Report on the Mental Health Program for Veterans for Fiscal Year 2019

As Required by

Health and Safety Code, Section 1001.224
and the 2020-21 General Appropriations Act,
House Bill 1, 86th Legislature, Regular
Session, 2019 (Article II, Health and Human
Services Commission, Rider 59)

Health and Human Services
Commission

December 2019
# Table of Contents

Table of Contents ........................................................................................................... i  

**Executive Summary** ............................................................................................................. 1  

1. **Introduction** .................................................................................................................. 2  

2. **Background** .................................................................................................................. 3  

3. **Program Operations and Summary of Contracts Issued** ............................................ 4  
   Contracts .......................................................................................................................... 4  
   Local Mental Health and Behavioral Health Authorities ................................................. 4  
   Texas A&M Health Science Center ............................................................................... 5  
   Texas Veterans Commission ......................................................................................... 5  

4. **Number of Veterans Served** .......................................................................................... 8  
   Peer Service Coordinators .......................................................................................... 8  
   Veteran Counselors ..................................................................................................... 9  
   Justice-Involved Veterans Engagement .................................................................. 9  

5. **Number of Peers Trained** .............................................................................................. 11  
   Training Initiatives ....................................................................................................... 11  

6. **Program Evaluation and Recommendations** ............................................................. 13  

7. **Conclusion** ................................................................................................................... 15  

List of Acronyms .................................................................................................................. 16
Executive Summary

The Report on the Mental Health Program for Veterans is submitted in compliance with the 2020-21 General Appropriations Act, House Bill (H.B.) 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission [HHSC], Rider 59), and Health and Safety Code, Section 1001.224. The code and rider require a report describing the activities of the program in fiscal year 2019.

HHSC and the Texas Veterans Commission (TVC) coordinate to administer the Mental Health Program for Veterans (MHPV). This program provides peer counseling services to service members, veterans, and their families (SMVF) through contracts with local mental health authorities (LMHAs), local behavioral health authorities (LBHAs), and Texas A&M Health Science Center (TAMHSC). In fiscal year 2019, LMHAs and LBHAs reported:

- 133,144 peer services delivered to SMVF;
- 5,552 peers and peer service coordinators (PSCs) trained; and
- 33,669 interactions with justice-involved SMVF.

The on-going high number of peer-delivered services and interactions with trusted, trained peers continues to suggest the program is successful in:

- Engaging the SMVF population;
- Increasing awareness of mental health service options; and
- Increasing access to needed mental health care services in the communities the program serves.

Recommendations for the ongoing operation of the program include:

- Enhancing LMHA and LBHA use of TVC’s platform to communicate with peers and providers, list community-based events, schedule trainings, and coordinate registration for required training events;
- Emphasizing veteran suicide prevention and align efforts with the Report on Short-Term Action Plan to Prevent Veteran Suicides; and
- Encouraging increased local collaboration with other community-based wellness programs.
1. Introduction

Health and Safety Code Sec. 1001.224 and Rider 59 require HHSC to submit a report on the MHPV no later than December 1 of each fiscal year to the Governor and Legislature. Per Section 1001.224 and Rider 59, the report must describe program activities from the preceding fiscal year, including:

- A description of how the program is operated;
- A summary of the contracts issued and services provided through those contracts;
- The number of veterans served;
- The number of peers and PSCs trained;
- An evaluation of the services provided; and
- Recommendations for program improvements.
2. Background

HHSC and TVC coordinate to administer the MHPV per Texas Government Code Section 434.352. Services are implemented by TVC, LMHAs and LBHAs, and Texas A&M Health Science Center. The program includes:

- Training and technical assistance to PSCs and peers;
- Identification, training, and communication with community-based licensed mental health professionals, community-based organizations, and faith-based organizations;
- Services for justice-involved veterans;
- Mental Health First Aid for Veterans training; and
- A women and rural veteran mental health initiative.

The 2020-21 General Appropriations Act, H.B. 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission, Rider 59), appropriated $5 million per fiscal year of the biennium to administer the program.
3. Program Operations and Summary of Contracts Issued

Using the $5 million appropriated for fiscal year 2019, HHSC implemented the MHPV through interagency contracts with TVC and Texas A&M Health Science Center, and performance contracts with LMHAs and LBHAs. Table 1 shows the funding apportioned to these organizations to implement the program.

