Behavioral Health Services for Returning Veterans and Their Families: Services, Gaps, and Recommendations

A Report of the Returning Veterans Subgroup
Of the Mental Health Transformation Working Group

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Table of Contents

1. EXECUTIVE SUMMARY 3

2. PREFACE 6

2.1 WORKGROUP CHARGE 7
2.2 WORKGROUP MEMBERS 8

3. INTRODUCTION 9

3.1 OEF/OIF VETERANS IN TEXAS 9
3.2 PSYCHOLOGICAL AND COGNITIVE INJURIES 10
3.3 ACCESS PATHWAYS TO BEHAVIORAL HEALTH SERVICES 11

4. SERVICES 14

4.1 U.S. DEPARTMENT OF DEFENSE 14
4.2 U.S. DEPARTMENT OF VETERANS AFFAIRS 16
4.3 OVERVIEW OF SERVICES/ELIGIBILITY FROM DEPARTMENTS OF DEFENSE AND VETERANS AFFAIRS 18
4.4 TEXAS RESOURCES FOR IRAQ-AFGHANISTAN DEPLOYMENT (TRIAD) 20
4.5 TEXAS VETERANS COMMISSION 20
4.6 TEXAS MILITARY FORCES 21
4.7 TEXVET: PARTNERS ACROSS TEXAS (P.A.T.) 22
4.8 HEALTH AND HUMAN SERVICES COMMISSION 23
4.9 DEPARTMENT OF STATE HEALTH SERVICES 23
4.10 DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES 25
4.11 DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES 26
4.12 TEXAS WORKFORCE COMMISSION 26
4.13 TEXAS EDUCATION AGENCY 27
4.14 TEXAS YOUTH COMMISSION 27
4.15 TEXAS COUNCIL OF COMMUNITY MHMR CENTERS 27
4.16 TEXAS MENTAL HEALTH CONSUMERS 29
4.17 OTHER COMMUNITY-BASED SERVICES 29

5. GAPS AND RECOMMENDATIONS 30

5.1 GAP IN AVAILABILITY OF DATA 30
5.2 GAP BETWEEN NEED FOR SERVICES AND USE OF SERVICES 31
5.3 GAPS IN QUALITY AND EFFECTIVENESS OF SERVICES 33
5.4 GAPS IN HEALTH CARE COVERAGE AND ACCESS 34
5.5 GAPS IN COORDINATION AND COMMUNICATION 35
5.6 SUMMARY OF RECOMMENDATIONS AND LEAD RESPONSIBILITY 36

6. APPENDICES 39

6.1 PLANNED LEGISLATIVE INITIATIVES 39
6.2 'PARTNERS ACROSS TEXAS' MOU 40

7. REFERENCES 54

1. EXECUTIVE SUMMARY

Mental Health Transformation and Returning Veterans in Texas

In 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded $92.5 million to seven states over five years for Mental Health Transformation (MHT) State Incentive Grants, including Texas. Texas is charged with building a solid foundation for delivering evidence-based mental health and related services, fostering recovery, improving quality of life, and meeting the multiple needs of mental health consumers across the life span.

As directed by the Governor of Texas, the Department of State Health Services (DSHS) serves as the administrative home of the grant in Texas. The Governor directed 14 state agencies and consumers/family members to form the MHT Transformation Working Group (TWG). At its August 2008 meeting, the TWG recommended that DSHS coordinate a subgroup to identify the behavioral health needs of veterans returning to Texas from Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF), and to describe gaps and provide recommendations.

Texas has the third largest population of veterans in the United States and contributes a significant number of the military service members deployed as part of OEF and OIF. According to the RAND Corporation's *Invisible Wounds of War* (Tanielian and Jaycox [Eds.], 2008), nearly one-third of the service members returning from OEF or OIF are affected by post-traumatic stress disorder (PTSD), major depression, or traumatic brain injury (TBI). These conditions require ongoing behavioral health services and supports for veterans as well as their families.

This report intentionally focuses on returning veterans from the two currently active theaters of war – Afghanistan and Iraq. From these two theaters, service personnel are experiencing unprecedented survival rates from serious injuries, unprecedented length and number of deployments and unprecedented awareness and recognition of behavioral health impacts. Due to the extensive use of improvised explosive devices (IEDs), traumatic brain injury is considered the signature wound from these wars. This in no way is intended to minimize the needs of veterans from previous eras of conflict. Instead, this narrow focus is intended to maximize the impact of a successful early response to support the reintegration of returning service personnel into their families and communities. Additional work should occur to further assess and address the behavioral health issues of veterans from earlier eras of conflict as well.

Services for Veterans and Their Families

Many federal, state, and private organizations provide behavioral health services for veterans. The U.S. Department of Veterans Affairs (VA) has primary responsibility at the federal level for combat veterans who have been discharged from active duty. The VA offers comprehensive health care coverage for veterans, including inpatient and outpatient mental health and substance abuse diagnosis and treatment. The VA also offers counseling and reintegration services at hundreds of Vet Centers across the country, including 15 in Texas. All combat veterans and their families are eligible for Vet Center services at no charge for military-related issues. Services include confidential screening, counseling, and linkage to other services.

At the state level, multiple state, federal, and private partners have joined together in a Memorandum of Understanding (MOU) under the name "Partners Across Texas (P.A.T.)." This partnership is an interagency and multi-organizational collaboration to enhance support for

Texas veterans and their families. A variety of services are available from agencies such as the Texas Veterans Commission, Texas Military Forces, Health and Human Services Commission, Department of State Health Services, Department of Assistive and Rehabilitative Services, and Texas Workforce Commission. State services ensure that veterans are linked to federal benefits and are supported as they attempt to return to work and deal with the physical, psychological, and emotional impacts of combat experience. As part of P.A.T., the Texas Information and Referral Network (2-1-1 Texas) and the TexVet: Partners Across Texas (P.A.T.) website (www.TexVet.com) provide comprehensive information about services in Texas for veterans and their family members.

At the local level, the state's 39 Community MHMR Centers serve as a foundation for the locally managed public system of care for Texans with serious mental illness in all 254 counties in the state. The Centers provide an array of behavioral health services that veterans or their family members may need, including crisis services and case management. Many other individuals and systems also interact with veterans at the community level, including the criminal justice system, courts, employers, hospitals, schools, and community groups.

Gaps

Although many organizations at all levels are interested in the well-being of returning veterans and their families, gaps still exist. The TWG Returning Veterans Subgroup identified the following gaps:

- **Data** – Additional data need to be gathered to help state policymakers fully understand and plan for the needs of OEF/OIF veterans returning to Texas.

- **Service Utilization** – Due to career concerns and the stigma often associated with mental illness, there is a large gap between the need for behavioral health services and the use of such services.

- **Quality and Effectiveness of Services** – According to the RAND Corporation, "treatments for post-traumatic stress disorder and major depression vary substantially in their effectiveness." The most effective, evidence-based treatments are not always used.

- **Health Care Coverage and Access** – While most OEF/OIF veterans have health care coverage, their families may not, and many veterans as well as their family members face barriers to accessing the services they need. A successful response to the behavioral health needs of veterans and their family members is likely to require a coordinated federal, state, and local effort.

- **Coordination and Communication** – Because so many partners are involved in providing services to veterans and their families, ongoing efforts are needed to ensure that services are well coordinated at the state and national level.

Recommendations

Based on the identified gaps and the resources currently available, the TWG Returning Veterans Subgroup recommended the following:

- **Data** – Collaborate with federal and state partners to gather comprehensive data on the behavioral and physical health status of OEF/OIF veterans and their families.

- **Service Utilization** – Develop outreach strategies utilizing the Texas Information and Referral Network (2-1-1 Texas), 12-Step Groups, peer support services, and the TexVet: P.A.T. website.

- **Quality and Effectiveness of Services** – Provide education and training to medical and behavioral health service providers, information and referral specialists, law enforcement officers, and others to increase understanding of veterans' behavioral health issues.

- **Health Care Coverage and Access** – Explore options to address gaps in health care coverage and access, especially for families of OEF/OIF veterans. Evaluate the costs of a program to help pay health insurance premiums for families of OEF/OIF veterans, and encourage VA facilities to refer veterans to qualified community providers when there are gaps between needed behavioral health services and those available at the VA facility nearest to the home of the veteran.

- **Coordination and Communication** – Cultivate partnerships among multiple federal, state, and local entities to foster improved coordination. Build upon the partnerships established in the "Partners Across Texas" MOU, and coordinate TWG recommendations with other efforts at the state and national levels.

Conclusion

The TWG is but one of many groups and organizations interested in the well-being of veterans returning to Texas from Afghanistan and Iraq. Many partnerships have been established to coordinate planning and services. Given the substantial number of Texans who have already returned from service and who will continue to return over the next few years, these partnerships must be maintained and strengthened. The TWG and its members will do their part to move forward with the actions presented in this report, and will continue to identify and address the behavioral health needs of veterans and their families.

2. PREFACE

In 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded $92.5 million to seven states over five years for Mental Health Transformation (MHT) State Incentive Grants, including Texas. Texas is charged with building a solid foundation for delivering evidence-based mental health and related services, fostering recovery, improving quality of life, and meeting the multiple needs of mental health consumers across the life span.

As directed by the Governor of Texas, the Department of State Health Services (DSHS) serves as the administrative home of the grant in Texas. Recognizing that this award provided the opportunity to bring together agencies and stakeholders, the Governor directed 14 state agencies and consumers/family members to form the MHT Transformation Working Group (TWG), with each signing a memorandum of agreement to participate fully in transformation activities.

At its meeting on August 5, 2008, the TWG received information regarding the behavioral health needs of combat veterans returning to Texas from Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF). Speakers included Col. Connie McNabb (Joint Surgeon of the Texas Military Forces) and Kathryn Kotrla, M.D. (TWG member and Associate Dean of the Texas A&M Health Science Center College of Medicine-Round Rock). Other speakers represented the Texas Workforce Commission, Texas Veterans Commission, and the Bexar County Community Collaborative.

Based on the information provided on August 5, the TWG recommended that DSHS coordinate a TWG subgroup to 1) identify the behavioral health needs of OEF/OIF veterans and their families, 2) map existing resources to meet those needs, and 3) develop recommendations to address identified gaps. A subgroup met on September 18 and October 2. The subgroup's findings, recommendations, and suggested next steps are included in this report. A list of workgroup members is included in Section 2.2 of this report.

This report intentionally focuses on returning veterans from the two currently active theaters of war – Afghanistan and Iraq. From these two theaters, service personnel are experiencing unprecedented survival rates from serious injuries, unprecedented length and number of deployments and unprecedented awareness and recognition of behavioral health impacts. Due to the extensive use of improvised explosive devices (IEDs), traumatic brain injury is considered the signature wound from these wars. This in no way is intended to minimize the needs of veterans from previous eras of conflict. Instead, this narrow focus is intended to maximize the impact of a successful early response to support the reintegration of returning service personnel into their families and communities. Additional work should occur to further assess and address the behavioral health issues of veterans from earlier eras of conflict as well.

The TWG is but one of many groups and organizations interested in the well-being of returning veterans and their families, and undertook this review on its own initiative. This report is not intended to represent a comprehensive study of veterans' mental health care issues, but rather serves to map existing resources and identify gaps in the delivery of mental health services for veterans and their families as part of the TWG's overall charge to identify ways to improve the state's mental health infrastructure. Comprehensive research on the behavioral health needs of veterans exists at the national level. The RAND Corporation recently published a comprehensive study entitled *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery* (Tanielian and Jaycox [Eds.], Santa Monica, Calif.: RAND Corporation, MG-720-CCF, 2008). The RAND research was partially

based on a survey of nearly 2,000 service members and veterans. The research also involved focus groups with service members and their families as well as interviews with key administrators and service providers.

In Texas, multiple state, federal, and private partners have joined together in a Memorandum of Understanding (MOU) under the name "Partners Across Texas." This partnership is an interagency and multi-organizational collaboration to enhance support for Texas Army and Air National Guard Service and family members and all military veterans within the State of Texas. Members include the Texas Veterans Commission, Adjutant General's Department, Texas Military Forces, Texas Health and Human Services Commission, Texas Veterans Land Board, Veterans County Service Officers Association of Texas, U.S. Department of Veterans Affairs (Benefits Administration, Health Administration, and Vet Centers), U.S. Department of Labor, Texas Employer Support for the Guard and Reserve, Veterans of Foreign Wars, American Legion, TriWest Healthcare Alliance, and Humana Military Healthcare Services. A copy of the MOU is attached to this document as Appendix 6.2. This report is intended to complement the collaborative efforts of the signatories to Partners Across Texas by using TWG member participation to focus specifically on mental health service delivery and coordination.

2.1 WORKGROUP CHARGE

The charge of this workgroup is to identify the behavioral health needs of Operation Enduring Freedom – Afghanistan (OEF) and Operation Iraqi Freedom (OIF) veterans and their families, map out existing resources to meet those needs and develop recommendations to address any gaps identified in this analysis.

This analysis and resulting recommendations will be delivered to the Transformation Working Group (TWG) in December 2008.

