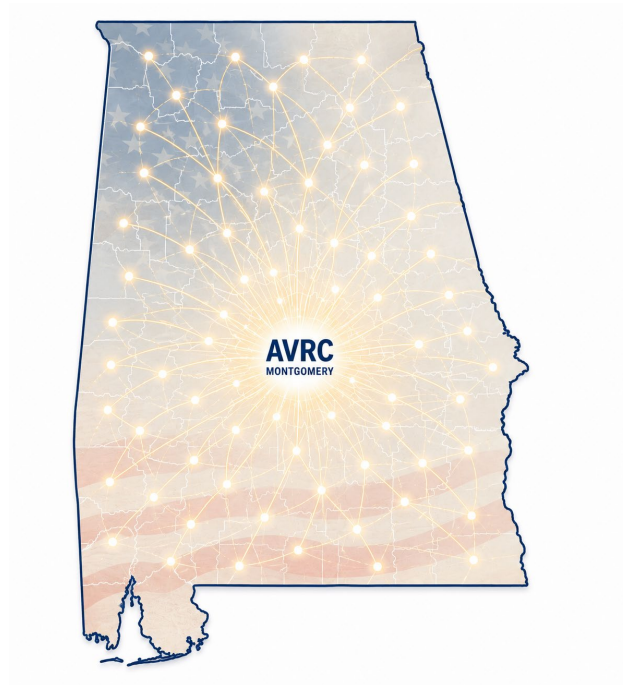


EXPLORING OPPORTUNITIES FOR ALABAMA'S VETERANS RESOURCE CENTER



Passionately Serving Because They Purposefully Served

Celebrating Alabama's Progress
Certified Public Manager® Program
CPM Solutions Alabama 2026



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The research, findings, and recommendations presented in this white paper do not represent the views of any agency or organization, but rather the collective educational research and analysis from a diverse group of participants in the Certified Public Manager® Training Program.

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To Alabama's veterans and military families: this project was inspired by your service and shaped by your stories. Throughout our research, we were reminded that behind every statistic is a person who answered a call to serve something greater than themselves. We are grateful for your sacrifice, your resilience, and your continued contributions to the communities you call home.

It has been an honor to learn from your experiences and to explore ways Alabama can better support those who have given so much in service to our nation. We hope this work reflects the respect, gratitude, and commitment that Alabama owes to every veteran and military family across our state.

CPM Solutions Alabama 2026

Introduction

Many people assume that when a service member hangs up the uniform for the last time, the mission is complete. In reality, for the new veteran, the mission has not ended; it has simply changed.

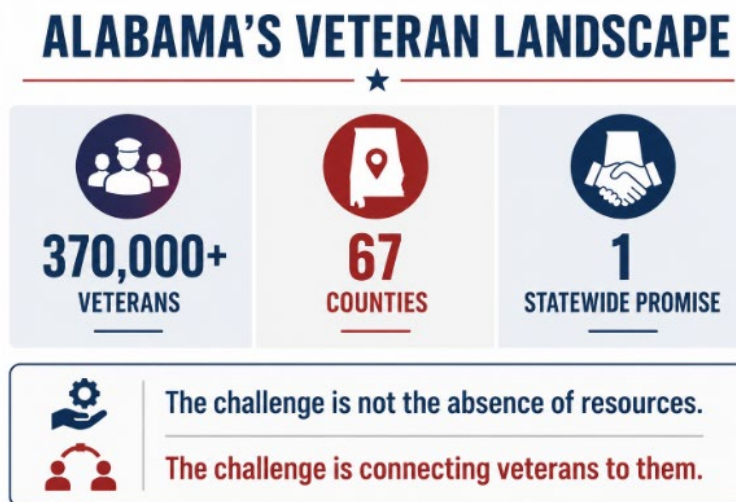
Instead of deployment orders and military objectives, the next mission is navigating civilian life—understanding benefits, accessing health care, finding employment, supporting a family, rebuilding a sense of purpose, and learning an entirely new system without the chain of command that once made the next step clear.

That mission often begins quietly: in a doctor’s office waiting room, at a kitchen table covered in paperwork, during a late-night search for answers, or in the silence of not knowing where to turn. Many veterans transition into civilian life with ease and continue serving their communities long after their military service ends. For others, the path is more complicated and less clear. For these veterans, the problem is not a lack of resilience, determination, or willingness to succeed. It is the difficulty of finding the right resource at the right time.

Alabama is home to more than 370,000 veterans (Alabama Military Stability Foundation, 2026). They live in every county of the state and represent every era of modern military service. They are business owners, mechanics, farmers, educators, first responders, parents, church members, neighbors, and civic leaders. Each of them has earned more than recognition and gratitude. They have earned clear and reliable access to the benefits, services, and support promised to them through their service. Yet the veteran system is still a complex maze of doorways.

Alabama acknowledged this and wanted better for its veterans. In 2025 Governor Kay Ivey identified strengthening support for Alabama’s veterans as a priority, emphasizing that “our servicemen and women deserve accessible, reliable support as they navigate civilian life” (Office of the Governor of Alabama, 2025). Through Senate Bill 70, Alabama created the Alabama Veterans Resource Center (AVRC), a centralized resource designed to connect veterans and their families with the services and support they have earned. The AVRC was established to ease the transition to civilian life and serve as a connector

of veterans' services. Fulfilling that purpose, however, requires more than just opening a physical center in Montgomery. It requires making that center visible, reachable, and useful to veterans throughout the state—turning a maze of doorways into one front door known, accessible to, and trusted by all Alabama veterans.



The challenge now facing Alabama is not that people do not care about veterans or that resources do not exist. Federal and state agencies, County Veterans Service Offices, nonprofit organizations, churches, health care providers, workforce partners, community colleges, Veteran Service Organizations, and local volunteers work every day to

support veterans and their families. Their commitment is genuine, and their work changes lives. Yet from the perspective of a veteran seeking assistance, this network can appear fragmented. Health care, disability compensation, education benefits, housing assistance, employment services, mental health counseling, and emergency resources often exist within separate systems, each with its own eligibility requirements, application processes, and points of contact. Finding help can become as challenging as qualifying for it.

For the veteran who does not know where to begin, every referral can feel like another door to open. For the veteran living in a rural county, distance can turn a routine appointment into an all-day obstacle. For the veteran without reliable broadband, telehealth may be available in theory but remain inaccessible in practice. For the veteran struggling with depression, anxiety, post-traumatic stress disorder, substance use, housing instability, or the loss of purpose that sometimes accompanies military transition, delays in reaching the right service can be dangerous.

Evidence demonstrates that these challenges are more than isolated experiences. The U.S. Department of Veterans Affairs (VA) reported 122 veteran suicide deaths in Alabama in 2023,

with an unadjusted veteran suicide rate of 35.7 per 100,000 compared with Alabama's overall suicide rate of 20.7 per 100,000 (VA, 2025b). The Alabama Department of Mental Health likewise identifies post-traumatic stress disorder, depression, anxiety, substance use disorders, housing instability, food insecurity, transition stress, and social isolation as significant issues affecting Alabama veterans and their families (Alabama Department of Mental Health [ADMH], 2025b). Collectively, the research reviewed for this project points to a consistent conclusion: Alabama's challenge is often not the absence of services, but the difficulty veterans face in accessing them.

To better understand how Alabama can strengthen support for veterans, CPM Solutions Alabama was tasked with examining opportunities to expand the Alabama Veterans Resource Center (AVRC) and identify evidence-based strategies for improving statewide access to services. The project included reviewing the vision established through Senate Bill 70, examining centralized veteran resource center models in other states, identifying best practices, and developing recommendations for high-impact services, strategic partnerships, and improved access. The project was conducted in partnership with stakeholders from the Alabama Department of Veterans Affairs, including Wade Morrison, Director of Support Services; Brandon Miller, Director of Outreach; and Alex Karagas, Executive Director of the Alabama Veterans Resource Center.

