

Texas Coordinating Council for Veterans Services



First Report

October 1, 2012

Introductory Letter

Thomas P. Palladino, Chair

Dear State Leaders:

It is my honor and privilege to submit the final first report on behalf of the Texas Coordinating Council for Veterans Services (TCCVS).

TCCVS was established as the result of legislation passed by the 82nd Legislature in order to coordinate the activities of state agencies that assist Veterans, servicemembers, and their families; coordinate outreach efforts that ensure that Veterans, servicemembers, and their families are made aware of services; and facilitate collaborative relationships among state, federal, and local agencies and private organizations to identify and address issues affecting Veterans, servicemembers, and their families.

This report identifies Veteran needs, provides background information and identifies services currently provided by the state, and makes recommendations to address those needs. This report represents countless hours of research, discussion, and ultimately consensus by the members of TCCVS.

The challenges before us are significant. The end of combat operations in Iraq, a decreased military presence in Afghanistan, and force shaping measures announced by the Department of Defense in January 2012 are expected to swell the need and demand for Veteran services. This influx, coupled with the increasing demand of an aging population of WWII, Korea, Vietnam and Gulf War I era Veterans demonstrate the need for this coordination.

TCCVS remains keenly aware that Texas faces numerous financial and resource constraints. However, Texas has an opportunity to continue to lead the nation to take comprehensive action to address the challenges surrounding many of the Veteran issues highlighted within this report.

Thank you for giving the members of TCCVS the opportunity to engage in this important work. We also appreciate your serious attention to these issues. Texas is widely recognized for leading the nation on Veteran issues, and we look forward to working with you on making these recommendations a reality.

Sincerely,



Thomas P. Palladino, Chair
Texas Coordinating Council for Veterans Services

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Background

Texas Coordinating Council for Veterans Services

The Texas Coordinating Council for Veterans Services (TCCVS) was created as the result of legislation authored by Senator Leticia Van de Putte and sponsored by Representative Sid Miller during the 82nd Legislature. Senate Bill 1796 established the Council to accomplish three tasks:

1. Coordinate the activities of state agencies that assist Veterans, servicemembers, and their families;
2. Coordinate outreach efforts that ensure that Veterans, servicemembers, and their families are made aware of services; and
3. Facilitate collaborative relationships among state, federal, and local agencies and private organizations to identify and address issues affecting Veterans, servicemembers, and their families.

The legislation initially created the Council with the composition of the the executive heads of the five following agencies as members:

Texas Veterans Commission (TVC) (Chair)
Texas Veterans Land Board (VLB)
Office of the Adjutant General
Texas Health and Human Services Commission (HHSC)
State Bar of Texas

The legislation enabled the members of TCCVS to establish workgroups to focus on specific issues affecting Veterans, servicemembers, and their families. The members of the Council elected to establish six such workgroups:

Mental Health	Employment
Higher Education	Criminal Justice
Housing	Women Veterans

Ten additional agencies joined TCCVS as the result of the creation of workgroups established to focus on specific issues affecting Veterans:

Department of State Health Services (DSHS)
Department of Aging and Disability Services (DADS)
Department of Assistive and Rehabilitative Services (DARS)
Texas Workforce Commission (TWC)
Texas Workforce Investment Council (TWIC)
Texas Higher Education Coordinating Board
Texas Correctional Office on Offenders with Medical or Mental Impairments
Texas Commission on Jail Standards
Texas Department of Housing and Community Affairs
Texas Department of Agriculture

Background

TCCVS Report

The TCCVS was tasked by the Legislature to meet regularly to discuss, identify, and research specific Veteran issues and provide a report and make recommendations to the Governor, Lieutenant Governor, Speaker of the House, and Chairs of the appropriate committees of the Legislature.

Beginning in November 2011, the TCCVS met regularly to begin this work. Each of the six workgroups met at least four times throughout the period from November 2011 to June 2012. The bulk of the work and recommendations identified in the report that follows came as the result of the efforts of those individual workgroups.

It should be noted that vast amounts of resources and research have previously been expended in order to study many of the issues identified by the workgroups within this report. Entire volumes are dedicated to this research. The background provided within this report is not intended to provide a comprehensive background on issues. Rather, the background and recommendations provided herein are meant to highlight Veteran needs identified through the collaboration of the workgroup participants, a brief background on the need and the services currently provided to meet that need, and then recommendations to address that need moving forward.

The TCCVS recognized an additional opportunity provided by this work. After submission of this report, the TCCVS will be capturing data from all state agencies specific to the Veterans services they provide within their own organizations. The TCCVS anticipates this work will be complete by December 31, 2012.

The Texas Department of Housing and Community Affairs recused itself from the Council vote approving the report because the Department's programs form the basis for one of the report recommendations.

Veteran Issues that Cross Workgroups

At a Glance

Veteran Issues that Cross Workgroups

Veteran Need 1

Veterans need to be able to easily locate available resources within their geographic area.

Conclusions and Recommendations

In a state as geographically large as Texas, with resources necessarily dispersed, a single resource referral service for Veterans is essential.

- The state should increase its commitment and support for the Texas 2-1-1 Texas Information and Referral Network to be used as the state's centralized resource referral service.
- The Veterans Portal hosted by the Texas Department of Information Resources (DIR) and located at texas.gov/Veterans should be used as the centralized starting point for all Veteran services provided by the State of Texas.

Veteran Need 2

The criminal justice system in Texas must prioritize recognition of the health and mental health needs of Veterans.

Conclusions and Recommendations

Texas is a large, highly decentralized state with 254 counties and decentralized government, including 38 local mental health authorities. Statewide roll out of Jail Diversion and Trauma Recovery (JDTR) Program will be challenging and depend upon the ability of the JDTR program to convince county and local officials that diversion is cost-effective as well as the right policy to pursue.

- The Legislature should provide grant funding to support the expansion of the JDTR program model.

Veteran Need 3

The State of Texas and local governments should provide reintegration assistance to its employees who are Veterans.

Conclusions and Recommendations

Components of the Department Veteran Assistance Program should be incorporated by all state agencies and into state law:

- The Texas Legislature should provide up to three weeks of "Veterans Leave" for Veterans who have returned to state employment after a combat deployment. Additional Veterans Leave could also be provided annually to allow Veterans to attend to needs related to their military service, such as medical appointments or reintegration time.

At a Glance

Veteran Issues that Cross Workgroups

Veteran Need 4

Veterans need to be able to receive academic credit for military training/experience which is directly applicable to the degree, certification, or license which they are pursuing.

Conclusions and Recommendations

- Build on the successes and lessons learned from College Credit for Heroes.
- Encourage all institutions of higher learning to accept all credits for military training/experience included on the transcript of an accredited institution.

Veteran Need 5

State and local agencies need education and training on the challenges faced by Veterans coping with acquired brain injuries.

Conclusions and Recommendations

- The state should increase its commitment and support for the Office of Acquired Brain Injury and the Texas Traumatic Brain Injury Advisory Council.

Veteran Need 6

Veterans need better access to transportation services.

Conclusions and Recommendations

The work of several of the workgroups lead to discussions regarding the issue of reliable transportation options for Veterans, which contributed to the inclusion of this information in this report. However, because transportation was not designed as a TCCVS workgroup, state agencies such as the Texas Department of Transportation and the Texas Department of Motor Vehicles were not involved in these discussions. As such, there are no specific recommendations related to the state regarding transportation in this report. The TCCVS does see significant value in the work done in North Central Texas:

- Local communities should examine Veteran transportation needs and implement solutions from a regional perspective with as much stakeholder involvement and contribution as possible.

As the TCCVS workgroups began meeting, it became apparent that several specific Veteran needs were being identified by two or more workgroups throughout the course of their collaboration. Instead of repeating these needs in multiple sections of the report, these Veteran needs are presented in this section of the report as overarching needs that cross the lines of the division of work sought by the workgroup assignments. The exception to this is the issue of housing, specific to women Veterans. This issue affects women Veterans in a substantially different way than their male counterparts, primarily due to the preponderance of women Veterans being accompanied by children. Recommendations specific to women Veteran housing appear in the Women Veterans Workgroup Report.

Veteran Need 1

Veterans need to be able to easily locate available resources within their geographic area.

Background and Services

One of the most significant barriers to Veterans accessing the resources they require is navigating the world of acronyms that represent multiple state agencies, commissions and programs. Often, more information can be found about resources in other geographic areas than can be found regarding local resources.

H.B. 2596 of the 75th Texas Legislature established the 2-1-1 Texas Information and Referral Network (2-1-1 TIRN) in 2007 as the state's single point of development, coordination, implementation and maintenance of a comprehensive statewide health and human services information and referral system.

Legislation passed by the 80th Texas Legislature mandated 2-1-1 Texas to provide referrals for reintegration services to Veterans and active duty servicemembers and their families.

A statewide network of 25 regional area information centers is staffed 24 hours a day, seven days a week, by 250 contract call center specialists. All call centers are internationally accredited through the Alliance of Information and Referral Systems (AIRS). All call centers employ specialists and database managers who have, or are working toward, international certification through AIRS.

Upon employment, all 2-1-1 call center specialists are required to take and receive certification in specialized brain injury training developed and provided by the Office of Acquired Brain Injury (OABI) at the Texas Health and Human Services Commission (HHSC). This course provides them with the knowledge and communication skills required to assist brain injury survivors and family members, including Veterans and active duty servicemembers.

2-1-1 Texas maintains a database containing more than 60,000 statewide resources for the families of Texas. This comprehensive collection includes resources and services accessing basic health and human service needs such as food, housing, utility assistance, medical services, prescription payment assistance, durable medical equipment, job training, child care, transportation and referral to Veterans' services. 2-1-1 Texas collaborates with the OABI to provide coordination for TBI and PTSD referrals to Veterans and active duty servicemembers. Each caller is asked if they or a family member have served in the military. Those responding affirmatively are given specific military-related information as appropriate.

Demographic information including Veteran/military status, zip code, gender, age and type of caller need is captured in order to determine the number of Veterans or military-related contacts, the most requested needs, and identify gaps in services by geographic region.

Several 2-1-1 Texas area information centers, including the San Antonio/Alamo 12 county region, have received TRIAD and Texas Veterans Commission (TVC) grants enabling them to add Veteran-specific staff whose focus is outreach and service coordination for Veterans, military members and their families. Rural 2-1-1 TVC grantees perform extensive outreach to Veterans groups, community and faith-based organizations,

municipalities and other entities to ensure that all Texas Veterans, including Texas Military Forces (TMF) units and wings, are aware of available state, federal, regional and local services.

In 2012, the Texas 2-1-1 Texas Information and Referral Network will receive and provide referral services for more than 4.2 million calls.

Another avenue for resource referral is the web-based Texas.gov Veterans Portal, which provides a central, online location for Veterans to access information on state and federal benefits programs.

TexasOnline was established in 2000 by the 76th Texas Legislature to provide local and state governments with an internet-based infrastructure that enabled the creation of a wide assortment of government-to-citizen, government-to-government, and government-to-business online services. The first online service was launched in August 2000.

During the 78th Legislative Session, the Texas Department of Information Resources (DIR) was required to create a web portal for Veterans, and the Veterans Portal launched and is located on the TexasOnline portal.

DIR entered into a new contract to manage TexasOnline (now Texas.gov), effective January 2010. The contract expanded services to customers, incorporated the use of new Web 2.0 tools, and significantly increased revenue to the state.

The Texas Veterans Portal on Texas.gov redesigned and launched in November 2010. The portal is a collaborative effort between multiple state agencies and commissions, including DIR, Texas Veterans Commission, Texas Workforce Commission, Texas Veterans Land Board (Texas General Land Office), 2-1-1 (Texas Health and Human Services Commission), TexVet (Texas A&M Health Science Center), Office of the Governor, and Texas Military Forces (Camp Mabry).

The Veterans Portal provides a single gateway into services and benefits provided to Texas Veterans and active military. Veterans, their families, survivors, and caregivers come to the Texas Veterans Portal to download eligibility and application forms, locate community resources, and get answers to questions asked about Veteran services and opportunities. These resources are available around the clock every day in English and Spanish and are accessible to people with disabilities.

Conclusions and Recommendations

In a state as geographically large as Texas, with resources necessarily dispersed, a single resource referral service for Veterans is essential.

- The state should increase its commitment and support for the Texas 2-1-1 Texas Information and Referral Network to be used as the state's centralized resource referral service.
- The Veterans Portal hosted by the Texas Department of Information Resources (DIR) and located at texas.gov/Veterans should be used as the centralized starting point for all Veteran services provided by the State of Texas.

Veteran Need 2

The criminal justice system in Texas must prioritize recognition of the health and mental health needs of Veterans.

Background and Services

In recognition of the impact of trauma on Veterans who come into contact with the criminal justice system, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded 13 Jail Diversion and Trauma Recovery Program – Priority to Veterans (JDTR) grants between the fall of 2008 and the spring of

2010. These grants support local implementation and statewide expansion of trauma-informed jail diversion programs for people with post-traumatic stress disorder (PTSD) and other trauma-related conditions, with a priority to Veterans. Texas received a JDTR award in 2009.

The Texas JDTR Project is based on a close collaboration among the Texas Department of State Health Services (DSHS), the VA (including the active involvement of three Veteran Integrated Service Networks (VISN), and the TVC. The Texas JDTR program builds on the work of previous federal grants, most notably the Mental Health Transformation State Incentive Grant. Concurrent with the JDTR application, the Legislature authorized the establishment of Veteran's Treatment Courts. To date, ten Veterans Courts have been developed, including one in the JDTR pilot location, Bexar County.

The Texas JDTR Project pilot began accepting clients in October 2010. The pilot is a pre-booking and pre-arraignment jail diversion program for Veterans. Bexar County was selected because the area has a history of prior jail diversion programs and because it is home to over 150,000 Veterans. The current pilot serves a population that has not specifically been served by previous diversion efforts, primarily chronically homeless Veterans with trauma disorders.

The expansion of Veteran Courts will increase the need for training, evaluation, and technical assistance. The major challenge is to incorporate the new courts into the State level activities, to learn from them and incorporate what is learned in the state roll out of the JDTR program.

Conclusions and Recommendations

Texas is a large, highly decentralized state with 254 counties and decentralized government, including 38 local mental health authorities. Statewide roll out of JDTR will be challenging and depend upon the ability of the JDTR program to convince county and local officials that diversion is cost-effective as well as the right policy to pursue.

- The Legislature should provide grant funding to support the expansion of the JDTR program model.

Veteran Need 3

The State of Texas and local governments should provide reintegration assistance to its employees who are Veterans.

Background and Services

An example of a state agency providing reintegration assistance to its employees who are Veterans is the Texas Department of Public Safety (DPS) which created the Department Veteran Assistance Program (DVAP) in 2008 to assist DPS employees and their families during the pre-deployment, deployment and post-deployment phases of military activation.

The program is unique because it includes components for incoming recruits, supervisors, peer support and reintegration, and does not focus solely on the Veteran. A key to the program's success is the role of DVAP sponsors, who work hand in hand with the employee, his/her family, the employee's chain of command, human resources, insurance, payroll and other affected DPS functions to provide support prior to, during, and post deployment. By establishing a personal rapport, these sponsors, whom are all combat Veterans themselves, alleviate unnecessary stress and tension between the employee, the employee's family and DPS, minimize distractions, and assist the employee in successfully reintegrating into the home and the DPS environment through ongoing support and continued engagement with all involved parties.

Another thing that makes DPS's DVAP program particularly effective in comparison to similar Veterans' assistance programs is that the program was developed and is administered by military combat Veterans and the DPS Psychological Services Bureau, with cooperation from all major divisions and the approval of the Director.

The complete and total “buy-in” of the DPS leadership at all levels serves as a model that should be emulated throughout the state and at local agencies and organizations, not just law enforcement agencies.

Conclusions and Recommendations

Components of DVAP should be incorporated by all state agencies and into state law:

- The Texas Legislature should provide up to three weeks of “Veterans Leave” for Veterans who have returned to state employment after a combat deployment. Additional Veterans Leave could also be provided annually to allow Veterans to attend to needs related to their military service, such as medical appointments or reintegration time.

Veteran Need 4

Veterans need to be able to receive academic credit for military training/experience which is directly applicable to the degree, certification, or license which they are pursuing.

