
IDENTIFYING THE UNMET NEEDS OF TEXAS
VETERANS AND THEIR FAMILIES: A STATEWIDE
NEEDS ASSESSMENT

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1.0 EXECUTIVE SUMMARY

The data for this report covered three main dimensions of needs. In order of estimated priority, these dimensions were: (1) types of services, (2) geographic areas, and (3) characteristics of veterans and families served. These dimensions were prioritized in this order based on the variability across the categories within each dimension. Dimensions where the individual categories had more variation suggested a more unequal distribution of needs and therefore a potentially higher overall priority. However, this analytic approach is limited and the available data did not support a more definitive approach. Also, the decision as to which dimension of need to prioritize is largely a matter of TVC's organizational policy goals rather than something that can be conclusively determined by data analysis.

1.1 Priorities based on types of services

For veterans:

1. Funding programs that provide assistance with rent, mortgage and utilities will address an important need that is largely unmet, is perceived as relatively unavailable, and has a large impact on quality of life.
2. While the need for transportation was not highly prevalent, transportation needs are largely unmet and have a large impact on veterans' quality of life.
3. Living expenses other than housing or food and legal services are also relatively prevalent needs that are largely unmet and perceived as relatively unavailable.
4. Funding programs that focus on mental health and addiction will continue to address the most widespread and serious need among veterans.

For families of veterans:

1. While many families do not need child care and child mentoring, those that do have trouble meeting these needs.
2. While availability of assistance with rent, mortgage, and utilities and other living expenses is perceived as good and many families report they are receiving these types of assistance, there remains a prevalent need.
3. As with child care and child mentoring, the need home improvement/modifications is somewhat low but often goes unmet.

1.2 Geography-based priorities

1. Funding organizations that operate statewide will likely have the widest impact
2. When considering funding for organizations that serve specific regions (or counties), funding priorities should be:
 - Areas with large veteran populations
 - East Texas region
 - Alamo region
 - Veteran services in the Gulf Coast region

- Family services in North Texas region
- Organizations that meet key needs in rural areas

1.3 Priorities based veteran/family characteristics

For veterans:

1. Funding organizations and programs that focus on women, younger veterans, and low-income veterans
2. Funding organizations and programs in the Gulf Coast region

For families of veterans:

1. Funding organizations and programs that serve younger family members (under age 45) and households with low incomes
2. Funding organizations and programs in the North Texas region
3. Funding organizations and programs in rural counties

When considering programs that offer specific services, funding priorities should consider whether these programs serve the veteran and family sub-populations with the highest need.

1.4 Other priorities

1. Preliminary data from the focus groups suggest that veterans have a particularly high need for a variety of services for themselves and their families during their transition from military to civilian life. In addition to the stress that can accompany this transition, many military benefits have a lag and getting the correct paperwork to demonstrate eligibility can be a challenge. Funding programs that target veterans in transition could address an important but overlooked need.
2. While medical care and higher education services for veterans (and occasionally their families) are provided at the federal level, some veterans encountered frustration in getting good information about these services and getting access to these services. The TVC should consider prioritizing programs and organizations that provide support and assistance with access to these programs so that veterans and their families can receive the full benefit of these services.

2.0 BACKGROUND OF THE STUDY

The research for this report was conducted from September 2015 through February 2016 by the Center for Sociological Inquiry (“CSI”) at Texas State University. The primary CSI research team consisted of four Texas State University Faculty members and one graduate student:

- Dr. Joseph Kotarba – Co-Principal Investigator
- Dr. Jonathan Wivagg – Co-Principal Investigator
- Mr. Colin Pierson – Data Analyst
- Dr. Gloria Martinez – Focus Group Moderator
- Mr. Paul Kappler – Graduate Research Assistant

The CSI team conducted this research under contract with the Texas Veterans Commission (TVC). The goal of this study was to obtain and analyze data to identify and prioritize the service needs of Texas veterans and their families to help TVC make data-driven decisions about how to use the Fund for Veterans’ Assistance (FVA) to support organizations that serve veterans for maximum effectiveness in improving their quality of life. The Texas State CSI recognized that TVC wants to provide funding where it is most needed. In determining the needs of Texas veterans and their families, the focus was on identifying needs based on a variety of factors that included:

1. Prevalence and level – Wider presence or higher levels of need for a service increases the priority of funding programs that provide this service.
2. Unmet needs – More veterans or family members who are not receiving a needed service increases the priority of funding programs that provide this service.
3. Availability – Fewer organizations available to provide a needed service increases the priority of funding programs that provide this service.
4. Impact on quality of life – Services that most improve the lives of veterans and their families should have higher funding priority.

Obtaining direct input from Texas veterans and their families was highly important in understanding their needs. Because there was no comprehensive list of Texas veterans or family members to provide the basis for a random and representative sample, the survey used a **purposive sampling approach** that was able to obtain responses from a diverse cross-section of veterans. To strengthen the validity of the survey findings and offset any potential bias, the Texas State CSI used multiple data sources to supplement the survey findings. For this project, conclusions are based on the analysis of 5 sources of data:

1. Surveys of veterans and family members conducted by web and mail
2. Focus groups of veterans
3. Inventory analysis to identify the characteristics of organizations that serve Texas veterans and their families
4. Data about the demographic and geographic composition of Texas veterans obtained from the *Veterans in Texas: A Demographic Study* report by the Texas Workforce Investment Council.

5. A review of the literature and other documentation of previous research about the needs of veterans.

Further details about the data collection methodologies are provided in Section 5. The conclusions from this report are designed to guide decisions about how the TVC distributes funding for programs and organizations that help Texas veterans and their families.

3.0 NEEDS OF TEXAS VETERANS AND FAMILIES

3.1 Framework for Understanding Needs

The primary goal of this research effort was to understand the needs of Texas veterans and their families. To identify funding priorities, this research focused on identifying needs that met one or more of several criteria:

1. Widespread among veterans or family members (high demand for services)
2. Relatively scarce or inadequate (low supply and/or low quality of services)
3. Largely unmet (barriers to access or lack of availability)
4. Highly important to the quality of life of Texas veterans and their families (high relevance)

Using the five data sources mentioned above (surveys, focus groups, service inventory analysis, existing geographic/demographic data, and literature review), the CSI research team set out to answer 4 primary questions:

1. **Where are the needs greatest?** Texas is a large and geographically diverse state and veterans and family members in different parts of the state have different levels and types of needs.
2. **What are the most pressing needs?** the survey component of this research asked Texas veterans and their families about 10 types of services:
 - Mental Health services
 - Food
 - Transportation
 - Child Care
 - Child Mentoring
 - Legal Assistance
 - Assistance with finding employment or jobs
 - Living expenses other than housing or food
 - Paying rent, mortgage or utilities
 - Home improvements or modifications due to disability

This list of services was developed in consultation with TVC based on the types of organizations that have applied for and received funding in the past. While medical care is a prevalent and important need among Texas veterans and their families, the survey did not ask about this need because these services are provided by the U.S. Department of Veterans Affairs (VA), a federal governmental agency, and therefore not directly supported by TVC grant funding.

3. **Who has the greatest needs?** Texas veterans and their families are diverse across traditional demographic characteristics (sex, age, income, marriage/family status, employment status, etc.). Texas veterans also differ based on the length and nature of their military service (e.g. branch, discharge date, years of service, combat experience, and service-related medical conditions).
4. **How do veterans and their families get information about and access to services?** Services that veterans and families do not know about or cannot access are unable to meet their needs. Therefore, this research focused on potential barriers to awareness and access.

While not initially envisioned as a focus of this research, input from focus groups provided the important insight that the period of transition out of the military is a time when veterans and their families have a high need for support. This suggests that the needs of veterans and their families also significantly depend on the stage of their transition from military to civilian life.

3.2 Where are the needs greatest?

Because Texas is a large state, the geographic analysis of the needs of Texas veterans and their families uses the 8 geographic regions established by TVC based on counties. The table below shows the 8 regions along with the number of veterans living in each region (as of 2013) as well as the percentage of the population in each region who are veterans. These numbers are from the VA National Center for Veterans Analysis and Statistics Council and are the most recent reliable data available.

Table 3.1 – **Veteran population by region**

REGION	Veteran Population	Percent of Population Veteran
Panhandle	79,129	6.7%
West Texas	74,216	5.8%
Alamo	240,977	9.0%
South Texas	112,150	4.8%
Gulf Coast	336,916	5.3%
Central Texas	236,713	7.7%
East Texas	159,499	8.4%
North Texas	443,809	6.1%
Total	1,683,409	6.5%

From the inventory analysis of the services in the TexVet database, the CSI research team was able to identify the geographic area(s) served by current providers of services to veterans and families. While 47% of organizations in TexVet’s list offered their services nationwide or statewide, the majority offered services to a specific area or region.

Table 3.2 – **Number of regional organizations** by region from TexVet database

REGION	# of regional organizations	# of vets per organization
Panhandle	15	5,464
West Texas	18	4,059
Alamo	46	5,139
South Texas	34	3,520
Gulf Coast	88	3,605
Central Texas	141	1,662
East Texas	9	17,871
North Texas	86	5,202
Statewide or Nationwide	387	4,318

The number of region-specific organizations serving each region is a useful indicator of the level of services available and suggests that some regions are relatively under-served based on number of

organizations. The East Texas region, with the second-highest concentration of veterans has very few region-specific organizations relative to its veteran population. The Alamo region, with the highest concentration of veterans in the state, also has relatively few organizations relative to its veteran population. In contrast, the Central Texas region (with the third-highest concentration of veterans) has by far the largest supply of veteran services both overall and relative to its population.