The research that follows is built around a straightforward premise: Alabama may not need to create every service its veterans need, but it must create a consistent connection to the services already available. The AVRC provides the foundation for that connection. The opportunity now is to ensure it becomes the known and trusted front door to Alabama's veteran support network—one through which every veteran, regardless of where they live, can find a clear, coordinated pathway to the help they have earned.

Background: Alabama's Veteran Support Landscape

Alabama's veteran support system is broad, committed, and deeply rooted in public service. The Alabama Department of Veterans Affairs plays a central role in helping veterans and families understand and access earned benefits. County Veterans Service Offices provide local assistance with claims, benefits, and referrals. The VA provides health care, disability compensation, education benefits, caregiver support, burial benefits, and specialized services through VA medical centers, outpatient clinics, Vet Centers, and national benefit systems. The Alabama Department of Mental Health, Alabama Career Centers, community colleges, universities, employers, nonprofit organizations, and faith-based groups each serve important parts of the veteran support network.

Veteran Service Organizations (VSOs) also remain important trusted partners. The American Legion, Veterans of Foreign Wars (VFW), Disabled American Veterans, AMVETS, Vietnam Veterans of America, the Marine Corps League, and other organizations provide benefits advocacy, peer connection, community engagement, financial assistance, and local outreach. Current organizational records indicate that the American Legion Department of Alabama has roughly 140 posts and more than 15,000 members, while the Veterans of Foreign Wars Department of Alabama lists 59 posts statewide (The American Legion Department of Alabama, 2025, pp. 1–5; Veterans of Foreign Wars Department of Alabama, n.d.). Although these organizations do not reach every veteran, their existing networks of local posts give the AVRC potential community partners for outreach, information sharing, and veteran-to-veteran connection.

Nonprofit organizations and community providers also fill critical needs. Wounded Warrior Project, Priority Veteran, Wounded Warrior Alabama, Three Hots and a Cot, Volunteers of America Southeast, the Salvation Army, Alabama Veteran, and many local organizations help veterans and families with housing, emergency assistance, employment, counseling, utilities, food, case management, and benefits navigation. Faith-based organizations and churches often serve as trusted local anchors, especially in rural communities where formal service providers may be limited.

This landscape is one of Alabama’s greatest strengths. It also explains why coordination matters. A veteran may need assistance from several organizations at the same time: a County Veterans Service Officer for a claim, a VA clinic for health care, a nonprofit for emergency housing support, a workforce agency for job placement, a counselor for mental health support, and a church or peer network for encouragement and belonging. If those organizations work separately, the veteran carries the burden of connecting the pieces. If those organizations work together, the system begins to feel like support rather than a scavenger hunt.

The creation of the Alabama Veterans Resource Center (AVRC) through Senate Bill 70 during the 2025 Regular Session marked an important turning point. Sponsored by Senator Andrew Jones, the legislation created a public corporation designed to support veterans and their families and to improve coordination of services during the transition to civilian life (Alabama Legislature, 2025; LegiScan, 2025). Senator Jones identified the need for a centralized approach from the beginning, with early support from stakeholders including Alabama Power, the Alabama Department of Veterans Affairs, and workforce leadership. The legislation established a governing board, and private-sector partners later created the Alabama Veterans Resource Center Foundation to support fundraising and sustainability (Jones, personal communication, August 2026).

“During this past legislative session, I made it a top priority to strengthen our support for Alabama’s veterans and establishing the Veterans Resource Center was a key part of that effort. Our servicemen and women deserve accessible, reliable support as they navigate civilian life.”

— Governor Kay Ivey, Office of the Governor of Alabama (2025)

That statement captures the purpose of the AVRC. It was not created because Alabama had no services. It was created because veterans and families needed a clearer way into the services that already existed and a stronger structure to connect new partners over time.

ALABAMA VETERAN PROFILE

A STATEWIDE PERSPECTIVE

Key indicators highlighting Alabama's veteran population, services, and resources across all 67 counties.



Alabama is home to

372,000+ VETERANS

who have served our
nation with honor.

(VA NCVAS, FY2024)

VETERAN POPULATION



372,000+
Veterans

Alabama veteran population
(VA NCVAS, FY2024)



67
Counties

Statewide coverage



58 of 67
Rural Counties

Rural county classification
(ADPH, 2026)



118,000+
Service-Connected Disability
Compensation Recipients

About 32% of Alabama veterans
(VA, FY2024)

VETERAN DEMOGRAPHICS

Age (VA NCVAS, FY2024)

- Under 35 years: 22%
- 35–54 years: 37%
- 55–64 years: 21%
- 65 years and over: 20%

Era of Service (VA NCVAS, FY2024)

- Gulf War Era (1990–present): 33%
- Vietnam Era (1961–1975): 28%
- Korea Era (1950–1953): 13%
- World War II (1941–1946): 6%
- Other Peacetime: 20%

Gender (VA NCVAS, FY2024)

- Male: 90%
- Female: 10%

RURAL REACH



Over 86% of Alabama's
land area is considered rural,
meaning many veterans live
in communities far from major
service hubs.
(ADPH, 2026)

SUICIDE & MENTAL HEALTH



122
Alabama veteran deaths by
suicide in 2023.
(VA, 2025)

35.7
Veteran suicide rate per
100,000, compared to
20.7 for non-veteran adults
in Alabama.
(VA, 2025; CDC, 2024)

Firearms were the method used in
more than 70% of veteran suicides.
(VA, 2025)

ALABAMA BY THE NUMBERS



■ Rural Counties ■ Non-Rural Counties
(ADPH, 2026)

ACCESS & INFRASTRUCTURE



67 COUNTY VETERAN SERVICE OFFICES
Local support and guidance in every county
(ADVA, 2024)



2 VA HEALTH CARE SYSTEMS
Birmingham VA Medical Center
Central Alabama VA Health Care System
(VA, 2026)



3 VA MEDICAL CENTER CAMPUSES
Birmingham, Tuskegee, and Montgomery
(VA, 2026)



12 COMMUNITY-BASED OUTPATIENT CLINICS
VA clinics across the state
(VA, 2026)



7 VET CENTERS
Community counseling and outreach centers
(VA, 2025)



100% OF COUNTIES SERVED BY ADVA
Alabama Department of Veterans Affairs
presence in every county
(ADVA, 2024)

CHALLENGES VETERANS FACE

- Limited awareness of available resources
- Geographic barriers in rural areas
- Navigating complex systems and benefits
- Long wait times for health care and mental health services
- Transitioning to civilian life and employment
- Delays in claims and benefits processing

(Interviews with Alabama veterans, 2024–2025; GAO, 2024)

ECONOMIC IMPACT & INVESTMENT



\$6.3 BILLION
Federal VA Expenditures in Alabama
(FY2024)
(VA GDX, FY2024)



\$3.9 BILLION
Direct VA Expenditures in Alabama
(FY2024)
(VA GDX, FY2024)

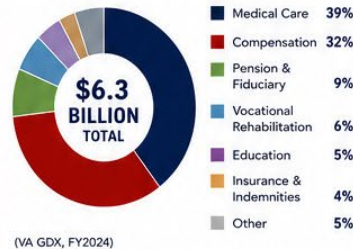


46,000+
Jobs supported by VA spending
in Alabama
(VA, 2025)



\$2.0 BILLION+
In veterans benefits and compensation
paid to Alabama veterans
(VA, 2024)

WHERE FEDERAL VA DOLLARS GO IN ALABAMA (FY2024)



(VA GDX, FY2024)

KEY TAKEAWAYS

- ✓ Alabama's veteran community is large, diverse, and widespread across urban and rural areas.
- ✓ Strong infrastructure exists in every county, but rural veterans still face barriers to access and awareness.
- ✓ VA investment drives billions in economic impact and supports tens of thousands of jobs across the state.
- ✓ Suicide prevention, mental health access, and benefits navigation remain critical needs.
- ✓ Local partnerships and mobile outreach can close gaps and ensure no veteran is left behind.

