



INTERIM REPORT

TO THE 88TH TEXAS LEGISLATURE

HOUSE COMMITTEE ON DEFENSE & VETERANS' AFFAIRS
NOVEMBER 2022

**HOUSE COMMITTEE ON DEFENSE & VETERANS' AFFAIRS
TEXAS HOUSE OF REPRESENTATIVES
INTERIM REPORT 2022**

**A REPORT TO THE
HOUSE OF REPRESENTATIVES
88TH TEXAS LEGISLATURE**

**RICHARD PEÑA RAYMOND
CHAIRMAN**

**COMMITTEE CLERK
ANDREW HARKEY**



Committee On
Defense & Veterans'
Affairs

November 14, 2022

Richard Raymond
Chairman

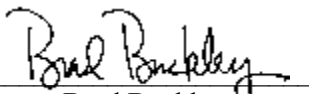
P.O. Box 2910
Austin, Texas 78768-2910

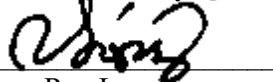
The Honorable Dade Phelan
Speaker, Texas House of Representatives
Members of the Texas House of Representatives
Texas State Capitol, Rm. 2W.13
Austin, Texas 78701

Dear Mr. Speaker and Fellow Members:

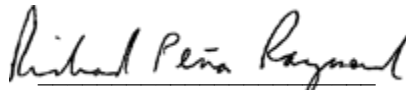
The Committee on Defense & Veterans' Affairs of the Eighty-seventh Legislature hereby submits its interim report including recommendations and drafted legislation for consideration by the Eighty-eighth Legislature.

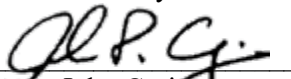
Respectfully submitted,

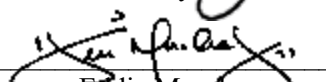

Brad Buckley



Ray Lopez

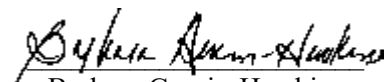
Kyle Biedermann

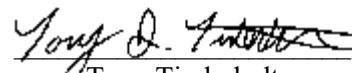

Richard Raymond


John Cyrier


Eddie Morales


Stan Lambert


Barbara Gervin-Hawkins


Tony Tinderholt

Brad Buckley
Vice-Chairman

Members: Kyle Biedermann, John Cyrier, Barbara Gervin-Hawkins, Stan Lambert, Ray Lopez, Eddie Morales, Tony Tinderholt

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INTRODUCTION

The speaker of the House, the Honorable Dade Phelan, appointed nine members to the House Defense & Veterans' Affairs Committee for the 87th Legislative Session, which began in January 2021. Representative Richard Peña Raymond (HD-42; Laredo and Webb County) was appointed Chair and Representative Brad Buckley (HD 54; Lampasas and Bell County) was appointed Vice-Chair. The remaining members of the Committee included Representative Kyle Biedermann (HD-73; Gillespie, Kendall, Comal), Representative John P. Cyrier (HD-17; Bastrop, Caldwell, Gonzales, Karnes, Lee), Representative Barbara Gervin-Hawkins (HD-120; Bexar), Representative Stan Lambert (HD-71; Jones, Nolan, Taylor), Representative Ray Lopez (HD-125; Bexar), Representative Eddie Morales (HD-74; Brewster, Culberson, Hudspeth, Jeff Davis, Kinney, Loving, Maverick, Pecos, Presidio, Reeves, Terrell, Val Verde), and Representative Tony Tinderholt (HD-94; Tarrant).

Pursuant to House Rule 3, Section 9, the Committee was given jurisdiction over all matters pertaining to:

1. The relations between the State of Texas and the federal government involving defense, emergency preparedness, and veterans issues;
2. The various branches of the military service of the United States;
3. The realignment or closure of military bases;
4. The defense of the state and nation, including terrorism response;
5. Emergency preparedness;
6. Veterans of military and related services; and
7. The following state agencies: the Texas Military Department, the Texas Veterans Commission, the Veterans' Land Board, the Texas Military Preparedness Commission, the Texas Division of Emergency Management, and the Emergency Management Council.

INTERIM STUDY CHARGES

- CHARGE I:** Monitor the agencies and programs under the Committee’s jurisdiction and oversee the implementation of relevant legislation passed by the 87th Legislature. Conduct active oversight of all associated rulemaking and other governmental actions taken to ensure the intended legislative outcome of all legislation.
- CHARGE II:** Complete study of assigned charges related to the Texas-Mexico border issued in June 2021.
- CHARGE III:** Examine programs and funding streams connected to services that improve mental health outcomes for servicemen and women suffering from Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI).
- CHARGE IV:** Evaluate the needs of veterans and their families as they return to civilian life, including access to employment, education, housing, counseling, and mental health services. Make recommendations to ensure coordination between state agencies to create a positive environment for veterans transitioning back into communities across the state.

In March, 2022, the speaker of the House, the Honorable Dade Phelan, assigned interim charges for the various committees of the Texas House of Representatives. The four charges given to this Committee could be organized under three main topics. Due to the relationship between the goals of the charges, the Committee heard testimony on them by topic:

- Monitor the activities of the Texas State Guard and the Texas National Guard participating in Operation Lone Star. (Charge 2, *Joint charge with Committee on Homeland Security and Public Safety*)
- Improve Mental Health, Education, and Employment outcomes for Veterans and Service Members as they return to civilian life. (Charge 3 and 4), and
- Oversight of Legislation Passed by the House in the 87th Legislature which became law (Charge 1).

The charges are detailed below, separated into the corresponding topics listed above.

TOPIC 1: MONITOR THE ACTIVITIES OF THE TEXAS STATE GUARD AND THE TEXAS NATIONAL GUARD PARTICIPATING IN OPERATION LONE STAR

Interim Charge #2

Monitor the activities of the Texas State Guard and the Texas National Guard participating in Operation Lone Star. Consider any legal or logistical support that can be provided to these organizations to increase operational efficiencies in conjunction with the Department of Public Safety. Review and assess the inventory of these agencies. Make appropriate recommendations. (Joint charge with Committee on Homeland Security and Public Safety).

Complete study of assigned charges related to the Texas-Mexico border issued in June 2021.

TOPIC 2: IMPROVE MENTAL HEALTH, EDUCATION, AND EMPLOYMENT OUTCOMES FOR VETERANS AND SERVICE MEMBERS AS THEY RETURN TO CIVILIAN LIFE

Interim Charge #3

Examine programs and funding streams connected to services that improve mental health outcomes for servicemen and women suffering from Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI).

Interim Charge #4

Evaluate the needs of veterans and their families as they return to civilian life, including access to employment, education, housing, counseling, and mental health services. Make recommendations to ensure coordination between state agencies to create a positive environment for veterans transitioning back into communities across the state.

TOPIC 3: OVERSIGHT OF LEGISLATION PASSED BY THE HOUSE IN THE 87TH LEGISLATURE WHICH BECAME LAW

Interim Charge #1

Monitor the agencies and programs under the Committee’s jurisdiction and oversee the implementation of relevant legislation passed by the 87th Legislature. Conduct active oversight of all associated rulemaking and other governmental actions taken to ensure the intended legislative outcome of all legislation. In conducting this oversight, the committee should:

a. consider any reforms to state agencies to make them more responsive to Texas taxpayers and citizens;

b. identify issues regarding the agency or its governance that may be appropriate to investigate, improve, remedy, or eliminate;

c. determine whether an agency is operating in a transparent and efficient manner; and

d. identify opportunities to streamline programs and services while maintaining the mission of the agency and its programs.

TOPIC I: MONITOR THE ACTIVITIES OF THE TEXAS STATE GUARD AND THE TEXAS NATIONAL GUARD PARTICIPATING IN OPERATION LONE STAR

Interim Charge #2

Monitor the activities of the Texas State Guard and the Texas National Guard participating in Operation Lone Star. Consider any legal or logistical support that can be provided to these organizations to increase operational efficiencies in conjunction with the Department of Public Safety. Review and assess the inventory of these agencies. Make appropriate recommendations. (Joint charge with Committee on Homeland Security and Public Safety).

Complete study of assigned charges related to the Texas-Mexico border issued in June 2021.

BACKGROUND

The Committee met for a joint hearing with the Committee on Homeland Security & Public Safety in Austin on 27 April 2022 with Interim Charge #2 on the agenda. Pursuant to the Speaker's charges, the Defense and Veterans' Affairs Committee met with invited witnesses and agencies to investigate Interim Charge #2, monitoring the activities of the Texas State Guard and the Texas National Guard participating in Operation Lone Star.

The Committee also met for a hearing in Austin on 20 July 2022 with Interim Charge #2 on the agenda. Pursuant to the Speaker's charges, the Defense and Veterans' Affairs Committee met with invited witnesses and agencies to investigate Interim Charge #2, monitoring the activities of the Texas State Guard and the Texas National Guard participating in Operation Lone Star.

SUMMARY OF HEARING

April 27, 2022

The committee heard from Major General Thomas Suelzer of Texas Military Department and Director Steve McCraw of Department of Public Safety (DPS). At this time, General Suelzer noted that Operation Lone Star had resulted in more than 200,000 migrant detections, apprehensions, surrenders, and turn-backs, as well as 24 miles of fencing constructed along the border. He stated that based on the Department of Homeland Security's report titled "Southwest Border Strategic Concept of Operation," an increase of 18,000 migrant encounters daily was expected. To counter this risk, mass migration rehearsals were put in place to combat the possible lifting of Title 42 in May of 2022.

Chairman White asked what the difference is between state active duty and federal active duty. General Suelzer responded, state active duty does not receive federal protections or benefits that one would receive on Title 32 status (federally funded status) under the control of the Governor, or Title 10 status, which falls under the command of the president. He

recommended that the legislature consider an immediate death gratuity for state active duty. He asked the legislature to review the differences between state and federal active duty and consider legislation that could bridge the gap.

Chairman Raymond asked for an update on the dollar amount needed to reach the end of the current fiscal year and the next fiscal year. General Suelzer responded that to keep a command of nearly 10,000 State and National guard members, it would cost \$531 million to finish the year and projected spending for the coming year to be around 1.4 billion.

Day to day operations for security point personnel is 4 days on, 2 days off. Other personnel (not directly on security points) typically have 10 hour work days, 6 days a week. These personnel also get a 4 day pass once a month and have the opportunity to do drill. Security point personnel work in shifts focused on observation, turn-backs, and apprehensions (with referral to DPS or Customs and Border Protection). Chairman Raymond asked what the typical interaction is between the State and National Guard, and migrants. Brigadier General Monie Ullis responded, "there are instances that lead to surrender, there have been small instances of altercation." Under the direction of law enforcement, the Texas Military Department sometimes engages in physical apprehensions when migrants do not surrender or turn back. These apprehensions are turned over to law enforcement.