Workgroup Responsibilities:

- Identify current resources, roles and responsibilities of the Veterans Administration, TRICARE, Texas National Guard, TWG agencies, Behavioral Health Providers, other health care providers.
- Assess gaps in the current system for returning veterans and their families.
- Recommend possible initiatives to address gaps in behavioral health services for these individuals, in the following areas:
    - Services needed
    - Training needs
    - Resources for appropriate evidence-based practices, e.g., motivational counseling intervention, CBT, cognitive processing therapy, prolonged exposure therapy, acceptance and commitment therapy, etc.
    - Eligibility
    - Outreach
    - Service delivery system issues

Preliminary List of Resource Documents:

- VA Uniform Services package
- Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery, RAND Center for Military Health Policy and Research
- Existing MOUs currently in effect or under development
- Any available data sources on geographic disbursement of service members and their families, health risk assessment, utilization characteristics

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3. INTRODUCTION

3.1 OEF/OIF VETERANS IN TEXAS

Texas has the third largest population of veterans in the United States and contributes a significant number of the military service members deployed as part of Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF) in Iraq. According to the U.S. Census Bureau, more than 230,000 veterans in Texas have been on active duty since September 2001 (Hughes, Sept. 18, 2008). Assuming that these Texans are aligned with national estimates, they have the following characteristics:

- 48% are Active Duty; 52% are Reserve/National Guard
- 88% are men; 12% are women
- 65% Army; 12% Air Force; 12% Navy; 12% Marine
- 34% were deployed multiple times
- 52%, the largest age group, is 20-29 years old
- 69% of those who filed disability claims received service-connected disability compensation award

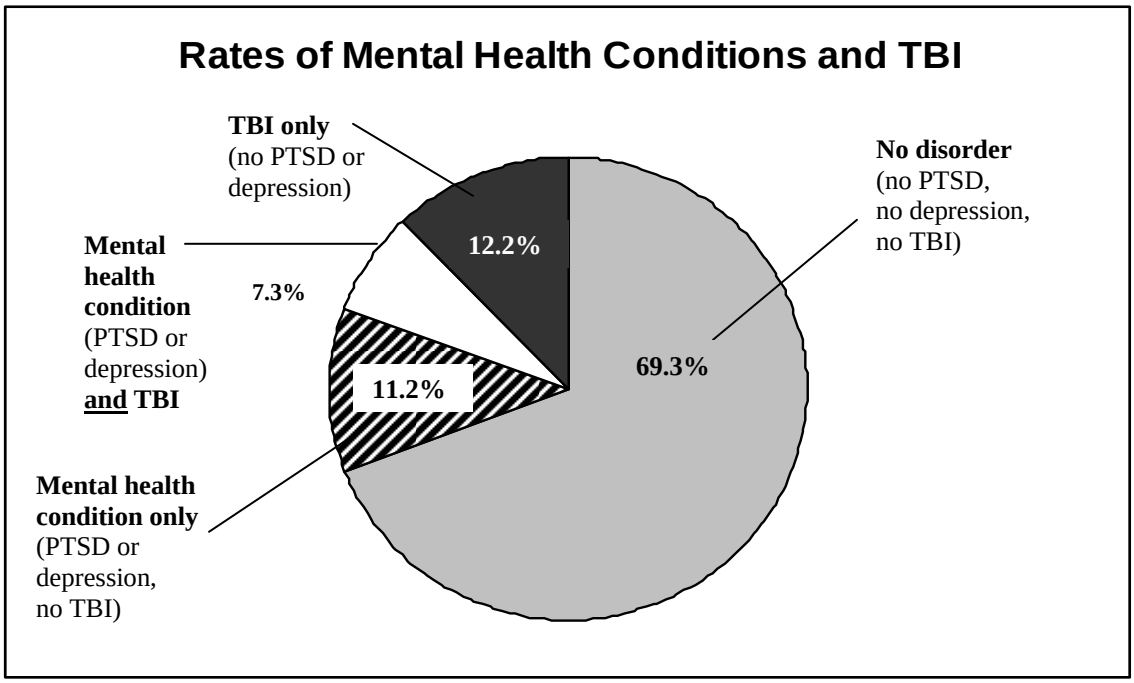
Source: U.S. Department of Veterans Affairs (http://www.va.gov), National Center for Veterans Analysis and Statistics (NCVAS), February 2008

In order to fully understand and plan for the needs of veterans returning to Texas, additional data need to be gathered from a variety of sources. Texas-specific data should be gathered for active duty service members, Texas Military Forces members, reserves, contractors, and families. The fact that these data are not readily available is itself an obstacle to fully understanding the scope of need for veteran mental health delivery.

3.2 PSYCHOLOGICAL AND COGNITIVE INJURIES

According to the RAND Corporation's *Invisible Wounds of War* (Tanielian and Jaycox [Eds.], 2008), nearly one-third of the service members returning from OEF or OIF are affected by post-traumatic stress disorder (PTSD), major depression, or traumatic brain injury (TBI). These conditions require ongoing behavioral health services and supports for veterans as well as their families. Symptoms may not manifest for several months or years after an event. TBI symptoms, for example, may take as many as five years to manifest. This delayed onset of symptoms can make treatment more difficult.

Figure 1. Rates of Mental Health Conditions and TBI Among OEF/OIF Veterans



Source: Tanielian, p. 13.

Individuals with any of these conditions "are more likely to have other psychiatric diagnoses (e.g., substance abuse) and are at increased risk for attempting suicide. They have higher rates of unhealthy behaviors (e.g., smoking, overeating, unsafe sex) and higher rates of physical health problems and mortality. They tend to miss more days of work or report being less productive. There is also a possible connection between having one of these conditions and being homeless. Suffering from these conditions can impair relationships, disrupt marriages, aggravate the difficulties of parenting, and cause problems in children, thus extending the consequences of combat experiences across generations" (Tanielian, pp. 31-32).

3.3 ACCESS PATHWAYS TO BEHAVIORAL HEALTH SERVICES

Primary responsibility for behavioral health services for veterans rests with the U.S. Department of Veterans Affairs (VA). The VA provides comprehensive health care coverage and an array of reintegration services. State agencies and community-based organizations that provide behavioral health services to Texas residents serve as a backup to help connect veterans and their families to needed services and to help fill any service gaps that veterans and their families may encounter. Section 4 of this report outlines services provided by federal, state, and community-based agencies.

As Figures 2 and 3 illustrate, OEF/OIF veterans and their families have multiple pathways to access behavioral health services. The pathways may originate with screening that occurs during demobilization, conversations with peers or trusted colleagues, information and referral services, medical check-ups, encounters with the criminal justice system, or any number of other avenues.

Figure 2 – Behavioral Health Access Pathways for **OEF/OIF Veterans**

Some veterans seek services on their own or through encouragement from peers, trusted colleagues, or family members. They may:

- Find formal or informal support from OEF/OIF peers
- Call 2-1-1 for information and referral
- Call mental health or substance abuse hotlines
- Find services online at www.TexVet.com or other sites
- Go to a nearby Vet Center
- See a doctor at a military treatment facility, VHA facility, or private clinic
- Attend a 12-Step Group
- Access local community-based services
- Access services through employer-sponsored programs
- Contact a Veterans Service Organization (VSO)

Other veterans access behavioral health services only after a serious problem manifests. Those providing services may not know they are dealing with veterans who have unique challenges. These veterans may:

- Access local mental health crisis services
- Encounter the criminal justice system
- Encounter courts or jail diversion programs
- Encounter probation or parole systems
- Encounter family protective services
- Go to a hospital emergency room

Approximately half of those who need services do not seek care.

A RAND survey found that only 53 percent of service members and veterans with probable PTSD or major depression sought help for a mental health problem in the past 12 months, and only 43 percent of those with probable TBI had been evaluated by a physician for a brain injury (Tanielian, pp. 13-14).

Figure 3 – Behavioral Health Access Pathways for **Families** of OEF/OIF Veterans

Family members may seek services from many of the same sources as service members or veterans. They may:

- Find informal support from other family members or peers
- Call 2-1-1 for information and referral
- Call mental health or substance abuse hotlines
- Find services online at www.TexVet.com or other sites
- Go to a nearby Vet Center
- See a doctor if covered by health insurance
- Access local community-based services
- Access services through employer-sponsored programs

- Children of service members or veterans may experience stress or anxiety that can cause problems at school.
- Schools near military bases are more likely to have ongoing support for children of service members or veterans.

When problems manifest, families may encounter the same types of intervention services as veterans themselves. For example, they may encounter:

- Local mental health services
- Family protective services
- Criminal justice system
- Probation or parole systems
- Family courts

Some who need services do not seek care.

As is the case with many service members and veterans, some families may not seek services for a variety of reasons. Some families may lack health insurance coverage. Others may not live near a Vet Center or other community-based service provider.

4. SERVICES

Many federal, state, and private organizations provide behavioral health services for veterans. At the federal level, the Department of Defense provides comprehensive health care coverage for active duty service members and their families and conducts a Post-Deployment Health Assessment to identify physical and behavioral health concerns. The Department of Veterans Affairs (VA) has primary responsibility for veterans who are no longer on active duty status, providing comprehensive health care coverage and reintegration services. At the state level, a variety of services are available from agencies such as the Texas Veterans Commission, Texas Military Forces, Health and Human Services Commission, Department of State Health Services, Department of Assistive and Rehabilitative Services, and Texas Workforce Commission. State services ensure that veterans are linked to federal benefits and are supported as they attempt to return to work and deal with the physical, psychological, and emotional impacts of combat experience. At the local level, the state's 39 Community MHMR Centers serve as a foundation for the locally managed public system of care for Texans with serious mental illness in all 254 counties in the state. The Centers provide an array of behavioral health services that veterans or their family members may need, including crisis services and case management. Many other individuals and systems also interact with veterans at the community level, including the criminal justice system, courts, employers, hospitals, schools, and community groups. Services provided by these federal, state, and local entities are described in greater detail below.

4.1 U.S. DEPARTMENT OF DEFENSE

Comprehensive Health Care Coverage

- TRICARE: Active duty service members and their families are covered by TRICARE, the health insurance program of the Department of Defense. TRICARE beneficiaries receive services at military treatment facilities or through private provider networks. Coverage includes mental and behavioral health services that are medically or psychologically necessary. TRICARE also covers 1) National Guard and Reserve members/families if the service member is activated for more than 30 days, 2) military retirees/families, and 3) spouses of veterans killed in action. When National Guard or Reserve members are activated for 180 days or more, they are considered "active duty." (http://www.tricare.mil/)

- CHCBP: When service members separate from service, they can purchase comprehensive health care coverage for up to 18 months through the Continued Health Care Benefit Program (CHCBP). This program provides temporary, transitional coverage that can act as a "bridge" between a service member's military health benefits and the medical benefits offered through his or her new employer. Coverage is available for former service members as well as their families. The program uses existing TRICARE providers and follows most of the rules and procedures of the TRICARE standard program. The premium rates are $933 per quarter for individuals and $1,996 per quarter for families. (http://www.humana-military.com/south/bene/TRICAREPrograms/chcbp-basics.asp)

The Department of Defense also provides Post-Deployment Health Assessment (PDHA) and Post-Deployment Health Reassessment (PDHRA) evaluation, which include:

- Medical screening for both behavioral health and physical health concerns;
- Access to resources and support for a wide range of questions and concerns about health after returning from deployment; and
- Education and training to assist in addressing deployment-related health concerns.

All soldiers serving in a combat zone receive a PDHA prior to leaving the theater of operations (usually a few weeks before departing) and then upon return to a deployment station.

Soldiers complete Department of Defense (DoD) Form 2796 and speak one-on-one with a health care provider. Soldiers who are identified with a need for mental health services are either kept on active duty for treatment/management or released from active duty with referral to a mental health care provider (VA or TRICARE). (Form 2796 is available online at the following website: http://www.dtic.mil/whs/directives/infomgt/forms/forminfo/forminfopage2347.html.)

The PDHRA is conducted 90 to 180 days after a soldier returns from being deployed. Soldiers complete DoD Form 2900 and, again, speak one-on-one with a health care provider. This is either accomplished at the soldier's unit or over the Internet with a follow-up call from a health care provider. (Form 2900 is available online at the following website: http://www.dtic.mil/whs/directives/infomgt/forms/forminfo/forminfopage3291.html.)

The PDHA and PDHRA are DoD programs and are used by all services and components.
In the Texas National Guard, these programs are managed by the Texas Army National Guard and the Texas Air National Guard surgeons and commanders.

Additional information about PDHA and PDHRA is available at the following websites:

- Overview of the U.S. Army PDHRA Program – Frequently Asked Questions (FAQs): http://www.armyg1.army.mil/HR/pdhra/faq_overview.asp

- Force Health Protection and Readiness Programs, Post-Deployment Health Reassessment: http://fhp.osd.mil/pdhrainfo/

- National Guard Virtual Armory – Post-Deployment Health Reassessment: http://www.virtualarmory.com/mobiledeploy/PDHRA/

- Deployment Health Clinical Center, Post-Deployment Health Reassessment (PDHRA) Program (DD Form 2900): http://www.pdhealth.mil/dcs/pdhra.asp#bhc

Online Resource for Managers

- The United States Department of Labor has developed a program focused on employment for OIF/OEF Veterans, called America's Heroes at Work. This program provides information for employers to explain issues associated with PTSD and TBI after deployment. The program's website is available at the following address: www.americaheroesatwork.gov.

4.2 U.S. DEPARTMENT OF VETERANS AFFAIRS

Comprehensive Health Care Coverage

- VHA and CHAMPVA: OEF/OIF combat veterans are eligible for enhanced enrollment for Veterans Health Administration (VHA) benefits for five years from the date of their most recent discharge. The comprehensive coverage available from VHA includes inpatient and outpatient mental health and substance abuse diagnosis and treatment. VHA coverage typically does not extend to family members and VHA clinics do not include pediatric care or child psychiatry. However, spouses and children of veterans who are permanently and totally disabled or who died from a service-connected disability are covered by the Civilian Health and Medical Program of the VA (CHAMPVA). (http://www.va.gov/healtheligibility/)

Reintegration Services

- Vet Centers operated by the Department of Veterans Affairs (VA) provide an array of reintegration services for veterans and their families. All combat veterans and their families are eligible for services at no charge for military-related issues. Services include confidential screening, counseling, and linkage to other services. Additional information is available at the following website: http://www.vetcenter.va.gov/.