DATA SOURCES

- VA National Center for Veterans Analysis and Statistics (NCVAS) – FY2024
- VA Geographic Distribution of Expenditures (GDX) – FY2024
- Alabama Department of Veterans Affairs (ADVA) – 2024
- VA Health Services (VHA) – 2026
- VA Vet Center Program Office – 2025
- Alabama Department of Public Health (ADPH) – 2026 Rural Health County Classification
- Centers for Disease Control and Prevention (CDC) – 2024
- Department of Veterans Affairs (VA) – 2024, 2025
- Government Accountability Office (GAO) – 2024

Note: Data reflects the most recent available sources as of May 2026.

The Challenges Veterans Face After Service

Military service builds resilience, discipline, leadership, adaptability, and a strong sense of mission. Those strengths often carry into civilian life and benefit families, employers, and communities. At the same time, the transition from military service to civilian life can create challenges that are not always visible from the outside. A veteran may leave active duty with skills and determination, but without the structure, community, and identity that military life provided. That change can affect employment, family relationships, mental health, physical health, finances, and sense of purpose.

Research reviewed for this project— including reports from the Alabama Department of Mental Health (ADMH), the VA, the U.S. Government Accountability Office, the RAND Corporation, and veteran-serving organizations— consistently identified several major challenges: mental health concerns, suicide risk, benefits navigation, health care access, employment transition, social isolation, housing instability, food insecurity, transportation barriers, broadband limitations, and limited awareness of available services. These issues rarely exist in isolation. Instead, they often overlap and reinforce one another. A veteran who lacks transportation may miss medical appointments. A veteran who does not understand eligibility may never apply for benefits. A veteran who is isolated may not learn about local resources. A veteran who does not trust formal systems may avoid help until a problem becomes a crisis.

Mental health remains one of the most urgent concerns. ADMH’s Veterans Mental Health Steering Committee and behavioral health literature review identify post-traumatic stress disorder (PTSD), depression, anxiety, substance use disorders, suicide risk, housing instability, food insecurity, transition challenges, and social isolation as significant issues facing Alabama veterans (ADMH, 2025a, 2025b). A national study of veterans who served in Operations Enduring Freedom, Iraqi Freedom, or New Dawn found that 41% had a potential need for mental health care (National Academies of Sciences, Engineering, and Medicine [NASEM], 2018, pp. 115-116). The report also identified barriers related to transportation, difficulty obtaining timely appointments and accessing providers, financial concerns, and stigma (NASEM, 2018, pp. 134, 136-137, 143-144).

Suicide prevention must remain central to any serious discussion of veteran support in Alabama. The VA's Alabama veteran suicide data sheet reported 122 veteran suicide deaths in Alabama in 2023. The veteran suicide rate exceeded the state's overall suicide rate, and firearms were involved in most Alabama veteran suicide deaths identified in that data set (VA, 2025b). National VA suicide prevention data reinforces that this challenge extends beyond Alabama. Veterans continue to die by suicide at higher rates than non-veterans, and both women and men veterans experience elevated suicide risk compared with their civilian peers (VA, 2025a). Behind every suicide statistic is a veteran, a family, and a community left carrying the impact of a life lost.

Studies identify the transition from military to civilian life as a period of heightened vulnerability, particularly as veterans navigate changes in identity, employment, health care, relationships, and access to support systems (Werber et al., 2015). Interviews conducted for this project brought those findings to life, illustrating the personal challenges veterans may experience during this transition. Veterans consistently described managing changes in employment, health coverage, family routines, identity, and community connection all at once. Rather than facing a single crisis, many described the gradual accumulation of obstacles. They did not know what benefits existed or what they qualified for. They did not know who to trust. They hesitated to ask for help. They were referred from office to office. Eventually, the process itself became discouraging, and that discouragement became another barrier to receiving support.

Interview participants repeatedly described a lack of awareness of resources outside of the VA, reliance on word-of-mouth from other veterans, and concern that the transition process did not include enough follow-up. Several veterans stated that they learned about available services only because another veteran told them. Others described the need for peer groups and trusted messengers who could help isolated or underserved veterans understand what help exists and how to access it (Baines, personal communication, 2026; Hill, personal communication, 2026; Robinson, personal communication, 2026). That finding matters because it changes the way solutions should be designed. If veterans are not using resources because they are unaware of them, ashamed to ask, uncertain whom to trust, or overwhelmed by the process, then simply creating another resource list will not solve the problem. Alabama needs navigation, follow-up, trusted relationships, and a coordinated pathway.

Needs, Gaps, and Underserved Populations

Research reviewed for this project consistently found that Alabama's veterans are not a single, homogeneous population. Their experiences and service needs vary widely based on geography, age, service era, disability status, family responsibilities, gender, digital access, transportation, income, and level of connection to VA or community resources. Reports from ADMH, the VA, the Alabama Department of Public Health (ADPH), the RAND Corporation, and other national research organizations demonstrate that barriers to services are not evenly distributed across the veteran population. As a result, a statewide support model must be broad enough to serve all veterans while remaining flexible enough to address the unique challenges faced by populations for whom barriers are most severe.



Rural Veterans

Rural access is a major veteran service issue in Alabama. The Alabama Department of Public Health reports that 58 of the state's 67 counties are considered rural and that approximately 2.1 million residents, or 42.3% of Alabama's population, live in rural areas (Alabama Department of Public Health [ADPH], 2026). Rural veterans may face long travel distances to VA facilities or specialists, limited transportation options, shortages of local health care providers, fewer nearby health care facilities, and broadband or connectivity barriers that restrict access to health care, mental health services, and telehealth opportunities (Bopp et al., 2025).

Research focused specifically on rural veterans has identified additional barriers that influence whether veterans seek and successfully connect with care. Rural veterans may experience limited awareness of available resources, challenges navigating fragmented systems, concerns

about stigma, and reluctance to seek assistance due to values of independence and self-reliance. Fischer et al. (2016) found that trust, peer connection, and warm handoffs can play important roles in improving engagement with mental health services among rural veterans.

For rural veterans, the question is not only whether services exist somewhere in Alabama. The question is whether those services are reachable, understandable, and trusted. A resource in Montgomery, Birmingham, Huntsville, Mobile, or Tuscaloosa may not feel available to a veteran who lacks transportation, broadband access, or a trusted local contact.

Aging Veterans and Vietnam-Era Veterans

Older veterans represent a substantial portion of Alabama's veteran population. According to the VA VetPop2023 population projections, approximately one-half of the nation's veteran population is age 65 or older, reflecting the aging of Vietnam-era veterans and highlighting the growing need for health care, caregiver support, disability navigation, and long-term care services (VA, National Center for Veterans Analysis and Statistics [NCVAS], 2023). Aging veterans also may face increased reliance on family members or community support networks as health care and daily living needs change.

Many older veterans may experience challenges navigating online systems, digital portals, or telehealth platforms. Research on the digital divide has shown that adults ages 65 and older remain less likely than younger adults to own smartphones, use the internet, and use social media. Older adults—particularly those ages 75 and older—are also more likely to report needing help or having less confidence when using digital devices (Faverio, 2022; McClain et al., 2021). These challenges may create additional barriers for veterans attempting to access electronically delivered health care, benefits information, and support services.

The Shoals region and portions of northwest Alabama may warrant additional attention because of their aging veteran populations and the unique challenges associated with health care navigation, disability claims, toxic exposure education, and caregiver support. The Alabama Veteran Behavioral Health Landscape report also identifies the largely rural northwest region as an area where sparse populations, geographic size, and community resource limitations should be considered when planning services for veterans (ADMH, 2025a, p. 65).

