

Needs Assessment of Texas Veterans

2024 Findings

August 13, 2024



TEXAS A&M UNIVERSITY
Public Policy
Research Institute



TEXAS VETERANS
COMMISSION

ACKNOWLEDGEMENTS

The Texas Veterans Commission (TVC) contracted with the Public Policy Research Institute at Texas A&M University to conduct the state mandated Needs Assessment (sec 434.017 of the Texas Government Code) to help set priorities for TVC's FVA (Funds for Veteran Assistance) grants.

In conducting the needs assessment study, PPRI deeply appreciates all the veterans who took the time to respond to online surveys and who graciously participated in the regional focus groups. We could not have conducted this study without their assistance. In addition, we want to acknowledge the numerous veteran-serving organizations that responded to the online surveys and shared their experiences and opinions about veteran needs and TVC services and grants in focus group sessions with PPRI.

At the Public Policy Research Institute, as always, special thanks go to all members of the research team who helped with various aspects of the study as well as the final report development.

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About Us



TEXAS A&M UNIVERSITY
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The Public Policy Research Institute (PPRI) at Texas A&M University is an applied, policy-relevant research organization. PPRI was established by the Texas Legislature during fiscal year 1983 as a Special Item appropriation to provide relevant scientific research to the Texas legislature as well as various federal, regional, state, and community agencies actively engaged in determining public policy.

During the last 40+ years, PPRI personnel have successfully designed and implemented scientifically sound research strategies that examined the effectiveness of existing governmental programs and policies, providing scientific foundations to help policy makers in the development of new policies and programs.

Program evaluation and needs assessment studies constitute a significant component of PPRI's work portfolio. Combined with a notable history of evaluating numerous consequential grant funded initiatives at the state and national level, PPRI's breadth and depth of knowledge and capabilities in statewide program evaluation and needs assessment work have established the agency as a leading interdisciplinary government and social policy research organization.

PPRI has considerable expertise in integrating document reviews, surveys, focus groups, interviews, case studies and program specific accountability and program performance data tailored to the needs of each client. The institute is known for using cutting-edge quantitative and qualitative methodologies and software to help reach impact-related conclusions for decision making and policy reforms by government agencies.

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Executive Summary

The Texas legislature mandates the Texas Veterans Commission (TVC) to conduct a needs assessment of Texas veterans every four years so TVC can allocate resources accordingly. The TVC contracted with the Public Policy Research Institute (PPRI) at Texas A&M University in May 2023 to conduct a comprehensive needs assessment study to identify the pressing needs of Texas veterans and their families and assess whether these needs had changed since the 2020 TVC needs assessment conducted by PPRI. PPRI has addressed this goal using standard validated social science methods. Methodological components of the work included the following:

- A Texas Veterans Survey conducted through panel survey methodology September 1 – October 30, 2023, with a total dataset of 2,015 fully completed/usable responses
- A Texas Veterans Survey conducted October 16 – November 16, 2023, with a total dataset of 16,706 fully completed/usable responses
- A Texas Veterans Serving Organizations Survey conducted September 5 – October 2, 2023, with a total dataset of 159 fully completed/usable responses
- A Texas Veterans Serving Organizations Survey conducted October 18 – November 16, 2023, with a total dataset of 348 fully completed/usable responses
- A series of 7 focus groups with Texas veterans and families during February and March 2024 with a total sample of 130 focus group participants
- A series of 7 focus groups with individuals from veteran serving organizations in Texas with a total sample of 131 focus group participants
- One focus group with 17 participants from Veteran County Service Offices (VCSOs) and Treatment Courts

All protocols for the above components were developed in close coordination with TVC FVA (Funds for Veteran Assistance) office staff. This final comprehensive report triangulates data from all the above sources to present the key findings on Texas veteran needs across the state and for each FVA region. Based on the findings, a list of actionable suggestions and recommendations are included in the conclusion.

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Key Findings Across the State

The report organizes key findings across the state based on the triangulation of data for cross-reference, reconfirmation, convergence, and validation of thematic information that emerged from all collected data sources. All percentages referenced describe either the proportion of veteran survey respondents or the proportion of organizational survey respondents who selected a certain response as a high or important need, service barrier, or information source. PPRI did not have access to any database from which to sample actual number of veterans or subpopulations of veterans in each FVA region. Therefore, there was no way to obtain and confirm a representative sample of veterans from each FVA region. The samples varied depending on the region's population, resulting in relatively small samples for FVA regions such as the Panhandle and West Texas.

- **Data Sources:** Veterans Survey ($N = 18,721$), Veterans Focus Groups ($N = 130$), Organizational Survey ($N = 836$), Organizational Focus Groups ($N = 131$).
- **Veterans' Top Needs:** Convergence and comparison of data sources indicate that the top FVA grant needs belong to two categories: mental healthcare and financial assistance. Mental health counseling was identified as a key need across all surveys in each region and most focus groups, including 22% of veterans and 39% of organizations. Veterans identified business and start-up training (20%) and alternative therapy (20%) as other key needs across all data sources.
- **Organizational Perspectives:** Organizations highlighted emergency financial assistance (45%) as another key need (e.g., for food, living supplies) across all data sources. Related needs included homeless housing (33%) and funds for housing expenses (e.g., moving costs, arrearages, utilities).

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- **Top Service Barriers:** A lack of awareness and knowledge regarding available services, service access, and benefits qualifications emerged as top service barriers across all methods of data collection in all regions. Veterans (52%) and organizations (77%) reported that veterans did not understand what benefits they qualify for. Additionally, both veterans (40%) and organizations (83%) indicated that veterans did not know where to get help. Transportation limitations emerged as an unmet need in organizational focus groups and a service barrier by organizational survey respondents (58%). Additional barriers frequently discussed in veteran focus groups were poor service from providers (e.g., misinformation, short-staffing, inconsistent quality) and a lack of service providers or availability, particularly in rural areas. Organizational focus groups discussed that an absence of transition assistance, a lack of technical skills or internet access, and limited financial resources, and rigid eligibility and verification requirements for services were notable service barriers.
- **Top Information Sources:** The top three sources that the Texas veterans use to find information about veteran services were internet search (54%), VA Healthcare (48%), and the TVC website (33%). Approximately 58% of veterans had heard about TVC. Veteran and organizational focus groups stressed the importance of using in-person community engagement methods for reaching veterans (e.g., town halls, health, employment fairs, and VA fairs, VA hospitals). They agreed that the TVC should employ a diversity of methods to reach veterans from a variety of backgrounds (e.g., social media, flyers, television).
- **Subgroup Considerations:** Demographic subgroup analyses indicated that minoritized veterans (i.e., non-White, female, disabled, low-income) were generally more likely to experience unmet needs and service barriers.
- **TVC Grant Funding:** Most organizations used grant funds to support their services. However, only 18 out of 63 (29%) had applied for a TVC grant, with 35% of these applications being accepted. Of organizations that had applied for TVC grant funding, 39% found the application process challenging or difficult.

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Key Findings by FVA Regions

FVA Region 1 – Panhandle

Data Sources: Veterans Survey ($n = 648$), Veterans Focus Group (combined with W. Texas; $n = 11$), Organizational Survey ($n = 28$), Organizational Focus Group (combined with W. Texas; $n = 19$).

Veterans' Top Needs: Veteran survey respondents reported eldercare (20%), integrative and alternative therapy (20%), and mental health counseling (19%) as the top unmet needs, which was echoed in the focus group, with home modifications and disability adaptations also being mentioned.

Organizational Perspectives:

Organizational survey respondents reported the top unmet needs as emergency financial assistance (70%), homeless housing (48%), and mental health counseling (40%). This was largely echoed in the focus groups, with alternative therapy, peer network support, and transportation, especially in rural areas, also being emergent. Participants noted that bus systems shut down early and make infrequent weekend runs.

Top Service Barriers: The top two service barriers converged across all data services. Veterans reported not understanding what benefits they qualify for (49%) and not knowing where to get help (37%), which was supported by 96% and 87% of organizational respondents, respectively. Veterans (18%) and organizations (57%) further agreed that the potential cost of services was a key barrier. Other barriers that emerged from the focus groups were difficulties navigating VA bureaucracy, a shortage of service providers, transportation limitations, and a lack of transition-related training.

Top Information Sources: Approximately 55% of veterans had heard of the TVC. Veterans would use VA Healthcare (53%) and internet searches (47%) to learn about services. Both veteran and organizational focus groups emphasized the importance of in-person outreach methods (e.g., contacting homeless shelters, churches, and social service agencies, attending community events). Veterans praised El Paso's use of town halls to share information and allow veterans to ask questions. Organizational focus groups discussed the pivotal need for inter-agency coordination to increase efficiency in providing information about veteran services.

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FVA Region 2 – West Texas

Data Sources: Veterans Survey ($n = 626$), Veterans Focus Group (combined with Panhandle; $n = 11$), Organizational Survey ($n = 30$), Organizational Focus Group (combined with Panhandle; $n = 19$).

Veterans' Top Needs: Mental health counseling (31%), integrative and alternative therapy (26%), and home repair or modifications to improve accessibility (21%) were the most reported needs by veteran survey respondents. Of note, 70% of veterans identified as having a VA-determined service-connected disability, the highest of all FVA regions. The veteran focus confirmed the importance of mental health services and discussed the need for elder care.

Organizational Perspectives:

Organizational survey participants reported emergency financial assistance (41%), transportation (32%), mental health counseling (27%), and employment services (27%) as top service needs. Organizational focus groups stressed the need for more public transportation and support for expenses of daily living, such as utilities, food, and housing, including accessible homeless housing. Housing assistance was highlighted as particularly needed in the Permian Basin.

Top Service Barriers: The top two service barriers converged across all data sources, with 50% of veteran survey respondents not

understanding what benefits they qualify for and 45% not knowing where to get help, which was supported by 63% and 71% of organizational survey respondents, respectively. About 63% of organizational survey respondents selected a lack of transportation as a key barrier, which both focus groups echoed. Veterans observed the limited availability of service providers in rural areas, which necessitates driving long distances to receive care, as a barrier. Other barriers that emerged from focus groups include being overwhelmed by bureaucracy and life responsibilities, fear and misinformation, and a lack of civilian-life education. Veterans suggested this final barrier could be alleviated by clearly providing service information during exit interviews upon separation of military personnel from the military.

Top Information Sources: Veteran survey respondents selected VA Healthcare (21%), internet search (12%), and Veteran Service Organizations or VSOs (10%) as their top sources of information. Veteran focus groups highlighted the need for TVC representatives to attend key city festivals and events to create awareness about the services. Organizational focus groups noted that neighborhood events were useful for engaging older veterans, who may struggle to access online information, a limitation experienced by some rural veterans as well.

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FVA Region 3 – Alamo

Data Sources: Veterans Survey ($n = 3,250$), Veterans Focus Group ($n = 12$), Organizational Survey ($n = 88$), Organizational Focus Group ($n = 19$).

Veterans' Needs: Veterans identified their top needs as mental health counseling (22.1%), integrative and alternative therapy (21.3%), and legal help (19.9%) across the survey and focus group. The focus group also suggested education, healthcare, and job assistance.

Organizational Perspectives:

Organizational respondents (47%) agreed that mental health services were a top need, and the focus group suggested that K9 support may be beneficial. Other key needs identified in the survey and focus group were emergency financial assistance (43%) and homeless housing (32 %).

Top Service Barriers: The top two service barriers converged across survey respondents and the veteran focus group, with 51% of veterans not understanding what benefits they qualify for and 40% not knowing where to get help, barriers prioritized by 75% and 81% of organizational respondents, respectively. Lack of transportation was another significant barrier selected by organizational survey respondents (66%). Both focus groups touched on limitations imposed by benefits bureaucracy and rigid

eligibility and verification criteria. Organizational respondents pointed out that these prevented veterans from accessing emergency aid promptly. Veterans also discussed inconsistent service quality, limited-service availability, and costs as barriers. Organizational respondents observed that the absence of extended military-to-civil life transition programs leave veterans unprepared for civilian life and that transportation can be especially challenging for veterans with disabilities and in rural areas.

Top Information Sources: Over 65% of veterans had heard of TVC. Veterans' top sources of information were VA Healthcare (21 %), internet search (17%), and the TVC website (14%). Veteran focus group respondents emphasized the challenges of obtaining accurate information without feeling overwhelmed. The organizational focus group emphasized the use of creative face-to-face outreach strategies to build connections and trust (e.g., engaging at city halls, churches) and the import of client follow-up to ensure ongoing support and address evolving needs.

Subgroup Considerations: Demographic sub-analyses found that women, Hispanic, and veterans with disabilities were less likely to report having their needs met.

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FVA Region 4 – South Texas

Data Sources: Veterans Survey ($n = 956$), Veterans Focus Group ($n = 15$), Organizational Survey ($n = 48$), Organizational Focus Group ($n = 16$).

Veterans' Needs: Veterans' top needs were mental health care (24%), home repair and modifications (24%), and business and start-up training programs (20%). The veteran focus group reported positive experiences with TVC services in the Rio Grande Valley but generally observed mixed experiences with TVC due to staff turnover, indicating a need for service consistency. Veterans discussed the importance of equitable healthcare coverage, advocating for coverage based on needs rather than disability status.

Organizational Perspectives:

Organizations cited emergency financial assistance (57%), mental health care (41%), and home repair and modifications (38%) as the top regional needs. The focus group reflected that homelessness prevention is crucial, requiring proactive interventions such as timely rental, utility, and financial assistance.

Top Service Barriers: The top two service barriers converged across survey respondents, with 57% of veterans not understanding what benefits they qualify for and 42% not knowing where to get help, barriers prioritized by 75% and 81% of organizational respondents, respectively. Veterans (20%) included having few service

providers as a top barrier, while organizations (66%) included lack of transportation. These findings were supported by the focus groups. Organizational respondents pointed out that some veterans are misinformed about benefits and justice-involved veterans receive insufficient resources. Organizational respondents said difficulties obtaining essential documentation (e.g., DD214 [active-duty service] forms) were service barriers as were insensitive questioning by agencies and mistrust resulting from poor communication between organizations and the VA.

Top Information Sources: 58% of veterans had heard of the TVC. Top sources of information for veterans were the VA Healthcare (22%), TVC website (15%), and internet search (12%). Both focus groups emphasized the use of word-of-mouth, community engagement, and a diverse array of communication methods to reach veterans.

Subgroup Considerations: Hispanic and veterans with disabilities were more likely to report needing home modification support. A need for mental health services was reported more frequently by women and veterans with disabilities, while low-income veterans more frequently included emergency assistance and food among their top needs.

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FVA Region 5 – Gulf Coast

Data Sources: Veterans Survey ($n = 3,103$), Veterans Focus Group ($n = 23$), Organizational Survey ($n = 100$), Organizational Focus Group ($n = 23$).

Veterans' Needs: Veteran survey and focus group respondents identified mental health care (22%), business start-up and training programs (22%), and legal help (20%) as their top needs. A key need for elder care came up in the veteran focus group. Tailored support services are needed to address location and income restraints for aging veterans and expanded caregiving resources would help aging parents of veterans.

Organizational Perspectives:

Organizational respondents selected mental health care (39%), emergency financial assistance (e.g., food, living supplies; 38%) and homeless housing (32%) as top needs. Housing support would incorporate rental move-in costs, deposits, connection fees, and transitional housing. Available transitional housing is currently too limited due to a shortage of providers and insufficient time allotted for the transition phase. The organizational focus group discussed transportation as a critical need and a barrier that could prevent veterans from accessing essential goods and services, like medical and benefits appointments, employment opportunities, and food.

Top Service Barriers: Not understanding benefits qualifications was a top barrier selected by veterans (54%) and organizational (79%) respondents, as was not knowing where to get help, selected by 41% of veteran and 79% of organizational

respondents, which both focus groups supported. The organizational focus group observed that veterans struggled to differentiate the roles and services of the numerous VSOs and the VA. Veteran focus group respondents focused on the lack of accountability from VA and the TVC, pointing out that poor communication and service, long wait times, difficulties scheduling, and rescheduled appointments led to distrust and prevented them from receiving services or led them to drive long distances to receive care from better facilities.

Top Information Sources: Approximately 50% of veteran respondents had heard of the TVC. Veterans' top sources of information were Internet search (18%), VA Healthcare (15%), and TVC website (12%). Both focus groups suggested that information needs to be streamlined and personalized to increase accessibility for every veteran, through targeted marketing via media, social media, local representatives, and presence at local events. Veterans raised concerns about the usability of the TVC website, expressing frustration over the abundance of external links and difficulty in finding services. Participants suggested involving veterans as testers for the TVC website and conducting focus groups exclusively focused on improving website access.

Subgroup Considerations: Women veterans, and Black and Hispanic veterans reported higher needs in certain areas, including mental health services, emergency financial assistance, alternative therapy, and transportation.

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FVA Region 6 – Central Texas

Data Sources: Veterans Survey ($n = 3,571$), Veterans Focus Group ($n = 25$), Organizational Survey ($n = 112$), Organizational Focus Group ($n = 33$).

Veterans' Needs: Veterans prioritized needs for mental health care (24%), integrative and alternative therapy (22%), and business startup and training programs (20%) across both data sources. Focus group respondents also discussed needing funds for home repair and remodeling and transportation.

Organizational Perspectives: Across both data sources, organizations prioritized mental health services (e.g., suicide prevention, psychiatric care, stress management, peer-to-peer support; 35%), emergency financial assistance (e.g., utilities, rent, food; 42%) and employment services (e.g., resume assistance, job readiness training; 31%) as top needs. Focus group respondents noted the importance of service availability during non-working hours, home repair assistance, alternative therapy, and comprehensive one-stop-shop case management services and resources.

Top Service Barriers: The top barriers converged across both surveys. Not understanding benefits qualifications was a barrier per 50% of veterans and 73% of organizational respondents. Not knowing where to get help was a barrier according to 40% of veterans and 82% of organizational respondents. The veteran focus group noted that veterans struggle to differentiate between service providers, may encounter

language barriers, or lack digital access. Life responsibilities were a barrier per 18% of veterans and 39% of organizational respondents. Bureaucracy, limited capacity in metropolitan and adjacent rural areas, a lack of transportation, stigma, and a military mindset were other barriers mentioned by the organizational focus group.

Top Information Sources: Sixty-four percent of veterans had heard about the TVC. Veterans' top sources of information were VA Healthcare (20%), Internet search (18%), and TVC website (14%). Veteran focus group respondents suggested outreach strategies like newsletters, television advertisements, flyers, local newspapers, veteran fairs, community colleges, a dedicated call line like 2-1-1, and proactive outreach through the DMV database. Organizational focus group participants discussed employing peer-to-peer outreach strategies, like word-of-mouth, recruitment for engaging homeless veterans, and hiring veterans as case managers. Face-to-face events were considered the most effective outreach method.

Subgroup Considerations: Demographic subgroup analyses found that Black and Hispanic veterans were more likely to encounter information-related barriers and report needing home modifications and emergency financial assistance. Women, disabled, unemployed, and low-income veterans were more likely to report a need for services.

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FVA Region 7 – East Texas

Data Sources: Veterans Survey ($n = 1,120$), Veterans Focus Group ($n = 15$), Organizational Survey ($n = 57$), Organizational Focus Group ($n = 10$).

Veterans' Needs: Key needs identified by veterans were mental health care (19%), eldercare (19%), and business and start-up training (17%). Notably, this region included the largest proportion of veterans aged 65 and older, 56%. The focus group highlighted the need for transportation assistance due to the region's rurality.

Organizational Perspectives:

Organizational respondents cited emergency financial assistance (54%), homeless housing (35%), and mental health services (31%) as veterans' key needs. The focus group agreed that mental health care was a priority and discussed the need for affordable housing, including transitional housing for homeless veterans awaiting treatment, and transportation. Some organizations provide transportation to nearby cities, but there is a need for accessible vehicles and volunteer drivers.

Top Barriers: Not understanding benefits qualifications was a top barrier identified by both veterans (53%) and organizations (82%). Not knowing where to get help was another top barrier selected by veterans (39%) and organizational respondents (88%). About 26% of veterans included having few local service providers as a barrier, the largest proportion in the state, a barrier also identified in the focus group. Organizations (65%) and the veteran focus group included transportation as another barrier. Veterans discussed receiving poor

treatment from providers, which supports survey findings that poor treatment is unusually high in this region. Some felt that TVC has neglected East Texas, contributing to disparities in service quality and information accuracy across counties. The organizational focus group observed that staff turnover disrupts continuity of care, with frequent changes in counselors causing distress for veterans and leading some to discontinue counseling. The organizational focus group highlighted that lack of technology access is a barrier for older veterans, hindering their ability to engage with electronic paperwork and telehealth services. Participants also discussed TVC's grant coverage, limited communication of grant opportunities, and evaluation process constrained their ability seek funding.

