

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Military Affairs and Domestic Security Committee

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BILL: SB 2554

INTRODUCER: Senators Deutch and Gaetz

SUBJECT: Veterans' Suicide Prevention & Mental Health

DATE: March 20, 2008

REVISED: 03/26/08

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Pardue	McElroy	MS	<b>Favorable</b>
2.			CF	
3.			HA	
4.				
5.				
6.				

## I. Summary:

This bill establishes a Veterans' Suicide Prevention and Mental Health Services Program within the Statewide Office for Suicide Prevention. The bill provides a framework for conducting the program including coordinating veterans' suicide prevention and mental health services and resources, developing a network of community-based behavioral health services providers, and generating guidelines and standards for behavioral service providers serving veterans at risk for suicide.

This bill includes a \$1.3 million appropriation in nonrecurring funds from the General Revenue Fund to support the program.

This bill substantially amends s. 14.2019 and creates s. 14.20193 of the Florida Statutes (F.S.).

## II. Present Situation:

In 1984, the Legislature passed the Florida Emotional Development and Suicide Prevent Act.<sup>1</sup> The act required the Department of Health and Rehabilitative Services, in cooperation with the Florida Department of Education and the Department of Law Enforcement, to develop a state plan for youth suicide prevention. While the initial state initiative highlighted suicide prevention among Florida's youth, subsequent prevention initiatives over the years have covered other age groups and populations. In February 2004, the Governor's Task Force on Suicide Prevention held a retreat at Camp Blanding for the purpose of developing a strategy to reduce suicide in our communities. Participants included representatives from state agencies, universities, crisis

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<sup>1</sup> Chapter 84-317, Laws of Florida (L.O.F.)

centers, as well as health care professionals and community activists. In December 2006, the Florida Suicide Prevention Symposium was held, wherein efforts to encourage the establishment of a Statewide Office for Suicide Prevention were highlighted.

In 2007, the Legislature established the Statewide Office of Suicide Prevention within the Governor's Office of Drug Control. The purpose of this office is to develop a network of community-based programs to improve suicide prevention initiatives, prepare and implement a statewide plan, increase public awareness, and coordinate education and training curricula in suicide prevention.<sup>2</sup>

According to the Statewide Office of Suicide Prevention:

Nationally, suicide is the third leading cause of death among young people ages 15-24 and the second leading cause of death for young adults ages 25-34. Overall, suicide is America's leading cause of death, claiming the lives of over 30,000 Americans per year. Of those deaths, 2,410 occurred within the state of Florida in 2006 at a rate of 13.1 per 100,000---far higher than the national average.<sup>3</sup> Florida ranks second in the nation for highest number of suicide fatalities and has the thirteenth highest suicide rate. It is the state's tenth leading cause of death.<sup>4</sup>

The Florida Department of Veterans' Affairs estimates there are 1.8 million veterans in Florida. Of these, approximately 30% receive health care services from the U. S. Department of Veterans Affairs (VA). The VA operates a statewide system of health care facilities including six medical centers or hospitals (with a seventh in development) and supported by a system of 42 mid-sized outpatient clinics and small-sized community based outpatient clinics.

Mental health services are available throughout Florida's VA system either on site, if available, or through referral to a nearby VA facility where mental health professional staff is available. In addition, the VA operates 15 Vet Centers and Vet Center Outstations throughout the state providing counseling services for post-service readjustment, Post Traumatic Stress Disorder (PTSD), and sexual assault. Vet Centers primarily focus on providing services to combat veterans and their families. Vet Centers are a separate program, independent from the VA healthcare system, but work in conjunction with nearby VA healthcare facilities for certain mental health services.<sup>5</sup> Enrollment in the VA healthcare system is not required for veterans to use the services of a Vet Center.

In November 2007, Congress passed H. R. 327, the Joshua Omivig Veterans Suicide Prevention Act. The act expresses the sense of Congress that suicide among veterans suffering from PTSD is a serious problem and that the Secretary of Veterans Affairs should take into consideration the special needs of such veterans and of elderly veterans who are at high risk of depression and experience high rates of suicide. The act directs the Secretary to develop a comprehensive

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<sup>2</sup> Section 14.2019, F.S.

<sup>3</sup> Note: According to the Centers for Disease Control and Prevention the 2005 national average suicide rate was 11.05 per 100,000 <http://www.cdc.gov/ncipc/dvp/Suicide/default.htm>

<sup>4</sup> Florida Statewide Office of Suicide Prevention Annual Report, January 2008, page 2.

<sup>5</sup> Senate Committee on Military Affairs and Domestic Security Interim Project Report 2008-145, Florida Veterans' Healthcare Facilities and Outreach Services, October, 2007.

program to reduce the incidence of suicide among veterans. Prior to the adoption of this act, the VA already had suicide prevention measures in place. For example, in 1998, the VA mandated annual depression screening at all VA primary clinics.<sup>6</sup> The VA established the National Center for Post Traumatic Stress Disorder which treats PTSD and sponsors research into the relationship between PTSD and the risk of suicide. The center's website publishes information relating to PTSD and the risk of suicide.<sup>7</sup> Further, the VA provides information regarding suicide prevention awareness and a 1-800 suicide crisis hotline.<sup>8</sup> According to the Florida Department of Veterans' Affairs, the VA spends nearly \$3 billion annually for mental health services nationwide.