  Vet Centers across the country recently launched a fleet of 50 new mobile counseling centers. According to the VA, each vehicle will be assigned to one of the VA's existing Vet Centers, enabling the center to improve access to counseling by bringing services closer to veterans. The 38-foot motor coaches, which have spaces for confidential counseling, will carry Vet Center counselors and outreach workers to events and activities to reach veterans in broad geographic areas, supplementing VA's 232 current Vet Centers, which are scheduled to increase to 271 facilities by the end of 2009. Three of the vehicles will be based in Texas at Vet Centers in Amarillo, Midland, and San Antonio. The VA press release regarding the mobile counseling centers is available at the following website: http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1604.

- The Veterans' Mental Health and Other Care Improvements Act of 2008, signed into law on October 10, 2008, includes a pilot program on peer outreach and support for OEF/OIF veterans. The law requires the Secretary of Veterans Affairs to carry out a pilot program to assess the feasibility and advisability of providing the following services to OEF/OIF veterans, and, in particular, veterans who served as a member of the National Guard or Reserve:
  (1) Peer outreach services.
  (2) Peer support services provided by licensed providers of peer support services or veterans who have personal experience with mental illness.
  (3) Readjustment counseling services.
  (4) Other mental health services.

  Within the pilot program, where veterans reside in rural areas and lack access to VA facilities, the Secretary shall provide services through contracts with community mental health centers, the Indian Health Service, or other appropriate entities (U.S. Senate Bill 2162, Sec. 107).

- The Veterans' Mental Health and Other Care Improvements Act also includes a pilot program on the provision of readjustment and transition assistance to veterans and their families in cooperation with Vet Centers. The pilot program will be carried out through a contract with a private or non-profit entity in cooperation with ten Vet Centers (U.S. Senate Bill 2162, Sec. 302).

Substance Abuse Services

- The Veterans' Mental Health and Other Care Improvements Act of 2008 includes an expansion of substance use disorder treatment services provided by the Department of Veterans Affairs. The law requires the Secretary of Veterans Affairs to ensure that the following substance abuse services and treatments are available for veterans enrolled in the health care system of the Department of Veterans Affairs:
    (1) Screening for substance use disorder in all settings, including primary care settings.
    (2) Short-term motivational counseling services.
    (3) Marital and family counseling.
    (4) Intensive outpatient or residential care services.
    (5) Relapse prevention services.
    (6) Ongoing aftercare and outpatient counseling services.
    (7) Opiate substitution therapy services.
    (8) Pharmacological treatments aimed at reducing craving for drugs and alcohol.
    (9) Detoxification and stabilization services.
    (10) Coordination with groups providing peer-to-peer counseling.
    (11) Such other services as the Secretary considers appropriate.

  (U.S. Senate Bill 2162, Section 103)

- The Veterans' Mental Health and Other Care Improvements Act also includes a pilot program for Internet-based substance use disorder treatment for OEF/OIF veterans. The law requires the Secretary of Veterans Affairs to assess the feasibility and advisability of providing OEF/OIF veterans who seek treatment for substance use disorders access to a computer-based self-assessment, education, and specified treatment program through a secure Internet website operated by the Secretary (U.S. Senate Bill 2162, Section 105).

4.3 Overview of Services/Eligibility from Departments of Defense and Veterans Affairs

Table 2. Overview of Behavioral Health Services from the Department of Defense and the Department of Veterans Affairs

Department of Defense		Department of Veterans Affairs	
TRICARE http://www.tricare.mil/	**Continued Health Care Benefit Program (CHCBP)** http://www.humana-military.com/south/bene/TRICAREPrograms/chcbp-basics.asp	**Veterans Health Administration** http://www.va.gov/healtheligibility/	**Vet Centers** http://www.vetcenter.va.gov/
• Comprehensive health care services at military treatment facilities or through network providers • Inpatient and outpatient mental health and substance abuse diagnosis and treatment: o Psychotherapy o Acute inpatient psychiatric services o Partial hospitalization o Residential treatment o Treatment for substance abuse disorders • Detoxification • Rehabilitation • Outpatient group therapy • Family therapy o Medication management Note: If seeing a mental health counselor, licensed professional counselor, or pastoral counselor, the patient must have a written referral from a physician, and care must be supervised by a physician.	• CHCBP benefits are comparable to the TRICARE standard benefit.	• Comprehensive health care services at VA medical centers and clinics • Inpatient and outpatient mental health and substance abuse diagnosis and treatment	• Confidential readjustment counseling at no cost to veterans or their families: o Individual and group counseling o Marital and family counseling o Bereavement counseling o Medical referrals o Assistance applying for VA benefits o Employment counseling o Guidance and referral o Alcohol/drug assessments o Information and referral o Military sexual trauma counseling and referral o Outreach and community education

Table 3. Overview of Eligibility for Behavioral Health Services for OEF/OIF Service Members/Veterans and Their Families From the Department of Defense and the Department of Veterans Affairs

Veterans / Families		**Department of Defense**		**Department of Veterans Affairs**	
		TRICARE (comprehensive coverage)	**Continued Health Care Benefit Program (CHCBP)** (comprehensive coverage)	**Veterans Health Administration** (comprehensive coverage)	**Vet Centers** (reintegration services / counseling)
Service Members / Veterans	Active Duty	X			
	Activated Guard / Reserves	X For activations of 30+ days			
	OEF/OIF Veterans		X	X Covered for 5 years from date of most recent discharge.	X
	Disabled Veterans			X	X
	Military Retirees	X			X
Families	Families of Active Duty	X			
	Families of Activated Guard / Reserves	X For activations of 30+ days			
	Families of OEF/OIF Veterans	X Survivors of veterans killed in action	X • Premium rates are $933 per quarter for individuals and $1,996 per quarter for families. • Coverage is effective on the day after a service member loses military benefits. • Coverage lasts up to 18 months for separating service members and their families.	X Spouses or children of veterans who are permanently and totally disabled or who died from a service-connected disability are covered by the Civilian Health and Medical Program of the VA (CHAMPVA).	X
	Families of Military Retirees	X			X

4.4 TEXAS RESOURCES FOR IRAQ-AFGHANISTAN DEPLOYMENT (TRIAD)

Reintegration and other support services are provided through many community-based organizations with grant funding. Texas Resources for Iraq-Afghanistan Deployment (TRIAD) funds are a major source of grant funding. In 2007, the Iraq-Afghanistan Deployment Impact Fund at the Los Angeles-based California Community Foundation awarded $15 million to three Texas community foundations to support the efforts of non-profit organizations that provide needed services in Texas to active and former military personnel serving in Iraq and/or Afghanistan and their families. TRIAD Funds were established at the Dallas Foundation, the Permian Basin Area Foundation (Midland, TX), and the San Antonio Area Foundation. Through this statewide collaborative, the foundations have collectively awarded over $11 million in support of agencies serving OEF/OIF families.

In August 2008, the Iraq-Afghanistan Deployment Impact Fund of the California Community Foundation provided additional funding of $15 million to continue this work in the state of Texas. The Permian Basin Area Foundation, Dallas Foundation, and San Antonio Area Foundation are now accepting applications from 501(c)3 agencies providing services in their region.

Source: http://triadfund.org

4.5 TEXAS VETERANS COMMISSION

Veterans Employment Services Division. The Veterans Employment Services Division of the Texas Veterans Commission provides employment services to veterans and spouses in Texas. Local Veterans' Employment Representatives (LVER) and Disabled Veterans Outreach Program (DVOP) specialists provide and facilitate a full range of employment and training services to meet the needs of all veterans, especially newly separated and transitioning military personnel. These services will be provided either on-site or referred to Workforce Centers as necessary.

Claims Representation and Counseling Division. The Claims Representation and Counseling Division of the Texas Veterans Commission provides veterans, their dependents, and survivors assistance in filing claims with the Veterans Administration. Veterans Counselors provide and facilitate a full range of services to meet the needs of all veterans and their families including assisting with claims for compensation (service connected); pension (non-service connected); death benefits; educational assistance; home loans; insurance; hospitalization; outpatient care; and representation of veterans during the appeals process at the Waco and Houston Regional Offices in the event that their claim is denied.

With regards to mental health service claims, it is critical that returning veterans who are experiencing post-traumatic stress disorder (PTSD) or traumatic brain injury (TBI) receive assistance in establishing a "service connected" disability rating with the Veterans Administration (VA) if appropriate. This makes the veteran eligible for the full range of treatment provided by the VA. The rating also provides for payment of VA compensation, which assures the veteran will have resources for living expenses.

The Texas Veterans Commission has also conducted extensive training for Texas' Veterans County Service Officers (VCSOs) on the proper preparation of a claim for these disabilities ratings. In August 2008, Texas Veterans Commission conducted a special two-day training course for claims assistance counselors on the proper presentation and preparation of PTSD and TBI claims.

Veterans Education Program. The Texas Veterans Commission (TVC) is the State Approving Agency for all courses, programs, or tests pursued by veterans and other eligible persons. It will provide

awareness of benefits and services to veterans and will increase outreach around the state which will help maximize the number of individuals using the GI Bill. They provide veterans with the following:

(1) A current list of schools & training establishments in each veteran's area and throughout Texas.

(2) A contact list of VA Certifying Officials.

(3) Information concerning licensing & certification test reimbursement.

(4) List of all State Approving Agencies in the event of relocation to another state.

Transition Assistance. TVC, the Veterans Benefits Administration, and veteran service organizations work to provide accredited service at the time and location determined by the Texas National Guard. The accredited service officer, in cooperation with the Operation Enduring Freedom/Operation Iraqi Freedom Coordinator from the VA Regional Office, is responsible for providing information on all VA benefits and entitlements and for assisting with filing for benefits. This Coordinator provides benefit information and takes claims from all service members.

In the Zone. In August 2008, Texas Veterans Commission initiated a pilot peer-to-peer assistance program called "In the Zone." In the Zone utilizes peer-to-peer assistance groups to provide comradeship, inspiration and support to veterans. These groups are not meant to replace therapy groups or counseling. The training provided by Texas Veterans Commission, with VA assistance, give state and local personnel the techniques needed to establish "In the Zone" points of contact in communities.

The "In the Zone" points of contact assist veterans in obtaining medical care and counseling, assist at-risk veterans in arranging transportation and develop and lead the peer support groups. The peer support group leadership roles are intended for non-medical professionals who are veterans who have experienced similar issues. The groups are meant to be self-sustaining and, in no way, are meant to replace professional medical assistance. In fact, interaction with fellow veterans with similar experiences is meant to remove the stigma that the veteran may mistakenly associate with PTSD or TBI, making the veteran more amenable to seeking professional medical assistance. As a result of the pilot program training, there have been several "In the Zone" support groups established in Texas. This success has led the Texas Veterans Commission to request funding to initiate a statewide effort for the "In the Zone" program training using Texas Veterans Commission personnel and veterans county service officers (who work at the local level) as "In the Zone" points of contact.

Source: "Partners Across Texas" MOU and Richman, September 2008.

4.6 TEXAS MILITARY FORCES

The Texas Military Forces (TXMF) are comprised of the Texas Army National Guard, the Texas Air National Guard, and the Texas State Guard. The National Guard conducts reintegration training events for its members who return from combat through the Yellow Ribbon Program. The program is called the Yellow Ribbon Program because it is a reminder that the support of service members cannot end when they return from deployment and the yellow ribbons are untied. The program includes reintegration training events that occur 30 days, 60 days, and 90 days after return. More information about the Yellow Ribbon Program is included in the "Partners Across Texas" MOU. (See Appendix 6.2.)

TXMF also has a Joint Behavioral Health Team. The current team leader is Capt. Jill Bruno, a Licensed Social Worker. TXMF will also be hiring a Director of Psychological Services as funded by the National Guard Bureau in the very near future.

The mission statement of the Joint Behavioral Health Team is to provide compassionate expert behavioral support for soldiers, airmen and family members of the TXMF:

1. We ensure leaders and service members have the skills knowledge and resources necessary to maintain maximum levels of combat readiness.
2. Our scope of care includes Intervention, Assessment, Triage, Coordination of Services and Training. We participate in pre-deployment briefings, Referrals and Psychological Evaluations and Soldier Readiness Processing.
3. We work with all the Partners Across Texas to coordinate services and assistance.
4. We provide training to soldiers and leaders in warrior resiliency, coping skills, suicide prevention, readjustment, stigma, combat stress, TBI and many others on request from leaders.
5. We assist soldiers and airman with their Line of Duties and Medical Extensions, and liaison with command, health services, and community resources.

Source: McNabb, Oct. 21, 2008

4.7 TexVet: Partners Across Texas (P.A.T.)

TexVet: P.A.T. is a collaborative effort of organizations including the U.S. Department of Defense, Veterans Health Administration, Texas Military Forces, and State of Texas programs and agencies, including the Health and Human Services Commission's 2-1-1 Texas Information and Referral Network and the Texas A&M Health Science Center. This collaborative effort began partially in response to the mandate of SB 1058, 80th Texas Legislature.

Since a key issue is guiding military service members, veterans, and their families into the wide variety of available services, TexVet: P.A.T. utilizes a web-based information system, www.TexVet.com. This allows access to all available services, educational information, and coping information for the military, veterans, their families, and communities, and also organizes and categorizes services to increase accessibility. The web-based information system was initially funded by the Department of Veterans Affairs, but became a project of the Texas A&M Health Science Center College of Medicine, Round Rock Campus. This initiative is seamlessly integrated into the Partners Across Texas outreach of the Adjutant General's Department, and also into the Texas Information and Referral Network, 2-1-1 Texas.

TexVet: P.A.T. is also a forum for collaboration between federal and state government agencies and private organizations and businesses that are serving and supporting the military and their families and their communities. Service providers, military, and veterans-related groups all are encouraged to contact TexVet: P.A.T. with information to share to help deal with the effects of combat and military service.