**Contracts**

**Table 1. Summary of Contracts Issued for Fiscal Year 2019**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Services Provided</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>LMHAs and LBHAs</td>
<td>To hire or contract for PSCs and Veteran Counselors (VCs)</td>
<td>$3.55 million</td>
</tr>
<tr>
<td>TAMHSC</td>
<td>To provide online information and resources through the TexVet program</td>
<td>$225,000</td>
</tr>
<tr>
<td>TVC</td>
<td>To provide training and technical assistance to PSCs, VCs, community and faith-based partners and providers; and to coordinate services for justice-involved veterans</td>
<td>$1.044 million</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$5 million</strong></td>
</tr>
</tbody>
</table>

**Local Mental Health and Behavioral Health Authorities**

HHSC contracted with 37 LMHAs and LBHAs to hire or contract for PSCs to provide direct peer-to-peer services in order to engage veterans and family members who have experienced military-related trauma, are at risk for isolation from support services, and do not seek services through traditional channels.

---

1 Note these contract amounts do not add up to $5 million. The remaining balance of $181,000 is appropriated by HHSC for administrative costs.
HHSC contracted with six of the LMHAs as pilot sites to hire or contract for VCs to provide direct mental health services to SMVF in their catchment areas. The target population for this pilot program are SMVF who desire access to mental health services, yet do not have access to or use the Department of Veterans Affairs (VA), whether due to ineligibility to receive VA care, geographic difficulties due to remote locations, or other barriers to accessing mental health care. The pilot sites cover catchment areas that have a sizable population of veterans and cover rural counties where the greatest need is identified.²

**Texas A&M Health Science Center**

For fiscal year 2019, HHSC continued its contract with Texas A&M Health Science Center to support MHPV by providing online information and resources through the TexVet program. TexVet provides up-to-date information focused on veteran mental health services and resources organized by topic and coverage area through the [www.texvet.org](http://www.texvet.org) website. More than one-third of the veteran resources listed by TexVet were mental health-focused.

For fiscal year 2019 TexVet.org reported:

- 411,861 visitors to the website;
- 259,130 outbound clicks from TexVet.org to listed provider websites;
- 1,127 average daily visitors;
- 1,405 vetted resource directory listings; and,
- 1,155,866 page views.

TexVet also coordinates information through the Veterans Portal at Texas.gov and 2-1-1 Texas. The TexVet website is linked to TVC’s online peer and provider platform.

**Texas Veterans Commission**

HHSC contracted with TVC to provide training and technical assistance to PSCs, VCs, community- and faith-based organizations, Licensed Mental Health Providers (LMHPs), and to coordinate services for justice-involved veterans (JIV).

---

² The six pilot sites are: Andrews Center Behavioral Healthcare System, Betty Hardwick Center, Bluebonnet Trails Community Services, Burke Center, Heart of Texas Region MHMR Center, and Tropical Texas Behavioral Health.
In fulfilling its responsibility to provide training and technical assistance, TVC worked with peers and PSCs, criminal justice personnel, LMHPs, and community- and faith-based organizations to increase their military cultural competency. They held trainings to certify new PSCs and their assistants. TVC also conducted an annual training conference for PSCs including an update on legislatively mandated changes to the MHPV resulting in work performance-related changes for the PSCs. Enhancements to PSC annual training included the introduction of three suicide-prevention specific trainings: Counseling on Access to Lethal Means (CALM); Columbia-Suicide Severity Rating Scale (C-SSRS); and ASK About Suicide.

**Training Peers and Peer Service Coordinators**

TVC held five trainings for PSCs and performed technical assistance visits with 22 LMHAs and LBHAs in fiscal year 2019. TVC also maintains an online platform to connect peers, PSCs, and LMHPs with one another as well as connecting them to resources, information, and training opportunities. In fiscal year 2019, 309 new peers registered on the online platform, bringing the overall total of registered peers to 4,267, an increase of 7.05 percent from fiscal year 2018. Not all volunteers trained as peers go on to register as peers.

**Licensed Mental Health Professionals**

TVC provided Military Informed Care (MIC) training to community partners and LMHPs to increase their military cultural competency. During fiscal year 2019, TVC trained 169 LMHPs to better interact with and understand the veteran population being served. Through these trainings, 1,440 continuing education units were provided to 125 LMHPs across the state.

