

Report on the Mental Health Program for Veterans for Fiscal Year 2022

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

**Texas Health and Human Services
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TEXAS
Health and Human
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Forward

Health and Human Services Commission

At the Texas Health and Human Services Commission, “We serve Texas.” There is no greater honor than serving the most vulnerable of Texans, especially, those who have dedicated their lives to protecting our country. HHSC is pleased to partner with the Texas Veterans Commission, through its Veterans Mental Health Department, to provide mental health services and supports to service members, veterans, and their families (SMVF) through the Mental Health Program for Veterans (MHPV). Although this report is specific to our joint administration of the MHPV, there are several initiatives in which we partner to advance mental health services to SMVF.

We look forward to our continued partnership with TVC in continuing to advance mental healthcare to Texas SMVF who need services and supports accessible through the state-funded system.

Sonja M. Gaines
Deputy Executive Commissioner
Behavioral Health Services Department
Health and Human Services Commission

Texas Veterans Commission

The mission of Texas Veterans Commission (TVC) is to advocate for and provide superior services that will significantly improve the quality of life for all Texas veterans, their families, and survivors. This privilege includes ensuring that those individuals who served in the U.S. Armed Forces and their families have access to competent mental health services across the state. We are proud to take on this important task through the close collaboration with our local, state, and federal partners. Chief among these partnerships in terms of addressing veteran mental health needs is the teamwork between TVC's Veterans Mental Health Department (VMHD) and HHSC's Office of Mental Health Coordination (OMHC) in the coadministration of the Mental Health Program for Veterans.

It is the collaboration between VMHD with OMHC at the heart of the statewide success of the Military Veteran Peer Network and the Rural Veteran Counselors. We are particularly pleased to see the close cooperation between VMHD Director, Dr. Blake Harris and George McEntyre, Director of HHSC's Veterans Mental Health Services as they have worked diligently to align efforts across their teams. This excellent coordination has resulted in increased efficiency, reduction of redundancies, and meaningful strategic planning to optimize state and community resources to improve access to mental health and supportive services tailored to the unique needs of veterans. We would also like to recognize the support of HHSC leadership including Associate Commissioner, Dr. Courtney Harvey and Deputy Executive Commissioner, Sonja Gaines. We have no doubt that the partnership between our two agencies will only become more galvanized as we continue to work together to meet the mental health needs of veterans and their families across Texas at the state level and in local communities.

Thomas P. Palladino
Executive Director
Texas Veterans Commission

Executive Summary

The Report on the Mental Health Program for Veterans (MHPV) for Fiscal Year 2022 is submitted in compliance with Health and Safety Code (HSC), Section 1001.224. Pursuant to HSC, Section 1001.222, Government Code (GC), Sections 434.352 and 434.401, the Health and Human Services Commission (HHSC) contracts with the Texas Veterans Commission (TVC) to jointly administer the MHPV. This program provides peer counseling services to service members, veterans, and their family members (SMVF) through HHSC contracts with Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs).

The MHPV also includes the Rural Veterans Counselor (RVC) program that employs Licensed Mental Health Professionals (LMHPs) trained in military informed care to provide mental health services to veterans. This program is implemented at six LMHAs. In addition, HHSC contracts with Texas A&M University Health Science Center (TAMHSC) to operate the TexVet.org website (TexVet) website. TexVet serves as the resource directory in support of TVC's online performance tracking platform for peer service coordinators (PSCs), volunteer peers, and providers.

In fiscal year 2022, 34,694 SMVF received 66,128 direct services. Of the total population served, 27,673 were veterans, 791 were service members, and 6,230 were family members. 73 percent of the individuals served were male and 27 percent were female. 1,397 veterans who are justice-involved received care.

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 PSCs and volunteer peers trained;
- An evaluation of the services provided; and
- Recommendations for improvements.

This report includes additional information on:

- Program partners;
- How the program is operated;
- The contracts issued, and services provided through those contracts; and
- Program performance indicators.