Background and Services

Schools which are approved for training under provisions of the GI Bill are required to evaluate all of an eligible Veteran’s post-secondary training, both civilian and military training, for award of prior credit toward the degree or certificate program which the Veteran is pursuing. If a Veteran has exhausted his/her GI Bill, or is not using it, the school is under no obligation to evaluate the prior education, unless it is the school’s policy to do so. In July 2011, Governor Rick Perry officially launched the College Credit for Heroes program. Administered by the Texas Workforce Commission (TWC), the \$3 million workforce development initiative is designed to recognize the exceptional knowledge and skills gained by military servicemembers and award them college credits for their military experience, allowing these Veterans to more easily re-enter the workforce.

Senate Bill 1736, authored by Senator Leticia Van de Putte, seeks to maximize academic credit awarded by higher education institutions to Veterans and military servicemembers. Experience, education and training obtained during military service will be evaluated for college credit in order to expedite the entry of Veterans and military servicemembers into the workforce.

1. In partnership with the federal Medical Education and Training Campus (METC) at Fort Sam Houston, San Antonio, the Alamo Community College District developed an associate’s degree in Health Professions which awards prior credit for military training/experience achieved in similar health professions. Additionally, Alamo College will provide an accelerated program for combat medics or medical corpsmen to become Registered Nurses.
2. Houston Community College developed a program to enable Veterans trained as military surgical technologists to receive the requisite academic credentials to qualify them to take national accrediting examinations.
3. Central Texas College developed and fielded (on a test basis) a web-based application for Veterans and servicemembers to obtain an official academic transcript for their military training/experience to optimize the potential to transfer that military experience toward an academic degree or certification. This program has potential to enable a seamless transfer of prior credit earned through military training and other post-secondary training toward degree completion. There are, however, issues with the regional accrediting commission which must be resolved for this program to be universally acceptable by all schools concerned.

Conclusions and Recommendations

- Build on the successes and lessons learned from College Credit for Heroes.
- Encourage all institutions of higher learning to accept all credits for military training/experience included on the transcript of an accredited institution.

Veteran Need 5

State and local agencies need education and training on the challenges faced by Veterans coping with acquired brain injuries.

Background and Services

H.B. 1, 80th Texas Legislature, Regular Session, 2007, established the Office of Acquired Brain Injury (OABI) within the Texas Health and Human Services Commission to serve as the state's lead department providing guidance; consultation; referral and service coordination for survivors of Acquired Brain Injury (ABI), family members and caregivers, including returning combat Veterans to ensure a seamless, comprehensive system of care through the collaboration and coordination of federal, state and local resources.

Texas has the only statutorily established state office of brain injury and advisory council in the United States. The OABI has been recognized by the U.S. Department of Health and Human Services, Health Resources and Services Administration as a national model for its robust, innovative programs and its unprecedented development of a multi-systemic national and statewide network of partners providing service referral coordination, education and outreach, connecting Veterans as well as civilians to the appropriate array of care.

H.B. 2019, 78th Texas Legislature, Regular Session, 2003 established the Texas Traumatic Brain Injury Advisory Council (TBIAC) to be "devoted to the interests of persons with traumatic brain injuries and their families. The 22 member Council represents the geographic, cultural and ethnic diversity of the state and is comprised of brain injury survivors or family members; brain injury service providers; a member of a brain injury support group, a member of the National TBI Model System, a faculty member of an institution of higher education; a representative of an acute hospital trauma unit and representatives of state agencies that provide services to persons with brain injuries.

The OABI comprehensively reviews and assess existing Veterans' programs within and without the Health and Human Services enterprise, including the Department of State Health Services (DSHS), the Department of Assistive and Rehabilitation Services (DARS), the Department of Aging and Disability Services (DADS) and the Department of Family and Protective Services (DFPS) to identify gaps and duplications of services and recommends and institutes cross-cutting initiatives across the state. The office provides state and national educational programs and is frequently called upon to make presentations to state and national Veteran and military conferences, including the Texas Veterans Commission (TVC), Texas Military Forces (TMF), the State Bar of Texas, the Federal Interagency Council, the Substance Abuse and Mental Health Administration (SAMHSA) and the U.S. Bureau of Alcohol Tobacco and Firearms (ATF). The office additionally partners with and provides administrative support for the Texas Traumatic Brain Injury Advisory Council (TBIAC) in providing education, awareness and brain injury prevention to all Texans.

The Department of Defense (DOD) named TBI the "signature wound of the war". The high incidence of TBIs sustained by servicemembers in Iraq and Afghanistan has increased public awareness of the short and long-term effects of the injury on the Veterans, their family members and/or caregivers. In February 2012 the DOD reported that between 15 and 23% of servicemembers deployed to Iraq and Afghanistan have experienced a TBI. Twenty-five percent (25%) of the nation's military forces reside and/or are based in Texas.

Federal, state and local services have expanded to provide services and outreach to Veterans and their families. Navigating the maze of offices, websites, facilities (especially in rural areas of the state); short and long-term services; family support systems and connection to benefits is often overwhelming. The OABI coordinates with Texas Veterans and their families, state, federal and local entities to provide the necessary connection to care and array of services. The OABI provides Veterans and their family members with personal assistance and follow-up. Service coordination and referral may be initiated between the OABI and DOD and Brain Injury Centers when Texas wounded warriors from rural areas of the state are evacuated from theater and are being stabilized at Landstuhl Medical Center prior to transfer to Walter Reid Medical Center or to the San Antonio Military Medical Center Polytrauma facility. The coordinated continuum of care follows the servicemembers

through treatment at military medical centers, VA hospitals and medical discharge and return to home to ensure that the Veterans with TBI and their families receive appropriate care and support.

An extensive website is maintained by the office providing information for Veterans including a statewide Resources and Services Directory and listing of survivor and family support groups throughout the state including Beyond the Yellow Ribbon. Linkages to all the resources provide the viewer direct access to additional detailed information. The site hosts two DSHS-accredited web-based courses developed by the OABI and the TBIAC for brain injury survivors, families and caregivers, brain injury professionals, social workers and licensed chemical dependency counselors that many.

To provide a comprehensive network of service referral and coordination for Texas Veterans, the OABI partners with leadership of the Defense Centers of Excellence in Psychological Health and TBI (DCOE), the Department of Defense and Veterans Brain Injury Centers (DVBIC) and the National Intrepid Centers of Excellence (NICOE) in Washington, D.C. The office served a three-year term on DCOE's steering Committee for Clearinghouse, Outreach and Advocacy and on NICOE's inaugural Education and Outreach Advisory Council. Other federal partners include the U.S. Department of Veteran Affairs, the Polytrauma Veteran Integrated Network Sites (VISNs) 16, 17 and 18 serving Texas Veterans, Brooke Army Medical Center (BAMC) and the San Antonio Military Medical Command (SAMMC) in San Antonio and well as the Intrepid Center of Excellence under that command and the Substance Abuse and Mental Health Administration's Center for Substance Abuse Treatment, Military Families and Returning Veterans.

OABI and 2-1-1 Texas partner to provide the most comprehensive information and referral service coordination through a web-based course certified for continuing education credit through the Department of State Health Services. The office provides brain injury awareness training and certification for all call center specialists to increase their knowledge of the challenges Veterans with TBI may encounter when seeking assistance and specialized communication skills. Approximately 650 certifications have been issued on behalf of the OABI through the Department of State Health Services to date. The course is used by several other states as well.

The OABI and Texas TBI Advisory Council developed bilingual DVDs to assist brain injury survivors, their families and caregivers. Both English and Spanish DVDs include special training to assist Veterans with TBI and PTSD, their families/caregivers and each contains a segment featuring Texas Veterans. The Spanish DVD is introduced and closed by former Texas Adjutant General Jose Mayorga. The Texas Military Forces has adopted the program and has distributed more than 6,000 copies to its members and 600 copies to representatives of the Chilean Military Forces in a training exercise in early 2012. The DVDs are in use in most states and eight foreign countries.

Brain injury survivors often experience cognitive dysfunction leading to depression and suicide, anger management, antisocial behavior, emotional outbursts and inappropriate language or actions, isolation and withdrawal from family and friends. Stressful situations can exacerbate negative reactions that may lead to negative encounters with law enforcement, airport security personnel or other authority figures. To assist Veterans and other brain injury survivors, identification wallet cards have been printed that include the individual's name and an emergency contact's information. The reverse side of the card contains signs and symptoms of TBI and a message stating that communication is difficult in stressful situations and tips for a more positive outcome. Brain injury professionals in VISNs 16, 17 and 18 distribute the wallet cards to Veterans in their care.

Conclusions and Recommendations

- The state should increase its commitment and support for the Office of Acquired Brain Injury and the Texas Traumatic Brain Injury Advisory Council.

Veteran Need 6

Veterans need better access to transportation services.

Background and Services

Texas communities face complex challenges today in meeting the transportation and mobility needs of Veterans. It is the largest state in the contiguous United States, covering an area of 268,000 square miles, which is approximately seven percent of the nation's total area. The state's population – 24 million and growing – depends on the state's transportation infrastructure to keep communities connected and the economy growing. Some of these challenges are due to service-related disabilities; some are due to a larger population of older Veterans who need continuing medical care; some are due to work or education requirements of Veterans; and some are due to the lack of public transportation alternatives available for Veterans to be mobile. These challenges tend to extend to the families and dependents of Veterans as well.

Addressing mobility and transportation-related issues are shared, societal responsibilities, not only for the state and local governments, but also for the VA, traditional Veterans Service Organizations, and community businesses, and the community overall. The VA has partnered with agencies such as the National Resource Center (NRC) for Human Service Transportation Coordination (which focuses on providing the education, facilitation and technical assistance that helps local communities improve their residents' mobility through strong partnerships among public transportation providers), human service agencies, private institutions, businesses, volunteers, consumers, political leaders, and other public agencies and non-profit organizations. Their fundamental purpose is to provide states and communities with the support they need to better integrate public transportation services with the services and demands of their human services networks – including America's Veterans and their families.

The VA's Veterans Transportation Service (VTS) was a pilot program developed in partnership with the NRC to provide no-cost shuttle service from Veteran's homes to their medical appointments. As one of six pilot sites for VTS, the Central Texas Veterans Health Care System began operating its Veterans Transportation Service (VTS) project on September 17, 2010, to provide transportation for Veterans with special needs and Veterans without transportation, to and from their medical appointments. In the Central Texas' Pilot, VTS gave priority to meeting the transportation needs of women Veterans and Veterans with physical disabilities - including wheelchair-dependent Veterans.

The focus on Veterans' transportation needs in North Central Texas is also noteworthy. Realizing the specific needs of Veterans to be mobile and have accessibility to transportation over a 16 county-wide area, the Dallas Area Rapid Transit (DART) surveyed the needs of local communities and partnered with local agencies to begin working on a solution to connect Veterans to valuable services through a single, consolidated repository of information. Local Dallas transportation agencies, the North Texas VA Medical Center, and human services organizations across North Central Texas met to discuss obtaining a grant from the Veterans Transportation and Community Living Initiative II (VTCLI). The organizations collaborated and developed a regional proposal, rather than submit multiple stand-alone projects and compete against one another. Dallas is competing for a Veterans Transportation and Community Living Initiative II (VTCLI) grant, which provided DART with an opportunity to help resolve the transportation access limitations that Veterans were experiencing.

Building on the Dallas region's plans for coordination and collaboration for mobility management, DART partnered with the North Central Texas Council of Governments, and won a New Freedom Grant – which laid the foundation for the One Call/One Click system. DART is currently preparing to implement the first of three projects.

Women Veterans, specifically, continue to experience the challenges of accessing reliable transportation within their respective communities. These challenges can be extremely frustrating for women Veterans who may rely on the public transportation system to transport their children to school or daycare and then continue on to their jobs. Veterans in rural areas face an even greater challenge especially if public transportation is not

available. Veterans in search of employment may be hindered even more so if they are depending upon public transportation in their efforts to search for jobs. If transportation is unavailable, Veterans may choose not to seek needed healthcare. If transportation is lacking, Veterans may withdraw from society, becoming isolated within the confines of their own homes.

Conclusions and Recommendations

The work of several of the workgroups lead to discussions regarding the issue of reliable transportation options for Veterans, which contributed to the inclusion of this information in this report. However, because transportation was not designed as a TCCVS workgroup, state agencies such as the Texas Department of Transportation and the Texas Department of Motor Vehicles were not involved in these discussions. As such, there are no specific recommendations related to the state regarding transportation in this report. The TCCVS does see significant value in the work done in North Central Texas:

- Local communities should examine Veteran transportation needs and implement solutions from a regional perspective with as much stakeholder involvement and contribution as possible.

Health and Mental Health Workgroup

At a Glance

Health and Mental Health Workgroup

Veteran Need 1

Veterans experiencing the effects of combat need access to health and mental health treatment resources prior to the onset of a crisis.

Conclusions and Recommendations

- Access to Veterans' health and mental health resources needs to remain a funding priority for the Legislature.
- Continue to develop and implement evidence-based practices to address health and mental health issues faced by Veterans.

Veteran Need 2

Veterans need and benefit from peer-to-peer support programs.

Conclusions and Recommendations

- The state should continue its commitment to the DSHS Military Veteran Peer Network which links together the state's most valued resources for Veterans – well-trained, knowledgeable, caring fellow Veterans.
- The state should provide funding for the creation of more VOSRCs. This commitment should include funding to document and report results from the operations and to build tools to empower the volunteers that assist Veterans and their families.

Veteran Need 3

Veterans' spouses, families, and caregivers need access to resources in order to prevent health and mental health crisis.

Conclusions and Recommendations

- The State of Texas should create resources for caregivers with needs not covered by TRICARE, the military health insurance program.
- Employment opportunities should be extended to the Veteran spouse/VA recognized caregiver as the tax exemption has been. Job opportunities are needed for caregivers which give them employment with flexibility and which provides the ability that they often need to work from the home. Training, partnerships and workforce initiatives to address some of these issues would be a huge asset to our state's current system.
- Texas' communities would benefit from programs with a broad focus and education about the role of caregivers and their needs and outreach to family members.

At a Glance

Health and Mental Health Workgroup

Veteran Need 4

Veterans need access to long-term health care options.

Conclusions and Recommendations

As the Veteran population in Texas continues to age and the need for affordable long-term care services remains critical in meeting the needs of Veterans and their families, it is essential that communication of these services is efficient, easily identifiable and coordinated across the state. The availability of a centralized starting point for Veteran health care services, available in Texas, to direct families and organizations seeking assistance, to the appropriate service providers will improve care coordination and provide Texans with essential initial information.

- The Veterans Portal hosted by the Texas Department of Information Resources (DIR) and located at texas.gov/Veterans is the centralized point of reference for all Veteran services provided by the State of Texas and should also be the centralized starting point for long-term health care options.

Veteran Need 1

Veterans experiencing the effects of combat need access to health and mental health treatment resources prior to the onset of a crisis.

Background and Services

Studies have shown that deployments in the Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) war zones significantly increase the risk that a Veteran will return with symptoms of Post Traumatic Stress Disorder (PTSD), a traumatic brain injury (TBI), and/or major depression. A recent survey of VA patients found that one-quarter had been diagnosed with PTSD, and since returning from deployment, 37 percent were using more drugs and/or alcohol, 57 percent were having anger control problems, and nearly one-third of survey respondents reported they had engaged in behaviors that had put themselves or others at risk, the most extreme manifestation being suicidal tendencies and ideations. As dire as these numbers sound, research also shows there are opportunities for early intervention to help prevent chronic mental illness and disability among returning Veterans (Seal, 2007) and there are treatments that have been proven effective to address trauma and its consequences.

While the State of Texas has made great strides to develop a coordinated infrastructure of collaborative referral, services, and support, there is more work to be done and there are still gaps in the services provided. Ongoing support is needed to sustain the improvements made to date and to continue to improve the state's ability to effectively provide health and mental health services to Veterans with complex injuries before they are in crisis.

As an example, a Memorandum of Agreement (MOA) between DARS and the U.S. Department of Veterans Affairs Vocational Rehabilitation and Employment Service (VA-VRE) focuses on the coordination of services to Veterans with traumatic brain injury (TBI) and traumatic spinal cord injury (SCI). DARS provides TBI and SCI assistance under its Comprehensive Rehabilitation Services (CRS) program, through contracts with independent providers around the state. VA-VRE provides similar services, but in more limited geographic areas. The MOA provides a clear understanding of services provided by each agency, methodology for making referrals and sharing information between agencies, and a system for coordinating services available from each agency. For example, a Veteran/consumer may be eligible for VA benefits but unable to access them because of geographic constraints. In these cases, VA-VRE would contact the DARS office nearest to the consumer, and DARS would facilitate referral of the consumer to the closest DARS-contracted provider. Eligible Veterans may also receive additional services through the DARS CRS program when those services are unavailable through VA-VRE.

