

Report on the Mental Health Program for Veterans for Fiscal Year 2023

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

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Forward

Health and Human Services Commission

At the Texas Health and Human Services Commission (HHSC), “We serve Texas.” It continues to be an honor to serve alongside the Texas Veterans Commission (TVC) and other local, state, and federal veteran serving organizations to co-implement the Mental Health Program for Veterans. In fiscal year 2023, HHSC and TVC, served 63,374 service members, veterans, and their families. As the wife of a veteran, and the Deputy Executive Commissioner for Behavioral Health Services, I am honored to be able to provide access to behavioral health services to those who have fought for our country’s safety and freedoms, and those family members that support them.

We look forward to our continued partnership with TVC in continuing to increase access to behavioral health services for service members, veterans, and their families who receive care through the state-funded system.

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

Texas Veterans Commission

As part of our continued mission and responsibility to advocate for all Texas veterans, military families, and survivors, the Texas Veterans Commission (TVC) is committed to providing superior services to ensure access to competent and evidence-based mental health services. TVC is proud of the statewide impact of its Veterans Mental Health Department (VMHD) which includes the Veteran Suicide Prevention Program, Justice Involved Veteran Program, Homeless Veteran Program, Provider Training Program, Community & Faith-Based Partnerships, and the Military Veteran Peer Network.

A key component to the growth and success of VMHD over these past years is the close partnership with the Health and Human Services Commission's (HHSC) Office of Mental Health Coordination. Together, we participate in the Statewide Behavioral Health Coordinating Council, the Texas Coordinating Council for Veteran Services, provide joint testimony to the State Legislature, and cooperate in multiple legislatively mandated projects. TVC and HHSC stand together as a sterling example of the collaboration and resource sharing that is crucial to addressing the mental health needs of the growing veteran population across Texas.

We also recognize the importance of our coadministration of the Mental Health Program for Veterans, which provides all veteran stakeholders across Texas with access to trained and certified peer support, mentorship, and training in suicide prevention and military cultural competency—all at no cost. We commend the close partnership between the teams led by VMHD Director Dr. Blake Harris, and HHSC's Director of Veteran Services George McEntyre.

As we further strengthen the bond between TVC and HHSC, we welcome the opportunity to jointly evaluate the services provided by the Mental Health Program for Veterans to build on our successes and identify opportunities for growth and innovation to best meet the mental health needs of veteran families across Texas.

Thomas P. Palladino
Executive Director
Texas Veterans Commission

Executive Summary

The Report on the Mental Health Program for Veterans (MHPV) for Fiscal Year 2023 is submitted in compliance with Health and Safety Code (HSC) Section 1001.224. Pursuant to HSC Section 1001.222 and Government Code Sections 434.352 and 434.401, the Health and Human Services Commission (HHSC) and the Texas Veterans Commission (TVC) jointly administer the MHPV. This program provides peer counseling services, training, technical assistance and other mental health related services to staff, community partners, 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 by TVC in military informed care to provide mental health services to veterans. This program is implemented at six LMHAs with a total of eight RVCs. 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), peer volunteers, and providers.

In fiscal year 2023, the Military Veteran Peer Network (MVPN) provided 113,701 individual services to 63,374 SMVF across Texas. The MVPN also provided 3,458 peer support groups, 476 military cultural competency trainings, 236 suicide prevention trainings, and 17,562 services aimed at improving outcomes for justice-involved veterans (JIV).

In addition, the RVC program, through eight licensed clinicians, provided clinical services to 866 veterans, 352 military family members, and 20 active-duty military service members. These SMVF living in primarily rural areas were provided trauma-informed and evidence-based clinical mental health services including 1,091 individual therapy sessions, 33 family therapy sessions, 15 couples therapy sessions, and 72 group-based therapy sessions.

Introduction

For years, Texas had the second-largest veteran population in the United States, but as of 2023, Texas has the largest veteran population of any state, at over 1,543,160.¹ This new designation further highlights mental health services as a growing concern for veterans and their families in the state.

In addition to combat-related trauma,² such as post-traumatic stress disorder, certain populations of veterans and their families may experience additional risks for mental health conditions and barriers to accessing mental health care. For example:

- Sexual trauma experienced by individuals in the military can lead to depression and anxiety among veterans.
- Mental health provider shortages may mean veterans living in rural areas have less access to mental health services.
- Family members can be adversely impacted by a veteran's mental health.
- Homeless veterans with mental health issues may have difficulty accessing mental health services.

