

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 Military Affairs and Domestic Security Committee

BILL: SPB 7032

INTRODUCER: For consideration by the Military Affairs and Domestic Security Committee

SUBJECT: Veterans' Suicide Prevention

DATE: January 14, 2010

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Pardue	Skelton		Pre-meeting
2.				
3.				
4.				
5.				
6.				

I. Summary:

Senate Proposed Bill 7032 establishes a veterans' suicide prevention pilot project, subject to the availability of public or private funding, to reduce the incidence of suicide among veterans.

The proposed committee bill adds one additional member to the Suicide Prevention Coordinating Council and requires that one of the five Governor appointees to the council be a veteran.

This bill creates an unnumbered section of Florida Statutes and amends s. 14.20195 of the Florida Statutes.

II. Present Situation:

Suicide Prevention in Florida and Efforts to Prevent Suicide Among Veterans

In 1984, the Legislature passed the Florida Youth Emotional Development and Suicide Prevention Act.¹ The act required the Department of Health and Rehabilitative Services, in cooperation with the Florida Department of Education and the Florida 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 have covered other age groups and populations.

The 2007 Legislature established the Statewide Office of Suicide Prevention within the Governor's Office of Drug Control. This office was tasked to develop a network of community-based programs to improve suicide prevention initiatives, prepare and implement a statewide

¹ Chapter 84-317, L.O.F.

plan, increase public awareness, and coordinate education and training curricula in suicide prevention.²

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 11th leading cause of death, claiming the lives of over 30,000 Americans per year. Of those deaths, 2,732 occurred within the state of Florida in 2008 at a rate of 14.5 per 100,000, far higher than the national average.³ Florida ranks second in the nation for highest number of suicide fatalities, and has the 19th highest suicide rate.⁴

The United States Department of Veterans Affairs estimates there are more than 1.7 million veterans in Florida.⁵ Of these, approximately 30 percent receive health care services from the U. S. Department of Veterans' Affairs (VA). The VA operates a statewide system of health care facilities including seven medical centers or hospitals and supported by a system of 43 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 17 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.⁶ Enrollment in the VA healthcare system is not required for veterans to use the services of a Vet Center.

Congress passed H. R. 327, the Joshua Omvig Veterans Suicide Prevention Act in November 2007. 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 program to reduce the incidence of suicide among veterans. Prior to the adoption of this act, the VA had suicide prevention measures in place. For example, the VA mandated annual depression screening at all VA primary clinics in 1998.⁷ 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

² Section 14.2019, F.S.

³ According to the Centers for Disease Control and Prevention (CDC), the 2006 national average suicide rate was 11.0 per 100,000. See CDC Self-inflicted Injury-Suicide, available at: <http://www.cdc.gov/nchs/fastats/suicide.htm> (last viewed January 14, 2010).

⁴ Florida Statewide Office of Suicide Prevention Annual Report, January 2009, page 2.

⁵ U. S. Department of Veterans Affairs at: <http://www1.va.gov/vetdata/> (last viewed January 14, 2010).

⁶ See U. S. Department of Veterans Affairs Florida facility locations at <http://www2.va.gov/directory/guide/state.asp?State=FL&dnum=ALL> . (last viewed January 14, 2010).

⁷ Depression Screening in a VA Primary Care Clinic, available at: <http://www.ps.psychiatryonline.org>, December 2006, Vol. 57, No. 12, page, 1694.

PTSD and the risk of suicide.⁸ The VA provides information regarding suicide prevention awareness and a 1-800 suicide crisis hotline.⁹ According to the Florida Department of Veterans' Affairs, the VA spends nearly \$3 billion annually for mental health services nationwide.

The U. S. Department of Defense has an active suicide prevention program. 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.¹⁰ The Florida National Guard is currently developing improvements to its outreach program to assist returning members and their families in obtaining available VA healthcare.¹¹

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 service members and their family members.¹²

Current Suicide Rates Among Active Duty Servicemembers and Veterans are at Historically High Levels

Active duty Army suicides reached a reported historical high in 2008 at 20.2 per 100,000 soldiers.¹³ By contrast 2008 data indicates a national suicide rate of 11.1 per 100,000 and a rate of 14.7 per 100,000 for Florida.¹⁴

According to a recent study by the Rand Center for Military Health Policy Research, for military veterans, "There is consistent evidence that depression, PTSD (Post Traumatic Stress Disorder), and TBI (Traumatic Brain Injury) all increase the risk for suicide."¹⁵ Additional studies indicate that the development of PTSD is higher among servicemembers who have served multiple combat tours which is a hallmark of both Operation Iraqi Freedom (OIF) and Afghanistan's Operation Enduring Freedom (OEF).¹⁶ Servicemembers are also surviving brain injuries, including both physical trauma and concussion related injuries, at much higher rates than in

⁸ United States Department of Veterans Affairs, National Center for Posttraumatic Stress Disorder, website: http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_suicide.html (last viewed on January 14, 2010).