Source: Kotrla, Nov. 25, 2008, and www.texvet.com

4.8 HEALTH AND HUMAN SERVICES COMMISSION

HHSC oversees the operations of the health and human services system, provides administrative oversight of Texas health and human services programs, and provides direct administration of certain health care programs. HHSC participates in the TexVet initiative through the use of its 2-1-1 Call Centers. The Texas Information and Referral Network, 2-1-1 Texas, is a non-emergency confidential telephone service linking callers to local services in Texas. Anyone can call 2-1-1 to speak directly with a person who is trained to help find needed services, including services specifically for military service members, veterans, and their family members.

HHSC also recently established the Office of Acquired Brain Injury (OABI) to assist and coordinate services for persons with acquired brain injury, including veterans. OABI will partner with federal, state and local entities and other stakeholders to coordinate seamless access to information and services.

Sources: "Partners Across Texas" MOU, www.211texas.org and www.hhsc.state.tx.us.

4.9 DEPARTMENT OF STATE HEALTH SERVICES

Community Mental Health Services. DSHS contracts with 39 Local Mental Health Authorities across the state to provide evidence-based resiliency and disease management mental health services to eligible adults and children including: 24-hour crisis services; screening and assessment; case management that links clients to community resources; rehabilitation and medication services; and family support and education. Service fees are based on one's ability to pay. Ongoing services are targeted to individuals with a diagnosis of schizophrenia, bipolar disorder, or major depression.

Local Mental Health Authorities may be an access point for veterans who are in crisis. Once the crisis is resolved, the veteran would be referred to the VA system.

Community-Based Mental Health Crisis Services. DSHS received an $82 million two-year appropriation from the Texas Legislature to improve how public mental health crisis services are provided statewide. In May 2008, DSHS awarded $25 million to 17 Local Mental Health Authorities for community-based crisis services. A total of $21.4 million was awarded to 14 Local Mental Health Authorities for two-year projects that will establish or enhance psychiatric emergency service centers or for other facilities that provide alternatives to sending mentally ill patients to hospitals or jails if they can be treated in more appropriate settings. A total of $3.5 million was recently awarded to five mental health entities for two-year projects to provide outpatient treatment to people who have been found incompetent to stand trial.

The funding is part of an overall effort to increase access to crisis response services, reduce the need for hospitalizations and provide alternatives to incarceration for those in mental health crises. Crises may include situations in which people are, or believe they are, suicidal, a danger to others or having significant deterioration due to a mental condition.

Of the $82 million appropriation, DSHS also provided $21 million in the fall of 2007 to 38 Local Mental Health Authorities to help pay for the first year of crisis hotline improvements, mobile outreach units and other mental health crisis services. That money also is being used to develop additional crisis services, such as walk-in services, children's outpatient services or residential services, or to train law enforcement officers how to identify and deal more appropriately with people who have mental illnesses. DSHS will provide $35 million next fiscal year for continuation of these local services.

NorthStar. DSHS funds NorthSTAR, an integrated Medicaid managed care plan, which uses a public/private provider network to provide a comprehensive array of mental health and substance abuse treatment services to indigent and Medicaid-eligible populations in seven counties in the Dallas service region. The plan is designed to enhance access to services through the seamless integration of multiple funding sources.

Substance Abuse Prevention. DSHS contracts statewide with substance abuse prevention organizations to prevent or interrupt the use of alcohol, tobacco and other drugs by youth. These community-based organizations deliver evidenced-based programs within schools and communities and foster the development of social and physical environments that facilitate healthy, drug-free lifestyles through community coalitions and prevention resource centers.

Substance Abuse Treatment. DSHS contracts with independent treatment organizations to ensure access to and availability of a continuum of substance abuse treatment services in each health and human service region. The target population is 12–17 year-old indigent or low income youth, 18–65 year-old adults, pregnant and postpartum women, women with children, and HIV infected adults. All contracted substance abuse treatment providers must link to prevention services to ensure that children with parent(s) in treatment receive DSHS-funded prevention services; appropriately serve those with co-occurring psychiatric and substance abuse disorders; and assess clients for HIV, STDs and TB-associated risks and provide screening and access to appropriate treatment as necessary.

State Hospitals. DSHS works to promote the recovery and abilities of persons with mental illness who require specialized treatment in state-owned hospitals.

DSHS provides acute and sub-acute in-patient services in state-owned facilities for persons with severe mental illnesses. Services provided by state mental health facilities include specialized intensive campus-based mental health services based on identified clients needs; crisis stabilization for persons in acute situations; and longer term care to help persons regain mental competency.

There are ten DSHS state mental health facilities.

- Austin State Hospital
- Big Spring State Hospital
- El Paso Psychiatric Center
- Kerrville State Hospital
- North Texas State Hospital
- Rio Grande State Center/ South Texas Health Care System
- Rusk State Hospital
- San Antonio State Hospital
- Terrell State Hospital
- Waco Center for Youth

DSHS mental health facilities provide specialized and intensive campus-based mental health services to qualified recipients. Nine of the state mental health facilities are adult psychiatric facilities providing in-patient hospitalization for people with severe mental illness in need of intensive treatment. The tenth facility, Waco Center for Youth (WCY), is a psychiatric residential treatment facility that serves teen-agers, ages 13 through 17, with emotional difficulties and/or behavioral problems. Treatment in these facilities may be short- or long-term in duration. Services are paid for through general revenue funds, private payment, private third-party insurance, as well as through Medicare and Medicaid programs.

Federally Qualified Health Centers Incubator Program. Federally Qualified Health Centers (FQHCs) increase access to primary care, dental, behavioral health and substance abuse services in medically underserved areas. Senate Bill 610, 78th Texas Legislature, directed the DSHS FQHC Incubator Program to make grants to establish new or expand existing facilities that can qualify as FQHCs, as defined by 42 U.S.C. Section 1396d.

In response to SB 610, the FQHC Incubator program:

- Provides funding for increased services that enhance the growth and eligibility of designated FQHCs for upcoming federal expansion grants; and
- Promotes and supports new non-profit and public entities to begin the FQHC development process.

4.10 Department of Assistive And Rehabilitative Services

DARS/VA Memorandum of Agreement:
A Memorandum of Agreement has been finalized between DARS and the U.S. Department of Veterans Affairs/Veterans Rehabilitation and Employment (VA/VRE). The purpose of the agreement is to advance, improve, and expand the work opportunities and independent living for veterans with disabilities. The agreement intends to avoid duplication of services while coordinating the provision of services to eligible individuals through collaboration and cooperation in the development of individualized plans for employment and independent living. DARS and the VA/VRE will share information and coordinate activities, as appropriate, and in accordance with applicable statutes.

DARS Services Available to Eligible Veterans:
All DARS programs use other available benefits, including veterans' benefits, before using DARS funds to pay for services.

- **Comprehensive Rehabilitation Services (CRS)** program helps persons with traumatic spinal cord and traumatic brain injuries receive intensive therapies to increase independence.

- **Vocational Rehabilitation (VR)** is a state-federal partnership that helps people with disabilities prepare for, find and keep jobs. Work related services are individualized and may include counseling, training, medical treatment, assistive devices, job placement assistance, and other services. Eligibility criteria for this program include: the presence of a physical or mental disability that results in a substantial impediment to employment, whether the individual is employable after receiving services, and whether services are required to achieve employment outcomes.

- **Independent Living (IL) Services and Centers** concentrate on self-sufficiency and quality of life, even if work potential is limited. Independent Living Centers and Services promote self-sufficiency despite significant disability, providing people with disabilities with improved mobility, communication, personal adjustment and self-direction. Independent Living Centers are operated by and for people with disabilities throughout the state to provide assistance through peer counseling, information and referral, advocacy support and other measures that encourage people to make their own decisions.

Source: Clardy, Oct. 20, 2008.

4.11 Department of Family and Protective Services

In those areas of the state where there are major military bases, such as Ft. Bliss and Ft. Hood, Child Protective Services (CPS) staff works closely with base personnel to address the needs of military families. As with other families, the case worker seeks to coordinate necessary services to rehabilitate the individual or family. Services might include treatment for substance abuse, anger management classes, or parent skills training. If the family lives on the base, CPS works with base staff to provide assistance to families, particularly if family violence is occurring.

In Adult Protective Services (APS), staff may be asked to assist with abuse, self neglect or exploitation of an elderly or disabled person.

Source: Milam, October 21, 2008.

4.12 Texas Workforce Commission

The Texas Veterans Leadership Program (TVLP) is a Texas Workforce Commission (TWC) resource and referral network that serves to connect returning veterans of Iraq and Afghanistan with the resources and tools they need to lead productive lives and enjoy the full benefits of the society they have willingly served. Veterans Resource and Referral Specialists (VRRSs) provide peer-to-peer outreach services to other Iraq and Afghanistan veterans and work to link them with ancillary services in local communities, including services provided by community service organizations, veterans' service organizations, faith-based programs. The VRRSs also link federal and local governmental agencies and programs as well as community leaders and employers.

Specifically, VRRSs:

- Seek out veterans in need of services;
- Serve as resource and referral agents, directing returning veterans to resources tailored to their needs;
- Make referrals and coordinate with different programs ranging from employment and training to medical care, mental health and counseling, veterans benefits, and other programs to address the varying needs of veterans; and
- Coordinate a chain of volunteer veterans familiar with the obstacles faced by returning veterans to assist in mentoring and serving returning Iraq/Afghanistan veterans.

Additional information is available at the following website: http://www.twc.state.tx.us/tvlp/tvlp.html

Source: Fuller, October 21, 2008.

4.13 TEXAS EDUCATION AGENCY

TEA provides leadership, guidance, and resources to help schools meet the educational needs of all students. The TEA Division of IDEA Coordination guides and supports the twenty regional service centers across the state in providing training and technical assistance to schools serving eligible students with disabilities. Programs that may impact military families include:

a) Behavior and Discipline Management (Region 4 ESC): The focus of the Behavior and Discipline Management Network for Students with Disabilities is to provide capacity building trainings and products for Education Service Center and Child

b) Texas Collaborative for Emotional Development in Schools (Region 4 ESC): The Texas Collaborative for Emotional Development in Schools (TxCEDS) is a statewide project of the Texas Education Agency's Division of IDEA Coordination. The purpose of the TxCEDS project is to develop a guiding policy that promotes the well

Source: Poe, Oct. 20, 2008.

4.14 TEXAS YOUTH COMMISSION

As the state's juvenile corrections agency, the Texas Youth Commission (TYC) provides behavioral health services only to those youth who have been committed to TYC by a judge for an offense committed by the youth between his or her 10th and 17th birthday. Occasionally, these youth have parents who may be veterans, but TYC does not collect data related to the military or veteran status of parents.

Source: Levins, Oct. 21, 2008.

4.15 TEXAS COUNCIL OF COMMUNITY MHMR CENTERS

As an association, the Texas Council represents the thirty-nine (39) community MHMR centers (Local Mental Health Authorities) that serve as a foundation for the locally managed public system of care for Texans with serious mental illness in all 254 counties in the state.

Providing mental health services with federal state and local funds since the 1960s, these community mental health and substance abuse providers are geographically dispersed across the state of Texas providing services from 220 community mental health clinics.

The centers provide annually psychiatric and substance abuse assessment and treatment, counseling, and case management, along with 24/7 telephone and mobile crisis response, to over 140,000 adults and children with serious mental illnesses.

Community MHMR centers are an access point for some veterans who are in crisis. Once the crisis is resolved, the veteran would likely be referred to a VA hospital or clinic if the veteran is not eligible for ongoing services at the Community MHMR Center. Eligibility for ongoing services generally requires a diagnosis of schizophrenia, bipolar disorder or major depression. The centers attempt to identify all possible benefits an individual is eligible for, including VA benefits. Currently, veteran status is not a

required data element to track so it is not possible to identify how many veterans are accessing the Community MHMR Center system. Even if asked, a veteran may choose not to disclose his or her veteran status.

Description of Services

Crisis and Access Services are provided initially to determine eligibility and level of need. Persons in crisis receive immediate intervention and services. Persons not in crisis receive a complete assessment within two weeks, during which a level of need is determined with a "package of services." Service packages vary and include combinations of services such as medication, case management, therapy, skills training, supported housing, and supported employment. Frequent re-evaluations are required to assess current need and changes in service packages. Each center operates a certified crisis hotline service 24 hours/7 days a week. Each center provides a Mobile Crisis Outreach Team.

Medication Services are provided to all eligible persons who have a need for medication to treat mental illness.

Case Management Services are provided to all persons served. These services monitor how a person is responding to treatment, develops treatment plans, links the person to other community agencies, and helps the person plan for discharge from services at the end of treatment.

Adult Rehabilitation Services are provided to all adults. Services involve a combination of case management and skills training and work to improve skills necessary for more independent and normal functioning. Services are provided in homes, community settings, and in center facilities. Depending on the level of need, there will be a minimum number of hours of such services provided each month.

Adult Supported Housing Services are provided to persons who need assistance in locating a place to live. This may involve locating living arrangements, providing limited rental assistance, and providing training and assistance in meeting the requirements of living in a residence independently.

Adult Supported Employment Services are provided to persons who need assistance in locating and maintaining employment. This may involve training on how to find and keep a job, and support to respond to various employment challenges that arise.

Inpatient Services are provided to adults in crisis. Centers have contracts with inpatient hospitals for brief periods of treatment (normally 1 to 3 days). Persons needing longer term hospitalization will be assisted for admission to a Department of State Health Services inpatient facility (state hospital).

Criminal Justice Services are special case management and treatment services provided to persons with mental illness who are released from jails or prisons, or for persons detained by law enforcement and are in need of jail diversion. Staff works with law enforcement officers, judges, probation officers, prison and jail staff to provide mental health treatment in support of community adjustment and to minimize or avoid incarceration.

