



Report on the Mental Health Program for Veterans for Fiscal Year 2020

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 2020



TEXAS
Health and Human
Services

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Executive Summary

The *Report on the Mental Health Program for Veterans for Fiscal Year 2020* 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, Rider 59), and Health and Safety Code, Section 1001.224.

Pursuant to Health and Safety Code Section 1001.222, The Health and Human Services Commission (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).

The program also administers a pilot that provides for direct mental health services from military culturally competent licensed mental health professionals (LMHPs) trained in military informed care, called veteran counselors. This pilot is currently implemented at six LMHA sites across the state, focused in rural areas with high need.

In fiscal year 2020, LMHAs and LBHAs reported:

- 88,985 peer services delivered to SMVF;
- 2,246 peer service coordinators (PSCs) and volunteer peers trained;
- 29,421 interactions with justice-involved veterans (JIVs); and
- 486 clinical mental health sessions with a veteran counselor.

The U.S. Department of Veteran Affairs (VA) continues to experience mental health staffing challenges to meet the needs among the veteran community.¹ The reported high number of peer-delivered services and interactions with trusted, trained peers demonstrates the MHPV continues to be successful in filling gaps in services, including:

¹ Kearney, L.K., Smith, C.A., & Miller, M.A.: Critical Foundations for Implementing the VA's Public Health Approach to Suicide Prevention: *Psychiatric Services* 2020; 00:1-2; doi: 10.1176/appi.ps.202000190

- Engaging the SMVF population statewide;
- Increasing awareness of mental health service options; and
- Increasing access to needed mental health care services across the state.

Recommendations for improvement of the program include:

- Increase the utilization of innovative tools and enhanced local reporting mechanisms;
- Improve training curriculum through further inclusion of evidence-based practices in peer support and clinical mental health service delivery; and
- Align operations and focus of the program with local, state, and federal suicide prevention efforts.

1. Introduction

Health and Safety Code Section 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 through HHSC contracts with the TVC, LMHAs/LBHAs, and TAMHSC. 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;
- Coordination of services for JIVs;
- Coordination for local delivery of Mental Health First Aid for Veterans (MHFA-V) training; and
- A women and rural veteran mental health initiative.

Rider 59 appropriated \$5 million per fiscal year of the biennium to administer the program.

3. Program Operations and Contracts Summary

Using \$5 million appropriated for fiscal year 2020, HHSC implemented the MHPV through interagency contracts with TVC and TAMHSC and statements of work embedded in performance contracts with LMHAs/LBHAs. Table 1 shows the funding apportioned to these organizations to implement the program.

Table 1. Summary of Contracts Issued for Fiscal Year 2020

Organization	Services Provided	Amount
LMHAs & LBHAs	To hire or contract for PSCs and veteran counselors	\$3.55 million
TAMHSC	To provide online information and resources through the TexVet program	\$225,000
TVC	To provide training and technical assistance to PSCs, veteran counselors, community and faith-based partners and providers; to coordinate services for JIV; and, to coordinate for local delivery of MHFA-V	\$1.044 million
Total		\$5 million²

Local Mental Health and Behavioral Health Authorities

Thirty-seven LMHAs/LBHAs hire or contract for PSCs to provide direct peer-to-peer services and engage veterans and family members who have experienced military-related trauma, are at risk for isolation from support services, and may not seek services through traditional channels.

² Note that these contract amounts do not add up to exactly \$5 million. The balance of \$181,000 is appropriated by HHSC for administrative costs.

Additionally, six LMHAs serve as pilot sites to hire or contract for veteran counselors 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 or do not use the VA whether due to ineligibility to receive VA care, distance from VA facilities, stigma surrounding mental health, or other barriers to care. The pilot sites cover catchment areas with sizable rural veteran populations where the greatest need exists.³

Texas A&M Health Science Center

For fiscal year 2020, HHSC continued its interagency contract with TAMHSC to support MHPV by providing online information and resources through the TexVet program. TexVet provides publicly accessible, curated resources, and information on veteran mental health services, and other resources throughout the state on the website. More than one-third of the veteran resources listed by TexVet were mental health-focused.