⁹ United States Department of Veterans Affairs, Mental Health website: <http://www.mentalhealth.va.gov> (last viewed on January 14, 2010).

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

¹¹ Id.

¹² 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.

¹³ Congressional Research Service Report, *United States Military Casualty Statistics: Operation Iraqi Freedom and Operation Enduring Freedom*, March 25, 2009 page 3.

¹⁴ Ibid, Florida Statewide Office of Suicide Prevention Annual Report.

¹⁵ Rand Center for Military Health Policy Research, Benjamin R. Karney, Rajeev Ramchand, Karen Chan Osilla, Leah B. Caldarone, and Rachel M. Burns, *Invisible Wounds, Predicting the Immediate and Long-Term Consequences of Mental Health Problems in Veterans of Operation Enduring Freedom and Operation Iraqi Freedom*, April 2008, page xxi.

¹⁶ Ibid, Rand, page 1.

previous conflicts. The possibility exists that TBI may be contributing to mental health disorders among an increasing population of combat injury survivors.¹⁷

The Rand report defines PTSD, Major Depressive Disorder (MDD), and TBI as:

- PTSD is an anxiety disorder that occurs after a traumatic event in which there was a threat of serious injury or death, and the individual's response involved intense fear, helplessness, or horror. Among civilians, approximately 8 percent of the population meets criteria for PTSD during their lifetime.
- MDD is a type of mood disorder that consists of several pervasive depressive symptoms that interfere with everyday life functioning. In the United States, about 16 percent of the adult population meets criteria for major depressive disorder.
- TBI is generally described as a trauma to the head that either temporarily or permanently disrupts the brain's function. There are three types of injuries to the brain that can be caused by a blast: primary blast injuries caused by wave-induced changes in atmospheric pressure; secondary blast injuries when objects put in motion by the blast hit people; and tertiary blast injuries when individuals themselves are put in motion by the blast and then hit some object. The majority of TBI seen in the civilian population is Mild TBI which is defined as an injury resulting in the loss of consciousness for up to 30 minutes; loss of memory of the events immediately before and after the accident for as much as 24 hours; becoming dazed, disoriented, or confused as a result of the accident; or any focal neurological deficits that may or may not be transient.¹⁸

From 5 to 15 percent of OIF and OEF service members are returning with PTSD, 2 to 10 percent with depression, and an unknown number may be suffering from TBI¹⁹ according to the Rand report.²⁰ Rand further states that, "[t]he presence of any one of these disorders predicts a greater likelihood that an individual will experience other psychiatric diagnoses as well. All three disorders increase an individual's risk for attempting suicide."²¹ An estimated 29,000 returning veterans residing in Florida may suffer from PTSD or some form of major depression.²² Recognition and early diagnosis of PTSD, MDD, and TBI is a major component in developing an effective suicide prevention program.

Barriers to Treatment

Research performed in conjunction with Senate Interim Reports 2008-145, *Florida Veterans' Healthcare Facilities and Outreach Services* and 2010-126, *Mental Health Services and Suicide Prevention Programs for Veterans in Florida* identified several perceived barriers to mental health treatment for Florida's veterans.

¹⁷ See Senate Project Report 2008-145, *Florida Veterans' Healthcare Facilities and Outreach Services*, October 2007 at http://www.flsenate.gov/data/Publications/2008/Senate/reports/interim_reports/pdf/2008-145ms.pdf, (last viewed on January 14, 2010).

¹⁸ Ibid, Rand, pages 5-7.

¹⁹ The Congressional Research Service (CRS) cites a Department of Defense figure of 43,799 OIF and OEF patients who have been diagnosed with a TBI injury in calendar years 2003 through 2007 in CRS' *United States Military Casualty Statistics: Operation Iraqi Freedom and Operation Enduring Freedom*, March 25, 2009. The Rand report finds fault with the quality of TBI prevalence data implying that TBI prevalence is significantly under reported.

²⁰ Ibid, Rand, page 127.

²¹ Id.

²² Florida Department of Veterans' Affairs and Florida Office of Drug Control, Green Paper, *Returning Veterans and Their Families with Substance Abuse and Mental Health Needs: Florida's Action Plan*, January 2009, page 5.