Overall, about 13% of Texas' population lives in a county classified as rural. However, almost 17% of veterans live in rural counties. Even though the vast majority of veterans live in counties considered urban, rural counties have higher concentration of veterans. Veterans account for approximately 8.1% of the population in rural counties compared to about 6.2% of the population in urban counties. With Texas veterans disproportionately living in rural areas and with rural areas comprising a large geographic area (194 of Texas' 254 counties are rural), access to services may be an important concern for many veterans and families living in these rural areas.

The fact that veterans and families of veterans in rural areas tend to have unique needs for services is supported by previous research (Military Medicine, 2014; Kirchner, 2015). Focus group respondents also emphasized the challenges of accessing services in rural areas with comments like:

“I used to live in Starr Country, out in the country, and the travel time is 40-50 minutes and if someone does not have transportation, then you are pretty much screwed and there are veterans out there that cannot drive or anything. There is nothing out there.”

While survey results showed that veterans from rural counties had overall lower levels of need than veterans from urban counties, the opposite was true for family members of veterans where family members from rural areas expressed more needs and higher levels of need.

Section 3.4 will further discuss how the needs for specific types of services vary by region of residence, but the data suggest some conclusions about the overall level of need based on geography:

1. Funding organizations that operate statewide will likely have the widest impact
2. When considering funding for organizations that serve specific regions (or counties), funding priorities should be:
 - Areas with high numbers of veterans
 - East Texas region (low number of region-specific services)
 - Alamo region (high concentration and large number of vets with relatively few region-specific services)
 - Veteran services in the Gulf Coast region (high veteran population and high level of need expressed in surveys, though fairly well served)
 - Family services in North Texas region (high level of need expressed in surveys)
 - Organizations that meet key needs in rural areas

Note that data about the population and geographic distribution about the family members of Texas veterans were not available. However, it is reasonable to assume that their geographic distribution is very similar to that of veterans.

3.3 What are the most important needs?

As mentioned above, the survey focused on measuring 10 types of specific needs among Texas veterans and their families. These needs were:

1. Mental Health services (including addiction and substance use)
2. Food
3. Transportation (including assistance with transportation expenses)
4. Child care
5. Child mentoring
6. Legal assistance
7. Assistance with finding employment or jobs
8. Living expenses other than housing or food (clothing, furniture)
9. Paying rent, mortgage or utilities
10. Home improvements or modifications due to disability

Survey respondents were asked to rate their level of need for each of these 10 items on a scale of 1 to 4 where:

- 1 = No need
- 2 = Low need
- 3 = Moderate need
- 4 = High need

For easier analysis, the summary of need for each type of service is presented as the average score, where averages close to 1 indicate relatively small need and higher averages indicate greater need. Table 3.3 below shows the overall ratings of these needs for Texas veterans and their families.

Table 3.3 – Average level of need by need type

VETERAN SERVICE NEEDED	VETERAN AVERAGE	FAMILY AVERAGE
Mental Health (including addiction and substance abuse)	1.91	1.54
Food	1.54	1.70
Transportation (including transportation expenses)	1.54	1.65
Child Care	1.30	1.21
Child Mentoring	1.23	1.24
Legal Assistance	1.67	1.45
Assistance with finding employment or jobs	1.81	1.72
Living expenses other than housing or food (clothes, furniture)	1.76	1.75
Paying rent, mortgage, or utilities	1.80	2.02
Home improvements or modifications due to disability	1.45	1.41

Among veterans, the top needs were mental health services, employment assistance, and paying rent, mortgage, and utilities. Among family members, paying rent/mortgage/utilities and employment assistance were also top-ranked needs, but mental health services was comparatively low.

While overall level of need is important to understand, determining funding priorities also requires understanding these needs in the appropriate context. To determine context, the survey measured the extent to which these needs are already adequately met, the availability of services to meet these needs, and also how critical these needs are to maintaining an acceptable quality of life (QOL). The tables below show the overall need combined with the percentage of survey respondents who expressed a need but who are not receiving services, their rating of the availability of services (scale of 1 to 5 with 5 being excellent) and if they receive services, how important these services improve their quality of life (on a scale of 1 to 5 with 5 being a great deal).

Table 3.4 - Needs of Texas veterans in context

CATEGORY	VETERAN AVERAGE	% UNMET	AVAILABILITY	QOL IMPACT
Mental Health	1.91	40%	3.53	3.33
Food	1.54	72%	3.80	3.46
Transportation	1.54	71%	3.12	3.77
Child Care	1.30	60%	3.11	3.44
Child Mentoring	1.23	87%	3.23	3.00
Legal	1.67	84%	3.20	3.41
Employment	1.81	58%	3.48	2.98
Living expenses	1.77	79%	3.26	3.35
Rent/Mortgage	1.80	72%	3.21	3.76
Home Improvement	1.45	89%	3.44	2.78

This table shows that while many Texas veterans expressed a need for mental health services, a relatively low percentage of those who needed these services were not getting them. Also, Texas veterans perceived the availability of these services as fairly good and rated these types of services as moderately important to their quality of life. In context, the need for assistance with rent, mortgage, and utilities should be a priority because of its scores on all 4 factors (high need, high percentage unmet, relatively low availability, and high impact on QOL). Another interesting category is child mentoring. The overall need for this service among veterans was fairly low (partly because many veterans do not have children of the appropriate age), but those who need these types of services rarely receive them. Transportation was not a highly prevalent need, but veterans who receive transportation services rated these as very important to their quality of life.

Table 3.5 – Needs of families of Texas veterans in context

NEED CATEGORY	FAMILY AVERAGE	% UNMET	AVAILABILITY	QOL IMPACT
Mental Health	1.55	58%	3.32	3.55
Food	1.68	68%	4.05	3.42
Transportation	1.68	57%	3.58	3.31
Child Care	1.20	73%	3.78	3.33
Child Mentoring	1.21	100%	3.75	---
Legal	1.50	65%	4.07	3.33
Employment	1.72	56%	4.29	3.24
Living expenses	1.75	53%	4.02	3.79
Rent/Mortgage	2.02	56%	4.15	3.76
Home Improvement	1.38	86%	3.26	3.67

Again, adding context gives a more comprehensive picture of the needs of veterans’ families. The high needs for assistance with mortgage, rent, and utilities and for employment services are moderated by having good availability of services and a relatively low rate of being unmet. Child care and mentoring were relatively low needs among the overall family population, but often went unmet when the need did exist and these services seemed relatively unavailable. Home improvement needs were also largely unmet with low ratings for availability.

In addition to the survey data that measured respondents’ perceptions about the availability of services, the inventory analysis of the TexVet database provided some additional insight. Because the classification of services for TexVet organizations differs from the categories used in the survey, the survey categories of child care and child mentoring are missing from the table below and the TexVet category of Housing was applied to both rent/mortgage/utility assistance and home improvement.

Table 3.6 – Comparison of veterans’ unmet needs with availability of services

TexVet Category	Survey Category	% TEXVET OFFERING	VETERAN AVERAGE	% UNMET
Food & Meals	Food	6%	1.56	72%
Housing	Home Improvement	11%	1.47	89%
Housing	Rent/Mortgage	11%	1.80	72%
Legal, Consumer & Public Safety	Legal	11%	1.68	84%
Transportation	Transportation	3%	1.55	71%
Clothing, Personal & Household	Living expenses	3%	1.77	79%
Mental Health & Addictions	Mental Health	25%	1.91	40%
Employment	Employment	13%	1.81	58%

This table shows that many of the largely unmet needs of veterans correspond to a relatively small proportion of organizations offering these services. Likewise, the needs with the lowest levels of being unmet (mental health and employment) correspond to the highest proportions of organizations offering these services.

The next table shows the same data for families of Texas veterans. It does not show the same pattern, likely because many organizations in the TexVet database are geared towards meeting veterans’ needs. For example, mental health and addiction services was rated as a strong and prevalent need for veterans and a large percentage of TexVet organizations address this need. However, these types of services are a considerably less prevalent need among family members of veterans.

Table 3.7 – Comparison of families of veterans unmet needs with availability of services

TexVet Category	Survey Category	% TEXVET OFFERING	FAMILY AVERAGE	% UNMET
Food & Meals	Food	6%	1.68	68%
Housing	Home Improvement	11%	1.38	86%
Housing	Rent/Mortgage	11%	2.02	56%
Legal, Consumer & Public Safety	Legal	11%	1.50	65%
Transportation	Transportation	3%	1.68	57%
Clothing, Personal & Household	Living expenses	3%	1.75	53%
Mental Health & Addictions	Mental Health	25%	1.55	58%
Employment	Employment	13%	1.72	56%

Additionally, the focus groups supported the prevalence of unmet needs related to transportation (especially in remote areas) and legal services. Focus group respondents mentioned drug abuse, family discord, violence and disputes with service providers as issues that required legal services. Veterans in the focus groups also emphasized a lack of availability of child care and education services – especially special education services - for their children. Previous research has found that child care is a highly unmet need among women veterans (Eaton et al., 2008; Reppert, 2014).

Combining the overall assessment of needs, whether these needs are met, the availability of related services (perceived by survey respondents, measured by the inventory or service providers, and or mentioned in focus groups) suggest some conclusions about funding priorities based on the type of needs.

For veterans:

1. Funding programs that provide assistance with rent, mortgage and utilities will address an important need that is largely unmet, is perceived as relatively unavailable, and has a large impact on quality of life.