COPSD (Co-occurring Psychiatric and Substance Use Disorders) is a program to identify, develop and implement effective and efficient methods of engagement, assessment and treatment models for persons with co-occurring substance use and mental illness disorders.

Additional information is available at the following website: www.txcouncil.com

Source: Lovelace, October 19, 2008.

4.16 TEXAS MENTAL HEALTH CONSUMERS

Texas Mental Health Consumers (TMHC) is a 501(c)(3) non-profit organization whose mission is to organize, encourage, and educate mental health consumers throughout Texas. TMHC has developed a peer certification training for veterans, and has shared the certification manual with the Department of Veterans Affairs

Source: Halligan, Oct. 20, 2008.

4.17 OTHER COMMUNITY-BASED SERVICES

The public health, mental health, and substance abuse systems provide community-based services that overlap somewhat with TRICARE, VHA, and Vet Center services. Many other individuals and systems also interact with veterans at the community level. Education and outreach strategies could help these community-based partners have a better understanding of veterans' issues and needs:

- Criminal justice
- Courts / jail diversion programs
- Employers
- Community groups
- Mental health advocacy groups
- Probation / parole (including juvenile)
- Veterans' Services Organizations (VSOs)
- Child Protective Services
- Adult Protective Services
- Schools
- Primary care physicians
- Hospital emergency rooms

5. GAPS AND RECOMMENDATIONS

5.1 GAP IN AVAILABILITY OF DATA

As mentioned in Section 3.1 of this report, additional data need to be gathered to help state policymakers fully understand and plan for the needs of OEF/OIF veterans returning to Texas. State and federal partners should collaborate to develop better, more coordinated surveillance of the behavioral and physical health status of OEF/OIF veterans. Texas-specific data are needed for Active Duty service members, Reserve/National Guard, contractors, and families.

Recommendation: Collaborate to gather data.

Possible TWG Actions:

- Establish necessary communication with federal and state partners to develop better assessment of behavioral and physical health status of veterans.
- Compile data from Texvet.com and 2-1-1 Texas to develop a better understanding of gaps in health care and other services for veterans and their families.
- Provide an opportunity for veterans and their families to disclose military service (i.e., checking a box on initial eligibility/screening form) upon accessing local MHMR and all state agency services to enhance service coordination and collect better data on needs of veterans.

5.2 Gap Between Need for Services and Use of Services

There is a gap between the need for mental health services and the use of such services. Hoge and others have found that "only a small proportion of those returning from deployment who experience symptoms seeks mental health care...." One study "found that only 23 to 40 percent of those who met . . . strict criteria for a mental health problem reported receiving professional help in the past year" (Tanielian, p. 3). However, there is a lack of systematic studies of mental health care utilization among OEF/OIF veterans after their deployment (Tanielian, p. 4). According to the RAND Corporation, many service members are reluctant to seek services for fear of negative career repercussions (Tanielian, p. 37). Under current military policies, information about being in treatment is available to command staff. The RAND Corporation recommends that military policies be changed at the federal level "so that there are no perceived or real adverse career consequences for individuals who seek treatment, except when functional impairment (e.g., poor job performance or being a hazard to oneself or others) compromises fitness for duty." Policies that ensure the confidentiality of mental health treatment would encourage service members and veterans to obtain needed services through existing mechanisms (e.g., command referral, unit-embedded support, or self-referral) (Tanielian, p. 37).

While federal military policy is outside the scope of the Mental Health Transformation Working Group and Texas state government, Texas state agencies and organizations can play a role to ensure that military service members, veterans, and their families are aware of services and supports within their communities that they can access in confidence without risk to their military status. Outreach efforts should be tailored to the OEF/OIF generation, which tends to use different communication methods from older generations. Moreover, outreach should recognize the power of peer-to-peer communication. Service members, veterans, and their family members of all ages tend to respond better to peers who truly understand what they have experienced in their particular war (Richman, Sept. 18, 2008; and Brandi, 2007). Peer-to-peer communication is already integrated into some programs, such as the Texas Veterans Leadership Program (TVLP) at the Texas Workforce Commission, but should be further developed and integrated into other state and federal programs. (See Section 4.12 of this report for information about the TVLP.)

Recommendation: Develop outreach strategies to ensure that veterans and their families are aware of resources. Outreach efforts should use effective terminology and age-appropriate communication strategies, and should emphasize peer-to-peer communications when possible.

Possible TWG Actions:

- Review outreach efforts for the 2-1-1 Information and Referral System.
- Disseminate information about available services through 12-step groups to reach veterans dealing with alcohol or substance abuse.
- Expand peer support models such as "In the Zone." This program offers facilitated group sessions, education, and linkage to services. TVC has requested funding for this program through its Legislative Appropriations Request. Assess adequacy of the funding request and explore options for coordinated statewide peer support outreach efforts.
- Consider utilizing www.TexVet.com as the online system to allow veterans to self-screen for eligibility for various services and resources.
- Support all state agencies, community service organizations, and community care providers in coordinating their efforts to work closely with the Department of Veterans Affairs and the Department of Defense to ensure that veterans receive encouragement, assistance, and support to seek available benefits and services for which they and their families are eligible.

5.3 GAPS IN QUALITY AND EFFECTIVENESS OF SERVICES

The RAND Corporation found that "treatments for PTSD and major depression vary substantially in their effectiveness," and that "the most effective treatments are being delivered in some sectors of the care system for military personnel and veterans, but that gaps remain in systemwide implementation" (Tanielian, pp. 38-39). The RAND recommendations would address this gap at a national level, suggesting, for example, that TRICARE and the VA implement uniform billing codes to indicate the specific type of therapy delivered. Only the most effective, evidence-based therapies would be covered.

Texas could partially address this gap by working with medical professional associations to encourage continuing education for medical and behavioral health professionals on veterans' issues and evidence-based practices. Training would also be helpful for those who help link veterans and their families to needed services, and for those who may assist OEF/OIF veterans and their family members through any number of service delivery systems, including law enforcement and schools. All of those who encounter OEF/OIF veterans need to understand the symptoms of PTSD, depression, TBI, and alcohol abuse, and should be aware that symptoms can occur years or decades after a traumatic event.

Recommendation: Provide education and training so that service providers understand the needs of OEF/OIF veterans and their families and provide the most effective services.

Possible TWG Actions:

- Partner with medical professional associations and academic health science centers to encourage continuing education for medical and behavioral health professionals on veterans' issues and evidence-based treatment practices.
- Collaborate with Partners Across Texas to hold regional training events to heighten community awareness about the combat experiences and needs of veterans and their families and encourage action at the community level.
- Continue to train information and referral specialists on the benefits available to veterans and their families.
- Provide training and tools for behavioral health providers for PTSD and TBI utilizing existing provider training methods already implemented in Texas throughout the VA and private provider systems.
- Support the development of training targeted to law enforcement, and ensure that the intake process used by the criminal justice system includes screening to identify veterans.
- Support training targeted to schools to address veterans' issues that affect children and their families.

5.4 GAPS IN HEALTH CARE COVERAGE AND ACCESS

The Department of Defense (DoD) and the Department of Veterans Affairs (VA) provide health care coverage and services for service members and veterans, as outlined in Sections 4.1, 4.2, and 4.3 of this report. While most OEF/OIF veterans and their families may technically be "covered," many still face barriers to accessing the services they need. The RAND Corporation asserts that "improving access to mental health services for OEF/OIF veterans will require reaching beyond the DoD and VA health care systems. Given the diversity and the geographic dispersal of these veterans, other options for providing health services must be considered, including Vet Centers, non-medical centers that offer supportive counseling and other services to veterans, and other community-based providers" (Tanielian, p. 34).

At the community level in Texas, there may be behavioral health service providers who are underutilized by OEF/OIF veterans. Because veterans have health care coverage through the VA, the VA may require that services be provided at a VA facility. However, there are times when accessing services at a VA facility is not the preference of the veteran due to time and distance to travel.

For families of veterans, health care coverage itself can be an issue. OEF/OIF veterans are eligible for comprehensive health care coverage through VHA for five years after their most recent discharge, and throughout their lifetime, following federal guidelines. Likewise, Vet Centers remain a lifelong treatment option. However, this coverage does not extend to their families beyond education and support. VHA clinical services are primarily focused on the veteran and do not include specialty services for pediatrics and child psychiatry. In contrast to the recent literature on needs of returning service members, relatively little research has emerged about the needs of family members of these veterans. Families are eligible to buy coverage through the Continued Health Care Benefit Program (CHCBP) for up to 18 months after the service member separates from service, but premiums for family coverage cost approximately $2000 per quarter. Therefore, cost may be a barrier for families of veterans to obtain health care coverage.
(http://www.humana-military.com/south/bene/TRICAREPrograms/chcbp-basics.asp)

Recommendation: Explore options to address gaps in health care coverage and access, especially for families of OEF/OIF veterans.

Possible TWG Actions:

- Evaluate the costs of a program to help pay health insurance premiums for families of OEF/OIF veterans.
- Where there are gaps between needed behavioral health services and those available at the VA facility nearest to the home of the veteran, the facility should consider extending the services to the veteran through referrals and reimbursement to qualified community providers.
- Encourage or require local level advisory committees to include VA Medical Center and Vet Center representation to inform planning and decision-making in the allocation of resources to meet identified community needs.

5.5 GAPS IN COORDINATION AND COMMUNICATION

As Section 4 of this report illustrates, multiple federal, state, and private entities are concerned with the health and well-being of OEF/OIF veterans and their families. Ongoing efforts are needed to ensure that services are well coordinated at the state and national level. The "Partners Across Texas" MOU lays the groundwork for ongoing coordination and communication in Texas. (See Appendix 6.2.)

Recommendation: Cultivate partnerships to foster improved coordination.

Possible TWG Actions:

- Continue to use and further develop the partnerships established in the "Partners Across Texas" Memorandum of Understanding (MOU) among multiple federal, state, and private entities, and recommend that participants in "Partners Across Texas" convene more regularly for collaborative planning and communication. Include the Texas Workforce Commission as a "partner" in the MOU.
- Encourage state agencies to participate actively in the scheduled Partners Across Texas meetings and become actively engaged in the process of coordinating services for OEF/OIF veterans and their families.
- Coordinate TWG recommendations with findings from relevant Interim Studies of the Texas Legislature and efforts at the national level for a comprehensive approach to addressing veterans' mental health issues. Include other organizations in outreach and communications efforts such as Military Officers Association of America, Veterans of Foreign Wars, Iraq and Afghanistan Veterans of America, etc.

5.6 Summary of Recommendations and Lead Responsibility

#	Recommendations Within Scope of TWG	TWG Lead Responsibility	Others Involved
1	**Collaborate to gather data.**		
1.1	• Establish necessary communication with federal and state partners to develop better assessment of behavioral and physical health status of veterans.	DSHS	• TVC • Texas Military Forces • Department of Defense • Department of Veterans Affairs
1.2	• Use data from Texvet.com and 2-1-1 Texas to develop a better understanding of gaps in health care and other services for veterans and their families.	HHSC / 2-1-1	• Texas A&M Health Science Center College of Medicine, Round Rock Campus
1.3	• Provide an opportunity for veterans and their families to disclose military service (i.e., checking a box on initial eligibility/screening form) upon accessing local MHMR and all state agency services to enhance service coordination and collect better data on needs of veterans.	DSHS / Texas Council of Community MHMR Centers	• All state agencies
2	**Develop outreach strategies to ensure that veterans and their families are aware of resources. Outreach efforts should use effective terminology and age-appropriate communication strategies, and should emphasize peer-to-peer communications when possible.**		
2.1	• Review outreach efforts for the 2-1-1 Information and Referral System, and improve efforts if necessary.	HHSC / 2-1-1	• TVC • Texas Military Forces
2.2	• Disseminate information about available services through 12-step groups to reach veterans dealing with alcohol or substance abuse.	DSHS	• Association of Substance Abuse Programs
2.3	• Expand peer support models such as "In the Zone." This program offers facilitated group sessions, education, and linkage to services. TVC has requested funding for this program through its Legislative Appropriations Request. Assess adequacy of the funding request and explore options for coordinated statewide peer support outreach efforts.	TVC	
2.4	• Consider utilizing www.TexVet.com as the online system to would allow veterans to self-screen for eligibility for various services and resources.	HHSC / 2-1-1	• "Partners Across Texas" participants • Texas A&M Health Science Center College of Medicine, Round Rock Campus

#	Recommendations Within Scope of TWG	TWG Lead Responsibility	Others Involved
2.5	• Support all state agencies, community service organizations, and community care providers in coordinating their efforts to work closely with the Department of Veterans Affairs and the Department of Defense to ensure that veterans receive encouragement, assistance, and support to seek available benefits and services for which they and their families are eligible.	All	
3	**Provide education and training so that service providers understand the needs of OEF/OIF veterans and their families and provide the most effective services.**		
3.1	• Partner with medical professional associations and academic health science centers to encourage continuing education for medical and behavioral health professionals on veterans' issues and evidence-based treatment practices.	DSHS	• Texas Medical Association • Texas Nurses Association • Texas Council of Community MHMR Centers • Association of Substance Abuse Programs • National Association of Social Workers—Texas Chapter • Texas Association of Addiction Professionals • Texas Psychology Association • Academic Health Science Centers • Texas Society of Psychiatric Physicians
3.2	• Collaborate with Partners Across Texas to hold regional training events to heighten community awareness about the combat experiences and needs of veterans and their families and encourage action at the community level.	Texas Military Forces/Texas Veterans Commission	• HHSC / Office of Acquired Brain Injury • Veterans' Services Organizations • HHSC
3.3	• Continue to train information and referral specialists on the benefits available to veterans and their families.	TVC	• County Service Officers' Association • Veterans' Services Organizations
3.4	• Provide training and tools for behavioral health providers for PTSD and TBI utilizing existing provider training methods already implemented in Texas throughout the VA and private provider systems.	DSHS	• Veterans Health Administration • Department of Defense
3.5	• Support the development of training targeted to law enforcement, and ensure that the intake process used by law enforcement includes screening to identify veterans.	TDCJ	
3.6	• Support training targeted to schools to address veterans' issues that affect children and their families.	TEA	• Military Child Education Coalition (MCEC)