The long delay between military exposure and later-life health consequences makes outreach particularly important. Veterans who served decades ago may not realize that eligibility rules have changed or that expanded benefits may now apply to them. Agent Orange presumptions, burn pit exposure, and PACT Act expansions all require clear, trusted communication that reaches veterans and families in plain language because benefits eligibility and available resources continue to evolve (VA, 2025c, 2025d).

Recently Transitioned Veterans

Recently transitioned veterans face a distinct set of challenges as they move from military service into civilian life. Many are building civilian careers, pursuing education, raising families, or relocating to new communities. They may need assistance translating military skills into civilian employment, understanding education benefits, accessing health care, building social networks, and maintaining a sense of purpose. Research on military-to-civilian transition demonstrates that successful reintegration involves more than employment alone; it also includes identity development, social connection, mental health, family stability, and a renewed sense of belonging (Flack & Kite, 2021; Werber et al., 2015). A job matters, but so do identity, routine, confidence, and belonging.

Alabama's military-connected communities, including those surrounding Redstone Arsenal and Maxwell Air Force Base/Gunter Annex, represent important opportunities for transition-focused outreach and support. The transition from military to civilian life is not a one-time event at separation but an ongoing process that may require career coaching, mentorship, education, employer partnerships, mental health support, and continued follow-up (Bond et al., 2022; U.S. Government Accountability Office [GAO], 2024).

Veterans Not Connected to VA or Formal Systems

Some of the highest-risk veterans may be those least visible to formal systems. Veterans who are not enrolled in VA health care, not connected to a County Veterans Service Office, or not aware of available benefits may never appear in service counts until a crisis occurs. Among civilian, noninstitutionalized veterans ages 25–64, national data show that veterans obtain health

coverage through a range of arrangements, including VA health care alone, VA care combined with other coverage, private insurance without VA care, TRICARE, public coverage, and no insurance (Cohen & Boersma, 2023, p. 5).

This is why outreach and navigation matter. The AVRC cannot measure success only by the veterans who already walk through its doors. Its greatest opportunity is reaching those who have not yet found that front door— or do not know it exists.

Women Veterans and Military Families

Women veterans are the fastest-growing population within the veteran community (VA, 2024, p. 7). Yet many veteran health care and support systems were originally designed to serve a predominantly male veteran population, creating ongoing challenges in meeting the unique needs of women who have served (Evans et al., 2024, p. 251). Women veterans may experience barriers related to the effects of military sexual trauma, access to gender-specific health care, childcare and family responsibilities, mental health stigma, and feeling overlooked or unsafe in traditionally male-dominated veteran spaces (Evans et al., 2024, p. 251; VA, 2024, pp. 8, 11–14).

Military spouses, caregivers, children, and survivors also need support as part of the broader military-connected community. A veteran-centered system should not ignore the family system surrounding the veteran.

Veterans Affected by Toxic Exposure

Toxic exposure groups require targeted outreach and education. Vietnam-era veterans may need information about Agent Orange presumptive conditions, while Gulf War and post-9/11 veterans may need guidance regarding burn pits, airborne hazards, and expanded eligibility under the Honoring Our PACT Act of 2022. The challenge is not solely clinical; it is also informational. Many veterans and their families need clear, accessible guidance on eligibility requirements, documentation, health care enrollment, disability claims, and where to obtain assistance with filing or appealing claims (VA, 2025c, 2025d; Honoring Our PACT Act of 2022, Pub. L. No. 117-168, 136 Stat. 1759).

Why Veterans Still Fall Through the Cracks

Collectively, the research reviewed for this paper— including reports from ADMH, the VA, RAND, the Government Accountability Office, and other national veterans' organizations— points to a difficult but important conclusion: veterans often fall through the cracks not because no one cares, but because the path to help is too complicated.

A veteran may be asked to navigate separate systems for disability compensation, health care enrollment, mental health counseling, workforce services, housing support, education benefits, emergency assistance, and family services. Each system may use different terminology, eligibility requirements, application processes, and points of contact. When that complexity meets stigma, pride, self-reliance, limited transportation, poor broadband, or prior negative experiences, the result is predictable. Veterans disengage. They postpone care. They stop asking. They learn to live with unmet needs. In the words of one veteran interviewee, “Veterans should not have to become researchers just to understand what they earned.”

This is the gap the AVRC was created to help address. A veteran should not have to know the whole system before receiving help from it. The system should be organized enough to meet the veteran at the first point of contact, identify the need, make the connection, and follow up until the need is addressed or the next step is clear.

TOO MANY SYSTEMS. TOO MANY STEPS. NOT ENOUGH CONNECTION.



The veteran should not have to understand the whole system before the system can help.



The Alabama Veterans Resource Center Today

The Alabama Veterans Resource Center represents Alabama's effort to address fragmentation. It was established to provide veterans and military families a clearer way to connect with resources related to employment, education, health care, housing, benefits navigation, behavioral health, and community support. The center is not meant to replace the organizations already serving veterans. Its purpose is to help those organizations work together more effectively and to help veterans move through the system with less confusion.

The AVRC opened its Montgomery office on Dexter Avenue in 2026 and announced Alex Karagas as Executive Director. Public reporting describes Karagas as a higher education leader with more than 13 years of experience serving military-affiliated students, including prior work supporting student veterans at the University of Alabama and military and adult education efforts at Albany State University (Alabama Power, 2026; Yellowhammer News, 2026). As Executive Director, Karagas leads day-to-day operations and supports the statewide mission of the organization.

"We've spent the past several months listening to veterans, sitting down with partners across the state, and building a simple way to help people find the right next step. For a veteran who's trying to navigate benefits, find work, or get connected to support for their family, it helps to have a place where someone will look you in the eye, hear your story, and help you move forward. This Montgomery office is a front door, and the start of what we're building statewide."

— Greg Reed, Chairman of the AVRC Board (Alabama Power, 2026)

