Clinic	474	3.59%	7.87	0.00	7.53
<i>Outside of the 13 Counties</i>							
Sam Rayburn Memorial Veterans Center	Fannin	VA Medical Center	7,697	3.43%	4.84	8.23	3.22
Tyler	Smith	Primary Care Clinic	852	2.70%	15.70	5.49	3.58
Sherman	Grayson	Community Based Outpatient Clinic	1,320	2.27%	8.26	6.50	2.76
Broadway	Tyler	Specialty Care Clinic	876	11.99%	13.36	2.72	N/A
Nationwide Average		--	6,289,103	9.06%	8.06	11.36	5.53

Department of Veterans Affairs Patient Access Data, January 2016

The VA reports the number of post-9/11 veterans with mental health diagnoses (whether mental health is a primary or secondary diagnosis) at VA Medical Centers across the country. While only representing a portion of the overall demand for veteran mental health resources (being that it is limited to only the post-9/11 cohort seen at the Dallas VA Medical Center), the reporting provides a useful snapshot of the regional demand. As seen in Table 2, between October 1, 2001, and December 31, 2014, nearly 17,000 post-9/11 unique patients sought inpatient, outpatient, and Vet Center mental health counseling or treatment.

Table 2: Post-9/11 Deployment Veterans Reported by the Dallas VA with Mental Health Diagnoses, October 1, 2001-December 31, 2014⁶²

VETERANS SEEN AS INPATIENTS	VETERANS SEEN AS OUTPATIENTS	VET CENTER VISITS FOR PTSD
895	9,958	5,905

Department of Veterans Affairs, June 2015

Veterans surveyed were asked if their mental health was better, worse, or the same since leaving active duty. Of the 118 responses, 60 veterans (50 percent) reported that their mental health was either slightly worse or significantly worse after leaving service, while 26 (22 percent) reported that their mental health was either significantly better or slightly better since leaving service. These perceptions bear implications on the demand for mental health care services, and were supported by a number of statements in working groups and interviews on the need for more mental health care resources.

One participant in the Fort Worth working group noted that veterans within their network were able to make a first-time mental health care appointment with relative ease, but that in some cases, a second appointment was not available for six months. Moreover, social workers and mental health care providers highlighted that for many veterans, there is a strong connection between family context and mental health, but few family-centric mental health care resources exist; veterans receiving mental health treatment or counseling are typically seen as individuals, with little resources available for their families.

Further, social workers and mental health care providers interviewed stated that they had “high hopes” for the impact that the Veterans Access, Choice, and Accountability Act of 2014 (“Choice Act”) would have – a law intended to expand veteran access to timely health and mental health care by increasing choices when a VA facility could not provide quality services in a timely manner – but have since been disappointed by the implementation of the program in the region. They noted that some potential providers were turned off by the low reimbursement rate (at or below the Medicaid rate), but that many more would-be providers were turned off by what they found to be a cumbersome eligibility registration process, thus opting not to participate. This is consistent with some of the larger frustrations seen with the Choice Act nationwide.⁶³

It was the opinion of several interviewees that the network of mental health care providers needs to be bolstered throughout the region. First, interviewees suggested more military and veteran cultural competency education for non-VA mental health care providers in order to expand the network beyond the confines of the VA. Second, interviewees – particularly those in Hood and Hunt counties, though also acknowledged in the Dallas and Fort Worth working groups – highlighted the need to bring the mental health resources available in the Metroplex out to the rural outlying areas. Third, interviewees on multiple occasions recommended that more be done to expand the network of eligible mental health care providers through such mechanisms as military and veteran cultural competency training for social workers outside of the VA system and connecting veterans.

FEMALE VETERANS AND ACCESS TO WOMEN'S HEALTH CARE

There are more than 43,000 female veterans in the DFW region. While they make up a relatively small proportion – roughly 11 percent – of the overall DFW veteran population, they do represent a sizeable subpopulation with needs unique from the overall veteran population. Working-group participants and interviewees in each of the counties, within and outside of the Metroplex alike, reported consistently the particular challenges female veterans face in the region accessing women's health care, including OB/GYNs and specialty care. Respondents reported

a general frustration with the lack of women's health care options, particularly through the VA system.

OTHER ISSUES RELATED TO HEALTH CARE

Many of the working groups and interviews reported a sense that veterans in their area lacked information and education about available health care options and their personal eligibility status. Representatives from local Vet Centers and branches of VSOs, such as the VFW and the American Legion, reported that they were attempting to tackle the issue by engaging in their communities, building networks with other service providers in their respective counties and encouraging referrals. Participants in both Collin County and Hood County working groups remarked that veterans in their county were further confused by the implications of the VA Choice Act on their health care availability. In addition, transportation and geography surfaced as a concern for many veterans and service providers. The dispersion of veterans across the region, coupled with transportation and commuting difficulties – that can result in travel times in excess of an hour for a veteran to move from home to work or work to clinic – can impede access to care for many who might seek it from DFW VA facilities.

Economic Performance

In every county in the DFW region, veterans economically outperform their nonveteran counterparts. Further, in every county except Hunt, Johnson, and Somervell counties, DFW veterans also outperform the national average for median veteran incomes. Veterans in Collin County claim the highest median income at \$51,426; veterans in Hunt County struggle the most, with a median income of \$25,968.

With respect to unemployment rates, the picture for veterans is even more uneven. In Denton, Hood, Kaufman, and Wise counties, veteran unemployment outpaces nonveteran unemployment. The veteran unemployment rates in Hood, Hunt, Kaufman, and Wise counties also outpace the average national veteran unemployment rate. Wise County veterans face the highest unemployment rate at a striking 13 percent, followed by a 9 percent unemployment rate in Hunt County. Working group participants acknowledged that the counties north of the

DFW region face particularly dire job prospects.⁶⁴ Among the reasons listed, participants noted that the farther individuals are from the center of the Metroplex, the more difficult it is to find employment – and more affordable housing on the periphery is causing individuals to move farther from the centers of employment. Further, more rural counties such as Wise County (the furthest northwestern county in the region) and Hunt County (the furthest northeastern county) are less likely to benefit from urban job growth in the epicenter of the Metroplex.