2. While the need for transportation was not highly prevalent, transportation needs are largely unmet and have a large impact on veterans' quality of life.
3. Living expenses other than housing or food and legal services are also relatively prevalent needs that are largely unmet and perceived as relatively unavailable.
4. Funding programs that focus on mental health and addiction will continue to address the most widespread and serious need among veterans

For families of veterans:

1. While many families do not need child care and child mentoring, those that do have trouble meeting these needs.
2. As with veterans, assistance with rent, mortgage, and utilities and other living expenses are pressing need for families. However, availability of these services is perceived as good and many families report they are receiving this type of assistance.
3. As with child care and child mentoring, the need home improvement/modifications is somewhat low but often goes unmet.

3.4 Who has the greatest needs?

While veterans all share a history of service in our country's military, they and their families are diverse. The characteristics of veterans and their families were often strongly related to the level and the nature of their needs as expressed in the surveys. Some of these relationships are obvious; for example, families with young children expressed a higher need for child care and child mentoring services and low-income families expressed the highest need for assistance with rent, mortgage, and utilities. Other relationships required further analysis to discover.

For both veterans and family members, the analysis used the following demographic/geographic characteristics to explore overall need level and types of needs:

1. Age
2. Sex
3. Income
4. Region
5. Presence of children under age 18 in the household
6. Rural/Urban county

Additionally, the analysis used several characteristics unique to veterans:

1. Length of military service
2. Active duty or reserve/guard service
3. Length of time since separation from service
4. Branch of service
5. Receiving VA compensation for service-connected disability
6. Combat veteran status

Some of these variables were recoded into categories to make the analysis clearer. The table below shows the overall measure of need by demographic category. The overall need level ranges from 10 to 40. Each of the 10 types of needs had a value of 1 to 4 (with 1 being no need and 4 being high need).

Table 3.8 – Mean need level by demographic/geographic characteristics

	VETERANS	FAMILY
SEX		
Male	15.5	15.7
Female	17.7	15.6
AGE		
18-34	18.5	15.9
35-44	18.1	18.3
45-54	17.3	14
65+	14.1	14.9
INCOME		
Less than \$10K	21.3	17.8
\$10K to less than \$25K	18.8	19.1
\$25K to less than \$40K	17.8	17.1
\$40K to less than \$50K	16.9	16.6
\$50K to less than \$75K	14.7	14.5
\$75 or more	12.9	13.6

	VETERANS	FAMILY
CHILDREN UNDER 18		
Yes	18.2	16.5
No	14.8	14.9
COUNTY TYPE		
Rural	14.7	16.9
Urban	16.1	15.6
REGION		
Panhandle	12.7	12
West Texas	16	13
Alamo	16.5	12.6
South Texas	16.9	12.8
Gulf Coast	18.2	15.1
Central Texas	16	16.4
East Texas	14.8	13.4
North Texas	15	20.8

The table above shows that veterans with several types of characteristics tend to have higher levels of need. These are:

1. Women
2. Younger veterans
3. Lower income veterans
4. Veterans with children (note that 2 of the 10 categories were specifically related to services for children, so this finding is expected)
5. Veterans in the Gulf Coast Region

Several characteristics of family members of veterans are also associated with higher needs. The family member survey had a smaller sample size, so the resulting estimates may be a little less precise.

Like veterans, family members who are younger (though not necessarily the youngest age range) indicated higher levels of need as did those with lower household incomes and those with children under 18. Additionally, relatively high levels of need were indicated by family members in the North Texas region and family members in rural counties.

Previous research has indicated that many veteran and family services are focused on the needs of older veterans (Ellison et al., 2012) and on male veterans (Reppert, 2014; Miller & Ghadiali, 2015; Iverson, 2015). Survey results support these findings with female veterans and veterans in the youngest age

ranges showing the highest levels of need relative to males and older veterans. It seems that the effect of younger age and being female is larger for veterans themselves than it is for family members.

Table 3.9 - Mean need level by military service characteristics

	MEAN NEED SCORE
LENGTH OF SERVICE	
0-3 years	15.2
4-7 years	16.7
8-14 years	18.2
15-20 years	15.9
21+ years	14.5
ACTIVE DUTY	
Yes	15.8
No	17.7
TIME SINCE SEPARATION	
0-3 years	17.5
4-7 years	19.1
8-14 years	16.3
15-20 years	14.2
21+ years	14
BRANCH	
Air Force	14.8
Army	16.7
Coast Guard	16.9
Marines	15.1
Navy	16.1
RECEIVING DISABILITY	
Yes	16.9
No	14.4
COMBAT VETERAN	
Yes	16.3
No	15.5

In general, veterans who separated more recently expressed higher levels of needs, though the highest levels of need were for those who left the military 4-7 years ago. The focus groups suggested that **needs emerge after a period of time during which as unanticipated problems come to be perceived as beyond available personal and familial resources.** Veterans who served in the reserves or guard tended to indicate higher levels of need than those who served only active duty. The highest need levels were for veterans who served for a total of 8-14 years. As would be expected, veterans receiving disability related to medical conditions expressed higher need levels and combat veterans indicated a slightly higher level of need compared to those without combat experience.

In addition to the overall aggregated need index score, the Texas State CSI research team explored how the 10 specific types of needs varied across these demographic, geographic, and military service characteristics. Some of the key findings where the mean for a specific category exceeded the overall mean by at least 15% for veterans and at least 25% for family members (family members had a higher threshold because of larger variance due to a smaller sample size) on the 1-4 scale are shown below:

Table 3.10 – **Factors associated with high need for specific services**

CATEGORY	VETERANS	FAMILIES
<i>Mental health</i>	<ul style="list-style-type: none"> • South Texas region • ages 35-54, female • separated 8-14 years ago 	<ul style="list-style-type: none"> • North Texas region • age 35-44 or 65+ • rural county
<i>Food</i>	<ul style="list-style-type: none"> • income less than \$25K • Gulf coast region, age 18-34 • reserve/guard service • separated 0-3 years ago 	<ul style="list-style-type: none"> • income less than \$10K
<i>Transportation</i>	<ul style="list-style-type: none"> • income less than \$25K • Gulf coast region, age 18-34 • reserve/guard service 	<ul style="list-style-type: none"> • North Texas region
<i>Child care</i>	<ul style="list-style-type: none"> • income less than \$10K • age 18-44 • kids in household • female • separated 4-7 years ago, 	<ul style="list-style-type: none"> • NONE
<i>Child mentoring</i>	<ul style="list-style-type: none"> • income less than \$10K or \$25K-\$40K • age 35-44 • kids in household • separated 4-7 years ago 	<ul style="list-style-type: none"> • age 35-44
<i>Legal</i>	<ul style="list-style-type: none"> • income less than \$10K • separated 4-7 years ago 	<ul style="list-style-type: none"> • income \$10K-\$25K • North Texas region • age 55-64
<i>Employment</i>	<ul style="list-style-type: none"> • income less than \$25K • Gulf Coast region • age 18-34, served 8-14 years • separated 4-7 years ago • served in Coast Guard 	<ul style="list-style-type: none"> • income \$10K-\$25K • North Texas region
<i>Living expenses</i>	<ul style="list-style-type: none"> • income less than \$40K • Gulf Coast region • age 18-34 • served 8-14 years • separated 0-7 years ago 	<ul style="list-style-type: none"> • income less than \$10K • North Texas region
<i>Rent/mortgage</i>	<ul style="list-style-type: none"> • income less than \$40K • Gulf Coast region • age 18-34 • served 4-14 years • separated 0-7 years ago • served in Coast Guard 	<ul style="list-style-type: none"> • income less than \$10K • North Texas region
<i>Home improvement</i>	<ul style="list-style-type: none"> • income \$25K-\$40K • Alamo Region • age 45-54 • served 8-14 years • separated 4-7 years ago 	<ul style="list-style-type: none"> • income \$10K-\$25K or \$40K-\$50K • Panhandle or North Texas region • age 65+ • rural county

For each type of service, the table above indicates the type of veterans who have the highest need. In general, the demographic and geographic analysis suggests the following priorities for funding:

1. Organizations and programs that focus on women, younger veterans, and low-income veterans
2. Organizations and programs in the Gulf Coast region

For family members of veterans, priorities should be:

1. Organizations and programs that serve family members who are younger adults (under age 45) and households with low incomes
2. Organizations and programs in the North Texas region
3. Organizations and programs in rural counties

When considering programs that offer specific services, priority should go to those that serve the populations identified in Table 3.10 above.

3.5 Service Access and Information

While organizations and programs that target relatively under-served populations and meet the most pressing needs of veterans and their families are funding priorities, these programs and organizations must be accessible. Accessibility was mentioned as an important concern among focus group participants who noted that seeking help is so stressful that they disengage from the process. Specific problems noted were:

- Services not being “user friendly”.
- High level of documentation required to show eligibility.
- The need to constantly ask for services and follow up on requests undermines veterans’ sense of independence. Veterans felt they earned the right to services and expressed that ongoing efforts to try to secure the services they have earned makes them feel like they are asking for a handout.
- High turnover among helping staff, especially psychological services.

The surveys of veterans and their families asked them where they look for information about services. Overall, the VA and Internet searches were popular sources for both veterans and family members. Family members were considerably more likely to look to friends and families, while veterans were more likely to go to veteran service organizations and county service officers.

