



Housing and Health Services Coordination Council (HHSCC) Quarterly Meeting

April 20, 2022



Welcome and Introductions

Bobby Wilkinson, Chair



Webinar Housekeeping

Jeremy Stremmler, TDHCA

GoToWebinar Housekeeping: Attendee View

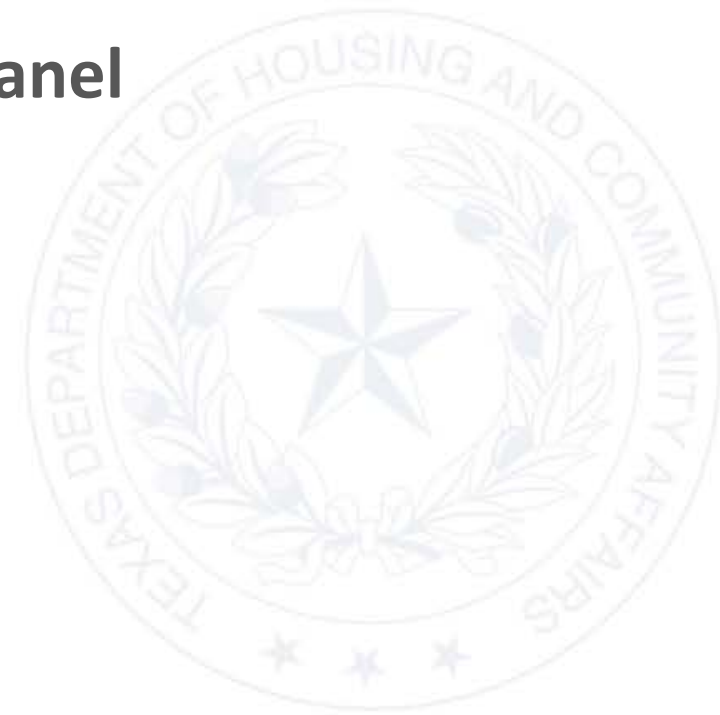
The screenshot displays the GoToWebinar interface from an attendee's perspective. The main window is titled "Waiting to view Liz Davis's screen" and "Talking: Liz Davis". The webinar content area shows the title "Webinar Housekeeping" and the organizer/presenter information: "Organizer: Liz Davis | Presenter: Liz Davis". Below this, there is audio usage information: "Audio: Use your microphone and speakers (VoIP) or call in using your telephone." and contact details: "United States: +1 (951) 384-3421", "Access Code: 400-696-084", "Audio PIN: 19", and a link to "List Additional Conference Call Numbers".

On the right side, there is an audio control panel. It includes a "Sound Check" indicator, options for "Computer audio" (selected) and "Phone call", a "MUTED" status, and dropdown menus for "Transmit (Plantronics Savi 7xx-M)" and "Receive (Plantronics Savi 7xx-M)". Below the audio controls is a "Questions" section with a text input field containing "[Enter a question for staff]" and a "Send" button. At the bottom of the right panel, it displays "Webinar Housekeeping" and "Webinar ID: 608-865-371" along with the GoToWebinar logo.

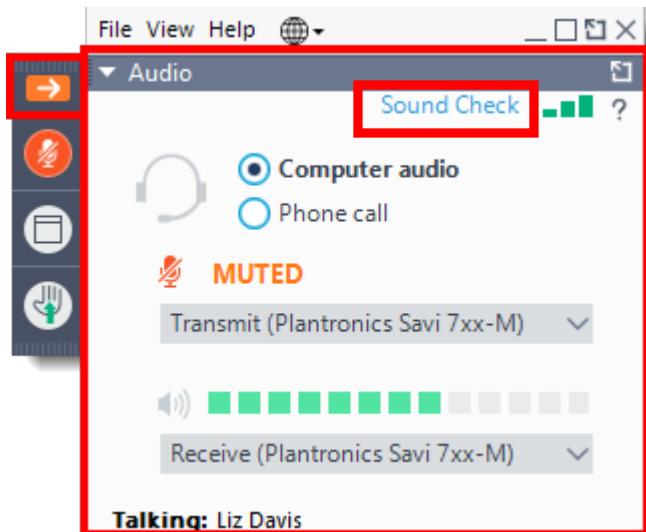
The Windows taskbar at the bottom shows icons for the Start menu, Internet Explorer, File Explorer, Google Chrome, and the GoToWebinar application.