Through the MHPV, Texas is meeting some of the growing mental health care needs of SMVF.

¹Mike Warren, [Texas now has the highest veteran population in the country](#) (Fox 7 Austin August 2023)

² United States Government Accountability Office, [VA's response to veterans' increasing demand for mental health services](#) (May 2021)

Background

The 2022-23 General Appropriations Act, 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 co-administer the MHPV. Services and supports include:
 - ▶ Training and technical assistance to PSCs and peer volunteers;
 - ▶ Identification, training, and collaboration with community-based LMHPs and organizations such as faith-based groups;
 - ▶ Links to mental health services and supports for JIVs; and
 - ▶ Mental Health First Aid (MHFA) training delivered to veterans and immediate family members.
- Contracts with LMHAs and LBHAs to hire or contract for PSCs and RVCs.
- An interagency contract with TAMHSC to operate TexVet.

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

Table 1. Summary of Rider 51 Funds Distribution for Fiscal Year 2023

Organization	Services Provided	Amount
LMHAs/LBHAs	Personnel costs associated with PSCs and RVCs	\$3.55 million
Texas A&M University Health Science Center	To provide online information and resources through the TexVet program	\$225,000

Organization	Services Provided	Amount
Texas Veterans Commission	Co-administration cost associated with the MHPV. Certification, training and technical assistance to PSCs, peer volunteers, RVCs, JIV stakeholders, community, and faith-based partners, etc.	\$1.044 million
Total		\$5 million³

³ 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 administers two grant programs, the Texas Veterans + Family Alliance Grant program⁴ and the MHPV. These two programs provide mental health and peer specialist services for SMVF across the state.

HHSC staff review grantee performance and expenditure data and provide training and technical assistance to grantees as needed to ensure SMVF receive mental health services in accordance with statutory and contractual obligations. HHSC coordinates with TVC on a variety of projects to ensure consistent messaging is provided on mental health care services for SMVF. In addition, HHSC and TVC provide statewide support of suicide prevention efforts targeting SMVF to ensure implementation of approaches to suicide prevention 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 experience barriers to seeking services through traditional channels. In areas where there are not dedicated PSCs, individuals seeking these services are referred to PSCs in neighboring communities.

Additionally, six LMHAs⁵ hire or contract for RVCs who are LMHPs to provide individual, couples, and family therapy to SMVF in their catchment areas. The target population for this program are SMVF who desire 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

⁴ Ch. 531, Texas Government Code, Section 531.0992.

⁵ Andrews Center Behavioral Healthcare System, Betty Hardwick Center, Bluebonnet Trails Community Services, Burke Center, Heart of Texas Behavioral Health Network, and Tropical Texas Behavioral Health.

facilities, local workforce shortages of mental health professionals, 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 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 focused. The remaining listed resources on TexVet 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 a resource directory in support of TVC’s online platform for PSCs, peer volunteers and providers. TexVet developed an original digital reporting tool for use by the PSCs and their volunteer peers to report real-time interactions and deliverables from the field. Historically this information has been made available to TVC to streamline the reporting process for PSCs and allows TVC more opportunity to provide targeted technical assistance to PSCs.

During fiscal year 2023, HHSC coordinated with TAMHSC to begin transitioning MHPV performance reporting responsibilities to TVC. TVC developed a data collection system for performance data and successfully coordinated with TAMHSC to shift historical data to the new system. Starting in fiscal year 2024, TVC will assume the program performance tracking responsibility for the MHPV program from TAMHSC.

Table 2 shows the TexVet performance for fiscal year 2023.

Table 2. Fiscal Year 2023 TexVet Website Activity

Activity	Number
Visitors to TexVet	448,045
Average daily visitors	1,228

Activity	Number
Outbound clicks from TexVet to listed provider links⁶	172,684
Vetted resource directory listings	1,462
TexVet page views	895,970
Total Activity	1,519,389

Texas Veterans Commission

TVC operates the MHPV in addition to a variety of programs that support the program, such as the JIV Program, Homeless Veteran Program, Veteran Suicide Prevention Program, MVPN, Provider Training Program, and Community & Faith-Based Partnerships. 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. Tables 3 - 6 provides information on technical assistance and trainings conducted by VMHD. VMHD engagement with community and faith-based organizations in fiscal year 2023, is shown in Table 7.