July 20, 2022

Major General Thomas Suelzer opened up the hearing with testimony regarding Operation Lone Star. The Adjutant General briefed the committee on the multi-agency operation to secure the border, stop the smuggling of drugs, weapons, and people into Texas.

The OLS mission is a highly dynamic and complex environment that requires a great deal of agility from service members. Texas is experiencing historic levels of illegal crossings with 5,000 migrants being apprehended over the 4th of July (2022) weekend alone. Operation Lone Star has had more than 279,100 migrant apprehensions, 17,100 criminal arrests, 14,400 felony charges reported, and over 24,000 turn backs. Additionally 5,800 weapons, and 43.5 million in currency seized since the inception of the operation (March 2021). The projection to continue this operation for another fiscal year, with the current strength of force is 1.357 Billion.

The Texas Military Department's (TMD) contribution to the mission has been considerable and tangible. We have had at least 5,751 service members on state active duty in support of the OLS mission. There are 130 observation points manned by the Department of Public Safety (DPS), Customs and Border Protection (CBP), and TMD State and National Guards. These agencies coordinate and communicate observations of activity at specified points across the border. Since the start of the Operations on the border, Guardsmen supporting Operation Lone Star have had more than 354,000 migrant encounters including 115,000 surrenders, 159,000 apprehensions, and 20,000 turn backs. TMD has constructed more than 47 miles of fencing and have laid down more than 23 miles of concertina wire. Notably, they have begun contracting out fence construction which has cut costs in half and saved over 11 million dollars. TMD has also initiated a small unmanned aerial system program with the purchase of 14 small drones which will enable troops on the ground to see greater distances subsequently covering more ground with less people.

RESOURCES



OPERATION LONE STAR

Dashboard

As of July 14, 2022

Activities in the Operation Lone Star Area of Interest

	Criminal Arrests	Criminal Trespass Arrests	Felony Charges	Federal/Other Charges	Migrant Apprehensions & Referrals	Illegal Entries Deterred	Bailouts
TOTAL	17,475	4,532	14,811	1,323	284,013	24,078	2,515

	Marijuana Seizures (lbs.)	Cocaine Seizures (lbs.)	Meth Seizures (lbs.)	Heroin Seizures (lbs.)	Fentanyl Seizures (lbs.)	Fentanyl Lethal Doses	Currency Seizures (USD)	Firearms
TOTAL	20,550	2,936	10,939	63	243	55,159,414	\$10,664,405	1,018

Statewide Operation Lone Star Activities

	Marijuana Seizures (lbs.)	Cocaine Seizures (lbs.)	Meth Seizures (lbs.)	Heroin Seizures (lbs.)	Fentanyl Seizures (lbs.)	Fentanyl Lethal Doses	Currency Seizures (USD)	Firearms
TOTAL	38,395	4,904	34,772	322	1,432	324,683,644	\$33,073,595	4,895

Operation Lone Star (OLS) began on March 04, 2021. All numbers reported for Operation Lone Star are unverified and unofficial. Numbers reflect combined reporting from Texas Department of Public Safety (DPS), Texas Parks & Wildlife Department (TPWD), and Texas Military Department (TMD). Numbers are approximate and subject to change. Data includes instances where DPS assisted other agencies during the event. Criminal arrests, including criminal trespass arrests, include United States citizens and illegal migrants. Number of felony charges are placed on individuals arrested for criminal activity during the reporting period. Multiple charges may be placed on an individual during any arrest incident. Charges include Texas Penal Codes 20.05, 20.06, 20.02, 20.03, 20.04, 20.05, 20.06, 20.07, 20.08, 20.09, 20.10, 20.11, 20.12, 20.13, 20.14, 20.15, 20.16, 20.17, 20.18, 20.19, 20.20, 20.21, 20.22, 20.23, 20.24, 20.25, 20.26, 20.27, 20.28, 20.29, 20.30, 20.31, 20.32, 20.33, 20.34, 20.35, 20.36, 20.37, 20.38, 20.39, 20.40, 20.41, 20.42, 20.43, 20.44, 20.45, 20.46, 20.47, 20.48, 20.49, 20.50, 20.51, 20.52, 20.53, 20.54, 20.55, 20.56, 20.57, 20.58, 20.59, 20.60, 20.61, 20.62, 20.63, 20.64, 20.65, 20.66, 20.67, 20.68, 20.69, 20.70, 20.71, 20.72, 20.73, 20.74, 20.75, 20.76, 20.77, 20.78, 20.79, 20.80, 20.81, 20.82, 20.83, 20.84, 20.85, 20.86, 20.87, 20.88, 20.89, 20.90, 20.91, 20.92, 20.93, 20.94, 20.95, 20.96, 20.97, 20.98, 20.99, 21.00; Texas Health and Safety Codes 481 and 482; Texas Transportation Code 545.421; United States Code Titles 18 USC, 18 USC § 832, 18 USC § 832, 18 USC § 1346, 18 USC § 1956, 18 USC § 1957, 18 USC § 1960, 21 USC § 801-872, 26 USC § 5861, 26 USC § 7206; and all warrants. Federal/lethal charges could include subjects arrested with federal warrants, e.g., DPS initially detained but turned over to a federal agency, etc. Illegal Entries Deterred represents the number of subjects who crossed into the U.S. and then crossed back into MX after encountering law enforcement, as well as those who were in the process of crossing or who had staged in MX to cross but ceased the attempt upon encountering law enforcement. Data may include activity that occurred in OLS Area of Interest as defined in the OLS Operations Order and OLS Fragmentary Order as the Gulf of Mexico coastal region and all the DPS South Texas and West Texas Regions. Statewide Operation Lone Star Activities reflects numbers across the state of Texas, including the Operation Lone Star Area of Interest. Operation Lone Star Area of Interest numbers are a subset of Statewide Operation Lone Star numbers. A Fentanyl Lethal Dose is 2mg based on DEA reporting. TPWD personnel deployed for OLS from June 28, 2021, through June 30, 2022. Migrant numbers provided by TMD from March 12, 2021-July 14, 2022, may include instances where DPS assisted in referring to United States Border Patrol.

TDEM Security Lighting

Number of Security Lighting Units
150

The Texas Department of Emergency Management (TDEM) is supplying security lighting units at task force security positions within Cameron, Hidalgo, Starr, Zapata, Webb, Maverick, Val Verde, Terrell, Brewster, and El Paso Counties for Operation Lone Star. Number of security lighting units are unverified and unofficial.

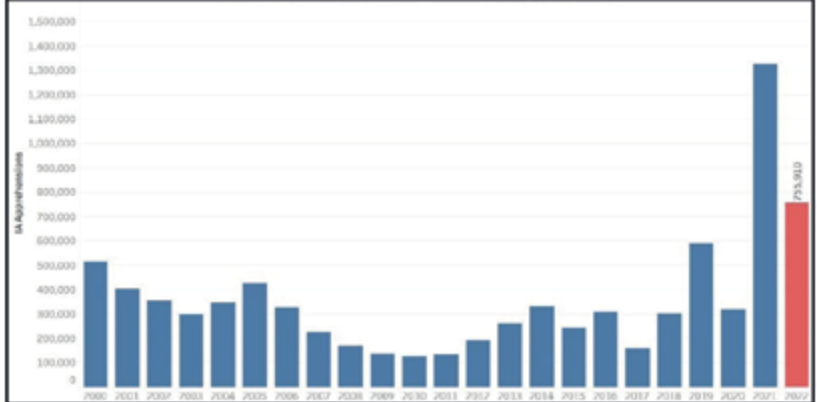
Processing Facilities – Val Verde & Jim Hogg Counties

Subjects Processed	Subjects Currently in Custody
4,349	697

The reporting period for criminal migrant processing numbers is July 20, 2021-July 13, 2022. Numbers were derived from Texas DPS arrest information captured by the facility processing centers in Val Verde and Jim Hogg Counties and information provided by the Texas Department of Criminal Justice Briscoe and Segovia Units.

IA Apprehensions in Texas Sectors by Calendar Year

CY 2000 – CYTD 2022, as of July 12, 2022



* This chart compares apprehensions during CYTD 2022 compared to apprehension data for complete calendar years since CY 2000.
 * Most apprehension figures are based on publicly available data from the Customs and Border Protection (CBP) website.
 * June 01 – July 12, 2022 apprehension figures are based on Operation Border Star reporting and are preliminary, unofficial, and subject to change.
 * Texas Sectors include the Rio Grande Valley, Laredo, Del Rio, Big Bend, and El Paso Sectors. The El Paso Sector covers a portion of Texas and the state of New Mexico

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RECOMMENDATIONS

- Provide clarity and reform benefits for Texas Guardsmen on State Active Duty missions (under Operation Lone Star as well as future deployments);
- Continue working with TMD and DPS to improve outcomes for the OLS mission.

TOPIC II: IMPROVE MENTAL HEALTH, EDUCATION, AND EMPLOYMENT OUTCOMES FOR VETERANS AND SERVICE MEMBERS AS THEY RETURN TO CIVILIAN LIFE

Interim Charge #3

Examine programs and funding streams connected to services that improve mental health outcomes for servicemen and women suffering from Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI).

Interim Charge #4

Evaluate the needs of veterans and their families as they return to civilian life, including access to employment, education, housing, counseling, and mental health services. Make recommendations to ensure coordination between state agencies to create a positive environment for veterans transitioning back into communities across the state.

BACKGROUND

The Committee met for a hearing in Austin on 20 July 2022 with Interim Charge #3 and #4 on the agenda. Pursuant to the Speaker's charges, the Defense and Veterans' Affairs Committee met with invited witnesses and agencies to investigate Interim Charge 3 and 4, dealing with the programs and funding streams connected to mental health services for servicemen and women.

SUMMARY OF COMMITTEE ACTION

The committee heard testimony from Thomas Palladino, Executive Director of the Texas Veterans Commission (TVC) who introduced Dr. Blake Harris, Director of TVC Veterans Mental Health Department and Dr. Courtney Harvey, Associate Commissioner at the Health and Human Services Commission (HHSC) for Mental Health and Statewide Coordination.

