



**Mental Health Program for Veterans  
Fiscal Year 2013  
Annual Report**

**As Required By  
HB 2392 and Rider 86  
83<sup>rd</sup> Legislature 2013**



**Department of State Health Services  
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## **Executive Summary**

H.B. 2392, 83<sup>rd</sup> Legislature, Regular Session, 2013 and the 2014-15 General Appropriations Act, S.B. 1, 83<sup>rd</sup> Legislature, Regular Session, 2013 (Article II, Department of State Health Services, Rider 86) required the Department of State Health Services (DSHS) to report to the Legislature and the Office of the Governor on a program developed to assist returning veterans with mental health issues. This is the first annual report. The report includes detailed descriptions of the fiscal year 2013 program activities, including a description of how the program is operated, the number of veterans served, the number of peers and volunteer coordinators trained, and a summary of the contracts issued and services provided through those contracts. It also includes recommendations for program improvements.

During fiscal year 2013, the program was implemented using \$3 million in general revenue funds appropriated by the 82nd Legislature. Recommended program improvements scheduled for implementation during the 2014-15 biennium are funded with general revenue funds appropriated by the 83rd Legislature for the purpose of expanding the program. The total allocation for the 2014-15 biennium is \$5 million a year.

Program funds are used for peer-to-peer counseling; access to licensed mental health professionals for volunteer coordinators and peers; training for program participants; technical assistance for volunteer coordinators and peers, recruiting, retaining and screening community-based therapists; suicide prevention training for volunteer coordinators and peers; and coordinating services with jail diversion programs, such as veteran courts. DSHS has also entered into an interagency cooperation contract with the Texas Veterans Commission (TVC) to provide veteran mental health grants. Through cooperation with TVC's Fund for Veterans Assistance (FVA) program the mental health grants will be awarded to regional and local organizations and other outside entities to carry out the provisions of the 2014-15 General Appropriations Act, S.B. 1, 83<sup>rd</sup> Legislature, Regular Session, 2013 (Article II, Department of State Health Services, Rider 86). The program activities described in this report also reflect recommendations included in the initial report of the Texas Coordinating Council for Veteran Services delivered to the Legislature and Office of the Governor in 2012, as well as from other stakeholders serving veterans in Texas.

## Program Organization, Structure, and Objectives

The primary focus of the Mental Health Program for Veterans during fiscal year 2013 was peer-to-peer support services provided by trained volunteer service members, veterans, and family members (SMVF). Peer-to-peer counseling involves individuals who have shared experiences. The shared experiences typically include having served in the military and having learned to adapt to daily life with war injuries, including post-traumatic stress, military sexual trauma, or traumatic brain injuries. The program services include training for peers who learn to share their experiences in positive ways. The aim is for the trained peers to help others learn to adapt to their injuries or to guide them to useful resources. Peers often report to program staff that the encounters have a mutually therapeutic benefit.

Program activities also included a jail diversion and trauma recovery initiative funded through a five-year, \$394,000 per year, federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant.

DSHS contracted with 33 Local Mental Health Authorities (LMHAs) to create community-based programs. Trained SMVF volunteers and volunteer coordinators recruited other SMVF to participate. These volunteers were organized as community-based groups that were led by volunteer coordinators.

Twenty two of the contracted LMHAs (see Figure 1) employed full-time trained SMVF volunteer coordinators to recruit, retain, and organize SMVF volunteers and the SMVF they served. The LMHAs provided infrastructure support for the full-time coordinators, including office and meeting space, as well as access to the LMHA's mental health care stakeholders and community-based service providers.

DSHS also contracted with Texas A&M University Health Science Center for information and resources through the web-based service [www.TexVet.org](http://www.TexVet.org) and for training and technical support for volunteer coordinators by the Military Veteran Peer Network (MVPN) state coordinator. TexVet is an online specialized directory of resources for SMVF with listings that TexVet staff members verify for accuracy. TexVet staff also provides resource navigation assistance on a limited, case-by-case basis via telephone and email.