With the war in Iraq having now drawn to a close and the U.S. military commitment to Afghanistan soon coming to an end, the DoD has already begun to execute force shaping initiatives in order to reduce the size of the active military force. Given the substantial number of Texans who have already returned from service abroad and the many more who will return home in the next few years, continued support for such programs will be pivotal to ensure that Veterans and family members are properly served, and that the services are delivered as efficiently as possible.

Conclusions and Recommendations

- Access to Veterans' health and mental health resources needs to remain a funding priority for the Legislature.
- Continue to develop and implement evidence-based practices to address health and mental health issues faced by Veterans.

Veteran Need 2

Veterans need and benefit from peer-to-peer support programs.

Background and Services

Due to the stressful and unique nature of the work of servicemembers, particularly those who have seen combat, the military has created a culture in which servicemembers take care of each other. This mentality easily lends itself to an environment where servicemembers rely on the natural support of their colleagues to cope with stress. In a recent behavioral health survey of more than 28,000 active-duty military personnel, “talking with friends and family” was the second most common coping strategy for dealing with stress, with 73 percent responding to using that strategy frequently or sometimes. (The most common coping strategy, with 79 percent responding to using the strategy frequently or sometimes was “thinking of a plan to solve the problem.”) Strong social support networks have been linked to resilience, which is a fundamental component of successfully managing stress.

Experience has shown that individuals transitioning out of military service who have been wounded in war and have untreated brain injuries are much more likely to engage in risky behaviors such as excessive use of alcohol and illicit pharmaceuticals.

Peer-to-peer programs use peer support as a primary intervention for Veterans, especially for those who are in crisis and for those who are in adjustment phases. In a formalized peer-to-peer program, the peer providing the support has received some level of training and has access to more intensive support resources. Although peer support discussions can improve the mental health of a Veteran, peer support is not professional counseling. Some individuals may have needs that are beyond the scope of a peer-to-peer program and require professional support. Providing peer-to-peer support training to servicemembers and Veterans, many of whom are already providing informal social support, could increase the effectiveness of the individual providing support as well as increase his or her ability to identify a potential high-risk situation before a crisis event occurs. As a group, Veterans tend to self-organize, and, after accessing services successfully, tend to move out of the indigent health care system or stay to assist others. Dollars invested in Veteran health care tend to produce a positive return on investment.

In November 2009, Governor Perry worked with the Legislature to secure an additional \$5 million to supplement the \$1.2 million from the state budget to expand mental health treatment and support programs for Veterans and their families. The 81st Legislature passed, and Governor Perry signed, Senate Bill 1325, which established state peer-to-peer mental health programs for Veterans. The 81st and 82nd Legislatures have also continued funding in order to maintain and enhance the peer-to-peer program for Veterans and their families, to expand existing mental health programs for Veterans and their families, and to recruit and train volunteers and practitioners for Veterans’ mental health treatment and peer support.

The state has developed a network of trained peers who know how to reach out to help these new war Veterans. Because the new war Veterans typically do not understand how their invisible wounds can affect their lives, and because they are unlikely to present themselves for medical or mental health treatment, they need a supportive hand from a peer who understands both their military experiences and their injuries. Because of this, the state has created the DSHS - sponsored Military Veteran Peer Network. The understanding that comes from a fellow Veteran often is the first and most important step a new Veteran can take on their journey home from war.

To date, DSHS has trained nearly 700 Veterans in the peer support program “Bring Everyone in the Zone” Table Talk (for women Veterans) and Warrior’s Roundtable who now leads community based Veteran-to-Veteran support groups or provide one-on-one peer support in more than 50 Texas counties, and more than 50 of those Veterans and their family members participate in an education curriculum known as “Operation Resilient Families,” to help educate peers in building family resiliency, accessing community resources, and employing interpersonal communication skills to better cope with the stress of deployments.

There have been more than 19,000 documented interactions of these volunteers with Veterans or family members. While more than half of the interactions have been with Iraq and Afghanistan era Veterans and family members, slightly more than one third have been with Vietnam era Veterans.

Veterans who participate in the peer programs also are reporting to DSHS that they are experiencing very positive response to the creation of Veteran one-stop resource centers (VOSRC). There are at least four such VOSRC in Texas where Veteran response has been positive: Cedar Park, Tyler, Seguin, and Waco. At these VOSRCs, the County Veterans Service Officers are typically on site at least a few days per week. Other service providers have also leased space to provide employment assistance, financial, legal, and educational counseling. Others are providing medical and mental health care services as well as making referrals to a wide range of services, from acupuncture to horse therapy to finding a service dog. The VOSRCs are perceived as far less stigmatizing than conventional mental health care facilities. Veterans who need, but otherwise might resist seeking those services, therefore, can learn about them even if their first visit is to see someone about a job lead. Because Veterans who are returning to civilian life typically have many and disparate needs, having trained trusted peers on site can be a first step to a healthy return from service.

In addition, the Texas Council of Community Centers, which represents the local mental health authorities (LMHA), supports and enhances these Veteran peer support initiatives. The Council also works with the VA to obtain reimbursement for emergency services provided by the LMHAs for VA-enrolled Veterans. In the Lower Rio Grande Valley, the VA has contracted with local providers for psychiatric hospital services, and the VA is assisting the LMHAs and TXMF in that region by sending VA representatives to events where returning Veterans receive information about how to access VA and other healthcare services.

Conclusions and Recommendations

- The state should continue its commitment to the DSHS Military Veteran Peer Network which links together the state's most valued resources for Veterans – well-trained, knowledgeable, caring fellow Veterans.
- The state should provide funding for the creation of more VOSRCs. This commitment should include funding to document and report results from the operations and to build tools to empower the volunteers that assist Veterans and their families.

Veteran Need 3

Veterans' spouses, families, and caregivers need access to resources in order to prevent health and mental health crisis.

Background and Services

Vast strides have been made in battlefield medicine which has resulted in more wounded and injured soldiers surviving their wounds. Many of these young Veterans become dependent on the help of part-time or full-time caregivers, often spouses or family members, for their continuous care. The reality that the injured, disabled or wounded Veteran is only as successful as the caregiver support they receive is new to government agencies, but long understood by those who provide the care. The caregivers of Texas' Veterans need the support of agencies, mental health facilities and programs, and preventative programs to successfully provide the safe and beneficial environment our Veterans need and deserve.

The Federal government has taken steps in addressing some of these problems. Recently, the VA began providing stipends to those caregivers who must provide regular oversight and physical care to these men and women who have served. The VA's caregiver program also provides medical insurance and other needed benefits for those who qualify to participate in the program. The gaps in these services are considerable and can be both frustrating and devastating to whole families by creating a "circle of nothing." This includes the fact that if TRICARE, the health care program for Uniformed Service members, retirees and their families, is in place for the family, then the VA resources are not available to them. The coverage for medical care and equipment is vastly different. For caregivers, the simplest solution is for them to be dual covered like the

servicemembers who are using Medicare after 22 months and TRICARE for prescriptions to be sure they have needs met. This is especially true for those needing assistive devices and equipment that was covered while the Veteran was on active duty such as hearing aids.

The availability of support programs for both the Veteran and the caregiver is dependent on the VA system closest to them, the proximity to the installation, and the reality that near them the VA and military systems are overwhelmed by demands. Education for the providers on the role of caregivers, as well as the state and the needs of their families, is imperative to successful transition and assistance.

Marriages of Veterans, where a wife is the caregiver, are failing at astronomical rates. The majority of the new era Veterans are under the age of 40 and do not know that many services from the state are available through the Department of Aging and Disability Services, although these programs are generally focused on elder care.

In addition, while employment and opportunities for business endeavors exist for many Veterans, there is limited employment support for the caregiver of the Veteran, the one responsible for the around-the-clock responsibility of a brain-injured or chronic PTSD Veteran.

Caregivers are not a huge demographic and there is already a vetting process as caregivers are identified by VA. Using the already existing state initiatives or creating new ones is not an insurmountable task.

Conclusions and Recommendations

- The State of Texas should create resources for caregivers with needs not covered by TRICARE, the military health insurance program.
- Employment opportunities should be extended to the Veteran spouse/VA recognized caregiver as the tax exemption has been. Job opportunities are needed for caregivers which give them employment with flexibility and which provides the ability that they often need to work from the home. Training, partnerships and workforce initiatives to address some of these issues would be a huge asset to our state's current system.
- Texas' communities would benefit from programs with a broad focus and education about the role of caregivers and their needs and outreach to family members.

Veteran Need 4

Veterans need access to long-term health care options.

Background and Services

According to a 2005 Census Bureau report, "by 2020, 31% of the (US) population aged 65 and older is projected to be Veterans, reflecting the smaller proportions of the male population that served in Korea and Vietnam, than in World War II." This report also noted that "the Veteran population is expected to increase for the oldest group (aged 85 and older) from 156,000 to 1.25 million in 2011 before decreasing to 999,000 in 2020."

According to the National Center for Veterans Analysis and Statistics, approximately 35%-40% of the Veteran population in the State of Texas in 2010 was over the age of 65. These percentages equate to a population of more than 500,000 Veterans over 65 in Texas (National Center for Veterans Analysis and Statistics, 2010). Among the multiple healthcare delivery services necessary to support the senior Veteran population, long term care (nursing home care) service availability is an important aspect of the healthcare continuum for Veterans over 65. At a national level, nursing home care represents 7.4% of healthcare services utilization for Veterans (VA, 2010).

The Veterans Land Board (VLB) Texas State Veterans Homes provide affordable, long-term nursing care for Texas Veterans, their spouses and Gold Star parents. Conveniently located across Texas, each facility is

designed to enhance quality of life with a clean, caring and dignified setting appropriate to those men and women who have served our country with honor.

Authorized by the Texas Legislature in 1997 by Senate Bill 1060, authored by then-Senator Jerry Patterson, the David A. Gloier Texas State Veterans Home program serves Texas Veterans with the construction of eight Texas State Veteran Homes across the State of Texas with the capacity to serve approximately 1,100 eligible Veterans, spouses and Gold Star Parents.

There are Texas State Veterans Homes located in the following communities:

- Amarillo (Ussery-Roan TSVH)
- Big Spring (Lamun-Lusk-Sanchez TSVH)
- Bonham (Clyde W. Cospers TSVH)
- Floresville (Frank M. Tejada TSVH)
- El Paso (Ambrosio Guillen TSVH)
- McAllen (Alfredo Gonzalez TSVH)
- Temple (William R. Courtney TSVH)
- Tyler (Watkins-Logan TSVH)

Although the type and scope of services provided in long term care facilities that serve Texas Veterans can vary, examples of required and common services include 24-hour nursing care, physical, occupational and speech therapy, wound care, hospice care, therapeutic and special diet needs, and dementia care.

The Texas State Veterans Home program is especially committed to serving the needs of Veterans and their families who are in need of Alzheimer's and dementia care. Each of the eight homes offer a separate and secured Alzheimer's Unit, designed to serve the specific needs and activities associated with Veterans that have been diagnosed with Alzheimer's and other dementia-related diseases

Additionally, the VA manages and operates nursing home facilities called Community Living Centers (CLCs). CLCs are typically located adjacent to or on campus of a Veterans Administration Medical Center (VAMC). Similar to Texas State Veteran Homes, these centers offer 24-hour nursing care, rehabilitative services and other long term care support programs to assist with the activities of daily living, medication management and chronic care management. Services provided include both short term and long term stays.

One key difference in admission criteria between CLCs and Texas State Veterans Homes is that admission to VA CLCs requires the Veteran be enrolled in the VA health care system.

According to the VA there are nine CLCs located in Texas:

- VA North Texas Healthcare System (Dallas)
- South Texas VA Healthcare System (Kerrville)
- Central Texas VA Healthcare System, Olin E. Teague Medical Center (Temple)
- West Texas VA Healthcare System (Big Spring)
- Amarillo VA Healthcare System (Amarillo)
- VA North Texas Healthcare System, Sam Rayburn Memorial Veterans Center (Bonham)
- South Texas VA Healthcare System (San Antonio)
- Central Texas VA Healthcare System, Waco VA Medical Center (Waco)
- Michael E. DeBakey VA Medical Center (Houston)

In addition to Texas State Veterans Homes (the long term care facilities that are owned by a state government and formally recognized and certified by the VA as a state Veterans home), the VA contracts with private (for profit and not for profit) nursing homes to provide 24 hour care to Veterans that meet the admission criteria to live in the community nursing home. According to the National Care Planning Council, the VA contracts with approximately 2,500 nursing homes across the United States to provide long term nursing home care to

eligible Veterans at a daily rate that is subsidized by the VA. Contracted nursing homes are generally found in communities where there is a need for additional long term care options for Veterans that will allow them to remain close to home and family.

Conclusions and Recommendations

As the Veteran population in Texas continues to age and the need for affordable long-term care services remains critical in meeting the needs of Veterans and their families, it is essential that communication of these services is efficient, easily identifiable and coordinated across the state. The availability of a centralized starting point for Veteran health care services, available in Texas, to direct families and organizations seeking assistance, to the appropriate service providers will improve care coordination and provide Texans with essential initial information.

- The Veterans Portal hosted by the Texas Department of Information Resources (DIR) and located at texas.gov/Veterans is the centralized point of reference for all Veteran services provided by the State of Texas and should also be the centralized starting point for long-term health care options.

Health and Mental Health Workgroup

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Employment Workgroup

At a Glance

Employment Workgroup

Veteran Need 1

Texas state agencies should promote the hiring of Veterans within their organizations.

Conclusions and Recommendations

- Support an initiative that would coordinate with all state agencies and organizations to increase the effectiveness of the state's Veteran employment preference laws by educating state agency executives and human resource managers on the benefits of hiring Veterans and by assisting Veterans specifically seeking employment within state agencies.
- Structure state policy to positively promote engagement with current employees and prospective employees, including those in the networks of current employees. Highlight efforts taken to reintegrate returning Veterans who were on leave under Uniformed Services Employment and Reemployment Rights Act (USERRA) or to integrate and train new Veteran employees.

Veteran Need 2

Promote the hiring of Veterans by educating employers.

Conclusions and Recommendations

- Support Veteran hiring initiatives that specifically target and educate employers on the benefits of employing and developing qualified Veterans for positions within their organizations.

Veteran Need 3

Promote the development of Veteran entrepreneurship.

Conclusions and Recommendations

- Support initiatives that targets Veteran entrepreneurs and Veteran business development with the state as a critical component of the state's larger Veterans employment efforts.

Veteran Need 1

Texas state agencies should promote the hiring of Veterans within their organizations.

Background and Services

The Comptroller's Office produces an annual report, the Veteran Workforce Summary Report, which identifies number and percentages of Veterans employed by state agencies and institutions of higher learning. The latest report shows a low percentage rate of Veterans employed by these state agencies and institutions of higher learning. The Legislature has provided state laws (Chapter 657, Section 657.004, Government Code) which mandate that public entities or public works of the state must exercise Veteran's employment preference practices until at least 40 percent of the employees of the public entity are Veterans.

The employment of Veterans by state agencies could be elevated by providing education opportunities or training for state agencies on the value of hiring and developing qualified Veterans for positions within their organization. Educating the prospective Veteran employee regarding the state hiring process, particularly in translating their military skills into skills valuable to state agencies via applications and resumes, would also contribute to a higher employment rate.

An initiative that sought to provide state agency executives and human resource managers with the knowledge about why hiring Veterans is good for the business of the state, and how their organization could most effectively implement the state's Veteran employment preference laws, would be critical to increasing the laws' effectiveness. Additionally, agencies would benefit from the training and sharing of best practices for promoting engagement with and among Veteran employees already serving within the organization.

This initiative would additionally provide assistance to Veterans specifically seeking employment within state agencies, helping them to effectively communicate and translate their military skills to skill sets valuable to state agencies, resume assistance, and interviewing techniques.

Conclusions and Recommendations

- Support an initiative that would coordinate with all state agencies and organizations to increase the effectiveness of the state's Veteran employment preference laws by educating state agency executives and human resource managers on the benefits of hiring Veterans and by assisting Veterans specifically seeking employment within state agencies.
- Structure state policy to positively promote engagement with current employees and prospective employees, including those in the networks of current employees. Highlight efforts taken to reintegrate returning Veterans who were on leave under Uniformed Services Employment and Reemployment Rights Act (USERRA) or to integrate and train new Veteran employees.

Veteran Need 2

Promote the hiring of Veterans by educating employers.

