



Report on the Mental Health Program for Veterans for Fiscal Year 2021

**As Required by
Health and Safety Code, Section
1001.224**

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Executive Summary

The *Report on the Mental Health Program for Veterans for Fiscal Year 2021* is submitted in compliance with Health and Safety Code, Section 1001.224.

Pursuant to Health and Safety Code Section 1001.222, Government Code Sections 434.352 and 434.401, 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 immediate family members (SMVF) through HHSC contracts with local mental health authorities (LMHAs), local behavioral health authorities (LBHAs), TVC, and Texas A&M Health Science Center (TAMHSC).

The MHPV also administers a program 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 program is currently implemented at six LMHA sites across the state, focused in rural areas with high need.

In fiscal year 2021, LMHAs and LBHAs reported:

- 78,675 peer services delivered to SMVF;
- 1,732 peer service coordinators (PSCs) and volunteer peers trained;
- 12,127 interactions with justice-involved veterans (JIVs); and
- 833 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 service coordinators and volunteer 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 with a focus on veterans who are women and veterans living in rural areas;
- Increasing awareness of peer-to-peer and clinical mental health service options; and
- Increasing access to needed mental health care services across the state.

Recommendations for improvement of the program include:

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

1. Introduction

Reporting requirements for the MHPV exist in Health and Safety Code Section 1001.224. No later than December 1 of each fiscal year, a report must be submitted to the governor and the legislature.

The following are reporting requirements:

- The number of veterans who received services;
- The number of volunteer peers and PSC trained;
- An evaluation of the services provided; and
- Recommendations for improvements.

Additional reporting requirements include:

- A description of how the program is operated; and
- A summary of the contracts issued, and services provided through those contracts.

This report includes information to satisfy the requirements of Health and Safety Code Section 1001.224.

2. Background

HHSC contracts with TVC to coordinate administration of the MHPV per Texas Government Code Sections 434.352 and 434.401, and Health and Safety Code Section 1001.222. The coordination of administration includes:

- Training and technical assistance to PSCs and volunteer 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 to veterans and immediate family members of veterans of Mental Health First Aid for Veterans (MHFA-V) training; and
- Trained mental health professionals to assist HHSC in the administration of the program.

Services are implemented through HHSC-administered contracts with TVC, LMHAs/LBHAs, and TAMHSC. The LMHAs/LBHAs hire or contract for the PSCs and veteran counselors to provide those services in addition to trainings and referrals to resources. TAMHSC hosts the TexVet.org Initiative, which is the MHPV's vetted digital resource directory filled with resources, services, and benefits in Texas for SMVF, searchable by location.

House Bill (H.B.) 1, 86th Legislature, Regular Session, Rider 59 appropriated \$5 million per fiscal year of the biennium to administer the program for State Fiscal Years 2020 and 2021.

3. Program Operations and Contracts Summary

Using \$5 million appropriated for fiscal year 2021, 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 2021

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 volunteer peers, 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

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.

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 SMVF who have experienced military-related trauma, are at risk of isolation from support services, and may not seek services through traditional channels. The two community centers that opted not to engage in this program are the Lakes Regional Community Center in northeast Texas and the Texana Center in southeast Texas. The SMVF in their counties are referred to neighboring PSCs if available.

Additionally, six LMHAs hire or contract for veteran counselors to provide direct mental health services to SMVF in their catchment areas. The target population for this program are SMVF who desire access to mental health services, yet do not have access or do not use the VA due to ineligibility to receive VA care, distance from VA facilities, stigma surrounding mental health, lack of insurance, or other barriers to care. These programs cover catchment areas with sizable rural veteran populations intended to address deficits in service where the greatest need exists.³

Texas A&M Health Science Center

For fiscal year 2021, HHSC continued its interagency contract with TAMHSC to support the MHPV by providing online information and resources through the TexVet.org website (TexVet). TexVet provides publicly accessible, curated resources, and information on veteran mental health services, and other resources throughout the state. More than one-third of the veteran resources listed by TexVet were mental health-focused.

TexVet staff developed a digital reporting tool for use by the PSCs and their volunteer peers to report real-time interactions and deliverables from the field. This has streamlined the reporting process for PSCs and allowed TVC more opportunity to provide specific technical assistance in a more direct and corrective manner.

³ The six program 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.

The rollout and implementation continue to receive positive feedback from the field. For fiscal year 2021 TexVet reported:

- 520,756 visitors to TexVet;
- 460,390 outbound clicks from TexVet to listed provider links;
- 1,426 average daily visitors;
- 1,416 vetted resource directory listings; and
- 1,224,897 TexVet page views.