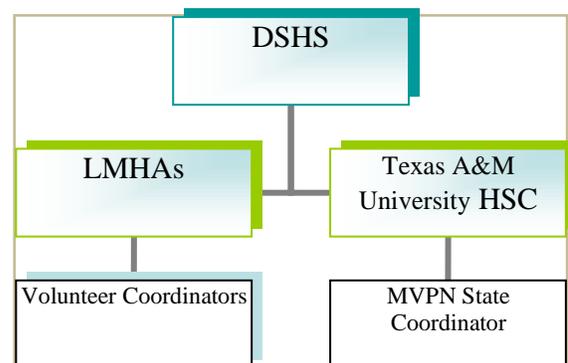


Figure 1: Program Organization

The volunteers were provided peer support training through three programs. As part of this training, they learned to expand community-based programs through their contacts with fellow SMVF. Trained volunteers offered one-on-one support services to their peers and they organized peer-to-peer discussion groups. The trained volunteers also helped their peers recognize and address their service-connected post-traumatic stress or traumatic brain injuries.

## Number of Volunteers Trained

During fiscal year 2013, an additional 470 SMVF volunteers were trained in the following three protocols:

- Two hundred were trained in Bring Everyone in the Zone, the 40-hour classroom-based peer-to-peer group discussion leadership training. The course includes information about post-traumatic stress, military sexual trauma, and other brain injuries; instruction about accessing professional services; and role playing exercises aimed at developing positive listening skills.
- Two hundred and forty were trained in Battle Buddies 101, the 8-hour classroom-based basic mental health awareness training for volunteer initiates. Topics include skills similar to those covered by Bring Everyone in the Zone, but are presented in a more abbreviated format. The course is an introduction for all trained volunteers, some of whom will later receive more advanced training.
- Thirty women SMVF were trained in Table Talk, the 20-session classroom and online instruction aimed at promoting healthful reintegration into civilian life. The course includes topics such as adapting to brain injuries, military sexual trauma, and refinement of life skills, such as time and stress management, tactics that are useful in preventing withdrawal and mitigating against isolation.

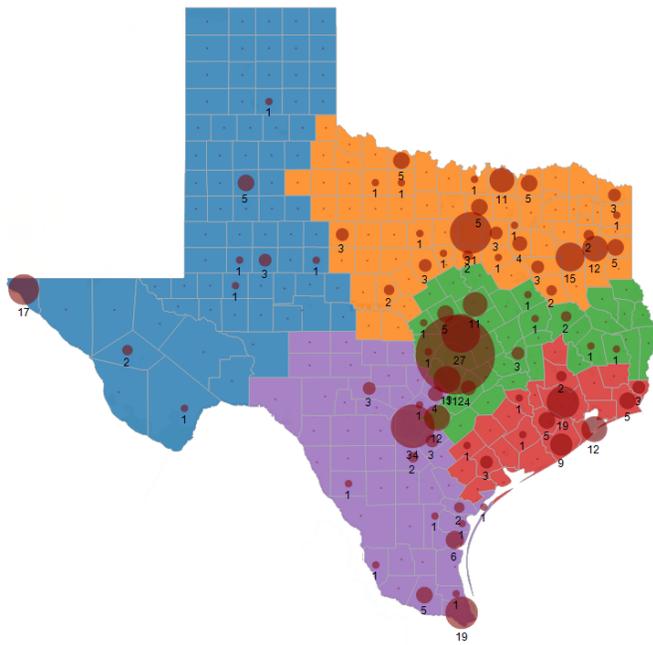


Figure 2: Map sections are MVPN designated regions. Size of circles indicates numbers of trained Volunteers.

University Health Science Center's subcontract with the Samaritan Centers for Counseling and Pastoral Care.

The MVPN state coordinator and the DSHS program coordinator conducted training conferences and webinars for volunteer coordinators, organized and led coordinator planning and service development committees, and maintained daily contact with coordinators. Webinar and training

Community-based peer-to-peer initiatives organized by the volunteer coordinators varied greatly in size and frequency based on the resources, needs, and preferences of the peers and volunteers. Some consisted of one trained volunteer with two or three peers able to meet face-to-face only infrequently. Other coordinators supported as many as 35 groups meeting two or three times a week.