In fiscal year 2019, 28 new providers registered on TVC’s online platform, for an overall total of 236 registered providers, an increase of 5.8 percent from fiscal year 2018.

**Community-based Organizations**

TVC conducted training and technical assistance visits with community groups in order to enhance or expand services to peers, including four trainings related to community-based organization collaboration and one training related to faith-based organization collaboration.

In fiscal year 2019, TVC provided information on how to better serve veterans to 31 community- and faith-based organizations. The vacant Community- and Faith-
Based Coordinator position at TVC was filled mid-fiscal year 2019 and is expected to greatly increase engagement in fiscal year 2020.

**Criminal Justice Personnel**

TVC worked closely with the Texas Commission on Law Enforcement (TCOLE) to design a training for TCOLE-certified personnel, called *De-Escalation of Trauma-Affected Veterans*. These trainings are coordinated with local police, sheriff, and other law enforcement departments. In fiscal year 2019, over 312 law enforcement officers in 12 communities received information on how to de-escalate situations involving trauma-affected veterans. TVC’s JIV Coordinator also provided CALM training to 719 criminal justice system personnel at nine locations throughout the state.

In fiscal year 2019, TVC processed 503 letters and 2,079 requests for assistance from JIV through the jail cards program, resulting in JIV referrals to Veteran Treatment Courts (VTC), rehabilitation facilities, and VA services. TVC’s JIV Coordinator assisted with the expansion of VTCs in Texas from 45 to 48 through training and technical assistance visits.
4. Number of Veterans Served

Program services are delivered to SMVF by trained and certified peers who have similar lived experiences as well as LMHPs with a high level of military cultural competency. Table 2 shows the number of reported program services provided in fiscal year 2019. Additional information about services is provided below.

Table 2. Number of Services Provided by Program Services Type\(^3\)

<table>
<thead>
<tr>
<th>Program Service</th>
<th>Number of Reported Services Delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer-to-peer services</td>
<td>133,144</td>
</tr>
<tr>
<td>Counseling sessions by VCs</td>
<td>374</td>
</tr>
<tr>
<td>Services coordinated for JIV</td>
<td>33,669</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>167,187</strong></td>
</tr>
</tbody>
</table>

Peer Service Coordinators

PSCs hired or contracted by LMHAs and LBHAs provide direct peer-to-peer services to engage SMVF who have experienced military trauma, are at risk for isolation from support services, and may not seek services through traditional channels.

PSCs self-identify as SMVFs and are trained and certified by TVC using HHSC-approved curricula. Peer services include one-on-one peer counseling, peer referrals to LMHPs, and structured support groups led by trained and certified peers.

\(^3\) Due to the promise of anonymity to encourage and establish trust, data provided in the table may be duplicated and may represent individual SMVF who receive multiple types of services or more than one instance of a service provided.
PSCs and trained peers also consult with community-based partners including veteran service organizations, schools, and faith-based organizations to identify SMVF who could benefit from direct peer services.

Of the 37 LMHAs and LBHAs with PSCs:

- 26 serve SMVF residing in rural counties;
- 14 reported having initiatives with a specific focus on the needs of women veterans; and
- 11 programs have a woman serving as PSC.

In fiscal year 2019, LMHAs and LBHAs reported trained peers and PSCs provided:

- 133,144 peer-to-peer services to SMVF;
- 6,522 clinical mental health services referrals; and
- 32,409 referrals to community organizations for supportive services.

**Veteran Counselors**

In the past, TVC subcontracted with the Samaritan Center for Counseling and Pastoral Care to hire and support field clinicians. That subcontract ended on August 31, 2018, and has now been replaced by the VC pilot program, per Senate Bill (S.B.) 27, 85th Legislature, Regular Session, 2017.

These VCs are LMHPs located at six LMHA pilot sites principally serving rural parts of the state who are tasked with providing direct mental health services to SMVF in their catchment areas. In fiscal year 2019, VCs delivered 374 face-to-face or telephonic clinical services. These clinical services include Eye Movement Desensitization and Reprocessing, Prolonged Exposure, and Cognitive Processing Therapy, which are evidence-based, psychotherapy treatments shown to effectively treat military-related traumas such as Military Sexual Trauma, Post Traumatic Stress Disorder, and Traumatic Brain Injury.