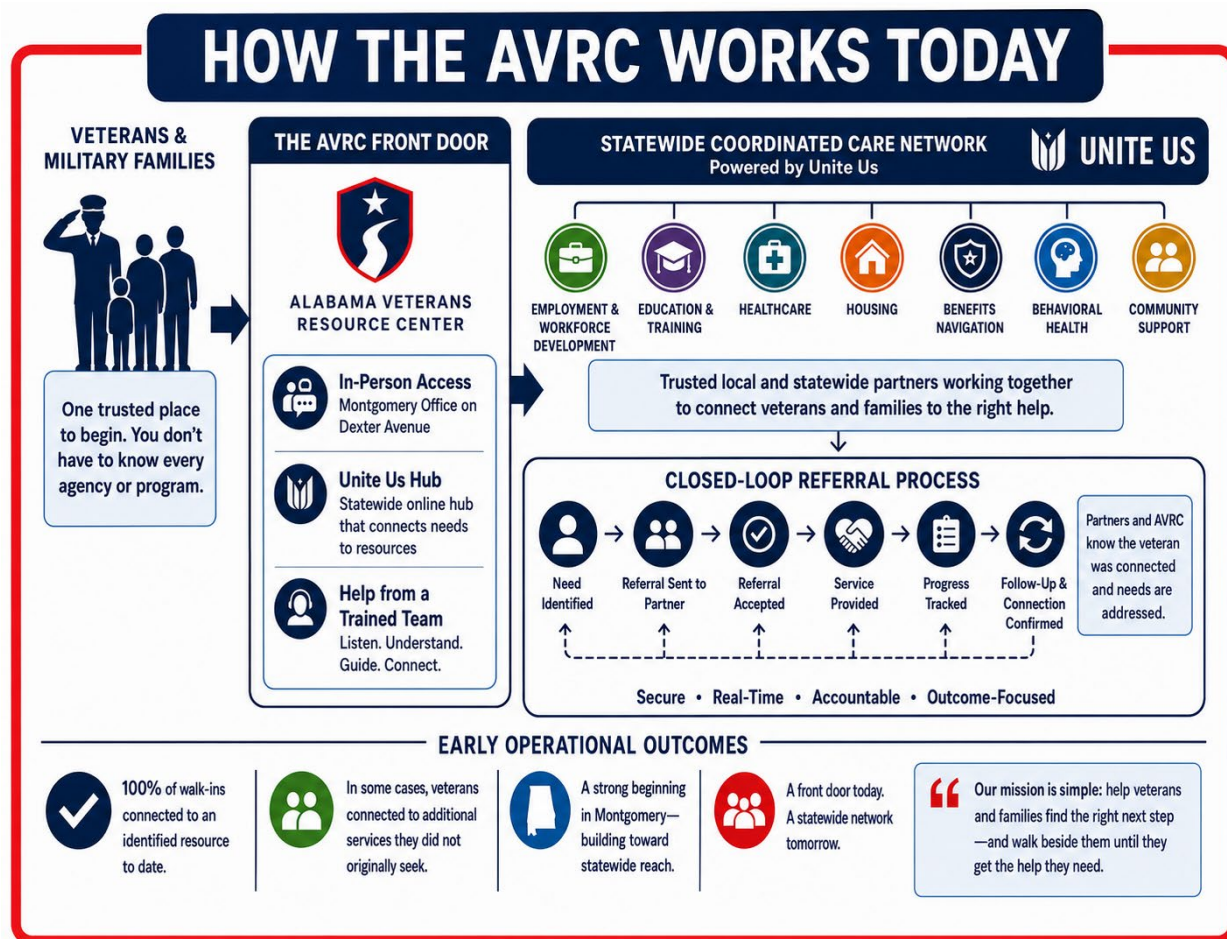
That "front door" language is important. A front door is not the whole house. It is the place where someone enters and is the first place someone should feel welcomed, heard, and supported. The AVRC's promise is that veterans and families do not have to know every agency, program, eligibility rule, or provider before seeking help. They need one trusted place to begin. The AVRC's current model combines in-person access, an online hub through Mission Forward Alabama, and a statewide coordinated care network powered by Unite Us. Unite Us describes the AVRC network as bringing together organizations across workforce development, health

care, housing, education, benefits navigation, and behavioral health. The platform supports secure referrals, progress tracking, and closed-loop communication so providers can know whether a veteran was actually connected to help (Unite Us, 2026).

“Through our partnership with Unite Us, we’re combining strong community relationships with a secure technology infrastructure that helps us coordinate care and track outcomes from start to finish.”

— Alex Karagas, Executive Director of the AVRC (Unite Us, 2026)

Closed-loop referral matters because traditional referrals often end too early. Giving a veteran a phone number is not the same as ensuring the veteran receives help. A closed-loop process allows the AVRC and its partners to see whether a referral was accepted, whether assistance was provided, whether another need was identified, and whether barriers prevented follow-through. This turns referral from a handoff into accountability.



Early operational feedback shared with the project team from Director Karagas suggests that the AVRC has had a strong beginning. As of May 2026, every veteran who walked into the center was connected to an identified resource, and no known walk-in has left with an unmet need (A. Karagas, personal communication, May 2026). In some cases, veterans left connected to additional services they had not originally sought. While this reflects an early operational outcome rather than a long-term performance measure, it illustrates the model's intended impact: identifying needs, making meaningful connections, and helping veterans access support they may not have realized was available.

“This facility will provide an added resource for veterans to thrive after service — to build a future, start a career and make an impact right here in Alabama. It’s critical that we get this transition right, and this center is where transition becomes opportunity.”
— Jeff Newton, Commissioner of the Alabama Department of Veterans Affairs (Office of the Governor of Alabama, 2025)

This vision for the AVRC is already taking shape in the lives of the veterans the AVRC serves.

From Seeking Answers to Finding a New Way to Serve

Alvin Jeffries came to the Alabama Veterans Resource Center with the same practical questions many service members carry into retirement: When will my benefits begin? What health care coverage will I have? What am I supposed to do next?

Only days earlier, Alvin did not even know the AVRC existed. What brought him there was a relationship he already trusted. A Veterans Service Officer he knew had connected with the center, and that relationship led him to attend the AVRC's grand opening. The familiar connection made the center easier to approach. The work being built there is what stayed with him.

During his military career, Alvin helped service members understand their options and make careful decisions about what came next. He knows how much getting the right information at the right time matters— and what a difference it can make when someone is willing to slow down, listen, and explain things. As Alvin learned more about the AVRC, he recognized work he already understood and felt a familiar purpose: helping people move into the next chapter of their lives with more confidence, support, and a little more peace.

A trusted relationship brought Alvin through the door. Once he was there, he began to see that the AVRC might hold an answer to a question he had not known to ask: not only what came next for him, but how he could continue serving.

Alvin now serves as an AVRC client specialist. He helps veterans and service members from every branch and background navigate questions of their own. No two people arrive with the same story. One may need help understanding benefits. Another may need health care, employment, housing, or support for a spouse or family member. For Alvin, the work does not end when information is provided. It continues with the follow-up— the communication that lets a veteran know someone remembered, someone is still paying attention, and what happens next matters.

"I want people to know that we care."

Alvin Jeffries, AVRC Client Specialist (personal communication, August 2026)

That care extends to both the veteran and the family standing beside them. Spouses and loved ones may carry sacrifices that are less visible, but they are part of the transition too. They deserve to be heard, supported, and included in whatever comes next.

Alvin came to the AVRC asking what was next for him. Today, he helps answer that question for others. His story shows what trusted connection can become. It also reveals the work still ahead.

Alvin found the AVRC because someone he already trusted knew about it. Veterans across Alabama should not have to know the right person to find the right help. The next challenge is making that same welcome, guidance, and follow-through available in every region of the state.

What the Research Says Works

To understand how Alabama can build that kind of reach, the project team reviewed models from Alabama and other states that have found ways to bring services, trusted relationships, and coordinated support closer to veterans. The most relevant models were not identical to Alabama's center, but each offered lessons that addressed Alabama's research findings: veterans need a clear front door, services must be coordinated, outreach must be trusted, and access must extend beyond a single physical location.

Centralized Support: Georgia VECTR

The Georgia Veterans Education Career Transition Resource Center, known as VECTR, provides a strong example of a centralized, partnership-based model focused on transition, education, workforce development, entrepreneurship, benefits assistance, and community support. Located in Warner Robins, Georgia, VECTR was launched as a joint initiative of the Technical College System of Georgia and the University System of Georgia, with additional partners including the Georgia Department of Veterans Service and the Georgia Department of Labor. Its value lies in bringing related supports together so veterans and military families do not have to navigate disconnected systems alone (Georgia Department of Veterans Service, 2016; Georgia Veterans Education Career Transition Resource Center, n.d.).

VECTR demonstrates that veteran transition is not only a benefits issue or an employment issue. It is a whole-person and whole-family process. Veterans may need help with education planning, workforce training, claims assistance, career coaching, financial guidance, entrepreneurship, and community support. The lesson for Alabama is that the AVRC's greatest value may come from serving as a connector across service categories rather than functioning only as a referral point.

Relationship-Based Outreach: Mississippi's Sonny Montgomery Center

Mississippi's G.V. "Sonny" Montgomery Center for America's Veterans at Mississippi State University offers lessons in proactive outreach, public visibility, and relationship-based engagement. The center supports veterans, service members, National Guard and Reserve members, dependents, and survivors through education benefits, transition support, veteran

advocacy, career counseling, and community engagement. Mississippi's model emphasizes seeking out veterans, building awareness, and maintaining community partnerships rather than waiting for veterans to find services on their own (Mississippi State University, n.d.-a; Mississippi State University, n.d.-b).

That lesson is directly relevant to Alabama. Veterans who are unaware of resources cannot be expected to find them independently. A statewide veterans resource center model should include recurring outreach, public awareness, local partnerships, and visible community presence. The center must be known before a veteran is in crisis.