A key program objective was expansion of the network of community-based peer-to-peer volunteers and organizations that had become known as the larger statewide MVPN Program. It provided training and technical support for the volunteer coordinators through the DSHS contract with the Texas A&M University Health Science Center and the Texas A&M

conference topics included information about advanced training needs such as suicide prevention and intervention skills, volunteer organization management skills, review and development of a volunteer coordinator handbook, use of web-based tools being implemented in fiscal year 2014 to organize and promote participation in local volunteer activities, plan and promote SMVF friendly local and regional events, and development of tactics to enhance volunteer recruitment and retention.

- The MVPN state coordinator visited 17 community-based sites during fiscal year 2013 to provide training and technical support for the volunteer coordinators and volunteers, as well as to support the Texas Military Forces’ (TXMF) Joining Community Forces Projects in Amarillo, Laredo, McAllen, and Jacksonville. The statewide MVPN Program was also responsible for increasing the ability of trained SMVF volunteers to mobilize limited resources to respond effectively to calls for help (see Figure 2). Creating a network of support made it possible for volunteers and coordinators to share knowledge about service providers and resources, and ways to expand services and enrich the volunteer experience.

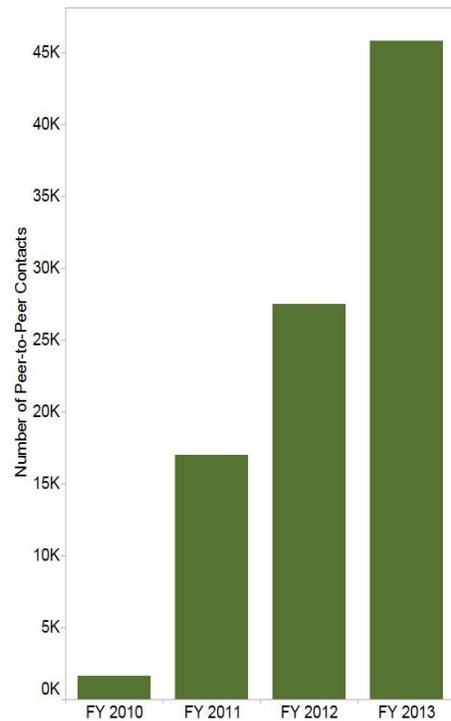


Figure 3

### **Number of SMVF Served**

During fiscal year 2013, 30,000 SMVF were served\* as a result of the 53,566 peer-to-peer encounters reported by volunteers who provided services. The encounters included participation in support group discussions; referrals for basic needs (food, shelter, and clothing); help navigating the VA systems; and mental health, medical, or other professional services.

Building trust was a critical factor in the program’s overall success. Barriers to “entry” were kept low; there were no requirements for peers to formally identify themselves, there were no enrollment protocols, and no forms to fill out. Confidentiality and camaraderie were emphasized above all.

\*Based on estimates by the volunteer coordinators, and on data collected from the volunteers.

**JAIL DIVERSION TRAUMA RECOVERY (JDTR):** The JDTR Project is based on close collaboration between DSHS, LMHAs, and the VA. The initiative began in Bexar County as a pilot in 2010; funded by a five-year, \$394,000 per year, SAMHSA grant and local matching funds. In fiscal year 2013, JDTR was expanded into eight additional communities (Austin, Edinburg, El Paso, Houston, Lubbock, Sequin, San Marcos, and Tyler) where specialty veteran courts were active or were imminent. Each expansion site was awarded up to \$25,000 during fiscal year 2013, and each was required to match those funds dollar-for-dollar using local resources.

JDTR interventions have been applied in a wide range of criminal justice settings (from pre-arrest to post-incarceration) and all include screening and evidence-based trauma treatment for SMVF. JDTR leaders from all of the expansion sites were trained to use the GAINS Center Jail Diversion Sequential Intercept Model, and each led community stakeholders in building consensus about the best point in each of their communities to intercept veterans and divert them to treatment. Providers and volunteers at each of the sites were also trained in Trauma Informed Care and Seeking Safety, an evidenced-based practice to address the effects of trauma. Assessments will be examined from the beginning to end of the Seeking Safety intervention to determine whether trauma symptoms were reduced.