TexVet staff developed enhanced local reporting tools for use by PSCs and their certified peer volunteers, ensuring more accurate, timely updates on the types of services provided for the SMVF they support.

For fiscal year 2020 TexVet reported:

- 392,994 visitors to its TexVet website
- 325,417 outbound clicks from the website to listed provider links
- 1,076 average daily visitors
- 1,402 vetted resource directory listings
- 956,797 page views

The TexVet website serves as the sole resource directory in support of TVC's online platform for peers and providers. TexVet also coordinates information through the Veterans Portal at Texas.gov and 2-1-1 Texas.

³ 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.

Texas Veterans Commission

HHSC continued its interagency contract with TVC during fiscal year 2020 to:

- Provide training and technical assistance to PSCs, veteran counselors, community and faith-based organizations, and LMHPs;
- Coordinate services for JIV; and
- Coordinate for local delivery of MHFA-V training.

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 conducted an annual training conference and held multiple trainings for PSCs including performance-related programmatic changes to the MHPV resulting from administrative improvements by HHSC, and statutory changes to the program requiring coordination for local delivery of MHFA-V. Additional enhancements to PSC annual training included introduction of three suicide-prevention specific trainings: Counseling on Access to Lethal Means; Columbia-Suicide Severity Rating Scale; and ASK About Suicide. TVC also worked with TexVet on the creation of the enhanced local PSC and volunteer peers reporting tools.

Peers and Peer Service Coordinators

TVC held seven trainings for PSCs and performed technical assistance visits with seven separate LMHAs/LBHAs in fiscal year 2020. TVC 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 2020, 337 new peers registered on the online platform, bringing the total registered peers to 4,574, increasing the number of connected and trained peers in local communities. Not all volunteers trained as peers go on to register as peers.

Veteran Counselors and Licensed Mental Health Professionals

TVC is a pre-approved continuing education provider through the Texas Department of Licensing and Regulation for delivery of certification training on military informed care. This curriculum, designed to increase knowledge and awareness of military-related traumas and improve client-patient interactions and outcomes, is focused on LMHPs, allied health professionals, and community partners to increase their military cultural competency.

During fiscal year 2020, TVC certified 95 LMHPs to better interact with and understand the veteran population being served through military informed care. TVC provided 607 continuing education units to the 95 LMHPs.

In addition, 39 new LMHPs registered on the TVC online platform during fiscal year 2020 for a total of 272 registered providers, increasing the number of culturally competent and informed providers able to serve veterans in their community.

Engaging Community and Faith-based Organizations

In fiscal year 2020, TVC provided training on how to better serve veterans to 18 community and faith-based organizations and provided veteran resource-related information to 110 community and faith-based organizations across Texas. In addition, TVC's community and faith-based coordinator participated in multiple suicide prevention efforts at local and state levels, providing input and connectivity.

Coordination for Criminal Justice Services

TVC worked closely with the Texas Commission on Law Enforcement (TCOLE) to make available training for TCOLE-certified personnel, named TCOLE Course 4067 - *De-Escalation of Trauma-Affected Veterans*. These trainings are coordinated with local police, sheriff, and other law enforcement departments. In fiscal year 2020, over 146 law enforcement officers in five communities completed this training on how to de-escalate situations involving military trauma-affected veterans. TVC's JIV Coordinator also provided military-trauma and military cultural competency training to 1,008 criminal justice system professionals around Texas.

Additionally, TVC's JIV Coordinator supported the 48 veteran treatment courts in Texas, including two multi-county regional courts, through training and technical assistance visits.

4. How Veterans Are Served

Program services are delivered to SMVF by trained and certified peers and PSCs who have similar lived experiences as well as VCs with a high level of military cultural competency and trained in military informed care. Table 2 displays the number of services reported as provided by LMHAs/LBHAs through the MHPV in fiscal year 2020. Additional information about services is supplied following the table.

Table 2. Number of Services Provided by Program Services Type⁴

Program Service	Number of Reported Services Delivered
Peer-to-peer services	88,985
Counseling sessions by VCs	486
JIV Interactions	29,421
Total	118,892

The Role of Peer Service Coordinators

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

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

⁴ Because of the promise of anonymity to encourage and establish trust, data provided in the table may be duplicated and represent individual SMVF who receive multiple types of services and/or more than one instance of a service provided.