Background and Services

To date, the business case for hiring a Veteran has been largely made in public by using non-specific clichés about leadership and mission focus. While leadership ability and the strong sense of mission that comes from military service are characteristics that are highly valued in a competitive business environment, alone these generalizations are not enough to empower U.S. employers to move beyond art to science, and in doing so gain competitive advantage and fully benefit from the knowledge, training, and experiences represented by those who have served in the military. Importantly, the business case validating the organizational value of a Veteran is supported by academic research in a way that is both more robust and more complex than leadership and mission focus alone.

Academic research supports a robust, specific, and compelling business case for hiring individuals with military background and experience. This competitive advantage must be communicated to business and industry, and demonstrated through the contributions of Veterans to high-performing organizations. However, until that message is compellingly communicated and widely adopted, public/private and public initiatives will remain important in the direct employment context.

The Texas Veterans Commission (TVC) has Local Veterans Employment Representatives (LVERs) to help educate local businesses on the benefits of hiring Veterans. LVERs are federally funded by Jobs for Veterans State Grant (JVSG) from the Department of Labor – Veterans Employment & Training (DOL-VETS). The purpose of the LVER program is to outreach businesses, target recently separated Veterans, and overall enhance job opportunities for Veterans. All LVERs are Veteran themselves with the majority of them disabled Veterans.

The TVC has also enhanced the job duties of four LVERs and identifying them as Veteran Business Representatives (VBRs) to target employers in specific areas of Texas based on need. VBRs develop hiring opportunities for Veterans by promoting the benefits of hiring eligible Veterans. Their primary responsibility is to contact businesses, and contractors, to include Federal contractors, employer associations and other entities, to encourage the hiring of qualified Veterans. They coordinate and develop employment opportunities for Veterans and facilitate Veteran access to employment programs and services.

The Department of Assistive and Rehabilitative Services (DARS) is engaged in a Memorandum of Agreement (MOA) with the U.S. Department of Veterans Affairs-Veterans Rehabilitation and Employment (VA-VRE) to expand employment and rehabilitation services to Veterans with disabilities in geographic areas beyond the reach of VA-VRE. DARS counselors work directly with VA employment counselors to address the unique needs in each of DARS's five regions. DARS cultivates business partnerships with major employers to create employment opportunities for people with disabilities. One particular effort is a partnership with the second-largest home improvement store chain designed specifically for eligible Veterans with disabilities. In addition to other services, DARS provides pre-screening services that match job candidates with suitable skills to specific openings to ensure more successful employment outcomes. Using the model developed by DARS, the VA and the retail partner have further expanded the program to extend employment opportunities to other, non-disabled Veterans. In just one region, almost 100 Veterans have been employed in 25 stores since May 2012. The program is being replicated statewide to serve more Veterans with disabilities.

The Texas Workforce Commission (TWC) has developed a Texas Veterans Leadership Program (TVLP). The TVLP has a representative at every Small Business Governor's Forum. TLVP representatives brief employers on the benefits of hiring Veterans, Work Opportunity Tax Credits, and how Veterans may qualify for On-the-Job training grants. The TVLP is working with Society for Human Resource Management. They have made major progress in developing Veteran Hiring Initiatives with private companies. TVLP also have discussed and started the ball rolling concerning internship programs for Veterans. Most of the Veterans who are separating from the service are qualified to receive the Post 9/11 GI Bill. There is a great opportunity for the employer to hire a Veteran with the certification or degree the employer is requiring, at no cost to the employer. The TVLP networks weekly with different employers in each of the 28 Workforce Development Board Areas. The TVLP works hand in hand with the TVC Employment Services Representatives.

The Texas Workforce Investment Council assists with the coordination of determining employer workforce needs and satisfaction with programs and services. The Council's partner agencies, including TVC, gather data from employer customers at appropriate intervals to determine employer needs and satisfaction. The Council and system partners recognize employers as a primary customer of the state's workforce system. Data gaps regarding employers' needs and satisfaction hinder the ability to assess whether existing programs and services adequately meet customer requirements. To be effective, programs and services must address and adapt to changing employer needs. Partner agencies increased their efforts to become more familiar with employers' awareness and perception of existing services, as specified in Advancing Texas, Texas Workforce System Strategic Plan for fiscal years 2010 through 2015. TVC's efforts to determine and respond to employer needs,

thereby enhancing employment opportunities for Veterans, was initiated under the previous system strategic plan and continues under Advancing Texas. TVC's work to pilot employer surveys has been completed, resulting in a high response rate and a very high satisfaction level among employers who used the agency's employment services.

Texas Military Forces started a Job Connection Education Program (JCEP), which is funded by the National Guard Bureau. The JCEP is an employment partnership initiative designed to provide relevant and timely workforce training and job-placement assistance to members of the Texas National Guard and their spouses. JCEP works with local companies explaining the Job Connection Education Program and the benefits of hiring a servicemember. When a JCEP participant applies for a job, the business advisor makes sure the human resource manager the participant has been working with is aware the application has been made. JCEP staff do their best to make sure the participant's resume and application are appropriate for the position and that the hiring manager is aware a JCEP participant is interested in the position and has applied.

Employer Support of the Guard and Reserve (ESGR) is an official agency of the Department of Defense, with Field Committees serving in all 50 states, Washington, D.C., and three U.S. territories. The Texas Committee is comprised of approximately 250 state-wide volunteers and a small, full-time support staff with offices in Austin (Camp Mabry), Fort Worth (Joint Reserve Base), and Houston (Ellington Field) with the following mission:

- Gain and maintain the support of employers of Guard and Reserve servicemembers
- Educate employers and servicemembers on the Uniformed Services Employment and Reemployment Rights Act (USERRA) and applicable state employment laws
- Recognize supportive employers through a comprehensive awards program

Conclusions and Recommendations

- Support Veteran hiring initiatives that specifically target and educate employers on the benefits of employing and developing qualified Veterans for positions within their organizations.

Veteran Need 3

Promote the development of Veteran entrepreneurship.

Background and Services

The majority of state's programs and resources that facilitate Veteran employment assistance are limited and narrow in their definition of employment. Most of these programs seek to match employers with qualified Veteran employees.

There is, however, a need to support services and programs that target Veterans who are aspiring entrepreneurs and whose skills sets lend themselves to self employment. These Veterans desire to establish new small businesses within the state, and need to be connected with the resources available to make those businesses sustainable.

Veteran business owners recognize the value of employing other Veterans and are more likely to provide stable employment for other Veteran job seekers, diminishing the opportunity for Veteran underemployment in the state.

An initiative that helped to demystify the business start-up process for prospective Veteran entrepreneurs by identifying funding sources, mentors, business opportunities and business education programs for Veteran entrepreneurs is a critical component of the state's larger Veterans employment efforts.

One example currently underway is the Department of Assistive and Rehabilitative Services (DARS), working through a Memorandum of Agreement (MOA) with the U.S. Department of Veterans Affairs-Veterans

Rehabilitation and Employment (VA-VRE), provides employment and rehabilitation services to Veterans with disabilities in geographic areas beyond the reach of VA-VRE. DARS provides a range of services for eligible Veterans seeking to start their own business as an employment outcome, which may include counseling, educational support, medical services, assistive devices, job placement assistance, and other services.

Conclusions and Recommendations

- Support initiatives that targets Veteran entrepreneurs and Veteran business development with the state as a critical component of the state's larger Veterans employment efforts.

Employment Workgroup

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Higher Education Workgroup

At a Glance

Higher Education Workgroup

Veteran Need 1

Veterans Resource Centers to provide centralized focal points of assistance and information tailored to Veterans and their families during their educational experience.

Conclusions and Recommendations

- Encourage institutions of higher learning to establish physical space for a campus Veterans Resource Center to serve as a focal point for services to Veterans and their families.

Veteran Need 2

Establish a comprehensive definition of the requirements which determine that a university/college/school campus is “Veteran Friendly.”

Conclusions and Recommendations

- Establish a statewide benchmark definition for institutions of higher learning to earn a “Veteran Friendly” certification. To be certified as a “Veteran Friendly” program, schools must establish Veterans services programs that include the following elements:
 - A Veterans advising board
 - Veterans specific space
 - Central point of contact
 - VA work study program
 - Admissions and enrollment policies for Veterans
 - Veterans orientation and courses
 - Student Veterans organization
 - Academic support services
 - Disability health and mental health services
 - Veterans housing policies
 - Faculty and staff training specific to Veterans’ needs
 - Career services

Veteran Need 3

Institutions of Higher Learning (IHL) should consider providing priority registration for Veterans and dependents.

Conclusions and Recommendations

- Institutions should consider providing priority registration for Veterans and dependents utilizing GI Bill educational benefits during of their enrollment.
- Institutions should develop a counseling program to assist Veteran students and their families in formulating degree plans which are executable within the parameters of the Veteran’s GI Bill entitlement and personal goals.

Veteran Need 4

To ensure those Veterans and their families are aware of programs for which they may be eligible.

Conclusions and Recommendations

- TCCVS should continue to evaluate and propose changes to enhance the effectiveness of the ApplyTexas Application and the resulting outreach.

At a Glance

Higher Education Workgroup

Veteran Need 5

Veterans need a clearly defined and easily understood description of the eligibility criteria for the Hazlewood Exemption for disabled Veterans and their families.

Conclusions and Recommendations

- Amend the TEC, Sec. 54.341, (a-2)(1)(E), (a-2)(2)(B), (b)(1)(E) and (b)(2)(B) and repeal (b-2) to reflect the more easily understood eligibility criteria for the Hazlewood exemption for disabled Veterans and their families.

Veteran Need 6

Accurate and timely statistical data regarding numbers of Veterans and their family members using federal and state educational programs and the associated economic impact of those programs is not available.

Conclusions and Recommendations

- Leverage VA to provide timely statistics to consist of the following data sets:
 - Utilization by Chapter (Ch. 30 – Montgomery, Ch.33 – Post 9/11, etc.)
 - Expenditure by institution/facility
 - Breakout of non-degree courses by institution/facility
- The Texas Veterans Commission and the Texas Higher Education Coordinating Board should coordinate with institutions to develop programs to track student Veteran progress and employment.

Veteran Need 7

Ensure that Veterans and their family members, whether they are currently attending school or are planning to attend school, have access to information/counseling regarding their GI Bill and Hazlewood benefits, and have the opportunity for assistance to optimize their success during their educational experience.

Conclusions and Recommendations

- Provide funding for Veteran education counselors at the Texas Veterans Commission, which functions as the Veterans advocacy agency, with the following responsibilities:
 - publicize Veterans educational programs to public, private and corporate entities throughout the state
 - liaise with military installations to counsel military members separating from service about educational opportunities and programs
 - assist schools in establishing and maintaining on-campus Veteran Centers
 - act as ombudsperson assisting Veterans in resolution of issues with schools and with VA
 - assist schools to establish Veteran Friendly campuses for the benefit of Veterans and their families
 - assist schools in establishing methodologies to capture demographic information regarding Veterans and their families, such as program completion rates, reasons for lack of success, and best practices which have optimized Veterans student success

When the Legislature previously considered the value of these counselors as part of Senate Bill 1538, sponsored by Senator Van de Putte, during 81st Regular Legislative Session, the Legislative Budget Board estimated this support would generate \$9.6 million in tuition and fees to schools in Texas.

Veteran Need 1

Veterans Resource Centers to provide centralized focal points of assistance and information tailored to Veterans and their families during their educational experience.

Background and Services

Veterans have unique requirements when making the transition from military service to being a student. This is particularly true for combat Veterans. The VA estimates that as many as 50% of Veterans returning from Afghanistan have some type of disability, ranging from varying degrees of PTSD and TBI to physical wounds including severe burns and loss of limbs.

Veterans Resource Centers provide an easily accessible focal point on college/university campuses to assist Veterans in determining the essential services available to them and their families during their educational experience. Veterans Resource Centers positively enhance the success of Veterans as they pursue their educational goals and endeavors.

Some colleges/universities have already established Veterans Resource Centers. Yet, the services available to Veterans and their families vary widely and are not standardized throughout the state.

Some community colleges may be faced with challenges, based on location and student population, as they work to establish a Veterans Resource Center. Community colleges which are co-located with a senior institution of higher learning in an urban center could develop a relationship so that essential Veterans' services (student Veterans organizations, disability health and mental health services, faculty and staff training, and career services) would be provided to their Veterans. In this manner the schools could incorporate the strengths of each campus while developing relationships to provide Veterans' services.

Conclusions and Recommendations

- Encourage institutions of higher learning to establish physical space for a campus Veterans Resource Center to serve as a focal point for services to Veterans and their families.

Veteran Need 2

Establish a comprehensive definition of the requirements which determine that a university/college/school campus is "Veteran Friendly."

Background and Services

The passage of the Post 9/11 GI Bill and the subsequent growth of Veterans attending Institutions of Higher Learning (IHL) resulted in the "Veteran Friendly" recognition becoming sought-after by IHLs. The criteria for garnering the "Veteran Friendly" recognition vary depending on the awarding entity. Veterans are conscientious consumers. They want to attend school where they are wanted, where they will receive consideration for their military service, and where they can succeed and, ultimately, achieve their goals.

The Servicemembers Opportunity College (SOC) has developed criteria to identify IHLs that are "military friendly." Originally, the SOC was established to provide educational opportunities to servicemembers who had trouble completing college degrees. It functions with the support of 15 higher education associations, the Department of Defense, and the active and reserve components of the military services to sponsor programs which accommodate the unique requirements of the active duty servicemember and Veteran.

In conjunction with the SOC, the American Council on Education (ACE) has developed a "Toolkit for Veteran Friendly Institutions" to use as a measure of how "Veteran Friendly" an institution is. The IHLs self-report their compliance with the toolkit to a central web site.

Recently, Executive Order 13607, issued April 27, 2012, outlined services and procedures which would define “Principles of Excellence” for colleges/universities which received funding from federal military and Veterans educational benefits programs.

To date, there is no universally accepted set of standards which define “military friendly” or “Veteran Friendly” institutions.

Conclusions and Recommendations

Establish a statewide benchmark definition for institutions of higher learning to earn a “Veteran Friendly” certification. To be certified as a “Veteran Friendly” program, schools must establish Veterans services programs that include the following elements:

- A Veterans advising board
- Veterans specific space
- Central point of contact
- VA work study program
- Admissions and enrollment policies for Veterans
- Veterans orientation and courses
- Student Veterans organization
- Academic support services
- Disability health and mental health services
- Veterans housing policies
- Faculty and staff training specific to Veterans’ needs
- Career services

Veteran Need 3

Institutions of Higher Learning (IHL) should consider providing priority registration for Veterans and dependents.

Background and Services

In its most general terms, the GI Bill benefit is a federal program that provides up to 36 months of education benefits for qualified Veterans and eligible dependents. The benefit, being inescapably linked to an element of time when those benefits would be exhausted, provides significant incentive for Veterans to complete qualifying education and training programs within this 36 month period, in order to avoid incurring the burden of tuition and fees for periods beyond the initial benefit.

Currently, postsecondary institutions are not required to offer Veterans of the U.S. Armed Forces priority when registering for courses based on their status as a Veteran. Rather, it is at the discretion of both public and private institutions of higher education whether or not to offer priority course registration and to determine which groups of students would be eligible. If an institution does not offer priority registration for Veterans, students who are Veterans register for courses at the same time as the general student population. Priority course registration allows designated groups of students at colleges and universities to register for courses for an upcoming semester before the entire student population is able to register.

Due to the specific time requirements associated with the GI Bill, priority registration would allow Veterans and dependents to optimize their designated benefit, expediting their graduation or completion of training, and avoiding costs associated with enrollment beyond the time period for which the benefit will be paid. It allows Veteran students to get access to those courses that must be taken in sequence, particularly in their junior and senior years of school. It is common practice today for many program majors to have a “capstone” course, which may be based on completion of several prerequisite courses. The student must complete the prerequisite course work to enroll in the “capstone” course. Priority registration would ease the stress level of Veteran students as they complete of their degrees.

Priority registration would allow Veterans and dependents to leverage the availability of courses within the time allotted to them by the VA. Without priority registration, Veterans and dependents may have to sit out a term while waiting on a class to become available. Such an interruption often results in student Veterans failing to complete their education.

Conclusions and Recommendations

- Institutions should consider providing priority registration for Veterans and dependents utilizing GI Bill educational benefits during of their enrollment.
- Institutions should develop a counseling program to assist Veteran students and their families in formulating degree plans which are executable within the parameters of the Veteran’s GI Bill entitlement and personal goals.

Veteran Need 4

To ensure those Veterans and their families are aware of programs for which they may be eligible.