Table 3.11 – Sources used to find services

SOURCE	VETERANS	FAMILY
VA	25.1%	23.9%
Veteran service organization	24.8%	12.0%
Internet search	20.3%	27.4%
County service officer	10.3%	5.1%
Friend or family member	6.0%	17.9%
Texas 2-1-1	1.5%	2.6%
Social worker	1.5%	0.9%

While not often rated as the primary source of information about services, focus group responses that word of mouth was an important way that veterans learned about availability of services. One typical comment was:

“When you are among your peers with the same issues as you. That is, when you get to talk and they will tell you ‘hey, have you heard about this program?’”

Many veterans felt that while informal networking was a very effective way to discover services, they also felt that reliance on word of mouth also reflected the inadequacy of more formal referrals sources.

The focus groups further explored veterans’ experiences related to accessing services. Veterans often mentioned medical care through the VA and higher education benefits through Chapter 31, Chapter 33, or the GI Bill as important services. Because these programs are managed and funded by the federal government, funding organizations that directly provide these types of assistance is not a priority for TVC. However, feedback from veterans suggests two conclusions:

1. TVC should consider funding organizations that help veterans and their families understand and access federally-provided medical and higher education services.
2. Filling in the gaps by funding services that support access to federally-funded medical care and higher education services could provide a way for TVC to have an important impact on the lives of veterans and their families. Some examples of this support could include:
 - child care during appointments
 - counselor training to improve knowledge of available services and programs
 - transportation
 - assistance with understanding and complying with bureaucratic requirements

3.6 Other Needs and Concerns

Input from focus groups revealed an important dimension of veterans’ needs for services that was not directly included in the survey. This dimension was the timing of services relative to their separation from service and many veterans expressed that the period of their transition from military to civilian life was a time when they had a particularly high need for services. Re-entering civilian life is a major transition for many veterans, and there are specific challenges with the paperwork and delays (including

the receipt of pension checks) that can accompany the process of applying for and receiving benefits and services. Comments like the following illustrate this issue:

- “It should be a 6 month grace period that would help the veterans the most especially if they have child support payments. It takes about 3 months before your check gets caught up so basically for three months you don’t get any money so I was homeless for three months. I lived with family members, family members, family members until my pension kicked in. They tell us we know what the problem is but there I nothing we can do about it.”

Veterans expressed feeling disenchanting because helping organizations give them “false hope” when trying to seek support from veteran’s organizations, with comments like the following:

- “If you [service organization] are getting funding for veterans why are rejecting services to veterans?”
- “I have two child support orders in two states and I have been trying to change them for over two years and along comes this organization they tell us “we are for veterans let us help you”. I thought well I am a veteran and let’s do it and it consisted of documentation after documentation and meeting after meeting and he said “yea we are going to do this for you” and just last week I received a letter that they would not be able to help me because I make too much money. I know make half as much now and my child support payments are high. So now it’s up to me to hire two different lawyers in these two different states. What I understood is that that is a veteran supported program and that they get funding for that so if you are getting funding for veterans why are you rejecting veterans?”
- “I don’t qualify for anything because I am living on my pension alone and they tell me that it takes me over that mark and I don’t qualify even though it is a veteran organization legal aid.”

In addition to general comments about income eligibility thresholds being low, veterans expressed that they failed to qualify for programs during their transition out of the military because the programs used their previous active duty income rather than their retirement income to determine eligibility. Specific comments included:

- “Some of my friends told me to go file for unemployment but guess what I have to pay back unemployment because they are taking into consideration the amount of money that I earned in the military as income.”
- “You get of the service and retired from the service and you don’t qualify because you make too much money because they take the income that you used last year but right now I am struggling to make ends meet. That is why we have anger issues because we are told that we make too much money. I am concerned with right now with putting food on the table for my wife.”

The surveys did not ask about the issue of service needs during the transition phase, but it is likely that the need level for all types of services is particularly high for many veterans during this time period. This suggests the following funding priority:

- Organizations and programs that supplement or provide alternatives to services to government programs during the transition phase (first year after separation) – especially programs that have income requirements that may consider pre-separation income levels.

4.0 METHODOLOGY

As mentioned above, the data for this research came from three active data collection efforts (surveys, focus groups, and inventory analysis of existing services) as well as analysis of existing demographic and geographic data about veterans and a review of past published research about the needs of veterans. Each data source provided unique insights and strengthened the quality of the primary data collection. Also, this mixed-mode approach allowed the Texas State CSI team to provide meaning through qualitative analysis to enhance quantitative findings.

This section briefly describes the methodology for the three active data collection efforts. The References section lists the publications used in the literature review and, as mentioned above, the source for the geographic and demographic characteristics of Texas veterans was *The Veteran Population Projection Model 2014* prepared by the U.S. Department of Veterans Affairs National Center for Veterans Analysis and Statistics.

4.1 Survey Methodology

Overview

The Texas Veterans Commission (TVC) and the Center for Social Inquiry (CSI) team at Texas State University collaboratively drafted a survey to administer to Texas veterans and their family members to better understand the types of services Texas veterans need. Two separate surveys were created, specifically for Texas veterans and, separately, their immediate family members, although both versions had the same essential questions. The survey was administered primarily as a web-based survey. Paper surveys were used to supplement the electronic survey, targeted at regions of Texas and veterans who would be underrepresented in our electronic results (i.e. smaller, more rural regions of Texas) to ensure that would had a diverse sample of Texas veterans.

Survey Implementation

The Texas State CSI research team did not have access to an email mailing list for Texas veterans, so we instead hosted a link to our surveys on a Texas State University website created specifically for this project: veteransurvey2015.wp.txstate.edu. The website cannot be found through a search engine and additionally includes questions that would filter out individuals that we would not want taking the survey.

Our survey website was distributed to a variety of Texas veteran organizations, including local VA offices and, notably, TexVet to recruit veterans to complete our survey. TexVet is an organization that links Texas veterans to organizations that provide services they may find useful. The TexVet.org website has nearly a thousand different organizations listed and may be the most useful single source of information and referrals to services for veterans in Texas. The TexVet social media team posted our survey website on their Facebook page, which significantly contributed to our sample of Texas veterans.

Overall, there were 566 completed veteran surveys and 200 completed family surveys. After removing duplicates and unusable surveys, 484 veteran surveys and 188 family surveys were used for analysis.

Survey Questions

The survey included demographic questions; both general (e.g. age, income, employment) and specific to veterans (e.g. branch of service, deployment dates, etc.). The first few questions respondents answered – are you a veteran and do you currently live in Texas – were used to prohibit non-veterans and anyone living outside of Texas from taking the survey. If an individual indicated that they were a family member of a veteran and they were attempting to take the veteran survey, they were redirected to the website where they could click on the link for the family survey instead (and vice versa if they were a veteran attempting to take the family survey).

The core survey questions asked about the various services veterans currently need and additionally how well the services they received were meeting their needs (if they were currently receiving assistance). Types of services were classified in 10 categories based loosely on the service classifications other government organizations use to describe available services: mental health/addiction, food, transportation, child care, child mentoring, legal assistance, employment, financial assistance for living expenses, financial assistance for bills (rent, mortgage, utilities), and home improvement (due to disability). Veterans and their family members were asked to rate the degree to which they needed each of the listed services, ranging from no need to a relatively high need.

Technical Specifications

A variety of skip patterns were used for the online surveys to standardize the length of the survey for individuals with dramatically different needs. Time to complete the survey significantly impacts response rates and survey completion rates in general. Certain subsets of questions were only asked when individuals indicated a need for a particular type of service, and others varied based on how many total needs an individual specified altogether.

If a veteran indicated a moderate or high need for a particular service, they were asked a subset of questions regarding that specific need. Respondents were first asked to identify if they were currently receiving services for the need and also rate the availability of those types of service in their area. If a respondent was receiving assistance, they were asked two additional questions about how well the services meet their needs and also how well the services improved their quality of life.

An additional skip pattern was implemented to ensure that veterans and family members who had either relatively few or no needs, as well as individuals who indicated a need for many different types of services, could complete the survey in about the same amount of time. If individuals indicated that they only needed 3 or fewer different types of services (even if they indicated a low need), they were asked to evaluate all of their needed services. If an individual indicated 4 or more different types of needs, they were asked to evaluate only the services which they indicated a moderate or high need for.

To illustrate – if a veteran indicated a moderate or high need for transportation services, they would receive additional questions about their need for transportation services. If they *were not* receiving transportation assistance, they would only be asked about how available transportation services are in

their geographic area. If they *were* currently receiving transportation assistance, they would be asked about availability, but also asked to rate how well the transportation services meet their needs and improve their quality of life.

4.2 Focus Group Methodology

The purpose of conducting the focus group interviews was to complement the findings from the survey. We were especially interested in gathering an understanding of veterans’ who live in locations where a full array of services may not be readily available. We also wanted to make sure we were able to draw contrasts among veterans who served in Korea, Vietnam, Iraq, and Afghanistan. The five focus group interviews were:

LOCATION	DATE	HOST	# GUESTS
San Marcos	11/10/15	Hays Co. Vet. Center	7 men
Edinburg (3 groups)	1/14/16	Workforce Solutions	14 men 2 women
Kerrville	2/16/16	Hill Country Vet. Center	11 men

The respondents were all given \$25 HEB gift cards in appreciation for their time and consideration. We also provided coffee, sodas, and water.

The five groups were assembled to reach three types of veterans. The San Marcos group consisted of men of the four military campaigns listed above. The three groups in Edinburg consisted of Hispanic men, Anglo men, and Hispanic women. The Kerrville group consisted of Anglo men living in a small town. The five focus groups produced very similar findings. Nevertheless, the Edinburg groups provided us with some of the better quotable quotes and these were cited most frequently. The focus groups provided us with veterans’ concerns, but assembled and presented in their own words and shaped by their own feelings.