PSCs and their locally trained volunteer peer cadre also consult with community-based partners including veteran service organizations, schools, and faith-based organizations to identify SMVF who could benefit from knowledge of and engagement with direct peer services.

Of the 37 LMHAs/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 the PSC.

In fiscal year 2020, LMHAs/LBHAs reported PSCs and trained volunteer peers provided⁵:

- 42,673 SMVF with peer-to-peer support services in a one-on-one setting;
- Peer support services to 21,923 SMVF in group settings;
- 18,464 referrals to veterans serving community organizations; and
- 5,925 referrals to culturally competent clinical mental health services.

The Role of Veteran Counselors

The fully-staffed VC pilot program was established through Senate Bill (S.B.) 27, 85th Legislature, Regular Session, 2017, and continues to operate pursuant to Government Code Section 434.352 and Health and Safety Code Section 1001.222. VCs provide direct mental health services and clinical treatments to SMVF for military-related trauma, have been certified by TVC in military informed care, and are certified in at least one of the modalities recommended by the VA⁶ to treat military related traumas.

In fiscal year 2020, VCs delivered 486 face-to-face or telephonic clinical services for military-related traumas which include:

- Military Sexual Trauma
- Post-Traumatic Stress Disorder

⁵ The count is unduplicated for each service type; however, SMVF may have received more than one service type, so there may be duplication across services.

⁶ See the VA Clinical Practice Guide, found here: <https://www.healthquality.va.gov/>.

- Traumatic Brain Injury

The evidence-based clinical services provided include Eye Movement Desensitization and Reprocessing, Prolonged Exposure, Cognitive Processing Therapy, and other clinician-client agreed treatment protocols.

Engaging Justice-Involved Veterans

TVC coordinates services for JIV by facilitating training and technical assistance to local, state, and federal agencies in the criminal justice setting. TVC also provides technical assistance and training to PSCs on processes for interacting with JIV including:

- Fostering development of peers to participate in VTCs⁷ as peer-mentors;
- Providing training and technical assistance to VTC staff; and
- Supporting Texas Commission on Jail Standards initiatives to support identified veterans in accessing benefits and services for veterans.

At key points⁸ in the criminal justice system, JIV can be offered veteran services and benefits, peer-to-peer counseling, or referrals to supportive services that may prevent recidivism. Table 3 lists PCS and trained peer interactions with JIV at the key points of the criminal justice system in fiscal year 2020 reported by LMHAs/LBHAs.

⁷ Codified in Texas Government Code, Section 124.001, the VTC Program enables Texas specialty courts to provide treatment, counseling, and peer mentoring as an alternative to incarceration to eligible veteran defendants.

⁸ 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.

Table 3. Justice Involved Veteran Interventions

Intercept Point	Numbers Served
Initial Law Enforcement Interaction	1,238
Veteran Treatment Court	18,292
County Jail	3,981
State Jail, Prison, or Federal Prison	1,975
Probation/Parole	3,935
Total	29,421

In addition to PSC-specific JIV engagement, TVC coordinates the receipt of jail cards created to verify inmate veteran status as required by Government Code Section 501.024 (originally enacted as Section 501.023 by H.B. 875, 84th Legislature, Regular Session, 2015), in an effort to identify and provide resources to JIV in county jails. TVC reports coordinating the delivery of 1,031 referrals from these JIV during fiscal year 2020.

5. Training Initiatives

HHSC's interagency contract with the TVC provides training of HHSC-approved curricula to peers, PSCs, LMHPs, community and faith-based partners, and other providers. The numbers of SMVF trained through each of these training initiatives are included in Table 4.

Military Veteran Peer Network

The Military Veteran Peer Network (MVPN) Basic Training focuses 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/LBHA locations and statewide training events. In fiscal year 2020, 55 TVC-certified MVPN Basic Training instructors trained SMVF in the Basic Training in their local communities.

