

Meadows Mental Health Policy Institute

Briefing: Addressing the Needs of Texas Veterans – December 2014

MMHPI Priorities for Veterans

Vision: Texas veterans and military families will receive the mental health care they need to return home to Texas.

- Texas veterans and their families will receive the mental health care and support that they deserve – that we owe them.
- Texas will fill gaps in federal veterans' programs through efficient and effective use of state and local resources.
- Communities will organize to help veterans and their families.
- Texans will stand alongside veterans to eliminate any stigma that keeps veterans and their families from seeking available mental health care.

MMHPI has drawn on the following sources to inform our strategies to accomplish this vision:

- Review of the literature, including the latest research from Texas and national experts in post-traumatic stress and veteran / veteran families mental health,
- A Meadows Foundation funded study completed in 2013-14 by graduate students at the LBJ School of Public Policy, and
- Information gleaned through our 2013-14 statewide town hall meetings and conversation with veterans.

Review of the Literature

Overall needs include:

- There are over 1.7 million veterans residing in Texas, ranking just behind California. Counting active duty and family members, nearly 5.3 million Texans are affected.
 - 250,000 (and growing) post-9/11 returning veterans and
 - 1 million Texas veterans over age 55 (400,000 55 to 64).
- Each day nationally, 22 veterans take their own lives, up from 20 per day in 1999.
- Among OEF/OIF/OND veterans, one-third had post-traumatic stress (PTS), major depression, traumatic-brain injury (TBI), or a combination of these.
- Stigma: Nearly two-thirds of active duty service members strongly agreed that they would be “seen as weak” (65%) or treated differently (63%) if they received mental health care.

The VA has prioritized several treatments nationally for PTS:

- Exposure-based Treatments, in which individuals re-experience the trauma to reduce symptom strength and develop ways to cope.
- Cognitive Approaches, including Cognitive Processing Therapy (CPT), which challenges and modifies maladaptive beliefs related to the trauma.

- Eye Movement Desensitization and Reprocessing (EMDR), in which the person engages in virtual exposure to a trauma while simultaneously performing saccadic eye movements.

However, there are many other supports needed: co-occurring TBI, complex PTS, depression, family needs.

Texas is a leader in many ways:

- Texas Veterans Commission (TVC) provides coordination and linkage supports, \$1.5 million Mental Health Grant Program in collaboration with Department of State Health Services
- Veteran Employment Program: 160 reps in 92 workforce centers in 72 Texas cities
- Texas Coordinating Council for Veterans Services (TCCVS) established in 2012 to coordinate across agencies (there is a need for a similar process locally)
- 20 veterans courts (and counting); more than any state
- 83rd Legislative mental health investments – \$4 million to expand veteran peer support and counseling

Texas is also home to numerous leading researchers in the area of veterans mental health, including:

- The Center for BrainHealth, UTSW Medical School / University of Texas at Dallas;
- South Texas Research Organizational Network Guiding Studies on Trauma and Resilience (StrongSTAR) in San Antonio;
- Waco Center of Excellence for Research on Returning War Veterans; and
- Baylor College of Medicine, Michael E. DeBakey VAMC in Houston.

LBJ School Assessment of Mental Health Services for Texas Veterans

- Cultural barriers to care:
 - Warrior culture discourages help-seeking, signs of weakness
 - Stigma of mental health and post-traumatic stress
 - Civilian culture gap – nationally less than 1% of Americans serve (though it's a larger percentage in Texas – 8.8% – over 90% of Texans are civilians)
 - Lack of trust / credibility for institutions
 - Generational differences OEF/IEF versus Vietnam
 - Gender differences, especially military sexual trauma
- Structural barriers to care: geography, overburdened systems, aging Vietnam-era cohort, Guard / Reserve issues
- Top needs:
 - Traumatic brain injury (often co-occurring)
 - Post-traumatic stress
 - Military sexual trauma (1 in 5 women who serve)
 - Depression and suicide
 - Substance use disorders