Background and Services

The ApplyTexas Application, utilized by state institutions of higher learning, provides a valuable opportunity to capture significant data for Veterans and dependents who have applied for admission. Whether admitted or not, this provides an indication of interest in pursuing their educational prospects. Since Veterans and dependents are given the opportunity to self-identify as “Veterans” on this common application, this provides the institutions and the Education Program of the Texas Veterans Commission with the opportunity to provide information and resources regarding Veteran educational benefits.

As a result of the workgroup discussions on this issue, changes related to this need have already been implemented. Members of the workgroup met with the ApplyTexas Advisory Committee to offer recommendations for modifying the ApplyTexas application to more accurately capture Veteran data. The modifications accepted by the ApplyTexas Advisory Committee give the Veteran or dependent the opportunity to self-identify during the application process:

I am a:

- Current U. S. military servicemember
- Veteran (former U. S. military servicemember)
- Spouse or dependent of a Veteran or a current U. S. military servicemember
- Spouse or dependent of, or a Veteran or current U.S. military servicemember with an injury or illness resulting from military service (service connected injury/illness)
- Spouse or dependent of a deceased U.S. servicemember

The workgroup also worked with the ApplyTexas Advisory Committee on a process for providing the Veteran/dependent applicant with more information and education resources specific to Veterans.

Conclusions and Recommendations

- TCCVS should continue to evaluate and propose changes to enhance the effectiveness of the ApplyTexas Application and the resulting outreach.

Veteran Need 5

Veterans need a clearly defined and easily understood description of the eligibility criteria for the Hazlewood Exemption for disabled Veterans and their families.

Background and Services

The Texas Education Code, Sec. 54.341, defines eligibility criteria for the Hazlewood exemption. The

Hazlewood exemption provides up to 150 semester credit hours of education at public colleges/universities within the state for eligible Veterans and their families. Under this statute, one category of eligibility states that an eligible child/spouse must be the child/spouse of a Veteran who dies, who was killed, or became totally disabled for the purposes of employability due to service related injuries. The VA has clarified that a Veteran who is entitled to compensation at the 100 percent rate due to “individual unemployability” (IU) is also considered to be “totally disabled for the purposes of employability.” Amending the statute to state that a child/spouse of a Veteran who dies, who was killed, or who became totally and permanently disabled, or meets the eligibility requirements for individual unemployability according to the disability ratings of the VA, will more clearly define the criteria for Hazlewood eligibility.

Conclusions and Recommendations

- Amend the TEC, Sec. 54.341, (a-2)(1)(E), (a-2)(2)(B), (b)(1)(E) and (b)(2)(B) and repeal (b-2) to reflect the more easily understood eligibility criteria for the Hazlewood exemption for disabled Veterans and their families.

Veteran Need 6

Accurate and timely statistical data regarding numbers of Veterans and their family members using federal and state educational programs and the associated economic impact of those programs is not available.

Background and Services

The enactment of the Post 9/11 GI Bill has seen an unprecedented growth in the utilization of Veterans programs in Texas. In Fiscal Year 2011, VA expenditures for the State of Texas were more than \$986 million, which included both the GI Bill and Vocational Rehabilitation. Without access to definitive information describing the categories of Veterans and programs, efforts in providing outreach and support cannot be effectively directed.

The VA has information about the utilization of the GI Bill by Veterans attending Texas institutions of higher learning. The data is not available in print or digitally to these institutions or state agencies who could utilize the data to measure the efficiency or effectiveness of their Veterans programs.

Conclusions and Recommendations

- Leverage VA to provide timely statistics to consist of the following data sets:
 - Utilization by Chapter (Ch. 30 – Montgomery, Ch.33 – Post 9/11, etc.)
 - Expenditure by institution/facility
 - Breakout of non-degree courses by institution/facility
- The Texas Veterans Commission and the Texas Higher Education Coordinating Board should coordinate with institutions to develop programs to track student Veteran progress and employment.

Veteran Need 7

Ensure that Veterans and their family members, whether they are currently attending school or are planning to attend school, have access to information/counseling regarding their GI Bill and Hazlewood benefits, and have the opportunity for assistance to optimize their success during their educational experience.

Background and Services

Based on VA data, more than 500,000 Gulf War era Veterans live in Texas. While the number of Veterans and their families using GI Bill educational benefits grew from approximately 43,000 in 2009 to over 76,000 in 2011, we do not know how many other Veterans and families who are eligible for GI Bill and Hazlewood educational benefits have benefits they are not utilizing because they are unaware of them or had problems using them.

Currently, every 100 Veterans using GI Bill educational benefits in Texas has the potential to infuse \$1.28 million into the state economy. Attracting Veterans to attend schools within Texas could have a very positive impact on the state's economy.

Veterans attending post-secondary educational institutions have substantially unique and different needs than recent high school graduates. Because Veteran enrollment in many schools has been historically small, school staff and administration have sometimes not been equipped to deal with Veterans' issues. Similarly, the Veterans Education Program of the Texas Veterans Commission, which functions as the State Approving Agency for Veterans educational programs, has not been staffed or funded to provide educational assistance and advocacy for these Veterans.

While the VA has funded a VetSuccess program to provide a Veteran counselor on-campus to address the unique requirements of the Veteran students, schools must apply for the federal grant which provides the VetSuccess program, and currently, the program is limited. There are VetSuccess counselors at Tarrant County Community College and at Texas A&M University-Central Texas. Two other sites in Texas are pending.

Conclusions and Recommendations

- Provide funding for Veteran education counselors at the Texas Veterans Commission, which functions as the Veterans advocacy agency, with the following responsibilities:
 - publicize Veterans educational programs to public, private and corporate entities throughout the state
 - liaise with military installations to counsel military members separating from service about educational opportunities and programs
 - assist schools in establishing and maintaining on-campus Veteran Centers
 - act as ombudsperson assisting Veterans in resolution of issues with schools and with VA
 - assist schools to establish Veteran Friendly campuses for the benefit of Veterans and their families
 - assist schools in establishing methodologies to capture demographic information regarding Veterans and their families, such as program completion rates, reasons for lack of success, and best practices which have optimized Veterans student success

When the Legislature previous considered the value of these counselors as part of Senate Bill 1538, sponsored by Senator Van de Putte, during 81st Regular Legislative Session, the Legislative Budget Board estimated this support would generate \$9.6 million in tuition and fees to schools in Texas.

Higher Education Workgroup
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Criminal Justice Workgroup

At a Glance

Criminal Justice Workgroup

Veteran Need 1

Veterans Court programs should be expanded across the state.

Conclusions and Recommendations

Each Veteran and servicemember who completes a Veterans Court program is one that does not have the stigma and challenges that having a criminal conviction creates. More importantly, these Veterans and servicemembers have completed an intensive program that ensures they get services to help address brain injury, mental illness, or mental disorder which resulted from their military service and which materially affected their criminal conduct.

Because there are only 10 counties in Texas that have a Veterans Court program, most Veterans will not be able to access a Veterans Court program. Moreover, even the counties with a Veterans Court program can only handle a small number of Veterans.

- The Legislature should encourage counties with 5,000 or more Veterans to have a Veterans Court program through funding to support the expansion of Veterans Court programs.

Each Veterans Court program receives between \$100,000 and \$150,000 in state or federal grant funds. If each of the 59 counties with a current Veteran population of 5,000 or more received \$100,000, the Legislature would need to provide \$5,900,000. The Legislature could also consider a higher population threshold for the requirement to establish a Veterans Court program.

The expansion of Veterans Court programs must also be mindful of the roles of prosecutors and defense attorneys and the need for their support to ensure successful programs.

Veteran Need 2

Neither county jails in Texas nor the Texas Department of Criminal Justice (TDCJ) have sufficient support from the U.S. Department of Veterans Affairs (VA) to determine Veteran status of incarcerated Veterans.

Conclusions and Recommendations

While this self-reported information is a useful starting point for providing assistance to Veterans, it would be more valuable if Veteran status was verified by the VA. Veteran status is currently exchanged with the Health and Human Services Commission (HHSC) as part of the Public Assistance Reporting Information System (PARIS) and a pilot program mandated by the Legislature to identify and assist Veterans currently receiving public assistance.

- The Texas Legislature should create a program similar to the PARIS Data Review for Veterans through which the list of offenders incarcerated within TDCJ is matched against the PARIS/VA match list as HHSC already has the list of offenders incarcerated within TDCJ.
- The Texas Legislature should consider ways to assist counties to participate in any state level matching program.

Veteran Need 3

County jails and TDCJ should continue to expand their use of the information they have about incarcerated Veterans.

Conclusions and Recommendations

County jails should continue to expand their use of the self-reported military service information.

- County jails should distribute the information packets developed and provided by the VA for Veterans to those who report military service.

At a Glance

Criminal Justice Workgroup

- County jails should provide any inmate who reports military service with a Veterans questionnaire to gather additional information to help serve the Veteran.
- County jails should provide the list of all inmates self-reporting prior military service to the VA Veterans Justice Outreach Specialists (VJO).

VJOs are located at each VA medical center and are responsible for direct outreach, assessment, and case management for justice-involved Veterans in local courts and jails, and liaison with local justice system partners. At a meeting with members of the Criminal Justice Workgroup of the TCCVS and other stakeholders in June 2012, VA VJOs indicated that they would be willing to review any list of inmates indicating military service provided by a county jail and initiate contact with the inmate. The Texas Commission on Jail Standards will be proposing that a technical assistance memo be sent to all county jails with VA VJO contact information.

TDCJ should also continue to expand its use of the self-reported military service information.

- The Legislature should consider providing specific resources for Veterans incarcerated within TDCJ, including access to Texas Veterans Commission counselors and a program that provides separate dorms for military Veterans.

Veteran Need 4

The State of Texas should encourage programs within Community Supervision and Correction Departments (CSCDs) that address the needs of Veterans on probation.

Conclusions and Recommendations

- The Legislature should provide additional resources to the Community Justice Assistance Division of TDCJ to support programs for Veterans.

Veteran Need 5

The State of Texas and local governments should provide training relating to Veterans to judges, prosecutors, law enforcement officers, jailers, and correctional officers.

Conclusions and Recommendations

The State of Texas should support efforts by the Office of Acquired Brain Injury to deploy Veterans Tactical Response to all law enforcement agencies in Texas.

- The Texas Legislature should provide funding for the Office of Acquired Brain Injury to provide this training to law enforcement agencies and to develop similar training resources for judges, prosecutors, law enforcement officers, jailers, and correctional officers.

Veteran Need 6

The State of Texas and the VA should expand secure mental health care facilities for eligible Veterans who have been arrested, but are incompetent to participate in their own defense.

Conclusions and Recommendations

- The Texas Legislature should urge the U.S. Congress to require the VA to provide resources to Veterans in state hospitals and consider expanding such services to all incarcerated Veterans.

Veteran Need 1

Veterans Court programs should be expanded across the state.

Background and Services

In 2009, the 81st Texas Legislature passed SB 1940, authored by Senator Leticia Van de Putte (San Antonio), which incorporated SB 112 authored by Senator Rodney Ellis (Houston) and Representative Allen Vaught (Dallas).

SB 1940, which took effect on September 1, 2009, was codified as Chapter 617 of the Health and Safety Code and governs the establishment and implementation of Veterans Court programs. It allows the Commissioners Court of a county to establish a Veterans Court Program for Veterans or current servicemembers of the United States Armed Forces charged with any misdemeanor or felony offense if the Veteran or servicemember “suffers from a brain injury, mental illness, or mental disorder, including post-traumatic stress disorder, that (1) resulted from the defendant’s military service in a combat zone or other similar hazardous duty area; and (2) materially affected the defendant’s criminal conduct at issue in the case.” If Veteran or servicemember successfully completes a Veterans Court Program, the court in which the criminal case is pending will dismiss the criminal action against the defendant after determining that the dismissal is in the best interest of justice.

On December 9, 2009, the first Veterans Court program in Texas commenced in Houston, with the Honorable Marc Carter presiding. Currently, there are 10 Veterans Court Programs operating in Texas as reported to the Criminal Justice Division (CJD) of the Office of the Governor (see Table below). El Paso County is developing a second program within the 346th District Court to handle felony cases that is scheduled to commence operations in 2012.

The Fund for Veterans’ Assistance provided initial funding grants to the following counties in order to assist in establishing Veterans Court programs: Bexar, Dallas, Harris, Tarrant, Travis, and Nueces. CJD provided initial funding as well and currently funds six (6) out of the ten (10) operational programs in the following counties: Bexar, Dallas, Harris, Hidalgo, Tarrant, and Travis counties.

Judicial Circuit	Court Name	Counties Served	Court Start Date	Presiding Judge
County Court #6	Veterans' Court Program	*Bexar	9/1/2010	Honorable Wayne Christian
Criminal District Ct #7	Dallas County Veterans Court	*Dallas	9/1/2010	Honorable Michael Snipes
Multiple Courts	Denton County Veterans Court	Denton	12/16/2009	Honorable Jim Crouch
County Court at Law #1	El Paso Veterans Mental Health Court	El Paso	3/7/2010	Honorable Ricardo Herrera
County Court at Law	Guadalupe County Veterans Treatment Court	Guadalupe	12/1/2010	Honorable Linda Z. Jones
228th District Court	Harris County Veterans Court	*Harris	12/9/2009	Honorable Marc Carter
430th District Court	Hidalgo County Veterans Court	*Hidalgo	8/4/2011	Honorable Israel Ramon
319th District Court	Veterans' Court Program	Nueces		Honorable Tom Greenwell
Tarrant County Criminal Court #9	Tarrant County Veterans Court	*Tarrant	1/1/2010	Honorable Brent Carr
County Court at Law #4	Travis County Veterans Court	*Travis	11/1/2010	Honorable Mike Denton

TVC also serves as one of resources relied upon by Veterans Court programs. TVC representatives offer assistance to Veterans in Veterans Court programs which include, but are not limited to: assisting Veterans in obtaining monetary VA disability benefits through the TVC’s Claims Counseling and Representation Program; acting as a resource to the judge and court manager concerning VA benefits and services to assist the Veteran; facilitating enrollment into the VA health care system; seeking and obtaining employment; acquiring educational benefits through state or federal programs; and providing local points of contact for organizations that assist Veterans.

CJD contracts with the Public Policy Research Institute at Texas A&M University to collect data on its grantees. The matrix below provides a snapshot of the FY 2011 aggregate performance measures reported by the CJD-funded Veterans Court programs.

Objective	FY 2011 Results
Number of people assessed for eligibility to participate in the program:	524
Number of participants during FY 2011:	192
Number of participants during FY 2011 that successfully complete the program:	33
Number of participants during FY 2011 employed or enrolled in school at graduation:	31
Number of participants during FY 2011 still enrolled in the program:	143
Number of participants during FY 2011 who were terminated or voluntarily withdrew from the program:	16

In February 2012, Governor Rick Perry signed Executive Order 77 re-authorizing the establishment of the Criminal Justice Advisory Council. The Criminal Justice Advisory Council will advise the Governor on the creation, staffing, operations and performance of specialty courts to ensure the rights of participants are protected. Veterans Court programs are included under the umbrella of specialty courts; thus, the Criminal Justice Advisory Council will consider the performance of Veterans Courts and its recommendations will apply to Veterans Court programs.

Conclusions and Recommendations

Each Veteran and servicemember who completes a Veterans Court program is one that does not have the stigma and challenges that having a criminal conviction creates. More importantly, these Veterans and servicemembers have completed an intensive program that ensures they get services to help address brain injury, mental illness, or mental disorder which resulted from their military service and which materially affected their criminal conduct.

Because there are only 10 counties in Texas that have a Veterans Court program, most Veterans will not be able to access a Veterans Court program. Moreover, even the counties with a Veterans Court program can only handle a small number of Veterans.

- The Legislature should encourage counties with 5,000 or more Veterans to have a Veterans Court program through funding to support the expansion of Veterans Court programs.

Each Veterans Court program receives between \$100,000 and \$150,000 in state or federal grant funds. If each of the 59 counties with a current Veteran population of 5,000 or more received \$100,000, the Legislature would need to provide \$5,900,000. The Legislature could also consider a higher population threshold for the requirement to establish a Veterans Court program.

The expansion of Veterans Court programs must also be mindful of the roles of prosecutors and defense attorneys and the need for their support to ensure successful programs.

Veteran Need 2

Neither county jails in Texas nor the Texas Department of Criminal Justice (TDCJ) have sufficient support from the U.S. Department of Veterans Affairs (VA) to determine Veteran status of incarcerated Veterans.