Results from the JDTR pilot are positive (see Table 1). By the end of fiscal year 2013, 147 veterans had entered the pilot program and 86 completed it. Of the remaining 61, all but four were still participating. For those who completed, there were a number of encouraging outcomes:

Veteran Outcomes	Baseline	12-month	Change
Currently Working Full-time or Part-time	16.3%	40.7%	150%
Currently Homeless	69.8%	14.0%	-80%
Alcohol Use in the past 30 days	69.8%	69.8%	0%
Drug Use in the past 30 days	30.6%	14.0%	-53.8%
PTSD Diagnosis (Meets PCL-C* Criteria)	84.7%	65.1%	-22.2%
PTSD Severity Score (PCL-C* Criteria)	68	48	-29.4%
Depression** -Moderate to Extreme Difficulty	58.1%	10.5%	-82%
Self-Harm** - Moderate to Extreme Difficulty	14%	3.5%	-75%
Emotional Liability** - Moderate to Extreme Difficulty	72.1%	36%	-50%
Psychosis** - Moderate to Extreme Difficulty	36%	12.8%	-64.5%
Substance Abuse*** - Moderate to Extreme Difficulty	60.5%	39.5%	-34.6%
Recovery Marker Scale Score***	2.31	2.82	Significant improvement

Table 1 \*PCL-C (Post Traumatic Stress Disorder Checklist); \*\*BASIS 24 Depression, Self-Harm, Emotional Liability, Psychosis, and Substance Abuse Subscales; \*\*\*24-item Recovery Marker scale from the Recovery Enhancing Environment (REE) measure.

**TEXVET:** To further enhance coordination across the state and to support the community-based peer-to-peer programs, DSHS contracted with Texas A&M University Health Science Center to support web-based information and referral services, TexVet ([www.TexVet.org](http://www.TexVet.org)). Using the web-based tools SMVF were able to access resources and services that were verified by TexVet as active and accessible providers. Providers are deemed accessible if the services are tailored for SMVF or because SMVF would likely meet the providers' eligibility guidelines. TexVet staff members, who are peers, provided limited guidance and resource navigation by phone, via email, and at conferences and meetings. TexVet also supported the TXMF Joining Community Forces Project to serve SMVF in rural parts of the state. Over 65,000 visitors to the site, from all areas of the state, retrieved information from more than 160,000 unique page views.

**WOMEN VETERANS:** The Mental Health Program for Veterans also expanded access to peer-to-peer support services facilitated by women veterans. Eight of the 22 volunteer coordinators were women veterans who had received specialized training to meet the needs of an estimated 6,000 of their peers. Included in that estimate were women veterans served in Bexar and Harris counties through separate DSHS contracts with *Grace after Fire*, a program focused

on reintegration for women veterans. Those contracted services also provided full-time coordination of services devoted exclusively to recruiting women veteran volunteers to enhance the community-based peer-to-peer programs in those counties.

**SOUTH TEXAS:** Special projects, begun in fiscal year 2010, with LMHAs in Laredo and Edinburg continued during fiscal year 2013. The aim was to further enhance the community-based services in areas where there were large concentrations of SMVF and where there were gaps in services. The LMHAs hired full-time volunteer coordinators and provided peer-to-peer services in Webb, Zapata, Jim Hogg, Starr, Hidalgo, Willacy, and Cameron counties.

### **New Initiatives**

The following new initiatives are an outgrowth from discussions with the MVPN advisory committees, the Texas Council of Community Centers, and direction and funding provided by the 83<sup>rd</sup> Legislature and the Office of the Governor.

**EXPAND PROGRAM CAPACITY:** Full-time coordinators were deployed during fiscal year 2013 in Amarillo, Austin, Bryan/College Station, Dallas, Edinburg, El Paso, Fort Worth, Galveston, Houston, Kerrville, Killeen, Laredo, Longview, Lubbock, Round Rock, San Antonio, San Marcos, Tyler, Waco, and Wichita Falls. At least ten additional full-time volunteer coordinators will be deployed during fiscal year 2014, increasing the total number of coordinators to more than 30. Approximately, 500 additional SMVF volunteers also will be trained during the 2014-15 biennium.

The program gained significant momentum from a comprehensive planning and coordination program led by the Texas Health and Human Services Commission (HHSC). HHSC enterprise agencies – DSHS, Department of Aging and Disability Services, Department of Assistive and Rehabilitative Services, and Department of Family and Protective Services – along with the Texas Workforce Commission (TWC), the TVC, the VA, TXMF, and the Texas Association of Regional Councils of Governments participated in the SAMHSA Veterans Policy Academy in May 2013.