Figure 14. Median Income, Veterans vs. Nonveterans

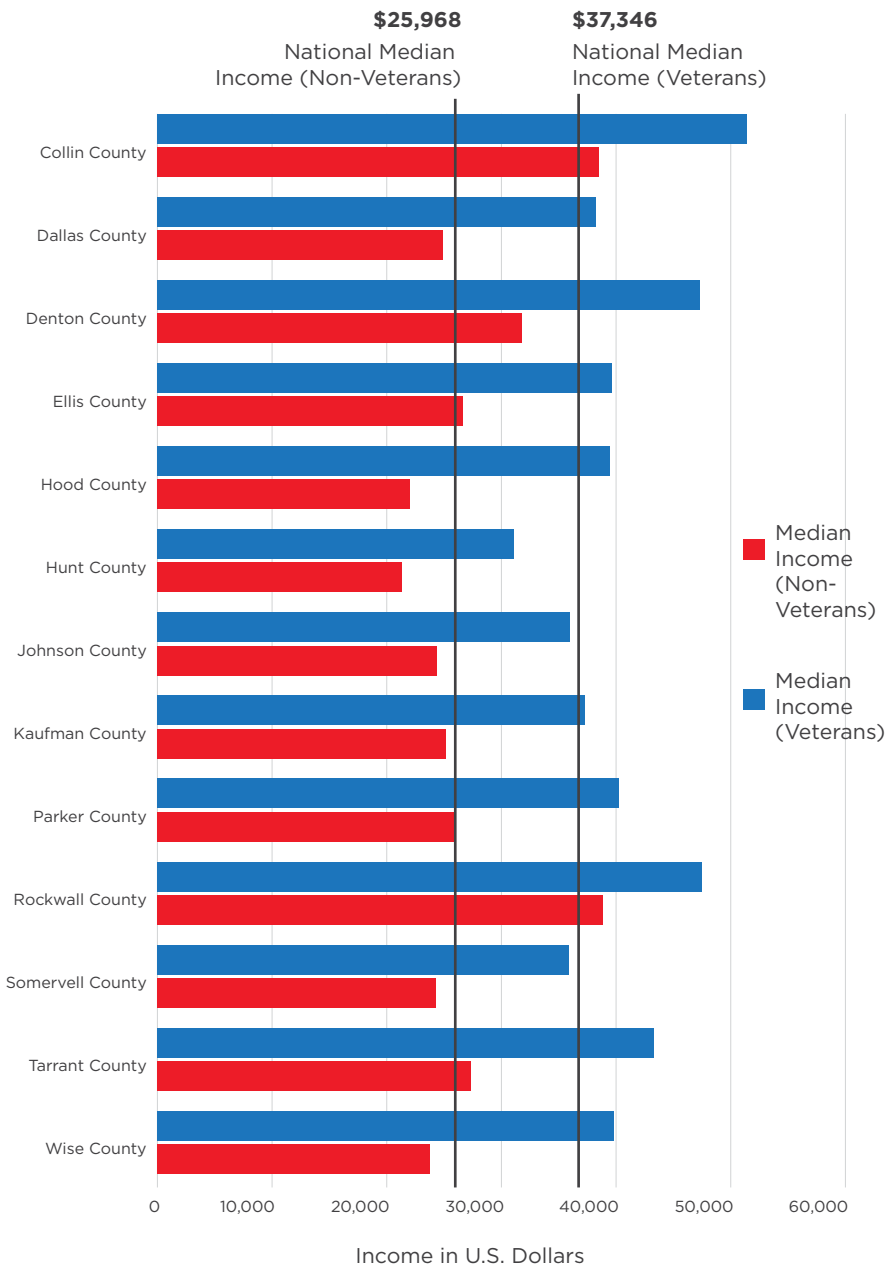
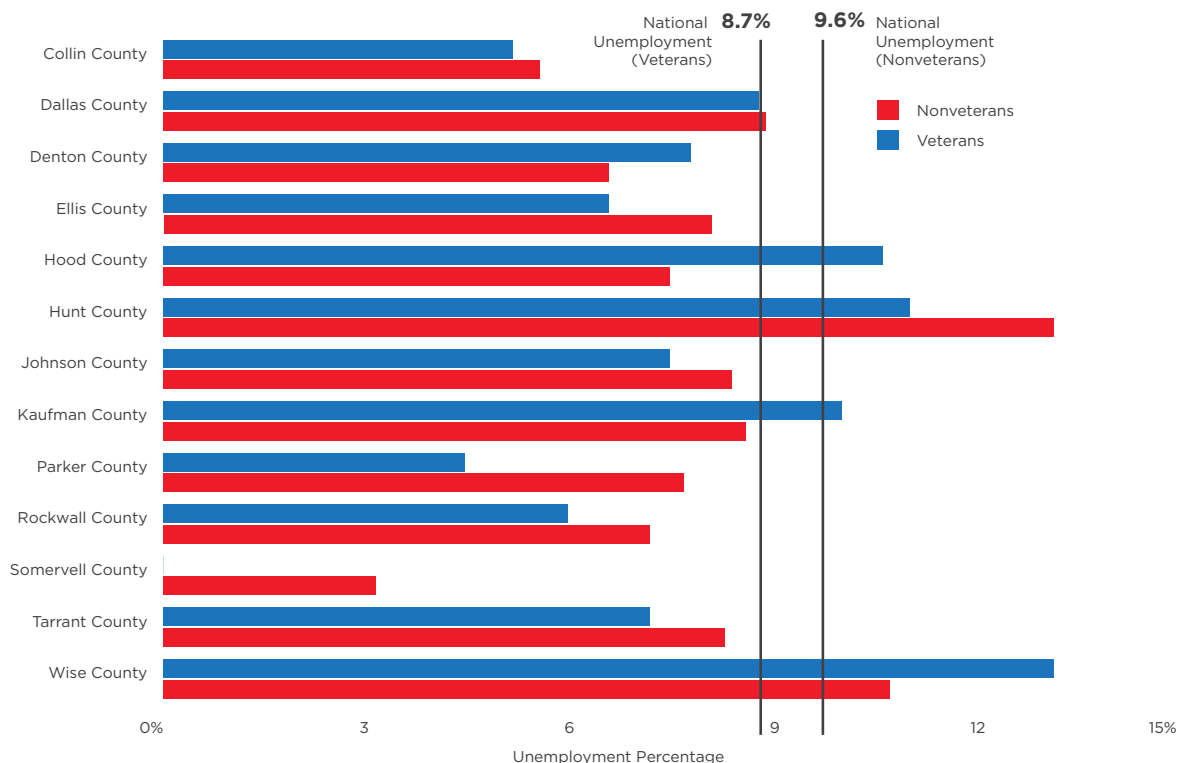


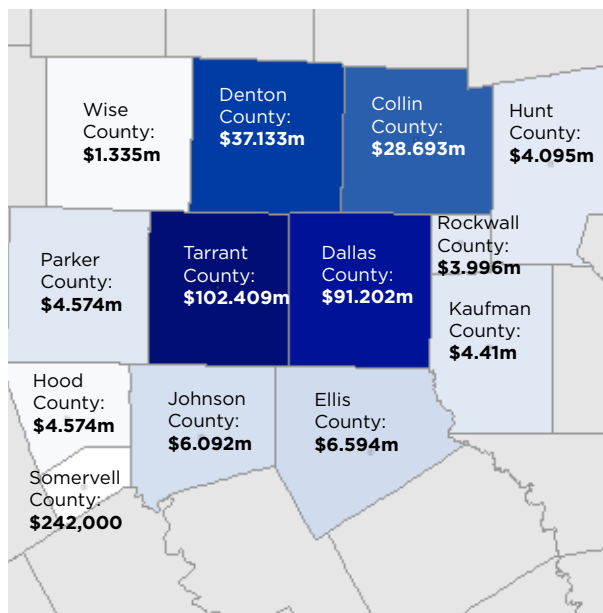
Figure 15. Unemployment Rates, Veterans vs. Nonveterans

Education

VA expenditures on education and vocational rehabilitation total approximately \$292 million. These expenditures are largely concentrated in the Metroplex, with \$102 million going to Tarrant County and \$91 million spent in Dallas County.

