

Report on the Mental Health Program for Veterans for Fiscal Year 2024

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

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

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Forward

Health and Human Services Commission

The Texas Health and Human Services Commission (HHSC), in partnership with the Texas Veterans Commission (TVC), and other veteran-serving organizations continue to collaborate to ensure that service members, veterans, and their family members (SMVF) have access to behavioral health services that aid them through life transitions and their recovery journey.

This year, HHSC and TVC, through joint implementation of the Mental Health Program for Veterans, served 52,755 SMVF. Examples of services accessed included peer-to-peer supports, behavioral health counseling, and jail diversion interventions. As a mother of a son who is a member of the armed forces, I am inspired by the work of organizations who are dedicated to serving those who have sacrificed a great deal for our freedoms.

I look forward to a continued partnership with TVC to increase veterans' access to behavioral health supports.

Trina K. Ita
Deputy Executive Commissioner
Behavioral Health Services Department
Health and Human Services Commission

Texas Veterans Commission

The Texas Veterans Commission (TVC) is wholeheartedly dedicated to uplifting Texas veterans, military families, and survivors by ensuring they have exceptional access to evidence-based mental health services. Our Veterans Mental Health Department (VMHD) is a key contributor in this effort through the Veteran Suicide Prevention Program and the Military Veteran Peer Network, making a significant difference in the lives of many.

Our success within VMHD has been fueled in large part by a robust partnership with the Health and Human Services Commission's (HHSC) Office of Mental Health Coordination. Together, we actively engage in the Statewide Behavioral Health Coordinating Council and the Texas Coordinating Council for Veteran Services, fostering collaboration and resource-sharing that empower us to address the mental health needs of veterans across Texas.

We also share great pride in our coadministration of the Mental Health Program for Veterans (MHPV), under the close stewardship of TVC's VMHD Director Dr. Blake Harris, and HHSC's Director of Veteran Mental Health Services George McEntyre. The partnership between their teams exemplifies the true spirit of statewide cooperation that drives our shared mission forward. As we look to the upcoming legislative session, we are filled with hope and enthusiasm for the chance to further align and streamline our shared programmatic efforts within the MHPV.

Through recommendations to consolidate efforts we look to enhance the quality and accessibility of services to veteran families, while reducing redundancies, and eliminating barriers. Together, we stand committed to delivering the comprehensive care that every veteran family deserves, and we believe in a brighter future for all those we serve.

Thomas P. Palladino
Executive Director
Texas Veterans Commission

Executive Summary

The Report on the Mental Health Program for Veterans (MHPV) for Fiscal Year 2024 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 MHPV is jointly administered by the Health and Human Services Commission (HHSC) and the Texas Veterans Commission (TVC). Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs) operate the program through contracts with HHSC.

This program supports Peer Service Coordinators (PSCs), and peer volunteers, who make up the Military Veteran Peer Network (MVPN)¹. In addition, the program provides support for Rural Veterans Counselors (RVC) who provide clinical services in select rural counties.

MVPN staff are employed by LMHAs and LBHAs across Texas to create a statewide peer-to-peer network for any SMVF seeking mental health services. Through training, technical assistance, and certification of MVPN staff, HHSC, and TVC created a statewide network of military trauma-affected veteran peer support.

The MVPN provides services including direct peer-to-peer support, training on suicide prevention and military cultural competency (MCC), coordination of mental health first aid (MHFA), and warm-handoffs to local resources based on the individual needs of the SMVF.

In fiscal year 2024, the MVPN provided 191,112 services to 52,755 SMVF. SMVF also disclosed some form of suicidal ideation on 569 occasions who were then linked to appropriate services.

The RVC program, through eight licensed clinicians, provides clinical services to SMVF living in primarily rural areas. Clinical services include trauma-informed and evidence-based clinical mental health services such as individual therapy sessions, family therapy sessions, couples therapy sessions, and group-based therapy sessions. In addition, the RVC program provided clinical services to 866 veterans, 352 military family members, and 20 active-duty military service members.

¹ Peer Service Coordinators and peer volunteers, will collectively be referred to as Military Veteran Peer Network (MVPN)

HHSC also contracts with Texas A&M University Health Science Center (TAMHSC) to operate the TexVet.org website. TexVet.org serves as the resource directory in support of the MVPN, RVCs, and providers.