Despite efforts to locate them through the available sources (i.e., county veterans offices and veterans organizations), there were no family members (e.g., spouses, significant others, or children) present in the focus groups. However, the veterans did speak about family issues and many of their own issues have an impact on their families.

Further information about the focus group methodology is included in Appendix B.

4.3 Service Provider Inventory Methodology

There is a great deal of variety in the types of organizations and services available to veterans in the state of Texas. To begin to analyze them, we created a database of the organizations listed on TexVet.org in order to better understand what programs are currently available to veterans. While the

TexVet database does not necessarily include all organizations serving Texas veterans and their families, it is very comprehensive and includes a large proportion of the most established service providers. The Texas State CSI research team conducted additional Internet searches and did not find any active organizations that were not in the TexVet list.

For each of the 826 organizations listed in the TexVet database (as of December 2015), we looked through the organization's website for in-depth information. Specifically, we wanted to categorize the type of service(s) provided, the location(s) of the service, and whether or not the service has a cost. The large bulk of this task was understanding what type of help each organization offers. To classify the types of services, we adapted the list of needs on 211.org to develop the 14 categories that each service could be listed as: Food & Meals; Income Support & Assistance; Housing; Health Care; Individual, Family & Community Support; Legal, Consumer & Public Safety; Transportation; Clothing, Personal & Household; Mental Health & Addictions; Education; Employment; VA Benefits; Crisis; Other. Some organizations provided just one service but many offered more than one.

The location of the services differed based on the service and size of the organization. Some were just in one city or county, some were in multiple cities or counties, some statewide, and others were nationwide. For the organizations that were below the statewide level, we listed the region of Texas that they were located in based on the eight regions used by the Texas Veterans Commission.

Often the services did have some cost associated with it, though they vary greatly from free to potentially thousands as in the case of medical care and education. We decided to label this category as either "free" or "cost" for the sake of simplicity. Many of the organizations only offered their services to veterans but several were also open to the general public. Usually, distinctions were made as to what services were available to vets and non-vets, as well as a difference in cost. Also, some organizations are only available to certain types of veterans such as disabled, officers, female, or PTSD.

In addition, we compiled a list of all the counties in Texas with the veteran and total population of each area. We were then able to compute the number of veterans relative to the population in each region and county. After completing the dataset, we were able to look at where the majority of services were located and what types were most commonly offered. It also shows us where veterans may be underserved.

5.0 LIMITATIONS AND SUGGESTED FUTURE RESEARCH

The survey responses were the primary source of data that support the conclusions. While the surveys reached a broad cross-section of Texas veterans and their families across to create a diverse sample, there was no way to ensure that these respondents represent the overall veteran population of Texas veterans and their families. To minimize potential bias caused by non-representativeness, our research effort used additional sources of data when available to support the survey findings.

Getting veterans to provide both qualitative data through focus group participation and quantitative data through survey responses was easier than involving family members of veterans. Despite considerable effort, the Texas State CSI research team was not able to conduct any focus groups with family members. Also, the family member survey generated a substantially smaller sample than the survey of veterans.

Suggestions for future research include both improvements and expansions to this research effort. Suggested improvements include:

1. Building relationships with and providing incentives to people who are in contact with veteran family members to get improved access to family members to allow higher rates of survey and focus group participation. This would also include offering effective incentives to family member focus group participants.
2. Exploring additional strategies to maximize the number of surveys completed by veterans.

Suggested expansions include:

1. Using the results of this study as a baseline to track evolving trends in the needs of Texas veterans and their families. If current programs (with assistance from TVC funding) better address the existing unmet needs, other needs will become more of a priority. Repeating this study (especially the survey components) in the future will allow TVC to track these changing needs and also to get some data about whether TVC's funding strategies had an impact on reducing unmet needs.
2. Future surveys should include items that more directly address the issue of the need for services during veterans' transition from military to civilian life.
3. Future surveys should include items that more directly address veteran and family member needs for assistance in gaining information about and access to existing services.

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APPENDIX A – LITERATURE REVIEW

Brief Inventory of Existing Services

Veterans currently have access to myriad services, though both the Veterans Administration (VA) and through a variety of non-profits, both national and local. Through the VA, veterans have access to donations for driver license and vehicle registration fees. They have access to a number of employment-related services, including job training, job fairs, job placement, and vocational rehabilitation. The Texas Veterans Commission (TVC) also runs an annual Entrepreneur Academy for veterans. The VA provides housing assistance, including homelessness placement, retirement/assisted living, and general housing assistance. In terms of education, veterans have access to free or reduced-price higher education through the GI Bill. There are also numerous physical and mental health services afforded to veterans, including mental health grants, in-patient rehabilitation, medical equipment and prosthesis, and primary care. The above benefits represent many of the primary benefits afforded to veterans, but are not all-inclusive.

Similarly, there are too many programs run by non-profits for veterans to create an exhaustive list, but the following are a few key service areas that veterans are able to access, specific to Texas. Some organizations offer transportation to veterans, including air transport to ill members and families, long-distance ground transportation, and local transportation. Many programs offer free recreational activities to veterans and their families. Veterans also have access to substance abuse and mental health programs. Other programs offer help to veterans seeking higher education degrees, including accelerated degree programs, and availability of counselors to help veterans navigate through the paperwork and processes of attending college. The website <http://www.texvet.org/> is an excellent resource that illustrates services available to veterans in Texas.

Needs of Veterans and Their Families

While veterans do have access to many assistance programs, there are often barriers in place that prevent them from seeking help or lack of help where help is needed. The below section lists some of the barriers and shortfalls in available assistance described by veterans and their families in a number of studies.

Childcare Services

The availability of childcare often is a barrier to seeking services for veterans and their spouses. In one study, primary care-seeking spouses of veterans cited difficulty finding childcare as a primary barrier to accessing health services (Eaton). In another study, of the participants who had children less than 18 years old, the majority of both female and male veterans stated that the VA should offer child care services, and that they would use these services if they were available. Respondents agreed that a lack of child care at the VA was a barrier to accessing health services. This was particularly true for female veterans who are typically the primary caregivers of their children (Tsai). Female veterans are up to

three times more likely to experience homelessness than male veterans. Of these female homeless veterans, childcare is continually cited as their primary unmet need (Reppert).

Veterans also report having specific needs related to relationships with their children. In the study mentioned above (Tsai), veterans requested a parenting skills course. Veterans cite needing support that begins prior to deployment and continues following their return, with emphasis on parenting-related issues, and the kinds of support their children need to understand the veteran's readjustment when coming home (Fischer). Veterans stated that this would manifest as a reintegration program that includes a family component. In this same study, veterans also frequently requested multifamily social outings involving children.

Academic Services

Many veterans take advantage of the GI Bill to attend college. However, veterans in one study described difficulties in accessing information about using the GI Bill, including reaching a live person on the phone to ask questions, not understanding the various types of GI Bill benefits, and not understanding the ramifications of choosing one benefit over another (Ellison). Once veterans navigate the GI Bill, they often face a number of barriers during the admissions process, and when they are accepted to a campus. Veterans want colleges and universities to be better connected to the VA, so that they have more support when seeking higher education.

Several veterans in the same study discussed the use of an individualized advocate who would support them through admissions, financial aid, and enrollment processes (Ellison). Interestingly, the GI Bill itself presents a barrier to veterans, as it requires a nearly full-time credit load, which is often too much for veterans, focusing them to drop classes and, sometimes, eventually drop out of school completely (Ellison).

Career Services

Transitioning from military to civilian employment is difficult for many veterans. Younger veterans describe difficulties being pronounced during reintegration into civilian life because they often go into service straight from high school, and then return as adults, without having learned the skills necessary to live independently. In effect, veterans have no "basic training" to return to civilian life (Ellison). Further, veterans often cite a need to learn career-specific information, such as resume-building, networking, and negotiating job offers (Hayden). Veterans also have difficulty translating their military skills and experience into civilian skills (Miles).

Physical and Mental Health Care

Veterans

Barriers to seeking health care include lack of health information, low socioeconomic status, and lack of physician trust (Nworah). Other barriers include perceptions that VA centers are not welcoming to

certain groups (e.g. women and minorities), thus reducing potential VA patients' help-seeking behavior (Military Medicine). Veterans are often hesitant to seek help for services due to career concerns and the stigma associated with mental illness. In fact, in one study, 47% of veterans reported that seeking help for mental health problem would be too embarrassing (Eaton). This reaction is likely due to pressures to be "masculine", or fulfill military ideals (Nworah), and so necessitates increased education for veterans on how improving mental health can improve ones' self-reliance, ability to work, and ability to provide for a family (TX Dept of State Health Services).

Families of Veterans

While most veterans have full health care coverage, their families may not, especially not on military bases. Importantly, spouses do have available primary medical care on military bases, but they are required to use civilian services for mental health needs. In these cases, families often need to seek care outside of the base, which can be a confusing process (TX Dept of State...). In this case, veterans have called for increased coordination between all providers of care, at the national, state, and local levels. Care-seeking spouses also cite getting time off work, as well as difficulty scheduling an appointment, cost, and not knowing where to get help as barriers to care-seeking (Eaton). Veterans are also concerned with the availability of mental and behavioral health supports for children in their families, and feel that more supports should be offered, as they feel their children "act up" or exhibit anger more than is typical (Military Medicine).