#	Recommendations Within Scope of TWG	TWG Lead Responsibility	Others Involved
4	**Explore options to address gaps in health care coverage and access, especially for families of OEF/OIF veterans.**		
4.1	• Evaluate the costs of a program to help pay health insurance premiums for families of OEF/OIF veterans.	HHSC	• TVC
4.2	• Where there are gaps between needed behavioral health services and those available at the VA facility nearest to the home of the veteran, the facility should consider extending the services to the veteran through referrals and reimbursements to qualified community providers.	VHA/DSHS	• Texas Council of Community MHMR Centers
4.3	• Encourage or require local level advisory committees to include the VA Medical Center and Vet Center representation to inform planning and decision-making in the allocation of resources to meet identified community needs.	All	• Veterans Health Administration • Vet Centers
5	**Cultivate partnerships to foster improved coordination.**		
5.1	• Continue to use and further develop the partnerships established in the "Partners Across Texas" Memorandum of Understanding (MOU) among multiple federal, state, and private entities, and recommend that participants in "Partners Across Texas" convene more regularly for collaborative planning and communication. Include the Texas Workforce Commission as a "partner" in the MOU.	Governor's Office/Texas Military Forces	• "Partners Across Texas" participants
5.2	• Encourage state agencies to participate actively in the scheduled Partners Across Texas meetings and become actively engaged in the process of coordinating services for OEF/OIF veterans and their families.	All	
5.3	• Coordinate TWG recommendations with findings from relevant Interim Studies of the Texas Legislature, and efforts at the national level, for a comprehensive approach to addressing veterans' mental health issues. Include other organizations in outreach and communications efforts such as Military Officers Association of America, Veterans of Foreign Wars, Iraq and Afghanistan Veterans of America, etc.	All	

6. APPENDICES

6.1 PLANNED LEGISLATIVE INITIATIVES

Texas Military Forces

The Adjutant General's Department of the Texas Military Forces (TMF) plans to seek state funding to hire six full time employees to serve as case managers and facilitators for Texas Guardsmen seeking behavioral health support and services. They would be stationed at each battalion at a total cost of approximately $1 million for the biennium. The budget covers: salaries/wages, consumable supplies, travel and other operating expenses for two years. There is an expectation that there will be a federally funded program in the future to transition these efforts toward.

Texas Veterans Commission

The Texas Veterans Commission (TVC) plans to request approximately $100,000 for two positions that would be dedicated to supporting OEF/OIF veterans and their families. The positions would be located at Camp Mabry in Austin. These positions would attend family support meetings and serve as TVC liaisons to Guard troops and their families. An additional $25,000 will be requested to support peer assistance/education programs. TVC is also requesting five positions to increase capacity to support veterans of any war, including OEF/OIF.

Association of Substance Abuse Programs

The Association of Substance Abuse Programs supports a general expansion of prevention services.

Texas Council of Community MHMR Centers

The Texas Council of Community MHMR Centers supports efforts to increase peer support and to address workforce issues for OEF/OIF veterans and their families. The Council supports TMF's and TVC's requests to hire additional staff for screening and referral and is working to ensure that all enrolled veterans and their families have access to needed mental health services.

Texas Department of State Health Services

The Department of State Health Services (DSHS) plans to request $500,000 for training public behavioral health practitioners in evidence-based practices for PTSD. The approach to this training will be to conduct centralized training, including extended follow-up coaching for up to 200 practitioners using a model developed for the VHA. In addition, a subsequent training will provided for up to 50 practitioners to become trainers in the model.

DSHS will also request $500,000 for developing a web-based application for simplifying determination of eligibility and $100,000 to support regional meetings of Partners Across Texas.

6.2 'PARTNERS ACROSS TEXAS' MOU

MEMORANDUM OF UNDERSTANDING

BETWEEN THE

TEXAS VETERANS COMMISSION (TVC)
THE ADJUTANT GENERAL'S DEPARTMENT (AGD)
TEXAS MILITARY FORCES (TXMF)
TEXAS HEALTH AND HUMAN SERVICES COMMISSION
TEXAS VETERANS LAND BOARD
VETERANS COUNTY SERVICE OFFICERS ASSOCIATION OF TEXAS
DEPARTMENT OF VETERANS AFFAIRS, BENEFITS ADMINISTRATION
DEPARTMENT OF VETERANS AFFAIRS, HEALTH ADMINISTRATION
DEPARTMENT OF VETERANS AFFAIRS, VET CENTERS
DEPARTMENT OF LABOR
TEXAS EMPLOYER SUPPORT FOR THE GUARD AND RESERVE
VETERANS OF FOREIGN WARS
AMERICAN LEGION
TRIWEST HEALTHCARE ALLIANCE
HUMANA MILITARY HEALTHCARE SERVICES

SUBJECT: "***Partners Across Texas***" is an interagency and multi-organizational collaboration to enhance support for Texas Army and Air National Guard Service and Family Members and all Military Veterans within the State of Texas

1. Reference. All Texas State Agencies, Commissions, and Boards enter into this agreement by their authorities under Chapters 771 and 434 of the Texas Government Code. The VBA, VHA, VISNs, and the Vet Centers enter into this agreement under the authority of the Department of Veterans Affairs.

2. Purpose. The purpose of this partnership is to establish a framework for a mutually reinforcing, multi-organization relationship that benefits all Texas National Guard service members and veterans within the State of Texas and enhances the services available to them and their families. This MOU does not preclude its participating organizations from continuing to provide support to military veterans from all the armed service branches and components within the State of Texas.

3. Understanding.

a. It is the intent of the participating agencies and organizations that this MOU will be expanded as appropriate to include other interagency partners, both public and private. Additionally, any partner may withdraw from this agreement at any time with at least 30 days written notice.

b. MOU partners are joining together, as mandated by their respective missions and regulatory responsibilities, to serve military service members, veterans, and their families for their valuable and honorable service to our Country. Collaboration between the participating organizations in enhancing support to Texas National Guard members, veterans and their families will focus on the following issues and services:

(1) Identifying and exchanging primary points of contact within each agency or organization to facilitate communications, coordination and referrals.

(2) Participating in unit pre-deployment briefings, post-deployment reintegration training, Family Activity Days, and Community Events for Texas National Guard Soldiers and Airmen and their families.

(3) Providing assistance to Texas National Guard family members during and after deployments, including state emergency operations. This includes urgent financial issues, employment opportunities, and family issues during reintegration.

(4) Providing information on the full range of state and federal benefits and entitlements and assistance with claims through direct contact at each event, referrals, and through information in the HHSC 2-1-1 Call centers which operate 24/7.

(5) Assisting all Texas military veterans with the medical conditions associated with their military service.

(6) Providing employment services to veterans and spouses and coordinating with the Employer Support of the Guard & Reserve (ESGR) to assist in resolving conflicts between service members and employers.

(7) Leveraging Veterans Service Organizations and non-profit organizations to enhance and expand veterans programs and services.

(8) Encouraging, in an active and systematic way, Texas National Guard personnel/veterans and family members to make use of available services and benefits.

(9) The Texas Military Forces' Transition Assistance Advisors will coordinate support for the Texas Days and the Military Family Activity Days events with the participating members of this MOU. The TXMF State Family Program will coordinate pre-deployment and reintegration training activities. Each will publish a schedule of events including dates, and locations with the points of contact. They will also provide an estimate of the number of military and family members who will attend each event.

c. All individually identifiable health information shall be treated as confidential by the parties in accordance with all applicable federal, state and local laws, rules and regulations governing the confidentiality and privacy of individually identifiable health information, including, but without limitation, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

4. Department of Defense Yellow Ribbon Reintegration Program.

a. Section 582 of the National Defense Authorization Act (NDAA) -08 directs that "The Secretary of Defense shall establish a national combat veteran reintegration program to provide National Guard and Reserve members and their families with sufficient information, services, referral, and proactive outreach opportunities through the entire deployment cycle. This program shall be known as the Yellow Ribbon Reintegration Program.

b. The legislation makes specific reference to "programs of outreach to members of the Armed Forces and their family members to educate such members and their family members about the assistance and services available to them under the Yellow Ribbon Reintegration Program. Such assistance and services may include the following:

(1) marriage counseling
(2) services for children
(3) suicide prevention
(4) substance abuse awareness and treatment
(5) mental health awareness and treatment
(6) Post Deployment Health Reassessment Assessment (PDHRA)
(7) financial counseling
(8) anger management counseling
(9) domestic violence awareness and prevention
(10) employment assistance
(11) preparing and updating family care plans
(12) development of strategies for living with a member of the Armed Forces with post traumatic stress disorder or traumatic brain injury
(13) family readiness and reintegration services that address the unique needs of service members and their families who live in remote areas
(14) assisting Members of the Armed Forces and their families find and receive assistance with military family readiness and Service member reintegration
(15) referral services
(16) development of strategies and programs that recognize the need for long-term follow-up services for reintegrating service members and their families for extended periods following deployments

(17) assisting service members and their families in receiving services and assistance from the Department of Veterans Affairs, including referral services.

c. The Yellow Ribbon Reintegration Program is a comprehensive process that ensures service members and their families are better prepared and sustained throughout the deployment cycle. It facilitates well-being and provides a means to identify those who may need assistance with the challenges inherent to extended deployments.shall consist of informational events and activities for members of the National Guard and Reserves, their families, and community members to facilitate access to services supporting their health and well-being through the four phases of the deployment cycle.

d. The Deployment Cycle consists of four phases (1) Pre-deployment, (2) Deployment, (3) Demobilization, and (4) Post-Deployment-Reconstitution.

(1) Pre-Deployment Phase. The Pre-Deployment Phase shall constitute the time from first notification of mobilization until deployment of the mobilized Texas National Guard unit. Events and activities shall focus on providing education and ensuring the readiness of members of the unit, their families, and affected communities for the rigors of a combat deployment. During this stage, units mobilize at their armory and together with their families will receive a pre-deployment briefing from the TXNG. State Family Programs will ask the Veteran service agencies and organizations to participate in these briefings. Units will then report to their designated mobilization installation where they will undergo administrative actions, briefings, training, counseling, and medical evaluations to ensure they are prepared for deployment.

(2) Deployment Phase. The Deployment Phase shall constitute the time from deployment of the mobilized Texas National Guard unit until the unit arrives at a demobilization station inside the continental United States. Events and services provided shall focus on the challenges and stress associated with separation and having a member in a combat zone. Information sessions shall utilize Texas Military Forces' resources in coordination with the Employer Support of Guard and Reserve Office, Transition Assistance Advisors, and the State Family Programs Director. The TXMF Family Program will coordinate Reintegration Training for military families during this phase. This training will take place up to three months prior to the unit redeploying.

(3) Demobilization Phase. The Demobilization Phase shall constitute the period from arrival of the Texas National Guard unit at the demobilization station until its departure for home station. Initial reintegration activity will begin here as Members are provided education about the resources available to them as well as connecting them with service providers who can assist them in overcoming the challenges of reintegration.

(a) Texas Days. The Texas National Guard will provide a reintegration team at the Demobilization Station during this phase to provide information to the Soldiers and identify any issues or problems. These personnel will provide referrals for personnel services, veteran benefits, and points of contact for all Soldiers processing through de-mobilization. Key representatives may include any veteran service agencies or organizations that can provide support to the service member. The TXNG Transition Assistance Advisors will coordinate with these agencies and organizations regarding their participation.

(4) Post-Deployment-Reconstitution Phase.

(a) The Post-Deployment-Reconstitution Phase shall constitute the period from arrival at home station until 180 days following demobilization. Activities and services provided shall focus on reconnecting members with their families and communities and providing resources and information necessary for successful reintegration. Reintegration events shall begin with elements of the Initial Reintegration Activity program that were not completed during the Demobilization.

(b) The Texas National Guard shall hold reintegration activities at the 30-day, 60-day, and 90-day interval following demobilization. These activities shall focus on reconnecting members and their families with the service providers from the Initial Reintegration Activity to ensure that members and their families understand what benefits they are entitled to and what resources are available to help them overcome the challenges of reintegration. The Reintegration Activities shall also provide a forum for members and their families to address negative behaviors related to combat stress and transition.

(c) **Military Family Activity Days**. Units will conduct a Family Activity Day as part of their normal drill schedule within 1-6 months after re-deployment to assist their service members and their families to enhance their well-being and reintegrate into their pre-deployment lives. The TXMF Transition Assistance Advisors and State Family Program personnel will plan and coordinate with the unit commander for these days.

(1) Participants will provide personalized customer service in the areas of Veteran's benefits & entitlements, counseling, employment, and family support and assistance.

(2) MOU partners agree to provide representatives as part of a regional team to participate in weekend Family Activity Days at local armories without seeking financial reimbursement.