Each of the military services has an active suicide prevention program.<sup>9</sup> Further, military members returning from combat deployment, including members of the National Guard, receive a Post-Deployment Health Re-Assessment which is administered within 90 to 120 days of return. Data from these assessments indicate 38 percent of Soldiers and 31 percent of Marines report psychological symptoms. Among members of the National Guard, the figure rises to 49 percent.<sup>10</sup> The Florida National Guard is currently developing improvements to its outreach program to assist returning members and their families in obtaining available VA healthcare.<sup>11</sup>

However, the Department of Defense's Task Force on Mental Health identified significant gaps in the continuum of care for psychological health, citing among other issues, insufficient access to mental health professionals for servicemembers and their family members.<sup>12</sup>

### **III. Effect of Proposed Changes:**

This bill substantially amends s. 14.2019, F.S., to establish a Veterans' Suicide Prevention and Mental Health Services Program within the Statewide Office for Suicide Prevention.

The bill further creates s. 14.20193, F.S., to provide a framework for conducting the Veterans' Suicide Prevention and Mental Health Services Program. The purpose of the program shall be to:

- Coordinate veterans' suicide prevention and mental health services and resources which are currently provided by or available through the Department of Veterans' Affairs, the Department of Military Affairs, and the U. S. Department of Veterans Affairs;
- Develop a network of community-based behavioral health services providers that provide suicide prevention and mental health services for veterans and their families;
- Generate guidelines and standards for behavioral service providers serving veterans at risk for suicide and mental illness and develop a list of the providers who meet those standards;

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<sup>6</sup> <http://www.ps.psychiatryonline.org>, December 2006, Vol.57, No. 12, page.1694.

<sup>7</sup> [http://www.ncptsd.va.gov/ncmain/ncdocs/fact\\_shts/fs\\_suicide.html](http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_suicide.html)

<sup>8</sup> <http://www.mentalhealth.va.gov>

<sup>9</sup> <http://library.sprc.org/browse.php?catid=116646>

<sup>10</sup> Senate Committee on Military Affairs and Domestic Security Interim Project Report 2008-145, Florida Veterans' Healthcare Facilities and Outreach Services, October, 2007.

<sup>11</sup> Id.

<sup>12</sup> Defense Health Board Task Force on Mental Health, "An Achievable Vision: Report of the Department of Defense Task Force on Mental Health, June 2007, page ES-3.

- Increase public awareness about the risk of suicide and mental illness among veterans;
- Coordinate education and training for professionals who may have contact with veterans at risk for suicide or mental illness; and
- Develop a standard operating procedure for identifying tier levels of support for veterans.

The bill provides that, at a minimum, provider guidelines and standards shall address:

- A requirement that the provider be a non-profit organization under s. 501 (c) (3) of the Internal Revenue Code with at least 5 years experience providing behavioral health treatment services;
- The provider's capability and experience in providing community-based suicide prevention and mental health services to the community and to veterans;
- The provider's linkages to veterans, veterans services organizations, the U. S. Department of Veterans Affairs, and other agencies that serve the needs of veterans. At a minimum, the provider must have four cooperative agreements with such organizations;
- The provider's accreditation by a state-recognized accrediting organization particularly with respect to services to veterans at risk for suicide and mental illness;
- The adequacy and professional qualifications of the provider's staff to meet the needs of veterans at risk for suicide and mental illness;
- The adequacy and location of the provider's facilities, equipment, and capacity to ensure the veteran population, including veterans with disabilities, is adequately served;
- The privacy and confidentiality of client records, data, and other information and how it will be stored and safeguarded; and
- The provider's ability to collect, document, and report performance measures and use it for program management and continuous quality improvement.

The bill appropriates \$1.3 million in nonrecurring funds from the General Revenue Fund to the Statewide Office for Suicide Prevention for the 2008-2009 fiscal year for the purpose of funding the Veterans' Suicide Prevention and Mental Health Services Program.

The bill provides an effective date of July 1, 2008.

#### **IV. Constitutional Issues:**

##### **A. Municipality/County Mandates Restrictions:**

None.

##### **B. Public Records/Open Meetings Issues:**

None.

##### **C. Trust Funds Restrictions:**

None.

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

Community-based mental health providers who provide suicide prevention services may benefit from an additional source of program funding pursuant to this bill.

**C. Government Sector Impact:**

This bill appropriates \$1.3 million in nonrecurring funds from the General Revenue Fund for the 2008-2009 fiscal year. The sponsor indicates that a possible source of funding for this program could come from the \$2.3 million currently appropriated to the Family Readiness Program within the Department of Military Affairs.

The Department of Veterans' Affairs recommends that any program in the area of medical care or benefits for veterans be researched and compared against existing federal care and benefits to ensure the efforts are complimentary and not duplicative.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Additional Information:****A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

**B. Amendments:**

None.