Throughout the region, a robust community college and university system attracts a number of students on the GI Bill. Students on the GI Bill within the region are covered for either 100 percent tuition or \$21,085 in tuition and fees, (whichever is higher), \$1,795 monthly toward housing expenses, and a \$1,000 book stipend annually.

While not an exhaustive list, Table 3 identifies a number of public and private nonprofit universities and community colleges in the region and the number of GI Bill students enrolled at each institution, accounting for more than 12,000 student veterans in the region. One emerging pattern is the popularity of community colleges in the region among student veterans on the GI Bill, with a combined enrollment of approximately 7,000.

Figure 16. VA Education and Vocational Rehabilitation Expenditures

Department of Veterans Affairs Geographic Distribution of Expenditures Report, 2014

Table 3. Dallas-Fort Worth Regional Colleges and Universities with GI Bill Students

INSTITUTION	CITY	COUNTY	INSTITUTIONAL TYPE	NUMBER OF GI BILL STUDENTS
Brookhaven College	Farmers Branch	Dallas	Community College	553
Cedar Valley College	Lancaster	Dallas	Community College	379
Collin College	McKinney; Plano	Collin	Community College	1,008
Eastfield College	Mesquite	Dallas	Community College	556
El Centro College	Dallas	Dallas	Community College	428
Mountain View	Dallas	Dallas	Community College	279
North Lake College	Irving	Dallas	Community College	490
Paul Quinn College	Dallas	Dallas	Private University	9
Richland College	Dallas	Dallas	Community College	539
Southern Methodist University	Dallas	Dallas	Private University	224
Tarrant County College	Hurst; Fort Worth; Arlington	Tarrant	Community College	2,709
Texas A&M University-Commerce	Commerce	Hunt	Public University	506
Texas Christian University	Fort Worth	Tarrant	Private University	422
University of Dallas	Irving	Dallas	Private University	72
University of North Texas	Denton	Dallas	Public University	1,736
University of North Texas at Dallas	Dallas	Dallas	Public University	0
University of Texas at Arlington	Arlington	Tarrant	Public University	1,709
University of Texas at Dallas	Richardson	Dallas	Public University	612
Weatherford College	Weatherford	Parker	Public University	291

Source: Department of Veterans Affairs, February 2016.65

Of the veterans who completed the survey, 20 percent are currently enrolled in an educational program for either certification or degree – 13 percent as full-time students and 7 percent as part-time students. Further, a full 71 percent of respondents took advantage of VA education or training benefits after their discharge from active duty. Those who have not used any VA educational assistance were asked why they chose not to access the benefit; 17 percent (6 respondents) listed that they were not sure of their eligibility and 23 percent (8 respondents) reported that their eligibility had expired, indicating that better education or more information regarding the benefits may increase utilization of the benefit. Another 17 percent (6 respondents) reported that they thought there was too much red tape involved in accessing the benefit, which suggests that further assistance (whether through the VA or college and university campuses) may mitigate negative perceptions.

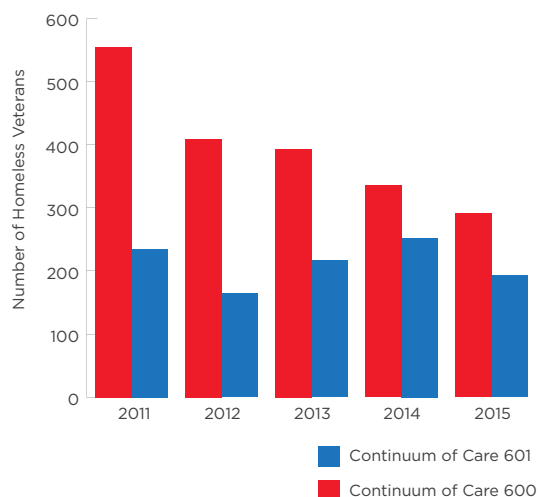
Veteran services coordinators at local public universities and community colleges cited various challenges their students face on their campuses. First, the transition from the highly structured military environment to campus life can be difficult for some. Second, some student veterans have a difficult time acclimating on campus because they are typically older than their civilian counterparts. Third, many student veterans have been out of school for at least three years, and find the rigors of academia to be intimidating. Efforts at the University of Texas at Dallas and a number of the region's community colleges attempt to foster networks between student veterans, and work with tutoring resources to help veterans transition back into the higher-education milieu.

In every county in the DFW region, veterans economically outperform their nonveteran counterparts.

Housing/Homelessness

The DFW region falls within two continuums of care (COCs),⁶⁶ the community-level regions defined by the Department of Housing and Urban Development for the purposes of tracking and addressing homelessness: COC 600 (including Dallas, Mesquite, Garland, Vickery, Grand Prairie, Irving, Oak Cliff, and the Stemmons Corridor),⁶⁷ and COC 601 (including Fort Worth, Arlington, and Tarrant County). In COC 600, the number of homeless veterans decreased substantially between 2011 and 2015, from 555 to 291. The COC 601 community has struggled a bit more with veteran homelessness, seeing distinct growth between 2012 and 2014, settling at 193 in 2015.