Introduction

Meeting the mental health needs of SMVF is essential for supporting their overall well-being. Texas continues to have the largest veteran population of any state, at over 1,543,160², and national statistics for veteran mental health are concerning³:

- Fewer than half of veterans returning from active duty who are in need of mental health treatment receive it;
- Over 40% of all veterans struggle with mental health or substance use;
- About 10% of veterans in the United States report elevated levels of anxiety;
- 1.7 million veterans received treatment in a Department of Veterans Affairs (VA) mental health specialty program;
- Almost 30% of veterans report a diagnosis of at least one mental health disorder following their return to civilian life; and
- Over 20% of veterans return home from military service with traumatic brain injury and post-traumatic stress disorder (PTSD).

In addition to combat-related trauma⁴ such as PTSD, 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 persons 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; and
- Homeless veterans with mental health issues may have difficulty accessing mental health services.

Senate Bill 63, 88th Legislature, Regular Session, 2023 directed HHSC and TVC to jointly produce and make publicly available an instructional guide that includes general education about different mental health disorders, techniques for handling crisis situations and administering Mental Health First Aid, techniques for coping

²Mike Warren, [Texas now has the highest veteran population in the country](#) (Fox 7 Austin August 2023)

³ <https://www.thezebra.com/resources/research/mental-health-statistics/#:~:text=Veteran%20mental%20health%20statistics&text=Over%2040%25%20of%20all%20veterans,affairs%20mental%20health%20specialty%20program>

⁴ United States Government Accountability Office, [VA's response to veterans' increasing demand for mental health services](#) (May 2021)

with stress of living with a person with a mental health disorder, and information about related services available for family members and caregivers of veterans who have mental health disorders.

Although the legislation uses “family members and caregivers of veterans” to describe the intended audience, the guide includes information beneficial to veterans, active duty and reserve service members, and military forces organized under the Texas Military Department (TMD). Meeting the mental health needs of veterans will take adaptive and innovative programming that is individualized and informed by the unique experiences of this population.

Background

The 2024-25 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023, Rider 46, appropriated \$3,956,000 per fiscal year of the biennium to HHSC to administer the MHPV. This amount reflects a decrease of \$1,044,000, per fiscal year from prior biennia, which was directly appropriated to TVC for their administrative responsibilities operating the MHPV. HHSC implements the MHPV through the following:

- An interagency Memorandum of Understanding 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 Licensed Mental Health Professionals (LMHPs) and organizations such as faith-based groups;
 - Links to mental health services and supports for Justice-Involved Veterans (JIVs); and
 - 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.org.

Table 1 below shows the funding contracted to the above organizations to implement the MHPV.

Table 1. Summary of MHPV Funds Distribution for Fiscal Year 2024.

Organization	Services Provided	Amount
LMHAs and LBHAs	Personnel costs associated with PSCs and RVCs	\$3,550,000
Texas A&M University Health Science Center	To provide online information and resources through the TexVet.org program	\$225,000

Organization	Services Provided	Amount
HHSC	Administrative costs	\$181,000
(Rider 46) Total		\$3,956,000
TVC (Direct Appropriation)	Administrative costs	\$1,044,000
MHPV Fiscal Year Total		\$5,000,000

Administration

Health and Human Services Commission

HHSC and TVC jointly administer the MHPV. This program supports the statewide implementation of the MVPN, and RVCs providing clinical services in select rural counties. Both agencies provide program oversight and technical assistance to the LMHAs and LBHAs operating the program.

Local Mental Health and Local Behavioral Health Authorities

HHSC contracts with 37 LMHAs and LBHAs to hire or sub-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 no dedicated MVPN staff, people seeking these services are referred to staff in neighboring communities.

Additionally, six LMHAs⁵ hire or sub-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 to, or do not use services provided through the VA due to ineligibility to receive VA care, distance from VA 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 Veterans Commission

TVC, through its Veterans Mental Health Department (VMHD), operates the MHPV in addition to a variety of other mental health programs that support people served through the MHPV, such as the JIV Program, Homeless Veteran Program, Veteran Suicide Prevention Program, the Provider Training Program, and Community and

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.

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

In fiscal year 2024, TVC took over the program performance tracking responsibility for the MHPV program from TAMHSC. TVC developed a new data collection system that allows contractors to submit data via an online portal. Performance and demographic data are aggregated each quarter to provide a statewide view of services being provided.