TVC launched www.veteransmentalhealth.texas.gov to support the efforts of its six programs. This site includes a platform that allows the PSCs to communicate directly with their local community of veteran peer volunteers and local providers, see Table 8.

⁶ An outbound click occurs when a visitor to your website clicks a link that takes them to another website.

Table 3. Trainings Provided by the VMHD in Fiscal Year 2023

Training	Trainings Provided	Number Trained
Military Cultural Competency (MCC)	108	3,975
Suicide Prevention	25	653
Mental Health First Aid	3	47
Total	136	4,675

Table 4. Peer Service Coordinators and Peer Volunteers Trained by the VMHD in MCC during Fiscal Year 2023.

Staff	Training	Number Trained
Peer Service Coordinators and Trusted Peer Volunteers	MCC Train-the-Trainer	75
Peer Volunteers	MCC	2,915
Total Trained		2,990

Table 5. VMHD’s Trainings Provided to JIV Stakeholders in Fiscal Year 2023

Training Type	Trainings	Number Trained
Texas Commission on Law Enforcement-Accredited Trainings	4	189
Other Trainings Tailored to Justice-Involved Veterans Stakeholders	27	1,704
Total Trained	31	1,893

Table 6. VMHD’s Technical Assistance Provided to JIV Stakeholders in Fiscal Year 2023

Stakeholders	Occurrence
Law Enforcement	109
Veteran Treatment Courts (VTC)	107
Jails/Prisons	29
Total Occurrences	245

Table 7. VMHD Engagement with Community and Faith-Based Organizations in Fiscal Year 2023

Organization	Activity	Occurrences
Community Partners	Connections to SMVF	2,646
Community and faith-based organizations	Training on how to better serve SMVF	17
Community and faith-based organizations	Technical assistance	372
Community Partnerships and local stakeholders	Interagency collaborations, initiatives, & coalitions	1,452
Total Occurrences		4,487

Table 8. Registered Peer Volunteers and Providers on the VMHD Platform

Registrant Type	Number Registered
Peer Volunteer	5,541
Local Providers	401
Total Registered	5,942

Mental Health Program for Veterans: Program Design

Peer Service Coordinators

TVC is responsible for certifying PSCs who have lived experience as members of the SMVF community and are 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 individually tailored intervention plans, and guide access to local resources and support through warm handoffs.
- Clinical mental health services through partnerships with RVCs, the local VA, and other community mental health professionals.
- Trainings at their local communities on MCC and coordinate with MHFA trainers for the delivery of MHFA to educate SMVF and the community on mental health conditions and their symptoms with veteran-specific information.
- Services to JIV at each juncture of the sequential intercept model through collaboration with law enforcement, veterans' treatment courts, community supervision, and the Texas Department of Criminal Justice.
- Administer the suicide risk screening (e.g., Columbia Suicide Severity Rating Scale (C-SSRS)⁷ 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.
- Developing and managing their local cadre of MVPN peer volunteers who can assist in the provision of peer support, veteran resource building, and SMVF outreach events.

⁷ 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/>.

MVPN Peer Volunteers

Peer volunteers are not certified by TVC as PSCs, they work under the leadership and guidance of the certified PSC responsible for covering their local community. Currently there are 5,541 peer volunteers and 401 community providers registered with TVC.

Peer volunteers 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 vetted community providers.
- Facilitate peer support groups, participate in community events, and help veterans and their families navigate local systems of care.

In fiscal year 2023, the MVPN provided 113,701 individual services to 63,374 SMVF. The MVPN also provided 3,458 peer support groups, 476 MCC trainings, 236 suicide prevention trainings, and 17,562 services aimed at improving outcomes for JIV. SMVF served also disclosed some form of suicidal ideation on 887 occasions.

Rural Veteran Counselors

RVCs are licensed mental health professionals certified by TVC in military-informed care and are qualified to provide at least one clinical modality recommended by the VA for the treatment of military-related traumas (e.g., Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, Prolonged Exposure). Clinical services provided by the RVCs are intended for those who may not be able to access the VA or other providers due to factors including distance/mobility, service status, workforce shortage, and others.

RVCs deliver a range of therapeutic services to SMVF, available in individual, couples, family, and group therapy formats, both in-person and remotely, to accommodate the unique needs of SMVF being served. Additionally, RVCs maintain a close partnership with their respective PSCs, facilitating seamless referrals and ensuring SMVF receive comprehensive, wrap-around care. RVC performance is shown in Table 9, below.