Specific Target Populations

Young Veterans

Interestingly, one seemingly growing need described by veterans is the lack of outreach and services to, specifically, young veterans. In one study, veterans noted how existing VA services were not age appropriate for them, and that it was difficult to relate to support groups comprised of veterans who were old enough "to be their fathers." These veterans wanted to be connected with veterans of a similar age, and for outreach to occur at gathering places appropriate for this age group (Ellison). Further, while older veterans in this study tended to have more established lives and, thus, more social support, many of the younger veterans lacked support, and were returning to the tumultuous years that are common for young adults (Ellison).

Female Veterans

Currently, about 10% of veterans are female. However, this figure is projected to grow over time. Female veterans have gender-specific physical and mental health needs that many feel are not addressed by the VA due to their minority status among veterans. For example, participants in one study cited monthly hormonal changes, or pregnancy, as significantly contributing to their mental health (Miller). In another example, a female veteran also anecdotally stated that, when she needed crutches, the VA at which she was seeking services did not have crutches sized for a woman.

Female veterans are also likely to experience intimate partner violence, with one study showing that 37% of female veterans reported it within the past year (Iverson). Additionally, female veterans experience higher rates of divorce, homelessness, and are more likely to be single parents in comparison to male veterans (Reppert). These issues exacerbate other problems faced by all veterans, such as transitioning home, finding employment, etc. As more women enter the military, VA mental health providers need to be prepared to respond to the unique mental health needs that female veterans present.

Veterans in Rural Areas

VA patients in rural areas typically have reduced access to services of all kinds of care at the VA, and, additionally, fewer alternatives to VA care (Military Medicine). This especially holds true for mental health services, as mental health specialists tend to be disproportionately located in urban areas. Further, veterans in rural areas are less likely to seek out mental health care due to rural culture, for example, the value of self-reliance and independence in rural culture (Kirchner). The VA has opened many outpatient clinics in rural areas to combat this issue, but many veterans in rural areas still do not get the mental health help that they need (Kirchner). Similarly, homeless veterans who live in rural areas are at particular risk when compared to urban homeless veterans. Rural homeless veterans have less access to needed services, primarily dental care, substance-use treatment, transportation, and job training (Kauth).

To address the lack of access to services in rural areas, it would be understandable if the VA chose to use technology-based meetings for mental health and other services. However, in one study, more than 70% of family member and veteran respondents (with an average age in the late 30s) preferred in-person meetings. Participants in this study felt that their goals for sessions (e.g. social support) are less likely to be met through technology-based sessions than through in-person sessions (Fischer). In one study, researchers worked with local community stakeholders, such as clergy members, who were likely to encounter rural veterans with mental illness or substance abuse problems, to refer veterans to seek care at VA outpatient clinics (Kirchner).

APPENDIX B – FOCUS GROUP SUMMARY

The purpose of conducting the focus group interviews was to complement the findings from the survey. We were especially interested in gathering an understanding of veterans’ who live in locations where a full array of services may not be readily available. We also wanted to make sure we were able to draw contrasts among veterans who served in Korea, Viet Nam, Iraq, and Afghanistan. The five focus group interviews were:

LOCATION	DATE	HOST	# PARTICIPANTS
San Marcos	11/10/15	Hayes Co. Vet. Center	7 men
Edinburg (3 groups)	1/14/16	Workforce Solutions	14 men 2 women
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The respondents were all given \$25 HEB gift cards in appreciation for their time and consideration. We also provided coffee, sodas, and water.

The five groups were assembled to reach three types of veterans. The San Marcos group consisted of representatives from the four military campaigns listed above. The three groups in Edinburg consisted of Hispanic men, Anglo men, and Hispanic women. The Kerrville group consisted of Anglo men living in a small town. The five focus groups produced very similar findings. Nevertheless, the Edinburg groups provided us with some of the better quotable quotes, so that we will cite those most frequently. The focus groups provide us with veterans’ concerns, but assembled and presented in their own words and shaped by their own feelings. The following are their major concerns, but in no particular order:

- Transitioning out of active duty and reintegration into civilian life.

Getting a job, food, housing and family are primary concerns. Many veterans experience a pay cut of approximately 50-60 percent if they find jobs in the private sector. Sometimes their military paychecks are delayed for months and they incur significant debt. They often rely on using their accrued vacation time, their savings, and family members to help them temporarily. Finding employment services and landing employment is difficult. Some college student veterans stated that it’s taken them eleven years to transition out of the service into college and then a career. College students report that they don’t get a full base pay check, since as students they are paid by the number of official school calendar days--sometimes this is not enough to pay to pay their rent.

They just put you out to pasture when you need help the most.

I am struggling to make ends meet. I think that they should give me the tools to survive outside of the military. I didn’t realize how financially ignorant I was. You don’t plan when you are 18, 20, and 21. When you can’t pay your bills you get bad credit, you can’t be police officer or a border patrol officer. There is a snowball effect.

Veterans also discussed difficulty in accessing resources from non-profit organizations that advertise themselves as supporting veterans. When they seek help from service organization they feel that they are “sent to pasture” and told that they have to show that they qualify for the service (show income verification), many experience delays in their services or are told that they do not qualify for services because of they earn too much money.

Veterans who are medically retired make have incomes that qualify them for services. Many say that they didn’t have the financial means or the knowledge or the know how to be financial independent, and therefore need financial education. Veterans described bureaucratic/red tape rules requiring veterans to show that their income is below the federal poverty level. If not, they are automatically disqualified from receiving help. The income that veterans earned in while on active duty is much higher than the income that they earn in civilian life; in some cases veterans do not have any income for over 6 months while transitioning out of active duty. Many expressed frustration because the federal poverty level is used to determine whether or not veterans qualify for veterans’ services because in many cases veterans are denied, housing, legal aid, food and other forms of social support during this transition time period. Organizations use the Federal Poverty Level, a measure of income level issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine eligibility for certain programs and benefits. Veterans are left feeling disenchanting because helping organizations give them “false hope” when trying to seek support from veteran’s organizations. Some veterans recommend that if organizations just use base pay to determine eligibility, many veterans will qualify for the many services that they need.

If you are getting funding for veterans why are rejecting services to veterans?

I don’t qualify for anything because I am living on my pension alone and they tell me that it takes me over that mark and I don’t qualify even though it is a veteran organization legal aid.

It should be a 6 months grace period that would help the veterans the most especially if they have child support payments. It takes about 3 months before your check gets caught up so basically for three months you don’t get any money so I was homeless for three months. I lived with family members, family members, family members until my pension kicked in. They tell us we know what the problem is but there I nothing we can do about it.

When this person was asked if they referred him to a shelter, he stated that “he did not qualify.” This participant was told that he did not qualify because of the income he earned while he was in active duty. But, the agent did not take into account that his income declined after he was medically retired. His recent lower income status is not taken into account nor is the fact that he is paying considerable child support. His amount of child support payments for two children living in two different states is based on his active duty income and not his retirement income. The issue here is that veterans change in income status after active duty is not taken into consideration when determining eligibility for housing assistance or legal assistance or forms of health and human services, and therefore do not qualify for services or assistance.

I have two child support orders in two states and I have been trying to change them for over two years and along comes this organization they tell us "we are for veterans let us help you". I thought well I am a veteran and let's do it and it consisted of documentation after documentation and meeting after meeting and he said "yea we are going to do this for you" and just last week I received a letter that they would not be able to help me because I make too much money. I know make half as much now and my child support payments are high. So now it's up to me to hire two different lawyers in these two different states. What I understood is that that is a veteran supported program and that they get funding for that so if you are getting funding for veterans why are you rejecting veterans?

Some of my friends told me to go file for unemployment but guess what I have to pay back unemployment because they are taking into consideration the amount of money that I earned in the military as income.

I don't like unemployment. It's not enough to pay the bills.

They have their guidelines, they have their rules, I don't feel that they don't care.

You get of the service and retired from the service and you don't qualify because you make too much money because they take the income that you used last year but right now I am struggle to make ends meet. That is why we have anger issues because we are told that we make too much money. I am concerned with right now with putting food on the table for my wife.

Some people get by with a part time job here or there.

Many of the problems they face have a long-term impact on their ability to become independent and as a result they experience a lot of stress, have difficulty coping, and become frustrated and depressed when their problems are not resolved. The VA is not helpful and many turn to their family and friends to support them. Many recommended the need for the military service to provide financial education and counseling for veterans and their families (spouses) before they exit active duty. They also suggested they wanted to be educated on how to be self-employed, start their own business where they can work out of their homes, and how to start a non-profit organization- "We want something just for veterans because we talk differently and we think differently".

Some veterans exited the military during the time of the 2008 recession and had difficulties seeking a job and could not pay their bills and it had a negative effect on their credit. If they have bad credit then it reduces the chance of them being hired for a job, for example, being a police officer or border patrol etc. In other cases, some veterans trained for job that is experience high unemployment.

I was really ignorant I was 21 when I got out, and I understand why my friends claim disability even though they are not as a means of survival because they had to feed their kids. It's not because they had disability problems, it was because of the hiring.

Other veterans state that the multiple barriers that they face hinder or make it more difficult and take them a longer time “to things on their own”, such as, complete their college education, or obtain a job or career that they are satisfied with, and health care.

I am in graduate school now and he just got accepted into a PhD program with no help and he did these things on his own and to put a dollar amount on that you can't really do that.

There is definitely time loss from school, my knee specialist is in Corpus Christi, my spine specialist is in San Antonio, and my counselor is in McAllen. So now I am a student and they tell me, 'oh we thought you were not going to come' and they cancelled my appointment and they tell me you are going to have to come back again. They make it as if it's your fault. They tell me that my clinic is only 6 miles so they are only going to pay me \$4.00 and that is what I have to deal with. I went through a year of bed rest and two years of physical therapy. I have spent a lot of time in the VA hospital and now I said all right I am done. If you are not seeking counseling they take your check away. They take a little away from you. So that is constantly on my mind.