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

Tables 2 through 6 below provide information on technical assistance, trainings conducted, site usage by the TVC, and registered veteran peer volunteers.

Table 2. Trainings Provided by the TVC VMHD in Fiscal Year 2024

Training	Trainings Provided	Number Trained
MCC	135	3,479
Suicide Prevention	35	855
Total	170	4,334

Table 3. PSCs and Peer Volunteers Trained by the TVC VMHD in MCC during Fiscal Year 2024.

Staff	Training	Number Trained
PSCs	MCC Train-the-Trainer	18

Staff	Training	Number Trained
Peer Volunteers	MCC	38
Total Trained		56

Table 4. TVC VMHD’s Trainings Provided to JIV Stakeholders in Fiscal Year 2024

Training Type	Trainings	Number Trained
Texas Commission on Law Enforcement-Accredited Trainings	3	195
Other Trainings Tailored to JIV Stakeholders	17	814
Totals	20	1,009

Table 5. TVC VMHD’s Technical Assistance Provided to JIV Stakeholders in Fiscal Year 2024

Stakeholders	Occurrences
Law Enforcement	61
Veteran Treatment Courts (VTC)	155

Stakeholders	Occurrences
Jails and Prisons	25
Total Occurrences	241

Table 6. TVC VMHD Engagement with Community and Faith-Based Organizations in Fiscal Year 2024

Organization	Activity	Occurrences
Community Partners	Connections to SMVF	1,267
Community and faith-based organizations	Training on how to better serve SMVF	1,086
Community and faith-based organizations	Technical assistance	611
Community Partnerships and local stakeholders	Interagency collaborations, initiatives, & coalitions	1,293
Total Occurrences		4,257

Texas A&M University Health Science Center

TAMHSC supports the MHPV by operating the TexVet.org website. TexVet.org provides online, publicly accessible resources for SMVF and MHPV staff. Mental health is a primary focus for TexVet.org, with over one-third of its listed resources focused on mental health. The remaining listed resources on TexVet.org address physical health and social connectedness which also impact mental health. TexVet.org also includes information accessible through the Veterans Portal at Texas.gov, and 2- 1-1 Texas. Table 8 below shows the TexVet.org performance activities for fiscal year 2024.

Table 8. Fiscal Year 2024 TexVet.org Website Activity

Activity	Count
Total Visitors to TexVet.org	404,412
Average daily visitors	1,228
Outbound clicks from TexVet.org⁶	225,233
Vetted resource directory listings	1,483
TexVet.org page views	795,517
Total Activity	1,427,873

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

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 people 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 in their local communities on MCC and coordinating 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 (TDCJ);
- Administer the suicide risk screening (e.g., Columbia Suicide Severity Rating Scale⁷ and suicide prevention treatment. PSCs also provide SMVF community stakeholders with suicide prevention training such as Ask About Suicide to Save a Life and Applied Suicide Intervention Skills Training; and
- Developing and managing their local team of MVPN peer volunteers who can assist in providing peer support, veteran resource building, and SMVF outreach events.

MVPN Peer Volunteers

Peer volunteers are not certified by TVC as PSCs, and they work under the leadership and guidance of the certified PSC responsible for covering their local community. As of September 2024, there were 5,900 registered peer volunteers and 428 local community providers registered on TVC's VMHD Platform.

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/>.

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

Rural Veteran Counselors

RVCs are LMHPs 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.

Outreach to Special Populations

Women Veterans

Women comprise a growing percentage 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 veterans.⁸ According to data released by the VA in November 2023, the suicide rate among women veterans increased 24% between 2020 and 2021—nearly four times higher than the 6% increase among male veterans and vastly higher than the 3% increase among non-veteran women.⁹ The VA now considers women to be the fastest-growing group of veterans, but too often their unique needs are not discussed. Issues facing women veterans may include:¹⁰

- 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. Veterans of all gender identities, racial and ethnic backgrounds, sexual orientations, ages, branches, and eras of service have experienced military sexual trauma (MST). Unfortunately, experiences of MST are most common among women veterans. About one in three women veterans tell their VA health care provider they experienced sexual harassment or assault while in the military.¹¹ Some of the reasons that women elect not to disclose this information include wanting to forget about it and move on; not wanting people to know about it; and shame or embarrassment.⁹ Among women veterans who use VA care, around one in three report experiencing MST, which refers to a spectrum of sexual harassment,