**Justice-Involved Veterans Engagement**

TVC coordinates services for JIV by facilitating training and technical assistance to local, state, and federal agencies in the criminal justice setting. There are key
points\textsuperscript{4} in the criminal justice system where JIV can be provided information on veteran services and benefits, peer-to-peer counseling, or offered referrals to supportive services that may prevent recidivism. In fiscal year 2019, LMHAs and LBHAs reported trained peers interacted 33,669 times with JIV at the key points of initial law enforcement response: during the first interaction law enforcement may have with a veteran; while enrolled in a VTC program\textsuperscript{5}; at county and state jails, and prisons; and within the probation and parole system.

Internal to TVC, services for JIV are coordinated in combined efforts between TVC’s Peer Coordinator and JIV Coordinator which result in technical assistance to peers and PSCs interacting with JIV at key points in the criminal justice system including:

- Sponsoring and training peers to participate in VTC as peer-mentors;
- Providing training and technical assistance to VTC staff; and
- Working with the Texas Commission on Jail Standards to provide all identified veterans entering county jails with “jail cards” to help them access benefits.

\textsuperscript{4} TVC uses the federal Substance Abuse and Mental Health Services Administrations’ GAINS Center for Behavioral Health and Justice Transformation’s Sequential Intercept Model to identify key criminal justice system intercepts.

\textsuperscript{5} Codified in Texas Government Code, Section 124.001, a VTC Program is a Texas specialty court providing treatment, counseling, and peer mentoring as an alternative to incarceration to eligible veteran defendants. As of the writing of this report, there are currently 48 VTCs in Texas: two regional courts and 46 county court programs.
5. Number of Peers Trained

As part of its contracted responsibility, TVC provides training through HHSC-approved curricula to peers, PSCs, LMHPs, and community-based partners and providers.

Training Initiatives

Military Veteran Peer Network (MVPN) Basic Training is an HHSC-approved curriculum focused on developing peer support skills, identifying mental health risk factors, and accessing resources. TVC trains and certifies instructors at the community level to provide MVPN Basic Training. The training is provided at LMHA and LBHA locations and statewide training events. In fiscal year 2019, there were 107 TVC-certified MVPN Basic Training instructors and 87 MVPN Basic Training classes reported to TVC staff.

TVC facilitates other training initiatives with HHSC-approved curricula designed for peer-to-peer group facilitators, peer mentors in VTC programs, and facilitators for women veteran peer support groups including:

- Bring Everyone in the Zone (BEITZ);
- Veterans Court Advocacy Mentor Program;
- Table Talk™: Color Me Camo;
- Suicide Awareness;
- Mental Health First Aid (MHFA); and
- MIC.

Table 3 shows the number of peers trained as reported by PSCs at LMHAs and LMBAs during fiscal year 2019.

Table 3. Number of Peers Trained

<table>
<thead>
<tr>
<th>Training Curriculum</th>
<th>Number of Peers Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>MVPN Basic Training</td>
<td>1,010</td>
</tr>
<tr>
<td>BEITZ</td>
<td>453</td>
</tr>
<tr>
<td>Training Curriculum</td>
<td>Number of Peers Trained</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Veterans Court Advocacy Mentor Program</td>
<td>1</td>
</tr>
<tr>
<td>Table Talk™: Color Me Camo</td>
<td>132</td>
</tr>
<tr>
<td>Suicide Awareness</td>
<td>564</td>
</tr>
<tr>
<td>MHFA</td>
<td>592</td>
</tr>
<tr>
<td>MIC</td>
<td>414</td>
</tr>
<tr>
<td>Other community trainings</td>
<td>2,386</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,552</strong></td>
</tr>
</tbody>
</table>
Overall, the MHPV proved successful at meeting its goals and providing much needed services to Texas SMVF in fiscal year 2019. However, HHSC and TVC will coordinate efforts to address the following recommendations to improve the program in fiscal year 2020.

**Recommendation 1: Enhance use of TVC’s platform to communicate with peers and providers, list community-based events, schedule trainings, and coordinate registration for required training events.**

In an effort ensure that PSCs and VCs have a secure, reliable method of communicating with and training their volunteer peers, clients, and each other, HHSC will continue to work with TVC to enhance use of its Veterans Mental Health Department platform for peers and providers to coordinate communications and trainings within the PSC community. This will enable TVC to better provide real-time training and technical assistance, enable the PSCs to accurately and timely report training activities conducted locally, and assist both TVC and LMHAs/LBHAs to meet their contractual obligations. LMHA and LBHA use of the platform is anticipated to increase the quality of communication with their local network of peers and provide training to a wider audience. Finally, use of TVC’s platform is anticipated to reduce the administrative burden associated with local work performance allowing for more time for service delivery by PSCs in the field.