Another veteran responded “And that's why I don't go to the VA.”

There is a need to assist veterans, especially, infantry in identifying skills that are transferable to the workplace. Some veterans perceived that the resume of someone who served in infantry will be stigmatized and discriminated by employers compared to someone who served in the Air Force. One person said that he was discriminated by his employer:

Only on the job they asked me you are a veteran and you're going to come in and shoot everybody. That is when I felt being discriminated because I'm a veteran.

Some veterans said that they have heard from other veterans that professor discriminated against veterans. In the educational system some needs of the veterans are being overlooked and underserved.

- There are several factors that are barriers to accessing health care, mental health care, and other human service needs.

There is a lack of regular sources of health care services or a medical home. This shortage is especially relevant to mental health, dermatology, dental care, urologist, rheumatology, and gynecology. Many veterans experience difficulties in accessing medical vouchers to access specialist.

Most reported concern with the McAllen location with difficulties getting appointments compared to the Harlingen location. Veterans wait a long time for their appointment, from 6 months to a year for specialized care. McAllen VA is in closer proximity geographically compared to Harlingen VA. Respondents who use Harlingen reported being more satisfied with the quality of the services. Some veterans seek health care from non-VA doctors and pay out their pocket for the services; however, some say that the medical opinion of a non-VA doctor is not respected by the VA doctors.

Many veterans rely and utilize other veterans to access and navigate their health care and mental health care. "I cope--if it weren't for a lot of people that I go talk to and feel comfortable talking about your problems."

One participant attempted suicide twice: the first time he slashed his wrists and second time he crashed his car into a wall. When he was asked how his veteran status affects him, he responded:

I was working as an EMT and I was seeing blood day in and day out and it just grows on you and I was already having problems mentally and it just exasperated them more. I pretty much lost my job, my house, just everything. The South Texas Behavioral Center was very helpful to me.

He lost his job and his house and is taking medication for his depression and other mental health problems. After his suicide attempts, he was referred to The South Texas Behavioral Center for mental health services and they were very helpful with providing medication for him and referred him to a social worker for ongoing care. He received assistance from HUD VASH for housing assistance and they found an apartment for him. The South Texas Behavioral Center helped him get some food stamps and was helping him get a job.

I am getting my life back in order now.

The VA referred him to Salvation Army:

Salvation Army helped me get my furniture. I was living in my truck trying to kill myself and I really didn't care and I went to the VA one day and they started the process and they offered the services. They don't really advertise them.

He expressed satisfaction with their services, noting that although the services are geographically spread out in the area and challenging to locate, he was able to find the resources with concerted effort.

Many veterans stated that they pay a lot of out-of-pocket costs to access health care, including the cost of lost wages.

- Information. Generally discussed a lack of information on medical resources and noted that most of the information received is through informal networks of veterans and word of mouth.

One thing that would be easier if we had access to GI Bill records so that we can have access to them when we need them. A government system like the VA but where you can access the documents that you on the computer.

I go online but the VA websites does not list what the VA has (all services offered).

Many said they need a computer to access their documents to show eligibility for their benefits (education, employment, health and housing). If information about services was more centralized and

advertised widely, then people would know more about their benefits and also ease the accessibility of the services.

I talk to other Vets.

When you are among your peers with the same issues as you that is when you get to talk and they will tell you 'hey, have you heard about this program'?

There is a perceived lack of access to a centralized location for information on how to access health and human services. There is no one stop place where veterans can get information, nor are they aware of a location where they can get their official service documentation. The two primary locations where information is obtained is through UTRGV Veterans office where they have access to their counselors and the VA, however, the information provided is very limited, inconsistent, and sometime unreliable. Some veterans state that they go online to seek veteran services (this needs improvement) and others say they would prefer to receive their correct information over the phone or in person.

The wait time on the phone with the unemployment office was almost an hour to get the address of the online training that I needed to complete, but I was told over the phone that they don't do it online anymore so I wasted my time on the phone.

Some veterans reported that they have traveled to other states--such as California, Washington, and Illinois--and said that they have learned more about their benefits from other states than in Texas. Perhaps agency workers in Texas are not well trained educated or are informed to communicate to veterans their benefits. Most veterans primarily rely on other Veterans or they rely on their educational counselors for information and referrals to veteran services. They however did note that veterans have unique needs and are not a monolithic group: their needs should not be lumped together.

Veterans state the information alone does not solve the serious physical and mental health problems that they face and the problems they face is access to the services. They describe helping organization as "empty organizations" or "organizations that provide false hope." Some veterans asked if there was any oversight over these organizations that promise to "help veterans", organization that say "We are hiring vets."

Seeking out this information is exhausting and frustrating, and you find out the information is empty--false hopes. Many times I get there and it's a form of advertisement, a form of public relations, I believe.

Some respondents identified getting information from the American Legion members and the VA mobile units as useful methods of accessing health care.

- Lack of access to transportation or the high cost of transportation to access services is a problem for veterans who cannot drive, or don't have a car, live in rural areas, or cannot afford the gas to travel.

I used to live in Starr Country, out in the country, and the travel time is 40-50 minutes and if someone does not have transportation, then you are pretty much screwed and there are veterans out there that cannot drive or anything. There is nothing out there.

One participant made the suggestion that the VA reach out to private business to ask for donations from large companies to help veterans with gas or fuel gift cards to help defray the cost of transportation.

- Poor quality of access to human services and health care that is culturally sensitive to Veterans status and needs.

Respondents noted deep concerns regarding barriers to accessing health care services and the quality of services at the V.A Hospital. Veterans stated that going to the VA causes a great deal of stress because it is so time consuming to see a doctor, the people who assist them are not friendly, and depressing when they cannot get a diagnosis or specialist such as a psychologist to evaluate their health problem. Veterans who are 100% disabled receive prompt appointment and more benefits than those who are not. Some Veterans avoid being treated by the VA because they are so dissatisfied with the quality of services they provide, and some veterans reported that their mental health improved when they stopped going to the VA.

As long as you are not disabled you actually lose out. You get half the care. Your wait is a lot longer. My friend and I we did the same thing. The same three deployments. He is 100%, he goes to the VA and he'll get care and he can get outside care if the VA cannot provide that service. When I went to get the TBI test I went to the VA hospital to get the TBI test it was with a doctor that it was not his specialized field. It was totally a joke. They did a quick test. Do you feel this and do you feel this, done. I wanted to go get outside private service, just a different opinion. But the system is geared toward anytime they ask you are you claiming disability. I don't want to claim disability. I want to see if something is wrong with me and if I need brain surgery to help me, but no. But now my wait time is 6 months longer because I do not claim disability. My friend who is 100% disabled, we did the same deployment, the same everything, but the difference is the system is geared against those who claim disability. When it comes to mental health, I am not disabled but when my friend goes he is 100% disabled, he will see a doctor today and if he wants to seek private the VA does cover that. My problem with mental health care applies to all the other services, no.

I go to the VA to take care of my mental issues. I was abusing alcohol; they never were fixing my problem medically. They were more concerned with me being on disability or not. Are you on disability? I have been to Lufkin facility. I have been to the El Paso one and now in McAllen. The focus is always on disability first and then maybe we will get to the immediate problem. How am I going to go to rehab and you are giving me hydrocodone and Xanax without seeing a doctor? I don't know how this process works, but going the doctor has been a complete nightmare if you are not ready to go through this whole bureaucratic subculture now. I just need to talk to a psychologist and not be disabled because I may not have PTSD for the rest of my life. I just want

my brain checked without fallout out forms of disability. That trend has been in South Texas, El Paso, Lufkin, Beaumont, and in Houston too. I have never gotten help for my actual issue, never.

When this respondent was asked why he does not want to be labeled disabled or being disabled, he replied:

It's very important I know. I truly believe, from a personal note. I was in a unit that was combat ineffective. They compared it to the last battle of Hue City, the battle of Fallujah in 2004. I had a lot of friends who were literally shot and they came back and they can barely walk. Now fast forward, I served in the Texas Army National Guard where we didn't do anything. We were safe and there were more people who were diagnosed as disabled in this unit that really needed it. You can probably qualify for PTSD. It's common sense they ask "Do you have problems sleeping at night?" "Do you have nightmares?" because now there is money on the line. It has become a business. If I had kids, I would defiantly apply for disability. My friend is making \$3000 and he doesn't deserve it like let's say the people that got shot so now it's a subculture in the military and believe me part of the problem, is part of the back log is that people think it's an entitlement and there are people that are really messed up don't get the help that they deserve. So a lot of the problem is not the VA but the veterans themselves. But if you say this to anybody this is pretty dangerous especially in Texas, very dangerous.

Another person responds "Nobody wants to believe that a veteran can do this to another veteran."

Veterans in the focus group were experiencing various physical and mental health problems that were treated. Several participants reported having co-morbidities that have been untreated. They reported that their health issues are being dismissed or ignored such as sleep disorders, dermatology, hypertension, broken vertebrae, tested positive for cervical cancer, and untreated mental health problems. They said that they don't seek help from the university health care center because they cannot help them with their chronic illnesses. They go to the VA but their health symptoms are being dismissed and not being treated properly.

Some veterans said that they experience stigma because they are veterans. They don't want to be perceived as the "Angry Veteran," however they are frustrated with their needs being overlooked leaving them or their families underserved.