Figure 17. Veteran Homelessness Rates in Dallas-Fort Worth Continuums of Care, 2011-15

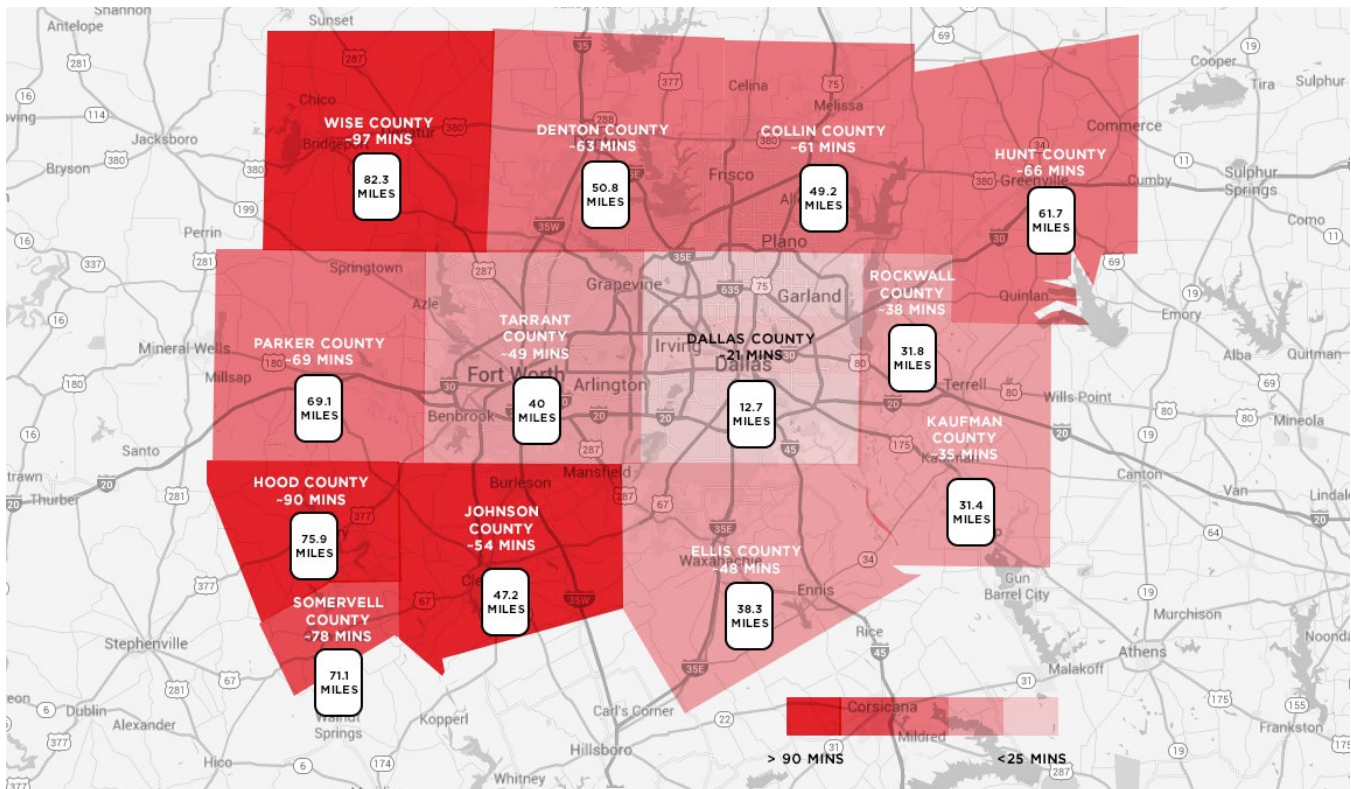


Source: Metro Dallas Homeless Alliance

One recently opened Fort Worth shelter, Liberty House, is exclusively for veterans – but even with 30 beds has had to turn people away.⁶⁸ Notably, female veterans in the region have been identified as a core community struggling with homelessness due to the lack of female-friendly shelters, even among those oriented toward homeless veterans.⁶⁹

Despite its progress, Dallas may still face an uphill battle in continuing to eliminate veteran homelessness. One of the consequences of the “Texas miracle” and economic upswing has been an increasingly high-priced and saturated housing

Figure 18. Approximate Commute Distances and Times from County Centers to Dallas VA Hospital⁷⁸



market, which may be driving homelessness up again.⁷⁰ In a documentary focused on homelessness in North Texas, filmmaker Alan Govenar highlights the issue as complex, with overall numbers on the rise – specifically for military veterans and their families.⁷¹ The Dallas Life shelter recognizes there is a serious problem and plans to have a veteran-specific program and floor within two years.⁷² The Metro Dallas Homeless Alliance also makes an effort to track veteran homelessness, again showing that though there has been a decrease over time, many former service members and their families are without permanent shelter.

Housing prices increased by 9.8 percent from 2015 to 2016,⁷³ with average home prices ranging between \$200,000 (for preowned property) and \$300,000 (for new construction).⁷⁴ Further, rents in the area have increased significantly in the region over the past year; Dallas rents increased 5.7 percent from 2015 to 2016, while Fort Worth rents increased by an average 6.2 percent – both in excess of the national average of 4.8 percent.⁷⁵ An estimated 56 percent of residents in the DFW region are homeowners, as compared to the nationwide average of 64

percent. With an estimated 300,000 new jobs in the region through employers such as Toyota and State Farm, there appears to be an influx of individuals more willing to rent than buy, thus driving down rates of homeownership.⁷⁶

Transportation

A number of working groups and interviews highlighted the difficulties associated with transportation in the DFW region. The area's dispersed nature requires adequate transportation to facilitate medical care, employment, and access to benefits. The centralized location of the Dallas VA Medical Center⁷⁷ necessitates lengthy commutes for veterans in the outlying counties.

The Dallas Area Rapid Transit (DART) system provides one option for veterans in the region.⁷⁹ The VA hospital is located directly off of southernmost stations of DART's Blue Line.⁸⁰ However, there are veterans who struggle with the \$5 daily transit fare. Nonprofits can purchase undated day passes for \$3 to provide to their clients and customers, but the VA cannot purchase the \$3 passes for its clients unless funded by a private donation.

DART recently received a \$1.2 million Veterans Transportation and Community Living grant to develop the myRide app to help plan public transit use, with beta testing beginning in early 2016. Another existing transportation resource is the VSO Disabled American Veterans (DAV), which provides shuttle transportation for qualified veterans to the Dallas VA Medical Center. Interviews with leaders from area veteran organizations – many of whom are highly aware of the transportation challenges facing veterans – indicated a willingness to examine ways for their organizations to start providing transportation to medical/mental health appointments, job interviews, and benefits appointments; however, a number of them also raised concerns around potential insurance liabilities associated with providing such services.

05 CHAPTER

Observations and Conclusions

Veterans in the DFW region comprise a significant percentage of the local population, and play a significant role in the regional community. The overall story regarding these veterans is a positive one, fueled by a thriving local economy in which veterans do quite well as a group. However, many veterans across the region face issues in their transition to civilian life, or in the years following that transition, including health, economic opportunity, wellness, and the difficulty in navigating a sea of organizations serving veterans who do not often collaborate or coordinate closely. These issues and challenges are reported with enough consistency and regularity that they merit attention for strategic attention or investment in the region.