GoToWebinar Housekeeping: Control Panel

The screenshot displays the GoToWebinar control panel interface. At the top, there is a menu bar with 'File', 'View', and 'Help' options. Below this, the 'Audio' section is highlighted with a red border. It includes a 'Sound Check' indicator with a green signal strength icon and a question mark. The audio settings are set to 'Computer audio' (selected with a blue radio button) and 'Phone call' (unselected). A red microphone icon and the word 'MUTED' in orange text indicate that the microphone is muted. Below this, there are dropdown menus for 'Transmit (Plantronics Savi 7xx-M)' and 'Receive (Plantronics Savi 7xx-M)'. A volume bar with green segments is visible. The status 'Talking: Liz Davis' is shown at the bottom of the audio section. Below the audio section is the 'Questions' section, also highlighted with a red border. It contains a text input field with the placeholder text '[Enter a question for staff]' and a 'Send' button. At the bottom of the control panel, the text 'Webinar Housekeeping' and 'Webinar ID: 608-865-371' is displayed, along with the GoToWebinar logo.



GoToWebinar Housekeeping: Audio Feature



Your Participation

Open and close your control panel

Join audio:

- Choose **Computer audio** to use your computer or phone's audio
- Choose **Phone call** and dial using the information provided

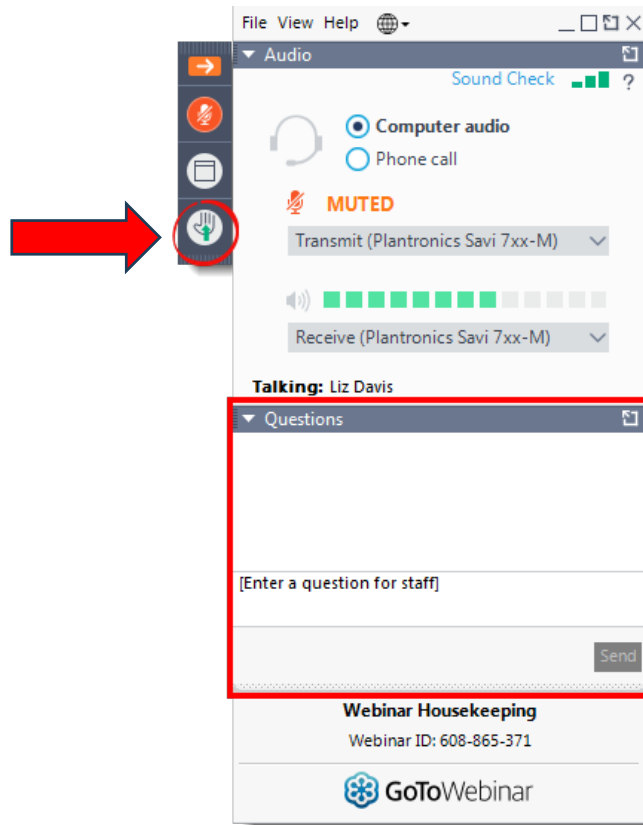
If you have trouble calling in:

- Wait for a few minutes and try again
- Use the audio on your computer or phone

Use the "Sound Check" button to test your microphone before

GoToWebinar Housekeeping: Time for Questions

(Use hands for unmuting!)



Your Participation

- Please feel free to submit questions or comments using the Questions panel if you do not wish to speak, just remember to put your name and who you represent before you speak.
- Please raise your hand to be unmuted if you wish to speak to the group.



Note: Today's presentation is being recorded and a Transcript will be provided with other meeting materials on the TDHCA website in the coming weeks.



Approval of January 19 Meeting Minutes

Council



Update on Section 811 Project Rental Assistance Program

Spencer Duran, TDHCA



Emergency Housing Vouchers (EHV)