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

⁹ <https://www.dav.org/learn-more/news/2024/new-dav-report-examines-mental-health-among-women-veterans/>

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

¹¹ <https://www.womenshealth.va.gov/topics/military-sexual-trauma.asp>

assault, or both. Veterans with a history of MST experience a higher prevalence of substance use and are at increased risk for suicidal thoughts and behaviors.¹²

Homelessness

Although it is true that from 2020 to 2023, total homelessness among veterans decreased by over 4.5% (i.e., 37,252 to 35,574), homelessness among women veterans increased by over 21% (i.e., 3,126 to 3,980). In that same period, according to data from the U.S. Department of Housing and Urban Development, the number of unsheltered women veterans—those living on the streets, in a car, or in another unsafe situation increased by nearly 48% (i.e., 1,464 to 2,165).¹³ The VA estimates that women 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 even higher.

Suicide

According to data released by the VA in November 2023, the suicide rate among women veterans jumped 24.1% between 2020 and 2021—nearly four times higher than the 6.3% increase among male veterans and vastly higher than the 2.6% increase among nonveteran women¹⁴.

To support the unique needs of women veterans, the MVPN currently has 11 women veterans serving as PSCs. Women veterans also serve as peer volunteers who foster support for fellow 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 veterans¹⁵ in the U.S. (i.e., 4.4 million) return from active military careers to reside in rural communities. Rural veterans have lower average

¹² <https://www.dav.org/learn-more/news/2024/new-dav-report-examines-mental-health-among-women-veterans/>

¹³ <https://www.huduser.gov/portal/datasets/ahar/2023-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>

¹⁴ <https://www.dav.org/learn-more/news/2024/new-dav-report-examines-mental-health-among-women-veterans/>

¹⁵ VA Office of Rural Health, [Rural Veterans](#)

household incomes than other veterans (52% have annual incomes of less than \$35,000). These veterans may experience rural healthcare 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 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 continue to move to Texas.¹⁶ This forecast signals the mounting need for continued focus on making mental health services accessible in all 254 counties of Texas.

Justice-Involved Veterans

JIVs are veterans 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.

As of July 2024, 7,182 veterans were housed in a prison or state jail facility operated by TDCJ. Through an MOU, TDCJ partners with TVC's VMHD to ensure collaboration on veteran programming and reentry planning leveraging the Military Veteran Peer Network. Additionally, as of July 2024, there were 5,098 veterans within the community on active parole. To address the needs of these justice-involved veterans, PSCs and peer volunteers support efforts to assist JIVs 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 postage-paid "jail cards" to allow incarcerated veterans to correspond with the TVC and arrange services through TVC upon their release.

¹⁶Mike Warren, [Texas now has the highest veteran population in the country](#) (Fox 7 Austin August 2023)

In Fiscal Year 2024, TVC's VMHD responded to 2,273 calls for assistance via jail cards from incarcerated veterans. VMHD funds and distributes these self-addressed jail cards to each and all sheriff's departments overseeing the local jails across the State's 254 counties. Examples of training, technical assistance, and collaboration by TVC's JIVs program include the following:

- Fostering the development of PSC and peer volunteers 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.

Service Delivery Performance and Demographic Data

MVPN Performance

Table 9 below depicts the number of people served by SMVF type.

Table 9. Individual Service Recipients by SMVF Member Categories

SMVF Type	Numbers Served
Service Members	1,224
Veterans	39,652
Family Members	11,806
Total Served	52,682

The MVPN provided 52,682 services to Texas service members, veterans, and veteran family members. Chart 1 below reflects the breakdown of people served by gender. Chart 2 below reflects the breakdown of people served by age.