The Collaborative Environment

The working groups and interviews with those providing services to DFW veterans evoked a sense of hopeful optimism. Throughout the region, whether in downtown Dallas or Fort Worth or in the rural areas, community leaders shared a sincere passion to assist veterans. While some challenges currently lack institutional solutions, a spirit of sacrifice and community was evident; for example, some veterans service officers were transporting individuals to medical appointments in their off hours in the capacity as private citizens, or covering expenses for veterans in their community out of their own pockets. Participants in working groups used the opportunity to build connections and appeared very willing to find ways to collaborate in their communities.

The Dallas–Fort Worth region appears to have several pockets of community-based resources and collaboration typically centered at the county level. Groups such as the Collin County Veterans Coalition and the Veterans Coalition of Tarrant County draw together local community leaders and resources from the VA, housing organizations, universities and community colleges, and mental health care providers. The North Texas MyVA Community⁸¹ effort began convening regional meetings in November 2015, focusing community resources on such issues as veteran homelessness. Joining Community Forces Texas coordinates with existing coalitions across the full spectrum of veteran services.⁸² Statewide groups, such as the Texas

Veterans Commission, provide valuable information regarding the availability of services at the local level. However, these structures tend to exist at the community or county level; there does not seem to be an overarching or unifying infrastructure for the range of veteran services at the regional level. There are also few examples of infrastructure outside the veteran community that could serve as a model or backbone for such regional collaboration or coordination. This local focus mirrors the political, economic, and social history of the region, which has placed a premium on local governance and scale.

Across the country, a number of communities have launched efforts to better communicate, coordinate, and collaborate with respect to veteran services.⁸³ These local models vary widely, from relatively low-touch approaches involving referral resources, to more robust case-management and strategic resource-allocation systems. These local models have typically evolved in ways that reflect local political and economic circumstances, as well as the needs of veterans in those locations. The DFW region’s lack of regional infrastructure, and the historical focus on the county and community level, suggests that a collaborative approach on the lighter end of the spectrum may be most appropriate for the DFW region. Such an approach might focus on building better communication and referral infrastructure between the 13 counties, or finding ways to further empower the counties to meet the needs of veterans within their boundaries, such as through enhanced public-private-nonprofit partnerships.

Female Veterans

Female veterans in the region reported some specific challenges separate from the broader veteran community. Access to women’s health care appears difficult for female veterans, particularly through the VA system. Interviewees in both the Metroplex and the outlying areas reported that female veterans struggling with homelessness faced more difficulty in placement than male veterans in a similar circumstance. In part, it was reported that homeless female veterans were more likely than male homeless veterans to be accompanied by their children. This complicates their placement in two ways: First, while a homeless male veteran needs one bed, an accompanied homeless female

veteran needs multiple beds, thus decreasing the odds of placement. Second, the presence of any convicted sex offender within the male homeless population requires that men and women with children cannot be housed in the same emergency shelter, removing options for women with children. Interviewees and working-group participants mentioned an increased need for women-centric homeless shelters. Homeless female veterans with families may face an additional obstacle – the risk that they could lose custody of their children.⁸⁴ A study of those receiving Department of Labor grants to combat homelessness revealed that “veterans with dependent children may worry about being identified as homeless and fear the misperception that they are not good parents, which can mean investigations by child protective services and possible loss of custody.”⁸⁵

Vietnam Veterans

Service providers, VA employees, and veterans alike highlighted the increasing demands Vietnam-era veterans place on available resources in the region. A typical Vietnam-era veteran who turned 18 in 1966 is now 68 years old. As this cohort ages, its needs for health care and other forms of support are increasing. Working-group participants in Collin County and in downtown Fort Worth both reported evidence of increased mental health care needs among the Vietnam-era cohort, particularly as they transition into full retirement from their civilian careers. This observation was further confirmed by VA Vet Center employees in the eastern counties of Rockwall, Kaufman, and Hunt, who note that the transition to retirement and the availability of leisure time is increasing the amount of time Vietnam veterans have to ruminate on their wartime experience – something many of them hadn’t yet processed, as they returned home from war over 40 years ago to the responsibilities of jobs and families. Additionally, some Vietnam-era veterans on the younger side of the cohort reported a shortage of employment opportunities; those who need to continue working for financial reasons are facing competition from younger applicant pools. In addition to the acuity of its demand, the Vietnam-era cohort is a large segment of the overall population, dwarfing the size of the Gulf War I and post-9/11 cohorts because of the size of the military during the Vietnam War and the use of conscription during that

period. Consequently, Vietnam-era veterans create a great deal of demand for all parts of the veterans support ecosystem, including public, private, and nonprofit organizations.

Grant Writing Education

In the smaller outlying rural counties, small organizations and local individuals provide services at a much higher rate than in the Metroplex, where many more federal and state resources are consolidated. These small organizations depend heavily on small grants from public and private sources for their organizational sustenance. Yet precisely because of their small staff sizes and desire to run “shoestring” operations, many of these local service providers do not maintain grant writing expertise in-house. Working group participants and interviewees in Hood, Hunt, and Wise counties in particular each commented that grant writing workshops would be a useful resource for their organizations, allowing them to leverage their small operations with the minimal amount of overhead and manpower necessary and enabling them to direct their resources where they are needed most – with the veterans in their communities. Small, local, and particularly lean nonprofits can also benefit from other areas of capacity building, shared services, and support, to include pro bono legal advice, accounting, and marketing efforts.

Throughout the region, whether in downtown Dallas or Fort Worth or in the rural areas, community leaders shared a sincere passion to assist veterans.

Financial Literacy Training

Whether working with fully transitioned veterans or members of the Guard and Reserve, many participants and interviewees noted a need for greater financial literacy training for veterans and their families. It was the opinion of many service providers that military service did not necessarily provide veterans with the skills they needed to handle their money well. Financial literacy training would enable veterans to become more self-sufficient with the resources they currently have on hand, and enable them to leverage additional resources as they become available.

Transportation

One of the greatest opportunities for impact is in facilitating transportation for veterans. The relative economic success of North Texas has forced many to live in areas outside of public transportation, making a car the only feasible means of transit – but a costly option in terms of dollars spent on cars and fuel, as well as commuting time based on the region’s distance and traffic calculus. This impediment can lead to loss of employment, inability to receive medical care, and overall isolation. The transportation services that do exist are often limited by county lines and already overburdened. Additionally, providing transportation raises an issue of liability that many smaller organizations cannot afford to risk or cover with insurance.

Economic Opportunities for the Post-9/11 Cohort

Though the overall veteran employment picture is optimistic, with average salaries higher than nonveteran counterparts, the post-9/11 cohort often suffers from “underemployment,” a much harder-to-track phenomenon wherein veterans are employed in jobs that are below their accustomed skill set or level of responsibility. To some extent, this phenomenon may be related to the region’s hot job market, and be an unintended consequence of veterans finding work quickly, but in positions that may not match their skills and experience well. The underemployment phenomenon may also result from continuing difficulty with alignment of military skills and experience to civilian employment. One of the key areas for mitigating many of the challenges facing post-9/11 veterans is in their

transition out of the military. Areas for assistance include providing aid in the translation of military skills to a civilian résumé and the ability to be housed during the transition period if they have not found employment yet.