TexVet serves as the resource directory in support of TVC's online platform for PSCs, volunteer peers and providers. TexVet also coordinates information through the Veterans Portal at Texas.gov and 2-1-1 Texas. More detailed information may be found in their comprehensive annual report, published on TexVet.org.

Texas Veterans Commission

HHSC continued its interagency contract with TVC during fiscal year 2021 to:

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

Peer Service Coordinators and Volunteer Peers

TVC held 25 trainings for PSCs and volunteer peers in fiscal year 2021. TVC performed 181 technical assistance visits with separate LMHAs/LBHAs in fiscal year 2021. TVC maintains an online platform to connect volunteer peers, PSCs, and LMHPs with one another as well as connecting them to resources, information, and training opportunities. In fiscal year 2021, 299 new PSCs and volunteer peers registered on the online platform, bringing the total registered peers to 4,858, increasing the number of connected and trained people 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 culturally competency.

During fiscal year 2021, TVC certified 289 LMHPs to better interact with and understand the veteran population being served through military informed care. TVC provided 2,102 continuing education units to the LMHPs who completed the class.

In addition, 50 new LMHPs registered on the TVC online platform during fiscal year 2021 for a total of 322 registered providers, increasing the number of culturally competent and informed providers able to serve SMVF in their community.

Engaging Community and Faith-based Organizations

In fiscal year 2021, TVC provided training on how to better serve SMVF to 24 community and faith-based organizations and provided SMVF resource-related information to 97 community and faith-based organizations across Texas. In addition, TVC's community and faith-based coordinator participated in 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 2021, over 302 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, military culturally competency and suicide prevention training to 1,693 criminal justice system professionals around Texas.

Additionally, TVC's JIV Coordinator supported the 45 veteran treatment courts (VTC) in Texas, including multi-county regional courts, through training and technical assistance visits.

4. How SMVF Are Served

Program services are delivered to SMVF by TVC trained and volunteer peers and PSCs who have similar lived experiences, and direct mental health services are provided by veteran counselors with a high level of military cultural competency and trained in military informed care. Table 2 displays the number of provided services reported by LMHAs/LBHAs to the MHPV in fiscal year 2021. 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	78,675
Counseling sessions by veteran counselors	833
JIV Interactions	12,127
Total	91,635

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.

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 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 peers.

PSCs and volunteer peers also consult with community-based partners including veteran service organizations, institutions of higher learning, and faith-based organizations to identify SMVF who could benefit from knowledge of and engagement with direct peer services and SMVF-specific resources.

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
- Six programs have a woman serving as the PSC.

In fiscal year 2021, LMHAs/LBHAs reported PSCs and volunteer peers provided⁵:

- 30,187 SMVF with peer-to-peer support services in a one-on-one setting;
- Peer support services to 10,704 SMVF in group settings;
- 29,664 referrals to SMVF serving community organizations; and
- 6,082 referrals to culturally competent clinical mental health services.

The Role of Veteran Counselors

The fully staffed veteran counselor program operates pursuant to Government Code Section 434.352 and Health and Safety Code Section 1001.222.

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.

Veteran counselors 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 clinical modalities recommended by the VA⁶ to treat military related traumas.

In fiscal year 2021, veteran counselors delivered 833 face-to-face, teleconference, or telephonic clinical services for military-related traumas which include:

- Military Sexual Trauma;
- Post-Traumatic Stress Disorder; and
- 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 PSC and volunteer 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.

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

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.

At key points⁸ in the criminal justice system, JIV can be offered veteran benefits and services, peer-to-peer counseling, or referrals to supportive services that may address underlying issues due to military trauma and prevent recidivism. Table 3 lists PCS and volunteer peer interactions with JIV at the key points of the criminal justice system in fiscal year 2021 reported by LMHAs/LBHAs.

Table 3. Justice Involved Veteran Interventions

Intercept Point	Numbers Served
Initial Law Enforcement Interaction	394
Veteran Treatment Court	8,589
County Jail	1,444
State Jail, Prison, or Federal Prison	501
Probation/Parole	1,199
Total	12,127

In addition to PSC and volunteer peer-specific JIV engagement, TVC coordinates the receipt of jail cards created to verify inmate veteran status as required by Government Code Section 501.024, to identify and provide resources to JIV in county jails. TVC reports coordinating the delivery of 4,672 referrals from these JIV during fiscal year 2021.

⁸ The federal Substance Abuse and Mental Health Services Administrations’ GAINS Center for Behavioral Health and Justice Transformation’s Sequential Intercept Model is used to identify key criminal justice system intercepts.