Dr. Blake Harris' department at TVC is made up of licensed mental health professionals and subject matter experts, all of whom are either former service members or family members thereof. The Veterans Mental Health Department consists of the Justice Involved Veteran Program, the Homeless Veteran Initiative, a Community and Faith Based Program, the Military Veteran Peer Network, a Veteran Provider Program, and Veteran Suicide Prevention Efforts. Their goal is to provide training, technical assistance, resource connection, coordination with the State Legislature, Veteran serving organizations and agencies across the state, and Veteran advocacy. The Veterans Mental Health Department utilizes a broad definition of Veteran (regardless of discharge status, branch of service, length of service, or active-duty status). All services provided are free and can apply to the family of a Veteran as well.

Vice Chair Buckley pointed out that peer-to-peer services are often more successful than traditional programs/services and asked if we are focusing enough on the preventive side of

mental health. Dr. Blake Harris answered that we can do better as a state to address early identification of mental health problems and also with community outreach. He also stated that TVC is staying informed on evidence based studies and best practices for Veterans. Vice Chair Buckley then asked if we have a process of reviewing the literature or reviewing new innovative programs. Are we providing enough opportunity for those who are seeking grants for new an innovative programs? Dr. Harris stated that TVC prioritizes evidence based studies but invites many different community partners and non-profit organizations before their Advisory Committee for feedback.

Dr. Courtney Harvey testified on behalf of HHSC Office of Mental Health and Statewide Coordination. Within the department there are four arms, one of which being the Veterans Mental Health Coordination and Programs. Their mission is to collaborate with stakeholders to improve policies, and systems to achieve positive behavioral health outcomes for all people in Texas. They focus on reducing duplication of efforts and improving collaboration within the behavioral health system in Texas. Their programs consist of the Mental Health Program for Veterans, the Texas Veterans and Family Alliance Grant Program, and a Long-Term Action Plan to Prevent Veterans Suicides. These programs focus on peer-to-peer counseling, access to licensed mental health professionals, training to peers and providers, including suicide prevention training, training to community and faith-based organizations, jail diversion service coordination, and mental health first aid training.

Representative Tinderholt asked if there is a program to track and identify veterans that are prescribed medication from the V.A.. He asked if there are any programs/databases to track how many medications someone is prescribed, and how long they have been on certain medications. He stated that many veterans are over-prescribed sometimes addictive and/or harmful medications that are not reinforced with counseling. Dr. Harvey stated that there is typically a multi-disciplinary team (nurse, case worker, psychiatrist, etc.) for each patient's case and their role is to evaluate the needs of each veteran. This kind of information is not shared with HHSC or the Mental Health Program for Veterans.



Mental Health Program for Veterans

In Fiscal Year 2021:

- 78,675 peer services delivered
- 1,732 peer service coordinators and volunteer peers trained
- 12,127 interactions with justice-involved veterans
- 833 clinical mental health sessions with a veteran counselor
- 247 service members, veterans, and family members trained in the veterans' module of Mental Health First Aid (MHFA).

6



TVC's Justice Involved Veteran Program FAQ



What is the Justice Involved Veterans program?

- The Justice Involved Veteran (JIV) Program is housed within TVC's Veterans Mental Health Department and its aim is to improve veteran services across the criminal justice continuum. JIV Managers serve as a resource to provide technical assistance and training to all Veteran Treatment Courts across Texas, partner with the local and state law enforcement to deliver the officers relevant trainings such as trauma-affected veterans and crisis intervention strategies. JIV Managers also collaborate with the local jail and state prison systems to better ensure that incarcerated veterans have access to veteran-specific services and programming.

Who is considered a Justice Involved Veteran?

- Any veteran who has a relationship with the Texas criminal system is considered "Justice Involved". This includes:
- County jails
 - Veteran Treatment Courts
 - Prisons & state jails
 - Probation & parole

What trainings are offered by the JIV Program?

- The JIV Program offers **FREE** trainings to Veteran Treatment Courts, Law Enforcement, Community Supervision, Mental Health Providers, and Community Stakeholders. Trainings include:
- Suicide Awareness & Prevention (CALM & AS+K)
 - Military Cultural Competency
 - Military-Informed Care
 - Mental Health First Aid
 - TCOLE 4067 Trauma-Affected Veterans*
 - TCOLE 1850 De-escalation Techniques*

** Denotes Law Enforcement ONLY Training*

How do we get more information?

- You can reach out to the JIV Program directly at:
- Terri Williams, M.A., LPC | terri.williams@tvc.texas.gov | Cell: (737) 237-4080
 - Cynthia Gray | cynthia.gray@tvc.texas.gov | Cell: (512) 815-7906
- Visit our websites: www.milvetpeer.net | www.tvc.texas.gov

Connect with us on social media    



MILITARY VETERAN PEER NETWORK

2021 OVERVIEW

51

TVC Certified Peer Services Coordinators (PSCs) Across the State + Over 100 Peers



MVPN offers community based solutions through a network of SMVF peers to service members, veterans and their families via an active group of veteran peers.



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



79,553 direct services provided to SMVF in a single year to include 1-on-1 peer support, peer support groups, and direct connections to clinical counseling and community supports.



SMVF trained in military cultural competency and suicide and awareness training



Justice-Involved Veterans served through peer support, training, and referrals

Get connected: www.milvetpeer.net



Arlene Perez, LMSW • arlene.perez@tvc.texas.gov • (512) 560-9937
Texas Veterans Commission - Veterans Mental Health Department



Rev: 16Mar2022

TVC's Veterans Mental Health Department: Homeless Veteran Initiative

Situation Report

The leading causes of homelessness among vets are PTSD, social isolation, unemployment, and substance abuse. *(Source: National Coalition for Homeless Veterans)*



51% of veterans experiencing homelessness have a disability. These disabilities range from physical, mental, intellectual, and sensory disabilities to any combination. *(Source: National Coalition for Homeless Veterans)*

Only **seven percent** of the general population can claim veteran status, but nearly **13%** of the homeless adult population are veterans. *(Source: National Coalition for Homeless Veterans)*

2020 was the first year in a decade that veteran homelessness did not decline. *(Source: HUD Secretary Fudge on 2020 AHAR: Part 1 – PIT Estimates of Homelessness in the U.S.)*

Mission



The Homeless Veterans Initiative is housed within the Veterans Mental Health Department of the Texas Veterans Commission. The goal is to improve the accessibility of resources and services for military veterans and their loved ones in Texas that are experiencing homelessness or are at-risk of becoming homeless. The Initiative will identify and highlight services aimed at preventing veterans from entering homelessness and provide trainings to direct service providers. Additionally, resource clinics will be provided directly to veteran families.

Resources



The resources and services identified by the Initiative will aim to establish and maintain housing stability. In order to achieve this, needs will be identified in each veteran's local community such as:

- case management
- healthcare
- mental health
- substance abuse
- transportation
- financial assistance
- local homeless assistance
- rental assistance programs
- VA services

Points of Contact

Amber Batha
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Cell: (512) 567-5477



Anthony Bustos, MPH
anthony.bustos@tvc.texas.gov
Cell: (512) 567-5618



Mil Vet Peer Network Website
<https://www.milvetpeer.net/page/homelessness>

TVC Website
<https://www.tvc.texas.gov/mental-health/>



VETERAN SUICIDE PREVENTION

- Gatekeeping: AS+K
- Lethal Means Restriction: CALM
- Mental Health First Aid
- Buddy Check Day: 11th of every month
- Texas Suicide Prevention Collaborative (TXSPC)
- Statewide Behavioral Health Coordinating Council (SBHCC)
- SBHCC Suicide Prevention Subcommittee
- Texas Coordinating Council for Veteran Services (TCCVS)
- 988 Crisis Line Planning
- Collaboration with VA, SAMHSA, and national efforts
- State Partnerships with HHSC, TDHCA, TDCJ, TWC, TCJS, LMHAs, TX and more
- Statewide Planning Participation (State Plan, Long-Term Action Plan, Mayor's Challenges, Local Coalitions, etc.)
- **VMHD now has a Veteran Suicide Prevention Coordinator!**

The committee heard testimony from Michelle Erwin. She spoke on Medicaid and Institutions of Mental Disease (IMD). Medicaid is a jointly funded state and federal program that provides health insurance to children, pregnant women, people with disabilities (including those with mental health conditions) and older adults (with income requirements). In any given month, about 5.4 million people are served through Texas Medicaid. Almost 800,000 of them are people with disabilities or older adults. 95% of people served by Medicaid receive service through a contracted health insurance company (also known as a managed care organization or MCO). The other Medicaid delivery model is provided on a fee for service basis. Medicaid provides a package of services that include both facility based and community based mental health services (therapy, counseling, and peer-peer). The federal partner Centers for Medicare and Medicaid Services (CMS) defines an IMD as an institution with more than 16 beds that has the primary purpose of providing mental health care. Federal Medicaid law generally prohibits the use of federal Medicaid funds to pay for services delivered in an IMD for people ages 21-64. This prohibition is referred to as the IMD exclusion. People of all ages can receive inpatient mental health care in a regular hospital. There is an exception in the Texas Medicaid program that allows for an MCO to provide inpatient mental health services in an IMD to their Medicaid members ages 21-64 but they can only be reimbursed for a 15 day stay (per month). This is a voluntary "in lieu of" option to MCO's and typically are considered on a case by case basis. Rider 34 from the 87th Legislative Session requires HHSC to submit an 1115 Waiver

Application to CMS to receive federal funds for a patient in an IMD if they determine that this would result in a net-savings to the state. In addition to waiving the IMD exclusions, this puts additional requirements on the MCO such as prohibiting the reducing of spending on current community mental health services, expanding the package of current mental health services, extensive monitoring and federal reporting and evaluation from outside entity.

This program is not specifically focused on veterans however, they may benefit from this based on their Medicaid status. One unforeseen problem is that when applying for Medicaid, there is an optional box to check if you are a veteran. This means that there is likely unidentified veterans within Medicaid that could benefit from this program.



Medicaid IMD Exclusion & Rider 34, 87th Legislative Session

Federal law generally prohibits use of federal financial participation (FFP) for payment of services delivered to individuals ages 21-64 who are patients in an Institution for Mental Disease (IMD).

Availability of FFP for Medicaid Services		
Setting Type	FFS	MCO
Acute Care Hospitals	All ages	All ages
IMDs	20 years of age and younger & 65 years of age and older	20 years of age and younger, 65 years of age and older; 21-64 years of all ages* <small>*In-lieu-of an acute care hospital stay - up to 15 calendar days if medically necessary and the MCO and person receiving services agree to an IMD setting.</small>

Rider 34: "HHSC shall prepare and submit an application to the Centers for Medicare and Medicaid Services (CMS) for approval of a Section 1115 Demonstration Waiver in order to receive FFP for services furnished to Medicaid-eligible individuals during short-term stays for acute care in psychiatric hospitals or residential treatment settings that qualify as institutions of mental disease. HHSC shall only prepare and submit the application if HHSC determines it would result in a net savings to the state."