Top Information Sources: About 53% of veterans had heard about TVC. VA Healthcare (17%), Internet search (15%), and the TVC website (12%) were the top sources of information. The importance of targeted and face-to-face outreach was emphasized by both focus groups. Veterans noted that information should be tailored to each area, not just metropolitan areas. Organizations pointed out the success of their active participation in community events, VFW and American Legion gatherings, VA clinics, and gun ranges. Both focus groups observed that word-of-mouth from friends, family, or peer networks plays a significant role in spreading information among veterans and may be considered more trustworthy.

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FVA Region 8 – North Texas

Data Sources: Veterans Survey ($n = 5,138$), Veterans Focus Group ($n = 29$), Organizational Survey ($n = 145$), Organizational Focus Group ($n = 11$).

Veterans' Needs: Both data sources converged on mental health services as the top need (20%). Survey respondents also prioritized business and startup training (20%) and integrative and alternative therapy (18%). The focus group included emergency financial assistance for bills, home repairs, transportation, rent, and home repairs and business start-up support, education grants, and assistance with filing benefits claims as other key needs.

Organizational Perspectives: Key needs identified mental health care (42%), emergency financial assistance (41%) and homeless housing (33%) as veterans' top needs. The focus group detailed the need for more intensive and longer therapy, family counseling, and affordable substance use treatment. They supported the need for emergency financial assistance and home repairs identified by veterans and noted workforce training and job placement as other key needs.

Top Barriers: Not understanding benefits qualifications was a top barrier per both veteran (53%) and organizations (76%). Not knowing where to get help was another top barrier selected by veterans (41%) and organizations (83%). Both organizational survey (53%) and focus group respondents included transportation difficulties as a

barrier, especially in rural areas. Other barriers mentioned by veteran focus group respondents included bureaucracy and membership fees while the organizational focus group highlighted perceived stigma, high costs, long wait times, service provider shortage, and lack of technological access as barriers. The latter group also suggested that TVC's funding restrictions were a barrier.

Top Information Sources: About 54% of veterans had heard of TVC. Internet search (17%), VA healthcare (16%), and the TVC website (12%) were the top sources of information. Veteran focus group participants expressed a preference for face-to-face communication, especially from peers, and the organizational focus group emphasized maintaining a community presence. Both groups stressed the importance of a diverse array of strategies, including traditional methods like flyers, billboards, radio, mailing, and news outlets.

Subgroup Considerations: Hispanic veterans were more likely to report needing business startup and training programs, employment services, and emergency financial assistance compared to other racial/ethnic groups and more likely to encounter information-related barriers compared to White veterans. Women reported that life responsibilities, finances, and transportation as service barriers at greater rates, while veterans with disabilities and those of low income were more likely to report needing most services.

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RECOMMENDATIONS

To enhance the methodological approach for this study, the PPRI team carefully triangulated data collected through all methods (surveys and focus groups) to develop and summarize the key findings by the eight FVA regions and develop the recommendations for this final report. The purpose of triangulation was not only cross-validating quantitative and qualitative data but also identifying different dimensions of the veterans' needs through convergence, complementarity, and divergence of data. In moving ahead, the state should carefully consider the following suggestions, which are based on careful triangulation of all data.

Prioritize Healthcare Support

The priority need across all regions cited by both veterans and organizations was healthcare services, especially mental healthcare but also eldercare and disability-related home modifications. To adequately address the needs of veterans, the TVC should recognize healthcare support as a priority when considering the types of needs to address through its funding. Healthcare support should be holistic, encompassing direct care as well as related services, such as transportation.

Prioritize Homeless Veterans Support and Prevention

Top needs identified by organizations were emergency financial assistance and support for both addressing and preventing homelessness (e.g., funds for rent, utilities, and food). Housing expenses have outpaced inflation in the past few years and the TVC should consider how its funding may be used to better ensure veterans have the ability to be adequately housed, thereby preventing more costly issues in the future.

Ensure Service Quality

Veterans reported that the quality of support provided by the TVC varied by office or region, and this variability was a key barrier to obtaining help. To improve veterans' experiences with the TVC and increase the likelihood of word-of-mouth recommendations, the TVC should ensure that training and expectations are consistent across all providers and seek feedback from veterans to identify poor-performing providers.

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Diversify Outreach Methods and Build Connections

Many veterans remain unaware of the TVC and the services it offers, and lack of awareness was a top barrier. Those aware of the TVC reported struggling to navigate its website. To better serve veterans and increase the overall impact of the TVC on the Texas veteran population, the TVC should expand and diversify its outreach methods and improve website accessibility. Information should be disseminated using both internet-based and traditional methods so that it is accessible to veterans from all backgrounds. TVC should strive to build personal connections with veterans and veteran serving organizations (VSOs) in metro and rural areas using the array of methods suggested by respondents.

Provide Adequate Transition Counseling

Veterans and service providers observed that another key barrier to obtaining services was veterans' struggle to adjust to the challenges of civilian life upon discharge, a struggle that contributes to issues like unemployment, mental health concerns, and an unawareness of available services. To mitigate these struggles, TVC should promote funding transition services across veterans' lifespan and consider ways to streamline bureaucratic processes that may be overwhelming to veterans who are already confronting the hurdles of adjusting to a new way of life.

Uphold Service Equity

Demographic subgroup analyses revealed that minoritized veterans (i.e., non-White, female, disabled, low-income) frequently had less access to resources compared to veterans of reference groups, indicating that these veterans are encountering systemic barriers to receiving services. To address these inequities, TVC should develop an equity action plan for the FVA grants area to address these impediments. Initial steps should include reaching out to these communities directly to get a clear understanding of their experiences and developing the cultural competencies of TVC staff.

Conduct Systematic Evaluation of FVA Grants and Process

Most veteran serving organizations reported never applying for an FVA grant but most of those who had applied found the grant visit helpful. Feedback suggests that the grant priorities, requirements, and application process may hinder organizations from seeking funding that could increase their outreach capacity and ability to provide vital services to veterans. The FVA grants program should consider the limitations identified by organizations, including the difficulties navigating the website, and evaluate how the program can be modified so that its funds may be accessed to meet each community's unique and pressing needs.

Introduction

Study Context

Texas has the largest veteran population of over 1.5 million in the United States (US Census Bureau 2022). Like any veteran across the nation, Texas veterans need access to critical resources (Texas Workforce Investment Council 2022).

The Texas Veterans Commission (TVC) is required to conduct a needs assessment every four years in accordance with Texas Government Code §434.017(c-1) and (c-2). To fulfill the legislative mandate, the Public Policy Research Institute (PPRI) at Texas A&M University was contracted in 2023 to conduct the 2024 needs assessment study.

This report triangulates all data collected for the 2024 study through a mixed-method design, provides comprehensive key findings across the FVA regions, and proposes a set of actionable recommendations. PPRI staff worked in close coordination with the TVC director and staff to finalize the study design, instruments, participant recruitment, and data analysis goals.

These focus groups helped the participants reflect on their region-specific findings that emerged from the two surveys and delve deeper not only into the context of needs but also into any reconfirmation or validation exercise.

Methodology

The study was conducted using a mixed-method approach. The key methodology components for the study are shown in the diagram that follows and consisted of two key surveys and a series of focus groups.

Of the two surveys, **the Texas Veterans Survey** was distributed online through Qualtrics to veterans residing in Texas in two stages. Stage 1 occurred from September 1 to October 30, 2023 (Stage 1, n=2,015) and Stage two began October 16 and ran through November 16, 2023 (Stage 2, n=16,706).

Similarly, the **Veteran Serving Organizations Survey** (henceforward referred to as *Organizational Survey*) was distributed in two stages from September 5 to October 2, 2023 (Stage 1, n=159) and from October 18 to November 6, 2023 (Stage 2, n=348).

Following the surveys, PPRI conducted a series of **15 virtual focus group sessions** with Texas veterans and veterans serving organizations from each FVA region and specialized veteran serving groups such as Veteran County Service Office and Veteran Treatment Court personnel in February and March of 2024.

All qualitative and quantitative data were cross validated to identify key themes on veterans' needs and challenges. Figure 1 below summarizes the needs assessment methodology. A detailed narrative of the methodology for this needs assessment study is included in Appendix A.

Figure 1: Needs Assessment Methodology



STATEWIDE NEEDS ASSESSMENT FINDINGS

Triangulated findings from the surveys and focus groups were thematically organized into the following categories: service needs, service barriers, sources of information for veteran services, specific marginalized and disadvantaged groups facing unique challenges, and organizational opinions related to the FVA grant program.

Table 1 below includes the top three topics presented in each category highlighted on the left.

Table 1: Top Responses from Surveys and Focus Groups

Service Needs	Mental health counseling Business and start-up training Integrative and alternative therapy
Service Barriers	Not understanding benefits & qualifications Not knowing where to get help Life responsibilities limiting time
Sources of Information	Internet search Texas Veterans Commission website Veteran’s Affairs (VA) healthcare
Select Subgroups	Female veterans Black & Hispanic Veterans Low-income, unemployed, or veterans with disabilities
Grants	Most orgs have never applied for a TVC grant Process is challenging Over half of organizations receive external funding

Service Needs

The top three most reported service needs among veteran survey and focus group respondents were: **mental health counseling** (22.1%), **business and startup training** (19.7%), and **integrative and alternative therapy** (19.6%) (e.g., equine, massage, art therapies and acupuncture). Among those who selected “Other” for their most-needed service, the majority listed either some type of **medical** or **specialized health-related assistance** (e.g., low cost, dental, and hearing), or help **navigating the Veterans Affairs system** for various reasons, from obtaining documentation to changing their disability rating.

Conversely, surveyed veteran serving organizations identified **emergency financial assistance** (44.7%), **clinical mental health counseling** (39%), and **homeless housing** (32.7%) as the three most essential services in their community. These differences might be due to the study design; while an online survey enables data collection from a large sample, those with limited technological skills and access may not be accurately represented in the sample. Of the services not included in the list as an option of service provided, about 9% of the organizations offer transition assistance, other counseling and training (e.g., nutrition, parenting classes, and violence training), and business claims assistance.

“I’ve been waiting over 1 1/2 years to get my what is left of my teeth out and replaced. It is difficult to eat for over a year!”

In the organizational focus groups, participants also included **mental health care** as a common need but more frequently highlighted other service needs. For instance, a need for **transportation** often came up, such as transport to appointments, gas cards and money for car repairs. Participants noted this need was particularly great in rural areas, where service providers are spread out and public transportation is limited. Participants also explained that veterans commonly need assistance with **housing costs** in the form of rent or mortgage arrearages, moving fees, deposits, and utilities. Similarly, **emergency financial assistance** for food and other items of basic living was mentioned, consistent with the survey. One focus group noted that it often took too long for veterans to receive the available emergency financial assistance to be beneficial.

Findings from the veteran county service officer (VCSO) and treatment court focus group overlapped with the findings noted above: mental health services, home repairs and modifications, and financial assistance were key service needs.

Service Barriers

The top three selected barriers to receiving services among veterans were: **not understanding what benefits they qualify for** (52.2%), **not knowing where to get help** (40.5%), and **life responsibilities limiting their time** (17.6%). Among those who selected “other,” many of these veterans mentioned **communications with agencies** as the main barrier. This issue was present in every aspect of obtaining service; many found it difficult to get a hold of personnel to ask questions about eligibility in the initial application process, get approval or appeal a decision, get an appointment for the service once approved, and receive any additional follow up assistance to fulfill the need. Respondents often described feeling discouragement and hopelessness in seeking service knowing that these hurdles exist. Some respondents also mentioned that it is even more difficult to try to start asking for assistance later in life due to mental and physical health conditions and a general lack of up-to-date knowledge (e.g., changes in regulations, offices, office titles, locations, information resources, etc.) in addition to preexisting issues.

Allow caregivers from private companies to pick up groceries, prescriptions, take Veterans to [doctor appointments], etc. Many vets live alone and cannot drive or get those things they need because of the new rules...I think that is [a] horrendous burden for those vets.

The findings from the organizational survey maintained that the **lack of knowledge** plays a large part in service barriers. An overwhelming majority (83%) chose **not knowing where to get help** as one of the barriers, followed by **not understanding qualifications** (76.7%) and **transportation difficulty** (58.2%). This shows that at the state level, the lack of information remains a significant barrier to veterans making informed decisions about accessing services.

Across focus groups, veterans again cited an overall **lack of information** as the key service barrier. They explained they were often unclear regarding benefits they qualified for, the services available, how to access services, and the specific role of TVC. Another frequently reported barrier was **poor service received from providers** (e.g., TVC, VA, VCSO), which included receiving misinformation, short-staffing, and inconsistent quality across providers. The third most common service barrier was **a lack of service providers or availability**, particularly in the rural areas.

Consistent with other participant groups, veteran service providers cited an overall **lack of awareness** of service availability and benefits qualifications (including information overload), along with mistrust, fear, and misinformation, as a key service barrier. Somewhat related to the lack of awareness, participants also mentioned that a **lack of civilian-life education or other transition assistance** and an

absence of **technical skills or internet access** prevented veterans from getting the services they needed, including care via telehealth.

Limited financial resources and **rigid eligibility and verification** requirements for services were also noted as barriers.

The VCSO and treatment court focus group participants also cited lack of awareness, understanding, and information access as the key barrier to receiving services along with high turnover at VSOs that lead to service disruptions.

Sources of Information

Overall, the top three sources of information that veteran respondents would use to find information about the TVC were **internet search** (54.4%), **VA Healthcare** (47.7%), and the **TVC website** (33.4%). Among the 10,804 respondents (57.7% of the sample) who have heard about TVC, most learned about it from TVC website (11.9%), VA Healthcare (11.6%) or veteran services organizations (9.0%).

Older veterans were more likely to rely on a **county service officer, VA Healthcare, and veterans service organizations** as their sources of information, while younger veterans were more likely to gather information from their **friends and family**

as well as **social media**. Figure 2 depicts the likelihood in percentage points of each age group using selected sources of information, relative to the youngest age group (25-34).

Across all focus groups, participants discussed the importance of using **in-person community engagement methods** for reaching veterans, such as participating in **town halls, health (e.g., vaccine clinics) or employment fairs, and VA fairs, or meeting veterans at VA hospitals**. As one veteran-service organization focus group put it, TVC should “go where the vets are,” and veterans explained that in-person engagement would allow them the opportunity to ask questions.

Veteran focus groups also stated that **targeted social media campaigns** could be helpful for reaching veterans. However, because many veterans are not digitally connected, as one organizational focus group observed, using a diversity of methods is important for reaching veterans from all backgrounds. For instance, having **access to funding for more costly outreach methods, like television, radio, and billboard advertising**, would be effective toward this end. Organizational, VCSO and treatment court focus groups noted that **word-of-mouth** through friends and family was also effective.

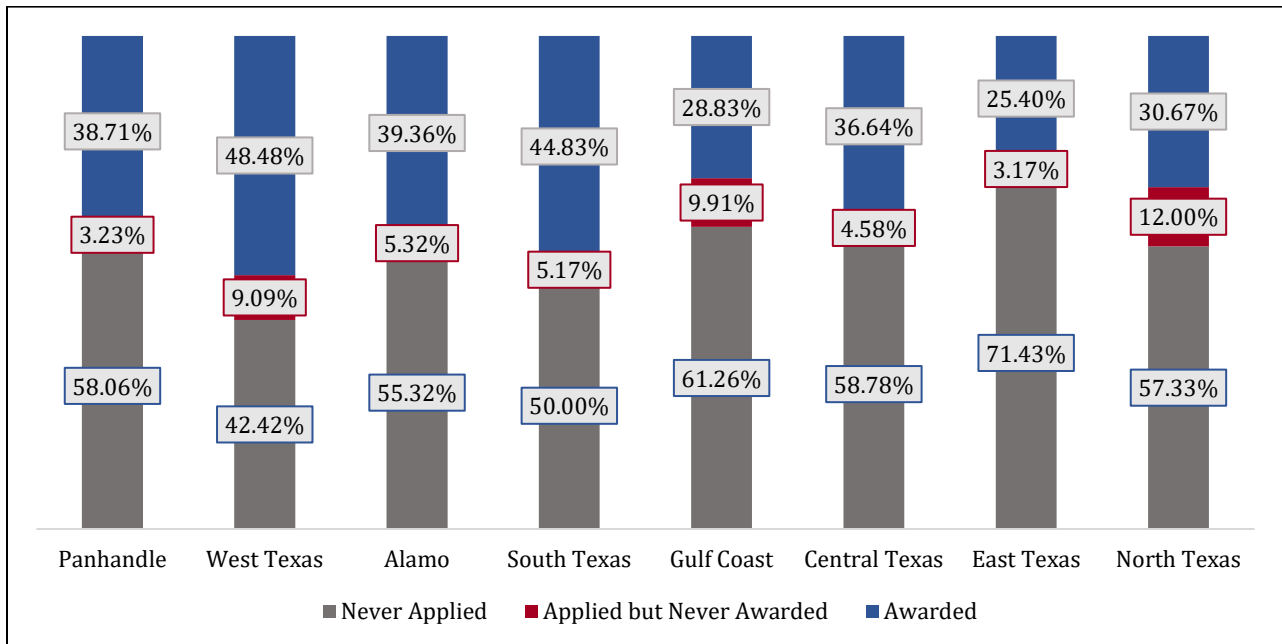
Grant Funding for Veteran-Serving Organizations

Most organizations use some type of grant funds to support their services. Those that have applied for TVC grants are likely to be using other grants as well: 57.8% from **private funders**, 48.2% from **federal government**, and 29.4% from **local governments**. Among the organizations that have never applied for TVC grants, 18.6% are not using any grant funds.

In terms of TVC grants, most of the surveyed organizations have never applied for TVC grants; **only 18 out of 63 organizations have applied**, with East Texas having the lowest application rates. Notably, 16 of these have been awarded the grant. Overall, the acceptance rate of TVC grant applications is about 35% for the surveyed organizations.

Among the organizations that have applied for TVC grants, 39% found the **application process challenging or difficult**. Organizations in West Texas and South Texas were the least likely to report the application process as difficult. Less than 9% of organizations that have used the TVC website agree that it provides clear and concise information about the grant programs. Compared to those that have unsuccessfully applied for TVC grants, a larger share of organizations that have been awarded TVC grants believe the website is unclear about the grant programs. A total of 156 organizations reported they had a grant compliance visit, which is about 18.7% of the organizations that participated in the survey. They spread across all FVA regions. Most organizations (88.5%) reported that the visit was helpful.

Figure 2: TVC Grant Applications by Region



Select Subpopulations

Women Veterans

Female veterans in our sample were more likely than male veterans to report the **need for almost all services** by a single-digit percentage point, except for eldercare and help with disability benefits, for which male veterans were slightly more likely to report the need. Regarding their sources of information, female veterans were more likely to use friends and family members, internet search and veteran service organizations. We also found that male veterans preferred to use the TVC website while female veterans preferred to use social media when accessing information about veteran services. Respondents who declined to report their gender are 12.3% more likely to report the need for legal help, compared to respondents who reported their gender as male.

Racial/Ethnic Minority Veterans

In the absence of other controls, **Black and Hispanic veterans** on average **are less likely to report the need for services** than White veterans. However, when controlling for other individual characteristics of the respondents and the FVC regions, Black and Hispanic veterans are more likely to report the need for services related to their living situation, such as homeless housing, home accessibility modifications, and transportation. Black and Hispanic veterans are also more likely to report the need for services related to employment, training, and personal finance relative to non-Hispanic white veterans, holding other characteristics constant. Asian veterans are most likely to report the need for employment services, followed by Black veterans and Hispanic veterans.

Veterans from minority races and ethnic groups are more likely to identify the barriers of not knowing where to get help and not understanding the eligibility requirements for benefits.

Low-income Veterans

Unemployed veterans and low-income veterans were more likely to report **needing most types of services**. Low-income veterans were 11.6% more likely to report needing food assistance and 13.4% more likely to report needing emergency financial assistance. Low-income veterans were more likely to use information from veteran service organizations and social workers and less likely to use information from their friends and family members.

Veterans with Disabilities

Veterans with disabilities were another group more likely to report service needs, not only those related to their living situation, but also a variety of other services such as mental health counseling (14%), emergency financial assistance (2%), and legal help (5.9%). Elderly veterans with disabilities were the most in need of **home accessibility modifications**. Veterans with disabilities were 10% more likely to use information from the county service officer and veteran service organizations.