Holistic Support: The Daniels Center

The Charlie and Hazel Daniels Veterans and Military Family Center at Middle Tennessee State University provides another useful model for understanding comprehensive veteran support. The Daniels Center uses a comprehensive "one-stop shop" approach for military-connected students and families, combining education benefits, academic support, employment preparation, veteran services, wellness resources, peer connection, and a dedicated space where veterans and their families can access support (Middle Tennessee State University, n.d.; The Green Bandana Project, n.d.). The Daniels Center's "E Mission" framework emphasizes five areas of veteran success: enrolling, encouraging, employing, educating, and expanding knowledge related to veterans and military-connected students (The Green Bandana Project, n.d.).

Although the AVRC is not a university center, the Daniels Center reinforces an important principle: veterans need more than transactions and isolated services. They need belonging, follow-through, and support across multiple life domains. They need coordinated support that recognizes the connections between education, employment, wellbeing, relationships, and community belonging. A strong veterans resource center should include practical navigation, but it should also strengthen peer connection and community identity.

Mobile Access: New York's Veterans Outreach Events and Mobile Unit

New York's Veterans Outreach Events and Veteran Mobile Unit model is especially relevant to Alabama's rural access challenge. The New York State Department of Veterans' Services uses Mobile Outreach Vans to provide private, secure spaces where veterans, service members, and military families can meet one-on-one with VA-accredited Veterans Benefits Advisors. New York states that individuals can receive the same assistance at the mobile vans that they would receive in a traditional Department of Veterans' Services office, including filing or appealing VA benefits claims, enrolling in VA health care, receiving answers to benefits questions, and accessing other state resources (New York State Department of Veterans' Services, n.d.).

The power of this model is simple: it moves the service closer to the veteran. For Alabama, that principle matters. A veteran in a rural county should not have to travel several hours to begin a benefits conversation, ask a health care question, or receive a warm handoff to a provider. Mobile outreach also increases visibility. A van at a county event, church, community college, VFW post, courthouse, or rural health fair tells veterans that services are not hidden behind a distant system. They are being brought into the community.

New York's model should not be copied without adjustment. Alabama's geography, counties, partners, and veteran population are different. But the evidence-based principle is transferable: mobile outreach can reduce geographic barriers, support privacy, create trusted local access points, and reach veterans who may never walk into a formal office.

Trusted Community Networks: Faith-Based and Veteran Organizations

Research also supports the importance of trusted community networks. RAND research on faith-based organizations and veteran reintegration emphasizes the role such organizations can play in building support webs around veterans and families (Werber et al., 2015). In Alabama, where approximately 73% of adults identify as Christian, faith communities represent an important part of the state's social landscape (Pew Research Center, 2025). Since these faith communities are deeply embedded throughout both urban and rural areas, churches represent one of the state's most geographically dispersed, relationship-based community networks. Veteran Service Organizations (VSOs) provide another important community network by connecting veterans

with peers, assisting with benefits navigation and claims, and fostering a sense of camaraderie and belonging within the veteran community (VA, 2025f; U.S. Department of Defense, 2021).

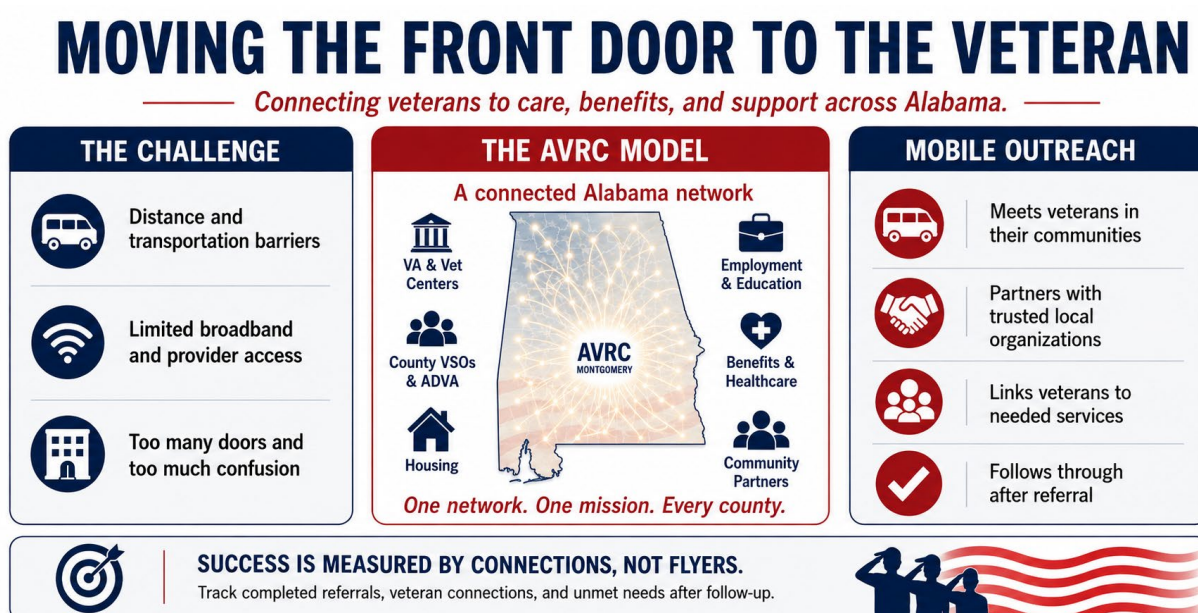
For the AVRC, the lesson is not simply to add more partners. The lesson is to build a network of partners strategically based on trust, reach, service capacity, and ability to complete referrals. Partnerships should help veterans move from awareness to action.

Research Findings and Recommendations

The recommendations below are tied directly to the research findings. Each recommendation begins with what the research revealed and then connects that finding to a practical action the AVRC can take as it grows statewide.

1. Bring Services to Veterans Instead of Expecting Veterans to Find Services

The research is clear that rural veterans face disproportionate transportation, geographic, broadband, and provider access barriers (ADPH, 2026; Bopp et al., 2025, p. 2; U.S. Department of Veterans Affairs, Office of Research & Development, 2021). Alabama's rural geography makes mobile outreach one of the strongest opportunities for the AVRC's statewide expansion. Rural veterans may not be able to reach services even when services technically exist. New York's mobile outreach model demonstrates that benefits advisors and veteran services can be delivered in private, secure, community-based settings (New York State Department of Veterans' Services, n.d.). Alabama can adapt that concept through AVRC-coordinated regional service days and mobile outreach units.



A phased pilot should begin in regions where need and access barriers overlap. Potential pilot areas should include selected Black Belt counties, northwest Alabama counties with aging

veteran populations, rural Wiregrass communities, and counties experiencing documented broadband or health care provider shortages. These areas represent communities where geographic distance, limited service availability, transportation barriers, and technology gaps may create additional challenges for veterans seeking access to care and resources (Alabama Department of Public Health, 2026; Bopp et al., 2025). Each mobile event should include more than information tables. It should function as a one-stop service and connection point, offering benefits eligibility screening, VA health care enrollment assistance, claims guidance, mental health navigation, PACT Act and toxic exposure information, workforce referrals, housing and food-security screening, digital access assistance, peer connection, and structured follow-up through the AVRC referral network (New York State Department of Veterans' Services, n.d.; Unite Us, 2026; VA, 2025c, 2025d). These functions align with established coordinated veteran-service models that emphasize individualized navigation, trusted community partnerships, coordinated intake, monitored referrals, and continued follow-up to confirm that veterans receive the services they need rather than simply being referred elsewhere (America's Warrior Partnership, n.d.; Institute for Veterans and Military Families, 2016).

The success measure should not be how many flyers were distributed. The success measure should be how many veterans were connected, how many referrals were completed, and what unmet needs remained after follow-up.