At the academy, a number of options aimed at advancing inter-agency cooperation were developed. With the help of experts from SAMHSA, the VA, and other states, the Texas group formulated an initiative led by the MVPN, TWC, and TVC to encourage TWC, TVC, and TVC-trained County Veterans Service Officers (CVSOs) to access community-based peer-to-peer resources.

The MVPN, TVC, and TWC began an initiative to encourage closer working relationships between the 230 CVSOs, TWC resource and referral specialists, and the volunteer coordinators. The initiative centered on communicating to the CVSOs, TVC staff, and TWC specialists about the significant veteran mental health resources they had close at hand. At the spring 2013 TVC training conference, DSHS and the MVPN state coordinator participated in a presentation for approximately 200 CVSOs and TVC claims representatives, explaining the benefits of the community-based peer-to-peer programs.

**SUICIDE PREVENTION TRAINING:** While volunteers and coordinators acquire suicide prevention skills as part of existing training protocols, toward the end of fiscal year 2013, DSHS developed plans to offer a two-day Applied Suicide Intervention Skills Training (ASIST) to all coordinators, and to offer suicide intervention skills training to volunteers that can be accessed online and completed at a volunteer's own pace. DSHS also contracted with Texas A&M University Health Science Center to deploy five MVPN field clinicians who have military experience. They will support the trained volunteers and will be offering suicide prevention training to community-based providers. Additionally, in late fiscal year 2013, DSHS began to coordinate suicide prevention skills training for TVC staff and CVSOs; these initiatives will continue throughout the 2014-15 biennium. A survey of volunteer coordinators in August 2013 found that 32 of the 467 volunteers who had provided peer-to-peer services during that month had also completed ASIST.

**PROVIDE PROFESSIONAL SUPPORT FOR TRAINED VOLUNTEERS:** The five field clinicians will support volunteers and coordinators by providing short-term interim non-crisis care as a backup when a SMVF needs intervention that exceeds what volunteers are trained to provide. The field clinicians will be based in the Panhandle, the Permian Basin, the Lower Rio Grande Valley, Central Texas, and East Texas. The first field clinician, based in Lufkin, will begin providing services on December 1, 2013. A primary responsibility of the field clinicians, beyond professional mental health backup, is to organize a network of community-based mental health professionals who have military cultural competency (MCC providers) and who are accessible to SMVF (offering low-cost or no-cost services where appropriate).

The field clinicians will offer training to their colleagues, as needed, in military cultural competency, and will encourage them to join the network and participate in MVPN activities. The field clinicians will also support initiatives by the TVC to encourage CVSOs and TVC staff members to participate in suicide prevention training and MVPN activities. Beginning in fiscal year 2014, the LMHAs will identify community-based MCC providers in close coordination with the field clinicians. They will also facilitate relationships with community-based mental health professionals who DSHS has trained to provide Cognitive Processing Therapy (CPT), a therapeutic protocol that the VA adopted for treatment of Post-traumatic Stress Disorder. DSHS began training clinicians in CPT in 2010, and at the close of fiscal year 2013, there were 96 approved CPT providers at 53 sites, mostly affiliated with LMHAs. A registry of approved providers can be found at [www.andrewscenter.com/CPT%20Registry.pdf](http://www.andrewscenter.com/CPT%20Registry.pdf). DSHS's CPT training contractors have recommended further CPT training opportunities in the future, and this is under review

**IMPLEMENT ORGANIZATIONAL TOOLS:** Recognizing the need for initiatives aimed at fostering SMVF camaraderie, a sense of unit cohesion, and mission, DSHS began an evaluation of web-based tools useful in organizing SMVF volunteers and tracking unit-building activities. The MVPN state coordinator in late fiscal year 2013 and early fiscal year 2014 licensed web-based tools for coordinators to use to organize community-based MVPN chapters; the aim was to use the tools to encourage face-to-face interactions, not replace them. Coordinators received their first training in the use and development of [www.MilVetPeer.Net](http://www.MilVetPeer.Net) in late fiscal year 2013

**REDUCE BARRIERS TO ACCESS:** Coordinators also recognized that SMVF would be more comfortable meeting with coordinators and peers if they could be based at sites not immediately identifiable as a mental health care facility. Beginning in late fiscal year 2013, DSHS began to explore options with the LMHAs and the Texas Council of Community Centers' veteran advisory committee. Coordinators expressed a preference for sites located near CVSOs, TVC representatives, or TWC veterans resource and referral specialists. DSHS contracts with LMHAs will be amended in fiscal year 2014 to address the issue.