Finally, veterans with disabilities, unemployed veterans, low-income veterans as well as veterans who have not completed a college degree were more likely to report not knowing where to get help and not understanding what benefits they qualify for stopped them from receiving services. We also found that they were more likely to worry about what others might think if they received the TVC services they needed, which may indicate the perceived stigma associated with the issue.

Changes Since 2020 Study

Due to the changes in data and methodology of this year's assessment, a direct comparison with the findings documented in the 2020 report is not feasible. Nevertheless, in this section, we discuss the broad changes in our observations of Texas veterans' service needs and barriers.

In general, it seems that the needs for employment services and short-term financial assistance, which were key needs documented in 2020, may have moderated, which reflects the post-COVID pandemic recovering economic climate. However, these needs remain strong for minoritized groups such as veterans with disabilities and low-income veterans. In addition, veteran serving organizations, especially those that participated in the focus groups, reiterated that basic needs such as emergency financial assistance, food security, and homelessness are the ongoing areas of focus in most regions. Home modification assistance is another important service need in our current assessment, which echoes the results from the 2020 needs assessment.

In 2020, healthcare support was the single most important need area for all FVA regions, as both a priority and an unmet need. While we do not have data on the need for healthcare as a single service area in 2024, we still find that clinical mental health counseling services and integrative therapies remain some of the most needed

services across all FVA regions. Open-ended responses and focus group feedback also indicate that there is a persistent need for physical healthcare support, especially for specialized care.

Lack of knowledge (i.e., inadequate understanding of benefits eligibility and not knowing where to get help) is still the top barrier to obtaining services. Continuing efforts and, perhaps more importantly, more innovative marketing and outreach methods are needed to facilitate the dissemination and diffusion of information about veteran services.

While we did not list social media as an option when collecting data on the source of information in 2020, we recognize that the use of the internet in general, including social media, websites, and newsletters, has become more popular among veterans when looking for information on services. Some of the veteran serving organizations mention their increased use of social media for targeted outreach. In addition, the lack of maneuverability, navigability and user-friendliness of the TVC website was mentioned in several focus group discussions.

TVC FVA REGION 1 - PANHANDLE

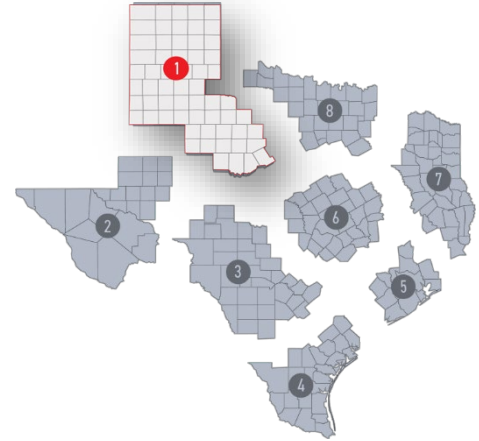
Surveys

- 648 Veterans & 28 Organizations

Focus Groups

- 11* Veterans & 19* Organizations

**Focus group combined with West Texas (FVA Region 2)*



Veterans' Needs

- Elder care
- Alternative therapy
- Mental health counseling

Service Barriers

- Not understanding benefits
- Not knowing where to get help
- Potential costs

Region-Specific Findings

- Need for outreach and connections with shelters, mail, and the community.
- Transportation needs: bus systems shut down early and make infrequent weekend runs.
- Organizational members stressed the need for inter-agency coordination.

Organizational Perspectives

- Financial assistance
- Homeless housing
- Home repair & mental health counseling (tied)

Service Needs

In the Veterans Survey, the top three most reported needs from the veterans in the Panhandle Region are **eldercare** (19.9%), **integrative and alternative therapy** (19.6%), and **mental health counseling** (18.5%). Considering the share of respondents above the age of 65 is similar to the state average (52.0% vs. 50.8%), it may be speculated that there are larger unmet needs for eldercare in this region.

For the organizational survey participants from this region, the top three service needs are **emergency financial assistance, housing for homeless veterans and clinical mental health counseling.**

The veteran focus group participants reiterated the need for **integrative or alternative therapy**, such as massage therapy and acupuncture. They agreed that the needs for **elder health care and mental health care** in this region are high. They also emphasized that **home modification needs** should not go unnoticed, especially for the veterans with disabilities in the region who need assistance with bath/shower conversions and accessibility modifications.

The unmet needs discussed by the organizational focus group participants are **homeless services, alternative therapy, housing, peer support network, and appropriate accountability and oversight of the TVC funds** given to grantee organizations. A group of participants emphasized **transportation** as a key need

in the region and explained that in many areas, **bus systems shut down early and make infrequent weekend runs.** They also discussed that **car repairs** might be a major transportation need for many veterans. Additionally, organizational participants from West Texas discussed the urgent need for addressing **utility assistance and food insecurity.**

Service Barriers

The top two selected barriers among veterans are the same as those statewide: **not understanding what benefits they qualify for** (49.5%) and **not knowing where to get help** (36.6%). The third most selected barrier is the **few service providers in the area** (19.0%) followed by the **potential cost of services** (18.1%).

"...we don't have a nursing home within 100 miles of here probably so elder care is going to be an issue as well as mental health."

Like organizations from all other FVA regions as well as the respondents from the veterans survey, the organizational survey respondents from this region identified a **lack of knowledge about where to get the service** (87%) and a **lack of understanding about the qualifications to apply for benefits** (96%) as top barriers. The next two barriers selected were **transportation difficulty** (65.2%) and **potential costs for services** (56.5%).

The veteran focus group participants agreed with the service barriers that came

up in both surveys and explained that without centralized guidance, many veterans do not understand **how to navigate the VA system and its bureaucratic paperwork hurdles, where VA insurance would be accepted if they are not using VA facility, and how to appropriately find out about eligibility and service availability.** A shortage of service providers in rural areas and a lack of transportation to services add to all these barriers.

The organizational focus group participants strongly agreed with the top two needs in the veterans and organizational surveys. They discussed that veterans are unaware of ADA-related services, transportation availability, and provider networks in their region. Linked with this **unawareness** is the **trust issue**: veterans do not know who to trust about what certain things mean (eligibility, benefits, etc.). They also discussed veterans' **unpreparedness for civilian life** because of a lack of required education, workforce training, and/or information about services.

Sources of Information

Compared with statewide statistics, responses from veterans in the Panhandle region suggest that they prefer to use slightly less of Internet search (46.6%) and more of **VA Healthcare** (52.6%) as their sources of information when looking for services. They are also less likely to use either the TVC website or TexVet website.

A smaller share of veteran respondents (54.7%) in this region have heard about TVC than the state average of 57.7%. Among the veteran respondents who have heard about TVC, most learned from VA Healthcare (13.0%), the TVC website (7.9%) and veteran services organizations (7.3%).

A little over 10% of the organizational survey respondents reported that the key source of information from where veterans in their region get information about services **are Texas 2-1-1 and their organizational website or newsletter.** An equal percentage of respondents (8.5%) selected social media, VCSOs and friends or family as the next important sources of service information for veterans in their region. The TVC website was chosen by only 7.2% of the survey respondents.

The veteran focus group participants agreed with the top sources of information identified by the two surveys. Additionally, the group discussed that El Paso holds **town halls** where veterans can attend and get information and ask questions. They discussed the need for **strategic creation of awareness about services** through various avenues and community outreach events. Examples shared were **homeless shelters, churches, public and private nonprofits, as well as social service agencies.**

To not duplicate efforts, the organizational focus group participants discussed **the pivotal need of coordination among**

agencies to increase efficiency in providing information about veteran services. All organizations serving veterans should have an **outreach budget** is what they emphasized. To share service information, they highlighted the need for utilizing **general mail, neighborhood and other social events in the communities, job fairs, other resource fairs targeting sub-populations** such as seniors.

TVC FVA REGION 2 - WEST TEXAS

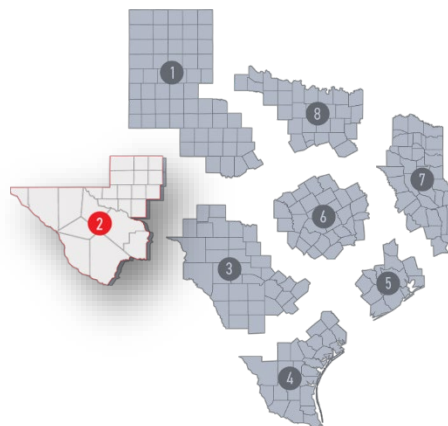
Surveys

- 626 Veterans & 30 Organizations

Focus Groups

- 11* Veterans & 19* Organizations

**Focus groups combined with the Panhandle (FVA Region 1)*



Veterans' Needs

- Mental health counseling
- Alternative therapy
- Home repair / modification

Service Barriers

- Not understanding benefits
- Not knowing where to get help
- Life responsibilities

Region-Specific Findings

- Over 70% of veteran survey respondents in West Texas have a service-connected disability
- Mental health counseling reported higher than most other regions
- Veterans in rural areas and older veterans may struggle to access information online.

Organizational Perspectives

- Homeless housing
- Financial assistance
- Transportation

Service Needs

Over 70% of veteran survey respondents in West Texas have a service-connected disability as determined by VA, which is the highest of all regions and well above the state average of 59.3%. Mental health counseling (31.2%), integrative and alternative therapy (26.0%), and home repair or modifications to improve accessibility (21.4%) rank among the most reported needs in this region.

Statistical analysis of the veterans survey data suggests that **West Texas remains one of the two FVA regions where respondents are more likely to report the needs for mental health counseling services** even after controlling for all individual characteristics. This leads to the understanding that mental health counseling services in West Texas is an unmet need.

For the organizational survey participants from this region, the top three service needs are **emergency financial assistance (41%), Transportation (32%), and clinical mental health counseling (27.3%) and employment services (27.3%)**. Respondents from this region's veteran serving organizations also reported the need for **peer support and access to food (23% each)**.

The veterans from FVA Regions 1 and 2 attended the same focus group session. They agreed that the needs for **elder health care and mental health care** in this region

are high. They discussed the **ordeal of driving long distances** for any services because of lack of providers in the rural pockets of these two regions.

In the organizational focus group, participants highlighted **transportation, homeless services, utility assistance, food insecurity**, and alternative therapy. **Housing assistance** emerged as a key area of need, especially in the Permian Basin. Participants emphasized the need for more **public transportation and accessible homeless housing**. They also talked about food insecurity.

Service Barriers

Nearly half of the veterans survey respondents from West Texas indicated that they either **did not understand what benefits they qualify for (49.8%)** or did not know **where to get help (44.7%)**. This lack of information is most likely a service barrier that needs to be addressed in this region despite the numbers being slightly below state average.

About 71% of the organizational survey respondents from this region identified **not knowing where to get help** as the top barrier for the veterans in their community. However, an equal percentage of the respondents **(62.5%)** selected **not understanding the benefits qualifications eligibility** and **transportation difficulty** as the next key barrier.

Shortage of providers in the rural pockets and lack of transportation to access services were major topics of discussion in the veterans focus group as the key service barrier along with them being overwhelmed by **life responsibilities. VA's complicated navigation process, insurance coverages, and the effort needed to understand VA services** were other topics discussed by participants.

Barriers identified by organizational focus group participants included **a lack of awareness about available resources, and not understanding what benefits veterans qualify for, as well as public transportation.** Fear and misinformation were noted, with many unsure who to trust and where to seek assistance, leading to vulnerability and exploitation by predatory individuals and businesses, including lawyers. Participants highlighted a **lack of civilian-life education among veterans,** emphasizing the need for guidance on navigating civilian systems and understanding rights and eligibility.

Sources of Information

Like the Panhandle region, most of the veteran survey respondents from West Texas selected **VA Healthcare** as their source of information, followed by **internet search and VSOs.** These are also the only sources that more than 10% of respondents who have heard about TVC indicated as how they learned about TVC.

Their own **organizational website** is selected by **most (13.9%)** of the

organizational survey respondents from this FVA region as the key source of information from where veterans in their region get service information. This is followed by **social media (12.3%) and friends and family (11%).**

The veteran focus group participants from **FVA Regions 1 and 2** agreed with the top sources of information identified by the two surveys. Additionally, the group discussed the **need for TVC representatives to attend key city festivals and events** to create awareness about the services. Another major need discussed was the importance of clearly providing **service information during exit interviews upon separation** from the military. This could help, the group discussed, with the reintegration of the veterans into civilian life.

Organizational focus group attendees felt that **efficient coordination among agencies** is crucial to avoiding duplication of efforts. Neighborhood events were identified as particularly beneficial for engaging elderly veterans. Concerns were raised about the **limited allocation of resources toward outreach activities.** Organizations were encouraged to request funding for outreach expenses, such as booth set-up fees, which may be permissible under grants.

TVC FVA REGION 3 - ALAMO

Surveys

- 3,250 Veterans & 88 Organizations

Focus Groups

- 21 Veterans & 19 Organizations



Veterans' Needs

- Mental health counseling
- Alternative therapy
- Legal help

Service Barriers

- Not understanding benefits
- Not knowing where to get help
- Life responsibilities

Region-Specific Findings

- Women, Hispanic, and Disabled veterans were *less likely* to report having their needs met.
- Veterans struggle to find accurate information without feeling overwhelmed.
- Veterans feel unprepared for civilian life.

Organizational Perspectives

- Mental health counseling
- Financial assistance
- Homeless housing

Service Needs

While the share of veteran survey respondents above the age of 65 in the Alamo region (**49.9%**) is slightly lower than the state average, **mental health counseling (22.1%)** ranks first place among all service needs, followed by **integrative and alternative therapy (21.3%)** and **legal help (19.9%)**.

Organizations in the Alamo region reported that veterans need **mental health counseling (47.1%)**, **emergency financial assistance (42.6%)** and **homeless housing (32.4%)** the most.

Individual service needs for veterans in the focus group discussions centered on various critical areas, including **education, healthcare, mental health counseling, and alternative therapy. Job assistance, disability compensation, financial support, and elder care** were also identified as top need realms.

Organizational members in the focus group identified **key individual service needs**, including **emergency financial assistance, addressing homelessness, facilitating military-to-civilian transition, and providing comprehensive mental health support**, including **K9 support**. Additionally, participants prioritized **technology education, transportation, and home modification/renovation** to enhance veterans' well-being and independence.

Service Barriers

On average, veterans survey respondents in the Alamo region provided similar responses to those statewide regarding what stopped them from receiving services. The most selected barriers are **not understanding what benefits I qualify for (51.5%)**, **not knowing where to get help (40.1%)**, and **life responsibilities limiting my time (19.9%)**.

Organizational survey participants in the Alamo region most often reported that **not knowing where to get help (80.8%)**, **not understanding what benefits they qualify for (75.3%)** and **transportation difficulty (65.8%) stopped veterans from accessing services**.

Veterans focus group participants discussed the need for a **more streamlined process to access services**, as navigating multiple websites and agencies can be challenging. Lack of awareness about available services and frustration regarding qualification criteria and access procedures were common concerns. **Disparities in the helpfulness of VA offices across counties, lack of standardized training, and inconsistent and/or complicated application processes** were discussed in the focus groups. **Life responsibilities, limited availability of services, and potential service-related costs** were discussed as significant barriers, though their importance might vary for different individuals. Collective perceptions

highlighted that complicated eligibility requirements often compound these challenges.

Organizational focus group participants discussed that **rigid eligibility requirements** often exacerbate existing issues, such as **housing instability**, as veterans struggle to meet criteria for **financial assistance** before facing eviction or utility shut offs. Eligibility verification processes **pose challenges, particularly for elderly veterans**, who may lack necessary documentation due to past events like fires, compounded by limited technology skills that hamper access to all online services. Additionally, **absence of extended military-to-civil life transition programs** leave veterans ill-prepared for the challenges of civilian life, which can contribute to issues like substance abuse and mental health concerns. Participants also identified lack of **transportation assistance** as problematic, especially for the handicapped and those in rural areas.

Sources of Information

Veterans in the Alamo region appear to be the most informed: **more than 65% of respondents in this region have heard about TVC compared with the state average of 57.7%**. The sources of information they would use appear to be similar to statewide, the top three of which are **Internet search (53.4%), VA Healthcare (50.6%) and TVC website (36.1%)**.

Organizational survey respondents in the Alamo region reported that veterans most often learned about their services from their **website or newsletter (13.7%)**. Other sources of information more often selected **are veteran service organizations (9.7%), social media (9.4%), and county service office (8.5%)**.

Veterans who attended the focus group said they frequently turn to the **VA and Veteran Service Organizations (VSOs)** for information but perceive inconsistencies in the information from both sources. Participants **often discover available resources indirectly**, such as learning about the VA's prosthetics department after several years or finding anger management services only after a recommendation from their primary care manager. Some veterans **initially rely on private insurance when transitioning to civilian life**, missing out on key information about VA. Participants emphasized the challenge of **obtaining accurate information without being overwhelmed. Targeted outreach, potentially utilizing metadata gathered through the social media platforms, was recommended** to improve the dissemination of relevant information to the veterans.

Organizational focus group participants emphasized the **importance of face-to-face interactions and outreach for facilitating effective connection and trust-building**. Several organizations adopt proactive approaches, such as **engaging with communities at city halls,**

community forums and churches to foster trust and share contact information, even with individuals who may not currently require assistance, with the aim of facilitating future outreach. Moreover, many organizations conduct **client satisfaction surveys** and gather information on other sources of assistance their clients may be utilizing. Additionally, some of the participating organizations discussed prioritizing regular **follow-ups with existing or past clients**, to ensure ongoing support and address evolving needs.

Minority Demographic Groups

Similar to statewide patterns, **female respondents from the veterans survey in the Alamo region are more likely to report the need for most services** compared to the male respondents from the region. Female veterans are 16.4% more likely to report the need for integrative and alternative therapy, 7.1% more likely for mental health counseling, and 5.9% more likely for legal help.

Hispanics are the largest minority race and ethnic group among veterans survey respondents in Alamo, representing 28.5% of the total respondents. **Respondents in Alamo who identify as Hispanic are more likely to report the need for a variety of services than non-Hispanic white respondents**, such as startup and business training programs, home and home modification, and emergency financial assistance.

Hispanic respondents are also 7.2% more likely than non-Hispanic white respondents to select not knowing where to get help as a service barrier.

The non-Hispanic respondents from this region who identify with two or more race and ethnic groups are **17.7% more likely to select the same barrier** than non-Hispanic white, although they only account for 2.2% of the total.

Other Select Subgroups

Alamo veterans have the **second highest rate of having a service-connected disability among all FVA regions** in the veterans survey sample, with 72% reporting a disability and 10.7% reporting their disability had not yet been determined by the VA. Relative to respondents without any disabilities in the same region, **veterans with disabilities are substantially more likely to report the need for most services**, especially mental health counseling and integrative and alternative therapy.

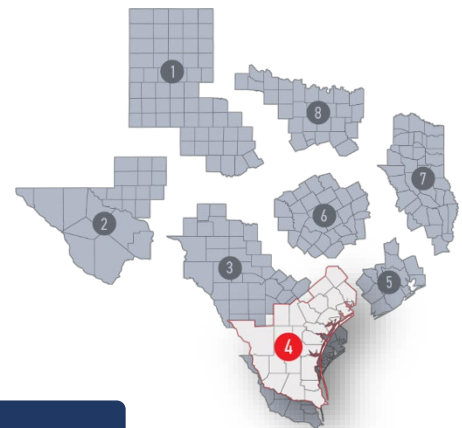
TVC FVA REGION 4 – SOUTH TEXAS

Surveys

- 956 Veterans & 48 Organizations

Focus Groups

- 15 Veterans & 16 Organizations



Veterans' Needs

- Home repair
- Mental health counseling
- Business training

Service Barriers

- Not understanding benefits
- Not knowing where to get help
- Few providers

Region-Specific Findings

- Focus Groups emphasized poor information and misinformation regarding benefits
- Over 48% of veteran survey respondents in South Texas identified as Hispanic
- Women veterans in the region were *substantially more likely* to report mental health counseling needs

Organizational Perspectives

- Financial assistance
- Mental health counseling
- Home repair

Service Needs

Veterans survey respondents in South Texas most often selected **home modification (24.5%), mental health counseling (24.2%) business startup and training programs (20.1%)** as service needed. In particular, the statistical analysis of the statewide sample suggests that South Texas has a **higher need for home modification services** even if all individual characteristics are controlled.