10

1115 Demonstration Waiver for Individuals with Serious Mental Illness

The 1115 demonstration for individuals with serious mental illness or serious emotional disturbance opportunity requires certain services be added to the Medicaid benefit array to be approved by the Centers for Medicare and Medicaid Services (CMS). In addition to providing authority to use Medicaid funds for stays in an institution of mental disease (IMD) for individuals ages 21-64, the demonstration requires the state to:

- ensure quality of care in IMDs;
- improve connections to community-based care;
- ensure a full continuum of care for more chronic ongoing mental health care needs by adding additional Medicaid services;
- provide a full array of crisis stabilization services and encourage early engagement in treatment; and
- continue access to the service package after the demonstration ends.

Texas provides many of these services today through Local Mental Health Authority contracts with HHSC using general revenue. Managed Care Organizations (MCOs) also may cover them on a case-by-case basis outside of Medicaid funding. HHSC developed preliminary estimates for the demonstration option, which vary depending on the package of services included in the demonstration.

CMS also requires an evaluation of the demonstration by an outside entity. To ensure oversight of the waiver and necessary correspondence and submissions to CMS, the quality reporting requirements, and oversight of the evaluation, HHSC requires three full time equivalents. HHSC assumes it would take one year to negotiate the terms and conditions of the waiver once the waiver is developed and submitted to CMS.

Below are the FY2022-23 biennial cost estimates developed during the 87th Legislature, Regular Session, 2021. These estimates include staff and system changes needed prior to implementation of services. These estimates only include the cost and savings associated with Medicaid. HHSC assumed cost offsets for fewer emergency department visits and hospitalizations as a result of additional outpatient services and federal financial participation for some services which are currently covered by general revenue (e.g., IMD stays, crisis respite, assertive community treatment).

HHSC requires legislative appropriation and direction to pursue the demonstration waiver due to the cost associated with implementation.

1115 Demonstration Waiver for Individuals with Serious Mental Illness

Service Package Level	FY22 GR	FY22 All Funds	FY23 GR	FY23 All Funds
Highest Service Package Level	\$2,100,418	\$4,200,836	\$20,494,645	\$87,245,429
Medium Service Package Level	\$1,600,418	\$3,200,836	\$7,336,290	\$51,670,492
Lowest Service Package Level	\$1,600,418	\$3,200,836	\$3,577,865	\$41,518,987

Notes:

- *Estimates were developed during the 87th Legislature, Regular Session, 2021*
- *FY 22 Costs are IT related.*
- *Highest service level includes psychiatric residential treatment facility provider type and service that Medium and Low scenario estimates do not.*
- *Analysis assumes implementation date of September 2022 (FY 2023), with admin/IT costs beginning September 2021 (FY 2022)*
- *All Funds estimates include client services costs, admin/IT costs and estimated cost offsets.*
- *GR costs are net GR costs to the state including associated Premium Tax Revenue.*
- *Premium tax revenue collected by the state comptroller for additional managed care expenditures is included.*

The committee heard from Dr. Alan L. Peterson, PhD, from the University of Texas Health Science Center at San Antonio. He is also the Director of the STRONG STAR Consortium. The testimony is provided here:

"Good morning. I am Alan Peterson, a clinical psychologist and Professor of Psychiatry and Behavioral Sciences at The University of Texas Health Science Center at San Antonio—also known as UT Health San Antonio. I served for 21 years on active duty in the U.S. Air Force and retired in 2005 after three post-9/11 deployments. I am also the Director of the South Texas Research Organizational Network Guiding Studies on Trauma and Resilience, called the STRONG STAR Consortium. STRONG STAR is a national research network and recognized leader in efforts to better understand, prevent, and treat combat-related PTSD and comorbid conditions such as TBI, suicide, sleep disorders, chronic pain, and substance use disorders in military personnel and veterans.

Upon my three military deployments, I realized the tremendous research gaps and unmet needs in military behavioral health, as I personally struggled to find evidence-based treatments tailored to the unique needs and demands of our war fighters. So, in 2005, I retired from active duty and joined the UT Health San Antonio faculty to pursue fulltime research in this area. In 2008, I received a \$25 million research grant from the Defense Department to establish the STRONG STAR PTSD Research Consortium, and to conduct the first-ever clinical trials on combat-related PTSD in military personnel. Over the past 14 years, STRONG STAR has grown our research portfolio to include almost 80 now completed or ongoing projects with the collaboration of 150 military, VA, and DoD researchers and clinicians at more than 50 institutions nationwide. This work has involved the nation's largest clinical trials to establish evidence-based treatments for combat-related PTSD and commonly co-occurring conditions that are effective with and appealing to service members and veterans. These studies have provided direct care to over 8,000 individuals in these populations. Meanwhile, our research findings are helping to improve care nationally, as they have impacted both VA and DoD clinical practice guidelines on behavioral health care.

As the Committee knows based on their call for public testimony, a problem lies in getting these evidence-based treatments to the people who need them. Training of providers is needed among military, VA, and veteran-serving civilian providers so that effective therapies can become broadly available and accessible. Thanks to some donor support and small grants through Texas

Health and Human Services, STRONG STAR is facilitating the implementation of the treatments we've developed. With your assistance more treatment and training can be realized.

STRONG STAR faculty at UT Health San Antonio comprise the largest concentration of behavioral health providers in the State of Texas with expert training in the delivery of evidence-based treatments for combat-PTSD and related conditions. We already have trained over 70 behavioral health doctoral students, interns, and postdoctoral fellows and can rapidly expand the capacity of behavioral health providers through these training programs. In addition, the STRONG STAR Training Initiative has trained over 2,000 behavioral health providers nationwide in evidence-based treatments for PTSD, enabling them to bring these treatments to their communities. We have taken innovative, intensive, effective PTSD treatments developed

and tested in military treatment facilities and VAs, and that are not available anywhere else, and have offered them directly to Texas service members and veterans free of charge. These include a two-week intensive outpatient treatment for PTSD and a two-day retreat for military and veteran couples dealing with PTSD and relationship problems. These programs are not only effective, but extremely popular, with demand exceeding our financial capacity. With expanded funding, we could easily become a statewide or even national treatment center for service members and veterans with PTSD and related conditions.

Thank you for this opportunity to provide public testimony. I and my staff stand by to provide additional detail about any of our programs and deliver on our confidence that we can improve mental health outcomes for Texas."

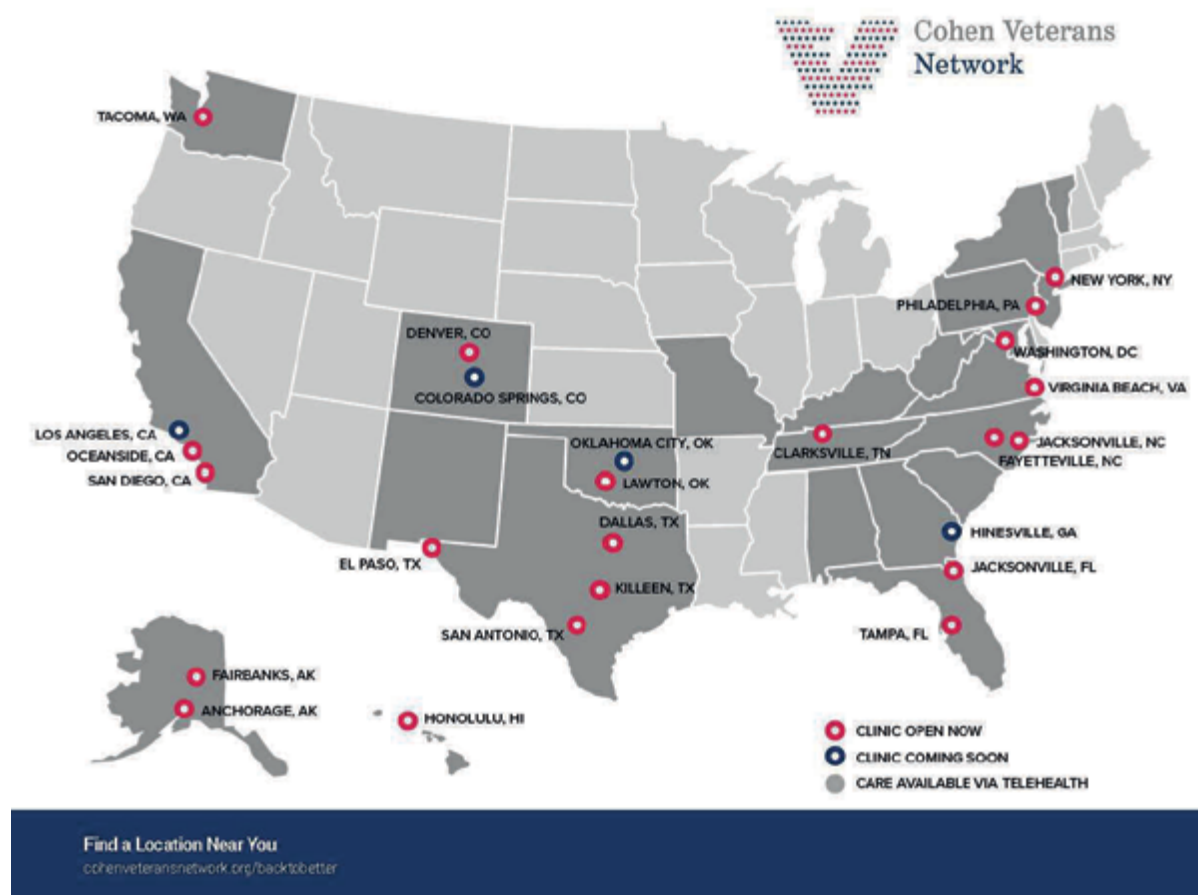
The committee heard from SGT First Class Retired Robert Jones and his battle buddy, Grace. He testified that prior to retiring from the army, he was diagnosed with severe Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). He stated, "Intrusive thoughts and memories stole my dignity and my place from the tribe I had known for over 26 years. I became emotionally numb and distant from my family and friends. And constant nightmares made sleep my enemy." He became heavily addicted to multiple medications, resulting in an overdose. Then he found K9s for Warriors. He was teamed up with his battle buddy, Grace. Grace was able to identify his triggers and wake him up when he was experiencing nightmares.