Overall Conclusions

When interviewing multiple stakeholders in the DFW veteran community, it became apparent that the lens through which one views the most pressing needs of veterans varies widely. This contributes to the picture of veteran wellness as “holistic,” making it important not to focus solely on one particular aspect – the whole picture is necessary. Though providing a homeless veteran with shelter is immensely important, it is difficult to end the cycle of homelessness without also accounting for factors such as employment and mental health. This raises the importance of communication throughout the veteran community, as individual efforts will likely be more successful when implemented in concert with other programs.

Conclusion

The historic propensity toward military service in the Dallas–Fort Worth region has created a diverse veteran population in both rural and urban contexts. While most veterans transition from service successfully, needs still exist across the region. Data-driven studies, supplemented with the observations of local stakeholders, can inform public, private, and nonprofit organizations on areas where need exists, as well as where there are gaps not being filled by current programs. We are grateful to the Dallas-based consortium of funders for commissioning this study, and recommend further research on the issues identified herein, in order to continue informing the community serving veterans in the Dallas–Fort Worth region and throughout the United States.

Endnotes

1. For the purposes of this project, the King Foundation and the consortium of funders defined the DFW region to include Collin, Dallas, Denton, Ellis, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Somervell, Tarrant, and Wise counties and the Dallas–Fort Worth–Arlington Metropolitan Statistical Area.
2. This is the third in a series of regional veteran needs assessments conducted by CNAS as part of its work to inform veteran-focused policy and practice within research. See Phillip Carter and Katherine Kidder, “Needs Assessment: Veterans in the Western U.S.,” CNAS, December 2013 and “Needs Assessment: Veterans in Southwest Pennsylvania,” CNAS, December 2015.
3. Department of Veterans Affairs, “The Veteran Population Projection Model 2014 (“VetPop2014”),” http://www.va.gov/vetdata/veteran_population.asp, estimates for the year ending September 30, 2015.
4. American Community Survey 5-year estimates for 2014.
5. Working group in Dallas on 10/15/2015; interview with Dallas County Vet Center on 11/18/2015.
6. Nancy Berglass and Margaret C. Harrell, “Well After Service: Veteran Reintegration and American Communities” (Washington: CNAS, 2012).
7. This approach was pioneered by the RAND Corporation for regional studies of veteran populations and has been followed by others conducting needs assessments of the veteran community. See Terry L. Schell and Terri Tanielian, eds., “A Needs Assessment of New York State Veterans: Final Report to the New York State Health Foundation,” RAND, 2011. For mixed-methods needs assessments of veterans in the state of Texas, see the Texas Mental Health Transformation Working Group, “Integrated Services for Returning Veterans and Their Families: Services, Gaps, and Recommendations,” February 2011; David Eaton, University of Texas–Austin, “An Assessment of Mental Health Service for Veterans in the State of Texas,” 2015; and the Texas Veterans Commission Strategic Plan for Fiscal Years 2015–19.
8. The CNAS Veterans Data Project is a multi-year effort to gather publicly available data describing the veterans and military community; integrate and analyze the data using sophisticated tools and methods; and use this data to project and plan for long-term scenarios that may face this community. See <http://www.cnas.org/content/veterans-data-project>.
9. The Texas Veterans Commission 2015 Directory, http://www.tvc.texas.gov/documents/tvc_directory.pdf.
10. The nonprofit sector supporting veterans include registered 501(c)(3) charitable organizations of a religious, charitable, scientific, educational, or other nature, and 501(c)(4) organizations such as civic leagues, social welfare organizations, and local associations of employees. It also includes 501(c)(19) organizations, which encompass war veteran organizations and their auxiliaries, such as the Veterans of Foreign Wars (VFW) and the American Legion. The 501(c)(19) exemptions contain no restrictions on the lobbying or political activities of veteran organizations and their auxiliaries, a major difference from the rules applicable to most tax-exempt organizations. For more information, see Phillip Carter and Katherine Kidder, “Charting the Sea of Goodwill” (Washington: CNAS, December 2015), 6.
11. Berglass and Harrell, 16.
12. For the purposes of this needs assessment, “at risk” is defined in two primary ways. Included are those veterans struggling with health, economic, or other issues, such as those affected by post-traumatic stress. The term also includes subpopulations that have disproportionately higher risk for health, economic, or other problems, such as those who left the military with service-connected injuries or illnesses, or with other-than-honorable discharges (and therefore not eligible for all available services).
13. For a larger discussion of national veteran trends across the United States, see Phillip Carter and Katherine Kidder, “Needs Assessment: Veterans in Southwest Pennsylvania” (Washington: CNAS, 2015), 6–12.
14. Department of Veterans Affairs and American Community Survey, estimates for 2014.
15. Department of Defense retiree data for 2013, obtained through Freedom of Information Act request.
16. Housing Assistance Council tabulations of American Community Survey 2009–13 5-Year Estimates.
17. American Community Survey, 5-Year Estimates for 2014.
18. Department of Veterans Affairs, “Geographical Distribution of Expenditures,” 2014.
19. Texas Veterans Commission, “Hazlewood Act FAQ’S,” Updated January 26, 2015, <http://www.tvc.texas.gov/Hazlewood-FAQ.aspx>
20. Perry Jefferies, “The Hazlewood Act at 84 and Texas’ Support for Veterans Education,” TexVet, July 11, 2014, <http://www.texvet.com/blogs/pjefferies/hazlewood-act-84-and-texas-support-veterans-education>.
21. Ibid.
22. Texas State University, “Hazlewood Exemption Act,” <http://www.va.txstate.edu/benefits/hazlewood.html>.