While healthcare was not listed as a top need for the region, veteran focus group attendees emphasized the importance of **fair healthcare coverage, advocating for coverage based on individual needs rather than disability percentages.** Participants expressed frustration over the **disproportionate distribution of healthcare coverage, where individuals must be deemed hundred percent disabled to receive full coverage.** They emphasized the need for a more equitable approach. Additionally, attendees highlighted **the importance of personalized assistance to navigate services, with mixed experiences regarding the Texas Veterans Commission (TVC) due to staff turnover.** Positive feedback was given for TVC services in the Rio Grande Valley. **Small business startups** emerged as a notable need, with positive feedback on the support received. Other mentioned needs included **VA home loans, home tax relief, free access to gyms and aqua therapy, legal assistance, and life insurance.**

Reflecting on the survey findings, the organizational focus group respondents said **homelessness prevention is crucial,** requiring interventions such as **rental, utility, and immediate financial assistance** to ensure housing stability. Access to necessities addressed through **food pantry services** was also discussed as a key need along with **employment assistance programs** that aim to facilitate veterans' successful integration into the workforce. Attendees also addressed **transportation support, assistance with navigating the VA system for claims, and home repair or alteration programs.** Additionally, organizational representatives felt that **easier access to substance abuse rehabilitation services** would be crucial for addressing addiction issues.

Service Barriers

The top two barriers most often selected by the veteran survey respondents in South Texas are the same as statewide: **56.7% selected not understanding what benefits I qualify for, and 42.4% selected not knowing where to get help.** However, **20.3% of respondents from this region selected few service providers in the area** that stopped them from receiving services, making it the third most selected barrier in South Texas well above the state average of 14.3%.

Organizational survey participants in the South Texas region most often reported that **not knowing where to get help (80.8%),**

not understanding what benefits they qualify for (75.3%) and transportation difficulty (65.8%) stopped the veterans from accessing services.

The veteran focus group attendees **mentioned frustrations in navigating the TVC website due to excessive information and difficulty finding relevant resources.** Additionally, some attendees were **unaware of the full range of services** provided by TVC **beyond educational benefits.** This aligns with survey findings regarding not knowing where to seek help as top barriers. Concerns regarding healthcare coverage also arose, with attendees mentioning the **high costs associated with certain services and medications, leading some to opt for alternatives such as TRICARE. Limited staffing at TVC and county services offices** was also cited as a barrier, resulting in longer wait times for assistance and information.

According to organizational focus group participants, the key barriers to accessing services for veterans include **difficulties obtaining essential documentation like DD214 (active-duty service) and NGB (army national guard) forms, long wait times** for lost documentation responses, and **lack of access to VA accounts** due to technology trust issues. Insensitive questioning by agencies and mistrust resulting from **poor communication between organizations and the VA** further hinder access.

Misinformation about benefits, particularly among Vietnam War veterans, and insufficient resources post-arrest for justice involved veterans exacerbate barriers. Additionally, **support during the transition phase, including job alignment and skills development,** is crucial for veterans.

Sources of Information

Of the top two sources of information, veterans survey respondents in South Texas would use **slightly less Internet search and more of VA Healthcare** compared to state averages. **TVC website ranks third** with almost identical percentage as the state average.

According to organizational survey respondents in the South Texas region, veterans most often learn about their services from **their website or newsletter (13.1%), county service office (11.7%), or veteran service organization (11.2%).**

Suggestions from the veterans focus group included **reminders via mail from the VA to all veterans every five years about the benefits they qualify for, as newly separated veterans may not pay attention to or find the information relevant when initially provided.** Sending **TVC representatives to community settings** like VA centers, VA hospitals, and fairs (health and job fairs) was highlighted as a beneficial way to receive information and engage with real people.

Additionally, suggestions were made for TVC to **set up booths or videos and signage in airports**, like the presence of the **Veteran County Service Officers (VCSOs) in airports**. Posting **home loan information in the local mortgage companies** was also a key discussed avenue for marketing TVC services. It was acknowledged that some veterans, including the ones not tech savvy, may still rely on **peer assistance and shared experiences** for information, validating the importance of personal connections. Participants emphasized that a **one-size-fits-all approach may not be suitable, as veterans' capabilities and needs vary**.

Word of mouth remains a very popular method of disseminating service information in this region according to organizational focus group participants. Many organizations participate in **face-to-face events like the veteran's health fairs, local Chamber of Commerce meetings, and leadership council meetings** to directly engage with veterans and their families. Within Austin and Travis County area, there is a focus on hosting additional face-to-face events and **collaborating with local agencies** to expand outreach efforts. Recognizing the importance of reaching all populations, including those traditionally hard-to-reach, organizations prioritize diverse communication methods. Additionally, **some organizations specifically target caregivers, particularly for veterans with PTSD and**

anxiety, for recruitment and support initiatives.

Minority Demographic Groups

South Texas is a region with **the highest concentration of Hispanic population**. Over **48% of veterans survey respondents in South Texas identify as Hispanic**, compared to 17.9% statewide. Within South Texas, **Hispanic respondents are more likely to report the need for home modification by 13.5% and business startup and training programs by 9.2% relative to non-Hispanic white respondents**.

The **female respondents from the veterans survey in South Texas are substantially more likely to report the needs for mental health counseling services** than male respondents. We find no evidence of any other systematic differences in this region.

Other Select Subgroups

Consistent to the statewide findings, **veterans survey respondents in South Texas who are low-income are more likely to report the need for a variety of services, especially emergency financial assistance (15.5% more likely) and food (14.9% more likely)**. Veterans with disabilities are the most in need for **mental health counseling (15.1% more likely), home modification (15.1% more likely), and integrative and alternative therapy (11.7% more likely)**.

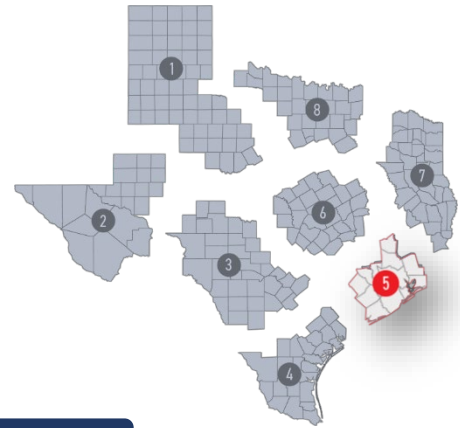
TVC FVA REGION 5 – GULF COAST

Surveys

- 3,103 Veterans & 100 Organizations

Focus Groups

- 23 Veterans & 23 Organizations



Veterans' Needs

- Mental health counseling
- Business training
- Legal help

Service Barriers

- Not understanding benefits
- Not knowing where to get help
- Life responsibilities

Region-Specific Findings

- Black veterans in the region were more likely to report needing financial assistance (with employment and income controlled)
- Women veterans in the region were *more likely* to report mental health counseling needs
- Higher rates of using friends and/or family members for information than most regions

Organizational Perspectives

- Mental health counseling
- Financial assistance
- Addiction / substance abuse counseling

Service Needs

While **mental health counseling and business startup and training programs** remain the top two most selected service needs by veteran survey respondents in the Gulf Coast region (**21.6% and 20.7%, respectively**), the third most popular service is **legal help selected by 19.7% of respondents**. The higher need for legal help in the region is statistically significant even after controlling for individual characteristics of the respondent.

Organizations in the Gulf Coast region reported that veterans need **clinical mental health counseling** (39.0%), **emergency financial assistance** (37.8%) and addiction and **substance abuse counseling** (32.9%) the most.

Veterans in this region's focus group discussed diverse needs that encompass various critical areas. **Addressing mental health challenges** was discussed as a top priority along with **needs for elder care, legal assistance, home modifications, and home refinance**. **Location and income restraints present challenges for aging veterans**, highlighting the need for tailored support services. Moreover, there is a notable **lack of support for aging parents of veterans, indicating the critical need for expanded caregiving resources**. Other essential needs include **assistance with claims, employment opportunities, myriad medical services,**

education support, and transportation to medical care.

Organizational members expressed a need for **financial assistance, particularly for housing, food, and other necessities**. **Transportation** emerged as a critical requirement for accessing various essential services, including **doctor's appointments, employment opportunities, veteran benefit appointments, and shopping for food and necessities**. Gas cards were highlighted as essential for accessing fuel. **Housing needs included assistance with rental move-in costs, deposits, connection fees, and transitional housing**. Challenges were noted in accessing transitional housing due to a shortage of service providers, with concerns raised about the **insufficient time allotted for the transition phase**. Addressing these needs comprehensively is essential for effectively supporting veterans' well-being and stability.

Service Barriers

Most of the veterans survey respondents from the Gulf Coast region indicated they are not receiving services because of **not understanding what benefits they qualify for (53.7%), not knowing where to get help (40.7%) and life responsibilities limiting their time (17%)**, same as the statewide rankings.

Organizational survey participants in the Gulf Coast region most often reported that

not knowing where to get help (78.9%), not adequately understanding what benefits they qualify for (78.9%) and transportation difficulty (60.5%) stopped the veterans from accessing services.

The veteran focus group participants expressed concerns about the lack of accountability from VA and the TVC, leading to frustration and distrust. **Long wait times and poor communication** were cited as significant barriers. Participants discussed driving longer distances to recommended facilities for better care, indicating dissatisfaction with local options. Additionally, there was a **lack of knowledge** about available benefits and **transportation options**, exacerbating access challenges. The **absence of a feedback loop** was noted, with one participant resorting to contacting congressional representative for assistance due to a lack of response from the VA. **Difficult scheduling and frequent rescheduling** further impeded access to services.

Organizational focus group attendees talked about challenges related to **scheduling the medical appointments, transportation assistance, meeting the service requirements, and financial resources**, especially considering the diverse age groups of veterans in the region and their varying service periods. **Limited awareness of available services** and veteran issues further complicates access. **Confusion between roles and services of the numerous veteran serving**

organizations and the VA adds to the challenge, highlighting the need for clearer navigational directions. **Lack of awareness** or any adequate knowledge **regarding the post-discharge process**, including understanding discharge status and accessing DD214 certificates, was also discussed as a significant barrier.

Sources of Information

Veterans in the Gulf Coast region are **less aware of TVC than those in any other regions**: the number of respondents who have heard about TVC (50.1%) is approximately the same as those who have not heard about TVC (49.9%). They seem to have **less access to information in general**, as the average respondent in this region is less likely than the state averages to use any sources of information except for internet searches.

While the most often used source of information reported by organizational survey respondents in the Gulf Coast region is still the **website or newsletter (11.4%)**, the second and third most often used source of information are **friend or family member (10.7%) and social media (9.8%)**, respectively.

Veteran focus group participants discussed various sources of information for veterans, focusing on the role of the TVC in disseminating relevant information to the veteran population. Suggestions were made for TVC to streamline and personalize information to cater to the specific needs of

each veteran, emphasizing the need for **targeted marketing of TVC services in general**. This includes utilizing targeted mixed media approaches, key **social media platforms**, and the local representatives to reach veterans. One participant recommended **in-person presentations** by TVC staff at **local events or venues** to enhance accessibility and engagement.

However, concerns were raised about the complexity and navigability of the TVC website, with participants expressing frustration over the abundance of external links and difficulty in finding services. To address these issues, participants suggested **involving veterans as testers for the TVC website** and conducting focus groups exclusively focused on **improving website usability**.

Organizational focus group attendees emphasized that information sources for veterans vary across generations, with **younger veterans utilizing social media** for communication and information gathering, while **older veterans often prefer phone calls**. To alleviate anxiety, establishing communication channels such as **phone calls, emails, or text messages** before appointments for services can be beneficial. Moreover, there is a need for **an increased presence of service providers at resource events and building partnerships** to expand opportunities for presenting available services. These strategies aim to enhance communication and accessibility of

information for veterans across different age groups.

Minority Demographic Groups

The Gulf Coast region survey respondents are **62.1% Non-Hispanic White**. Hispanic and non-Hispanic Black each represents about 14% of the sample. Compared to the non-Hispanic White veterans in the same region, **both Hispanic and non-Hispanic Black veterans are more likely to report the need for mental health counseling, home modification, business startup and training programs, as well as legal help. Non-Hispanic Black veterans are also much more likely to report the need for emergency financial assistance (12.3%), food (8.2%) and transportation (5.0%) even with employment status and low-income status controlled**. Moreover, **non-Hispanic Black veterans are the only minoritized group in the region that records a significantly higher rate of indicating not knowing where to get help stopped them from receiving services** relative to non-Hispanic White veterans.

Consistent to our findings in other regions, **female veterans in the Gulf Coast region are also more likely to report the need for a variety of services**, such as mental health counseling, integrative and alternative therapy, family counseling and legal help.

Other Select Subgroups

For veteran survey respondents in the Gulf Coast, **disability, unemployment, and**

low-income status are strongly associated with the need for most services, as well as not knowing where to get help.

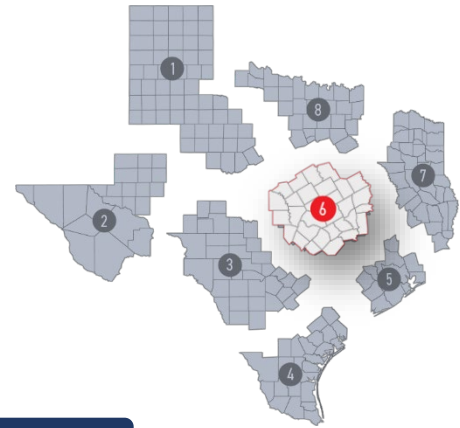
TVC FVA REGION 6 – CENTRAL TEXAS

Surveys

- 3,571 Veterans & 112 Organizations

Focus Groups

- 25 Veterans & 33 Organizations



Veterans' Needs

- Mental health counseling
- Alternative therapy
- Legal help & business training (tied)

Service Barriers

- Not understanding benefits
- Not knowing where to get help
- Life responsibilities

Region-Specific Findings

- Organization members emphasized the necessity of providing services outside regular business hours
- Veterans in the focus groups reported feeling overlooked and not taken seriously
- Veterans with disabilities were more likely to report limited appointment availability as a barrier

Organizational Perspectives

- Financial assistance
- Mental health counseling
- Employment services

Service Needs

Veterans survey respondents in Central Texas are mostly likely to report the need for **mental health counseling (23.9%), integrative and alternative therapy (21.7%), and business startup and training programs and legal help (19.6%)**. We also find that there is a **modestly elevated need for mental health counseling and childcare in Central Texas** relative to other regions that cannot be explained by individual characteristics of the respondents.

Organizations in the Central Texas region reported that veterans need **emergency financial assistance (41.7%), clinical mental health counseling (35.4%) and employment services (31.3%)** the most.

Veterans who attended the focus groups reported dissatisfaction with the adequacy of **legal assistance and personal care services**, highlighting the need for enhancements in these areas. Additionally, there is a demand for **alternative therapy** resources, increased funding for **home repair and remodeling**, and improved **transportation** services to appointments. Furthermore, there is a notable lack of **support for veteran-owned businesses**, indicating a gap that needs to be addressed to **promote entrepreneurship** and necessary economic empowerment among the veterans. Some veterans also expressed challenges in accessing assistance, **feeling overlooked or not**

taken seriously if they did not fit the perceived standard veteran profile.

Organizational focus group participants discussed various critical needs among veterans, including **emergency financial assistance for utility, rent, and basic needs**. They highlighted the challenge of **insufficient food supplies at food banks**. **Mental health care** emerged as a top priority, especially in **suicide prevention**, requiring access to **psychiatric care, stress management, and peer-to-peer support**. Help with **key employment support, including resume assistance and job readiness training**, was also deemed as necessary and essential. Participants emphasized the importance of **services available outside regular business hours, home modifications or repair assistance, and alternative therapy options**. They advocated for comprehensive one-stop-shop case management services and resources to bolster the capacity of service providers.

Service Barriers

The top three most selected service barriers in Central Texas are the same as statewide. **Half of the respondents did not understand what benefits they are qualified for, and nearly 40% of the respondents did not know where to get help**. About **18% of the respondents reported that the demand of attending their life responsibilities** stopped them from receiving services.

Organizational survey participants in the Central Texas region most often reported that **not knowing where to get help (82.4%), not understanding what benefits they qualify for (72.9%) as well as life responsibilities (38.8%)** stopped the veterans from accessing services.

Veterans who attended the focus groups felt there is **a lack of clarity regarding the distinction between services provided by the VA and TVC** leading to confusion among veterans about available resources. Additionally, **veterans often struggle to determine their eligibility for services** while there may be a **lack of service providers available in their area**, exacerbating the access challenges. **Language barriers** further compound these issues, with participants noting **difficulties in communication, especially for American Sign Language (ASL) speakers**. Challenges multiply for **veterans who lack digital connectivity or proficiency in using online resources**. Finally, relocating to different locations can result in difficulties in obtaining benefits, including **uncertainty about land purchase options** with VA benefits, highlighting the need for clearer guidance for veterans navigating these processes.

Organizational focus groups discussed **capacity issues**, particularly in metropolitan areas and adjacent rural areas. Many services, including financial assistance programs, have **long wait times and bureaucratic hurdles**, deterring veterans from seeking assistance.

Accessibility challenges discussed include **multiple layers of signup processes, lack of system navigation assistance, limited transportation options, and inadequate phone services for service signup**. **Stigma surrounding mental health assistance** also hinders access. **Person-centered practices**, where veterans feel heard and valued, are essential but often lacking. **The military independent mindset**, which may deter veterans from seeking help, exacerbates these challenges. Participants agreed that **decision paralysis** and the **assumption of ineligibility due to past denials** further complicate access to services.

Sources of Information

Veterans survey respondents in Central Texas are the **second most informed among all FVA regions**. **More than 64% of respondents reported that they have heard about TVC** compared with the state average of 57.7%. The relative importance of the sources of information they would use is not significantly different from statewide.

Like the Gulf Coast VA region, organizations in Central Texas also report **websites or newsletter (12.1%), friend or family member (10.5%), and social media (10.4%)** most often as veterans' sources of information to learn about their services.

In the veterans' focus groups, participants provided valuable insights into effective methods for spreading awareness about

TVC services. They suggested **utilizing newsletters, television advertisements, flyers distributed by the veterans themselves, local newspapers, veteran fairs, community colleges, other community forums, and establishing a dedicated call line like 2-1-1 for inquiries.** Some veterans highlighted **limitations in advertising solely at venues like the Veterans of Foreign Wars (VFW)** due to preferences and anxieties about group settings. Participants proposed **proactive outreach through the DMV database,** recognizing veterans' status. They also discussed addressing challenges with online searches due to sponsored ads.

While friends and family can sometimes be helpful resources, participants discussed they **may not always be reliable due to varying veteran status.**

Organizational focus group participants discussed employing various effective information sources to reach veterans. **Word of mouth,** particularly among veterans themselves, was highlighted as highly influential. **Hiring veterans as case managers** was discussed as another successful strategy for building trust. Similarly, **peer-to-peer recruitment** was an effective way for engaging homeless veterans. **Face-to-face events** were considered the most effective outreach methods. When **distributing information online, ensuring accessibility via phone** was mentioned as crucial. **Referrals from the VA and VCSOs** were also valuable assistance avenues or approaches.

Additionally, **reaching out to family, relatives, and friends of veterans** first can increase the likelihood of reaching the hard-to-reach populations.

Minority Demographic Groups

About 65% of veterans survey respondents identify as Non-Hispanic White, while respondents who identify as Hispanic and non-Hispanic Black represent about 13% and 12% of the total, respectively. **Both Hispanic and non-Hispanic Black veterans in Central Texas are much more likely to report the need for home modification and emergency financial assistance than non-Hispanic White veterans in the region.** Hispanic and non-Hispanic Black respondents are **also more likely to report not understanding what benefits they qualify for and not knowing where to get the necessary help,** with other individual characteristics controlled.

Female veterans in Central Texas are also more likely to report the need for almost all services, with integrative and alternative therapy and mental health counseling in particular need. Female veterans are more likely to find other life responsibilities limiting their time which stops them from receiving services.

Other Select Subgroups

Veterans with disabilities, unemployed and low-income respondents in Central Texas are more likely to report the need for almost all services, consistent to our findings statewide. **Veterans with**

disabilities in Central Texas are more than 13% more likely to report limited appointment availability as a service barrier.