The committee heard testimony from Mr. Michael Mckim, a U.S. Navy Veteran. He stated that for decades he has suffered from PTSD which in turn caused insomnia and anxiety. He worked with a counselor to ease his symptoms but still found himself unable to settle his mind. He turned to alcohol which had a negative impact on his health. He thanked and recognized that during the 87th legislative session, PTSD was added to the list of diagnoses eligible for the compassionate use program. He added that he finally able to get a good nights sleep. He asked that the legislature not stop there and seek to widen the list of eligible diagnoses to include chronic pain and other diagnosis's that are common to veterans. This would deter many from the cycles of addiction associated with alcoholism and opiate dependency. Mr. Mckim described that access to medication is not ideal for a lot of Texans. Some residents of rural areas have to drive multiple hours to access medical cannabis.

The committee heard from Damian Cook, Director of Policy for K9s for Warriors. K9s for Warriors is the largest provider of service dogs for military veterans with PTSD, TBI, and Military Sexual Trauma. Their program involves pairing veterans with a service dog and life long follow up. Dogs are trained from 6-8 months before they are paired with a veteran through a 21-day residential training program. All this is done at no cost to the veteran. PTSD service dogs can be trained to observe triggers and can interrupt anxiety, panic attacks, and nightmares. K9s for Warriors has invested significantly in the study of the benefits of service dogs. In partnership with Purdue University, their data shows 92% of graduates of this program reported a reduction in medication, and 82% report a reduction in suicidal ideation. Some of the proven benefits of service dogs for veterans include, an ability to better recognize and cope with symptoms, greater self sufficiency, a decreased reliance on prescription medications, strengthened family relationships, and a restored sense of purpose. The waiting list for service animals has grown to over 4 years as growing awareness provides higher demand. K9s for Warriors urges the

legislature to consider service dogs as a viable option for treating service related trauma. So far they have produced over 50 partnerships and hope to expand to at least 100 graduates a year.

The committee heard from Cameron Albin and Taylor Grieger, founders of the American Odyssey Sailing Foundation, a 501C3 Nonprofit that provides adventure therapy to veterans. Mr. Albin stated they would like to see increased, or actual funding and support for integration of adventure therapy programs by the State of Texas. He agrees that evidence based therapies (EBTs) are our gold standard but pointed out that most grants and funding goes to programs based on EBTs with little to nothing for adventure therapies. He pointed out that of all the veteran suicides in 2018 (6,435), 63% did not see a VA practitioner the year they passed away, or the year prior. He argued that adventure therapies could be utilized in a multi-faceted approach to dealing with mental health and suicide.





The Steven A. Cohen Military Family Clinic at Endeavors



Who We Serve



The Steven A. Cohen Military Family Clinics at Endeavors provide quality, accessible, and integrated mental health care to Veterans, regardless of role while in uniform, discharge status, or combat experience, active duty service members (with a TRICARE referral), and military families.

Services Offered



Virtual and in-person services addressing depression, anxiety, post-traumatic stress, sleep problems, adolescent behavioral issues, relationship and family stress, etc. are provided by credentialed staff trained to work specifically with the military population.

Our services can be received individually and together in the same place, at the same time, with the same treatment team and we believe cost should never be a barrier to care at our Cohen Clinics.

The Cohen Clinics also offer life skills and wellness events, support groups, medication management and can provide case management support and local referrals to help with education, employment, financial assistance, housing, and legal issues.

Locations

Cohen Clinic in El Paso

1390 George Dieter Dr.
Ste 140
El Paso, Texas 79936

Contact Us:

915-320-1390
EPclinic@endeavors.org



Cohen Clinic in Killeen

1103 W Stan Schlueter Loop
BLDGA, Ste 100
Killeen, Texas 76549

Contact Us:

254-213-7847
KNclinic@endeavors.org



Cohen Clinic in San Antonio

6333 De Zavala Road
Ste B101
San Antonio, Texas 78249

Contact Us:

210-399-4838
SAclinic@endeavors.org



In Texas but not near a clinic? Contact us about our telehealth services.

Transportation and childcare may be available upon request for in-person sessions.

LEARN MORE:

VISIT US ONLINE

endeavors.org/cohen-clinics



SCAN ME

The committee also heard from Charlie Malouff, the Director of Government and Legislative Affairs at Texas C.U.R.E., a non-profit criminal justice advocacy group. He emphasized the importance of identifying veterans status upon intake within Texas Department of Criminal Justice (TDCJ). He pointed out that there are only 39 Veterans Treatment Courts within the State of Texas. He stated that there are at least 14,000 incarcerated veterans in TDCJ many of whom may be diagnosed with PTSD. He mentioned that getting incarcerated veterans and inmates into treatment programs upon intake is essential. He added that most incarcerated individuals are not placed in treatment programs until 2 years from release or consideration for parole.

FINDINGS

HEALTH

As of September 2017, Texas was home to over 1.6 million veterans of the armed forces, more than any other state, except California. While the national Veteran population is predicted to decline from 20.8 million in 2015 to 12.0 million in 2045, Texas is projected to have the most veterans of any state by 2020. By September 2017, women comprised 11.2 percent of the total Veteran population in Texas, higher than the national average of 9.41 percent. By 2045, women are projected to make up 19.8 percent of all living veterans.

The majority of VHA Medical Centers (United States Department of Veterans Affairs Hospitals and United States Department of Veterans Affairs Outpatient Clinics) are in metropolitan areas. The VHA has established Community Based Outpatient Clinics (CBOC) in smaller cities throughout Texas. Through the United States Department of Veterans Affairs (VA) Choice program, the VHA has provided contracted medical services for those areas not served by the VA medical facilities and to reduce the patient appointment wait time. Therefore, there are many veterans who live in rural areas who find it difficult to access VA medical care. The VA is improving its telehealth services to provide better access. However, being in rural areas presents specific challenges to implement (connectivity, bandwidth, maintenance, etc.). The VA is addressing these challenges by providing telehealth/telemedicine access to veterans via cellular phone technology.

Veterans exhibit significantly higher suicide risk compared with the U.S. general population. About 16.8 veterans died from suicide each day in 2017.

The Centers for Disease Control and Prevention (CDC) defines a traumatic brain injury (TBI) as "a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head, or penetrating head injury. The Defense and Veterans Brain Injury Center (DVBIC) reported nearly 414,000 TBIs among U.S. service members worldwide between 2000 and late 2019. More than 185,000 Veterans who use VA for their health care have been diagnosed with at least one TBI. Conditions and symptoms caused by Traumatic Brain Injury range from depression, loss of consciousness, memory problems, headaches, irritability, sleep disorders and more. These obstacles can greatly impede on a Veterans' relationships, and ability to transition back to civilian life.

Depending on the severity, TBI can be difficult to identify because there may be no visible head injury, even with the use of CT scan imaging. Mild cases of TBI can leave long lasting effects on thinking, memory, mood, and focus. Some symptoms are similar to that of combat trauma, and posttraumatic stress disorder (PTSD). An accumulation of TBI events have been associated with larger chance of developing neurodegenerative diseases like Parkinson's and chronic traumatic encephalopathy (CTE). Treatments can include cognitive, physical, speech, and occupational therapy, as well as medication for specific symptoms.

VA research related to TBI is wide-ranging. Researchers are examining various approaches to detect, monitor, and treat Veterans with TBI. Among VA researchers' goals are to shed light on brain changes in TBI, improve screening methods and refine tools for diagnosing the condition, and develop ways to treat brain injuries or limit its severity when it first occurs.

Researchers are also designing improved methods to assess the effectiveness of treatments and learning the best ways to help family members cope with the effects of TBI and support their loved ones.

EMPLOYMENT

In 2015 Governor Greg Abbott signed the Military Veterans Full Employment Act. The Act applied the Veteran Preference to state agencies and institutions of higher education. The enactment of this closely aligned the eligibility of Veterans Hiring Preference with Federal Regulations and eligibility for preference. The derived preference was established for the Federal program through the Veterans Employment Opportunity Act of 1998. According to the Texas Workforce Investment Council's 2019 Veterans in Texas Report, over 34% of Veterans in Texas have a VA disability rating between 70% to 100%. From Department of Veteran Affairs reports we estimate that 12% to 14% of these veterans have an Individual Unemployability rating. The spouse of these Veterans with an unemployability rating in most situations is going to be the primary income provider for the veteran's family. Affording the spouse with the Veterans Hiring Preference will provide greater opportunities for sustainable income and a better quality of life for the veterans and their family.

1. Under the derived Veterans Hiring Preference rule, the spouse, widow, or widower, of a veteran may be able to claim the preference if the veteran is unable to use the preference. **The interview selection for eligible spouses/dependents should mirror the requirements outlined in Senate Bill 805.** This benefit would align with the Gold Star Fathers Act of 2015, which extended the hiring preferences for federal civil positions to fathers with the same.

2. Aligning the state Veteran Preference with the federal program will assist in alleviating confusion between the two levels of government and the benefits derived from military service.

In order to ensure the best interest of the veteran, the Veterans Hiring Preference should have transfer ability if the veteran is deemed unemployable by the Veterans Administration (VA).

3. The priority in which the state's Veterans Hiring Preference would be applied would be in the following order:

- a. a veteran, including a veteran with a disability
- b. veteran's surviving spouse who has not remarried
- c. an orphan of a veteran if the veteran was killed while on active duty
- d. spouse of a veteran with a unemployability rating with a total disability rating between 70% to 100% from the U.S. Department of Veteran Affairs.

A January 2022 Military Times article cited that the Department of Labor estimated the military spouse unemployment rate is 3 times higher than the veteran unemployment rate. The Department of Labor estimated the military spouse unemployment rate to be 13%. Other organizations closely align with military spouses state the military spouse unemployment rate is as high as 24%. *Joining Forces' Strengthening America's Families* (September 2021) report cited a survey that found, "39 percent of military families reported discussing leaving active-duty military service because of challenges with spouse employment, and of those who had already transitioned, 32 percent cited their own work or career as a major driver in that decision." *Military Spouse Career Journeys: Examining Entrepreneurship, Remote Work, and Upskilling as Drivers of Economic Success for Military Spouses* (United States Chamber of Commerce Hiring our Heroes & Burning Glass Technologies, September 2020).

Retention rates of active-duty military can be greatly affected by military spouse employment issues. Reasons for the higher unemployment rates among military spouses as compared to their civilian counterparts include multiple moves related to the active-duty service member's career, not meeting licensing requirements and lengthy procedures from state-to-state, lack of employment opportunities that provide flexible work schedules, and reluctance of employers to hire military spouses due to the frequent relocation among military families.