Background and Services

County jails in Texas are required to meet the minimum standards set forth by the TDCJ. These standards require county jails to complete a Screening Form for Suicide, Medical, and Mental Impairments for each person who is booked into the county jail. One of the questions on this screening form asks about previous military service and is a self-report measure.

Similarly, TDCJ relies on offenders to self-report their military service during its initial intake process for offenders. TDCJ previously provided this data to the VA, which verified Veteran status, but the VA stopped participating in that data exchange.

TDCJ also attempts to identify Veterans through its Reentry Case Managers, who conduct a needs assessment to identify the offender's pre-release and post-release needs. During this assessment interview, the offender is questioned concerning prior military service. Based on the offender's response, appropriate services are offered.

Conclusions and Recommendations

While this self-reported information is a useful starting point for providing assistance to Veterans, it would be more valuable if Veteran status was verified by the VA. Veteran status is currently exchanged with the Health and Human Services Commission (HHSC) as part of the Public Assistance Reporting Information System (PARIS) and a pilot program mandated by the Legislature to identify and assist Veterans currently receiving public assistance.

- The Texas Legislature should create a program similar to the PARIS Data Review for Veterans through which the list of offenders incarcerated within TDCJ is matched against the PARIS/VA match list as HHSC already has the list of offenders incarcerated within TDCJ.
- The Texas Legislature should consider ways to assist counties to participate in any state level matching program.

Veteran Need 3

County jails and TDCJ should continue to expand their use of the information they have about incarcerated Veterans.

Background and Services

Notwithstanding the fact that the much of the current information on incarcerated Veterans is self-reported, it is still an important resource for county jails and TDCJ to utilize.

For example, many counties screen for Veterans in order to divert them to Veterans Court programs or treatment court programs, such as mental health or drug court programs, or to leverage any VA benefits to which they may be entitled.

TDCJ provides a number of benefits and services to self-identified Veterans who are enrolled in reentry planning service:

- Ordering the offender's military separation document (DD-214) if it is determined that one is needed.
- Ordering the offender's certified birth certificate and a replacement social security card if the offender meets established eligibility criteria, although offenders do not have to be Veterans or enrolled in reentry planning services to be eligible for these identification documents.

- When appropriate, securing community resources to assist the offender in areas that have been identified as barriers to success, i.e. housing, employment, education, health care, substance abuse, transportation, clothing, food and amenities, financial resources and support systems.

In addition, TDCJ refers identified Veterans to the TDCJ Veteran's Liaison and the VA as appropriate.

Conclusions and Recommendations

County jails should continue to expand their use of the self-reported military service information.

- County jails should distribute the information packets developed and provided by the VA for Veterans to those who report military service.
- County jails should provide any inmate who reports military service with a Veterans questionnaire to gather additional information to help serve the Veteran.
- County jails should provide the list of all inmates self-reporting prior military service to the VA Veterans Justice Outreach Specialists (VJO).

VJOs are located at each VA medical center and are responsible for direct outreach, assessment, and case management for justice-involved Veterans in local courts and jails, and liaison with local justice system partners. At a meeting with members of the Criminal Justice Workgroup of the TCCVS and other stakeholders in June 2012, VA VJOs indicated that they would be willing to review any list of inmates indicating military service provided by a county jail and initiate contact with the inmate. The Texas Commission on Jail Standards will be proposing that a technical assistance memo be sent to all county jails with VA VJO contact information.

TDCJ should also continue to expand its use of the self-reported military service information.

- The Legislature should consider providing specific resources for Veterans incarcerated within TDCJ, including access to Texas Veterans Commission counselors and a program that provides separate dorms for military Veterans.

Veteran Need 4

The State of Texas should encourage programs within Community Supervision and Correction Departments (CSCDs) that address the needs of Veterans on probation.

Background and Services

The Community Justice Assistance Division of TDCJ administers community supervision (adult probation) in Texas. The approximately 415,000 offenders on community supervision in Texas serve their sentences in the community rather than in prison and local community supervision and corrections departments (CSCDs) supervise the offenders.

Some CSCDs have created programs specifically designed for Veterans. For example, Bell County has created a one-of-a-kind substance abuse/Post Traumatic Stress Disorder (PTSD) program to assist probationers who have served in a combat zone, helping them to cope with their PTSD-related symptoms and reduce their reliance on drugs and alcohol as a means of coping. As an added benefit, this program is available to any individual on probation who has served his or her country, regardless of discharge status. In addition to PTSD and substance abuse counseling, participants receive acupuncture treatments designed to reduce stress and anxiety.

Another PTSD program in Bell County provides services through the VA, offered at the Vet Center in Harker Heights, Texas. The program provides 12 weeks of no-cost PTSD counseling to probationers who have served in a combat zone. Again, the program is offered to any probationer, male or female, who served in the military, regardless of the reason for discharge from service.

Conclusions and Recommendations

- The Legislature should provide additional resources to the Community Justice Assistance Division of TDCJ to support programs for Veterans.

Veteran Need 5

The State of Texas and local governments should provide training relating to Veterans to judges, prosecutors, law enforcement officers, jailers, and correctional officers.

Background and Services

While most combat Veterans reintegrate into their civilian lives without any encounters with law enforcement, traumatic brain injury or post-traumatic stress disorder (PTSD) may lead some Veterans in contact with law enforcement officers and the criminal justice system.

The Office of Acquired Brain Injury in the Health and Human Services Commission (HHSC) has partnered with the VA and the Austin Police Department to create educational tools that equip police with basic knowledge of brain injury and stress disorders, the ability to recognize these issues during trouble calls or arrests, and ways to apply that knowledge in de-escalating dangerous situations. The centerpiece of the effort is a training — Veterans Tactical Response — which has been developed and is available to law enforcement agencies. The HHSC-funded Veteran Tactical Response training kits combine DVD-based presentations and dramatic reenactments with trainers' syllabi, fact sheets, role-playing exercises, group discussions, resources for assistance, and more.

Armed with this knowledge, law enforcement officers in tense situations with Veterans who may have a brain injury or stress disorder will be able to ask the right questions, establish trust, cool down heated encounters and possibly save lives. The training will help Veterans with traumatic brain injury and PTSD by first helping them avoid harming themselves and others. But it also will bring law enforcement officers into a key role of helping direct former servicemembers to the medical and psychiatric care they need.

Conclusions and Recommendations

The State of Texas should support efforts by the Office of Acquired Brain Injury to deploy Veterans Tactical Response to all law enforcement agencies in Texas.

- The Texas Legislature should provide funding for the Office of Acquired Brain Injury to provide this training to law enforcement agencies and to develop similar training resources for judges, prosecutors, law enforcement officers, jailers, and correctional officers.

Veteran Need 6

The State of Texas and the VA should expand secure mental health care facilities for eligible Veterans who have been arrested, but are incompetent to participate in their own defense.

Background and Services

As of June 2012, there were 188 individuals being held in state hospitals awaiting restoration to competency. While the total number of Veterans who fall into this category is relatively small, the consequences for those who do can be devastating for them and their families as illustrated by the story of Adan Castaneda. According to media reports, Castaneda's mother says that he had become increasingly depressed, paranoid, and delusional since his discharge from the Marine Corps in December 2008. Then in May 2011, he used his .45-caliber semi-automatic pistol and repeatedly discharged it into his mother's house as his mother and stepfather slept inside. Castaneda not only had to endure a long delay to get from jail to the state hospital, but then could not access VA services.

Currently, VA policy is to suspend VA services to any Veteran who has been incarcerated. Thus, the VA makes the entity that has control of the Veteran responsible for services to the Veteran. Better coordination between the VA and state and local jurisdictions would allow eligible Veterans to continue to receive needed mental healthcare if the VA would either contract for forensic beds or reimburse state and local facilities so they could access forensic services for eligible Veterans. The coordination of these services, and the shifting of cost for the services back to the appropriate payer (the VA) would result in reduced cost to the state, more expeditious treatment for the Veterans, and potentially more positive outcomes for the state and the Veterans and family members involved. The fact that a Veteran who needs urgent and comprehensive mental health care, despite having been arrested, should not cause him/her to be incarcerated indefinitely simply because the state facilities needed to restore that person to competency are unavailable. After all, arrest does not equate to guilt. The presumption of innocence should be the principle that guides the VA's response. A Veteran should not be allowed to languish in a jail, where mental health care services may be more limited, simply because his/her access to VA services have been suspended.

Conclusions and Recommendations

- The Texas Legislature should urge the U.S. Congress to require the VA to provide resources to Veterans in state hospitals and consider expanding such services to all incarcerated Veterans.

Criminal Justice Workgroup

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Housing Workgroup

At a Glance

Housing Workgroup

Veteran Need 1

Veterans' need for housing justifies their inclusion in the Low-Income Housing Tax Credits Program (HTC Program).

Conclusions and Recommendations

- Recommendations could be made to TDHCA for the inclusion of language in the rules governing the LIHTC program that will provide for clear opportunities for eligible Veterans to obtain LIHTC assisted housing. For example, a percentage of low income units could be required to be held for special populations, including Veterans, for a period, prior to being offered to all eligible tenants.
- Recommendations could be made to TDHCA for any additional tenant services not included in its current list that would provide needed services to address Veterans' issues.

Veteran Need 2

Expand the role of the State of Texas in utilizing donated housing assets to provide Veteran housing.

Conclusions and Recommendations

- The Legislature should consider supporting the partnership between the National Community Stabilization Trust, the Texas State Affordable Housing Corporation, the Fund for Veterans' Assistance of the Texas Veterans Commission, and the Texas Veterans Land Board and provide funds from the Texas portion of the National Mortgage Settlement to expand housing available to Veterans.

Veteran Need 3

Homelessness among Veterans continues to be a need that the state should continue its efforts to address.

Conclusions and Recommendations

- Continued support for the Housing4TexasHeroes program will allow the Texas Veterans Commission, through the Fund for Veterans' Assistance, to grant funds to local non-profit organizations already specializing in this work, as a highly effective and efficient way of addressing Veteran homelessness and other housing needs, immediately.
- Aggregating homelessness data into a single database would provide more sophisticated statewide data on Veteran homelessness that will enable service providers to better direct their resources and services.

At a Glance

Housing Workgroup

Veteran Need 4

Expand and improve outreach and education efforts in rural areas and small cities.

Conclusions and Recommendations

- Encourage greater involvement by local officials in order to increase the capacity of entities with limited staff that are servicing rural areas and small cities in assisting Veterans.
- Broaden the training that each VCSO receives to include methods regarding housing outreach.
- Provide TVC with outreach funds that can be distributed to each VSCO, enabling and allowing customized housing outreach strategies for each county.

Veteran Need 5

Create incentives for service-enriched housing for Veterans.

Conclusions and Recommendations

- Representatives from the Texas Veterans Commission should be added as participating agencies in statute. This would ensure that the view points of Veterans, with respect to supportive housing, are communicated, understood and included in future HHSCC work.
- The recommendations HHSCC included in the first biennial plan should be considered as an avenue for policy changes that could increase Service Enriched Housing available for Veterans in Texas.

Veteran Need 1

Veterans' need for housing justifies their inclusion in the Low-Income Housing Tax Credits Program (HTC Program).

Background and Services

The HTC Program was created by the Tax Reform Act of 1986 and is governed by the Internal Revenue Code of 1986 (Code), as amended, 26 USC Section 42. Texas Department of Housing and Community Affairs (TDHCA) is the state entity assigned responsibility for allocating low-income housing tax credits. The State's allocation of credits is administered by TDHCA's Housing Tax Credit Program Qualified Allocation Plan and Rules (QAP), as required by the Code and state law. Pursuant to Government Code, Section 2306.6724(c) the Governor shall approve, reject, or modify and approve the Board-approved QAP no later than December 1 of each year. 9 percent competitive credits allocated under the QAP are distributed on a regional basis according to the Regional Allocation Formula (RAF). 9 percent of credits from the state's annual tax credit allocation are awarded regionally through a competitive application process. Each application must satisfy a set of threshold criteria and is scored based on selection criteria. The selection criteria referenced in the QAP is approved by the Department's Governing Board each year.

The tax credit program is one of the primary means of directing private capital toward the creation of affordable rental housing. The tax credits provide investors of affordable rental housing with a benefit that is used to offset a portion of their federal tax liability in exchange for the production of affordable rental housing. The value associated with the tax credits allows residences in HTC developments to be leased to qualified families at below market rate rents.

To qualify for tax credits, the proposed development must involve new construction or substantial rehabilitation of existing residential units. The amount of tax credits that may be applied for depends on the amount and type of additional funding sources, the total amount of qualified development costs to be incurred, the percentage of rent restricted units set aside in the development for eligible tenants, and location in communities designated as qualifying for a basis boost.

Each qualified tax credit development must include a minimum percentage of rent restricted units to be set aside for eligible tenants. Pursuant to the Code, a qualified housing development means any development approved by the Department for residential rental occupancy if the development meets either of the following requirements:

- Twenty percent (20%) or more of the residential units in such development are both rent restricted and occupied by individuals whose income is fifty percent (50%) or less AMFI; or
- Forty percent (40%) or more of the residential units in such development are both rent restricted and occupied by individuals whose income is sixty percent (60%) or less of AMFI.

Tax credits may only be claimed on the units that have been set-aside for participation under this program. It is possible, but not required, for development owners to set aside one-hundred percent (100%) of any development for consideration under the tax credit program and in doing so claim the maximum amount of tax credits eligible for the development.

Program Administration

Pursuant to Section 42 of the Code, the Department must develop a plan for the selection of eligible developments; this plan is known as the Qualified Allocation Plan and Rules (QAP). The QAP is revised annually and is formalized for the following year when it is signed by the Governor. This revision process includes a public comment period. It is the goal of TDHCA to encourage diversity through broad geographic allocation of tax credits within the state, and to promote maximum utilization of the available tax credit amount. The criteria utilized to realize this goal involves evaluation of numerous factors including such things as:

- cost and financial feasibility;
- geographic location within the state as compared to other developments applying for tax credits;

- impact on the concentration of existing tax credit developments and other affordable housing developments within specific markets and sub-markets;
- site conditions; and
- development team experience.

Those applications which are deemed to have a high priority in their regional area based on the review criteria, are subject to an underwriting and portfolio management review which evaluates the development's projected construction costs and financial feasibility and the applicant's past performance. Applications which pass the underwriting process and are determined to have the highest priority, based on score and feasibility, are presented to TDHCA's Board of Directors for consideration.

HTC Program Funding: Set Asides and Regional Allocation

Tax credits are allocated in accordance with Chapter 2306, Subchapter DD of the Texas Government Code, which requires that the credits be allocated on a regional basis. There are thirteen state service regions; each of the thirteen state service regions is further divided into rural and urban/exurban areas each of which is targeted to receive a pre-determined amount of the tax credits for each year. The amount per area is based on a regional distribution formula which is generated, with public input, by the Housing Resource Center of TDHCA. Upon finalization of the formula, the targeted allocations will be released. Additionally, the HTC Program has several allocations and/or set-asides which it strives to meet: at least 10% of all credits must be awarded to Qualified Nonprofits, at least 15% of each region's credit allocation is targeted to at-risk developments and at least 5% of each region's credit allocation is targeted to developments funded by the U.S. Department of Agriculture.

Additional Initiatives

Efforts are made in the allocation of funds and the planning process to ensure the involvement of housing advocates, community-based institutions, developers, local municipalities and other interested parties.

The Department encourages local cities to support and contribute funds toward the development of tax credit developments. The Department also encourages the participation of elected officials and neighborhood-based groups. The Department requires recipients of tax credits to document the participation of minority-owned businesses in the development and management of tax credit developments. The QAP also defines a series of point based selection criteria items to ensure that the housing proposed in the applications is consistent with the program's goals.

The QAP defines a series of point based "Selection Criteria" items. To generate a "Selection Criteria" score, applicants request points for those criteria items for which their development is qualified. Those scoring criteria, established by statute are often referred to as "above the line." As each QAP is developed, TDHCA has also had other lesser scoring factors, sometimes referred to as "below the line." The "below the line" factors can be used as a way to provide incentives for developments that achieve larger policy objectives.

For the competitive HTC program, prior to the award of the credits, TDHCA will hold at least three public hearings in metropolitan and rural areas across the state. The public is encouraged to attend one of these scheduled hearings or to submit written comments to the HTC Program. When submitting comments, the application under discussion should be clearly identified by name, address, and city. Including the TDHCA application identification number in the correspondence is also helpful. Based on the provided comment, an indication of the level of support or opposition for an application will be included in the recommendation documentation presented to TDHCA's Board of Directors.