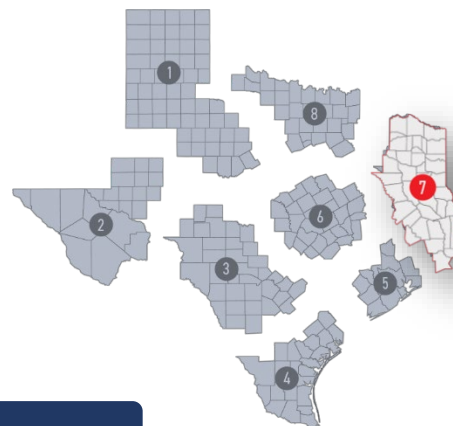
TVC FVA REGION 7 – EAST TEXAS

Surveys

- 1,120 Veterans & 57 Organizations

Focus Groups

- 15 Veterans & 10 Organizations



Veterans' Needs

- Elder care
- Mental health counseling
- Business training

Service Barriers

- Not understanding benefits
- Not knowing where to get help
- Few providers

Region-Specific Findings

- Over 55% of all veteran survey respondents were over the age of 65
- Veterans in the region reported *higher* rates of unwelcoming environments of service providers
- Focus Group members suggested sending a mobile TVC unit to target outreach to rural areas

Organizational Perspectives

- Financial assistance
- Homeless housing
- Mental health counseling

Service Needs

The East Texas subsample from the veterans survey has **55.8% of its respondents who are above the age of 65**, the highest of all FVA regions. **Elder care is the most selected service need (19.2%), followed by mental health counseling (18.8%) and business start-up and training (17.4%).** Overall, veterans in East Texas are **somewhat less likely to report service needs** than veterans in other regions.

Organizations in the East Texas region reported that veterans need **emergency financial assistance (54.2%), homeless housing (35.4%)** and clinical **mental health counseling (31.3%)** the most.

Veterans in the focus groups expressed specific service needs, including **alternative therapies** such as **equine and art therapy**. They also highlighted region-specific challenges, particularly regarding **transportation**, which is more pronounced in rural East Texas. Veterans in these areas face barriers in **accessing services** available in larger cities like Houston or San Antonio. However, participants cited the city of Tyler as a model for addressing rural challenges, emphasizing the importance of **central locations that house multiple agencies to minimize travel distances between the VA, TVC, and VCSOs, thereby improving accessibility** for veterans in remote regions.

Organizational focus group members said veteran service needs in the area include **financial assistance for bills, home repairs, and travel to medical appointments, with transportation** being a significant challenge due to the region's rurality, requiring long travel distances. While some organizations provide transportation to nearby cities, there is a need for **accessible vehicles and volunteer drivers**. **Mental health counseling and family counseling** are crucial needs, as is **affordable housing, including transitional housing for homeless veterans** awaiting treatment. Additionally, **business start-up training** ranked unexpectedly high despite existing resources for veteran entrepreneur programs.

Service Barriers

The top two service barriers in East Texas are the same as statewide: **53.1% selected not understanding what benefits they are qualified for**, and **39.2% selected not knowing where to get help**. However, **few service providers in the area ranks as the third** hurdle with more than 26% of respondents choosing this option. More importantly, that there is a **higher probability of few service providers in the area and unwelcoming environment of service providers to be selected in East Texas**, even after controlling for individual characteristics and rural status of the local community.

Organizational survey respondents from the East Texas region most often reported that **not knowing where to get help (88.2%), not understanding what benefits they qualify for (82.4%), and transportation difficulties (64.7%)** prevented veterans from accessing services.

In the veterans focus groups, participants discussed **poor treatment by VA staff, limited access to VSOs and county officers due to transportation and time constraints, and scarcity of providers.** Some participants feel that TVC has neglected East Texas, contributing to **disparities in service quality and information accuracy across counties.** **Lack of awareness, prevalence of scams** targeting veterans, and **difficulty in accessing programs** further exacerbate challenges. Additionally, **the stigma surrounding seeking assistance** adds to the barriers faced by veterans.

Organizational focus group attendees said **technology presents a significant challenge** as many **older veterans in rural areas lack internet access or smartphones**, hindering their ability to engage with electronic paperwork, counseling, and telehealth services. **Staff turnover** within organizations disrupts continuity of care, with **frequent changes in counselors causing distress** for veterans and leading some to discontinue counseling altogether. This group also discussed barriers related to TVC **restrictions on grant coverages,**

awareness of grant opportunities, and evaluation of grant successes. The grant application and reimbursement processes need improvement, especially for start-up non-profits, creating hurdles in delivering services promptly. **Grants also fail to cover administrative, rent, or transportation costs,** further impeding organizations' ability to effectively serve the veterans.

Sources of Information

About **53% of veteran survey respondents in East Texas have heard about TVC,** below the stage average of 57.7%. While Internet search, VA Healthcare and TVC website are still the most utilized sources of information, a significantly larger share of respondents in East Texas indicated they would use the **veteran county service officer (VCSO)** as a source of information than the state average.

Organizational survey respondents from East Texas report that veterans most often learn about their services from **their website or newsletter (11.9%) and social media (10.9%).** **County service office, veteran service organizations, and friend or family member are tied as the third (9.0%) source of information.**

In focus groups, veterans said they primarily rely on **VCSOs for claims information and coordination of programs like the Hazelwood Act.** However, there is a consensus that TVC needs more **targeted outreach,**

particularly in rural areas. Suggestions include **deploying a mobile unit with TVC staff and informational pamphlets for in-person distribution**. Additionally, **targeted mailers** and **emails** were discussed by participants, emphasizing the need for information relevant to all areas, not just the metropolitan regions.

Personal recommendations from friends, family, or peer networks were discussed as preferred sources of information over official websites or VA resources by veterans.

Organizations engaging with veterans discussed prioritizing **face-to-face communication**, contrary to the survey findings indicating internet searches, VA, and TVC websites as top information sources. These organizations actively participate in **community events, VFW and American Legion gatherings, VA clinics, and gun ranges** distributing **brochures** and engaging veterans in discussions about available resources. They recognize the importance of **reaching veterans where they are**, as veterans may not actively seek out resources otherwise. **Word of mouth** also plays a significant role in spreading information among veterans. While **TV/radio** communication is considered less effective due to cost constraints, it could serve as a valuable resource if more affordable options or donated airtime were available.

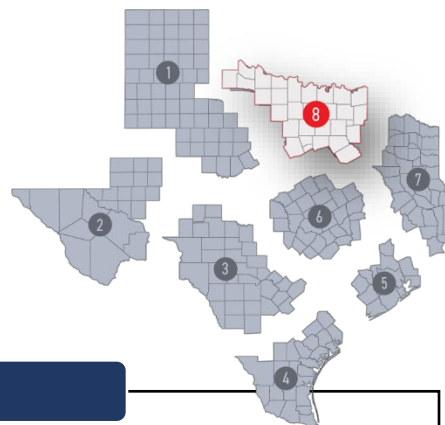
TVC FVA REGION 8 – NORTH TEXAS

Surveys

- 5,138 Veterans & 145 Organizations

Focus Groups

- 29 Veterans & 11 Organizations



Veterans' Needs

- Mental health counseling
- Business training
- Alternative therapy

Service Barriers

- Not understanding benefits
- Not knowing where to get help
- Life responsibilities

Region-Specific Findings

- Hispanic veterans in the region were *more likely* to report not knowing where to get help
- Veterans in the focus groups preferred to receive information face-to-face from other veterans
- Previous negative experiences with service providers made veterans reluctant to seek help

Organizational Perspectives

- Mental health counseling
- Financial assistance
- Homeless housing

Service Needs

Veteran survey respondents in North Texas most often selected **mental health counseling (20.5%), business and start-up training (20.1%), and integrative and alternative therapy (18%)** as services they needed. We find that North Texas has higher needs in business startup and training programs than other regions that cannot be fully explained by individual characteristics of the respondent.

Organizational survey respondents in the North Texas region report that **veterans need clinical mental health counseling (42.1%), emergency financial assistance (41.2%), and homeless housing (32.5%)** the most.

In addition to **financial assistance** for covering essential expenses such as **bills, home repairs, and transportation to medical appointments**, veterans in this area's focus group emphasized the need for **mental health counseling services**. Many individuals expressed a desire for **support in starting their own businesses**, including programs that assist with **startup costs and provide guidance throughout the process**. Furthermore, there is a notable demand for increased access to **education grants** to support veterans in workforce education. Moreover, veterans highlighted the help needed for **navigating the complex process of filing for benefits and disability claims**, indicating the

importance of comprehensive support services.

Among organizational focus group participants, **mental health** emerged as the top priority for veterans, highlighting the need for more intensive and longer **therapy, family counseling, and affordable substance use/abuse treatment**. **Transportation assistance** is crucial, particularly in the North Texas FVA region, which encompasses large metropolitan areas as well as rural counties, necessitating travel for care. **Financial assistance, including support for rent and home repairs** is also a key need. While housing itself was not emphasized, **assistance with housing-related expenses** was discussed. **Workforce training and job placement for transitioning veterans** were also mentioned by participants.

Service Barriers

The top service barriers in North Texas are **not understanding what benefits I qualify for (52.6%), not knowing where I can get help (40.9%), and other life responsibilities limiting my time (17.3%)**. Controlling for the individual characteristics of the respondents, we still find that veterans in North Texas are more likely than those in other FVA regions to report these service barriers, as well as limited appointment availability.

Organizational survey participants in the North Texas region most often reported that **not knowing where to get help (82.9%), not understanding what benefits they qualify for (76%) and transportation difficulty (53%)** stopped veterans from accessing services.

Many veterans in the focus groups expressed a **lack of awareness** regarding the programs and resources available in their local communities, leading to difficulties in accessing necessary support. The **complexity of the process for obtaining funding or filing for benefits** was cited as overwhelming. Additionally, **membership fees** required by certain programs were identified as a **financial barrier** that veterans are often unwilling to overcome. Furthermore, there is a perceived **lack of communication** regarding **eligibility criteria for various services**, exacerbating the challenge of accessing support. Some veterans also noted a desire for increased communication from organizations like the TVC through **more proactive outreach efforts** such as **regular email updates**.

Organizational focus group participants discussed various barriers, including the perceived **stigma, pride, or reluctance stemming from past experiences with the VA/TVC**. Some consider TVC itself a barrier, citing **restrictions on home repairs** for those behind on mortgage or taxes. Difficulty finding and accessing services, along with **high costs and long wait times**, pose additional barriers and cause

frustration. In line with identified needs, **insufficient transportation**, especially for long distances, is a persistent challenge. **Limited financial resources** contribute to an overall barrier to access various services. The region faces a **workforce shortage of service providers, and technology** serves as a hindrance, particularly for older veterans. **Information overload** is a common issue, emphasizing the need for **centralized resources** and **better coordination** among service organizations.

Sources of Information

Just a little over 54% of survey respondents in North Texas have heard about TVC compared to the state average of 57.7%. **Internet search, VA healthcare and TVC website** are the most popular sources of information. Among the respondents who have not heard about TVC, most would use Internet search as a source of information.

Organizational survey respondents in North Texas reported that veterans learn about their services from their **website or newsletter (13.5%), social media (11.7%) and friend or family member (10%)**.

Veterans in the focus group expressed a preference for all types of **face-to-face communication, particularly from fellow veterans**, as their preferred method. Also, they emphasized the effectiveness of **traditional advertising channels such as billboards and buses, and the use of social media platforms** for

communication. Many veterans also expressed a positive response to receiving information through **flyers distributed via mail or left on doorsteps**. Finally, **radio advertisements** were identified as another valuable channel for communicating information about available programs and services.

The organizational focus group participants emphasized the significance of **being accessible and present where veterans gather**, necessitating diverse engagement strategies. **Word of mouth, community events, and partnerships with other agencies** are effective means of reaching veterans. Additionally, small cities offer **informal meeting spots** for veterans, presenting opportunities for connection-building. Traditional channels like **mailings and news** remain vital for older veterans. Although not highlighted in the survey, **veteran service officers** in rural counties play a crucial role in disseminating information.

Minority Demographic Groups

Both Hispanic and non-Hispanic veterans survey respondents in North Texas are more likely to report the need for business startup and training programs, employment services, and emergency financial assistance than non-Hispanic White respondents in the same region, even with employment and low-income status controlled. **Hispanic respondents are more likely to report not knowing where to get help** stopped them from receiving

services relative to non-Hispanic White respondents in the same region. Female veterans in North Texas are more likely to report other life responsibilities, costs, and finances, as well as transportation as service barriers.

Other Select Subgroups

Consistent with the findings in other regions from the veterans survey, **veterans with disabilities and low-income veterans in North Texas are also more likely to report the need for most services**, especially mental health counseling, integrative and alternative therapy, home modification, and transportation.

Concluding Insights

Recommendations

To support the Texas veterans, attention needs to be paid to the services they need. This needs assessment report highlights the services needed by the Texas veterans and their families and perceptions of hurdles associated with such services.

This needs assessment work is mandated by the Texas legislature every four years (Texas Government Code 434.017 (c1) and (c-2)) to help set priorities for TVC's FVA (Funds for Veteran Assistance) grants. Contracted by the TVC, the Public Policy Research Institute at Texas A&M conducted this needs assessment first in 2020. This second 2024 study builds on the methods and lessons learned from the last study. Similar survey and focus group methodologies were employed to learn about the priority needs and key barriers from the veterans, veteran families, and veteran service organizations from the eight Texas FVA regions.

All the collected data were triangulated to draw conclusions, and the key findings were compared with the last round of findings. The leading themes that emerged are highlighted here and connected to key takeaways as actionable recommendations.

Health Support

Similar to 2020, health support remains the most recurrent need area across all Texas FVA regions. Veterans and veteran serving organizations reported that veterans continue to need assistance with filing VA disability and medical claims. But mental health services emerged as a top state-level service need across both surveys (22% and 39%) and most focus groups.

Among veteran survey respondents, as well as many focus group participants, access to business and start-up training (20%) and integrative and alternative therapies (20%), such as equine, massage, art, and acupuncture, emerged as key needs. Additionally, open-ended survey responses frequently outlined needing assistance to obtain medical or specialized care (e.g., dental and hearing care).

Focus group discussions further highlighted that continual provider staff turnovers result in discontinuity of care, long wait times, and/or overall poor addressing of needs that prevent the Texas veterans from receiving necessary treatments in a timely fashion.

Relatedly, Central Texas and East Texas focus group participants mentioned that stigma surrounding seeking mental health care, along with the overall military independence mindset to take on whatever

challenges are thrown, hinder the ability to obtain necessary information about the health services.

Region-level analyses revealed additional healthcare needs, such as elder care in the Panhandle (20%), Alamo (20%), and East Texas (19%) regions and the West Texas veteran focus group. Relatedly, veterans and organizations from the Panhandle, Alamo, South Texas, Gulf Coast, and Central Texas regions mentioned needing funds for home repairs that center on accessibility modifications for aging and veterans with disabilities.

Transportation needs for both health and basic needs care emerged from the participants in the Panhandle, West Texas, Gulf Coast, East Texas, and North Texas regions who explained that bus systems often shut down early and make infrequent weekend runs, which creates a barrier to medical care access. Additionally, those in rural areas often need to travel long distances to receive care.

South Texas participants noted having easier access to substance abuse rehabilitation services for addressing addiction issues as being crucial. Central Texas participants discussed that suicide prevention services require adequate access to psychiatric care, stress management, and peer-to-peer support, which are currently lacking. Moreover, veterans highlighted the help needed for navigating the complex process of filing for benefits and disability claims, indicating

the importance of comprehensive support services.

All these perceptions highlight that navigating the realm of healthcare support should be holistic, encompassing the access to direct physical and mental health

Takeaway: Prioritize Healthcare Support.

To adequately address the needs of Texas veterans, TVC should recognize healthcare support as a priority when considering the types of needs to address through FVA funding.

care services as well as related essential services, such as transportation.

Financial Support & Homelessness

From an organizational perspective, emergency financial assistance (45%) and homeless housing (33%) were among the top grant need areas, and these were themes supported across most focus groups with both the veterans and organizations.

Focus group participants noted that organizational grants need to support veterans for basic living supplies and food, utility, rent and mortgage arrearages to prevent homelessness, and funds for move-in fees and utility hook-ups to ease the transition to independent living. Some shared that community resources, like food banks, were stretched thin and available emergency financial assistance took too long to be received and had overly stringent

eligibility requirements, thereby limiting its overall benefit. It was also discussed that smaller emergencies can quickly spiral into larger ones.

For instance, a missed utility bill eventually could lead to eviction and homelessness for the veterans.

Housing assistance emerged in the West Texas focus group as a particular need in the Permian Basin, and organizational respondents from South Texas emphasized the importance of preventing homelessness before it occurs through proactive interventions such as timely rental, utility, and financial assistance. Gulf Coast focus group respondents noted that available transitional housing is currently too limited due to a shortage of providers and that insufficient time is allotted for the transition phase.

The East Texas focus group stressed the need for affordable housing, including transitional housing for homeless veterans awaiting treatment. The need for financial and housing assistance was mostly cited by organizational respondents, which may be because there were few if any veterans experiencing homelessness in this sample. Specific outreach to these veterans would be useful to ensure that funding

opportunities are available specifically to meet their needs as well.

Overall Unawareness

Consistent with the 2020 needs assessment study, lack of awareness and knowledge regarding available services, how to access those services, and benefits qualifications or eligibility requirements emerged as the key service barriers across all data collection methods. The proportion of veterans reporting these barriers appears to have increased from approximately 30% in 2020. The top two barriers for veterans were not understanding what benefits they qualify for (52%) and not knowing where to get help (40%). Organizations cited not knowing where to get help (83%) and not understanding qualifications (77%) as the top barriers.

In the focus groups, veterans provided additional details, highlighting issues such as struggling to navigate bureaucracy, confusion about the difference between services provided by TVC and the VA, dislike of the TVC website, and a lack of internet connectivity or technological ability.

Organizations also explained that fear and misinformation functioned as compounding factors for these barriers, with veterans being unsure whom they could trust and sometimes receiving conflicting advice or insensitive questions when seeking help. Information overload along with a lack of appropriate information and education regarding benefits and

Takeaway: Address Veteran Rehabilitation.

TVC should utilize innovative and inclusive financial empowerment practices and partnerships to address veteran homelessness and basic living needs.

civilian life during their discharge and separation from the military were also mentioned.

Other related barriers included “life difficulties limiting [their] time” to identify and navigate benefits and supports, mentioned by 18% of the veteran survey respondents. Focus group participants discussed that TVC should strive to build personal connections with veterans and veteran serving organizations in metro and rural areas using an array of methods to increase awareness about service eligibility guidelines and benefits.

Marketing & Outreach

The overall unawareness may be addressed through appropriately marketing TVC’s services for the Texas veterans. The 2024 study highlights that the top information sources veterans use to find out information about the TVC are internet searches (54%), VA Healthcare (48%), and the TVC website (33%). Nearly 60% of veterans had heard of TVC, with the TVC website (12%), VA Healthcare (12%), and VSOs (9%) being the top sources of this information.

Across the veteran focus groups, the most well-known TVC resource seemed to be the Hazelwood Act, but it was clear that most focus group participants had not heard of the TVC. Some write-in responses and focus group respondents indicated that the invitation to participate in the study was their first exposure to TVC.

Notably, even those who had heard of the TVC were unfamiliar with TVC’s services. All focus group participants stressed the importance of face-to-face community

Takeaway: Creatively Diversify Outreach

The TVC should expand and diversify its outreach methods to create service awareness and improve website accessibility. Services and eligibility information should be disseminated using both internet and traditional methods of community connections so that it is accessible to veterans from all backgrounds and FVA regions.

outreach by the TVC as a means of spreading the word, which would have the additional benefit of reaching veterans who are not digitally connected.

To build a community presence, participants suggested that the TVC “go where the vets are,” such as the town hall meetings, resource fairs or VA fairs (e.g., health, vaccination, employment), festivals and local events, as well as the VA centers, the VFW, homeless shelters, churches, and the Salvation Army.

This outreach could occur in collaboration with local service providers, for instance, mortgage brokers, and with veterans themselves, who are more inclined to trust advice and input from their peers. In general, the TVC should use a variety of methods to reach all populations.

Participants noted that younger veterans tend to respond to social media outreach, but methods such as flyers, mailers, newspapers, newsletters, television, radio,

and billboards remain effective, especially for older and rural populations.

As for the TVC website, some veterans complained it was confusing and contained too much information, and it was suggested that the TVC use Texas veterans to beta test the website and hold a focus group specifically for website feedback.

Service Quality

Region-level analyses highlighted additional barriers related to service accessibility, such as quality and affordability of care. A lack of service providers or insufficient numbers of trained providers came up in the Panhandle (19%), South Texas (20%), and East Texas (26%) region veteran surveys as well as the West Texas, Alamo, and Central Texas focus groups.