Chart 1. People Served by Gender

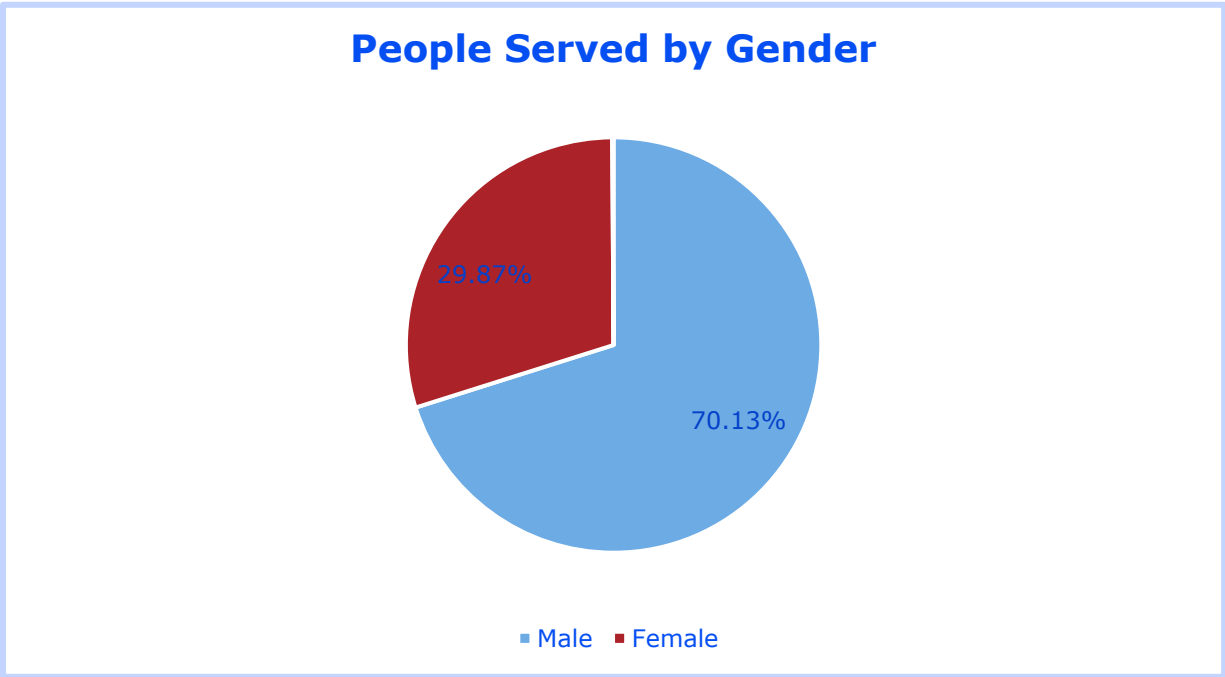
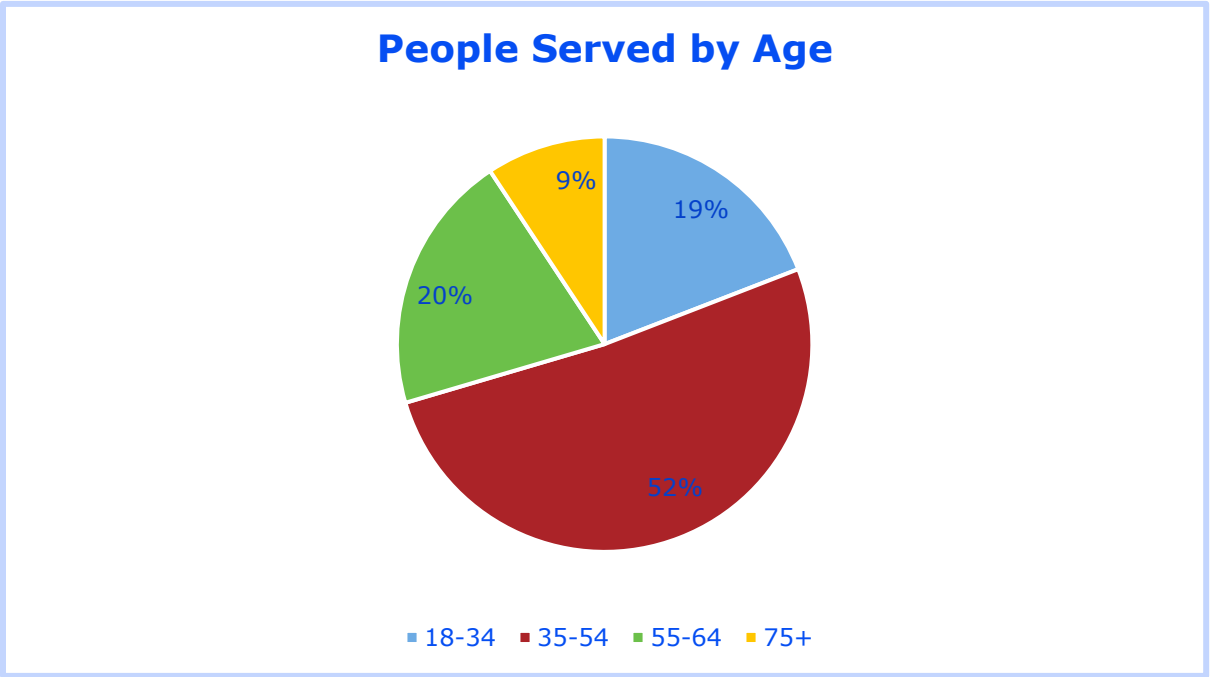


