

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.)

Prepared By: The Professional Staff of the Committee on Military and Veterans Affairs, Space, and Domestic Security

BILL: SB 128

INTRODUCER: Senators Simpson and Altman

SUBJECT: Services for Combat Veterans and Their Families

DATE: October 5, 2015

REVISED: 10/7/15

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Hendon</u>	<u>Hendon</u>	<u>CF</u>	Favorable
2.	<u>Sanders</u>	<u>Hrdlicka</u>	<u>MS</u>	Favorable
3.	<u></u>	<u></u>	<u>AP</u>	

I. Summary:

SB 128 establishes the Florida Combat Veterans' Care Coordination Program within the Department of Children and Families (DCF) to provide veterans and their families with behavioral health information and referral services. The new program will model the pilot program begun in 2014 by the Crisis Center of Tampa Bay and the Florida Department of Veterans' Affairs. The program will be delivered through the Florida 211 Network. The bill appropriates \$2,000,155 in recurring General Revenue to the DCF for the program.

II. Present Situation:

Florida 211

Section 408.918, F.S., establishes the Florida 211 Network, authorizing the planning, development, and implementation of a statewide network to serve as the single point of coordination for information and referral for health and human services.

A 211 network is a telephone-based service offered by nonprofit and public agencies throughout Florida and the United States that provides free, confidential information and referral services 24 hours a day, 7 days a week. The network helps callers identify and connect with health and human service programs that can meet a variety of needs, including food, housing, employment, health care, crisis counseling, and more. In Florida, services are available statewide through any cell phone provider as well as through landlines in all 67 counties by dialing 2-1-1.¹ In order to participate in the Florida 211 Network, a 211 provider must be fully accredited by the National Alliance of Information and Referral Services or have received approval to operate, pending accreditation, from its affiliate, the Florida Alliance of Information and Referral Services.²

¹ Florida Alliance of Information and Referral Services, available at <http://www.flairs.org/> (last visited Sept. 29, 2015).

² Section 408.918(2), F.S.

Veterans and Mental Health

Mental Health Among Veterans

According to the National Center for Post-Traumatic Stress Disorder, between 11-20 percent of veterans who served in Operations Iraqi Freedom and Enduring Freedom have Post-Traumatic Stress Disorder (PTSD) in a given year.³ Statistics on depression in veterans vary, but it is estimated that an additional 2 to 10 percent return with major depression.⁴ Additionally, 12 percent of Gulf War Veterans and 15 percent of Vietnam Veterans have PTSD, and up to 30 percent of Vietnam Veterans will have PTSD in their lifetime.⁵

In 2012, the United States Department of Veterans Affairs (USDVA) released a report detailing veteran deaths from suicide from 1999 to 2009.⁶ Over that ten-year span, veterans comprised approximately 22.2 percent of all suicides. In 2010, on average, 22 veterans committed suicide per day.⁷ In response to these trends, the federal government, through the USDVA, established programs to connect veterans to mental health services.

Mental Health Services for Veterans

For the purposes of USDVA health benefits and services, a person who served in the active military service and who was discharged or released under conditions other than dishonorable is a veteran and may qualify for USDVA health care benefits.⁸ Current and former members of the Reserves or National Guard may also qualify for USDVA health care benefits if they were called to active duty by a federal order and completed the full period for which they were called or ordered to active duty.⁹

The USDVA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics, in addition, readjustment counseling services may be available at veteran centers across the nation.¹⁰ “The goal is to support recovery and enable veterans who experience mental health problems to live meaningful lives in their communities and to achieve their full potential.”¹¹

The Veterans Crisis Line (VCL) is a resource for veterans developed by the USDVA to connect veterans and current service members in crisis and their families and friends with information

³ National Center for PTSD, *How Common is PTSD? PTSD and the Military* (Aug. 2015), available at <http://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp> (last visited Sept. 29, 2015).

⁴ RAND Center for Military Health Policy Research, *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, at 54 (Terri Tanielian and Lisa H. Jaycox, Eds.) (2008), available at http://www.rand.org/pubs/monographs/2008/RAND_MG720.pdf (last visited Oct. 2, 2015).

⁵ *Supra* note 4.

⁶ U.S. Department of Veterans Affairs Mental Health Services Suicide Prevention Program, *Suicide Data Report, 2012*, Janet Kemp and Robert Bossarte, at 15, available at <http://www.va.gov/opa/docs/Suicide-Data-Report-2012-final.pdf> (last visited Sept. 29, 2015).

⁷ *Id.*

⁸ U.S. Department of Veterans Affairs, *Health Benefits, Veterans Eligibility* (Sept. 2015), available at <http://www.va.gov/healthbenefits/apply/veterans.asp>, (last visited Sept. 29, 2015).