5. Training Initiatives

HHSC's interagency contract with TVC provides for PSCs, volunteer peers, community and faith-based partners, LMHPs, and other providers to be trained in HHSC-approved curricula. The numbers of SMVF reported as 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 2021, 85 TVC-certified MVPN Basic Training instructors trained SMVF in MVPN Basic Trainings in their local communities.

Suicide Awareness and Prevention

The MHPV plays a significant role in combatting the state and national tragedy of suicide among the veteran population. The 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

As required by Health and Safety Code Section 1001.222, The MHPV coordinates for local delivery of the MHFA-V module by providing the opportunity for PSC, volunteer peers and members of the community to both take the MHFA-V training and, if eligible, achieve the additional certification as Adult MHFA trainers and empowering them to become certified in the specialized veteran component and train others in their community. Certification in any of the MHFA trainings is controlled by the National Council for Behavioral Health.⁹

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

Reporting of the trainings held and numbers of SMVF trained is reported through HHSC’s MHFA program. During fiscal year 2021, TVC trained PSCs to work closely with their local MHFA coordinators to increase the number of SMVF trained through this course. As of now, the MHFA-V module is only available in-person, not virtually. Due to travel restrictions and other factors associated with COVID-19 pandemic, the numbers reported for this fiscal year are less than normally expected. Table 4 lists the numbers of SMVF trained in fiscal year 2021.

Table 4. Number of SMVF Trained

Training Curriculum	Numbers Trained
MVPN Basic Training	646
Suicide Awareness	1,086
MHFA-V	247
Total	1,979

6. Program Evaluation and Recommendations

Throughout fiscal year 2021, the MHPV was successful in its efforts to close gaps in availability of, access to, and awareness of mental health services for SMVF. The individuals providing these services to SMVF and the dedicated staff supporting them continue to make a positive impact in the lives of the SMVF served, and the MHPV is successful through their passion and dedication. The following are recommendations for program improvement.

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

During fiscal year 2021, the TexVet Initiative worked with TVC to successfully implement the use of the digital reporting tool, ensuring real-time reporting of peer-to-peer interactions capable of providing more tools for effective training and technical assistance. This tool was developed at the request of the MHPV by the TexVet Initiative in collaboration with TVC. It was tested throughout fiscal year 2020 and fully implemented for fiscal year 2021. It serves as an example of the types of innovation that can streamline program processes.

Those implementing the program increased use of digital and teleconferencing tools to overcome the barrier to interaction caused by the COVID-19 pandemic, showing a capacity for resilience and increased ability to interact with SMVF who may not have been reached through traditional in-person methods.

Continued use and refinement of this digital tool and encouraging other technological innovations will ensure the resiliency of the program by enabling continuation of services to overcome barriers.

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 SMVF and then applied through the MHPV to support them.

The MHPV will continue to collaborate with TVC to ensure certification and training programs for PSCs, volunteer 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,¹⁰ 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*¹⁰ 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 follow-up practices are promoted.

Data driven decisions rely on the integrity of the data collected, yet there remains many inconsistencies and differences in how suicide data is collected in each of the 254 counties in the state.

As recommended in the recently published *Report on Long-Term Action Plan to Prevent Veteran Suicides*¹¹, the standardization of data collection and reporting of veteran suicide deaths by counties should focus on medical examiners and justices of the peace and their reporting to the Department of State Health Services (DSHS) in the operation of the Texas Violent Death Reporting System (TVDRS).

In the administration of the TVDRS, DSHS has developed protocols for data collection and reporting that could inform implementation of this recommendation. Standardizing data collection and reporting may enhance local and state sharing of suicide data to enable analysis of risk and protective factors, empower resourcing decisions, and refine the focus of suicide prevention efforts. The MHPV will continue to align efforts and operations with the state's short and long-term action plans to prevent veteran suicides and federal suicide prevention efforts.

¹⁰ <https://www.hhs.texas.gov/reports/2019/08/report-short-term-action-plan-prevent-veteran-suicides-2019>

¹¹ <https://www.hhs.texas.gov/reports/2021/09/long-term-action-plan-prevent-veteran-suicides>

7. Conclusion

In fiscal year 2021, the MHPV accomplished its mission to increase SMVF 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 2022, 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.

Note: In the subsequent appropriations bill from the 87th Legislature, Regular Session, the language regarding reporting requirements was removed from the rider appropriating funds, leaving only the requirements in the Health and Safety Code.

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
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
VTC	Veteran Treatment Court