Background

The 2022-23 General Appropriations Act (GAA), Senate Bill 1, 87th Legislature, Regular Session, 2021 (Rider 51) appropriated \$5 million per fiscal year of the biennium to administer the MHPV. HHSC implements the MHPV through:

- An interagency contract with TVC to jointly administer the MHPV. Services and supports include:
 - ▶ Training and technical assistance to PSCs and volunteer peers;
 - ▶ Identification, training, and collaboration with community-based LMHPs and organizations such as faith-based groups;
 - ▶ Links to mental health services and supports for justice-involved veterans (JIVs); and
 - ▶ Mental Health First Aid (MHFA) training to include MHFA for Veterans (MHFA-V) delivered to veterans and immediate family members.
- Contracts with LMHAs and LBHAs to hire or contract for PSCs and RVC.
- An interagency contract with TAMHSC to operate TexVet.

Table 1 shows the funding allocated to these organizations to implement the MHPV.

Table 1. Summary of Rider 51 Funds Distribution for Fiscal Year 22

Organization	Services Provided	Amount
LMHAs/LBHAs	Personnel costs associated with PSCs and RVCs	\$3.55 million
TAMHSC	To provide online information and resources through the TexVet program	\$225,000

Organization	Services Provided	Amount
TVC	Co-administration cost associated with the MHPV. Training and technical assistance to PSCs, volunteer peers, RVCs, community and faith-based partners, etc.	\$1.044 million
Total		\$5 million¹

¹ 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.

Mental Health Program for Veterans: Administration

Health and Human Services Commission

HHSC staff review grantee performance and expenditure data and provide training and technical assistance as needed to ensure SMVF receive mental health services in accordance with statutory and contractual obligations. In addition, the staff provide statewide support of suicide prevention efforts targeting SMVF to ensure that implementation of approaches to suicide care are informed by military culture.

Local Mental Health and Behavioral Health Authorities

HHSC contracts with thirty-seven LMHAs/LBHAs to hire or contract for PSCs to provide 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. In areas where there are not dedicated PSCs, individuals seeking these services are referred to PSCs in neighboring communities, if available.

Additionally, six LMHAs² hire or contract for RVCs to provide 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 services provided through the Department of Veterans Affairs (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 services where the greatest need exists.

Texas A&M University Health Science Center

TAMHSC supports the MHPV by operating the TexVet.org website (TexVet). TexVet provides online, publicly accessible, resources for SMVF. Mental health is a primary focus for TexVet, with over one-third of its listed resources being mental health

² Andrews Center Behavioral Healthcare System, Betty Hardwick Center, Bluebonnet Trails Community Services, Burke Center, Heart of Texas Region MHRM Center, and Tropical Texas Behavioral Health.

focused. TexVet’s remaining listed resources address physical health and social connectedness which also impact mental health. TexVet also includes information that can be accessed through the Veterans Portal at Texas.gov and 2- 1-1 Texas.

TexVet serves as the resource directory in support of TVC’s online platform for PSCs, volunteer peers and providers. TexVet makes available a digital reporting tool for use by the PSCs and their volunteer peers to report real-time interactions and deliverables from the field. This information is made available to TVC to streamline the reporting process for PSCs and allows TVC more opportunity to provide targeted technical assistance to PSCs.

TexVet.org was updated during fiscal year 2022 to include dedicated pages for several topics: mental health, suicide prevention, veterans, demographic data, and women veterans’ information.

Table 2. Fiscal Year 2022 TexVet Website Activity

Activity	Number
Visitors to TexVet	526,315
Outbound clicks from TexVet to listed provider links	460,425
Average daily visitors	1,442
Vetted resource directory listings	1,416
Activity	Number
TexVet page views	1,226,573

Texas Veterans Commission

TVC is focused on ensuring SMVF have access to mental health professionals. This is accomplished by providing training, certification, and technical assistance. In addition to connecting veterans in need to local services, TVC also partners at the local, state, and federal levels to address veteran-specific issues including suicide prevention and intervention, homelessness, Military Cultural Competency (MCC), peer support services, military-related trauma, services and supports for veterans who are women, services and supports to rural veterans, justice-involvement, and service members transitioning from military to civilian status.

Across all programming, TVC operates under the broadest definition of a veteran, and serves individuals regardless of discharge status, branch of service, or length of service. TVC provides training, technical assistance, and direct services free of charge to those in need.