23. Ibid.
24. Texas Veterans Commission, “Hazlewood Act,” <http://www.tvc.texas.gov/Hazlewood-Act.aspx>.
25. Benjamin Wermund, “Judge: Texas Universities Must Offer Vet Benefits to Non-Residents,” *Houston Chronicle*, January 27, 2015, <http://www.military.com/daily-news/2015/01/27/judge-texas-universities-must-offer-vet-benefits-to-non.html>.
26. Department of Housing and Urban Development, “The 2015 Annual Homeless Assessment Report to Congress,” November 2015, <https://www.hudexchange.info/resources/documents/2015-AHAR-Part-1.pdf>, 54.
27. Department of Housing and Urban Development, “HUD Defined CoC Names and Numbers Listed by State (Revised April 2015),” <https://www.hudexchange.info/resources/documents/fy-2015-continuums-of-care-names-and-numbers.pdf>.
28. U.S. Census Bureau American Community Survey 5-Year estimate for 2009–13.
29. Charldean Newell, David Prindle, and James Riddlesperger, “Texas Politics 2015–2016,” 357.
30. Dan Mangan, “Don’t mess with Medicaid expansion? A lesson from Texas,” CNBC.com, May 29, 2015, <http://www.cnbc.com/2015/05/29/texas-pays-a-big-price-for-saying-no-to-medicaid-expansion.html>.
31. Charldean Newell, David Prindle, and James Riddlesperger, “Texas Politics 2015–2016,” 359.
32. Erica Grieder, “Low taxes, low services – a Texas success story,” *The Dallas Morning News*, April 28, 2013, <http://www.dallasnews.com/opinion/sunday-commentary/20130426-erica-grieder-texas-low-taxes-low-services-success.ece>.
33. Legislative Budget Board, “Texas Fact Book,” 2014, 23, http://www.lbb.state.tx.us/Documents/Publications/Policy_Report/Fact_Book_2014.pdf.
34. National Association of State Budget Officers, “State Expenditure Report: Examining Fiscal 2011–2013 State Spending,” Table 18, 33, <http://www.nasbo.org/sites/default/files/State%20Expenditure%20Report%20%28Fiscal%202011-2013%20Data%29.pdf>.
35. Charldean Newell, David Prindle, and James Riddlesperger, “Texas Politics 2015–2016,” 359.
36. Gregorio Flores III, Michael Kelley, Roberta A. Ritvo, and Natasha Borges Sugiyama, “Local Government Structure and Function in Texas and the United States,” University of Texas, September 15, 1997, <http://vgyi.tamu.edu/files/2015/05/county-government-topis.pdf>.
37. Veteran Service Officers are typically employed at the county level, but are accredited by the Department of Veterans Affairs. Their main responsibilities include assisting veterans through the necessary paperwork and processes for a range of services, including compensation and pension, health care, education and training, employment, burial and survivor benefits, housing, transportation, and accessing military records. For more information, see “Veteran Service Officers,” <http://www.military.com/benefits/veteran-benefits/veteran-service-officers.html>.
38. Gregorio Flores III, Michael Kelley, Roberta A. Ritvo, and Natasha Borges Sugiyama, “Local Government Structure and Function in Texas and the United States,” University of Texas, September 15, 1997, <http://vgyi.tamu.edu/files/2015/05/county-government-topis.pdf>.
39. U.S. Census Bureau.
40. Naureen S. Malik, Dan Murtaugh, and Lauren Etter, “Texas Miracle economy about to become shale’s next victim,” Bloomberg News, December 4, 2015, <http://www.star-telegram.com/news/business/article48053780.html>.
41. Office of the Governor, “The Largest Companies Headquartered in Texas,” 2014, http://gov.texas.gov/files/ecodev/Texas_Largest_Companies.pdf.
42. Naureen S. Malik, Dan Murtaugh, and Lauren Etter, “Texas Miracle economy about to become shale’s next victim,” Bloomberg News, December 4, 2015, <http://www.star-telegram.com/news/business/article48053780.html>.
43. Korie Kezar, “Diversity, strong service sector among factors keeping Texas out of a recession, Dallas Fed chief says,” *Dallas Business Journal*, January 12, 2016, http://www.bizjournals.com/dallas/blog/morning_call/2016/01/diversity-strong-service-sector-among-factors.html.
44. Ananya Bhattacharya, “Is Texas America’s best economy?” CNNMoney, June 10, 2015, <http://money.cnn.com/2015/06/10/news/economy/texas-big-economic-growth-2014/>.
45. Prashant Gopal, “The U.S. Metros Least Touched by Recession,” Bloomberg Business, October 22, 2009, http://www.bloomberg.com/bw/lifestyle/content/oct2009/bw20091021_441398.htm; http://www.bloomberg.com/ss/09/10/1022_40_strongest_us_metro_economies/6.htm.
46. Forbes, “Dallas, TX,” <http://www.forbes.com/places/tx/dallas/>.
47. Ana Compoy, “Dallas-Fort Worth Keeps Texas Engine Revving,” *The Wall Street Journal*, June 17, 2015, <http://>

- www.wsj.com/articles/dallas-fort-worth-keeps-texas-engine-revving-1434584783.
48. Brookings Institution MetroMonitor, "Dallas-Fort Worth-Arlington, TX," <http://www.brookings.edu/research/interactives/metromonitor#/M19100>.
 49. Ana Compoy, "Dallas-Fort Worth Keeps Texas Engine Revving," *The Wall Street Journal*, June 17, 2015, <http://www.wsj.com/articles/dallas-fort-worth-keeps-texas-engine-revving-1434584783>.
 50. Brookings Institution MetroMonitor, "Dallas-Fort Worth-Arlington, TX," <http://www.brookings.edu/research/interactives/metromonitor#/M19100>.
 51. U.S. Bureau of Labor Statistics, "Dallas-Fort Worth Area Economic Summary," updated December 30, 2015, http://www.bls.gov/regions/southwest/summary/blssummary_dallasfortworth.pdf.
 52. Ibid.
 53. Zillow, "Dallas-Fort Worth Metro Home Prices and Values," http://www.zillow.com/dallas-fort-worth-metro-tx_r394514/home-values/.
 54. Ibid.
 55. CNAS survey of veterans in the DFW region, administered through Qualtrics academic survey software, September 2015–January 2016.
 56. Civilian data from Bureau of Labor Statistics Current Population Survey, 18–24 year-old noninstitutional civilians, as analyzed by the Center for Naval Analysis for the DoD 2014 Population Representation in the Military Services report, <https://www.cna.org/pop-rep/2014/contents/contents.html>.
 57. A similar survey of veterans in southwestern Pennsylvania conducted by CNAS in the spring of 2015 indicated that 42 percent of veterans in the Pittsburgh area had returned to their hometown. See Phillip Carter and Katherine Kidder, "Needs Assessment: Veterans in Southwest Pennsylvania." Similarly, the veteran organization Team Red, White, and Blue found that 42 percent of veterans surveyed nationwide returned to their hometown after military service. Team Red, White, and Blue, "Veterans Statistics," <http://teamrwb.org/our-impact/statistics>.
 58. The high level of VA spending in Texas exists alongside the Hazlewood Act (see page 9); <http://www.tvc.texas.gov/Hazlewood-Act.aspx>.
 59. While the Rayburn Memorial Veterans Center is located outside of the 13 counties focused on in this report, its proximity to veterans in the region necessitates its inclusion. Furthermore, the Rayburn Memorial Veterans Center is also used as overflow for the Dallas VA Hospital.
 60. Conner Hammett, "VA unveils plans for Collin County clinic," *Plano Star Courier*, October 5, 2015, http://star-localmedia.com/planocourier/va-unveils-plans-for-collin-county-clinic/article_507d4c96-694f-11e5-8e0a-ab88a9a4afc5.html.
 61. Department of Veterans Affairs, Patient Access Data, January 14, 2016, http://www.va.gov/HEALTH/docs/DR37_012016_Pending_and_EWL_Biweekly_De-sired_Date_Division_PDFReady.pdf. Note: while not all clinics and hospitals listed in the table are located within the boundaries of the 13 counties focused on in this report, each clinic and hospital listed in the table serves veterans from the 13 counties.
 62. Department of Veterans Affairs, "Report on VA Specific Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans Diagnosed with Potential or Provisional PTSD: Cumulative from 1st Quarter FY 2002 Through 1st Qtr FY 2015 (October 1, 2001–December 31, 2014)," June 2015, <http://www.publichealth.va.gov/docs/epidemiology/ptsd-report-fy2015-qtr1.pdf>.
 63. Emily Wax-Thibodeaux, "It was meant to reduce wait times, but veterans say new choice cards are causing more problems," *The Washington Post*, February 16, 2015, <https://www.washingtonpost.com/news/federal-eye/wp/2015/02/16/it-was-meant-to-reduce-wait-times-but-veterans-say-new-choice-cards-are-causing-more-problems/>.
 64. Working groups in Collin County (October 15, 2015) and Hunt County (October 17, 2015).
 65. Department of Veterans Affairs, GI Bill Comparison Tool, February 2016, <https://www.vets.gov/gi-bill-comparison-tool>. The tool will eventually also list the retention and graduation rates for all universities and colleges receiving GI Bill funding. At the time of this writing, there is no data on retention and graduation rates for many of the listed locations.
 66. A Continuum of Care (COC) is "a regional or local planning body that coordinates housing and services funding for homeless families and individuals." National Alliance to End Homelessness Fact Sheet, January 2010, <http://www.endhomelessness.org/library/entry/fact-sheet-what-is-a-continuum-of-care>. While locally based, COCs do not perfectly align with city or county boundaries, sometimes making it difficult to track alongside county-level metrics.
 67. Dallas County Health & Human Services Grants Management Division, "FY 2015 Dallas EMA/HSDA Sherman-Denison HSDA Continuum of Care," http://www.dallascounty.org/department/rwpc/documents/ContinuumofCare_2015.pdf.
 68. "Wait list grows for house welcoming homeless vets,"