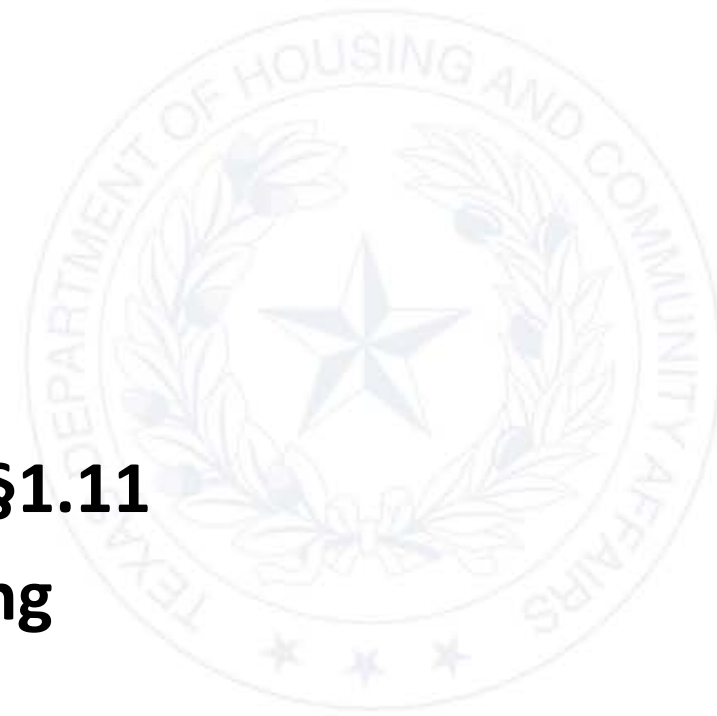
Spencer Duran, TDHCA



HOME – American Rescue Plan (ARP)

Naomi Cantu, TDHCA

Review and Council approval of 10 TAC §1.11
Definition of Service-Enriched Housing
Council





Update on HHSCC Biennial Plan and Report

Jeremy Stremmler, TDHCA



Veterans Mental Health Department, TVC

Blake Harris, Ph.D, TVC

TEXAS VETERANS COMMISSION

VETERANS MENTAL HEALTH DEPARTMENT



Blake Harris, Ph.D.

Director, Veterans Mental Health Department

April 20th, 2022

Housing & Health Services Coordinating Council



OBJECTIVES

1. Introduce services offered by Texas Veterans Commission & Veterans Mental Health Department
2. Describe how a modified Risk Needs Responsivity (R-N-R) framework shapes VMHD program development and service implementation across Texas
3. Highlight how this ties into VMHD's focus on addressing veteran mental health needs at the state and local levels and on reducing service member and veteran suicide across Texas

...BUT WHY?



1. Because...Texas!
2. State and local services are often crucial to successful transition from service member to veteran
3. Each state has its own State Veteran Affairs Agency to serve as a resource wherever a transitioning service member or veteran may call home



TEXAS VETERANS COMMISSION



- VA CLAIMS & VCSOs
- EDUCATION
- EMPLOYMENT
- ENTREPRENEURSHIP
- HEALTHCARE ADVOCACY
- WOMEN VETERAN PROGRAM
- FUND FOR VETERANS' ASSISTANCE GRANTS
- VETERAN CITIZENSHIP & NATURALIZATION
- VETERAN MENTAL HEALTH DEPARTMENT



VETERANS MENTAL HEALTH DEPARTMENT (VMHD)

- COMMUNITY & FAITH-BASED PROGRAM
- HOMELESS VETERAN INITIATIVE
- JUSTICE INVOLVED VETERAN PROGRAM
- MILITARY VETERAN PEER NETWORK
- VETERAN PROVIDER PROGRAM
- SUICIDE PREVENTION



VETERANS MENTAL HEALTH DEPARTMENT

- Training
- Technical Assistance
- Resource Connection
- Coordination w/ State Legislature & Veteran Serving Agencies
- Veteran Advocacy



VETERANS MENTAL HEALTH DEPARTMENT

Across all programming, VMHD has the broadest definition of veteran.
Regardless of:

- Discharge status
- Branch of service
- Length of service
- Active-duty status

The same broad definition applies to veteran family.

All services provided across VMHD programming are offered freely.



RISK-NEED-RESPONSIVITY MODEL

(ANDREWS ET AL. 1990; ANDREWS & BONTA, 2010; HOGE & ANDREWS, 2010)

RISK PRINCIPLE: Direct resources and more intensive services to higher risk individuals

NEED PRINCIPLE: Treatment / Intervention should target criminogenic needs (dynamic risk factors)

- **MODIFIED NEED PRINCIPLE:** Programmatic Planning should target the changeable factors most relevant to the most important presenting problem

RESPONSIVITY PRINCIPLE: Treatment / Intervention / Programming should be provided in a style and mode that is responsive to the individual's learning style, needs, and ability



RESPONSIVITY PRINCIPLE

(ANDREWS ET AL. 1990; ANDREWS & BONTA, 2010; HOGE & ANDREWS, 2010)

Responsivity:

- Factors that need to be considered in strategic intervention / program planning
- Focus on risk factors relevant to population / individual (i.e., trauma, TBI, presence of mental illness, access to lethal means, etc.)
- Protective factors can include strengths such as employment, connectedness, positive leisure activities / Interests, active and supportive family, faith, etc.