For Tax Exempt Bond applications which utilize TDHCA as the issuer, the Department will conduct development-specific public hearings in the community in which the development is to be located. The public is encouraged to attend these public hearings or submit written comments to the Department. For tax exempt bond applications which utilize a local issuer, interested individuals are encouraged to contact the Issuer for the public hearing information.

Public hearings are also held for the development of the QAP, which governs the administration of the HTC Program. The public is encouraged to attend or provide written comment.

Conclusions and Recommendation

- Recommendations could be made to TDHCA for the inclusion of language in the rules governing the LIHTC program that will provide for clear opportunities for eligible Veterans to obtain LIHTC assisted housing. For example, a percentage of low income units could be required to be held for special populations, including Veterans, for a period, prior to being offered to all eligible tenants.
- Recommendations could be made to TDHCA for any additional tenant services not included in its current list that would provide needed services to address Veterans' issues.

Veteran Need 2

Expand the role of the State of Texas in utilizing donated housing assets to provide Veteran housing.

Background and Services

In February 2012, 49 state attorneys general, including Attorney General Greg Abbott, and the federal government announced a historic joint state-federal settlement with the country's five largest loan servicers: Bank of America, Wells Fargo & Co., JPMorgan Chase & Co., Citigroup, and Ally Financial, Inc.

The National Mortgage Settlement will provide as much as \$25 billion in relief to distressed borrowers and direct payments to states and the federal government. Texas homeowners are scheduled to receive almost \$287 million to help restructure existing mortgages and for payments to certain borrowers who lost their homes due to servicing abuses. Part of this amount will fund loan refinancing for homeowners who are upside down on their mortgage, meaning they owe more on their mortgage than what the home is worth. In addition, Texas will receive \$134.6 million for the banks' violations of state law, which will be deposited into the treasury for future appropriation by the Texas Legislature.

The National Mortgage Settlement has also incentivized the donation of single family properties from financial institutions to community based housing providers, including providers who focus on Veterans. The donation of these properties generally occurs through the assistance of the National Community Stabilization Trust, which was created to assist government agencies and non-profits revitalize distressed neighborhoods by providing efficient and streamlined access to vacant and abandoned properties from financial institutions and flexible financing for neighborhood stabilization activities. The National Community Stabilization Trust has administered its national REO Property Acquisition Program to facilitate the transfer of foreclosed and abandoned property from financial institutions to local housing providers engaged in neighborhood stabilization activities since 2008 and has identified housing for Veterans as one of its strategic segments.

The National Community Stabilization Trust could work with the Texas State Affordable Housing Corporation, a self-supporting, not-for-profit organization that does not receive any state funding for its operations, the Fund for Veterans' Assistance of the Texas Veterans Commission, and the Texas Veterans Land Board to greatly expand the utilization of this program in Texas:

- The National Community Stabilization Trust would source donation properties to support the initiative.
- The Texas State Affordable Housing Corporation would use its Affordable Communities of Texas (ACT) Program, which strives to stabilize neighborhoods and communities facing high rates of foreclosure by using land banking and land trust strategies to preserve housing assets and increase the supply of permanent affordable housing, to acquire and hold donation properties for community-based Veteran housing providers.
- The Fund for Veterans' Assistance of the Texas Veterans Commission would provide funding to organizations which will repair or modify the donated properties so that a Veteran can get a loan to purchase the property from the community-based Veteran housing provider.

- The Texas Veterans Land Board would help Veterans purchase these donated and improved properties through its Veterans Housing Assistance Program which helps Texas Veterans buy homes with special, low-interest loans for home purchase.

Conclusions and Recommendations

- The Legislature should consider supporting the partnership between the National Community Stabilization Trust, the Texas State Affordable Housing Corporation, the Fund for Veterans' Assistance of the Texas Veterans Commission, and the Texas Veterans Land Board and provide funds from the Texas portion of the National Mortgage Settlement to expand housing available to Veterans.

Veteran Need 3

Homelessness among Veterans continues to be a need that the state should continue its efforts to address.

Background and Services

The U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) co-authored a 2010 report titled, "Veteran Homelessness: A Supplemental Report to the 2010 Annual Homeless Assessment Report to Congress." That report cites the following national statistics regarding Veteran homelessness:

- On a single night in January 2010, 76,329 Veterans were living in emergency shelters, in transitional housing, or in an unsheltered place (e.g., on the streets, in cars, or in abandoned buildings).
- Approximately 57 percent of those homeless on a single night were sheltered—in emergency shelter or transitional housing—and 43 percent were unsheltered.
- During a 12-month period (October 2009 through September 2010), an estimated 144,842 Veterans spent at least 1 night in emergency shelter or transitional housing programs, accounting for 11.5 percent of all homeless adults.
- In 2010, homeless Veterans accounted for 1 in 150 Veterans and about 1 in 9 Veterans living in poverty. Most homeless Veterans over the course of the year were individuals, living alone without a dependent child (98 percent).

According to HUD's "2011 Continuum of Care Homeless Assistance Programs: Homeless Populations and Subpopulations (Texas)," the following are true of Veteran homeless here in Texas:

- The rate of homelessness among Texas' Veterans is about twice the rate of homelessness among the state's general population. While homeless individuals represent 0.15 percent of Texas' population, homeless Veterans represent 0.3 percent of the state's Veterans.
- Individuals who serve our country are at greater risk of homelessness.

Federal Efforts - VA's Homeless Providers Grant and Per Diem Program

VA Secretary Erik Shinseki has made ending Veteran homelessness a top priority for the VA. Among the efforts being made at the federal level to address the issue of Veteran homelessness is the the VA's Homeless Providers Grant and Per Diem Program.

The program is offered annually (as funding permits) by the VA Health Care for Homeless Veterans (HCHV) Programs to fund community agencies providing services to homeless Veterans. The purpose is to promote the development and provision of supportive housing and/or supportive services with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination.

Only programs with supportive housing (up to 24 months) or service centers (offering services such as case management, education, crisis intervention, counseling, services targeted towards specialized populations

including homeless women Veterans, etc.) are eligible for these funds. The program has two levels of funding: the Grant Component and the Per Diem Component.

Grants: Limit is 65% of the costs of construction, renovation, or acquisition of a building for use as service centers or transitional housing for homeless Veterans. Renovation of VA properties is allowed, acquiring VA properties is not. Recipients must obtain the matching 35% share from other sources. Grants may not be used for operational costs, including salaries.

Per Diem: Priority in awarding the Per Diem funds goes to the recipients of Grants. Non-Grant programs may apply for Per Diem under a separate announcement, when published in the Federal Register, announcing the funding for “Per Diem Only.”

Operational costs, including salaries, may be funded by the Per Diem Component. For supportive housing, the maximum amount payable under the per diem is \$38.90 per day per Veteran housed. Veterans in supportive housing may be asked to pay rent if it does not exceed 30% of the Veteran’s monthly-adjusted income. In addition, “reasonable” fees may be charged for services not paid with Per Diem funds. The maximum hourly per diem rate for a service center not connected with supportive housing is 1/8 of the daily cost of care, not to exceed the current VA State Home rate for domiciliary care.

Payment for a Veteran in a service center will not exceed 8 hours in any day.

State Efforts - Housing4TexasHeroes Program

As highlighted in the preceding data, the problem of Veteran homelessness is just as real in Texas as it is nationwide. As the state’s leaders have continually demonstrated, Texas is on the fore-front of developing innovative solutions that elevate the quality of life for the Veterans of this state.

In 2011, Governor Perry called upon the Legislature to identify resources in order to fund a new program, which became the Housing4TexasHeroes Program. The 82nd Texas Legislature determined that the Texas Veterans Commission Fund for Veterans’ Assistance would begin administering the program, beginning September 1, 2011. The General Appropriations Act provided \$1 million in grants over the 2012-13 biennium. The Texas Department of Housing and Community Affairs (TDHCA) transferred an additional \$2 million in existing funds (already designated for housing assistance to Veterans) to the Texas Veterans Commission, a total of \$3 million for program.

Housing4TexasHeroes awards grants to non-profit or local government organizations providing temporary or permanent housing to Texas Veterans and their families. Organizations receiving grants for temporary housing may provide transitional housing to homeless Veterans, short-term rental assistance to low income Veterans, or assistance to families of Veterans who are undergoing long-term treatment at a medical facility in Texas.

Organizations receiving grants for permanent housing may provide new home construction or home renovation or modification for disabled Veterans with a physical disability or severe injury. In 2012, the total \$3 million was awarded in eight grants to the following organizations: Green Doors, Meals on Wheels and More, Inc., Alamo Area Development Corporation, Houston Habitat for Humanity, Inc., MHMR Tarrant County, Catholic Charities of the Archdiocese of Galveston – Houston, Community Action Corporation of South Texas, and Families in Crisis, Inc.

Conclusions and Recommendations

- Continued support for the Housing4TexasHeroes program will allow the Texas Veterans Commission, through the Fund for Veterans’ Assistance, to grant funds to local non-profit organizations already specializing in this work, as a highly effective and efficient way of addressing Veteran homelessness and other housing needs, immediately.
- Aggregating homelessness data into a single database would provide more sophisticated statewide data on Veteran homelessness that will enable service providers to better direct their resources and services.

Veteran Need 4

Expand and improve outreach and education efforts in rural areas and small cities.

Background and Services

One of the challenges facing Veterans in rural Texas is the lack of awareness and knowledge about housing programs available to them. This lack of awareness and knowledge ranges from Veterans who are unaware of housing assistance available to them in their area to local officials or organizations administering programs who may not be aware of Veteran-specific needs or the details regarding how these housing programs can assist Veterans in their communities. Lack of information or misinformation often limits Veterans in accessing housing assistance.

In counties with populations of 200,000 or more, the commissioners court of that county is required to maintain a Veterans County Service Office (VCSO). In counties with populations of less than 200,000, the commissioners court can maintain and operate a VCSO if the commissioners court determines that the office is a public necessity to enable county residents who are Veterans to obtain benefits to which they are entitled. There are currently more than 240 Veterans County Service Officers serving counties throughout the State of Texas.

When a county creates a VCSO, or there is a personnel change in an existing office, the Texas Veterans Commission sends a Claims Counselor to that office to provide the new VCSO a thorough orientation and training needs assessment. The VCSO is also required to complete a course of initial training provided by the Texas Veterans Commission. To maintain certification, the VCSO completes continuing training as required by the Texas Veterans Commission and VA. The VCSO must maintain certification to remain in office. Training occurs twice a year, and VCSOs can become “accredited” through TVC by completing a mentorship program along with annual training. The Texas Veterans Commission further supports the VCSOs by providing TVC Training Bulletins (immediate notification of law or regulation changes), and in depth explanations of VA laws, regulations, and procedures.

TVC and the VCSO Association of Texas have a MOU in place, which outlines “Shared Goals.” In 2012, the Commission approved the creation of a nine-member VCSO Advisory Committee which will provide TVC Commissioners and staff with a valuable perspective of Veterans issues and needs from the local level.

Conclusions and Recommendation

- Encourage greater involvement by local officials in order to increase the capacity of entities with limited staff that are servicing rural areas and small cities in assisting Veterans.
- Broaden the training that each VCSO receives to include methods regarding housing outreach.
- Provide TVC with outreach funds that can be distributed to each VCSO, enabling and allowing customized housing outreach strategies for each county.

Veteran Need 5

Create incentives for service-enriched housing for Veterans.

Background and Services

Substance abuse treatment for individuals, who have co-occurring issues, including Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injuries (TBI), succeeds only if these are addressed simultaneously. Housing that is safe and stable and that removes these individuals from environments that encourage or enable unhealthy and dangerous behaviors is pivotal to success. Untreated mental illnesses and co-occurring substance use disorders too often lead to incarceration. In our jails and prisons, these individuals have become the norm rather than the exception; at least 75% of the people who have a serious mental illness and who are incarcerated also have a co-occurring substance use disorder.

A 2008 report by the City of Austin Mental Health Task Force Monitoring Committee states: “All the behavioral health planning and programming will be for naught if individuals with those needs do not have a safe place to live.” Supportive housing programs that allow those individuals who need integrated mental, physical and substance use treatment to feel safe throughout their recovery, achieve positive treatment outcomes. They also cost less than all of the alternatives. A lack of stable housing is a fact of life for most people who are seriously mentally ill and are cycling across the criminal justice and human services networks of most cities. A growing body of research literature demonstrates that the provision of housing to chronically homeless populations provides a critical foundation from which to address problems in the areas of physical health, mental health and substance abuse. A consensus is also emerging that the permanent supportive housing model – in which chronically homeless individuals are provided with housing as well as services and intensive case management – is not only humane but also fiscally prudent. The seminal study about the cost effectiveness of supportive housing found that at least 95% of the costs of diverting homeless people with serious mental illnesses and a history of repeated incarcerations, to supportive housing were offset by reduced demands on other services. A more recent study, published in the Journal of the American Medical Association, further confirms the efficacy of the “Housing First” model.

Providing housing first is considerably less expensive than leaving homeless people on the streets where their health and substance use problems are typically addressed through a fragmented system of emergency care. The most recent report, from Los Angeles County California shows the efficacy of making housing the first priority. The cost avoidance there, during 2008 and 2010, not only saved the county money but actually yielded a surplus. While \$3.045 million was invested in the project, known as Project 50, the program yielded cost savings of \$3.284 million over the two-year observation period, a surplus of \$238,700.

The Housing and Health Services Coordination Council (HHSCC) was created by Senate Bill 1878, (81st Legislature, regular session), authored by Senator Jane Nelson and sponsored by Representative Norma Chavez. The creation of this Council was recommended to the 81st Texas Legislature by the Legislative Budget Board’s 2009 Government Effectiveness and Efficiency Report.

The purpose of HHSCC, as set forth in statute, is to increase state efforts to expand service-enriched housing - the provision of services linked to housing to address the long-term needs of families and individuals - through increased coordination of housing and health services. The HHSCC seeks to improve interagency understanding of housing and services, and to increase the number of staff in state housing and state health services agencies that are conversant in both housing and health care assistance issues.

HHSCC is composed of 16 members: seven state agency representatives and eight members appointed by the Governor. By statute, the Executive Director of Texas Department of Housing and Community Services serves as the exofficio Chair. Additionally, legislation appropriated three full time employees to TDHCA to provide administrative and advisory support to the Council.

The Council submitted its first biennial plan to the Governor and the LBB on September 1, 2010. Within this plan were recommendations, laid out in three chapters, regarding the cross-education of state agencies, training for local entities, and policies to promote the production of service-enriched housing.

Conclusions and Recommendation

- Representatives from the Texas Veterans Commission should be added as participating agencies in statute. This would ensure that the view points of Veterans, with respect to supportive housing, are communicated, understood and included in future HHSCC work.
- The recommendations HHSCC included in the first biennial plan should be considered as an avenue for policy changes that could increase Service Enriched Housing available for Veterans in Texas.

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Women Veterans Workgroup

At a Glance

Women Veterans Workgroup

Veteran Need 1

Women Veterans need improved access to health care.

Conclusions and Recommendations

Though these recommendations reflect changes that may only be implemented at the federal level, awareness of these critical issues at the state level is significant and necessary to effective advocacy on behalf of Texas' women Veterans.

- Encourage the VA to hire new providers for women Veterans clinics based-upon the demand for services at that facility.
- VA should modify standard operating procedures to mirror those of other medical facilities in the area, with the objective of establishing realistic wait times for services.
- VA should grant the fee-based option to women Veterans until VA Medical Facilities are able to service their demand within their capacity. Do not require women Veterans to travel further than the public bus lines travel to receive VA Medical Services for routine gender-specific care.
- Updates to VA facilities should reflect an emphasis on patient privacy and Women Veteran access to include considerations such as direct entrance for women Veterans, individual woman Veteran exam rooms, and each exam room having its own restroom.

Veteran Need 2

Women Veterans need better access to child care services.

Conclusions and Recommendations

- Promote the utilization of Veterans preference within TWC's subsidized childcare programs.

Veteran Need 3

There needs to be greater emphasis on homeless women Veterans in Texas.

Conclusions and Recommendations

- Support initiatives utilizing creative housing solutions, empty housing in constructive environments, and use for transitional purposes of women Veterans with families which would allow women Veterans to transition in the housing with progression towards employment and/or self-sustainment.

At a Glance

Women Veterans Workgroup

Veteran Need 4

There needs to be greater emphasis on domestic violence prevention through outreach, community collaboration, and communication.