- WFAA-TV, February 24, 2011, <http://www.wfaa.com/story/news/local/2014/08/11/13687802/>.
69. Alex Branch, "Help hard to find for homeless female veterans," March 8, 2011, *Fort Worth Star-Telegram*, <http://www.star-telegram.com/living/family/moms/article3827386.html>.
70. Tasha Tsiaperas, "Lack of affordable housing leading cause of homelessness in Dallas, report finds," *The Dallas Morning News*, December 23, 2015, <http://thescoopblog.dallasnews.com/2015/12/lack-of-affordable-housing-leading-cause-of-homelessness-in-dallas-report-finds.html/>.
71. "Documentary on Dallas homeless spotlights growing problem," *The Dallas Morning News*, October 19, 2015, <http://thescoopblog.dallasnews.com/2015/12/lack-of-affordable-housing-leading-cause-of-homelessness-in-dallas-report-finds.html/>.
72. Heather Noel, "Dallas Life homeless shelter plans to add veterans program, lodging to offerings," *The Dallas Morning News*, January 7, 2016, <http://www.dallasnews.com/news/community-news/park-cities/headlines/20160107-dallas-life-homeless-shelter-plans-to-add-veterans-program-lodging-to-offerings.ece>.
73. Steve Brown, "Dallas-area home price still racing ahead of national increases," *The Dallas Morning News*, March 1, 2016, <http://bizbeatblog.dallasnews.com/2016/03/dallas-area-home-price-still-racing-ahead-of-national-increases.html/>.
74. Steve Brown: What's behind the homeownership dip in a booming D-FW market?" *The Dallas Morning News*, March 3, 2016, <http://www.dallasnews.com/business/columnists/steve-brown/20160303-whats-behind-the-dip-in-homeownership>.
75. Steve Brown, "D-FW apartment rents rise higher than national average with a jump in January," *The Dallas Morning News*, February 23, 2016, <http://bizbeatblog.dallasnews.com/2016/02/d-fw-apartment-rents-take-another-jump-in-january.html/>.
76. Ibid.
77. Located at 4500 South Lancaster Road, Dallas, Texas, 75216.
78. Google Maps. If more than one route was provided, the shortest time route was selected, reflecting the likely selection of VA patients.
79. See Dallas Area Rapid Transit, <http://dart.org>.
80. For a map of the DART system, see "DART Rail System Map," <http://dart.org/maps/printrailmap.asp>.
81. The MyVA Communities model "enables Veteran advocates, service providers, Veterans, and stakeholders to have a voice in identifying their community goals and work to resolve issues at the local level to improve service delivery for Veterans, Service members, and their families." For more information, see the Department of Veterans Affairs, "Navigation, Advocacy, and Community Engagement," <http://www.va.gov/nace/myVA/index.asp>.
82. Joining Community Forces Texas, <http://www.texvet.org/jcftexas>.
83. See, e.g., New York City, Pittsburgh, Seattle, Augusta, Charlotte, and San Diego.
84. Service Women's Action Network, "Homeless Women Veterans," <https://www.pritzkermilitary.org/files/5014/4061/8011/HWVfactsheet.pdf>.
85. Syracuse University Institute for Veterans and Military Families, "Lessons Learned from the U.S. Department of Labor Grantees: Homeless Female Veterans & Homeless Veterans with Families," October 2013, <http://vets.syr.edu/wp-content/uploads/2013/11/NVTAC.Issue-Brief.FINAL.Electronic.pdf>.

About the Center for a New American Security

The mission of the Center for a New American Security (CNAS) is to develop strong, pragmatic and principled national security and defense policies. Building on the expertise and experience of its staff and advisors, CNAS engages policymakers, experts and the public with innovative, fact-based research, ideas and analysis to shape and elevate the national security debate. A key part of our mission is to inform and prepare the national security leaders of today and tomorrow.

CNAS is located in Washington, and was established in February 2007 by co-founders Kurt M. Campbell and Michèle A. Flournoy.

CNAS is a 501(c)3 tax-exempt nonprofit organization. Its research is independent and non-partisan. CNAS does not take institutional positions on policy issues. Accordingly, all views, positions, and conclusions expressed in this publication should be understood to be solely those of the authors.

© 2016 Center for a New American Security.

All rights reserved.



Center for a
New American
Security

Bold. Innovative. Bipartisan.