In addition to the MHPV, TVC programs include the Military Veteran Peer Network (MVPN), JIV Program, Homeless Veteran Initiative, Community & Faith Based Program, Veteran Providers Program, and Veteran Suicide Prevention Program.

Each of these programs has an independent function and purpose, though they intersect and collaborate to serve SMVF and ultimately, support services provided through the MHPV.

Mental Health Program for Veterans: Program Design

Peer Service Coordinators

TVC is responsible for certifying PSCs employed through the MHPV. PSCs must have lived experience as members of the SMVF community and be knowledgeable about mental health services and supports. PSCs are expected to provide or refer individuals to:

- Individual and group-based peer support. PSCs also help SMVF identify individual service needs, develop tailored intervention plans, and access local resources and supports through warm handoffs.
- Clinical mental health services through partnerships with RVCs, the local VA, and other community mental health professionals.
- Training to their local communities on MCC and coordinate with MHFA trainers for the delivery of MHFA-V to educate SMVF and the community on mental health conditions and their symptoms with veteran- specific information.
- Services to JIV through collaboration with law enforcement, Veterans Treatment Courts (VTC), community supervision, and the Texas Department of Criminal Justice (TDCJ).
- Implementing suicide risk screening (e.g., Columbia Suicide Severity Rating Scale (C-SSRS)³) and suicide prevention treatment. PSCs also provide SMVF community stakeholders with suicide prevention training such as Ask About Suicide to Save a Life and Counseling on Access to Lethal Means.

MVPN Volunteer Peers

Volunteer peers are not certified by TVC as PSCs and work under the leadership and guidance of the certified, local PSC. Currently there are 5,491 registered volunteer peers. Volunteer peers have lived experience navigating the transition from military

³ The C-SSRS was developed by The Columbia Lighthouse Project to assess for risk of suicide using plain language, <https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/>.

service to civilian life. Many peer volunteers have received services from the MVPN in the past.

Additionally, veteran family members also serve as volunteers to assist veteran family members. Volunteer peers are expected to:

- Provide training and services on the issues and impacts of military-related traumas using a TVC-developed curriculum.
- Collaborate with PSCs to make appropriate and necessary referrals to community providers.
- Facilitate counseling groups, participate in community events, and help veterans and their families navigate local systems of care.

Table 3. PSC and Volunteer Peers Trained in Fiscal Year 2022

Staff	Training	Number Trained
PCS and Volunteer Peers	MCC Train the Trainer	58
Volunteer Peers Only	MCC	1,395
Total		1,453

Rural Veteran Counselors

RVCs must be a Licensed Marriage and Family Therapist; Licensed Professional Counselor; Licensed Clinical Social Worker; or Licensed Psychologist. TVC certifies RVCs in military-informed care (MIC) and are certified in at least one clinical modality recommended by the VA to treat military-related traumas (e.g., blast-related traumatic brain injury).

RVCs provide mental health services and clinical counseling to SMVF to include individual, couple, family, and group therapy. Mental health services may be provided face-to-face or remotely as needed. RVCs also collaborate with PSCs to make and receive referrals to address other needs related to traumas such as post-traumatic stress, military sexual trauma, suicidality, and substance use.

Table 4. SMVF Served by Rural Veteran Counselors

Individuals	Services	Number of Services
Veterans	Clinical services	666
Service Members	Clinical Services	39
Family Members	Clinical Services	266
Total		971

Mental Health Program for Veterans: Outreach to Special Populations

Women Veterans

Nationally, women veterans represent 10% of the overall veteran population and 20% of service members. Women veterans are the fastest growing minority group of veterans as more enter the military, serve our country, and are discharged. “Leaving the military can be challenging for any veteran and historically, women veterans have had access to fewer resources when compared to male counterparts. While the number of women veterans is increasing, the population is still small enough lack a natural peer support network, which can be an emotional challenge that affects many aspects of their lives.”⁴ To address this issue, the MVPN currently has 11 women veterans serving as PSCs. Women veterans also serve as volunteer peers who foster support for women veterans and service members by encouraging self-care and self-advocacy through confidential peer to peer mentoring and peer support groups. Texas is home to the largest number of women veterans in the nation. TVC provides PSCs and volunteer peers with training opportunities on how to incorporate the unique needs of women veterans into the peer support and intervention services. These efforts are supported by a partnership between the MVPN and TVC’s Women Veterans Program.