5. "Partners Across Texas" Participating Organizations. MOU partners will play an integral role as cohorts in this total effort. Teams will be organized to support the Texas National Guard throughout the seven stages of the Deployment Cycle Support and to provide information on Veterans Benefits, assistance with VA claims, employment, counseling, and reintegration issues. Representatives include:

a. Texas Veterans Commission
b. Texas Veterans Land Board
c. Texas Health and Human Services Commission
d. Veterans County Service Officers Association of Texas
e. Veteran's Benefits Administration
f. Veteran's Health Administration
g. VA Vet Centers
h. Department of Labor: Veterans Employment & Training Service
i. Texas Military Forces (TXMF) Transition Assistance Advisors, State Family Program, and State Surgeon Office
j. Employer Support of the Guard and Reserve
k. Veterans of Foreign Wars
l. American Legion
m. TriWest Healthcare Alliance
n. Humana Military Healthcare Services

6. Effective Date. This MOU is effective upon signature by the participating agencies organizations. The undersigned agree to make every effort to provide professional and seamless service delivery to all Texas National Guard military members, retirees and veterans within the State of Texas and enhance the services available to them and their families. The expressed goal of these services is to minimize the strains associated with mobilizations and deployments for military service and family members, and to encourage the member's use of all services and benefits which may assist in their reintegration adjustment after re-deployment.

This MOU is effective upon signature by the participating offices, agencies, and organizations.

Rick Perry
Governor of Texas

_____
Date

Signature Date	Signature Date
James E. Nier	Charles G. Rodriguez
Executive Director	Lieutenant General (TX), TXARNG
Texas Veterans Commission	Adjutant General of Texas
	Commander, Texas National Guard

Signature Date
Albert Hawkins
Executive Commissioner
Texas Health and Human Services Com

Signature Date
Jerry Patterson
Chairman
Texas Veterans Land Board

Signature Date
Carl E. Lowe II, Director Waco TX
Dept of Veterans Affairs Regional Office

Signature Date
Ursula G. Henderson, Director Houston TX
Dept of Veterans Affairs Regional Office

This MOU is effective upon signature by the participating offices, agencies, and organizations.

Signature Date
Aaron Strickland
Deputy Regional Manager for
Readjustment (Vet Centers)
Counseling Service, Region 3B

Signature Block Invalid; See page 8

Signature Date
George Gray
Network Director, VISN 16

Signature Date
Thomas J. Stranova
Network Director, VISN 17

Signature Date
Patricia A. McKlem
Network Director, VISN 18

Signature Date
John McKinny
Veterans' Employment and Training Service
(VETS)
U.S. Department of Labor

Signature Date
Jerry D. Icenhower, MG (Retired)
Chairman, Texas ESGR
Employer Support of the Guard and Reserve

Signature Date
Roy Grona
State Adjutant
Veterans of Foreign Wars,
Texas Coalition of Veterans
Organizations

Signature Date
William West
Department Adjutant
American Legion of Texas

This MOU is effective upon signature by the participating offices, agencies, and organizations.

Signature Date
Alice Demarais
Market Vice President
TriWest Healthcare Alliance

Signature Date
Chris Meilinger, MHA, FACHE
South Market Director
Southwest Market Area
Humana Military Healthcare Services

Signature Date
Olie L. Pope Jr.
Public Relations Officer
Veterans County Service Officers
Association of Texas

Appendix A (Participating Agencies, Commissions, Boards, and Organizations) to the *Partners Across Texas* MOU

1. Texas Military Forces includes the Texas Army and Air National Guard and the Texas State Guard. Additionally it includes the Adjutant General's Department (a state agency) under the Governor of Texas. **www.texasnationalguard.us/**

(a) The mission of the Texas Military Forces is to "provide mission-ready forces, responsive to community, State and nation." Missions include responding to State natural or man-made disasters and emergencies, homeland security operations, counterdrug operations, and deploying overseas to support the warfighting combatant commanders.

(b) The Texas National Guard consists of the Texas Army National Guard (TXARNG) and Texas Air National Guard (TXANG). The TXARNG consists of the 36th Infantry Division and various separate commands that include a multitude of combat, combat support and combat service support units. The TXANG consists of two Fighter Wings who conduct F-16 pilot training for the USAF and air sovereignty missions, a security squadron, and one Airlift Wing that provides tactical airlift.

(c) The Texas State Guard consists of statewide unpaid volunteers including six Civil Affairs Regiments, two Air Wings, one Maritime Regiment, and one Medical Brigade (Medical Reserve Corps). Their Mission is to provide mission-ready, military forces to assist State and local authorities in homeland security, State emergencies and Community service.

(d) The Soldier and Airman Support Center is located at Camp Mabry, Austin Texas and consists of the following TXMF support offices.

State Family Program and Family Assistance Center
Military Family Life Consultant
Military One Source Consultant **www.militaryonesource.com/**
Employer Support of the Guard and Reserve (ESGR)
Support Services
TXMF State Chaplain
TRICARE Representative
VA Service Representative
Equal Employment Office
State Military Records
Military Photo Lab

(e) Texas Military Forces State Family Program offers a variety of services to Texas Army and Air National Guard Families in Texas. **www.texasnationalguard.us/family readiness/**

(1) They coordinate reintegration activities and offer resource referral services and pre/post deployment briefings to Service Members and their Families on resources and benefits available to them, to include: TRICARE Medical, TRICARE Dental, Veterans Service Organizations, Employment Services, Emotional Counseling, Financial Resources, and Youth Programs. They will coordinate all pre-deployment and reintegration training activities for each Texas National Guard unit.

(2) The TXMF State Family Program also assists TXNG Service and Family members with critical cases such as illnesses or deaths in the family. They train Family Readiness Group Volunteers to become a functional and successful support system for Service and Family Members and assist them with community outreach.

(f) The TXMF Transition Assistance Advisors ensure a smooth and seamless transition for Guard members returning from active-duty deployments. Duties include:

(1) Provide information and assistance
(2) Communicate with appropriate Veterans Service Organizations
(3) Participate in National Guard activities
(4) Develop processes as needed
(5) Participate in councils/coalitions
(6) Establish and maintain contact with Service Organizations
(7) Interpret and clarify changes in various Veteran's Affairs entitlements

(8) Coordinate Military Family Activity Days and Texas Days for all TXNG units that have re-deployed and demobilized.

(g) TXMF State Surgeon Office is assigned to The Adjutant Generals Special Staff and is responsible for the coordination and integration of joint/interagency health service support among the Texas Army and Air National Guard, State and Local medical authorities (Department of State Health Services), and Federal Partners (FEMA, NORTHCOM, VHA, VBA, Vet Centers, etc…).

(1) This ensures maximum use and efficiency are attained from TXMF resources in support of medical mission requirements.

(2) The State Surgeon manages the Joint Mental Health Program for the TXMF and is further tasked in the establishment of health care delivery systems that promote wellness, physical and mental conditioning, and medical surveillance.

(3) They are also the point of contact for Humana Military Healthcare and TriWest Healthcare Alliance for medical benefits for military members and their families.

2. Texas Veterans Commission. The Texas Veterans Commission (TVC) will provide a statewide point of contact to the partners in this MOU. Once initial coordination is completed between TVC and the Texas Military Forces, TVC staff will coordinate contact with local Texas National Guard units to finalize arrangements for dates and times to provide outreach services in the individual armories. **www.tvc.state.tx.us/**

(a) Veterans Employment Services Division. The Veterans Employment Services Division of the Texas Veterans Commission provides employment services to veterans and spouses in Texas. Local Veterans' Employment Representatives (LVER) and Disabled Veterans Outreach Program (DVOP) specialists provide and facilitate a full range of employment and training services to meet the needs of all veterans, especially newly separated and transitioning military personnel. These services will be provided either on site or referred to Workforce Centers as necessary.

(b) Claims Representation and Counseling Division. The Claims Representation and Counseling Division of the Texas Veterans Commission provides veterans, their dependents and survivors assistance in filing claims with the V.A. Veterans Counselors will provide and facilitate a full range of services to meet the needs of all veterans and their families including: Compensation (Service Connected); Pension (Non-Service Connected); Death benefits; Educational assistance; Home loans; Insurance; Hospitalization; outpatient care; and, Representation for veterans during the appeals process at the Waco and Houston Regional Offices in the event that their claim is denied.

(c) Veterans Education Program. The Texas Veterans Commission (TVC) as the State Approving Agency for all courses, programs, or tests pursued by veterans and other eligible persons. It will provide awareness of benefits and services to veterans and will increase outreach around the state which will help maximize the number of individuals using the GI Bill. They provide veterans with:

(1) A current list of schools & training establishments in each veteran's area and throughout Texas.

(2) A contact list of VA Certifying Officials.

(3) Information concerning licensing & certification test reimbursement.

(4) List of all State Approving Agencies if you decide to relocate to another state.

(d**)** Claims Assistance. TVC, the Veterans Benefits Administration, and veteran service organizations will work to provide accredited service at the time and location determined by the Texas National Guard. The accredited service officer in cooperation with the Operation Enduring Freedom, Operation Iraqi Freedom Coordinator from the VA Regional Office will be responsible for providing information on all VA benefits and entitlements and will assist with filing for benefits. This Coordinator will provide benefit information and take claims from all service members.

3. Veterans County Service Officers Association of Texas. Veterans Service Officers are located in most counties throughout Texas. County VSOs assist veterans with resources, awareness and services for many local, state, and federal benefits.

(a) The mission of the County Veterans Service Officers Association of Texas is to develop professional, highly qualified county service officers who are dedicated to providing outstanding services, claim assistance, outreach, education and support to all eligible veterans, dependents and survivors. The Association develops collaborative partnerships with the Department of Veterans Affairs, the Texas Veterans Commission and the National Association of County Veterans Service Officers.

(b) The Texas Veterans Commission works closely with Veterans County Services Officers by providing training, assisting with outreach, and coordinating with benefits programs. VSOs contact information is located at **www.tvc.state.tx.us/County-Service-Officers.html**

4. Veterans Benefits Administration (VBA): Benefits and Entitlements: **www.vba.va.gov/**

(a) The VBA Counselor will have current information on VA benefits and entitlements and will conduct interviews to take claims. The number of counselors will depend upon the number of service members attending. A VBA Counselor will provide a variety of handouts and advise the Guard Members to take whatever interests them. However, they will always provide them with a copy of the IS1 (VA Pamphlet 80-07-01) which is the Federal Benefits for Veterans and Dependents.

(b) The Unit Commander must have all medical records available for unit Members. The VBA Counselor will review these records with Guard Members who want to file a disability compensation claim to determine what disabilities can be claimed as service connected. A photocopy machine will be necessary to copy the originals.

(c) The VBA Counselor will need an area to conduct separate interviews because of the Privacy Act. It does not need to be a separate room but a table with chairs, far enough apart that the conversation cannot be heard by someone else.

5. Veteran Health Administration (VHA): Mental Health Services. There are three sources of physical and/or mental health care available to veterans returning from deployment. Each service entity below offers overlapping, yet unique services for the deployment needs of Texas National Guard veterans, and family members.
www1.va.gov/health/index.asp/

(a) A network of ten VA Medical Centers, 34 Outpatient Clinics and fourteen VA Readjustment Counseling Service Vet Centers offer a comprehensive array of medical readjustment counseling and mental health services. Veterans suffering from post-deployment stress problems, such as PTSD, depression, or substance abuse, are likely qualified for services in all three settings. Network participants are skilled at considering the needs of each individual seeking assistance, and making referrals as needed. Therefore, entry at any point in this service network should lead to the best treatment option possible for a given veteran. Services for family members are more limited to specific programs.

(b) VA Medical Centers provide the following services:

(1) Outpatient mental health services, including specialized services for women veterans
(2) Specialized inpatient and residential hospitalization for stress disorders related to traumatic combat stress exposure
(3) Acute inpatient hospitalization for general mental health conditions
(4) Alcohol and Substance abuse treatment
(5) Residential treatment and psychosocial rehabilitation services
(6) Inpatient and ambulatory care for physical health conditions
(7) Nursing home and domiciliary care

(c) See Appendix B for the list of VA Medical Centers and Community Based Outpatient Clinics in Texas. The specific services offered at each clinic are available in the Texas HHSC 2-1-1 data base or on the VA website: www.va.gov.

(d) VA Readjustment Counseling Service - Vet Centers provide the following services:

(1) Readjustment counseling at 14 Vet Centers in the State of Texas for any service member who served in any war-zone or peace-keeping mission or who report sexual trauma during any period of military duty.
(2) Readjustment counseling includes assessment, individual and/or group therapy.
(3) Family and/or couples counseling related to the veteran's readjustment problems that affect the family or the couple.
(4) Bereavement services for family members of service members who were killed in the line of duty.

(5) Alcohol/drug abuse screening, assessment, and referrals to treatment programs.

(6) Referrals to VA Medical Centers for medical and specialized treatment programs and to VA Regional Offices, Veteran Service Organizations, or State and County Veteran Service Offices for veteran benefits assistance.

(7) Outreach to and liaison with National Guard, Reserve and Active Duty units to assist with post-deployment related assessments, briefings, and/or to provide information regarding Vet Center/Readjustment Counseling Services.

(8) Community education to inform the public of the needs of veterans and the services of the Vet Center.

(9) Information and referral to community resources.

(10) Services are confidential and at no cost to the veteran or family.

(e) Vet Centers in Texas:

(1)	Amarillo	(806) 354-9779
(2)	Austin	(512) 416-1314
(3)	Corpus Christi	(361) 854-4730
(4)	Dallas	(214) 361-5896
(5)	El Paso	(915) 772-0013
(6)	Fort Worth	(817) 921-9095
(7)	Houston	(713) 523-0884
(8)	Houston	(713) 682-2288
(9)	Laredo	(956) 723-4680
(10)	Lubbock	(806) 792-9782
(11)	McAllen	(956) 631-2147
(12)	Midland	(432) 697-8222
(13)	San Antonio	(210) 472-4025
(14)	Killeen	TBA

6. Texas Veterans Land Board. The tradition of rewarding veterans with land as thanks for their military service began in the days of the Republic of Texas. The Texas VLB continues the tradition by offering them low interest loans for land, homes, and home improvements, all at no cost to the taxpayer. Additionally, they fund the Texas State Veteran Home Program and Texas State Veteran Cemetery Program. **www.glo.state.tx.us/vlb/** Programs include:

(a) VLB LAND Loans for 30-yr fixed-rates on up to $60,000 for tracts of at least 1 acre with 5% down

(b) VLB Home Loans are for the purchase of a primary residence; up to $325,000 on 15 or 30-year fixed-rate terms; all loans are originated by VLB Lenders using FHA, VA or Conventional financing guidelines. This program may not be used to refinance.