The 84th Texas Legislature passed SB 805 establishing the state agencies to have a goal of 20% of their workforce comprised of U.S. Military Veterans. SB 389 also was passed by the 84th Texas Legislature that listed military occupational specialty codes on certain state agency employment openings. State agencies have made limited progress in reaching the 20% goal set forth by the Texas Legislature. According to the 2022 1st, 2nd, and 3rd Quarter Veteran Workforce Summary Reports, the percentage of veterans employed by the State of Texas is 6.03% 1st QTR 2022, 5.98% 2nd QTR 2022, and 5.94% 3rd QTR 2022. The State of Texas is well short of the goal of 20%.

Many Texas veterans on fixed incomes struggle to meet the significant rise in home values. This is a cause for concern due to the associated increase in property taxes. Disabled veterans who are currently living in Texas and have a VA disability rating may meet the eligibility requirements for property tax reduction. Disabled veterans who meet the qualifications outlined in the Texas Tax Code 11.22 may receive an exemption of up to 100% of the value (if the veteran has 100% disability rating) of one piece of property they own for tax purposes.

HOUSING

Risk mitigation funds can be an effective tool for encouraging landlords to rent to tenants they consider to be high-risk, like veterans transitioning out of homelessness. In 2016, the United States Interagency Council on Homelessness (USICH) conducted a study of successful risk mitigation funds established in four major metropolitan areas. Their findings are available at: <https://www.usich.gov/tools-for-action/engaging-landlords-risk-mitigation-funds-communityprofiles>. A risk mitigation fund will provide housing for tenants with low-income, evictions, poor credit, those experiencing chronic homelessness and criminal records for Texas veterans and their families to have suitable housing.

Unfortunately, major cities in Texas and the nation have a large undersupply of affordable housing stock for low-income veterans and their families and individual veterans with barriers such as criminal records, disabilities, little or no income, and those who require intensive case management to sustain their housing.

Several buildings could be listed on the National Historic Landmarks record making them eligible for preservation funds, grants, and federal tax incentives. Additional funding sources: City, State, County (ESG and CDBG), HUD, VA, Corporate, Private, Internal program development (Janitorial and Landscaping businesses) & Rents. Federal Grants such as Supportive Services for Veteran Families (SSVF), HVRP & IVTP can also provide funds for clients.

The burden and challenge for non-profit services providers has always been to identify housing options for those who only qualify for 16% of the available market. Most apartment complexes require three times the rental amount in income which prevents those on disability or social security from acquiring customary affordable housing. For example, a Senior Citizen on a fixed income would only qualify for an apartment rental rate of \$400 a month if their retirement

benefit is just \$1,200. Outside of traditional senior housing which has a long wait list, the options are extremely limited for single seniors especially those who are transitioning from owning a home to an apartment for the first time.

While the homeless veteran population has stabilized to some extent, a need is still there for low income housing options. The average age for homeless veterans is 55 years old with an income at or below \$1,000 a month from VA or Social Security benefits. Again, housing options remain limited due to income or the inability to qualify for additional VA and Social Security Benefits. While the recidivism rate remains low, those returning to homelessness expressed their desire to living among fellow veterans who understand their needs and can provide peer support. This is understandable when you consider that the most effective programs in the United States for homeless and at-risk veterans are community-based, nonprofit, “Veterans helping Veterans” organizations. Programs that do work best, feature permanent housing with the camaraderie of living in structured, substance-free environments with fellow veterans who are succeeding at bettering themselves.

In the VA’s report, *The Past, Present and Future of Women Veterans*, released February 2017, a GAO study found limited housing for women veterans with children as a barrier when accessing and finding housing. In a recent issue of *Task & Purpose*, it was reported that women veterans face a greater risk of becoming homeless — 2.4% — compared to male veterans and there is an inadequate supply of affordable housing. In a VA report, *Housing Instability Among Women Veterans Accessing Care through the Veterans Health Administration*, released in February 2018, it is documented that “there has been a surge in the number of women Veterans...experiencing housing instability.” Additionally, the VA recognizes that, “many women Veterans face challenges when returning to civilian life, including raising children on their own or dealing with the aftereffects of military sexual trauma. Without intervention, these and other issues can put women Veterans at greater risk of homelessness.”

Currently, homeless and low-income women veterans have a few options through federal programs to obtain assistance for homelessness. The U.S. Department of Housing and Urban Development and VA Supportive Housing Program (HUD-VASH) partner to provide permanent, supportive housing and treatment services for homeless veterans. One of the focuses of the HUD-VASH Program is to provide special services for women Veterans. The Department of Veterans Affairs' Supportive Services for Veteran Families (SSVF) program VA awards grants to private non-profit organizations and consumer cooperatives who can provide supportive services to very low-income veteran families living in or transitioning to permanent housing.

The Department of Veterans Affairs Health Care for Homeless Veterans (HCHV) Programs additionally offers a Homeless Providers Grant and Per Diem Program annually (as funding permits) to fund community agencies providing services to homeless Veterans. The program promotes 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.

In the 2016, TVC Veteran Needs Assessment report prepared by Texas State University, the lack of childcare was cited as an unmet need of women veterans. The nonprofit advocacy group, Child Care Aware of America, reported that Texas has 20 to 29 childcare centers for every 1000 children, ranking among the lowest in the country. In the same report, rural and poorer communities are identified as “childcare deserts.” Veterans, especially low-income, single parent, and

millennials—an increasing population among the veteran community—have the greatest need, but have the least access to affordable, quality childcare.

The Foundation for Women Warriors, a unique support organization created exclusively for the women veteran community of Southern California, has developed a specific childcare program focused on serving women seeking employment or in school. Identifying this same type of program in Texas has been unsuccessful.

Childcare assistance websites associated with the various workforce solution centers across the state provide eligibility requirements and on-line applications, but some websites are difficult to find, difficult to navigate, and lack consistency in appearance across the state.

The VA piloted a childcare drop-in service for veterans with medical appointments, and the Dallas VA, one of the pilot sites, continues to provide this service. Replicating this model in all VA facilities, especially those that have women’s clinics would be beneficial to veterans. Lack of access to affordable childcare can be self-imposed because a veteran does not ask about childcare. When veterans seek to further their education, or begin to look for work, they take on the challenge of finding childcare on their own, not asking the person filing their benefits claim or helping them with their resume about childcare options. Eligibility criteria is another barrier to access. Veterans who are suffering from post-traumatic stress disorder/military sexual trauma (PTSD/MST) and may not have a VA diagnosis for a disability rating.

With the largest population of women veterans in the nation, Texas women veterans are constantly seeking self-improvement for a better-quality life. Many research studies state that employment or finding a job contributes to overall well-being. According to TVC’s 2020 Women Veterans Report, over 12,000 women veterans sought employment assistance from September 2018 to August 2020. Women veterans are in the job market and requesting assistance with finding employment, but some find it challenging. According to an infographic released by Syracuse University’s Institute for Veterans and Military Families in March 2020, 43 percent of recently separated women veterans reported “finding employment” as a transition challenge. The Wounded Warrior Project’s Women Warriors Initiative Report, released in March 2021, 22 percent of women veterans reported “finding employment” as a challenge. Additionally, women veterans reported that more mentorship, outreach, education, training, and assistance navigating the federal hiring process would be helpful. Additionally, women veteran unemployment rate is always little higher than their male counterparts. According to the US Bureau of Labor Statistics, in June 2021, women veteran unemployment was at 5.5 percent compared to men veterans at 4.7 percent. Additionally, in June 2022, women veteran unemployment was at 3.0 percent compared to men veterans at 2.7 percent.

JUSTICE

TAJF supports 21 grants for 14 grantees that provide veteran legal services with funding from the Legislature, proceeds from the annual fundraising gala and other donations. TAJF funds 5 bar association veteran pro bono programs and 3 law school veteran clinical programs which all utilize pro bono attorneys.

In the last three years, almost 21,000 veterans were served by TAJF funded legal aid programs in Texas, and during the most recent full grant year, 11,162 clinics, workshops and presentations assisted more than 31,000 veterans. Civil legal aid and pro bono programs across Texas provide much needed legal services to veterans ranging from VA disability, health/mental health, family law, probate issues, consumer debt to income maintenance/public benefits.

Additionally, TAJF sponsors Equal Justice Works Fellows annually and has sponsored fellows who have partnered with legal aid to work exclusively on veterans issues. In September 2022, as the Inaugural Terry O. Tottenham Veterans Justice Fellow, Allen Martin of Pepperdine

University Rick J. Caruso School of Law will be working for Texas Legal Services Center in Austin to mitigate veteran homelessness and poor health by creating a Medical Legal Partnership at Cedar Park Veterans Affairs Clinic (CPVAC) to meet legal needs for eviction/foreclosure defense, discharge upgrades, financial security, and familial stability.

Although there are successful programs to assist veterans with their legal needs, veterans will benefit from additional legal services. According to the Legal Services Corporation's 2022 Justice Gap Report, low-income Americans did not receive any or enough legal help for 92 percent of their substantial civil legal problems. Additionally, individuals from veteran households did not receive any or enough legal help for 84 percent of substantial problems.

RECOMMENDATIONS

HEALTH

- Increase access to mental health services that are military culturally competent and informed.
- Promote the development of supervised learning opportunities with Service Members, Veterans, and Family Members (SMVF) through internships, externships, practicum rotations, and postdoctoral fellowships.
- Enhance strategies to address the needs of family members of veterans and service members to include specific emphasis on spouses, children, and caregivers.
- Promote efforts aimed at early screening of prior military service (e.g., Ask the Question "Did You Serve?" Campaign, etc.); especially those that ask about military service over "veteran" status to enhance service connection.
- Encourage/require all Texas healthcare providers, including physicians, nursing staff, and licensed mental health professionals to receive suicide prevention and intervention training to attain licensure and as part of their continuing education and licensure renewal requirements.
- Encourage/require state agencies and state grantees who directly work with SMVF to take advantage of free training in suicide gatekeeping and military cultural competency offered by the Texas Veterans Commission, the VA, and others.
- Encourage/require all state agencies serving veterans to develop internal suicide prevention/intervention plans.
- Promote local multidisciplinary collaborative strategies including those implemented by the Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families in Austin and Houston.
- Encourage/require higher education entities (i.e., state colleges and universities) that offer degrees in mental health related fields to include suicide prevention and intervention in their curriculum.
- Promote partnerships between state/local government and community partners through supporting the building and strengthening of multidisciplinary local veteran serving coalitions leveraging local providers and volunteers (e.g., Texas Suicide Prevention Collaborative local coalitions, Military Veteran Peer Network, etc.).
- Promote/encourage state standardization in methodology related to defining and determining cause of death, data collection/sharing, and reporting deaths by suicide among all medical examiners, coroners, and justice of the peace.