Rural Veterans

Veterans living in rural areas often have difficulty accessing health services for reasons similar to other rural residents⁵. Texas is made up of 254 counties, of which 186 are designated as rural due to distance from and variance in community resources⁶. Access to services for rural SMVF is not the same across the state. As such, PSCs are specially trained to meet the needs of rural SMVF in creative and dynamic ways leveraging all available resources and partnerships. Additionally, TVC provides certification-related oversight for the RVCs who are responsible for

⁴ Apoorva, M. (2019, July 18). Why leaving the military is harder for female vets. *MilitaryTimes*. Retrieved from <https://www.militarytimes.com/education-transition/2019/07/18/why-leaving-the-military-is-harder-for-female-vets/>

⁵ Rural Health Information Hub. (2021). Rural veterans and access to healthcare. Retrieved from <https://www.ruralhealthinfo.org/topics/returning-soldier-and-veteran-health>

⁶ 2020 U.S. Census

ensuring SMVF in rural areas receive trauma-informed mental health counseling services.

Justice-Involved Veterans

Justice Involved Veterans (JIVs) are former service members who have been detained by or are under the supervision of the criminal justice system. Involvement may include arrest, detention in a county jail or prison, sentencing to community supervision, and more. In 2022, the Council on Criminal Justice released a report stating approximately one-third of veterans' report having been arrested at least once⁷. The report also stated "The reasons underlying veterans' justice-system involvement are complex. They range from combat-related risk factors to "bad-paper" discharges that block access to Veterans Administration benefits such as mental health and substance abuse treatment. Ineffective procedures to identify veterans upon arrest, as well as inconsistent diversion mechanisms, also play a role."

In 2022, the Justice Department reported approximately eight percent of all U.S. inmates, or about 181,500, were military veterans. To address the needs of JIVs, PSCs and volunteer peers are active in supporting JIV efforts in their local communities through partnerships with law enforcement, VTCs, county jails, prisons, and community supervision. Additionally, TVC's JIV program staff coordinate services for JIVs by facilitating training and technical assistance to local, state, and federal agencies in criminal justice settings. Examples of training, technical assistance, and collaboration by TVC's JIVs program include the following:

- Fostering development of PSC and volunteer peers to participate in VTCs as peer-mentors; and
- Supporting Texas Commission on Jail Standards and TDCJ initiatives to identify JIVs, assist them with accessing benefits and services, and operate veterans' units in some prisons.

⁷ Council on Criminal Justice report released August 9, 2022, entitled "From Service through Reentry A Preliminary Assessment of Veterans in the Criminal Justice System"

Mental Health Program for Veterans: Service Delivery Performance Indicators

The service delivery performance indicators (SDPIs) measure PSC and volunteer peers' successes at fulfilling their service responsibilities to SMVF. Below are explanations of the fiscal year 2022 SDPIs and peer performance.

SMVF Peer Support Groups: The number of SMVF peer support groups.

Attended SMVF Peer Support Groups: The number of SMVF that attended peer support groups.

One-on-One Peer Support: The number of one-on-one peer support sessions facilitated by the PSCs.

Veteran Service Organization (VSO)/Community Referrals: The number of referrals PSCs made to VSOs and other community organizations.

Clinical Mental Health Referrals: The number of referrals PSCs made to LMHPs that provide clinical mental health counseling (CMHC) services.

Table 5. Service Delivery Performance Indicators for Fiscal Year 2022

SDPI	Performance
SMVF Peer Support Groups	1,408
Attended SMVF Peer Support Groups	23,965
One-on-1 Peer Support	31,309
VSO/Community Organization Referrals	28,021
CMHC Referrals	5,390

Training Performance Indicators

The Training Performance Indicators (TPIs) are indicative of PSC compliance with training expectations. Below are the TPIs and PSC performance indicators for fiscal year 2022.

MCC: The number of MCC trainings conducted by PSCs.