(c) VLB Home Improvement Loans are originated by the VLB; up to $25,000 for a 20-year loan; for substantial improvements to primary residence; FHA-insured; Health and Safety "Rapid Response" loans available.

(d) Veteran Cemeteries available to Veterans, their spouses, and dependent children. Veterans interred free of charge. Currently located in Killeen and Mission.

(e) Veterans long-term care Homes exclusively for Texas Veterans, their spouses and Gold Star Parents; Medicare and Medicaid certified; Certified Alzheimer's units; Spacious private and semi-private rooms; supported by volunteers and veterans. Homes now open in Bonham, Big Spring, El Paso, Amarillo, Floresville, McAllen and Temple.

7. Health and Human Services Commission. HHSC oversees the operations of the health and human services system, provides administrative oversight of Texas health and human services programs, and provides direct administration of some programs. The HHSC has sponsored the **TexVet Initiative** in conjunction with the VHA, VBA, and Military Treatment Facilities in Texas, Texas Military Forces, Texas Department of Health Services, Texas Veterans Commission and TAMU Health Science Center College of Medicine through the use of its 2-1-1 Call Centers. **www.211texas.org/211/index.jsp**

(a) **The TexVet Initiative** was created to link veterans and their families with their loved ones with information about the services and benefits for which they are eligible. The Texas 2-1-1 Telephone Information and Referral Network provides direction and advice to those seeking services through live operators who are trained call center staff members. Methods of providing information and referral services to the Texas military community include the TexVet Website, 2-1-1 Texas

Information and Referral Network, and meetings with military personnel and their families. All participating agencies and organizations must submit a 2-1-1 Agency/Organization Profile to the 2-1-1 Texas Information and Referral Network within the Health and Human Services Commission.

(b) **TexVet** is a telephone based information and referral network that:

(1) Attempts to contain all available information about available services for veterans, military personnel and their families

(2) Develops comprehensive information about health, family, and community issues and resources related to military service.

(3) Provides referrals to the proper agency or organization

8. Department of Labor: Veterans Employment & Training Service (VETS). The mission statement for VETS is to provide veterans and transitioning service members with the resources and services to succeed in the 21st century workforce by maximizing their employment opportunities, protecting their employment rights and meeting labor-market demands with qualified veterans today. **www.dol.gov/**

(a) DOL/VETS investigates claims of non-reinstatement or improper reinstatement under the Uniformed Services Employment and Reemployment Rights Act (USERRA). A service member who feels their rights under USERRA have been violated may file a claim with DOL/VETS or the Employers' Support of the Guard and Reserves (ESGR). The ESGR attempts to resolve the complaint through an informal process. If ESGR cannot resolve the issue, the complaint is referred to VETS, which begins a formal investigation. Service members may attempt a resolution through ESGR first, or file directly with VETS by calling (512) 463-2814.

(b) VETS also provides Uniformed Services Employment and Re-employment Rights briefings to service personnel prior to and after deployment.

(c) VETS also investigates cases where qualified veterans are not properly awarded preference in federal hiring.

(d) In partnership with Department of Defense, Department of Veterans Affairs, and Texas Veterans Commission, VETS provides a 2 ½ day to 4 day workshop (Transition Assistance Program, or TAP) for military service members and their family members who are transitioning from military service to civilian careers. The TAP program is available at 12 military installations in Texas.

(e) Topics covered range from managing the stress of changing careers to job search, resumes, interviewing techniques, and education and veterans benefits available to veterans. Recognizing that the reserve components and National Guard often don't have the opportunity to take advantage of the TAP workshops, VETS and Texas Workforce Commission developed an on-line TAP program available at http://www.hirevetsfirst.gov/e-tap/LMS/about/about.cfm.

(f) Additionally, VETS and Texas Veterans Commission facilitators are available to present an abbreviated 1 ½ day workshop for demobilized unit members and their families at the unit's location and at no cost to the unit. Unit commanders interested in the TAP workshop should contact VETS at (512) 463-2814.

9. Veterans of Foreign Wars (VFW). www.texasvfw.org/ For over 100 years the VFW has provided numerous services to all veterans and military service members from all branches of the military and their families. The Texas VFW Military Assistance Program (MAP) provides the following services:

(a) Unit Grants. The MAP Provides grants of up to $30,000.00 per military unit for Pre Deployment and Post Deployment gatherings.

(b) Operation Uplink. Provides an average of 20,000 free, pre-paid phone cards per month to deployed service members at an annual cost of $1,560,000.00.

(c) Unmet Needs. Unmet Needs can give a one-time grant up to $2,500 for any active duty or activated service member and their families, including those within three years of discharge experiencing financial hardship due to deployment or activation.

(d) Wounded Warrior Grants. Provides grants up to $10,000 to offset expenses for any service member who was wounded or diagnosed with a medical condition as a result of service in OIF/OEF.

(e) Service Officer Program. Provides trained and certified service officers free of charge who work with the veteran or military member and their families to navigate the different federal benefits extended through the Veterans Administration.

(f) The VFW has signed a MOU with the National Guard Bureau to expand outreach support to National Guard Service Members and their Families. This involves establishing lines of communication and a working relationship with the State National Guard Joint force headquarters in each state.

10. American Legion. The American Legion serves the needs of all veterans and their families. They have sponsored a program called, "Heroes to Hometowns" which is a transition program for severely injured service members returning home from OEF/OIF. The "Heroes to Hometowns" establishes a support network and coordinates resources for severely injured service members returning home. Heroes to Hometowns can provide:
www.tvc.state.tx.us/VetOrganizations.html

- A Welcome Home celebration
- Government Claims Assistance
- Temporary Financial Assistance and Pro-Bono Financial Planning
- Housing Assistance, Home and Vehicle Adaptation
- Transportation to hospital visits
- Family Support, Childcare, Counseling, and Entertainment options

11. Employer Support of the Guard and Reserve (ESGR). The Uniformed Service Employment and Reemployment Rights Act of 1994 (USERRA) is a federal statute that provides job protections and employment rights to military service member employees who serve on military duty. The ESGR staff provides technical assistance to veterans, National Guard members, and reservists who experience problems between their military commitments and civilian jobs. ESGR staffs also assist employers by providing information about the USERRA statute, explaining employer and employee responsibilities, as well as military leave policies. **http://www.esgr.net/** or **http://www.agd.state.tx.us/esgr/**

12. TriWest Healthcare Alliance is the managed care support contractor responsible for administering the TRICARE medical benefit in the TRICARE West Region that includes the **9** western counties of Texas (El Paso, Hudspeth, Culberson, Loving, Reeves, Jeff Davis and Presidio, Parmer and Bailey). National Guard and Reserve members separating from Active Duty under Title 10 USC, are generally entitled to participate in the Transitional Assistance Management Program (TAMP) for six months (180 days) after separation. Medical and behavioral health care for Guard/Reserve members and their families are available under this program. TRICARE Reserve Select, a premium based health care plan available to eligible members who remain in the National Guard and Reserves, provides medical and behavioral health care in hospitals and clinics throughout the state. Information on enrollment and accessing all TRICARE benefits available to National Guard and Reserve members will be provided at pre and post deployment briefings, during Family Activity Days, Texas Days, or similar events held in the TriWest counties whenever possible. The goal will be to provide this information and access as early and often as possible to assist Reserve and Guard members with all areas of their transition home.
http://www.triwest.com/

13. Humana Military Healthcare Services (TRICARE South) Humana Military has been a TRICARE contractor since 1995, and provides health care services to 2.8 million active duty and retired military and their families in the South Region of the United States. In the State of Texas (exclusive of the nine westernmost counties surrounding El Paso), Humana Military operates 16 TRICARE Service Centers and supports 12 military treatment facilities. Nearly one third of Humana Military employees are TRICARE beneficiaries including the President and CEO, Senior Regional Executive Director and the three Market Office Executive Directors.

Humana Military's support to the Guard and Reserve will be evident through four different means: Unit briefings, Outreach to Guard and Reserve Families, Senior Leadership Outreach and participation in Guard and Reserve Conferences. Upon request Humana Military will conduct unit briefings throughout the State of Texas. By conducting more than 300 unit briefings, over 37,000 National Guardsmen, Reservists and their family members were briefed through December 2007. Besides the unit briefings we will coordinate visits to family day activities at the unit and state level. All aspects of TRICARE benefits will be discussed during these briefings. During these events, we will have the opportunity to resolve claims issues, facilitate enrollments and provide the necessary guidance to our deserving beneficiaries. As part of our Outreach Program beginning in July of 2007, visits to National Guard and Reserve Command Senior Commanders will take

place. In addition to these scheduled visits, Humana Military will schedule visits with senior Guard and Reserve military leaders at the national level. Lastly, Humana Military will conduct yearly national and state level conferences to the National Guard and Reserve Components. These events provide an excellent venue for Humana Military to educate the Guard and Reserve members through briefings, presentations and booth displays.

To schedule a unit brief visit the Tricare South website at **http://www.tricare.mil/trosouth/default.cfm**

Appendix B (VHA Medical Facilities) to the *Partners Across Texas* MOU

VHA Medical Facilities

Name of VA Facility	ADDRESS	CITY	STATE	ZIP
Abilene Clinic	6200 Regional Plaza, Suite 1200	Abilene	TX	78606
Aldeo CBOC	317 FM 187 North	Aledo	TX	76008
Alice CBOC (Victoria County)	215 South Dr	San Diego	TX	78134
Amarillo VA Healthcare System	6010 Amarillo Boulevard	Amarillo	TX	79106
Audie Murphy Medical Center	7400 Merton Minter Blvd.	San Antonio	TX	78229
Austin Outpatient Clinic	2901 Montopolis Drive Austin	Austin	TX	78741
Beaumont Clinic	3420 Veterans Circle	Beaumont	TX	77707
Beeville CBOC (Bee County)	302 South Hillside Dr	Beeville	TX	78102
Bridgeport CBOC (Wise County)	808 Woodrow Wilson Ray Circle	Bridgeport	TX	76426
Brownwood CBOC	2600 Memorial Park Drive	Brownwood	TX	76801
Bryan/College Station CBOC	1605 Rock Prairie Rd., Ste. 212	College Station	TX	77845
Cedar Park CBOC	701 Whitestone Blvd	Cedar Park	TX	78613
Charles Wilson VA Outpatient Clinic	1301 Frank Avenue	Lufkin	TX	75901
Childress Clinic	P.O. Box 1030, Hwy 83 North	Childress	TX	79201
Conroe Outpatient Clinic	800 Riverwood Ct., Suite 100	Conroe	TX	77304
Corpus Christi Outpatient Clinic	5283 Old Brownsville Road	Corpus Christi	TX	78405
Dallas VA Medical Center	4500 South Lancaster Road	Dallas	TX	75216
Denton CBOC	3537 I35 East Suite 207	Denton	TX	76201
El Paso VA Healthcare System	5001 North Piedras Street	El Paso	TX	79930
Fort Worth Outpatient Clinic	300 W. Rosedale Street	Ft. Worth	TX	76104
Frank M. Tejeda VA Outpatient Clinic	5788 Eckhert Road	San Antonio	TX	72840
Ft. Stockton Dr Subodh Malik Clinic	501 N Main	Ft. Stockton	TX	79935
Galveston Outpatient Clinic	6115 Avenue L	Galveston	TX	77551
Harlingen Outpatient Clinic	1629 Treasure Hills Blvd, Suite 5-B	Harlingen	TX	75880
Kerrville VA Medical Center	3600 Memorial Blvd	Kerrville	TX	78028
Laredo Outpatient Clinic	6551 Star Court Laredo	Laredo	TX	78041
Lubbock Clinic	6104 Avenue Q South Drive	Lubbock	TX	79412
McAllen Clinic	2101 S. Row Blvd.	McAllen	TX	78501
Michael E. DeBakey VA Medical Center	2002 Holcombe Blvd	Houston	TX	77030
Odessa Clinic	4241 N. Tanglewood, Suite 201	Odessa	TX	79762
Olin E Teague Veterans' Center	1901 Veterans Memorial Drive	Temple	TX	76504
Palestine CBOC	2000 So. Loop 256, Suite 124	Palestine	TX	75801
Paris	635 Stone Ave	Paris	TX	75462
Sam Rayburn Memorial Veterans Medical Center	1201 E. 9th Street	Bonham	TX	75418
San Angelo Clinic	2018 Pulliam	San Angelo	TX	76905
San Antonio Dental Clinic	848410 Data Point	San Antonio	TX	78230
Sherman Clinic	2612 N Loy Lake	Sherman	TX	75090
Stamford Clinic	Box 911Hwy 6 East	Stamford	TX	79553
Stratford Clinic	1220 Purnell, P.O. Box 1107	Stratford	TX	79084
Texarkana CBOC	910 Realtor Ave	Texarkana	TX	71854
Texas City Clinic	9300 EF Lowry Expressway, Suite 206	Texas City	TX	77591
Tyler CBOC	3414 Golden Rd	Tyler	TX	75701
Victoria Clinic	1502 E Airline Dr	Victoria	TX	77901
Waco VA Medical Center	4800 Memorial Drive	Waco	TX	76711
Waxahachie	207 Ferris Avenue	Waxahachie	TX	75165
West Texas VA Healthcare System	300 Veterans Blvd.	Big Spring	TX	79720
Wichita Falls Clinic	1800 7th Street	Wichita Falls	TX	76301

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