2. Turn Trusted Relationships into a Formal Statewide Network

Research consistently demonstrates that trust influences whether veterans seek help and remain engaged with services. Veterans often turn first to people and organizations they already know, including fellow veterans, local leaders, County Veterans Service Officers, churches, Veteran Service Organizations (VSOs), employers, and other community partners (Fischer et al., 2016). Nationally recognized veteran service models have responded by building coordinated community networks that allow veterans to enter through any trusted organization while experiencing one connected system of care rather than a series of disconnected agencies. Examples include the Georgia VECTR Center, America's Warrior Partnership's Community Integration model, and the U.S. Department of Veterans Affairs' Solid Start program, all of which emphasize coordinated referrals, sustained follow-up, and trusted community partnerships as

essential components of successful veteran reintegration (America's Warrior Partnership, n.d.; Georgia Veterans Education Career Transition Resource Center, n.d.; VA, 2025e).

The Alabama Veterans Resource Center (AVRC) should formalize partnerships with organizations veterans already trust, including the Alabama Department of Veterans Affairs (ADVA), County Veterans Service Offices, VA Medical Centers and Vet Centers, the Alabama Department of Mental Health, Alabama Career Centers, community colleges, universities, American Legion posts, Veterans of Foreign Wars (VFW) posts, Disabled American Veterans (DAV) chapters, faith-based organizations, nonprofit housing providers, behavioral health providers, food security organizations, transportation partners, employers, and veteran-serving ministries.

These partnerships should extend beyond informal referral lists. The AVRC should establish defined roles and responsibilities, designated points of contact, standardized referral procedures, response expectations, data-sharing protocols that protect privacy, follow-up procedures, and escalation pathways. Whenever possible, veterans should tell their story once and experience a coordinated network that shares responsibility for connecting them to services rather than requiring them to navigate each organization independently.

The objective is not to create another program but to create a statewide "no wrong door" system. Regardless of whether a veteran first seeks assistance from a church, County Veterans Service Office, employer, community college, VSO, health care provider, or nonprofit organization, every trusted partner should be equipped to connect that veteran to the same coordinated network of support. Veterans should experience Alabama's system as one connected pathway rather than a series of disconnected offices.

3. Help Veterans Help Veterans Find the Way Forward

Interviews conducted with veterans by team members revealed that veterans most often learned about available resources through word-of-mouth referrals from fellow veterans. This finding, combined with the Charlie and Hazel Daniels Veterans and Military Family Center's emphasis on peer connection, community, and comprehensive support, reinforces the value of incorporating a structured peer navigator or veteran ambassador program into the AVRC model (Middle Tennessee State University, n.d.). While peer navigators should not replace

licensed counselors, accredited claims representatives, or case managers, they can serve as trusted connectors who build relationships, reduce stigma, encourage veterans to take the first step, and guide them to qualified support (Werber et al., 2015). This approach reflects the Daniels Center's recognition that successful veteran engagement depends not only on providing services but also on fostering meaningful peer relationships and a sense of belonging.

A strong peer navigator program would be especially beneficial for recently transitioned veterans, rural veterans who may be reluctant to engage with formal systems, older veterans navigating new or unfamiliar benefits, and socially isolated veterans who may not respond to traditional outreach methods. Peer navigators should receive training in professional boundaries, confidentiality, suicide prevention awareness, crisis referral, referral procedures, and available community resources. In addition to improving outreach and engagement, the program would provide veterans who have successfully navigated their own transition with a meaningful opportunity to continue serving and supporting fellow veterans.

4. Make Mental Health and Transition Support Core Services

Mental health and transition challenges appeared throughout the research. Alabama veteran suicide data, ADMH findings, national research on mental health needs among post-9/11 veterans, and interviews conducted for this project all support the need for strong mental health navigation and early transition support (ADMH, 2025b; NASEM, 2018; VA, 2025b). The AVRC does not need to become a clinical provider, but it should become one of Alabama's most reliable bridges to clinical providers, crisis resources, peer support, family transition services, workforce pathways, and community connections.

Mental health should be framed as part of wellness and successful transition, not only as a crisis response. The AVRC can reduce stigma by normalizing early help-seeking, promoting confidential supports, connecting veterans to the Veterans Crisis Line when appropriate, and helping community partners recognize warning signs. Transition support should also be broader than job placement. Employment matters, but transition also involves identity, purpose, family roles, routine, belonging, and confidence navigating civilian systems.

5. Use Closed-Loop Referrals Without Losing the Human Hand-Off

The Unite Us partnership gives the AVRC a valuable tool for reducing fragmentation. Closed-loop referral technology can help identify needs, connect veterans to providers, track whether referrals are accepted, and confirm whether services are received (Unite Us, 2026). This directly addresses the research finding that veterans often become discouraged when they are handed off from one organization to another without follow-up.

At the same time, technology cannot be the only doorway. Broadband limitations, digital literacy barriers, aging veteran populations, and trust concerns mean the AVRC must maintain multiple access points: online, phone, in person, mobile, partner referral, and peer connection. The best digital system is one that helps people follow through. The AVRC should use data from the referral platform to identify where veterans are getting stuck and which partners or regions need additional support.

6. Let County-Level Data Show Where Help Is Needed Most

The research shows that where a veteran lives can shape whether help is available, reachable, or even known. Rural veterans may face longer travel distances, limited transportation, fewer nearby providers, and broadband gaps that restrict access to telehealth. Federal agencies already use geographic data to identify these kinds of disparities. The VA reports veteran population, program use, and expenditures by county; the Health Resources and Services Administration uses geographic shortage designations to identify communities with limited access to health care; and the Federal Communications Commission (FCC) combines broadband and health data to show where connectivity gaps may intensify existing needs (FCC, 2024; Health Resources and Services Administration, n.d.; VA, 2025g). Research involving rural veterans has also identified distance, transportation, and travel costs as significant barriers to care (Buzza et al., 2011).

Based on these findings, the AVRC should use county-level data as a planning tool to identify where outreach and partnerships are needed most. Information on veteran population, VA spending and spending per veteran, mental health provider shortages, broadband access, rural geography, transportation barriers, aging veteran concentrations, and regional service demand can help reveal where needs are greatest and where veterans may be least connected to available support.

FROM COUNTY DATA TO ACTION

How the AVRC can use county-level information to guide outreach and partnerships



County-level mapping and analysis can help answer practical questions. Where are veterans concentrated? Where are resources limited? Which counties have low service use despite high need? Where do broadband gaps limit telehealth? Where should mobile outreach be scheduled? Where should new partnerships be developed? Where should peer navigators be placed?

No single measure tells the whole story. Considered together— and alongside the knowledge of local veterans, service providers, and community leaders— these indicators can help the AVRC determine where to focus outreach, strengthen partnerships, and expand access first. This approach would allow the AVRC to serve Alabama as it actually is: diverse, regional, rural and urban, aging and transitioning, connected in some places and isolated in others.

7. Measure Impact by What Happens After the Referral

The AVRC should define success before expansion begins. The service models reviewed throughout this paper demonstrate that successful organizations do more than provide services— they measure whether those services improve lives. The Alabama Department of Veterans Affairs documents measures such as veteran contacts, claims filed, benefits awarded, and other services provided to demonstrate organizational activity and impact, while collaborative models such as America's Warrior Partnership emphasize shared measurement as a cornerstone of effective partnerships. Likewise, evaluations of North Carolina's NCCARE360 initiative found that organizations using standardized performance measures were better able to identify service

gaps, strengthen collaboration, and improve outcomes (Alabama Department of Veterans Affairs, 2020, pp. 29–32; America's Warrior Partnership, n.d.; Drake et al., 2024). Building upon these examples, the AVRC should implement a comprehensive performance measurement framework that not only reports organizational activity but also evaluates referral effectiveness, service completion, partner responsiveness, and long-term veteran outcomes (Drake et al., 2024; Unite Us, 2026). Proposed measures for an AVRC data dashboard are provided in Appendix B. Without shared measures, partnerships may report activity without understanding whether veterans successfully reached the support they needed.