Conclusions and Recommendations

- Expand and provide state support for military and community collaborations around military bases regarding domestic violence awareness.
- Support programs provided by district and county attorneys, particularly those surrounding active military installations, and the State Bar of Texas, which provide information and assistance with protective orders to victims of domestic violence.

Veteran Need 5

There needs to be greater emphasis on domestic violence prevention through outreach, community collaboration, and communication.

Conclusions and Recommendations

- Support a statewide outreach campaign to communities regarding women Veterans, including women Veterans' conferences, resource and outreach events, in order to promote awareness about the supportive services available to assist at the local, community level.

Veteran Need 1

Women Veterans need improved access to health care.

Background

Women Veterans have the right to receive services at VA medical treatment facilities under the same eligibility criteria as male Veterans. More and more women Veterans are looking to the VA as their primary healthcare provider, for several reasons. The national unemployment rate for Gulf War II era Veterans has remained over 10% for 27 of the past 36 months, peaking in January 2011 at 15.2%. The unemployment rates among this relatively younger Veteran population appear to be significant drivers of demand at VA medical treatment facilities. Unemployment among women Veterans, compared to their male counterparts of the same era was higher, on average, in 2011. The problem this creates is a larger number of women Veterans seeking to utilize healthcare programs and services that have been structured to support male Veterans. According to the VA, the number of women Veterans patients has nearly doubled in the last 10 years, from a little over 150,000 women Veterans in 2000 to over 300,000 in 2010.

The Veterans Affairs Healthcare Systems Facilities (Medical Centers/Outpatient Clinics/Vet Centers) located across the state, offer services to women Veterans. However, utilizing the VA Outpatient Clinic in Austin, Texas (AOPC), as an example, demonstrates the challenges faced by women Veterans seeking to utilize VA healthcare services.

The availability for an appointment to the AOPC for women's health takes about two weeks, for either a 30-minute appointment or a 1-hour appointment, depending on the need of the Veteran. The AOPC currently has one female doctor on staff and no gynecologist. If a female needs a gynecologist appointment, then she will be referred to the Temple VA Hospital and this appointment will be booked roughly one month out. Mammograms are not provided at AOPC, but are fee-based out into the Austin community. The request is submitted to Temple VA Hospital, which in turn is sent to Austin Regional Clinic (ARC). The Veteran then has to wait for ARC to set up the appointment. If a female is requesting a mental health appointment, VA policy is that she obtains a referral from her primary care physician to a mental health specialist or she can come in on a walk-in basis. When seen on a walk-in basis, service is provided on a first come-first served basis. If the Veteran is requesting treatment for Military Sexual Trauma (MST), then she can contact the MST doctor directly and should get an appointment within two weeks.

This examination of a VA medical facility located in a large metropolis area reveals the challenges the VA is having meeting the demand for services from women Veterans, and the obstacles women Veterans are being asked to endure in order to receive required healthcare.

Conclusions and Recommendations

Though these recommendations reflect changes that may only be implemented at the federal level, awareness of these critical issues at the state level is significant and necessary to effective advocacy on behalf of Texas' women Veterans.

- Encourage the VA to hire new providers for women Veterans clinics based-upon the demand for services at that facility.
- VA should modify standard operating procedures to mirror those of other medical facilities in the area, with the objective of establishing realistic wait times for services.
- VA should grant the fee-based option to women Veterans until VA Medical Facilities are able to service their demand within their capacity. Do not require women Veterans to travel further than the public bus lines travel to receive VA Medical Services for routine gender-specific care.
- Updates to VA facilities should reflect an emphasis on patient privacy and Women Veteran access to include considerations such as direct entrance for women Veterans, individual woman Veteran exam rooms, and each exam room having its own restroom.

Veteran Need 2

Women Veterans need better access to child care services.

Background and Services

A significant barrier to employment among women Veterans is the need for safe and affordable childcare. There are significant sources of funding for the purpose of providing childcare that could be utilized in order to provide preference to Veterans in the allocation of these funds and programs.

The Childcare Development Fund (CCDF) is federal funding authorized by the Child Care and Development Block Grant Act and Section 418 of the Social Security Act. CCDF assists low-income families in obtaining child care so they can work or attend training/education. The program also improves the quality of child care, and promotes coordination among early childhood development and afterschool programs. The CCDF allows states to serve families through a single, integrated child care subsidy program under the rules of the Child Care and Development Block Grant Act. States coordinate CCDF with Head Start, pre-k, and other early childhood programs. States can also transfer a portion of Temporary Assistance for Needy Families (TANF) dollars to CCDF, or spend TANF directly for child care.

The TANF program gives states broad flexibility to make program and funding decisions that they believe will best support the goals of the program and their individual circumstances. States should view their federal TANF grant as a source of funds that they may use creatively to support the efforts of low-income working families, promote marriage, and reduce and prevent out-of-wedlock childbearing. In support of these goals, they may use their funds to fill gaps in the service delivery system, integrate program services, and supplement or enhance the services available through other programs.

The Texas Workforce Commission (TWC) subsidized childcare is a support service that allows parents to become and remain employed and contribute to the Texas economy. Making affordable child care available to parents addresses a common barrier to employment and enhances parents' ability to participate in workforce training activities. To receive subsidized child care, parents must be employed or participating in training or education activities leading to employment. Texas Labor Code §302.0043 charges that TWC to "evaluate the effectiveness of the commission's child care program in helping parents who receive subsidized child care to maintain employment. It also requires TWC to measure the effectiveness of its child care program in improving the training of child care professionals; and facilitating the collaboration with Head Start, the Texas Education Agency (TEA), the Texas Department of Family and Protective Services (DFPS), and the Texas Health and Human Services Commission (HHSC).

Conclusions and Recommendations

- Promote the utilization of Veterans preference within TWC's subsidized childcare programs.

Veteran Need 3

There needs to be greater emphasis on homeless women Veterans in Texas.

Background and Services

The U.S. Department of Veterans Affairs (VA) says the nation's homeless Veterans are mostly males (four percent are females). The vast majority of homeless Veterans are single; most come from poor, disadvantaged communities, 45 percent suffer from mental illness; half have substance abuse problems. America's homeless Veterans have served in World War II, Korean War, Cold War, Vietnam War, Grenada, Panama, Lebanon, Operation Enduring Freedom (Afghanistan), Operation Iraqi Freedom, or the military's anti-drug cultivation efforts in South America; 47 percent of homeless Veterans served during the Vietnam Era. More than 67 percent served our country for at least three years and 33 percent were stationed in a war zone.

Female homeless Veterans represent an estimated 3 percent of homeless Veterans. They are more likely than male homeless Veterans to be married and to suffer serious psychiatric illness, but less likely to be employed and to suffer from addiction disorders. Comparisons of homeless female Veterans and other homeless women have found no differences in rates of mental illness or addictions.

The homelessness problem among women Veterans is on the rise. Many current solutions are like a band-aid on a hemorrhaging wound. There is no simple solution, however, any possible scenarios must be able to be fully integrated with other programs designed to support Veterans.

The U.S. Department of Housing and Urban Development and the VA Supportive Housing Program (HUD-VASH) partner to provide permanent, supportive housing and treatment services for homeless Veterans. HUD allocated nearly 38,000 “Housing Choice” vouchers across the country, which allows Veterans and their families to live in market rate rental housing while VA provides case management services. A housing subsidy is paid to the landlord directly by the local public housing authority on behalf of the participating Veteran. The Veteran then pays the difference between the actual rent charged by the landlord and the amount subsidized by the program. The case management services facilitate the attainment of the Veteran’s recovery goals. The HUD-VASH Program is for the most vulnerable Veterans, and provides special services for women Veterans, those recently returning from combat zones, and Veterans with disabilities.

The VA’s Grant and Per Diem (GPD) Program funds community-based agencies providing transitional housing or service centers for homeless Veterans. Through the program, each year (as funding is available) VA offers grants that may fund up to 65 percent of the project for the construction, acquisition, or renovation of facilities or to purchase van(s) to provide outreach and services to homeless Veterans.

Another example, Henderson House in Albuquerque, New Mexico, was bought and donated by a private individual and through the collaborative effort of many agencies and individuals, has been transformed into a home for women to live and thrive. Henderson House is a model Texas should further explore due to the nature of their services. In addition to tackling the homeless problem, the home is able to solve the issue of child care and transportation issues that may be unique to women veterans. If Texas were to implement similar housing programs, three out of the six of the initiatives geared toward women veterans would be resolved in one comprehensive program. Childcare is provided at no charge by the YWCA and the home has a 15 passenger van to transport women to interviews, jobs and medical appointments.

Also, the TVC Fund for Veterans’ Assistance’s Housing4TexasHeroes category awards grants to non-profit or local government organizations providing temporary or permanent housing to Texas Veterans and their families. Organizations receiving grants for temporary housing may provide transitional housing to homeless Veterans, short-term rental assistance to low-income Veterans, or assistance to families of Veterans who are undergoing long-term treatment at a medical facility in Texas. Organizations receiving grants for permanent housing may provide new home construction or home renovation or modification for disabled Veterans with a physical disability or severe injury.

Conclusions and Recommendations

- Support initiatives utilizing creative housing solutions, empty housing in constructive environments, and use for transitional purposes of women Veterans with families which would allow women Veterans to transition in the housing with progression towards employment and/or self-sustainment.

Veteran Need 4

There needs to be greater emphasis on domestic violence prevention through outreach, community collaboration, and communication.

Background and Services

Servicemembers are placed in an environment where violence is the norm and opportunities for emotional decompression is sometimes limited. They experience separation from their primary intimate relationships and support systems. Many servicemembers learn to dehumanize combat and use violent or aggressive behavior. This is a way of attempting to manage or cope with the unpleasant feelings or realities surrounding them. This is further exacerbated by the reality that Veterans are asked to make an extremely quick reintegration from the combat zone back into civilian lifestyle. This discussion related to family concerns and violence with combat veterans is not new or isolated to our current generation of Veterans.

Research within the VA shows that male veterans with PTSD are two to three times more likely than Veterans without PTSD to engage in intimate partner violence and more likely to be involved in the legal system. Research continues to verify the reality that there is a direct correlation between the increase in PTSD and the risk of domestic violence. Active duty women are more likely to be married, and married to another servicemember. Combat Veterans exhibit a much higher risk for divorce, failed relationships, depression, anxiety disorders, and unemployment. In fact, a combat Veteran is 4.4 times more likely to engage in violent domestic behavior.

These are staggering realities and statistics and reason for alarm. The hyperarousal often associated with PTSD and the severe impeding anxiety symptoms of an individual struggling with processing the trauma can create the perfect storm in some homes. A Veteran who is already on edge, already having difficulty coping with his or her own emotions and life in general is now re-exposed to a host of domestic stressors that have not been a part of their normal life for an extended period of time. Noisy children, barking dogs, calendar and scheduling, crowded malls, financial pressures, employment demands, childcare issues, transportation issues, housing issues, loss of comradeship, losses in general, and a host of other stressors elevate the potential for violent ideation and behavior.

Military families face challenges and a multitude of unique stresses that are not typical for other families. They live in an ongoing state of anxiety and tension, which at times can be significantly emotional and uncertain for everyone in the family. In particular, deployment and homecoming of military family members can create a highly emotional situation that impacts every family member, including those who may be too young to clearly communicate their concerns.

The capability to help reduce stressors for military families and for Veterans and their families can be found through the military and local community. Program and service providers must understand the needs of Women Veterans and their families, to ensure they offer quality services. These providers must recognize the need and know how to collaborate with other agencies to assist the woman Veteran and/or her family, no matter what the situation entails (VA Benefits Cards and Registration, Healthcare Access, PTSD/MST/TBI Family Counseling, Childcare Assistance, Transportation Assistance, Housing and Household Goods Assistance, Emergency Funds Assistance, Emergency Bill Pay Assistance, Employment Assistance, Education Assistance, etc.)

However, in situations where efforts to reduce these stressors have not been employed or have been unsuccessful in preventing domestic violence, women Veterans, particularly those with children, need to be aware of options available to them in order to protect themselves and their families.

A protective order is a civil court order issued to prevent continuing acts of family or domestic violence. Family or domestic violence is basically defined as any act by one member of a family or household intended to physically harm another member, a serious threat of physical harm, or the abuse of a child.

Family includes blood relatives or relatives by marriage, former spouses, parents (married or not) of the same child, foster parents and foster children, or any member or former member of a household (people living in the same house, related or not).

A protective order may prohibit the offender from committing further acts of family violence, harassing or threatening the victim, either directly or indirectly by communicating the threat through another person, going to or near a school or day-care center that a child protected under the order attends. In some situations, a protective order may also include orders to: prohibit transfer or disposal of property, establish possession and visitation of a child, pay child or spousal support for a period not to exceed one year, attend mandatory counseling, vacate the residence or other specified property, if certain conditions are met.

If a court finds that family violence has occurred and is likely to occur again, a court shall render a protective order. To obtain a protective order, the victim and the offender must be (1) related by blood or marriage, (2) living together, or previously lived together, or (3) have a child together.

A person who has a divorce pending is eligible for a protective order. The protective order must be filed in the court in which the divorce is pending.

Protective orders can be applied for through the district or county attorney, a private attorney, or through a legal aid service program.

Conclusions and Recommendations

- Expand and provide state support for military and community collaborations around our military bases regarding domestic violence awareness.
- Support programs provided by district and county attorneys, particularly those surrounding active military installations, and the State Bar of Texas, which provide information and assistance with protective orders to victims of domestic violence.

Veteran Need 5

There needs to be greater support for women Veterans through outreach, community collaboration, and communication.

Background and Services

Collaborative relationships between the military and local community are necessary, as local communities currently provide supportive family services, and Veterans and their families need assistance to decrease stressors as they transition from military to civilian life. The Veteran and Military Community must reach out to local communities and collaborate with them to reach out to the veteran population in their communities, to inform them of the services available. Just as the members of any community at large, Veterans too rely on community resources to support their needs for expertise, specialized assistance, and/or additional support. The way forward is to improve communication, connection, collaboration, and consolidation of existing Federal, State and community resources to target the needs of the communities across Texas, who are receiving their Veterans and the families of Veterans.

IFSAC

Formerly referred to as “Inter-Service Family Assistance Committees (ISFACs),” Joining Community Forces focus the efforts of local providers with a common goal: to strengthen the local military community. Because Community Forces work in communities around the country, they are uniquely positioned to find and consolidate the best local resources, and that means providing better and faster assistance to Service Members, Military Families and Veterans when they need it. An ISFAC is a voluntary military-community cooperative or partnership organized to allow service providers to engage in networking and connect Service and Family members, Veterans, Wounded Warriors with local military and community resources. The success of an ISFAC

is highly dependent on the support of the governor, state legislators and civic leaders. Other vital players include the regional headquarters for the Reserve components, commanders of installations in the given community whether active-duty, National Guard or Reserve, and the heads of each city, county, state, federal and non-governmental agencies within the community.

The primary goal of an ISFAC is to develop and strengthen Family assistance delivery systems and increase awareness of networks within the community (civilian and military).

Goals of the ISFAC:

- Improve coordination and reduce duplication of support services provided by all government and non-government organizations and community support agencies
- Ensure communication of all services to veterans/family members.
- Establish a community contact registry and mapping of community support partners to maintain current information of available support services
- Establish a local charter to institutionalize organizational roles and responsibilities
- Build awareness about Service-connected family continuum of services needs to include quality of life issues, urgent life needs, and transitional veteran services.

2-1-1 Texas

2-1-1 Texas is a free, confidential, information and referral line answered by nationally certified specialists - 24 hours a day, seven days a week. When callers dial 2-1-1, they are connected to area information centers in their region. These trained experts have access to the most comprehensive database of community-based organizations, government agencies and nonprofits that exist in Texas. Information can be provided in almost any language. Through the Texas Military Family Access Project, 211 Military Call Specialists Provide Referrals for: Financial Assistance, Marital Problems, Anger Management, Depression and Anxiety, Child Care, Legal Services, Medical Care, Drug and Alcohol Abuse Treatment, Employment, etc. This is in addition to the other referrals they provide the general population for assistance with food, clothing, health care, employment, child care, utility/rent, counseling/mental health, elder care, drug treatment, adult literacy, etc. Each 211 Center is locally managed by a non-profit agency, and collaborates with local government, non-profit groups, employers, faith-based, education, advocates, and benefactors. The 211 agencies make efforts to meet the needs of all callers, and directs veterans to agencies that support Veterans whenever possible.

Conclusions and Recommendations

- Support a statewide outreach campaign to communities regarding women Veterans, including Women Veterans' conferences, resource and outreach events, in order to promote awareness about the supportive services available to assist at the local, community level.

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