One barrier is a perceived stigma attached to those who seek treatment. Interviews conducted for Senate Interim Report 2008-145 at federal, state, and local veterans' healthcare and counseling facilities indicated a recurring theme that seeking treatment for mental health issues posed a potential threat to an individual's professional career. It is perceived that military personnel are more willing to "tough it out" rather than risk self identification of a mental health or suicide risk problem. It is possible that some may seek services outside the VA or military services in order to conceal a problem. However, seeking outside treatment is generally discouraged by military leadership.

Another barrier to veterans receiving treatment through the VA healthcare system is eligibility for federal veterans' benefits. Research for Senate Interim Report 2008-145 indicated that only about 30% of veterans are eligible for VA healthcare services. Eligibility is generally based on either identification of an individual's service connected medical condition or by virtue of a means test. Most veterans either do not qualify for VA healthcare services because of a lack of recognition of a service connected medical condition, they have resources that exceed the financial means test, or have other health insurance resources that substitute private sector treatment for available VA healthcare services.

However, the 17 Vet Centers operated by the VA in Florida perform mental health and counseling services for combat veterans and their families without formal entry in the VA healthcare system. The Vet Centers are operated separately from the VA healthcare system and principally require that the veteran has served in a combat theater whether engaged in actual combat or not.

Availability of VA mental health services and transportation is another perceived barrier. Senate Interim Report 2010-126 identified VA efforts to improve its availability of mental health professional staff. Larger VA medical facilities have resident mental health professionals on staff. Not all the Florida's Community Based Outpatient Clinics have continually resident mental health professionals on staff. Veterans in the VA healthcare system either must wait for a professional to visit periodically or be transported to a larger facility where mental health services are available. There is a perception among FDVA and Statewide Office of Suicide Prevention officials that veterans located in rural sections of the state may lack quick access to needed mental health and suicide prevention services.

Mental Health Services Demand

Florida's veterans' suicide prevention action plan estimates there may be as many as 29,000 recently returned veterans suffering from PTSD or severe depression.²³ It is unknown how many of these veterans may currently be receiving any needed mental health services either through the VA or the private sector.

It is likely that a successful veterans' suicide prevention outreach and awareness program will increase the demand for mental health services. For those veterans who qualify for VA benefits, federal resources would cover the cost of treatment. For those veterans who are not eligible for

²³ Florida Department of Veterans' Affairs and Florida Office of Drug Control, Green Paper, *Returning Veterans and Their Families with Substance Abuse and Mental Health Needs: Florida's Action Plan*, January 2009.

VA benefits, the cost of treatment would be borne by state or local sources or by the individual veteran.

III. Effect of Proposed Changes:

Suicide Prevention Pilot Project

Senate Proposed Bill 7032 establishes a veterans' suicide prevention pilot project, subject to the availability of public or private funding, to reduce the incidence of suicide among veterans. The Department of Veterans' Affairs, in partnership with the Statewide Office of Suicide Prevention and the Division of Community Colleges, is directed to establish the pilot project at a community college or vocational technical training facility in a rural section of the state considered underserved by the United States Department of Veterans Affairs.

The pilot project must:

- Provide outreach to veterans, their families, and the community in order to increase information on and access to services for veterans who are at risk of suicide;
- Develop a veteran-to-veteran peer support program; and
- Provide linkage and access assistance to veterans and their families for federal and local mental health services.

Pilot project staff may:

- Provide veterans' benefits assistance services;
- Organize and lead a veterans' peer-support program;
- Conduct liaison and outreach with federal and local mental health facilities;
- Conduct educational facility and community resource outreach to educate persons about the warning signs of suicide that may be unique to veterans; and
- Assist veterans and their spouses in obtaining needed mental health counseling services.

The department is directed to submit a project evaluation report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by March 1, 2013.

The bill provides a project expiration date of July 1, 2013.

Senate Proposed Bill 7032 amends s. 14.20195, F.S., to add one additional voting member to the Suicide Prevention Coordinating Council. The additional member will be appointed by the Governor. The bill requires that at least one of the five Governor appointees must be a veteran.

The bill provides an effective date of July 1, 2010.

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:

The pilot project may increase the demand for local community mental health services that will be unfunded unless the veteran and his or her family has private health insurance or qualifies for healthcare under certain federal or state programs. The total cost of such services is indeterminate at this time.

C. Government Sector Impact:

The department estimates the annual cost to fund one FTE staff member to be \$55,000 for salary and benefits. Program administrative costs are indeterminate. Senate professional staff estimates the total annual program cost to be in a range between \$80,000 and \$100,000 including staff salary and benefits.

The cost to add an additional member to the Suicide Prevention Coordinating Council is expected to be negligible.

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.

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