**Recommendation 2: Emphasize veteran suicide prevention and align efforts with the Report on Short-Term Action Plan to Prevent Veteran Suicides.**

In accordance with S.B. 578, 85th Legislature, Regular Session, 2017, HHSC developed and submitted to the Governor and Legislature a Report on Short-Term Action Plan to Prevent Veteran Suicides. MHPV staff will continue to align efforts of the MHPV to adhere to the direction and recommendations of the Report on Short-Term Action Plan to Prevent Veteran Suicides. In conjunction with those efforts, training and technical assistance is continually being updated to ensure that suicide prevention remains a primary focus for those involved in the MHPV.
**Recommendation 3: Encourage increased local collaboration with other community-based wellness programs.**

In pursuing a more holistic approach to supporting SMVF, the focus has shifted to local collaboration between PSCs, VCs, and community-based wellness programs. Emphasis is being placed on integrating the services provided through the MHPV with local community programs to ensure that a whole-health approach is being used to deter from siloing of services for our SMVF. The best services are the ones which work for each individual SMVF, and those services, or the lack thereof, are identified through this collaboration with local community-based programs.
7. Conclusion

In fiscal year 2019, the MHPV accomplished its mission to increase veterans’ access to needed mental health care services through interaction with trusted, trained peers. The program effectively engaged SMVF members to help them become aware of mental health service options and helped increase their access to community-based mental health services.

In fiscal year 2020, HHSC will continue to coordinate with TVC to ensure that the VC pilot program continues to have a successful impact, infuse the MHPV program with the latest evidence-based practices, maintain focus on efficiencies in delivery of mental health services for veterans, and evaluate the program and address recommendations.
# List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEITZ</td>
<td>Bring Everyone in the Zone</td>
</tr>
<tr>
<td>CALM</td>
<td>Counseling on Access to Lethal Means</td>
</tr>
<tr>
<td>C-SSRS</td>
<td>Columbia-Suicide Severity Rating Scale</td>
</tr>
<tr>
<td>H.B.</td>
<td>House Bill</td>
</tr>
<tr>
<td>HHSC</td>
<td>Health and Human Services Commission</td>
</tr>
<tr>
<td>JIV</td>
<td>Justice-Involved Veteran</td>
</tr>
<tr>
<td>LBHA</td>
<td>Local Behavioral Health Authority</td>
</tr>
<tr>
<td>LMHA</td>
<td>Local Mental Health Authority</td>
</tr>
<tr>
<td>LMHP</td>
<td>Licensed Mental Health Provider</td>
</tr>
<tr>
<td>MHFA</td>
<td>Mental Health First Aid</td>
</tr>
<tr>
<td>MHPV</td>
<td>Mental Health Program for Veterans</td>
</tr>
<tr>
<td>MIC</td>
<td>Military Informed Care</td>
</tr>
<tr>
<td>MST</td>
<td>Military Sexual Trauma</td>
</tr>
<tr>
<td>MVPN</td>
<td>Military Veteran Peer Network</td>
</tr>
<tr>
<td>PSC</td>
<td>Peer Service Coordinator</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post Traumatic Stress Disorder</td>
</tr>
<tr>
<td>S.B.</td>
<td>Senate Bill</td>
</tr>
<tr>
<td>SMVF</td>
<td>Service Members, Veterans, and their Families</td>
</tr>
<tr>
<td>TAMHSC</td>
<td>Texas A&amp;M Health Science Center</td>
</tr>
<tr>
<td>TCOLE</td>
<td>Texas Commission on Law Enforcement</td>
</tr>
<tr>
<td>TDCJ</td>
<td>Texas Department of Criminal Justice</td>
</tr>
<tr>
<td>TVC</td>
<td>Texas Veterans Commission</td>
</tr>
<tr>
<td>VA</td>
<td>U.S. Department of Veterans Affairs</td>
</tr>
<tr>
<td>VC</td>
<td>Veteran Counselor</td>
</tr>
<tr>
<td>VTC</td>
<td>Veteran Treatment Court</td>
</tr>
</tbody>
</table>