Table 9. SMVF Served by Rural Veteran Counselors

Individuals	Clinical Services Provided
Service Members	20
Veterans	866
Family Members	352
Total Services	1,238

Mental Health Program for Veterans: Outreach to Special Populations

Women Veterans

Women comprise a growing minority of veterans as more are entering the military, serving their country, and being honorably discharged. Texas is home to the largest number of women veterans in the nation with over 190,000 women veterans⁸. The VA now considers women to be the fastest growing group of veterans, but their needs are not discussed as often. Issues facing women veterans include⁹:

- Sexual assault during active duty
- Bias against mothers
- Homelessness; and,
- Suicide.

Sexual Assault During Active Duty

While the Department of Defense acknowledges that sexual assault exists in the military and is committed to zero tolerance, it continues to be an underreported crime. About two-thirds of female service members do not report their sexual assault. Some of the reasons that women elect not to disclose include wanting to forget about it and move on, not wanting people to know about it, and shame or embarrassment.⁹

Bias Against Mothers⁹

The military offers many opportunities for women such as good pay, excellent benefits, and career advancement. At the same time, there are significant challenges. Women who have served in the military face the same difficulties that confront many of today's working mothers—the balance between work and family which may be even more difficult to navigate when they return to civilian life.

⁸ Texas Veterans Commission, [Women Veterans Day](#) (June 2023)

⁹ [Valerie L. Dripchack PhD, LCSW Social Work Today Vol. 18, Issues Facing Today's Female Veterans—“Feeling Invisible and Disconnected”](#)

Homeless Female Veterans

The VA estimates that female veterans are at least twice as likely to be homeless as non-veteran women. At the same time, other data sources suggest the figure is higher.⁹

Suicide

According to figures released by the VA in 2017, the suicide rate among women who have served in the U.S. military is more than twice as high as that of adult civilian women. The report also indicates the recent suicide rate among female veterans increased to a greater degree than the suicide rate among male veterans.¹⁰

To address these issues, the MVPN currently has 11 women veterans serving as PSCs. Women veterans also serve as peer volunteers 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. TVC provides PSCs and peer volunteers with training opportunities on how to incorporate the unique needs of women veterans into peer support and intervention services. These efforts are supported by a partnership between the MVPN and TVC's Women Veterans Program.

Rural Veterans

Almost a quarter of all veterans¹¹ in the U.S., 4.4 million, return from active military careers to reside in rural communities. These veterans may experience rural health care challenges that are intensified by combat-related injuries and illnesses. In rural areas, basic levels of health care or preventative care may not be available to support residents' long-term health and well-being.

Texas is made up of 254 counties, of which roughly 70% are considered rural based on varied indexes due to distance from and variance in community resources. Access to services for rural SMVF is not the same across the state. 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

¹⁰ [Valerie L. Dripchack PhD, LCSW Social Work Today Vol. 18, Issues Facing Today's Female Veterans—"Feeling Invisible and Disconnected"](#)

¹¹ VA Office of Rural Health, [Rural Veterans](#)

certification-related oversight for the RVCs who are responsible for ensuring SMVF in rural areas receive trauma-informed mental health counseling services. In fiscal year 2023, Texas surpassed California as the state with the highest number of veteran residents, with no sign of slowing down as more people move to Texas.¹² This forecast signals the mounting need for continued focus on making mental health services accessible in all of 254 counties of Texas.

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 fiscal year 2023, PSCs and peer volunteers provided services to 17,562 JIV.

In 2022, the Justice Department reported approximately eight percent of all U.S. inmates, or about 181,500, were military veterans¹³. To address the needs of JIVs, PSCs and peer volunteers support 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. TVC provides self-addressed and pre-paid "jail cards" for incarcerated veterans to correspond and arrange services through TVC upon their release. TVC provided 2,238 jail cards to incarcerated veterans distributed by sheriff's departments across the state's 254 counties. Examples of training, technical assistance, and collaboration by TVC's JIVs program include the following:

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

¹²Mike Warren, [Texas now has the highest veteran population in the country](#) (Fox 7 Austin August 2023)

¹³ [From Service through Reentry A Preliminary Assessment of Veterans in the Criminal Justice System](#)

Mental Health Program for Veterans: Demographic Data and Service Delivery Performance Indicators