Some participants felt that the TVC has neglected East Texas, contributing to disparities in service quality and information accuracy across the East Texas counties. Relatedly, Panhandle survey respondents (18%) and several focus groups, from the Alamo, South Texas, and North Texas regions, cited the prohibitive costs of services as a key hurdle for veterans with limited financial resources.

High service costs, long wait times for services, and lack of quality trained providers came up in multiple focus groups across the FVA regions. It was discussed

that quality of care is key for veterans, who are generally a clinically complex group with a higher prevalence of serious health conditions compared to civilians.

Limited access to high-quality specialty care was discussed as a problem that particularly affects veterans facing chronic health problems or veterans with service-connected injuries and disabilities. Inadequate mental health support to tackle service-connected PTSD and other mental health conditions also came up as a discussion topic across the focus groups. The North Texas focus group participants discussed the overall workforce shortage of service providers and lack of trained providers as a current challenge that affects service quality.

Veterans reported that support quality provided by the TVC varied by office or region. Some regions lack transportation access to providers, which is especially problematic for older veterans who do not drive and those located in rural areas, where providers can be spread out and full-service facilities are remote.

Takeaway: Address Service Quality & Consistency.

TVC should seek feedback from Texas veterans to identify the poor-performing providers and regions. Systematic monitoring and review of service quality could ensure appropriate healthcare navigation support for the poorly served FVA regions.

Focus group participants pointed out that

public transportation tends to be limited, especially in the rural areas, and that transportation assistance, gas cards, or funds for car repairs may help alleviate the provider access barriers.

Demographic Subgroups

The 2024 sample had sufficient survey data to conduct demographic subgroup analyses for the Alamo, South Texas, Gulf Coast, Central, and North Texas FVA regions. These analyses indicate that minoritized veterans (i.e., non-White, female, disabled, low-income) often reported having less access to many resources compared to veterans from their reference groups (i.e., White, male, able-bodied, not low-income), consistent with the history of social disenfranchisement for these groups. Across all data sources, women veterans were more likely to report needing most services, except for eldercare and disability benefits, for which the male veterans reported a greater need.

These patterns were repeated across most FVA regions for which there was sufficient data to conduct analyses. Generally, Black and Hispanic veterans were more likely to report needing services related to living conditions, such as homeless housing, home accessibility modifications, and transportation, and personal finance. Additionally, Black, Hispanic, and Asian veterans were more likely to report needing employment training and not knowing where to get help or understanding the benefits they qualify for as barriers.

Start-up and business training programs appeared as a need for Hispanic veterans in the Alamo, South Texas, North Texas, Gulf Coast FVA regions and for Black veterans in the Gulf Coast FVA region. In the Alamo, Gulf Coast, and Central Texas FVA regions, both Hispanic and Black veterans more often indicated a need for emergency financial assistance. Across all regions, similar need patterns were seen for the veterans with disabilities, low-income, and unemployed veterans. They were more likely to report needs in most realms and more likely to report not knowing where to get help and not understanding what benefits they qualify for as barriers.

These findings show that cultural competency as well as equity are important to ensuring all veteran communities of color, women, low-income, and unemployed veterans, and veterans with disabilities have equal access to support and services and equitable care.

Understanding the experiences and needs of these veterans is an essential part of any action plan for advancing equity and eliminating disparities.

Takeaway: Uphold Service Equity.

TVC should uphold service equity for minoritized veteran populations. Future needs assessments should go deeper into the needs of the demographic sub-groups to inform an appropriate equity action plan for the TVC FVA grants area and address the systemic impediments at various service access points.

Transition Assistance

Although it came up in many of the focus groups in 2020 and 2024, the Alamo and South Texas focus group participants were the most vocal about the absence of extended military-to-civilian life transition programs as a key barrier that results in veterans being ill-prepared for the challenges of civilian life. They discussed that such poor preparation could contribute to issues like substance abuse, mental health concerns and even suicide.

Transitioning to civilian life involves not only searching for employment but also getting adequate support to adjust to civilian workforce cultures and adequately knowing about benefits and eligibility, including healthcare eligibility requirements, financial management resources, and any transferable educational credentials. Many veterans remain unprepared for civilian life because of a lack of required education, workforce training, and/or appropriate information about available services for which they are qualified. This is more so for the older veterans who are distant from their separation date from the military.

Veterans discussed that although pre-separation counseling needs to be comprehensive and useful, access to valuable counseling should be provided throughout the life span because eligibility, support services, and workforce needs alignment have an ever-changing and corrective landscape.

Focus group participants also discussed that each civilian workforce in each Texas region has its own unique culture, and these cultures are often quite different from what a veteran experienced during active duty.

Assimilation challenges are exacerbated for veterans because of lack of adequate transition help. South Texas, Alamo, and Gulf Coast focus groups highlighted that difficulties obtaining verification documentation like the DD214 (active-duty service) and NGB (Army National Guard) forms necessary to receive help pose serious barriers, especially for those with limited technology skills.

Veterans need support to access these documents easily. Relatedly, East Texas veterans highlighted TVC restrictions on home repairs for those behind on their mortgage or taxes as an obstacle to transition to civilian life.

Takeaway: Provide Adequate Transition Counseling.

Pre-separation counseling and adequate assistance to prepare for the move from civilian to military life are needed for all veterans for all ages, whether pursuing additional education, finding a job in the public or private sector, looking for services or starting their own business.

Grant Hurdles

Most veteran serving organizations reported never applying for an FVA grant, but for those who applied, 60% found TVC staff grant visit to be helpful. About 72% respondents from the organizational survey however disagreed or strongly disagreed that the TVC website provides clear and concise information about the FVA grant process.

Open-ended feedback from the organizational survey suggests that the unclear expectations, confusing and burdensome reporting process, budget inflexibility, changing requirements mid-grant, inadequate training, stringent eligibility requirements, and slow reimbursements may hinder the Texas veteran serving organizations from seeking funding. Organizational focus groups from East Texas focused specifically on the barriers related to TVC's restrictions on grant coverage, marketing of grant opportunities, and evaluation of grant successes.

That the grants created hurdles to delivering services promptly also came up in focus groups from other FVA regions. Some organizations shared that grants fail to cover administrative, rent, or transportation costs, thereby further impeding organizations' ability to effectively serve the veterans.

Organizations also pointed out that it would help if TVC grants allowed funds to be used for outreach, especially for the more expensive forms of media, like local radio advertising. To meet these pressing needs, focus group participants highlighted the need for more transparency, accessibility and simplification, website improvement, eligibility expansion, navigation training, regional adaptability and longer award period for the FVA grant application process.

A clear data-based picture about how grants are impacting the benefits for the veterans is also needed for the past and current grantees.

Takeaway: Conduct Data Driven Outcome Evaluation.

TVC needs to conduct a systematic evaluation of the FVA grant application process and associated benefit outcomes by collecting feedback from both past and current grantees as well as veteran serving organizations that have never received a TVC grant.

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Appendices

Appendix A – Detailed Methodology

The 2024 study builds on needs assessment methods and design parameters used by similar studies and PPRI’s 2020 study. The comprehensive multi-stage and multi-method design crafted for the study rests on PPRI’s long-term professional expertise and domain-based knowledge in conducting needs assessments and program evaluations for numerous federal and state agencies.

Methodology utilized primarily aimed at engaging the Texas veterans and the organizations that serve Texas veterans in an inclusive and comprehensive manner to obtain their feedback regarding topmost service needs, service barriers and key service information sources for Texas veterans and their families. The overarching objective has been integrally connected with findings utilization and action planning goals: improving TVC’s intent and ability to use the findings to allocate resources appropriately and improve the quality of life for the Texas veterans and their families.

The key methodology components for the study are shown in the diagram that follows. Each component was based on a set of strategies, tools, and activities relevant to the study. This section briefly explains each methodological component utilized in the study. All key protocols and a list of previous deliverables are included in the Appendices.

Literature Reviews and Instruments Development

To situate the needs assessment study in its appropriate context, the PPRI team systematically reviewed recent scholarly articles, survey instruments, and published reports on veterans and veteran serving organizations across the nation. Building on the extensive literature review conducted in 2019, attention was focused on recent work on veterans in any state. Additionally, PPRI worked in close consultation with the new Fund for Veterans Assistance (FVA) Director and additional staff to assess the fit of the questions from the survey instruments utilized in the last wave (2020). This resulted in substantive changes based on feedback from the previous cycle as well as the evolving needs of the agency. Care was taken to preserve continuity in data collection. Similarly, thematic areas of data collection were finalized for the focus groups in close coordination with agency staff.

Texas Veterans Survey

PPRI conducted the Texas Veterans Survey online using Qualtrics, a state-of-the-art survey research sample provider and platform. The survey was initially distributed to people who signed up for TVC newsletter and individuals with valid email addresses from a list maintained by TVC. The first round of survey data was collected from September 1 through October 30, 2023. A total of 2,843 individuals submitted a response, of which 2,552 passed the screening and 2,015 completed the survey. For additional responses, TVC permitted PPRI to access the larger sample from the 2020 needs assessment study, obtained by TVC from Texas DMV, for research purposes. The second round of data collection took place from October 17 to November 16, 2023. An additional screener question was added to the survey to ensure there were no duplicate respondents. After cleaning the sample email list, a total of 424,224 email invitations were sent. A total of 22,066 individuals started the survey of which 20,502 passed the screening and 16,706 completed the survey. PPRI merged the two datasets and post cleaning, analyzed the data from a total of 18,722 valid respondents, of whom 18,412 with appropriate Region IDs were included in the regression analysis.

Veteran Serving Organizations Survey

In addition to the Texas Veterans Survey, PPRI also collected data from key stakeholders working at Texas organizations that serve the Texas veterans. Organizations were identified through several approaches. TVC shared recent contact information for relevant organizations from various sources including previous TVC grantees, County Service Officers, and Combined Arms. The list of organizations used by PPRI during the 2020 Needs Assessment Study was also used.

The Veteran Serving Organizations survey (henceforward referred to as Organizational Survey) was also conducted on the Qualtrics platform. The first round of responses was collected from September 5 to October 2, 2023. Two hundred and sixty-nine (**269**) individuals opened/started the survey and **159** completed the survey. TVC requested to extend the data collection period to generate more responses and PPRI distributed the second round of survey to an additional new 6,047 emails shared by TVC. The responses were collected from October 18 to November 6, 2023. A total of **567** individuals started the survey of which **393** completed the survey. Altogether, **836** stakeholders clicked on the survey and **552** individuals across 440 organizations fully completed the survey. During the data collection period, PPRI sent two reminder emails to non-completers to generate more survey completes.

Virtual Focus Groups

A series of 15 virtual focus groups with Texas veterans and families were conducted by PPRI from February to March of 2024. PPRI contacted individuals who expressed their interest in participating in the focus groups on the Texas Veterans Survey and the Organizational Survey. In addition, TVC assisted PPRI with the recruitment of organizational representatives for the focus groups by distributing the sign-up link to social service agencies, county service offices, and treatment courts. Those who provided their contact information were sent an email in January 2024 asking them to confirm their interest and to determine availability. Although the focus groups were virtual, PPRI aimed to have no more than 40 participants in each session to ensure sessions could last roughly one hour and still provide adequate avenues for participants to speak.

Each FVA region (excluding Regions 1 and 2, which were combined) had two focus groups, one for veterans and one for the members from the veteran serving organizations. Each focus group was held virtually through the Zoom platform to promote accessibility, reach and easy functionalities. A total of 139 veterans and 131 organizational representatives participated in the focus group sessions. All veterans who participated received a \$25 gift card. No monetary incentives were provided to the organizational representatives. An additional focus group was held specifically for Veteran County Service Officers (VCSO) and members of the Veteran Treatment Courts and had a total of 12 attendees.

At the final stages of focus group data collection, PPRI and TVC also discussed a plan to hold a special focus group session with members of the Texas Coordinating Council for Veteran Services (TCCVS). In 2011, the Texas Legislature established the Texas Coordinating Council for Veterans Services (Council) by enacting Senate Bill 1796 primarily to coordinate the activities of and collaboration among state agencies that assist veterans, servicemembers, and their families.

The overarching goal of all the focus groups was to reconfirm and validate the survey findings for each FVA region as well as to understand the larger regional context behind the numbers. As a standard qualitative methodology, focus group sessions helped gather detailed information through a structured discussion about the reasons behind common responses in thematic areas of service needs, service barriers, and key sources of information on services. A group of questions also centered on participant perceptions of future needs of veterans. The carefully facilitated sessions allowed considering details that are too complex for simple surveys (Parker & Tritter, 2006) and are therefore widely used as a standard component of any systematic needs assessment study (Stewart & Shamdasani, 2014) as an

effective way to elicit information and perspectives from a variety of key informants simultaneously. The focus groups helped explore the perspectives and experiences of participants and generate rich and nuanced in-depth data on the key themes.

The focus group protocol (Appendix G) was developed in close consultation with TVC staff to ensure that the data collected from focus groups directly connected with TVC's needs assessment goals and allow for validation and reconfirmation of the findings from the prior surveys. In order to assist TVC with their outreach efforts, PPRI kept some of the marketing-related questions used in the previous cycle to enable participants to provide suggestions regarding targeted outreach. Each session was facilitated by two PPRI staff trained in implementing focus group protocols for diverse populations. Facilitation ensured that discussions remained focused on the session goals and maximized participation by all the attendees. Participant input was captured with the help of Zoom recordings that guided later thematic analysis of the qualitative data following both facilitator notes and the recording.

Data Triangulation

Triangulation is a comparative strategy to reconfirm the validity of data collected to strengthen any mixed-method research design. Data triangulation is regularly used as a way of assuring the validity of any needs assessment research and convergence of information collected on the same themes from various data sources, stakeholders, and diverse methods (Carvalho & White, 1997, Carter et al, 2014). It is a technique to analyze the results of the same study using different methods of data collection: primarily to create a more in-depth picture of a research problem and explore different ways of understanding a research problem (Kennedy, 2009; Nightingale, 2020).

APPENDIX B – KEY DEMOGRAPHICS

A1: SAMPLE DESCRIPTIVE STATISTICS, STATEWIDE

Selected Demographic Characteristic	Frequency	Percentage (%)
Gender	Frequency	Percentage (%)
Male	15,619	84.86
Female	2,607	14.16
Prefer not to say	179	0.97
Total	18,405	100
Race and Ethnicity	Frequency	Percentage (%)
Hispanic	3,272	17.89
NH White	11,355	62.09
NH Black	1,908	10.43
NH Asian	155	0.85
NH American Indian/Alaska Native	115	0.63
NH and Two or More races	389	2.13
Others	1,095	5.99
Total	18,286	100
Age Group	Frequency	Percentage (%)
25-34	365	1.98
35-44	1,680	9.12
45-54	2,955	16.05
55-64	4,050	22
65+	9,362	50.85
Total	18,412	100
Disability	Frequency	Percentage (%)
Yes	399	64.98
Disability not determined by VA yet	65	10.59
No	150	24.43
Total	614	100
Low Income	Frequency	Percentage (%)
No	373	57.56
Yes	275	42.44
Total	648	100
Employment Status	Frequency	Percentage (%)
Not unemployed	17,469	94.88
Unemployed	943	5.12
Total	18,412	100
Rural	Frequency	Percentage (%)
Urban area	16,056	87.41
Urban cluster	2,045	11.13
Rural	267	1.45
Total	18,368	100

A2: Sample Descriptive Statistics, FVA Region 1 Panhandle

Selected Demographic Characteristic	Frequency	Percentage (%)
Gender	Frequency	Percentage (%)
Male	544	83.95
Female	99	15.28
Prefer not to say	5	0.77
Total	648	100
Race and Ethnicity	Frequency	Percentage (%)
Hispanic	87	13.45
NH White	488	75.43
NH Black	15	2.32
NH Asian	2	0.31
NH American Indian/Alaska Native	6	0.93
NH and Two or More races	18	2.78
Others	31	4.79
Total	647	100
Age Group	Frequency	Percentage (%)
25-34	24	3.70
35-44	63	9.72
45-54	94	14.51
55-64	130	20.06
65+	337	52.01
Total	648	100
Disability	Frequency	Percentage (%)
Yes	399	64.98
Disability not determined by VA yet	65	10.59
No	150	24.43
Total	614	100
Low Income	Frequency	Percentage (%)
No	373	57.56
Yes	275	42.44
Total	648	100
Employment Status	Frequency	Percentage (%)
Not unemployed	621	95.83
Unemployed	27	4.17
Total	648	100
Rural	Frequency	Percentage (%)
No	599	92.44
Yes	49	7.56
Total	648	100

A3: Sample Descriptive Statistics, FVA Region 2 West Texas

Selected Demographic Characteristic	Frequency	Percentage (%)
Gender	Frequency	Percentage (%)
Male	537	85.78
Female	84	13.42
Prefer not to say	5	0.80
Total:	626	100
Race and Ethnicity	Frequency	Percentage (%)
Hispanic	291	46.63
NH White	229	36.70
NH Black	55	8.81
NH Asian	7	1.12
NH American Indian/Alaska Native	2	0.32
NH and Two or More races	12	1.92
Others	28	4.49
Total:	624	100
Age Group	Frequency	Percentage (%)
25-34	18	2.88
35-44	91	14.54
45-54	125	19.97
55-64	154	24.60
65+	238	38.02
Total:	626	100
Disability	Frequency	Percentage (%)
Yes	441	73.26
Disability not determined by VA yet	78	12.96
No	83	13.79
Total:	602	100
Low Income	Frequency	Percentage (%)
No	371	59.27
Yes	255	40.73
Total:	626	100
Employment Status	Frequency	Percentage (%)
Not unemployed	587	93.77
Unemployed	39	6.23
Total:	626	100
Rural	Frequency	Percentage (%)
No	615	98.24
Yes	11	1.76
Total:	626	100

A4: Sample Descriptive Statistics, FVA Region 3 Alamo

Selected Demographic Characteristic	Frequency	Percentage (%)
Gender	Frequency	Percentage (%)
Male	2671	82.16
Female	545	16.76
Prefer not to say	35	1.08
Total:	3251	100
Race and Ethnicity	Frequency	Percentage (%)
Hispanic	917	28.53
NH White	1693	52.68
NH Black	287	8.93
NH Asian	28	0.87
NH American Indian/Alaska Native	18	0.56
NH and Two or More races	71	2.21
Others	200	6.22
Total:	3214	100
Age Group	Frequency	Percentage (%)
25-34	43	1.32
35-44	266	8.18
45-54	562	17.29
55-64	757	23.29
65+	1622	49.91
Total:	3250	100
Disability	Frequency	Percentage (%)
Yes	2261	72.44
Disability not determined by VA yet	335	10.73
No	525	16.82
Total:	3121	100
Low Income	Frequency	Percentage (%)
No	2184	67.12
Yes	1070	32.88
Total:	3254	100
Employment Status	Frequency	Percentage (%)
Not unemployed	3082	94.71
Unemployed	172	5.29
Total:	3254	100
Rural	Frequency	Percentage (%)
No	3236	99.45
Yes	18	0.55
Total:	3254	100

A5: Sample Descriptive Statistics, FVA Region 4 South Texas

Selected Demographic Characteristic	Frequency	Percentage (%)
Gender	Frequency	Percentage (%)
Male	851	89.02
Female	100	10.46
Prefer not to say	5	0.52
Total:	956	100
Race and Ethnicity	Frequency	Percentage (%)
Hispanic	465	48.79
NH White	411	43.13
NH Black	17	1.78
NH Asian	6	0.63
NH American Indian/Alaska Native	2	0.21
NH and Two or More races	15	1.57
Others	37	3.88
Total:	953	100
Age Group	Frequency	Percentage (%)
25-34	23	2.41
35-44	104	10.88
45-54	161	16.84
55-64	215	22.49
65+	453	47.38
Total:	956	100
Disability	Frequency	Percentage (%)
Yes	635	69.25
Disability not determined by VA yet	103	11.23
No	179	19.52
Total:	917	100
Low Income	Frequency	Percentage (%)
No	562	58.79
Yes	394	41.21
Total:	956	100
Employment Status	Frequency	Percentage (%)
Not unemployed	906	94.77
Unemployed	50	5.23
Total:	956	100
Rural	Frequency	Percentage (%)
No	917	95.92
Yes	39	4.08
Total:	956	100