Chart 2. People Served by Age



The Service Delivery Performance Indicators measure MVPN successes in fulfilling their service responsibilities to SMVF. Below are explanations of the fiscal year 2024 Service Delivery Performance Indicators and peer performance.

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

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 MVPN.

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 9 below identifies performance numbers for the different service delivery performance indicators.

Table 9. MVPN Service Delivery Performance Indicators

Service Delivery Performance Indicators	Performance
SMVF Peer Support Groups	4,214
Number of SMVF Who Attended SMVF Peer Support Groups	58,501
One-on-1 Peer Support	52,755
Veteran Service Organization/Community Organization Referrals	68,464
Clinical mental health counseling Referrals	7,202
Total	186,922

Training Performance Indicators

The Training Performance Indicators (TPIs) are indicative of MVPN compliance with training expectations. Table 10 below depicts the TPIs and PSC performance indicators for fiscal year 2024.

MCC: The number of MCC trainings.

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

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

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

Table 10. Training Performance Indicators of Peer Service Coordinators

Types of Trainings	Number of Services Provided
MCC Trainings Conducted	564
Persons Trained in MCC	5,342
Suicide Prevention Trainings	181
Persons Trained in Suicide Prevention	1,878
Total	7,965

As required by HSC, Section 1001.222, the MHPV must include MHFA training for SMVF. MVPN and members of the community take MHFA training and, if eligible, undergo additional training to be able to administer the MHFA veteran’s training module.

Table 11 below identifies the attendees that are receiving MHFA, and the amount trained for each.

Table 11. SMVF Receiving MHFA

MHFA Training	Trained
Service Members trained in Veterans module MHFA	33
Veterans and Immediate Family Members trained in Veterans module MHFA	106
Service Members, Veterans, and Immediate Family Members trained in general adult or youth MHFA	8,474

MHFA Training	Trained
Total SMVF Trained	8,613

Justice-Involved Veterans Performance Indicators

The TVC JIV Program Performance Indicators identify MVPN staff performance when meeting the service needs of JIVs. Below are the JIVs program and peer performance indicators for fiscal year 2024.

Table 12 below identifies the types of interactions that occurred with JIVs, and the number of sessions provided to individual veterans or provided to more than one veteran in a group setting. The description of each category is as follows:

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 Penitentiaries: 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 12. JIV Performance Indicators

Types of Interactions for JIV	Individual Services	Group Services
Interactions with Law Enforcement	589	20
Interactions with Veteran Treatment Courts	3,314	410
Interactions with County Jails	1,566	177
Interactions with State Jails, State Prisons, and Federal Penitentiary	259	58
Interactions with Community Supervision Offices	1,308	11
Total Justice-Involved Veterans Services	7,036	676

Rural Veteran Counselor Performance Indicators

Table 13 below refers to the type of services provided to SMVF by a Rural Veteran Counselor. The table identifies each category of individual SMVF clinical services provided including service members, veterans, and family members as well as the total number of services provided to all participants.

Table 13. SMVF Served by RVCs

Type	Clinical Services Provided
Service Members	94
Veterans	2,011
Family Members	633
Total Services	2,738

The RVC Performance Indicators show the number of clinical mental health counseling services provided by RVCs. Table 14 below lists the RVCs performance indicators, and the number of sessions provided to SMVF for fiscal year 2024.