In fiscal year 2023, the MVPN provided 113,701 individual services to 63,374 SMVF. Of the number of SMVF served, 17,277 were women and 46,097 were men. Table 10 below reflects the number of service members, veterans, and family members served by category. In addition, Table 11 below reflects the SMVF served by pre and post 9/11 eras.¹⁴

Table 10. Individual Service Recipients by Service Members, Veterans, and Family Member Categories

SMVF Type	Numbers Served
Service Members	1,205
Veterans	52,174
Family Members	9,995
Total Served	63,374

¹⁴ Post 9/11 veterans are about twice as likely as their pre-9/11 counterparts to have served in a combat zone. Because they are more likely to have been deployed and to have seen combat, post-9/11 veterans are also more likely to bear the scars of battle, whether physical or not.

Table 11. Individual Service Recipients by Pre and Post 9/11 Era

Era	Numbers Served
Pre 9/11	37,781
Post 9/11	25,142
Did Not Disclose	451
Total Served	63,374

The Service Delivery Performance Indicators measure PSC and peer volunteers' successes at fulfilling their service responsibilities to SMVF (see Table 12). Below are explanations of the fiscal year 2023 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 services.

Table 12. Service Delivery Performance Indicators

Service Delivery Performance Indicators	Performance
SMVF Peer Support Groups	3,458
Attended SMVF Peer Support Groups	40,946
One-on-1 Peer Support	51,490
Veteran Service Organization/Community Organization Referrals	34,568
Clinical mental health counseling Referrals	10,117
Total	140,579

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 2023 (see Table 13).

MCC: The number of MCC trainings.

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

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

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

Table 13. Training Performance Indicators of Peer Service Coordinators

Types of Trainings	Number of Services Provided
Military Cultural Competency Trainings Conducted	476
Individuals Trained in Military Cultural Competency	2,915
Suicide Prevention Trainings	236
Individuals Trained in Suicide Prevention	2,163
Total	5,790

As required by HSC, Section 1001.222, the MHPV must include MHFA training to SMVF. PSCs, peer volunteers, and members of the community take MHFA training and, if eligible, undergo additional training to be able to administer the MHFA veteran’s module. The MHPV conducted 165 Mental Health First Aid trainings, (see Table 14).

Table 14. Service Members, Veterans, and their Families Receiving Mental Health First Aid Training

Mental Health First Aid Training	Performance
Service Members	2
Veterans	60
Family Members	4,658
Total SMVF Trained	4,720

Justice-Involved Veterans Performance Indicators

The TVC JIV 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 2023 (see Table 15).

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 support and reducing the likelihood of recidivism.

Table 15. Justice-Involved Veterans Performance Indicators

Types of Interactions for JIV	Number of Sessions Provided
Interactions with Law Enforcement	304
Interactions with Veteran Treatment Courts	11,887
Interactions with County Jails	2,969
Interactions with State Jails, State Prisons, and Federal Penitentiary	1,175

Types of Interactions for JIV	Number of Sessions Provided
Interactions with Community Supervision Offices	1,109
Additional Interactions with JIV Stakeholders	118
Total Justice-Involved Veterans Services	17,562

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 2023 (see Table 16).

Individual Therapy Sessions: The number of one-on-one therapy sessions.

Group Therapy Sessions: The number of group therapy sessions

Family Therapy Sessions: The number of family therapy sessions.

Couples Therapy Sessions: The number of couples therapy sessions.

Referrals to PSC: The number of referrals to PSCs.

Table 16. Rural Veteran Counselor Performance Indicators by Type of Service

Mental Health Services	Number of Sessions Provided to SMVF
Individual Therapy Session	1,091
Group Therapy Sessions	72
Family Therapy Sessions	33
Couples Therapy Sessions	15
Referrals to PSCs	52
Total	1,263

Mental Health Program for Veterans: Collaborations

Texas Suicide Prevention Collaborative

The Texas Suicide Prevention Collaborative (TSPC) is a statewide coalition that supports local communities, government agencies, and other stakeholders in the mission to reduce suicides in Texas. HHSC and TVC are participating members of TSPC. TSPC utilizes clinical research, videos, and public service announcements, as well as a multitude of trainings to enhance awareness about suicide prevention, intervention, and postvention. Specifically, TSPC developed trainings, such as Ask About Suicide to Save a Life, have been delivered to SMVF-related audiences and stakeholders to provide an overview of the basic epidemiology of suicide and suicide behavior and how to counsel SMVF at risk for suicide. Through the MHPV, these trainings are administered to PSCs, who learn to administer the trainings themselves, making this vital information about suicide available to front-facing clinicians and caregivers within the LMHA system. TSPC supports the SMVF community and the MHPV program through consultation and collaboration in the delivery of training and technical assistance and developing legislative reports and other educational materials.