Attended MCC: The total number of individuals trained by PSCs in MCC.

MHFA-V: The number of SMVF trained in MHFA-V.

Suicide Prevention Training: The number of evidenced-based suicide prevention trainings provided.

Attended Suicide Prevention Training: The number of individuals trained in an evidenced-based approach to suicide prevention.

Table 6. Training Performance Indicators

TPIs	Performance
MCC Trainings Conducted	561
Attended MCC	1,395
MHFA-V	142
Suicide Prevention Training	187
Attended Suicide Prevention Training	2,268

Justice-Involved Veterans Performance Indicators

The TVC JIVs Program Performance Indicators indicate PSC and volunteer peers' performance regarding meeting the service needs of JIVs. Below are the JIVs Program and peer performance indicators for fiscal year 2022.

Interactions with Law Enforcement: The number of interactions with law enforcement to engage in jail diversion activities.

Interactions with VTCs: The number of interactions with VTCs.

Interactions with County Jails: The number of interactions with county jails to coordinate jail diversion activities post-booking.

Interactions with State Jails, State Prisons, and Federal Penitentiary: The number of interactions with state jails, prisons, and federal penitentiaries to ensure veterans needs are met while detained.

Interactions with Community Supervision Offices: The number of interactions with probation or parole offices with the goal of assisting veterans with getting linked to mental health services and supports and reducing the likelihood of recidivism.

Table 7. Justice Involved Performance Indicators

JIV Performance Indicators	Performance
Interactions with Law Enforcement	160
Interactions with VTCs	7,652
Interactions with County Jails	1,429
Interactions with State Jails, State Prisons, and Federal Penitentiary	1,245
Interactions with Community Supervision Offices	338

Rural Veteran Counselor Performance Indicators

The RVC Performance Indicators show the amount of clinical mental health counseling services provided by RVCs. Below are explanations of the RVCs performance indicators and performance for fiscal year 2022.

Individual Therapy Sessions: The number of one-on-one therapy sessions provided by RVCs to SMVF.

Group Therapy Sessions: The number of group therapy sessions provided by RVCs to SMVF.

Family Therapy Sessions: The number of family therapy sessions provided by RVCs to SMVF.

Couples Therapy Sessions: The number of couples therapy sessions provided by RVCs to veteran, service members, and their spouses.

Referrals to PSC: The number of referrals RVCs made to PSCs.

Table 8. Rural Veteran Counselor Performance Indicators

Performance Indicators	Performance
Individual Therapy Session	692
Group Therapy Sessions	145
Family Therapy Sessions	32
Couples Therapy Sessions	15
Referrals to PSCs	32

Mental Health Program for Veterans: Collaborations

Community and Faith-Based Organizations

HHSC and TVC encourage community and faith-based organizations to identify locally accessible resources available to SMVF. These local resources are critical to the at-risk SMVF population, especially those living in rural counties. Partnerships established by PSCs and volunteer peers within their local communities are crucial to the success of the MVPN. An example of this work is TVC's Faith & Allegiance Initiative. TVC implemented the Faith & Allegiance Initiative and participated in suicide prevention efforts at local, state, and national levels, providing input on services and fostering connection to SMVF. Participation in these initiatives is essential to understanding the unique needs of SMVF and their communities.

Table 9. Community and Faith-Based Organizations Activities in Fiscal Year 2022

Organization	Activity	Occurrences
Community Partners	Connections to SMVF	28,021
Community and faith-based organizations	Training on how to better serve SMVF	77
Community and faith-based organizations	Technical assistance	186

Mental Health Program for Veterans: Program Recommendations

Throughout fiscal year 2022, the MHPV was successful in its efforts to close gaps in awareness of, availability of, and access to mental health services and supports for SMVF. As pandemic restrictions began to lift, MHPV staff discovered that some pandemic service strategies, such as trainings and technical assistance provided virtually, as well as teleservices, would continue to be effective post-pandemic. Even with these new strategies, there is still a need for more PSCs and volunteer peers to serve those SMVF that reside in rural areas. The funding allocated to LMHAs and LBHAs to employ PSCs covers at minimum, one (1) full-time equivalent (FTE) and in some instances, 1.5 FTEs. Since inception, HHSC has been appropriated \$5 million per fiscal year of the biennium to jointly administer the MHPV with TVC.