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- Adopt a grant program / other funding mechanism, administered through Texas Veterans Commission, for the purpose of funding alternate treatment programs (discussed in the 7/20 hearing). Any program would need to be data-driven and report back to the Legislature on its effectiveness in assisting veterans within a year or two.
 - Increase funding substantially to Texas Veterans Commission and add FTEs to assist Texas veterans with federal VA benefits, specifically with a mental health focus and the goal of reducing veteran suicide.
 - Consider legislation allowing veterans who suffer from Post Traumatic Stress Disorder (PTSD) and other service related combat injuries to have access to any form of cannabis, only as prescribed by their medical doctor.
 - Consider legislation or program to increase the use or awareness of Section 1115 Demonstration Waivers for individuals 21-64 years of age in an Institution for Mental Disease (IMD).

JUSTICE

- Encourage opportunities for professionals to receive training tailored to addressing veteran mental health needs in the criminal justice arena including military cultural competency, crisis intervention training, reentry planning, etc.
- Encourage that Texas Commission on Law Enforcement (TCOLE) 4067, Trauma Affected Veterans, become a requirement for all law enforcement officers to create a safer environment for both veterans and law enforcement in Texas.
- Encourage efforts including those by TVC's Justice Involved Veteran Program to support the Veteran Treatment Courts across Texas through technical assistance and training opportunities for all court personnel attuned to the unique needs of justice involved veterans and best practices.
- Develop strategies to expand the use of peer support in Veteran Treatment Courts as an effective component to strengthen efforts to reduce recidivism and promote recovery.
- Support efforts to increase access to veteran peer support within jails and prisons across Texas by increasing the number of veteran pods. These efforts could strengthen successful community reentry efforts and aid in reducing recidivism.
- Texas should add a standard definition of recidivism in the Veterans Treatment Court Statute. The Texas Judicial Council should direct the Texas Office of Court Administration (OCA) to develop guidelines to establish a uniform recidivism rate definition for veteran's treatment courts for adoption by the Council; and, require OCA to compile the recidivism data for a 10-year period.
- Provide funding for pro bono programs specifically targeted towards assisting veterans in child support cases. With appropriate training and mentoring, pro bono attorneys could help bridge this justice gap.

MENTAL HEALTH

- Support strategies to promote and enhance the Military Veteran Peer Network, including ways to expand the presence of TVC-Certified Peer Service Coordinators to better serve SMVF in their local communities. The need for more Peer Service Coordination is particularly relevant in rural and frontier parts of the state.

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- Encourage strategies (e.g., Faith and Allegiance Initiative, chaplaincies) that aim to leverage peer opportunities within communities of faith and congregations.
 - Encourage the development and strengthening of local SMVF affinity groups across Texas, especially in rural areas with limited access to VAs and few community resources.
 - To promote an effective continuum of care, encourage utilization of multidisciplinary service approach to address veteran mental health needs including physicians, mental health professionals, and trained peers.

EMPLOYMENT

- There is a need for a transferable veteran hiring preference for veterans with an unemployability rating to the veteran's spouse.
- Providing active-duty and Title 32 military spouses with a hiring preference for state government jobs will lower the unemployment rate of military spouses and will provide sustainable income and a better quality of life for military family members.
- There is a need to increase the number of veterans hired by state agencies to accomplish the 20 percent goal, as required by the Texas Government Code, Section 657.004.
- Establish more childcare facilities for veterans with incentives.

EDUCATION

- To assist Hazlewood Act applicants, it is recommended that all Institutes of Higher Education (IHEs) inform all applicants seeking tuition exemption under the Hazlewood Act of the grievance and adjudication processes available should the exemption be denied.
- Legislature should revise Tex. Ed. Code Section 54.341 and 54.2001 utilizing clear, concise, and declarative language to explain how a veteran qualifies for the Hazlewood Act benefit, maintains eligibility, and under what conditions the benefit may be passed to a Legacy child or spouse, and under what specific conditions the benefit will be denied.
- The Legislature should appropriate funds for the Higher Education Coordinating Board to develop a database that allows veterans to upload all documents used for Hazlewood Act qualification (DD Form 214, marriage certificate, birth certificate, certificates of eligibility, etc.) into a central repository utilized by all IHEs. These documents would then be available to all IHEs for reference if the student transfers **beneficiaries** to a different school, changes category or qualification (Legacy to child with own hours) and streamlines the application process for both and IHE administrative staff (saving time and money for the IHE). The database should meet all security, DIR and FERPA standards.
- State agencies and public institutions of higher learning that provide services to veterans should make readily available in an easily accessible format childcare information and options to veterans and their families.

HOUSING

- Modify Texas Tax Code 11.22 (b) to be indexed for inflation (this has not been done since 2001).

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- Several communities nationwide have reutilized surplus government property and buildings to permanently house Veterans and low-income families with great success. Texas is fortunate to have similar untapped resources and facilities to meet this growing need now, and in the foreseeable future. It is recommended to focus on reutilizing surplus government property and buildings to permanently house Veterans and low-income families.

TOPIC III: OVERSIGHT OF LEGISLATION PASSED BY THE HOUSE IN THE 87TH LEGISLATURE WHICH BECAME LAW

Interim Charge #1

Monitor the agencies and programs under the Committee's jurisdiction and oversee the implementation of relevant legislation passed by the 87th Legislature. Conduct active oversight of all associated rulemaking and other governmental actions taken to ensure the intended legislative outcome of all legislation. In conducting this oversight, the committee should:

a. consider any reforms to state agencies to make them more responsive to Texas taxpayers and citizens;

b. identify issues regarding the agency or its governance that may be appropriate to investigate, improve, remedy, or eliminate;

c. determine whether an agency is operating in a transparent and efficient manner; and

d. identify opportunities to streamline programs and services while maintaining the mission of the agency and its programs.

87TH SESSION LEGISLATION UPDATES

House Bill 1802

House Author: Dominguez, Klick, Burrows, Price, Moody

Effective: 6/18/2021

Senate Sponsor: Campbell

Relating to a study on the use of alternative therapies for treating post-traumatic stress disorder.

H.B. 1802 requires the Health and Human Services Commission (HHSC), in collaboration with Baylor College of Medicine and in partnership with a military veterans hospital or a medical center that provides medical care to veterans, to conduct a study on the efficacy of using alternative therapies, including the use of 3,4-methylenedioxymethamphetamine (MDMA), psilocybin, and ketamine, in the treatment of veterans who suffer from post-traumatic stress disorder.

The bill requires HHSC, in conducting the study, to do the following in collaboration with the Baylor College of Medicine:

- perform a clinical trial on the therapeutic efficacy of using psilocybin in the treatment of treatment-resistant post-traumatic stress disorder in veterans; and
- review current literature regarding:

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- the safety and efficacy of 3,4-methylenedioxymethamphetamine (MDMA), psilocybin, and ketamine in the treatment of post-traumatic stress disorder; and
 - the access veterans have to 3,4-methylenedioxymethamphetamine (MDMA), psilocybin, and ketamine for treatment of post-traumatic stress disorder in the United States.

H.B. 1802 requires HHSC to prepare and submit to the governor, the lieutenant governor, the speaker of the house of representatives, and each member of the legislature:

- quarterly reports on the progress of the study; and
- not later than December 1, 2024, a written report containing the results of the study and any recommendations for legislative or other action.

HHSC must ensure any protected health information collected during a clinical trial or reported does not personally identify an individual. The bill's provisions expire September 1, 2025.

House Bill 1535

House Author: Klick, Dean, Price, Oliverson, Howard

Effective: 9/1/2021

Senate Sponsor: Schwertner

Relating to the medical use of low-THC cannabis by patients with certain medical conditions and the establishment of compassionate-use institutional review boards to evaluate and approve proposed research programs to study the medical use of low-THC cannabis in the treatment of certain patients.

H.B. 1535 provides necessary improvements to the Texas Compassionate Use Program (TCUP) so patients with debilitating medical conditions may access low-THC cannabis products for symptom treatment and relief.

This bill extends the program to:

1. All cancer patients. Currently, only terminal cancer patients have access;
2. Patients with chronic pain, instead of getting a prescription for opioids;
3. Patients with post-traumatic stress disorder (PTSD); and
4. Patients with "debilitating medical conditions" as defined by the Department of State Health Services (DSHS).

The bill authorizes the establishment of one or more compassionate-use institutional review boards to do the following:

1. Evaluate and approve proposed research programs to study the medical use of low-THC cannabis in treating a medical condition designated by applicable rule of the executive commissioner of the Health and Human Services Commission (HHSC); and
2. Oversee patient treatment undertaken as part of an approved research program, including the certification of treating physicians.

Finally, the bill increases the low-THC percentage for medicinal cannabis from 0.5 percent to 5

percent.

H.B. 1535 amends current law relating to the medical use of low-THC cannabis by patients with certain medical conditions and the establishment of compassionate-use institutional review boards to evaluate and approve proposed research programs to study the medical use of low-THC cannabis in the treatment of certain patients.

House Bill 911

House Author: Patterson, Buckley, Schaefer, Ellzey, Eddie Morales

Effective: 9/1/2021

Senate Sponsor: Blanco

Relating to the issuance of specially marked driver's licenses and personal identification certificates to veterans.

It has been noted that during the recent closures of the Department of Public Safety (DPS) offices across the state due to the COVID-19 pandemic, the number of applications submitted for veteran designations on driver's licenses has decreased in comparison to previous years. Given that these applications may only be submitted in person, the office closures prevented many veterans from pursuing the designation for their licenses. H.B. 911 seeks to address this issue by establishing an online application process for a veteran designation on driver's licenses and personal identification certificates.

H.B. 911 amends the Transportation Code to require DPS to establish and maintain on its website forms and procedures by which a veteran or disabled veteran may request and submit electronically on the DPS website the forms and proof required for a veteran or disabled veteran designation on a personal identification certificate or driver's license or for the renewal of a certificate or license with such a designation.

H.B. 911 amends current law relating to the issuance of specially marked driver's licenses and personal identification certificates to veterans.

House Bill 1728

House Author: Smithee, Buckley, Guillen

Effective: 9/1/2021

Senate Sponsor: Perry

Relating to partnerships between the Texas Parks and Wildlife Department and nonprofit entities to promote hunting and fishing by certain veterans.

Amends the Parks and Wildlife Code to authorize the Texas Parks and Wildlife Department (TPWD) to select and cooperate with one or more nonprofit partners that exclusively serve veterans to promote hunting and fishing by those veterans.

The bill requires a selection to be approved by the Texas Parks and Wildlife Commission and defines "veteran" as a person who has served in the United States armed forces.

The bill authorizes a veteran who is a Texas resident and who is served by a selected nonprofit to

hunt or fish on one day, respectively, without holding the required license for that activity if accompanied by a representative of the nonprofit partner who holds the appropriate license.