Suicide Awareness and Prevention

MHPV plays a significant role in reducing the state and national tragedy of suicide among the veteran population. MHPV engaged with multiple partners in proliferating suicide prevention trainings and provided multiple opportunities for local attendance of suicide prevention training sessions. As a result, LMHAs/LBHAs participating in the MHPV report their PSCs and trained peers increased community knowledge of suicide awareness and prevention methods.

Mental Health First Aid for Veterans

Resulting from the passage of H.B. 4429, 86th Legislature, Regular Session, 2019, and as required by Health and Safety Code Section 1001.222, MHPV coordinates for local delivery of the MHFA-V module by providing the opportunity for local MVPN personnel to achieve certification as Adult MHFA trainers and empowering them to become certified in the specialized veteran component. Certification in any of the MHFA trainings is controlled by the National Council for Behavioral Health.⁹ Reporting of the trainings held and numbers of SMVF trained is reported through

⁹ <https://www.thenationalcouncil.org/>

HHSC’s MHFA program. During fiscal year 2020, TVC trained PSCs to work closely with their local MHFA coordinators to increase the number of SMVF trained through this course.

Table 4 lists the numbers of SMVF trained in the above trainings during fiscal year 2020.

Table 4. Number of SMVF Trained

Training Curriculum	Numbers Trained
MVPN Basic Training	726
Suicide Awareness	1,535
MHFA-V	169
Total	2,430

6. Program Evaluation and Recommendations

Throughout fiscal year 2020, MHPV was successful in its efforts to close gaps in availability of, access to, and awareness of mental health services for Texas SMVF. The following recommendations are made for program improvement with an eye toward closing gaps.

Recommendation 1: Increase the utilization of innovative tools and enhanced local reporting mechanisms.

During fiscal year 2020, an improved PSC and peer reporting tool was created, ensuring real-time, more accurate reporting of peer-to-peer interactions. This tool was developed by TexVet in collaboration with TVC and HHSC. It was tested throughout fiscal year 2020 and will be used for future reporting. Continued use of this tool and other technological innovations will ensure the resiliency of the program by enabling continuation of services in either in-person or remote settings.

Recommendation 2: Improve training curriculum through further inclusion of evidence-based practices in peer support and clinical mental health service delivery.

Training content and certification processes require continual updates to ensure the most current, evidence-based information is incorporated in training for Texas SMVF and then applied through the MHPV to support them. MHPV will continue to collaborate with TVC to ensure certification and training programs for PSCs, peers, LMHPs, community and faith-based organizations, and allied partners remain current, relevant, and evidence-based.

Recommendation 3: Align operations and focus of the program with local, state, and federal suicide prevention efforts.

Reduction of veteran suicides requires a collaborative, focused effort. The MHPV will continue its efforts to support the short and long-term plans to prevent veteran suicides required by Government Code Section 531.0925. Training and technical assistance offered through the MHPV will continually be updated to ensure veteran suicide prevention, intervention, and post-vention practices are promoted.

7. Conclusion

In fiscal year 2020, the MHPV accomplished its mission to increase veterans' access to needed mental health care services through interaction with trusted, trained peers and access to culturally competent LMHPs. The program effectively engaged SMVF to raise awareness of mental health service options and increase access to community-based mental health services.

In fiscal year 2021, HHSC will continue to coordinate with TVC to ensure that the program meets its goals of reducing barriers to accessing appropriate mental health care and increases its capacity to directly serve veterans in clinical, peer-to-peer, and remote capacities. In the upcoming year, HHSC will continue to infuse the MHPV with the latest evidence-based practices, maintain focus on efficiencies in delivery of mental health and peer services for veterans, and continually evaluate the program and address recommendations for improvement.

List of Acronyms

Acronym	Full Name
H.B.	House Bill
HHSC	Health and Human Services Commission
JIV	Justice-Involved Veteran
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
LMHP	Licensed Mental Health Professional
MHFA-V	Mental Health First Aid for Veterans
MHPV	Mental Health Program for Veterans
MVPN	Military Veteran Peer Network
PSC	Peer Service Coordinator
S.B.	Senate Bill
SMVF	Service Members, Veterans, and their Families
TAMHSC	Texas A&M Health Science Center
TCOLE	Texas Commission on Law Enforcement
TVC	Texas Veterans Commission
VA	United States Department of Veteran Affairs