Statewide Behavioral Health Coordinating Council

The Statewide Behavioral Health Coordinating Council (SBHCC) was established to ensure a strategic statewide approach to behavioral health services. House Bill 1, 84th Legislature, Regular Session, 2015, (Article IX, Section 10.04) established the SBHCC to coordinate behavioral health services across state agencies, institutions of higher education, and the judiciary. Core duties of the SBHCC include:

- Developing and monitoring the implementation of a five-year statewide behavioral health strategic plan;
- Developing an annual coordinated statewide behavioral health expenditure report; and

- Annually publishing an updated inventory of behavioral health programs and services that are funded by the state.

The SBHCC, through its suicide prevention subcommittee, develops research-based recommendations that have informed statewide policy aimed at reducing suicide among high-risk populations including veterans.

Texas Coordinating Council for Veteran Services

The Texas Coordinating Council for Veterans Services (TCCVS) was created by the 82nd Legislature (2011) by Senate Bill 1796¹⁵ and is stewarded by TVC. TCCVS exists to accomplish three tasks:

- Coordinate the activities of state agencies assisting SMVF;
- Coordinate outreach efforts ensuring SMVF are made aware of services; and
- Facilitate collaborative relationships among state, federal, local agencies and private organizations to identify and address issues affecting SMVF.

TCCVS was originally comprised of five state agencies but over the past decade has grown to include 22 state agencies with roles in impacting the lives of Texas veterans. These state agencies are joined by community partners as they focus on nine workgroup areas including: mental health; criminal justice; housing; women veterans; health; higher education; employment; transportation; and pro bono legal services.

¹⁵ Ch. 42, Texas Government Code, Section 434.151, Subchapter D

Program Recommendations

In fiscal year 2023, the MHPV was successful in closing gaps in awareness of, availability of, and access to mental health services and supports for SMVF. As more veterans and their families relocate to Texas, the need to accurately count this population and the state services they access is critical. Without this information, the ability to determine the need for services in a particular part of the state and to determine any unmet needs is difficult.

There is still a need for more PSCs and volunteer peers to serve SMVF, especially those residing in rural areas. The funding allocated to LMHAs and LBHAs to employ PSCs covers at minimum one (1), and in some instances, 1.5 full-time equivalents. Since inception, HHSC has been appropriated \$5 million per fiscal year of the biennium to jointly administer the MHPV with TVC. These appropriated funds have not increased from the original amount to keep pace with the growing population of veterans and their families. As such, MHPV funding is not available to accommodate expansions to PSCs available at all 39 LMHAs and LBHAs, or the RVC initiative.

HHSC and TVC made recommendations to the Legislature in fiscal year 2022 for improving the operations of the MHPV and this report updates on implementation of these recommendations and outlines new recommendations based on work completed in fiscal year 2023.

Fiscal Year 2022 Recommendations and Implementation Updates

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

Update: The 2024-25 General Appropriates Act, House Bill 1, 88th Legislature, Regular Session, 2023, Article II [HHSC] Rider 33, reflects the requested decrease of \$2,088,000 from HHSC's appropriation. The \$2,088,000 was directly appropriated to TVC for their administrative responsibilities for operating the MHPV.

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.

Update: House Bill 4972 (88-R) was introduced requiring TVC and HHSC to conduct a study to evaluate strategies to improve and expand mental health services provided through the MVPN. The study would have included recommendations to expand the number of certified PSCs who provide mental health services to SMVF, with a focus on PSCs in rural communities. This bill was passed out of the House Defense and Veterans Affairs Committee and referred to the Senate Veteran Affairs Committee. The bill failed to pass the Senate Veteran Affairs Committee by the deadline.

Fiscal Year 2023 Recommendations

Recommendation 1: Mandate the collection of veteran information by all state agencies and entities funded in whole or in part by state funds.