A6: Sample Descriptive Statistics, FVA Region 5 Gulf Coast

Selected Demographic Characteristic	Frequency	Percentage (%)
Gender	Frequency	Percentage (%)
Male	2665	85.86
Female	406	13.08
Prefer not to say	33	1.06
Total:	3104	100
Race and Ethnicity	Frequency	Percentage (%)
Hispanic	454	14.68
NH White	1920	62.10
NH Black	443	14.33
NH Asian	22	0.71
NH American Indian/Alaska Native	22	0.71
NH and Two or More races	57	1.84
Others	174	5.63
Total:	3092	100
Age group	Frequency	Percentage (%)
25-34	80	2.58
35-44	291	9.38
45-54	503	16.21
55-64	568	18.30
65+	1661	53.53
Total:	3103	100
Disability	Frequency	Percentage (%)
Yes	1675	57.42
Disability not determined by VA yet	377	12.92
No	865	29.65
Total:	2917	100
Low income	Frequency	Percentage (%)
No	1961	63.18
Yes	1143	36.82
Total:	3104	100
Employment Status	Frequency	Percentage (%)
Not unemployed	2941	94.75
Unemployed	163	5.25
Total:	3104	100
Rural	Frequency	Percentage (%)
No	3099	99.84
Yes	5	0.16
Total:	3104	100

A7: SAMPLE DESCRIPTIVE STATISTICS, FVA Region 6 Central Texas

Selected Demographic Characteristic	Frequency	Percentage (%)
Gender	Frequency	Percentage (%)
Male	2951	82.68
Female	584	16.36
Prefer not to say	34	0.95
Total:	3569	100
Race and Ethnicity	Frequency	Percentage (%)
Hispanic	463	13.07
NH White	2293	64.74
NH Black	417	11.77
NH Asian	30	0.85
NH American Indian/Alaska Native	21	0.59
NH and Two or More races	82	2.32
Others	236	6.66
Total:	3542	100
Age group	Frequency	Percentage (%)
25-34	72	2.02
35-44	340	9.52
45-54	560	15.68
55-64	831	23.27
65+	1768	49.51
Total:	3571	100
Disability	Frequency	Percentage (%)
Yes	2234	65.26
Disability not determined by VA yet	374	10.93
No	815	23.81
Total:	3423	100
Low Income	Frequency	Percentage (%)
No	2317	64.87
Yes	1255	35.13
Total:	3572	100
Employment Status	Frequency	Percentage (%)
Not unemployed	3395	95.04
Unemployed	177	4.96
Total:	3572	100
Rural	Frequency	Percentage (%)
No	3517	98.46
Yes	55	1.54
Total:	3572	100

A8: Sample Descriptive Statistics, FVA Region 7 East Texas

Selected Demographic Characteristic	Frequency	Percentage (%)
Gender	Frequency	Percentage (%)
Male	978	87.24
Female	134	11.95
Prefer not to say	9	0.80
Total:	1121	100
Race and Ethnicity	Frequency	Percentage (%)
Hispanic	50	4.48
NH White	886	79.46
NH Black	71	6.37
NH Asian	2	0.18
NH American Indian/Alaska Native	7	0.63
NH and Two or More races	26	2.33
Others	73	6.55
Total:	1115	100
Age Group	Frequency	Percentage (%)
25-34	17	1.52
35-44	81	7.23
45-54	156	13.93
55-64	241	21.52
65+	625	55.80
Total:	1120	100
Disability	Frequency	Percentage (%)
Yes	606	56.79
Disability not determined by VA yet	146	13.68
No	315	29.52
Total:	1067	100
Low Income	Frequency	Percentage (%)
No	626	55.84
Yes	495	44.16
Total:	1121	100
Employment Status	Frequency	Percentage (%)
Not unemployed	1074	95.81
Unemployed	47	4.19
Total:	1121	100
Rural	Frequency	Percentage (%)
No	1057	94.29
Yes	64	5.71
Total:	1121	100

A9: Sample Descriptive Statistics, FVA Region 8 North Texas

Selected Demographic Characteristic	Frequency	Percentage (%)
Gender	Frequency	Percentage (%)
Male	4427	86.13
Female	656	12.76
Prefer not to say	57	1.11
Total:	5140	100
Race and Ethnicity	Frequency	Percentage (%)
Hispanic	547	10.70
NH White	3437	67.26
NH Black	603	11.80
NH Asian	58	1.14
NH American Indian/Alaska Native	37	0.72
NH and Two or More races	108	2.11
Others	320	6.26
Total:	5110	100
Age Group	Frequency	Percentage (%)
18-24	1	0.02
25-34	88	1.71
35-44	444	8.64
45-54	794	15.45
55-64	1154	22.46
65+	2658	51.72
Total:	5139	100
Disability	Frequency	Percentage (%)
Yes	2676	54.85
Disability not determined by VA yet	690	14.14
No	1513	31.01
Total:	4879	100
Low Income	Frequency	Percentage (%)
No	3404	66.21
Yes	1737	33.79
Total:	5141	100
Employment Status	Frequency	Percentage (%)
Not unemployed	4872	94.77
Unemployed	269	5.23
Total:	5141	100
Rural	Frequency	Percentage (%)
No	5115	99.49
Yes	26	0.51
Total:	5141	100

APPENDIX C – VETERANS SURVEY DATA ANALYSIS

In this appendix, we describe in further detail our methodology of veteran survey data analysis and provide additional results to supplement the findings presented in the main text.

In our main analysis, we explore the predictors of all types of service needs, service barriers, and sources of information. We estimate the following cross-sectional linear probability model on the full veterans sample:

$$\Pr(Y_{izg}) = \mathbf{X}_{izg}\boldsymbol{\beta} + Rural_{zg}\gamma + \delta_g + \varepsilon_{izg}$$

Where Y_{izg} denotes the binary outcome for each survey response by individual i located in the zip code area z in FVA region g . \mathbf{X}_{izg} is a vector of individual-level characteristics of the respondent derived from the survey questions, including gender, race and ethnicity, age group, educational attainment disability status, employment status, and low-income status. $Rural_{zg}$ represents the urban-rural classifications at the zip code level from the USDA Economic Research Service, which we use as a proxy for local economic and social conditions. δ_g captures the remaining unobservable characteristics at the FVA region-level. While clustering standard errors by FVA regions empirically tends to produce slightly more precise estimates in our case, we report the results of our statistical inference using the more conservative heteroskedasticity-robust standard errors.

We are primarily interested in estimating the parameters $\boldsymbol{\beta}$, which can be interpreted as the changes in predicted probability of a positive outcome in percentage points relative to the base group, holding all other variables constant. For example, for statewide service needs in childcare, the estimated coefficient of 0.045 on *Female* suggests that female respondents (*Female* = 1) are on average 4.5 percentage points more likely to report this need relative to male respondents (*Female* = 0). For race and ethnic groups, we always use non-Hispanic white as the base group. To clarify, we do not recommend using these estimated parameters to make out-of-sample prediction of future needs and barriers, nor do we believe it is appropriate to interpret them as casual effects. The interpretations are rather limited within the scope of the current assessment.

We present results on selected outcomes in Table 2 - Table 4. In addition to our statewide analysis using the full sample, we separately estimate the model on each region's subsample without region-specific effects. This allows us to compare the demographic groups of interest within each region. The full results are available upon request.

Table 2: Statewide Service Needs

	Addiction Substance	Mental Health Counseling	Transportation	Food	Emergency Financial Assistance	Employment Services
Hispanic	0.006 [1.35]	0.058*** [6.31]	0.021*** [3.36]	0.026*** [3.94]	0.046*** [6.21]	0.045*** [5.97]
NH Black	0.017** [2.84]	0.059*** [5.06]	0.049*** [5.90]	0.060*** [6.87]	0.110*** [11.08]	0.066*** [6.65]
NH Asian	-0.003 [-0.17]	0.017 [0.48]	0.018 [0.79]	0.030 [1.18]	0.027 [0.94]	0.091** [2.66]
Female	0.006 [1.14]	0.101*** [10.34]	0.037*** [5.34]	0.041*** [5.71]	0.034*** [4.37]	-0.001 [-0.15]
Disabled	0.005 [1.54]	0.144*** [25.96]	0.020*** [4.83]	0.015*** [3.50]	0.022*** [4.66]	0.003 [0.66]
College	-0.006* [-2.00]	-0.007 [-1.23]	-0.008 [-1.94]	-0.026*** [-6.03]	-0.017*** [-3.62]	0.013** [2.60]
Unemployed	0.025** [2.73]	0.054*** [3.42]	0.044*** [3.63]	0.062*** [4.59]	0.126*** [8.24]	0.461*** [28.66]
Student	-0.003 [-0.19]	-0.003 [-0.11]	0.001 [0.04]	0.030 [1.55]	0.027 [1.21]	0.094*** [3.85]
Low income	0.015*** [4.40]	0.047*** [7.34]	0.074*** [15.59]	0.119*** [23.27]	0.138*** [24.66]	0.041*** [7.72]
Age group control	Y	Y	Y	Y	Y	Y
Region FE	Y	Y	Y	Y	Y	Y
N	18,286	18,286	18,286	18,286	18,286	18,286

t statistics in brackets

* p<0.05 ** p<0.01 *** p<0.001

Table 3: Statewide Sources of Information

	County Service Officer	Social Media	TVC Website	Tex Vet Website	Vet Service Org
Hispanic	-0.012 [-1.17]	-0.013 [-1.26]	0.031* [2.32]	0.009 [0.85]	-0.049*** [-3.48]
NH Black	-0.042** [-3.26]	0.014 [0.88]	0.039* [2.07]	0.014 [0.91]	0.007 [0.38]
NH Asian	0.000 [0.01]	-0.007 [-0.17]	-0.043 [-1.02]	-0.038 [-1.13]	0.015 [0.26]
Female	-0.019 [-1.83]	0.041*** [3.30]	-0.043** [-3.25]	-0.022* [-2.01]	-0.010 [-0.63]
Disabled	0.099*** [12.28]	0.009 [1.15]	-0.018 [-1.80]	0.009 [1.13]	0.182*** [18.77]
College	0.000 [0.01]	-0.007 [-0.95]	0.018 [1.86]	-0.002 [-0.21]	0.018 [1.78]
Unemployed	0.027 [1.49]	0.014 [0.72]	0.010 [0.44]	0.004 [0.24]	0.003 [0.13]
Student	0.005 [0.21]	-0.001 [-0.02]	-0.047 [-1.73]	-0.033 [-1.45]	0.002 [0.04]
Low income	-0.016 [-1.94]	-0.003 [-0.36]	0.007 [0.72]	-0.004 [-0.46]	-0.038*** [-3.73]
Age group control	Y	Y	Y	Y	Y
Rural control	Y	Y	Y	Y	Y
Region FE	Y	Y	Y	Y	Y
N	7,749	7,749	7,749	7,749	7,749

t statistics in brackets

* p<0.05 ** p<0.01 *** p<0.001

Table 4: Statewide Service Barriers

	Transportation	Where To Get Help	Few Service Providers	Environment of Providers	Costs & Finances	What Others Think
Hispanic	-0.006 [-1.16]	0.051*** [4.88]	-0.007 [-0.95]	0.011 [1.67]	0.018* [2.18]	0.012 [1.88]
NH Black	0.007 [1.07]	0.059*** [4.67]	-0.006 [-0.66]	0.003 [0.31]	-0.004 [-0.37]	-0.016* [-2.14]
NH Asian	0.025*** [4.19]	0.052*** [4.92]	0.050*** [6.04]	0.015* [2.10]	0.053*** [5.99]	-0.001 [-0.12]
Female	0.049 [1.93]	0.039 [0.94]	0.019 [0.65]	0.066* [2.03]	0.022 [0.68]	0.053 [1.82]
Disabled	0.033*** [9.09]	0.118*** [15.15]	0.081*** [15.53]	0.068*** [16.10]	0.047*** [8.19]	0.044*** [10.93]
College	-0.007* [-2.03]	-0.052*** [-7.20]	0.017** [3.18]	0.007 [1.49]	-0.026*** [-4.52]	-0.011** [-2.67]
Unemployed	0.027** [2.68]	0.113*** [6.83]	0.033* [2.46]	0.043*** [3.45]	0.037* [2.46]	0.022 [1.92]
Student	-0.016 [-1.20]	-0.027 [-1.08]	-0.016 [-0.81]	-0.018 [-1.04]	-0.026 [-1.24]	0.011 [0.62]
Low income	0.047*** [11.36]	0.092*** [11.98]	0.046*** [7.94]	0.018*** [3.72]	0.107*** [16.84]	0.014** [2.94]
Age group control		Y	Y	Y	Y	Y
Rural control		Y	Y	Y	Y	Y
Region FE		Y	Y	Y	Y	Y
N	18,286	18,286	18,286	18,286	18,286	18,286

t statistics in brackets

* p<0.05 ** p<0.01 *** p<0.001

APPENDIX D – TVC VETERANS SURVEY



Q1.1 Texas Veterans Commission (TVC) requests you to participate in this **survey** conducted by Texas A&M University contracted by the TVC. Texas legislature wants TVC to identify the needs of veterans and their families from various regions of Texas to make sure these needs can be addressed through appropriate resources. Your feedback is very important to help identify the needs and resources for Texas veterans.

It should take less than 15 minutes to complete the survey. Your participation in this survey is anonymous and voluntary. Please remember you can skip any questions you do not want to answer before submitting your responses. No personal information will be kept linking you to your responses.

If you have questions or concerns about this survey, please feel free to contact **TVC at 512-463-1157**.

By clicking on the link below, you agree to participate in this survey! Thank you very much for taking the time for this survey!

Q1.2 Have you already participated in a survey about Texas veterans needs conducted by Texas A&M in September 2023?

- Yes
- No
- I don't know.

Skip To: End of Survey If Q1.2 = Yes

Q1.3 Are you:

- A veteran of the U.S. Armed Forces
- Currently serving on active duty in the U.S. Armed Forces
- Formerly or currently serving with the Reserve Forces
- Formerly or currently serving with the National Guard
- The surviving spouse of a veteran (as defined by the U.S. Dept of Veteran Affairs)
- The current spouse of a veteran, active-duty member, reservist, or National Guard member
- None of the above

Skip To: End of Survey If Q1.3: = None of the above

Q1.4 Do you currently live in Texas?

- Yes
- No

Skip To: End of Survey If Do you currently live in Texas? = No

Q2.1 Which of the following services do you or your family need? **Please select all that apply.** If there is a service not on the list, please select “Other” and specify the service.

- Addiction and Substance Abuse Counseling
- Business start-up & training programs, entrepreneurial support services
- Childcare/ Youth Mentor Programs
- Clinical Mental Health Counseling (for PTSD, Anxiety, Depression, or other service-connected mental health concern)
- Elder care (Assistive Technology like wheelchairs, hearing aids, eyeglasses)
- Emergency Financial assistance (rent, mortgage, utilities, etc.)
- Employment services (job skills and training programs, job search assistance)
- Family counseling
- Food
- Home Repair or Modifications (to improve accessibility and/or accommodate disability)
- Homeless Housing
- Integrative or Alternative Therapy (holistic, acupuncture, equine, recreation, adventure, etc.)
- Legal help (legal aid, legal clinics, and legal services other than Veterans Courts)
- Peer Support (talking with others who have similar experiences)
- Service Dog for Mental Health
- Service Dog for Physical Disability
- Transition assistance.
- Transportation (Example - mass transit or private vehicle repair)
- Other (Please Specify) _____

Display This Question if more than 2 answers were selected in Q2.1 (Carry forward selected choices)

Q2.2 Of the services you selected so far as your need, which are your top-most **two** needs?

- Addiction and Substance Abuse Counseling
- Business start-up & training programs, entrepreneurial support services
- Childcare/ Youth Mentor Programs
- Clinical Mental Health Counseling (for PTSD, Anxiety, Depression, or other service-connected mental health concern)
- Elder care (Assistive Technology like wheelchairs, hearing aids, eyeglasses)
- Emergency Financial assistance (rent, mortgage, utilities, etc.)
- Employment services (job skills and training programs, job search assistance)
- Family counseling
- Food
- Home Repair or Modifications (to improve accessibility and/or accommodate disability)
- Homeless Housing
- Integrative or Alternative Therapy (holistic, acupuncture, equine, recreation, adventure, etc.)
- Legal help (legal aid, legal clinics, and legal services other than Veterans Courts)
- Peer Support (talking with others who have similar experiences)
- Service Dog for Mental Health
- Service Dog for Physical Disability
- Transition assistance.
- Transportation (Example - mass transit or private vehicle repair)
- Other (Please Specify) _____

Q2.3 Have you ever received veteran services from the Texas Veterans Commission?

- Yes
- No
- I don't know.

Display This Question if Q2.3 = Yes

Q2.4 How did you learn about veteran services from TVC? ***Please select all that apply.***

- County Service Officer
- Friend or Family member
- Internet search
- Military Veteran Peer Network
- Non-Government Organizations
- Social media such as Facebook, Twitter, YouTube, etc.
- Social Worker
- Texas 2-1-1
- Texas Veterans Commission Website
- TexVet Website
- TV/Radio commercials
- VA Healthcare
- Veteran Service Organizations (Disabled American Veterans, Veterans of Foreign Wars etc.)
- Other (please specify) _____

Q2.5 When you are looking for veteran services, which of the following sources of information would you use? **Please select all that apply.**

- County Service Officer
- Friend or Family member
- Internet search
- Military Veteran Peer Network
- Non-Government Organizations
- Social media such as Facebook, Twitter, YouTube, etc.
- Social Worker
- Texas 2-1-1
- Texas Veterans Commission Website
- TexVet Website
- TV/Radio commercials
- VA Healthcare
- Veteran Service Organizations (Disabled American Veterans, Veterans of Foreign Wars etc.)

Display This Question if more than 2 answers were selected in Q2.5 (Carry forward selected choices)

Q2.5a Of the ones you selected so far, which are the **two** most important sources of information to you when you look for veteran services?

- County Service Officer
- Friend or Family member
- Internet search
- Military Veteran Peer Network
- Non-Government Organizations
- Social media such as Facebook, Twitter, YouTube, etc.
- Social Worker
- Texas 2-1-1
- Texas Veterans Commission Website
- TexVet Website
- TV/Radio commercials
- VA Healthcare
- Veteran Service Organizations (Disabled American Veterans, Veterans of Foreign Wars etc.)

Q2.6 What has stopped you from receiving services you need? *Please select all that apply.*

- Difficulty getting time off work
- Transportation difficulty
- Not knowing where to get help
- Not understanding what benefits I qualify for
- Few service providers in the area
- Limited appointment availability
- Confidentiality and privacy concerns
- Unwelcoming environment with service providers
- Potential costs and finances
- Worry and concerns about what others will think
- Life responsibilities limiting my time
- Legal issues
- Other issues (please specify)_____

Display This Question if more than 2 answers were selected in Q2.6 (Carry forward selected choices)

Q2.6a Of the hurdles you selected so far, which are your two top-most hurdles?

- Difficulty getting time off work
- Transportation difficulty
- Not knowing where to get help
- Not understanding what benefits I qualify for
- Few service providers in the area
- Limited appointment availability
- Confidentiality and privacy concerns
- Unwelcoming environment with service providers
- Potential costs and finances
- Worry and concerns about what others will think
- Life responsibilities limiting my time
- Legal issues
- Other issues (please specify)_____

Q3.1 The Texas Veterans Commission Fund for Veterans' Assistance (FVA) provides grants to nonprofit organizations and local government programs to address the needs of Texas veterans and their families.

Have you ever heard of the Texas Veterans Commission (TVC)?

- Yes
- No

Q3.2 Did you know the TVC provides grant funding to local organizations to assist veterans and their families?

- Yes
- No

Display This Question if Q3.2 = Yes

Q3.3 Do you know how to access these TVC grant funded services?

- Yes
- No

Q3.4 Have you or someone you know benefited from a TVC grant funded service?

- Yes
- No
- I Do Not Know

Display This Question if Q3.4 = Yes

Q3.5 Did the service you or they received improve the quality of your or their life?

- Yes
- No
- I Do Not Know

Q4.1 The following questions cover topics related to your military service history. All questions in this section are optional. If you do not feel comfortable answering any question, please select “Prefer not to say.”

Have you ever served on active duty?

- Only on active duty for training in the Reserves or National Guard
- National Guard or Reserves member who served on active duty for a purpose other than training
- Now on active duty
- On active duty in the past, but not now
- Retired from active duty military after reaching retirement eligibility
- Medically retired from active duty
- No, I have never served on active duty
- Prefer not to say

Display This Question if Active-Duty History is present.

Q4.2 What years did you serve?

Q4.3 Do you receive monthly compensation from the VA?