**INITIATE GRANTS PROGRAM:** DSHS will implement a mental health grants program beginning in fiscal year 2014. The mental health grants program will further increase mental health service capacity with an emphasis on direct services to veterans provided by peers. The program will be implemented through a memorandum of agreement between DSHS and the TVC by creating a mental health grants program using DSHS funds and the existing resources of the Fund for Veterans Assistance, a program administered by the TVC. DSHS will contribute \$500,000 and TVC will contribute \$1 million each year to fund the veterans mental health grants program. Eligible applicants will include local government entities, nonprofit organizations, or veterans' service organizations.

### **Evaluation**

Existing evaluation activities have tracked implementation and SMVF encounters. Encounters are the primary focus of the program, and as such, the encounter data provides a baseline against which further evaluation data can be measured. In fiscal year 2014, an evaluation plan will be created that further examines program implementation and builds the infrastructure to begin measuring participant outcomes. Further data gathering assistance during fiscal year 2014 will be provided by TexVet and the MVPN program coordinator. This will be used to more precisely evaluate the extent to which volunteer activities are producing intended results, to assess the efficacy of referrals, and to gather and analyze additional information about SMVF needs in targeted communities.

To assist with these initiatives the MVPN Program will implement web-based tools that the volunteer coordinators will use to set up MVPN chapters through which they will be able to better communicate program benefits and to organize volunteers. The MVPN Program will also manage a secure web-based system that field clinicians and volunteer coordinators will use to manage cases and to communicate securely with one another. The data collected will likely enhance DSHS's ability to measure outcomes and implement future program enhancements.

The JDTR pilot provided valuable data for evaluating project outcomes. The pilot project data (see: Special Initiatives JDTR) suggests that the JDTR approach has merit. Services in eight new communities began towards the end of fiscal year 2013. Outcome data will be gathered at the expansion sites; however, the scope of services offered and data collected will be more limited than at the original pilot site.

## **Recommendations**

Many of the new initiatives described in this report were in response to guidance from the 83<sup>rd</sup> Legislature following the passage of new legislation and the appropriation of an additional \$4 million for the Mental Health Program for Veterans. The following are recommended for fiscal year 2014:

- Fully implement the new initiatives through contracts with key providers of veterans services, including a mid-year review to assess program implementation and expenditures;
- Use evaluation data to determine program improvements each year, beginning in fiscal year 2015; and
- Continue to solicit input from a broad spectrum of stakeholders including, the MVPN coordinator's advisory committees, the Texas Coordinating Council for Veterans Services, trained volunteers, community stakeholders, the Veterans Advisory Committee of the Texas Council of Community Centers, the Texas Justice-Involved Veterans Council, veteran service organizations, and community-based mental health providers.

These recommendations build on those included in the 2008 DSHS report, *Behavioral Health Services for Returning Veterans and Their Families: Service Gaps and Recommendations*, a 2011 update, as well as the 2012 TCCVS report cited in this report.

## **Conclusion**

This report to the Legislature and the Office of the Governor serves as the first annual report required under provisions of H.B. 2392, 83<sup>rd</sup> Legislature, Regular Session, 2013 and the 2014-15 General Appropriations Act, S.B. 1, 83<sup>rd</sup> Legislature, Regular Session, 2013 (Article II, Department of State Health Services, Rider 86). The report describes program activities in fiscal year 2013, the number of veterans served, the number of peers and volunteer coordinators trained, and a summary of the contracts issued and services provided through those contracts. It also includes recommendations for program improvements.

Implementation of new or expanded initiatives directed by H.B. 2392, 83<sup>rd</sup> Legislature, Regular Session, 2013 was well underway at the time of this report. The impact of the Mental Health Program for Veterans described in this initial report will be more fully detailed in the report due December 2014.