Currently, there is no systematic way of collecting and reporting data on all state funded services utilized by SMVF. This information is crucial to determine the number of SMVF receiving state-funded services; the types of services being utilized; areas of the state where services are being accessed; and what services and supports are most heavily needed. This information is critical to informing service gaps, provider network adequacy, training needs in military trauma informed care and MCC, and more.

Recommendation 2: Increase funding for the MHPV commensurate with the increased SMVF population in the state.

HHSC receives roughly \$7.9 million per biennium to jointly administer the MHPV with TVC. Appropriated funds have remained the same since the program's inception in 2016. In 2016, the Texas Department of Housing and Community Affairs estimated that Texas adds roughly 35,000 veterans to the state each year. This is a net increase as it takes into consideration the annual death of Texas veteran. The yearly increase in veterans is reflected in Texas having the largest veteran population of any state in 2023, with over 1.5 million. This figure does not include the number of family members associated with these veterans. In addition, administrative costs for HHSC and TVC have increased since the program began. To keep pace with the growing population of SMVF and their mental health care needs, an increase in appropriation is needed.

Conclusion

In fiscal year 2023, the MHPV accomplished its mission to increase SMVF access to mental health services and supports through interaction with trusted, trained PSCs, peer volunteers, and RVCs. The program engaged SMVF to raise awareness of mental health service options and increase access to community-based mental health services. HHSC and TVC increased coordination with other state agencies and service providers to ensure reduced barriers for SMVF accessing mental health services and supports.

Monthly, HHSC and TVC meet with the Texas Workforce Commission to discuss SMVF mental health issues and how to improve agency and service. These meetings have expanded to include other state agencies and VSOs. These meetings provide insights into the overall mental health needs of the SMVF population, service gaps, and how to improve these gaps in services.

In fiscal year 2024, HHSC and TVC look forward to the following enhancements and evaluation projects to improve the MHPV:

- Digital Reporting Tool: TVC will assume the program performance tracking responsibility for the MHPV program from TAMHSC. During fiscal year 2023, HHSC coordinated with TAMHSC to begin transitioning MHPV performance reporting responsibilities to TVC. TVC developed a data collection system and successfully coordinated with TAMHSC to shift historical data to the new system.
- Evaluation of the MHPV: HHSC and TVC are exploring several ideas for improvements to the MHPV that will enhance administrative oversight of the program and increase awareness, availability, and access to mental health services and supports for SMVF. This evaluation will also address expanding services to meet the current and future needs of the SMVF population.

List of Acronyms

Acronym	Full Name
HHSC	Health and Human Services Commission
HSC	Health and Safety Code
JIV	Justice Involved Veteran
LBHA	Local Behavioral Health Authority
LMHP	Licensed Mental Health Professionals
LMHA	Local Mental Health Authority
MHFA	Mental Health First Aid
MHPV	Mental Health Program for Veterans
MCC	Military Cultural Competency
MVPN	Military Veteran Peer Network
PSC	Peer Service Coordinator
RVC	Rural Veteran Counselors
SBHCC	Statewide Behavioral Health Coordinating Council
SMVF	Service Members, Veterans, and their Families
TAMHSC	Texas A&M Health Science Center
TCCVS	Texas Coordinating Council for Veterans Services
TPI	Training Performance Indicators
TVC	Texas Veteran Commission
TSPC	Texas Suicide Prevention Collaborative
VA	United States Department of Veteran Affairs
VMHD	Veterans Mental Health Department
VMHS	Veterans Mental Health Services
VSO	Veteran Service Organization

Appendix A. 88th Legislative Session Recap of Key Enrolled Veterans Mental Health Legislation

S.B. 63: Relating to an instruction guide for family members and caregivers of veterans who have mental health disorders.

S.B. 63 amends Government Code, Chapter 531, Subchapter B, to require HHSC and TVC to jointly produce and make publicly available an instructional guide for family members and caregivers of veterans who have mental health disorders. HHSC and TVC are currently developing the instructional guide and will publish it on both agencies' websites.

H.B. 1457: Relating to required military informed care or military cultural competency training for certain personnel of entities that provide mental health services to veterans or veterans' families before award of a state agency grant.

H.B. 1457 amends Government Code, Section 434.352 by adding eligibility criteria that must be met for a state agency to award a grant to an entity for the provision of mental health services to veterans or veterans' families. HHSC and TVC jointly developed and administered a letter notifying each state agency of these requirements and will be tracking information pursuant to this legislation.