R-N-R: ASKING THE RIGHT QUESTIONS

(ANDREWS ET AL. 1990; ANDREWS & BONTA, 2010; HOGE & ANDREWS, 2010)

Risk / Need focus helps answer:

- “**Who** needs treatment / intervention?”
- “**What** type and intensity of treatment / intervention is needed?”

Responsivity focus helps answer:

- “**How** would this population most benefit from intervention?”
- “**What** circumstances could present barriers to intervention?”
- “**What** steps can be taken to overcome these barriers?”
- “**What** strengths / protective factors and supports can be incorporated to bolster treatment / intervention?”



HOMELESS VETERAN INITIATIVE

Risk / Need

- Higher rates of trauma, mental health issues, justice involvement
- Hierarchy of needs
- Accessibility
- Gaps in the continuum of care

Responsivity

- Definitions of “veteran” and “homeless”
- Coordinate across programs
- Services are identified at all levels: local, state, federal
- Provide trainings to direct service staff
- Strong interagency collaboration





JUSTICE INVOLVED VETERAN PROGRAM

Risk/Need

- Continued involvement in CJ system
- Access to veteran services at each SIM intercept
- Reentry planning

Responsivity

- Training for law enforcement to intervene & divert
- JIV info cards (“jailcards”)
- TA to Veteran Treatment Courts
- Statewide Partnerships
- Leveraging local resources (e.g., MVPN)





COMMUNITY & FAITH BASED PROGRAM

Risk / Need

- Access to services (distance, finances, etc.)
- Workforce Shortage
- Social Isolation
- Life Purpose

Responsivity

- Faith / Spirituality linked to resiliency
- Identification of veteran status
- Faith & Allegiance Initiative
- Initial touchpoint / bridge to mental health services
- Leveraging community partners
- Especially rural and underserved areas





VETERAN PROVIDER PROGRAM

Risk / Need

- Trauma is a pervasive problem among veterans
 - PTSD
 - Moral Injury
 - Military Sexual Trauma
 - Traumatic Brain injury
- Competent and Responsive Workforce

Responsivity

- Military Cultural Competency
- Military Informed Care
- Trauma-informed training & technical assistance
- Veteran Counselor Pilot Program
- Evidence-Based Practices



EVIDENCE-BASED PRACTICES & RESEARCH SUPPORTED BEST PRACTICES

Cognitive-Behavioral Therapy (CBT)

Motivational Interviewing (MI)

Cognitive Processing Therapy (CPT)

Eye Movement Desensitization & Reprocessing (EMDR)

Prolonged Exposure (PE)

Peer Model

Columbia Protocol (C-SSRS)

Mental Health First Aid (MHFA)

Counseling on Access to Lethal Means (CALM)

Ask About Suicide to Save a Life (AS+K)



SUICIDE PREVENTION

- Gatekeeping: AS+K
- Lethal Means Restriction: CALM
- Mental Health First Aid
- Buddy Check Day: 11th of every month
- Texas Suicide Prevention Collaborative
- Statewide Behavioral Health Coordinating Council (SBHCC)
- SBHCC Suicide Prevention Subcommittee
- Statewide Planning (988, TCCVS, State Plan, Long-Term Action Plan, Short-Term Action Plan, Governor's Challenge, Mayor's Challenge)
- Collaboration with VA and national efforts
- **Suicide Prevention Coordinator**



MILITARY VETERAN PEER NETWORK

Risk / Need

- Isolation and lack of connectivity / support
- Stigma
- Accessibility / waitlists
- Family engagement

Responsivity

- Statewide peer-to-peer network
- Trained peer volunteers
- Direct peer-to-peer support
- Suicide Prevention training to community stakeholders
- Warm-handoffs to local resources and VA





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**Notification of meetings returning to in person
Council**



Public Comment



General Updates, Next Steps, & Staff Assignments



Thank You!

A recording of this meeting will be made available as soon as possible following the meeting and posted on HHSCC's webpage at the following link:

<https://www.tdhca.state.tx.us/hhsc/council-meetings.htm>.