Data should guide improvement, not simply reporting. If one region requests mental health support but referrals do not close, the AVRC can investigate whether the barrier is provider shortage, transportation, stigma, wait times, or lack of follow-up. If rural counties are underrepresented in service data, the AVRC can increase outreach there. If certain partners receive referrals but cannot respond quickly, the AVRC can add capacity or develop alternatives. If others fall short, they can be strengthened. Performance measurement should become a tool for learning, adapting, and continuously improving the way veterans are served— not simply another reporting requirement.

Stories should be collected with the same care as numbers. A dashboard can show reach, speed, and completion. A story can show what that connection meant to a veteran who finally accessed health care, secured housing, enrolled in earned benefits, found work, or simply realized someone cared enough to walk beside them. Numbers demonstrate accountability, but stories demonstrate purpose. Together, they tell the full story of the AVRC's impact. A public-sector organization serving veterans should be able to prove its effectiveness without ever losing sight of the people behind the data.

8. Celebrate the Story in a Language Veterans Trust

The research keeps pointing back to something simple: people are more likely to reach for help when it is uncomplicated and comes from someone they know and trust. Veterans often do not begin with a website, an agency, or a formal request for services. They begin slowly and casually through conversation— with another veteran, a spouse, a friend, a pastor, a coworker, or

someone in the community who knows how to listen (Beatty et al., 2023; Shepherd-Banigan et al., 2023).

For someone who has been trained to handle problems on their own, asking for help is not easy. A message that feels clinical, impersonal, or promotional may be easy to ignore. A message that says, *“You earned this. You are not alone. Let us help you find the next step,”* feels different.

The VA recommends communication that is informed by research, shaped for the people it is meant to reach, delivered through trusted channels, and built around a clear call to action. Its guidance also recognizes that families and friends are an important part of veteran outreach (VA, 2018).

The AVRC should build its statewide outreach strategy around that same understanding. Veterans should hear about the center from the people and places already woven into their lives: County Veterans Service Offices, veteran service organizations, churches, employers, community colleges, libraries, health fairs, veteran events, local radio, newspapers, community newsletters, and social media. The goal is not simply to make the AVRC visible. It is to make it feel familiar, trustworthy, and easy to approach.

Families must be a priority in that outreach. The first person to recognize that a veteran is struggling is often a spouse who sees the sleepless nights, an adult child who notices the calls are becoming less frequent, a caregiver carrying more than anyone realizes, or a sibling who knows something has changed. That person may be the one who searches for an answer, makes the first phone call, or gently says, *“Let’s find someone who can help”* (Beatty et al., 2023; Shepherd-Banigan et al., 2023). Reaching the family may be the first step toward reaching the veteran.

The language used should reflect the same care the AVRC hopes veterans will experience once they walk through the door. It should be direct without being cold, respectful without being formal, and hopeful without making promises it cannot keep. Veterans should not feel marketed to. They should feel seen. They should feel invited. A message as simple as this captures that approach: *“You served. You earned support. Let Alabama help you find it.”*

Human Impact and Conclusion

Our research mission began with programs, agencies, statutes, and service models. It ends where every mission should end: with people.

Behind every statistic is a veteran who accepted a mission larger than themselves. Behind every referral is a person with a family, a history, a need, and a future that may depend on whether the next connection happens. Behind every county map is a community where veterans live, work, worship, struggle, recover, and continue serving in ways most people never see.

These people, our Alabama veterans, should not have to be experts in federal benefits, state services, nonprofit programs, health care systems, broadband access, and claims procedures to receive support they already earned. Access should be clear, and the path should be easy.

Through the AVRC's Montgomery office, Mission Forward Alabama, and the Unite Us coordinated care network, Alabama has built one front door. Through partners across government, nonprofits, faith communities, education, workforce, health care, and veteran organizations, the state has built the framework for a stronger system and an easier path. The next step is ensuring the AVRC becomes the known and trusted front door to that system for every veteran who needs it. That means mobile outreach for rural communities. It means formal partnerships that reduce confusion.



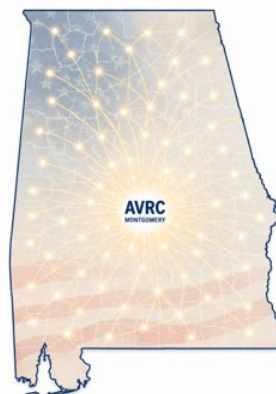
It means peer navigators who can speak veteran to veteran. It means mental health and transition support before crisis. It means county-level data that identifies where gaps exist. It means follow-up after referral. It means measuring success not by effort alone, but by whether the veteran actually received help. It means making the next mission easier to navigate.

Author Jon Gordon wrote, “We don’t give up because it’s hard. We give up because we get discouraged” (Gordon, 2020, p. 41). That sentence belongs in this conversation because discouragement appeared throughout the research. Veterans become discouraged when they cannot find the right resource, when the process is too complicated, when they do not know whom to trust, when transportation is impossible, when technology fails, when mental health stigma is too heavy, or when they feel they have been left to figure it out alone.

Alabama has an opportunity to interrupt that discouragement. The AVRC can become the place where confusion turns into direction, where a referral becomes a connection, where a veteran is not passed along but guided forward down a lighted path, and where the state’s gratitude is expressed not only in words but through systems that work.

The challenge to the reader is simple. Do not let the AVRC become merely the front door to a building in Montgomery. Let it become the known and trusted front door to Alabama's entire network of veteran support. Let it become the connection between the services Alabama already has and the veterans who still need them. Let it become proof that Alabama does not only honor veterans after service; Alabama continues to serve them after they have served us.

“Passionately serving because they purposefully served.”



Appendices

Appendix A: The Alabama Veterans Resource Center Board of Directors

The Alabama Veterans Resource Center is led by an 11-person Board of Directors:

- Greg Reed, Chairman, Secretary of the Alabama Department of Workforce
- Jeff Newton, Vice Chairman, Commissioner of the Alabama Department of Veterans Affairs
- Kimberly Boswell, Commissioner of the Alabama Department of Mental Health
- Bobby Singleton, Senator for Senate District 24 and Minority Leader, Alabama Senate
- Anthony Daniels, Representative for House District 53 and Minority Leader, Alabama House of Representatives
- Stacia Robinson, Director of the Alabama Office of Minority Affairs
- Ronald Brown, Executive Vice President and Chief Financial Officer, Jim Wilson & Associates
- Carter Wells, Government Relations Advisor, Maynard Nexsen
- George Talbot, Senior Vice President for External Affairs, Volkert
- Andrew Jones, Senator for Senate District 10 and Chairman of the Veterans, Military Affairs, and Public Safety Committee
- Tracy Doughty, President and Chief Operations Officer, Huntsville Hospital

Their combined experience across government, veteran services, behavioral health, workforce development, business, health care, and community organizations reflects the collaborative vision of the AVRC (Office of the Governor of Alabama, 2025).

Appendix B: Proposed AVRC Data Dashboard Measures

Measurement Area	Proposed Measures
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Reach and Participation	Veterans served; family members served; counties reached; mobile outreach events and attendance
Service Needs	Referral categories; housing referrals; employment and education referrals; mental health referrals; PACT Act and toxic exposure inquiries
Referral Performance	Referral acceptance rate; referral completion rate; average time to connection; partner response time
Navigation Outcomes	Benefits navigation outcomes; VA health care enrollment assistance; mental health referral follow-through
Barriers and Unmet Needs	Unresolved barriers; referrals that could not be completed; services unavailable within the veteran's area
Veteran Experience	Veteran satisfaction; perceived helpfulness of services; confidence in next steps
Continuity of Support	Repeat contacts; recurring needs; follow-up completed after referral

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