



Texas Council of Community
Mental Health & Mental Retardation Centers, Inc.

Testimony of Bob Brown
MHMR of Tarrant County Board Member
Before the House Committee on Defense
And State Federal Relations

February 12, 2008 – Veterans/Guard/Reserve Mental Health Issues

Mr. Chairman, and members of the committee, my name is Bob Brown. I am an attorney in private practice in Tarrant County. I serve on the Board of Trustees of the MHMR of Tarrant County having been a trustee since 1997, and Chair of that Board in 2003 and 2004. I also serve now on the Board of the Texas Council of Community MHMR Centers, and currently am Co-Chair of the Public Policy/Legislative Directions Committee.

The Texas Council represents all 39 Community MHMR Centers in Texas. Our members, as units of local government, serve over 140,000 low income children and adults with mental disorders every year.

Mr. Chairman, I am a veteran, having graduated from the United States Military Academy and having served as an Army officer for five years.

I appreciate your invitation to provide testimony on Interim Charge #2 which calls you to monitor the US Congress for the enactment and rules regarding the Veteran's Mental Health Outreach and Access Act of 2007 and to explore coordination with the community based mental health clinics in Texas that would be able to provide prescribed services to veterans.

Mr. Stewart has highlighted the extent of the growing psychological and mental health problems that troops returning from Iraq and Afghanistan are experiencing. There is mounting concern in Congress that many of these veterans are not getting needed mental health services, particularly those living far from VA health care facilities.

The concerns in Congress are reflected in the introduction of various bills and proposals to add language to relevant appropriations legislation:

1. S.38 – Veterans Mental Health Outreach and Access Act of 2007
 - ✓ Develops increased VA capacity for mental health services
 - ✓ Addresses transportation and distance as a barrier to services
 - ✓ VA would partner with Community Mental Health Centers to provide services to deployed veterans and their families
 - ✓ VA would train clinicians of community centers to provide services to veterans
 - ✓ Extends eligibility for VA health care from 2 years to 5 years

- ✓ Requires the VA to contract with community mental health centers and other qualified entities
 - ✓ Has similar provisions as S.38 regarding contracting, services, training
3. Consolidated Appropriations Act, 2008 reported language which directed the VA to spend not less than \$2.9 billion for specialty mental health services for veterans, and “*to better utilize all opportunities to improve access to mental health services for all veterans.*” More specifically, the language directed the VA to develop plans to better utilize the services of the Community Mental Health Centers with a report to the Congress on February 1, 2008.

We applaud these initiatives and request your committee to encourage the Texas Congressional delegation to support them, as many already do.

We believe that these Congressional initiatives have originated from the realization that while increasing the VA’s internal capacity to provide mental health services is a worthwhile objective, a more timely solution can be found in contracting with Community Mental Health Centers in areas where the VA does not currently have facilities or adequate mental health care capabilities to assure that our returning soldiers will receive needed treatment in a timely manner and close to the communities where they reside.

There are several examples from around the country where outpatient VA clinics have contracted with Community Mental Health Centers to address the needs of veterans. In almost every instance, the target population includes mostly National Guard members and Reservists living in rural areas some distance from VA facilities.

The most prominent example is in Montana. There the VA system has contracted with all four Community Mental Health Centers in the state with excellent results. The VA pays to the Center the identical rate that would be paid for care in the VA. The VA has total control over all referrals. In 2006, Centers in Montana served over 2,100 veterans.

In South Dakota, the VA has contracted with all 12 community-based behavioral health agencies in the state.

In Texas we know that community centers have initiated contact with the VA to pursue a partnership to improve veterans' access to needed mental health services. I do not know what the barriers are to that contracting but, it appears to me, such contracts would be a sound business decisions that would immediately increase the mental health capacity of the VA System and would optimize the mix of existing internal and external resources to best meet the needs of our veterans in the near and long term.

As Mr. Stewart said Community Centers are treating veterans for their behavioral health needs.

MHMR of Tarrant County – is providing mental health services every day to veterans of military service. These men and women just simply cannot make their way over to Dallas to access the VA system so they come to the local public mental health system.

We do it without a contract and without reimbursement from the VA. The mental health services these veterans need are paid for by the State of Texas through general revenue supported programs.

In addition to the mental health services we provide publicly funded substance abuse services to vets and service members. In the last 12 months we have provided detox and rehabilitation services to 60 veterans or active duty military. We know these services will make a difference in people's lives and we have provided outpatient rehabilitation services, inpatient services and detox to these men and women.

Let me close with a story about 1 veteran. He was a veteran of the Iraq war who came to us homeless, addicted to crack cocaine and with his wife and children living at the Presbyterian Night Shelter in Ft. Worth. The young man entered the Pine Street Rehabilitation program. He successfully completed his treatment and is now clean and sober. He has a job with Motorola and is living with his family in an apartment they rent.

Given the mental illness prevalence rates that have been cited to you today, the Texas Council strongly supports your charge to examine, review and report on the mental health status of the growing numbers of soldiers from Texas (Veterans – Guards – Reserve) injured in the Iraq/Afghanistan wars and to make recommendations on how the State of Texas can ensure that our injured soldiers have appropriate access to mental health services.

Thank you for the opportunity to testify this morning. Please know that the Community MHMR Centers of Texas are here to provide services to our fellow Texans who have valiantly served our country.

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