The bill requires the commission by rule to establish the following:

- criteria under which TPWD may select a nonprofit partner; and
- guidelines under which a representative of or a veteran served by a nonprofit partner may engage in the hunting or fishing activities.

H.B. 1728 amends current law relating to partnerships between the Texas Parks and Wildlife Department and nonprofit entities to promote hunting and fishing by certain veterans.

House Bill 33

House Author: Dominguez, Tinderholt, Eddie Morales, Ellzey, Cortez

Effective: 9/1/2021

Senate Sponsor: Zaffirini

The skills that our veterans acquire while serving our country often align with programs offered by universities, community colleges, and trade schools. There is not a way, however, for veterans to identify which of their skills or certifications may be eligible for post-secondary credit. H.B. 33 would address this issue by requiring the Texas Workforce Commission (TWC) to identify programs offered by career schools or colleges for which skills obtained through military experience, education, and training frequently align. TWC would then require that the school provide credit toward any course time for the relevant program, unless the school can demonstrate that those skills are not applicable. What's more, this bill would require the Texas Higher Education Coordinating Board to publish the list of the identified programs and approved career schools and colleges on its website.

H.B. 33 amends current law relating to measures to facilitate the award of postsecondary course credit leading to workforce credentialing based on military experience, education, and training.

House Bill 626

House Author: Rosenthal, Tinderholt, Guillen, Fierro

Effective: 9/1/2021

Senate Sponsor: Zaffirini

Relating to the expansion of the Texas Innovative Adult Career Education (ACE) Grant Program to include certain nonprofit organizations providing job training to veterans.

Many organizations that serve to reintegrate veterans into civilian life often struggle to meet the financial needs to provide vocational training. The Texas Innovative Adult Career Education (ACE) grant program provides grants to eligible nonprofit workforce intermediary and job training organizations to develop, support, and expand programs that prepare low-income students to enter careers in high-demand and significantly higher-earning occupations. Nonprofit organizations providing job training to certain veterans, however, are not eligible recipients of the ACE grant program. H.B. 626 would expand eligible grant recipients to include nonprofit

organizations that serve veterans and meet certain criteria including job training, services aiding the employment of program participants, and providing matching funds.

H.B. 626 amends current law relating to the expansion of the Texas Innovative Adult Career Education (ACE) Grant Program to include certain nonprofit organizations providing job training to veterans.

House Bill 139

House Author: Buckley, Wilson, Slawson, Bowers, Goldman

Effective: 9/1/2021

Senate Sponsor: Powell

Relating to state occupational licensing of certain military veterans and military spouses.

H.B. 139 amends current law relating to state occupational licensing of certain military veterans and military spouses.

House Bill 1545

House Author: Cyrier, Sherman, Sr.

Effective: 9/1/2021

Senate Sponsor: Hall

Relating to the continuation and functions of the Commission on Jail Standards.

While state law charges local elected officials with funding and operating jails, the Texas Commission on Jail Standards (TCJS) sets and enforces minimum standards to help ensure these facilities are safe and secure, regardless of their varying sizes, operations, and available resources. TCJS is subject to abolishment under the Sunset Act on September 1, 2021, unless continued by the legislature.

The Sunset Advisory Commission (commission) found TCJS remains necessary and recommends continuing it for 12 years. However, the commission also identified areas in which TCJS has not kept pace with dynamic jail environments and recommends TCJS update its standards development process to clarify vague requirements and account for jails' different risks. The commission also recommends TCJS adjust inspection, enforcement, and complaint procedures to mitigate inconsistencies across jails and incentivize prompt, sustained compliance with state standards. Finally, the commission found TCJS needs to improve its data collection and analysis practices to increase efficiency for staff and transparency for taxpayers.

Major provisions in the introduced version of this Sunset legislation

- Continues TCJS for 12 years. (Page I, Line 10)
- Updates TCJS's standards development process to eliminate overly vague and stagnant minimum standards.

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- Requires TCJS to ensure minimum standards account for varying needs and levels of risk among jails of different types and sizes. (Page 13, Line 22 to Page 14, Line 16)
 - Clarifies TCJS has authority to revise, amend, and change rules as needed without specific legislative action or approval. (Page 8, Lines 14-15 and Page 13, Lines 15-18)
 - Improves inspection and enforcement procedures to mitigate risks in jails more efficiently and effectively.
 - Eliminates the requirement for annual jail inspections, and instead requires TCJS to prioritize inspections based on each jail's relative risk level. (Page 6, Line 26 to Page 7, Line 24; Page 9, Lines 17-19; Page 9, Line 26 to Page 10, Line 2; and various conforming changes)
 - Requires TCJS to establish a certain percentage of noncompliant jails to be reinspected for all minimum standards, not just previously violated standards. (Page 14, Line 17 to Page 15, Line 1)
 - Requires TCJS to create and publish a schedule of escalating actions the agency may take against jails that remain out of compliance for extended or recurring periods of time. (Page 15, Line 9 to Page 16, Line 3)
 - Updates complaint processes to align with best practices.
 - Requires TCJS to maintain detailed categorization and documentation of each violation alleged in a complaint. (Page 4, Lines 18-21)
 - Requires TCJS to adopt rules and procedures ensuring jail inmates have access to information about the complaint process. (Page 3, Line 26; Page 5, Lines 6-11; and Page 17, Lines 4-10)
 - Strengthens TCJS's use of data to improve jail operations and transparency.
 - Requires TCJS to regularly analyze data collected during inspections or reported by jails to identify trends in noncompliance, serious incidents, and other jail operations. (Page 15, Lines 2-6)
 - Requires TCJS to regularly analyze complaint trends and provide this analysis to commission members and the public. (Page 4, Line 25 to Page 5, Line 5)
 - Clarifies law enforcement agencies, once appointed by TCJS, must conduct investigations of inmate deaths in jail custody, unless they can provide evidence of a conflict of interest that cannot be mitigated. (Page 16, Lines 15-25)

H.B. 1545 amends current law relating to the continuation and functions of the Commission on Jail Standards.

NOT PASSED

House Bill 1092

House Author: Romero, Jr., White, Minjarez

Effective:

Senate Sponsor:

Relating to the verification of the veteran status of inmates and prisoners.

It has been noted that veterans returning home from deployment struggle not only with the physical wounds of war but also with the invisible wounds such as post-traumatic stress disorder and traumatic brain injuries. Some of these veterans have difficulty adjusting to civilian life when returning home as a result of their experiences in the military and unfortunately may become involved in the criminal justice system. There are concerns that, while county sheriffs are required to verify the veteran status of prisoners and assist them in applying for federal veteran benefits, the statutory language regarding the period for performing these checks is vague and that jails perform the checks inconsistently. Additionally, many of these justice-involved veterans cannot afford the cost of postage to mail the benefits requests. H.B. 1092 seeks to address these concerns and provide more support to these veterans by specifying the time when verification of prisoners' veteran status must occur and by establishing certain requirements for county sheriffs that will assist these veterans in obtaining benefits and other support services at no cost to the veteran.

House Bill 697

House Author: Rosenthal, Geren, Guillen

Effective:

Senate Sponsor:

Relating to requiring entities that provide mental health services to veterans or veterans' families to provide military informed care or military cultural competency training to certain entity personnel to accept a grant from a state agency.

It has been suggested that military culture is unique and that specific training is required in order for those that do not have a military background to understand the intricacies of the military experience. C.S.H.B. 697 seeks to ensure that entities receiving grants to provide mental health services for veterans or veterans' families have proper training in this regard.

House Bill 1208

House Author: Guillen

Effective:

Senate Sponsor:

Relating to a state employment preference for certain individuals who reside with veterans with a disability.

Transitioning back to civilian life and finding a job is a difficult task for many military veterans and their families, and is exceptionally challenging for a veteran with a disability. To assist veterans in this transition, the state employs a veteran preference system among similarly qualified candidates through which a veteran is granted an employment preference for an open position in state government over a similarly qualified nonveteran. The system provides preferences for veterans, veterans with disabilities, and unmarried spouses of deceased veterans, but it does not include the primary breadwinner for the household of a totally disabled veteran. C.S.H.B. 1208 seeks to address this issue by extending eligibility for the employment preference system to individuals serving as the primary source of income for veterans who are totally disabled.

House Bill 2445

House Author: White

Effective:

Senate Sponsor:

Relating to veterans placed on community supervision or confined in the Texas Department of Criminal Justice.

It has been noted that veterans who are incarcerated have many compounding factors that impact their reintegration and reentry into society. As such, stakeholder groups have suggested that the Texas Department of Criminal Justice (TDCJ) should have an inventory of all federal and state benefits eligible to incarcerated veterans and have strategies to leverage these benefits to enhance rehabilitation, housing and education opportunities, medical and psychiatric access, and financial support for veterans reentering society. H.B. 2445 seeks to use federal resources to better support incarcerated veterans who are reintegrating into society.

House Bill 739

House Author: Lopez, Raymond, Eddie Morales, Hinojosa

Effective:

Senate Sponsor:

Relating to a program administered by the Texas Veterans Commission to provide energy industry career training for veterans.

It has been suggested that the expansion of the energy sector in Texas is a potential source of job opportunities for veterans looking to move upwards in their careers and that the energy industry would benefit from the availability of more skilled employees. However, veterans seeking employment in the industry may face financial or other logistical barriers when trying to obtain the necessary certification or training. C.S.H.B. 739 seeks to help such veterans overcome those barriers by requiring the Texas Veterans Commission to develop and administer a grant program to assist veterans preparing for employment in the energy industry.

House Bill 1157
House Author: Vo
Effective:
Senate Sponsor:

Relating to hiring and licensing certain veterans as peace officers.

It has been reported that some cities in Texas are experiencing shortages of peace officers. At the same time, it has been noted that additional routes to civilian employment are needed to help reduce the numbers of unemployed veterans. H.B. 1157 seeks to provide a solution to both problems by making honorably discharged veterans who are permanent U.S. residents eligible for employment as peace officers.

House Bill 2670
House Author: Guillen, Jarvis Johnson
Effective:
Senate Sponsor:

Relating to the eligibility of social workers for the Homes for Texas Heroes home loan program.

The Texas State Affordable Housing Corporation operates the Homes for Texas Heroes home loan program to provide low-interest home loans to qualifying Texans who are veterans or certain public servants. Although social workers provide valuable services to support the health and well-being of Texans in communities statewide, they are not recognized for that service through eligibility in this program. H.B. 2670 seeks to honor the role that social workers play in our society by making them eligible to receive a home loan through the program.