- Yes
- No
- Prefer not to say.

Display This Question Q4.3 = Yes

Q4.4 What is it for?

Q4.5 Do you have a service-connected disability?

- Yes, I have a service-connected disability
- I submitted a claim, but my disability is not yet determined by VA.
- I need a service-connected disability determination but have not filed yet.
- I do not have a service-connected disability.
- Prefer not to say

Q5.1 The next set of questions asks about your **geographical location, marital status, living situation, employment, education, gender, age, race, ethnicity, and income**. Gathering this demographic information is **very important** to help TVC know about what is needed in the different regions of Texas to provide necessary services.

D1 What is the five-digit zip code of your primary residence?

Display This Question If ZIP is empty

D1a What county do you live in?

D2 What is your current marital/relationship status?

- Single
- Married
- Divorced, Separated, or Widowed
- Prefer not to say.

D3 What is your current living situation?

- I live alone in my home.
- I live in a household with other people (friends, family, roommates, etc.)
- Temporarily staying with a relative/friend
- Temporarily staying in a shelter or am homeless.
- Prefer not to say.

D4 Choose the best options from the choices below to describe your employment status. **Please select all that may apply.**

- Employed full-time
 - Employed part-time
 - Self-employed
 - Disabled and unable to work
 - Student
 - Unemployed and looking for work
 - Retired
 - Prefer not to answer
-

D5 What is the highest degree or level of education you have completed?

- Some High School
- High School Diploma or GED
- Bachelor's Degree
- Graduate Degree
- Trade School or Apprenticeship
- Prefer not to say.

D6 What is your gender?

- Man
- Woman
- Prefer not to say

D7 What is your age? (Enter in whole numbers, i.e. 65)

D8 Are you of Hispanic, Latino or Spanish origin?

- Yes
- No

D9 How would you describe yourself?

- Asian
- Black or African American
- White
- American Indian
- Alaska Native
- Not listed (please specify) _____
- Prefer not to respond

Display This Question if D3 does not list "homeless"

D10 How many people live in your household?

Display This Question if D3 does not list "homeless"

D11 How many individuals in your household are under the age of 23?

D12 Is your total annual household income below $\{e://Field/Income\}$?

- Yes
 - No
 - I don't know.
 - Prefer not to say.
-

FG1 Would you be interested in participating in an hour-long listening session in the future where you could share your thoughts about veteran services in Texas with the Texas A&M researchers?

- Yes
- No

Display This Question if FG1 = Yes

FG2 What is your email address?

D13 Do you have anything else you'd like to share with TVC?

APPENDIX E – TVC ORGANIZATIONAL SURVEY



Q1.1 Texas Veterans Commission (TVC) requests you to participate in this survey conducted by Texas A&M University contracted by the TVC. Texas legislature wants TVC to identify the needs of veterans and their families from various regions of Texas to make sure these needs can be addressed through appropriate resources. Your feedback is very important to help identify the needs and resources for Texas veterans.

It should take less than 13 minutes to complete the survey.

If you have questions or concerns about this survey, please feel free to contact TVC at 512-463-1157.

By clicking on the link below, you agree to participate in this survey! Thank you very much for taking the time for this survey!

Q1.2 Have you already participated in a survey about veteran serving organizations in Texas conducted by Texas A&M in September 2023?

- Yes
- No
- I don't know

Skip To: End of Survey If Q1.2 = Yes

Q1.3 What is the name of the organization you work for that helps veterans?

Q1.4 What county does your organization serve? *If your organization serves multiple counties, please select the county of your organizations HQ and list additional counties below.*

▼ Anderson (1) ... Zavala (254)

Q1.5 Additional Counties: _____

Q1.6 Does your organization track services provided to military veterans?

- Yes
- No
- Not Sure

Display This Question if Q1.6 = Yes

Q1.7 How long has your organization tracked services provided to military veterans?

- Less than one year
- 1 - 3 years
- 3 - 5 years
- 5+ years
- Not sure

Q2.1 Which of the following services does your organization offer to Texas veterans, their dependents, and/or surviving spouses? **Please select all that apply.**

If there is a service not on the list, please select "Other" and specify the service.

- Addiction and Substance Abuse Counseling
- Business start-up & training programs, entrepreneurial support services
- Childcare/ Youth Mentor Programs
- Clinical Mental Health Counseling (for PTSD, Anxiety, Depression, or other service-connected mental health concern)
- Elder care (Assistive Technology like wheelchairs, hearing aids, eyeglasses)
- Emergency Financial assistance (rent, mortgage, utilities, etc.)
- Employment services (job skills and training programs, job search assistance)
- Family counseling
- Food
- Home Repair or Modifications (to improve accessibility and/or accommodate disability)
- Homeless Housing
- Integrative or Alternative Therapy (holistic, acupuncture, equine, recreation, adventure, etc.)
- Legal help (legal aid, legal clinics, and legal services other than Veterans Courts)
- Peer Support - Talking with others who have similar experiences
- Service Dog for Physical Disability
- Service Dog for Mental Health
- Transition Assistance
- Transportation (Example - mass transit or private vehicle repair)
- Other (Please Specify) _____

Q2.2 How many veterans, dependents, and surviving spouses did your organization serve in 2022?

Q2.3 Does your organization partner with other local community organizations or veteran service organizations to provide services to veterans and their families?

- Yes, throughout the year. (1)
- Only on occasion for special projects or events (Memorial Day, Veterans Day, Thanksgiving, Christmas, etc.) (2)
- No, not at all. (3)
- I don't know. (4)

Q2.4 Please select the **three most essential** services by veterans and/or their families in your community. *To select a service, drag the item from the left-hand side over to the "Most Essential" box.*

- Addiction and Substance Abuse Counseling
- Business start-up & training programs, entrepreneurial support services
- Childcare/ Youth Mentor Programs
- Clinical Mental Health Counseling
- Elder care
- Emergency Financial assistance
- Employment services
- Family counseling
- Food
- Home Repair or Modifications
- Homeless Housing
- Integrative or Alternative Therapy
- Legal help
- Peer Support
- Service Dog for Physical Disability
- Service Dog for Mental Health
- Transportation

Q2.5 Are there any services not listed previously that could assist your organization in serving veterans?

Q2.6 The following question outlines barriers that prevent veterans and/or their families from accessing needed services. Please indicate what you believe stops veterans in your community from accessing services they need. **Please select all that apply.**

- Difficulty getting time off work
- Transportation difficulty
- Not knowing where to get help
- Not understanding what benefits they qualify for
- Few service providers in the area
- Limited appointment availability
- Confidentiality and privacy concerns
- Unwelcoming environment with service providers
- Potential costs and finances
- Worry and concerns about what others will think
- Life responsibilities limiting their time
- Legal issues
- Other (Specify) _____

Display This Question if more than 2 answers were selected in Q2.5 (Carry forward selected choices)

Q2.6a Of the barriers you selected previously, please indicate which you feel are the two top-most barriers.

- Difficulty getting time off work
- Transportation difficulty
- Not knowing where to get help
- Not understanding what benefits they qualify for
- Few service providers in the area
- Limited appointment availability
- Confidentiality and privacy concerns
- Unwelcoming environment with service providers
- Potential costs and finances
- Worry and concerns about what others will think
- Life responsibilities limiting their time
- Legal issues
- Other (Specify) _____

Q2.7 How do veterans know what services your organization provides? **Please select all that apply.**

- Your Organization's Website or Newsletter
- Texas 2-1-1
- VA Healthcare
- TV/Radio commercials
- Social media such as Facebook, Twitter, YouTube, etc.
- County Service Officer
- Veteran Service Organizations (Disabled American Veterans, Veterans of Foreign Wars etc.)
- Social Worker
- Friend or Family member
- Internet search
- Military Veteran Peer Network
- Non-Government Organizations
- TexVet Website
- Texas Veterans Commission Website
- Other (please specify) _____

Q2.8 What type of grant funds does your organization use to provide services to veterans and their families? **Please check all that may apply.**

- Private
- Federal
- State
- Municipal/County
- Our organization does not use grant funds.

Q2.9 Are you or members of your organization familiar with grants available from the Texas Veterans Commission (TVC)? These are grants for nonprofit organizations and local government entities, and these grants specifically serve veterans, their dependents, and surviving spouses.

- Yes
- No

Display This Question if Q2.9 = Yes

Q2.10 How did your organization learn about the grant program?

Q2.11 Has your organization applied for a grant from the TVC?

- Yes
- No
- I don't know

Display This Question if Q2.11 = No

Q2.12 Why has your organization not applied for grant funding from TVC?

Q2.13 Have you visited TVC's website (www.tvc.texas.gov)?

- Yes
- No
- I don't know

Display This Question if Q2.13 = Yes

Q2.14 Please indicate how much you agree or disagree with the following prompt: **TVC's website provides clear and concise information about its grant programs.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Display This Question Q2.13 = Yes

Q2.15 Do you have any recommendations for accessing TVC grant information on the TVC website?

- Yes
- No

Display This Question if Q2.15 = Yes

Q2.16 What are the recommendations you would like to make about accessing TVC Grant information on the TVC website?

Display This Question if Q2.11 = Yes

Q3.1 Did you find any aspects of the application process challenging or difficult?

- Yes
- No
- Not Sure

Display This Question if Q3.1= Yes

Q3.2 What aspects of the application process did you find challenging or difficult?

Q3.3 In your opinion, what can TVC do to improve the application process?

Q3.4 Have you ever been awarded a grant from TVC?

- Yes
- No
- Not sure

Q4.1 Please indicate how much you agree or disagree with the following prompts.

- My organization's staff understood the TVC grant requirements BEFORE we applied.
- My organization's staff understood the TVC grant requirements AFTER we were awarded the grant.
- TVC's webinar recordings and other reference material on grants and application processes are helpful.
- TVC's email communications and the website are helpful during the grant performance period.

Q4.2 If you have experienced a grant compliance visit from TVC, was this visit helpful to you as a grantee?

- Yes
- No
- Does not apply, we never had a grant compliance visit.

Q4.3 What aspects, if any, of the TVC grantee experience did you find challenging or difficult?

Q4.4 In your opinion, what can TVC do to improve the grantee experience?

FG1 Would you be interested in participating in an hour-long listening session in the future where you could share your thoughts about veteran services in Texas with the Texas A&M researchers?

- Yes
- No

Display This Question if FG1 = Yes

FG2 What is your email address?

APPENDIX F – TVC FOCUS GROUP RECRUITMENT EMAIL

TVC Focus Group Recruitment Email – Veterans

From Name: Texas Veterans Commission

From/reply to: pprisurvey@ppri.tamu.edu

Subject Line: Texas Veterans Commission Needs Assessment Focus Groups

Good Morning/Afternoon,

Texas A&M University has been contracted by the Texas Veterans Commission (TVC) to conduct a Needs Assessment on Texas Veterans and their families. The information gathered will help TVC to allocate resources according to the needs and priorities expressed by the Texas veterans and their dependents and to remove barriers to accessing those resources.

You expressed an interest in participating in a **Virtual Focus Group**. We are now getting ready for these focus groups. A focus group is a guided discussion with a group of people about selected topics. **We want to reconfirm if you would like to participate in a virtual focus group in February 2024 using the Zoom platform.**

The February virtual focus group will ask you about the needs of veterans in your area of Texas and the barriers to accessing resources. The focus group will be held at **10am on a Tuesday or Thursday in February** for 60 – 90 minutes and will include no more than 30 participants. **After participation in the focus group, you will receive a \$25 Amazon gift card.**

If you are interested in participating, we need you to **complete a short survey** to verify your details and make sure there is room in the group to accommodate you. If we have more than 30 people interested, we will create a wait list in case anyone from your area cancels.

Please click on the link below to sign up. Thank you!

[CUSTOM LINK]

This email is coming from Texas A&M University. If you have any questions or concerns about this email or the survey, please feel free to contact Texas A&M's Public Policy Research Institute by emailing pprisurvey@ppri.tamu.edu and providing your phone number so we can call you back.

TVC has contracted with the Public Policy Research Institute at Texas A&M University to hold focus groups with Texas Veterans in February. This work supports the state mandated Needs Assessment (sec 434.017 of the Texas Government Code) and will be used to help set priorities for TVC grants. Information about these Focus Groups is also available on the TVC website at the following address: <https://www.tvc.texas.gov/grants>

TVC Focus Group Recruitment Email – Organizations

From Name: Texas Veterans Commission

From/Reply-to: pprisurvey@ppri.tamu.edu

Subject Line: Texas Veterans Commission Needs Your Help in Focus Groups

Greetings!

Texas A&M University has been contracted by the Texas Veterans Commission (TVC) to conduct a Needs Assessment on Texas Veterans and their families. The information gathered will help TVC to allocate resources according to the needs and priorities expressed by the Texas veterans and their dependents and to remove barriers to accessing those resources.

You expressed an interest in participating in a **Virtual Focus Group**. We are now getting ready for these focus groups. A focus group is a guided discussion with a group of people about selected topics. **We want to reconfirm if you would like to participate in a virtual focus group in February 2024 using the Zoom platform.**

From your organizational viewpoint, the February virtual focus group will seek your insights about the needs of veterans in your area of Texas and the barriers to accessing resources. The focus group will be held at **2pm on a Tuesday or Thursday in February** for 60 – 90 minutes and will include no more than 30 participants.

If you are interested in participating, we need you to **complete a short survey** to verify your details and make sure there is room in the group to accommodate you. If we have more than 30 people interested, we will create a wait list in case anyone from your area cancels.

Please click on the link below to sign up. Thank you!

[CUSTOM LINK]

This email is coming from Texas A&M University. If you have any questions or concerns about this email or the survey, please feel free to contact Texas A&M's Public Policy Research Institute by emailing pprisurvey@ppri.tamu.edu and providing your phone number so we can call you back.

TVC has contracted with the Public Policy Research Institute at Texas A&M University to hold focus groups with Texas Veterans in February. This work supports the state mandated Needs Assessment (sec 434.017 of the Texas Government Code) and will be used to help set priorities for TVC grants. Information about these Focus Groups is also available on the TVC website at the following address: <https://www.tvc.texas.gov/grants>

APPENDIX G – TVC FOCUS GROUP GUIDE

2024 TVC Needs Assessment Focus Group Guide

Welcome and Thank You

TITLE SLIDE: (Adapt) Good [morning/afternoon/] and thank you all for being here today! My name is [NAME] and I work at the Public Policy Research Institute, Texas A&M. Also joining me from PPRI is my colleague XX who will co-facilitate this session with me today.

SESSION CONTEXT SLIDE: Our organization has been contracted by the Texas Veterans Commission to conduct a needs assessment that is mandated by the state legislature. As an applied policy research outfit, we have been doing these types of research work for various Texas and federal agencies for more than 40 years.

So, what is needs assessment? Needs Assessment is a process used to determine priorities, make organizational improvements, or allocate resources wisely. Today’s focus group is part of this Needs Assessment work to help TVC with its mission of serving Texas Veterans and their families. TVC wants to know about the needs of Texas veterans and their families to allocate resources appropriately. The agency is mandated to do these every 4 years; we also conducted the needs assessment in 2020!

We couldn’t do this focus group without your participation and so, we thank you all and look forward to hearing your thoughts regarding the topics we will cover.

TVC & VA SLIDE: In this slide, you see the difference between TVC and VA. Often, veterans start talking about VA’s services and this is why it is important to emphasize that today’s session is about TVC. TVC is not VA. VA is a federal agency while TVC is the state agency. (Then read out parts of definitions on slide.)

GROUND RULES SLIDE: Before we start, we would like to draw your attention to a few rules to keep in mind, so we have a great collective experience today. For the 4-5 questions we will ask today, there are no right or wrong answers. We would like to hear from everyone here. The session will be recorded primarily to help us note take. The responses will be reported in an aggregate manner and nobody will be quoted. We request you to respect the confidentiality of responses as well as be respectful about any differences of opinions.

Does anyone have any questions for us before we go ahead and start our questions?

[FIELD ANY QUESTIONS]

We will now go ahead and start the recording for this session. Just to remind you, this is for our note-taking purposes only.

[START RECORDING and handle anybody who is uncomfortable with recording]

LIST OF QUESTIONS

MOST COMMON SERVICE NEED

DISCUSSION QUESTION SLIDE

Vet: Our first question is about individual service needs. What specific services have you, as a veteran, found most beneficial or necessary for yourself and your family?

Org: What services do you feel veterans in your community have found most necessary for themselves and their families?

- Can any of you share a personal experience where access to a particular service made a significant impact on your life (*a veteran's life*)?
 - Follow discussions and facilitate.
-

Q: As you can see in this slide, we conducted a survey of Texas veterans and the veterans from your area told us what you see here.

- Is this scenario agreeing with what you would expect as the most common need for veterans in your area?
- Is anything odd here? Do you agree with the ranking order you see in this slide?
- Are you surprised that something has not come up on this list?
- Thinking about resources, capacities, and services available for veterans, do you think these are “unmet” needs? Why or why not?

Barriers to Accessing Services

DISCUSSION QUESTION SLIDE

Vet: Our next question is about barriers. Have you ever faced challenges or barriers when trying to access services for veterans? If so, what were these hurdles?

Org: What challenges/barriers do veterans face when accessing services?
Follow discussion and facilitate.

SURVEY DATA SLIDE

What we show you here is from a survey of veterans in Texas that we conducted recently. Please take a moment to look at this slide.

“I don’t know the qualifications (eligibility) for the services” and **“I don’t know where to go for services”** came up as the first two barriers in both the surveys.

Most common need across all Texas regions, including your region, is not knowing about eligibility and not being aware about where to access services.

If a veteran is not aware of the benefits they qualify for, what do you believe might be the primary reasons for this lack of awareness?

In your opinion, what could be done to improve the accessibility of services for veterans?

Other questions:

- **Is this scenario agreeing with what you would expect as the key barriers?**
- **Is anything odd here?**
- **Does your idea about hurdles differ from what you see in the slide?**
- **Are you surprised that something has not come up in this list?**
- **Thinking about resources, capacities and services available for veterans, do you think these are barriers that are problematic to handle? Why or why not?**
- **What is needed to address these barriers?**

[Information Regarding Veterans Services/Marketing & Outreach Slides](#)

DISCUSSION QUESTION SLIDE

Vet: This is our next question. Where do you usually go to find information about available services, programs, or resources for veterans? How can TVC market the services for Texas veterans?

Org: What distribution channels do you feel are most effective for communicating with the veterans in your community? How can organizations in your area enhance their outreach efforts to ensure veterans in need are reached?

SURVEY DATA SLIDE

What we show you here is again from the survey of veterans in Texas that we conducted recently. Please take a moment to look at this slide. This is statewide data.

- What are your thoughts on what you see in this slide?

Internet search, TVC Healthcare and TVC Website came up as three top information sources that Texas veterans use. Are you surprised? Do you see anything missing from this scenario? Are there specific community events or platforms where veterans are more likely to engage with information about their benefits?

Feedback (Organizations only)

Org: Does your organization get feedback from veterans regarding the effectiveness of your current programs and services?

Future Needs

DISCUSSION QUESTION SLIDE

This last question has a futuristic orientation. Looking ahead, what do you foresee as the most critical needs for veterans in the coming years? Please think about the present and future and share with us your thoughts, comments, insights!

- **Please think about the present and future and share with us your thoughts, comments, insights!**
- **Of the needs we discussed, will all still be future needs?**
- **How can organizations better address those needs to support veterans in the future?**
- **Is there anything we have not discussed in this session that would dominate the future? Will any need go away?**

Closing

Thank you all for sharing your experiences and insights with us today. Your input is incredibly valuable and will contribute to our efforts in better understanding and addressing the needs of veterans and their families in Texas. If you have any additional thoughts or comments, please feel free to send us an email. We've dropped our contact information in the chat box.

Gift Card (ONLY FOR VETERANS)

Finally, please allow us to inform you that all participants will get an email within 72 working hours of the focus group with an Amazon gift card code to use and instructions for using the code. If after three days you DO NOT receive this code and need to contact us, please email: pprisurvey@ppri.tamu.edu

QUESTIONS FOR TVC

Helpline # 512-463-1157

grants@tvc.texas.gov

VETERAN CRISIS LINE

- **CALL 988 & PRESS 1**
- text 838255
- <https://www.veteranscrisisline.net/>

APPENDIX H – List of Previous Deliverables

Previous deliverables submitted to TVC are listed below for reference:

- Progress Summary Report (May to June 2023)
- Two Survey Instruments (August 2023)
- Progress Summary Report (July to September 2023)
- Survey Highlights Summary Report (January 2024)