HHSC and TVC continue to effectively jointly administer the MHPV and put forth the following recommendations for consideration:

Recommendation 1: Consider directly appropriating to TVC \$2,088,000 from the biennial appropriation to HHSC for the MHPV.

The TVC's VMHD comprises the JIV Program, Homeless Veteran Initiative, MVPN, Veteran Provider Program, Community & Faith-Based Program, and Veteran Suicide Prevention Program. TVC's VMHD works closely with federal, state, and local partners to address SMVF mental health needs including suicide prevention and intervention, veteran homelessness, MCC, justice involvement, military-related traumas, the needs of women and rural veterans, and peer services. The TVC VMHD is currently funding two Homeless Veteran Coordinators through a contract with the Texas Department of Housing and Community Affairs while all remaining programming for VMHD is funded through the contract with HHSC.

TVC, jointly with HHSC, is requesting that \$2,088,000 of the biennial appropriation for the MHPV be directly allocated to TVC towards the continued operation of the VMHD. This shift in funding will streamline processes, allow the functions of VMHD to be added to TVC's Strategic Planning and Legislative Appropriations Requests (LAR) in step with all other departments.

TVC included an exceptional item (EI) in its Fiscal Years 2024-2025 LAR reflecting this request. It includes authority for 10 FTEs added to TVCs FTE cap. The Statewide Behavioral Health Coordinating Council reviewed this EI. The following key performance measures are included in TVC's LAR: Technical assistance provided pertinent to veteran mental health needs; Trainings provided pertinent to veteran mental health needs.

Recommendation 2: During the 88th Legislative Session, the Legislature should consider granting HHSC and TVC the expressed authority to complete a formal evaluation of the MHPV and make recommendations for program enhancements in preparation for the 89th Legislative Session.

HHSC and TVC are exploring several ideas for improvements to the MHPV that may enhance administrative oversight of the program and increase awareness, availability, and access to mental health services and supports for SMVF. The agencies require time to further evaluate the implications of these ideas.

Conclusion

In fiscal year 2022, the MHPV accomplished its mission to increase SMVF access to mental health services and supports through interaction with trusted, trained peers and MCC LMHPs. The program effectively engaged SMVF to raise awareness of mental health service options and increase access to community-based mental health services. HHSC increased coordination with TVC to ensure that the program meets its goals of reducing barriers to accessing appropriate mental health services and increasing its capacity to serve SMVF in clinical and peer-to-peer capacities.

HHSC began coordinating with other state agencies that serve SMVF to determine other areas that are impacted by an individual's mental health. For example, mental health impacts not only an individual's homelife but their ability to secure and maintain gainful employment. Therefore, HHSC began monthly coordination meetings with TVC and TWC to discuss SMVF mental health issues and how to improve agency and service coordination to better serve SMVF. These meetings provide insights into the overall mental health needs of the SMVF population.

In fiscal year 2023, HHSC will continue to coordinate with TVC to ensure that the program meets its goals of reducing barriers to accessing appropriate mental health services and increases its capacity to serve SMVF.

List of Acronyms

Acronym	Full Name
HHSC	Health and Human Services Commission
JIV	Justice Involved Veteran
LBHA	Local Behavioral Health Authority
LMHP	Licensed Mental Health Professionals
LMHA	Local Mental Health Authority
MHFA	Mental Health First Aid
MHFA-V	Mental Health First Aid for Veterans
MHPV	Mental Health Program for Veterans
MCC	Military Cultural Competency
MVPN	Military Veteran Peer Network
OMHC	Office of Mental Health Coordination
PSC	Peer Service Coordinator
RVC	Rural Veteran Counselors
SMVF	Service Members, Veterans, and their Families
TAMHSC	Texas A&M Health Science Center
TVC	Texas Veteran Commission
TSPC	Teas Suicide Prevention Collaborative
TWC	Texas Workforce Commission
VA	United States Department of Veteran Affairs
VMHD	Veterans Mental Health Department
VSO	Veteran Service Organization
VTC	Veteran Treatment Court