⁹ *Id.*

¹⁰ U.S. Department of Veterans Affairs, *Health Benefits, Medical Benefits Package*, (June 2015), available at http://www.va.gov/HEALTHBENEFITS/access/medical_benefits_package.asp (last visited Sept. 29, 2015).

¹¹ *Id.*

from qualified responders through a confidential, toll-free hotline, online chat, and text messaging service.¹² The VCL was launched in 2007 and over the course of the program has answered more than 1.86 million calls, engaged in more than 240,000 online chats, responded to more than 39,000 texts, and made more than 50,000 lifesaving rescues.¹³

The Crisis Center of Tampa Bay Pilot Project

In 2014, the Legislature appropriated \$150,000 to the Crisis Center of Tampa Bay to create a pilot project expanding existing Florida 211 services to veterans in Hillsborough, Pasco, Pinellas, Polk, and Manatee counties.¹⁴ In August 2014, the Crisis Center of Tampa Bay expanded services to veterans through care coordination. Care coordination means veterans receive ongoing suicide assessment, continuous safety planning, and support for an extended period of time. The program aims to ensure veterans are not only receiving information on available services, but are also enrolled, accepted, and attending community-based services. During state Fiscal Year 2014-2015, the program handled 1,135 calls from veterans and made 925 referrals to community mental health agencies, the USDVA, and other providers for service.¹⁵

III. Effect of Proposed Changes:

The bill creates s. 394.9087, F.S., to establish the Florida Combat Veterans' Care Coordination Program (program) within the Department of Children and Families (DCF). The program must provide behavioral healthcare referral services to both veterans and their families based on the proof-of-concept pilot program conducted in 2014 by the Crisis Center of Tampa Bay and the Florida Department of Veterans' Affairs. Behavioral health includes services for both mental health and substance abuse. The bill sets out the goals for the program to include:

- Prevent suicides by combat veterans;
- Increase the use of USDVA programs and services by combat veterans; and
- Increase the number of combat veterans who use other available community-based programs and services.

The bill requires the program to be available statewide and provided by program teams operated by Florida 211 Network participants. Program teams must provide referral and care coordination services to include:

- Peer support, crisis intervention, and information on referral resources;
- Treatment coordination, including follow up care;
- Suicide assessment;
- Promotion of safety and wellness of combat veterans and their families;
- Resource coordination, including data analysis, to facilitate acceptance, enrollment, and attendance at USDVA programs and services and other community-based programs and services; and
- Immediate needs assessments, including safety planning and support.

¹² Veterans Crisis Line, *FAQs*, available at <http://www.veteranscrisisline.net/About/FAQs.aspx> (last visited Sept. 29, 2015).

¹³ Veterans Crisis Line, *About the Veterans Crisis Line*, available at <http://www.veteranscrisisline.net/About/AboutVeteransCrisisLine.aspx> (last visited Sept. 29, 2015).

¹⁴ Line item 595, proviso, ch. 2014-51, Laws of Fla.

¹⁵ Crisis Center of Tampa Bay, 2015 End of Year Synopsis, on file with the Committee on Children, Families and Elder Affairs.

The program teams must maintain records on the number of requests from callers and follow-up with veterans or their family members to determine if they have acted on referrals for service, received assistance, or if further referral or advocacy is needed. The program teams must also develop communication strategies to inform veterans and their families of available services. Calls and all necessary data must be captured in order to improve outreach and be reported by the program teams to the managing entity.

The bill requires the DCF to submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 15, 2017. The report must include:

- The number of calls received;
- Demographic information for each caller;
- The nature of each call;
- The outcome of each call;
- Services received as a result of each call;
- Follow-up by the program team;
- Information about the program's impact on each caller's quality of life and on the avoidance of negative outcomes, including arrest and suicide; and
- Each caller's satisfaction with program services.

The bill appropriates \$2,000,155 million in recurring General Revenue funds to the DCF to implement the program in Fiscal Year 2016-2017.

The bill provides an effective date of July 1, 2016.

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:

None.

C. Government Sector Impact:

The bill appropriates \$2,000,155 million in recurring General Revenue funds to the Department of Children and Families. The early treatment of veterans for behavioral health care would reduce costs to the local, state and federal government programs serving veterans.

The estimated expenditures to expand veterans' Florida 211 services statewide include:

- \$32,137 for FLOW System and Telephone;
- \$10,000 for Training and Technical Assistance;
- \$407,139 for Care Coordinators; and
- \$1,550,879 for call answering, database entry and updates, supervision, and administration.¹⁶

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 394.9087 of the Florida Statutes.

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

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

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

¹⁶ Email correspondence with Senator Simpson's office on Oct. 6 and 7, 2015. (On file with the Senate Committee on Military and Veterans Affairs, Space, and Domestic Security.) Information is from Sheila J. Smith, President and CEO, 2-1-1 Broward.