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 14. RVC Performance Indicators by Service Type

Mental Health Service	Number of Sessions Provided to SMVF
Individual Therapy Session	2,735

Mental Health Service	Number of Sessions Provided to SMVF
Group Therapy Sessions	9
Family Therapy Sessions	34
Total	2,778

Collaborations

Texas Suicide Prevention Collaborative

The Texas Suicide Prevention Collaborative (TxSPC) is a nonprofit organization dedicated to supporting Texas communities in their efforts to build suicide prevention capacity. TxSPC takes a public health approach to suicide prevention, using clinical research, videos, and public service announcements to enhance awareness about suicide prevention, intervention, and postvention. TxSPC has created its own trainings, such as Ask About Suicide to Save a Life, a community helper training that teaches the epidemiology of suicide, warning signs of suicide, risk, and protective factors, and how to ask about and respond appropriately when one is talking to someone with thoughts of suicide. AS+K and other trainings are administered to PSCs, who learn to facilitate the trainings themselves, allowing this vital information about suicide prevention to be provided to front-facing clinicians and caregivers within the LMHA and LBHA system.

TxSPC also leads the Texas Suicide Prevention Council, comprised of over 140 statewide, local community, SMVF, and higher education partners who work together to end suicide. Both HHSC and TVC serve on this council, providing guidance and best practices for the SMVF population. The council also created and coordinates the *Texas State Plan for Suicide Prevention* which serves as a road map to ensure the use of evidence-informed strategies among public and private partners.

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. Collaboration between SBHCC agencies, specifically TVC and TMD helps veterans by improving service delivery and efficiency and building partnerships to improve communication to address long-term challenges.

Texas Coordinating Council for Veteran Services

The Texas Coordinating Council for Veterans Services (TCCVS) was created by Senate Bill 1796¹⁷, 82nd Legislature, Regular Session, 2011, 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 is comprised of 22 state agencies that impact the lives of SMVF residing in Texas. These state agencies are assisted by community partners as they focus on nine workgroup areas which include: mental health; criminal justice; housing; women veterans; physical health; higher education; employment; transportation; and pro bono legal services.

TCCVS is tasked by the Legislature to meet regularly to discuss, identify, and research specific issues and provide a report on SMVF unmet needs that are identified by workgroup participants. TCCVS will then develop recommendations to address those needs moving forward.

Both HHSC and TVC participate in the Mental Health Workgroup and have identified the following needed resources for SMVF :

- Increase suicide prevention efforts, crisis intervention, and postvention for all SMVF in Texas;

¹⁷ Ch. 42, Texas Government Code, Section 434.151, Subchapter D

- Further integrate veteran-specific mental health training and services in local and statewide criminal justice systems aimed at reducing recidivism and bolstering diversion and re-entry efforts;
- Increase integration of mental health training and supportive services in an effort to prevent and reduce homelessness and promote housing stability for veterans and their families;
- Develop a mental health workforce that demonstrates/has military cultural competence to implement evidence-based/best-practice interventions for veterans and their families; especially in rural and metropolitan areas that are identified as under-resourced; and
- Increase the peer-based services provided by the MVPN to SMVF across Texas.

Program Recommendations

In fiscal year 2024, the MHPV was successful in closing gaps in awareness, availability, and access to mental health services and supports for SMVF. As more veterans and their families relocate to Texas, the need to serve this population increases.

There is a need for more MVPN staff and RVCs to serve SMVF, especially those residing in rural areas. The funding allocated to LMHAs and LBHAs to employ PSCs covers at minimum one full-time equivalent, and in some instances, 1.5 full-time equivalents. Since its inception, appropriated funds have not increased from the original amount to keep pace with the growing population of veterans and their families in the state. As such, MHPV funding is not available to accommodate expansions of PSCs or RVCs at all 39 LMHAs and LBHAs. Without increased funding, resources will need to be consolidated and programs serving SMVF need to be unduplicated and streamlined across state agencies.

Fiscal Year 2024 Recommendations

Recommendation 1: During the 89th Legislative Session, the Legislature should consider granting HHSC and TVC the expressed authority to complete a formal evaluation of the MHPV. Due to the growing demand for SMVF mental health services, more state resources are required to service the demand. This evaluation should address strategies to:

- Improve and expand mental health services provided through the MHPV.
- Expand the number of certified PSCs who provide mental health services to SMVF.
- Expand the number of RVCs who provide mental health services to rural SMVF.
- Make Recommendations for consolidating resources to improve efficiencies.