- Domestic violence
 - Strain on families
- Economic impact: Post-traumatic stress (PTS) and depression alone cost \$4 billion to \$6 billion nationally. MMHPI is developing an econometric model for the Veterans Initiative to specify this for Texas, as well as our ability to reduce costs.
- A complex system for active duty personnel (DoD):
 - Multiple national programs
 - Mental health services on site at 11 of 12 major bases
- A complex system for veterans (VA):
 - Multiple national programs (e.g., Veterans Crisis Line)
 - Multiple VA Medical Centers and clinics organized across three Veterans Integrated Services Networks (VISNs) – VISN 16 (East Texas, based on Shreveport, LA), VISN 17 (Central Texas, based in San Antonio), and VISN 18 (West Texas, based in Albuquerque, NM)
 - Collaborations in each VISN with local mental health agencies, multiple local initiatives
- Multiple other agencies:
 - Programs in seven different state agencies
 - Initiatives across 39 local mental health authorities
 - Multiple county and municipal agencies
 - Approximately 600 non-profits in nearly 800 locations
- Major barriers:
 - Coordination and continuity across overlapping and sometimes redundant agencies
 - Service gaps statewide, particularly in rural/frontier areas
 - Lack of transparency and complexity
 - “Fleeting passions” and the “sea of goodwill”
 - Leadership gap

2013-2014 Texas Town Hall Meetings

Twenty-two town hall meetings took place between April 2013 and February 2014 involving over 700 people. Many of the same issues were identified, as well as strong programs, including:

- MHA of Greater Houston’s local version of the “Texas Coordinating Council for Veterans Services”
- Lubbock’s Veterans Resource Coordination Group
- Veterans One Stop Center in Waco
- Housing First programming at Haven for Hope
- Community Blueprint work in Amarillo and Midland

Emerging Theory of Change

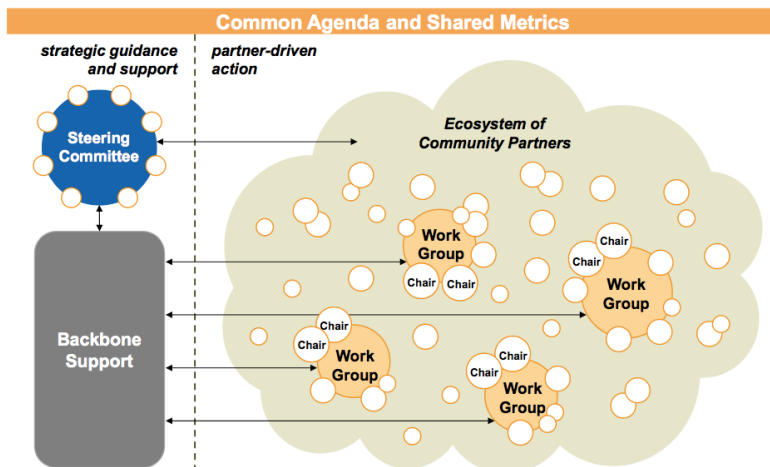
The problem: There are multiple gaps that vary by community and that require a complex, coordinated response.

The theory of change to confront this problem must address the following factors:

- This is a complex problem that requires a Collective Impact approach across federal, state, and local partners.
- There are existing models to frame the role of behavioral health within overall veteran and family needs (Community Blueprint).
- There are specific service gaps that can be filled in each community continuum of care requiring expansion of best/promising practices services emerging across Texas.
- Success can catalyze new solutions at the state/federal level.

Collective Impact. “(Collective Impact) is the long-term commitment(s) by a group of important actors from different sectors to a common agenda for solving a special social problem. Their actions are supported by a shared measurement system, mutually-reinforcing activities, and ongoing communication, and are staffed by an independent backbone organization.” (Kania & Kramer. (2011). Collective Impact. Stanford Social Innovation Review. 36-41)

In collective impact, a broad set of partners work to achieve the common vision



FSG adaptation from “Listening to the Stars: The Constellation Model of Collaborative Social Change, T. Surman and M. Surman, 2008.

Community Blueprint. To mobilize and organize community resources, the Community Blueprint Initiative has brought together a coalition of leading nonprofit organizations serving veterans and their families to develop an online tool to help local community leaders assess and improve support available in their community.

- The Blueprint focuses on:

- Organizing local resources,
- Providing information to community leaders on the challenges faced by returning veterans, service members, and their families, and
- Offering advice on best practice approaches.
- Behavioral health is one of eight key **impact areas** addressed.



See: <http://www.pointsoflight.org/programs/military-initiatives/community-blueprint/toolbox>

The Community Blueprint for behavioral health includes the following components:

- Annual Anti-Stigma Campaign - Encourage veterans and their families to defy stigmas and seek help.
- Provider Training - Train local health providers on special issues on PTSD/TBI and other veteran issues and resources.
- First Responder Training - Train police, fire rescue, school personnel, and ERs about issues and resources that affect members of the military community.
- Ease of Access to Care - Make it easy for veterans, service members and their families to access mental health care.
- Community Action Team - Learn how to form a Behavioral Health Community Action Team.