Being labeled disabled is stigmatizing. Some veterans expressed a desire to distance themselves from the disability status: "people are more disabled than I am, I'm okay." One veteran who was living with a lot of pain and barely able to walk because he had a crooked spine stated that when a doctor diagnosed him as disabled and suggested that he be wheelchair bound he was hurt because in his words "It took something away from me. It hurts. What do they give me drugs and more drugs? Opiates."

Veterans agreed that some don't want to be diagnosed with PTSD because they don't want to be labeled disabled and be discriminated or treated differently. Consequently, many go without being diagnosed for major injuries and forgo accessing the health care benefits/services they need. Those who are diagnosed 100% disabled are placed "in front of the line" to access health care and get full benefits

because they are medically disabled. In some cases, veterans report that other veterans do this for their families to make ends meet because service is often immediately connected with disability status (this is the stigma), however it is understood why.

Young veterans want to look forward and see that they have a future and being labeled disabled runs counter to living independently and having future opportunities. There was discussion that some veterans who are young don't like to be labeled disabled and the ramifications of not considering the long term effects of their injuries and that one day they will regret not being diagnosed disabled.

These veterans take great pride in their service, want to live independently, and don't like to be perceived as a person who is looking for a handout or being dependent, however, some said that they struggle to balance coping with their physical and mental health and be able to support their families.

One veteran who is not Hispanic said he had a deformed spine and that he experienced a great deal of his emotional pain from having a disability status. He indicated suspicion of racial discrimination motivations for the discrepancies that exist between RGV VA services when compared to other geographic areas in Texas, noting the high Hispanic population in the valley.

The participants strongly emphasized that the experience of veterans varies depending on type of military service and different missions and military operations as well as age, generation and their benefits. Those who serve in the infantry experience more stigma and discrimination compared to those who served in the Air Force.

Two veterans were Vietnam veterans, have Social Security and Medicare, and therefore have more choice in their health care. A few veterans suggested there is a lack of complementary and alternative health care from the VA to help them manage their symptoms of physical pain and mental health problems. Because there is a lack of access to specialty care at the VA, veterans use vouchers to access specialty care and in vouchers are very difficult to obtain from the VA and the burden is on the veteran to find a specialist in their area. Aging veterans say that they are coping with unforeseen health problems, probably related to their military service, as they get older. These conditions include digestive, dental, undiagnosed PTSD, and neurological health problems.

I started recovering once I stopped going to the VA. Going to the VA made me want to go straight to the bar. The bureaucratic red tape was a nightmare that made me more of an alcoholic. My first day of happiness was when I said hey I don't need them.

I think it has something to do with the training of the people, the lack of information and lack of training of the people in South Texas.

Some indicated that the Veterans organizations in South Texas are not very welcoming. "I heard that in other places like in California the American Legion is a welcoming place, but here in South Texas it is not as welcoming." Some organizations that are comprised of the "old guard" veterans in VFW do not recruit the younger veteran generations and don't make them and their families feel welcome. The American Legion is a little more welcoming for "younger veterans."

The following is an account offered by a veteran with a fairly sophisticated understanding of his very complex condition:

It takes a long time for me to get my medication because it comes from Dallas, and a week goes by when I should be taking them.

I have hypertension. They told me that they were going to mail my medication. That they were going to send it. It's supposed to come in the mail but it never comes in the mail. I haven't received it and I have hypertension. Try to get it in person and I can't get it in person. So no. A lot of time I just give up and I just go to Reynosa (Mexico). I don't go to the VA clinic here. I have high blood pressure and I have PTSD.

This person was injured while on active duty as result of falling through a building. He has had multiple surgeries to his knees, hurt his back, hurt his shoulder and has a broken vertebrae and is living in pain every day. Doctor's tell him that the cause of his problem is that he is overweight:

*I was on a lot of pain killers for a long time, my liver was looking really bad and then I went cold turkey and stopped taking the medication and my number went back. They asked me did you quit drinking? I am doing better now that I am not on meds. My blood pressure is still considered medium to high. There is no coping I just learn to live with all my bulls**t. I drink alcohol to manage my pain.*

This person has had a lack of continuous care when transferring from one regional VA (San Antonio) to another (RGV), citing specific issues with accessing medication. Expressed such frustration with the VA that he would go to Mexico (Reynosa) rather than the VA. He indicated that there was no access to medical care through the university. He documented the difficulties involved with the VA medical services, citing no referrals to specialists were made even though he is pending 3 surgeries and that the VA doctors dismissed health issues documented by civilian doctors that were determined to be related to combat.

Focus group participants reported a lack of continuity of health care and a medical home leaving many veterans underserved. They deal with pain and health problems in their everyday life and these in turn become part of their everyday lives. One Vietnam veteran said that did not receive dental care for severe tooth decay. Part of the reason why he did not receive care was because he did not know how to fill out the form and the paperwork to access his benefits.

- One benefit that they feel comfortable with is Chapter 31 Education and the GI Bill.

Respondents did not view Chapter 31 and Chapter 33 as a service. Instead, they see it as a benefit that they earned as a result of their service in the military. Most veterans stated that they don't qualify for the majority of services aimed at Veterans with the exception of Chapter 31. Many stated that they are comfortable and happy with Chapter 31 as it helps veterans rehabilitate and counselors are very helpful.

My education is great right now. It has helped me with my medical symptoms.

The only thing that has saved me is my education. It's been a soft landing. I just had [friends name] who shot himself and what has saved me is being an environment of a university where I can decompress and I have been surviving off that. I was living off the G.I. Bill.

Education is the one great success because you are giving a tool to give back to society.

We advocated for a space for veterans at the University.

Many of us veterans have disabilities and the university does not have carts to take us across campus. I have COPD and I get tired walking. That is a big problem. Other students have a cart but we can't have a cart? The University will not let us have one and we need one.

Helmets to Hardhats is working with San Jose City College to train one of the veterans who will be utilizing the GI Bill to continue his education and enhance his skills and make him employable for a job in Northern California.

At UTRGV-Edinburg, there is one counselor who serves 1300 veterans. Student veterans describe difficulties with the university's reimbursement system for books and financial aid. Many experience financial difficulties in paying for their rent and living expenses. There are bureaucratic barriers to getting textbooks and supplies due to the institutional missteps; specifically, the current system for updating syllabi does not work with education programs for veterans. The Veteran Student Center was provided to student after they requested the need for the center. These barriers are very stressful and are barriers in their transition and integration into civilian life. They mentioned that people are not sensitive to disabled veterans' needs.

- Very little legal services are offered for veterans that are free or affordable. Veterans reported that veterans need legal assistance.

The need for legal services is apparently great among veterans. Problems related to drug abuse, family discord, bad loans, violence, and disputes with service deliverers have a way of escalating into legal issues.

- Services for spouses and children are few.

There is very little childcare available for veterans, nor is there a respite care for veterans. Few talked about what their spouses and children's needs were, but some said that they want their children to have educational opportunities. Others noted that some of their children and spouses don't fully understand what they are going through as veterans and need to be better informed, too. There should Access Tricare for spouses. Yet, several respondents reported that their spouses were veterans and had their own military benefits.

- Women are Veterans, too.

Respondents claimed that women's physical and mental health issues are generally ignored. Female members of the military have unique issues and are underserved, commonly without access to specialty care such as gynecology. There is a lack of mental health care for female veterans. There is a lack of services to meet the needs of women who are raising children. Two women suggested that there is a need for service deliverers to be trained to be culturally sensitive about women's health issues.

- Seeking help is so stressful that over time veterans disengage from the process.

Unclaimed benefits and underutilization of services because veterans find services difficult to use: "inconsistent," "not user friendly," or "needing a lot of documentation for eligibility" are too commonly the case. Many veterans are frustrated and in some cases they humiliated with being given the run a round by service providers. Many respondents reported the need for self-sufficiency and expressed disdain for making use of a 'hand out'. Some indicated that they do not seek help or utilizing social support services and mental health service because there is stigma attached to it. Several veterans said idealistically that they want to start their own organization and provide assistance for veterans to become self-sufficient. Ultimately, that is their goal is for veterans to be self-sufficient, provide for their family, and live independently without disability.

- Respondents' understanding of the organizations that provide social, medical, psychological and legal support:

- American Legion
- Student Veterans of America and the Veterans Center at UTRGV
- VA in McAllen and VA in Harlingen
- Church provides peer support for veterans and provides lectures in high school about sensitive topic such as teenage suicide, and anorexia. (no specificity of church's name)
- South Texas Behavior Health <http://southtexasbehavioralhealthcenter.com/>
- Salvation Army (helped veterans with furniture and transportation vouchers)
- The Unemployment Office (govt. office)
- Helmets to Hardhats (found employment in California and was getting ready to drive the next day to California to begin his training) <https://www.helmetstohardhats.org/>
- Soldiers for Life Classes
- HUD VASH
- http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/vash
- Workforce Solutions and Texas Veterans Commission (Jerry Garza)

- Respondents recognized that their families are affected:

In the focus groups, there were no family members (e.g., spouses, significant others, or children) present. We were not able to locate them through our regular sources (i.e., county veteran service offices and veterans organizations). All of our respondents were male veterans. But, the veterans were able to speak a bit about families. In general, they indicated that wives have to contend with problems resulting from (1) underemployment when their husbands return from service to lesser paying jobs; (2) extended unemployment; (3) drug and alcohol problems that originate during their husbands' service, not before; and "mysterious conditions and behavior," e.g. agent orange, that are very difficult for spouses to figure out and manage. Family violence is a common problem particularly for families of Iraq and Afghanistan vets. These veterans reported that their families generally received services from non-veteran and non-military agencies.