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

HHSC and TVC receive \$10 million per biennium to jointly administer the MHPV. Appropriated funds have remained the same since the program's inception in 2016. It is estimated that Texas adds roughly 35,000 veterans to the state each year. The yearly increase in veterans is reflected in Texas continuing to have the largest veteran population of any state, with over 1.5 million. This figure does not include

the number of family members associated with these veterans, nor active-duty service personnel and their families. Several LMHA and LBHAs are coordinating with HHSC and TVC to continue self-funding PSC positions into the next year to ensure the SMVF in their area receives mental health services.

In addition, administrative costs for the program have increased since the program began, which creates an additional burden on program resources. To keep pace with the growing population of SMVF, and to ensure we meet their mental health care needs, an increase in appropriation is necessary.

Fiscal Year 2023 Recommendations Update

Recommendation: 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 and where. This information is critical to being informed on service gaps, provider network adequacy, training needs in military trauma-informed care and MCC, and more.

Update

The 2024 Interim Legislative Charges for the Senate Veteran Affairs Committee includes a charge to review and report on the progress toward the creation of a single database to facilitate the seamless provision of veteran benefits by state agencies and make recommendations to improve coordination among state, federal, and local agencies and others that provide benefits to veterans.

Conclusion

In fiscal year 2024, the MHPV continued to increase SMVF access to mental health services and supports through interaction with MVPN staff, and RVCs. The program engages SMVF to raise awareness of mental health service options and increase access to community-based mental health services.

Improving mental health services for the SMVF population is crucial for addressing the unique challenges faced by that population. HHSC and TVC have identified several strategies to enhance these services:

Expand Access to Care:

- **Increase Availability:** Ensure there are enough mental health professionals who specialize in veteran care available in rural areas, such as expanding tele-health services and mobile clinics, etc.

Integrate Services:

- **Holistic Approach:** Integrate mental health services with other aspects of veterans' care, such as physical health and social services, to provide comprehensive support.
- **Collaborative Care Models:** Foster collaboration between VA facilities, community health organizations, and private providers.

Tailor Treatments:

- **Cultural Competency:** Train mental health professionals to understand and address the specific experiences and cultural nuances of military service.
- **Specialized Programs:** Develop programs that address issues such as PTSD, traumatic brain injury, and MST with targeted therapies.

Enhance Support Systems:

- **Peer Support:** Strengthen peer support networks where veterans can connect with others who understand their experiences.
- **Family Involvement:** Include family members in therapy and support programs to improve overall family dynamics and support systems.

Improve Outreach and Education:

- Awareness Campaigns: Increase awareness about mental health issues and available resources through targeted campaigns.
- Education and Training: Educate veterans about mental health issues and available treatments to reduce stigma and encourage them to seek help.

Leverage Technology:

- Digital Tools: Utilize apps and online platforms for mental health tracking, virtual therapy sessions, and wellness resources.

These strategies will enhance services provided to the SMVF population, ensuring they receive the mental health support they need and deserve.

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
LMHA	Local Mental Health Authority
LMHP	Licensed Mental Health Professionals
MHFA	Mental Health First Aid
MHPV	Mental Health Program for Veterans
MCC	Military Cultural Competency
MST	Military Sexual Trauma
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
TDCJ	Texas Department of Criminal Justice
TMD	Texas Military Department
TPI	Training Performance Indicators
TxSPC	Texas Suicide Prevention Collaborative
TVC	Texas Veteran Commission
VA	United States Department of Veteran Affairs
VMHD	Veterans Mental Health Department
VSO	Veteran Service Organization
VTC	Veteran Treatment Courts

Appendix A. 88th Legislative Session Update 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, once complete, on both agencies' websites.

Update: The draft guide was produced in cooperation with TVC with input from TMD Office of Psychological Health and the Department of Family and Protective Services SMVF program. Although the legislation uses "family members and caregivers of veterans" to describe the intended audience, the guide includes information beneficial to veterans, active duty and reserve service members, and military forces organized under TMD. Meeting the mental health needs of veterans will take adaptive and innovative programming that is individualized and informed by the unique experiences of this population.

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.

Update: A joint letter was sent to all state agencies on October 23, 2023. This letter notified each state agency awarding grants to now provide mental health services to veterans or veterans' families as part of the new requirements. The letter also requested state agencies to confirm by January 1, 2024, if the state

agency awards grants subject to the new requirements and if your state agency has established or will develop policies to ensure compliance.