

Returning Veterans and Their Families with Substance Abuse and Mental Health Needs: **Florida's Action Plan**

***Green Paper** January 2009

Rear Admiral LeRoy Collins, Jr., USNR (Ret)
Executive Director
Florida Department of Veteran's Affairs



Colonel Bill Janes, USA (Ret),
Director
Florida Office of Drug Control and
Assistant Secretary, Department of
Children and Families – Substance
Abuse and Mental Health Programs



In collaboration with the Florida National Guard, the Agency for Health Care Administration, the Agency for Workforce Innovation, a returning veteran, as well as two non-profit agencies – the Florida Substance Abuse and Mental Health Corporation and one community substance abuse and mental health provider - Harbor Behavioral Health Center.

* In the Commonwealth of Nations, a "Green paper" is issued by the government and lays out policy, or proposed action, on a topic of current concern.

Returning Veterans and Their Families with Substance Abuse and Mental Health Needs **Florida's Action Plan**

January 2009

A Green Paper

[Executive Summary](#)

In May, 2008, The Substance Abuse and Mental Health Services Administration (SAMHSA) notified Governor Crist that Florida was approved to participate in *The Returning Veterans and their Families Strategic Planning Conference and Policy Academy*

initiative, called Florida Vets First is a web-based portal that links information from the VA and all the state agencies with veteran-related benefits and services.

The Florida Legislature also passed two bills in 2008:

- One that authorizes a statewide non-profit entity to collect and distribute funds to support veterans and their families in areas such as education, job training and housing assistance (House Bill 861, created s 292.055, Florida Statutes).

- A bill that provides service-disabled veteran small businesses a preference in state contracts (House Bill 687).

This Green paper was developed to summarize national and state statistics on OIF/OEF returning veterans and their families, their needs, the current services and supports available, identified gaps, and the Team's action plan to address their priority needs.

members of the National Guard or reservists.¹⁰ In some cases, the OIF/OEF veterans have been recalled three and four times to serve.¹¹ They have served for longer period of times than their earlier counterparts.¹²

GOALS OF THE STRATEGY

Florida's Veteran's Team developed a list of issue points to be addressed at the *The Returning Veterans and their Families Strategic Planning Conference and Policy Academy* and in the state's Veteran's Action Plan. The team agreed that the goals of the strategy must address:

- Ø How to identify and enroll all of Florida's Veteran's Administration (VA) eligible veterans into VA medical care;
- Ø How to address delays affecting care delivery to veterans new to VA medical care;
- Ø How to coordinate better with the VA to ensure mental health care is not aggravated by long wait times for appointments at VA facilities;
- Ø How to work with the VA so that Florida's veterans complete their full regimen of mental health care;
- Ø How to prevent suicides among returning veterans with substance abuse and/or mental health needs;
- Ø How to assist Florida's rural veterans, who may have difficulty traveling to VA facilities;
- Ø How to improve the state's outreach efforts to all returning veterans and their families so they are aware of all federal, state and local benefits and services to which they are entitled;
- Ø How to continue and improve efforts at reducing the stigma of Veterans seeking mental health care;
- Ø How to craft state laws that provide for coordination and communication among the various state agencies and the VA when providing mental health care, substance abuse and suicide prevention services to returning veterans; and
- Ø How to assist families of Florida's veterans.

THE NEED

National Statistics:

Approximately 50% of OIF/OEF returning veterans in Florida, who suffer from substance abuse problems and who need treatment, have not sought treatment.¹³

men.²⁰ There is nearly a 20% increase in confirmed active-duty suicides since 2006, according to an internal US Army report.²¹ In 2006, the suicide rate in the US Army reached its highest level in 26 years.²² While Florida's suicide rate among veterans has not reached this level, the Florida Veteran's Team concluded that it is the time to get ahead of this issue in Florida with the impending numbers of OIF/OEF veterans returning from combat. Additionally, studies have concluded that homeless veterans are at a higher risk than the general population for mental illness, substance abuse, and suicide.²³

Of the 1.7 million troops that have served in Iraq and Afghanistan since the beginning of the conflicts:

- o 799,800 have been discharged and eligible for VA care; and
- o 299,600 have gone to the VA for care.

Ø Of those 299,600:

- o Suffering from PTSD: 59,800; and
- o All mental disorders: 120,000.²⁴

Ø The second most common health concern, second only to musculoskeletal ailments (joint and back disorders) is mental disorders.²⁵

Ø From 15%-20% of all soldiers fighting in Iraq and Afghanistan show signs of depression or post-traumatic stress disorder, based on study of almost 2,300 soldiers finished last fall. That rate jumps to about 30% for soldiers who have been on three or four combat deployments.²⁶

Ø More than one quarter of US soldiers on their third or fourth tours in Iraq suffer mental health problems partly because troops are not getting enough time at home between deployments, the US Army said.²⁷

Ø Recent data from the Defense Medical Surveillance System reflecting self-assessments since

- Ø Fifty-three (53) percent of returning troops who met criteria for PTSD or major depression sought help from a provider for these conditions in the past year.³⁶
- Ø Therefore, nearly 50% of Florida's returning veterans who would benefit from substance abuse and/or mental health treatment, or 14,000 veterans, may not have sought proper care.³⁷

CURRENT SERVICES AND SUPPORTS

The VA provides the majority of benefits, such as disability compensation, educational benefits and health care, for Florida's returning veterans. The state's primary role, through the Florida Department of Veterans' Affairs (FDVA) and other state agencies, is to assist veterans to obtain federal benefits and services while avoiding duplication at the state level. However, Florida's leaders have long recognized the state has certain capabilities and responsibilities outside the federal scope of benefits and services. FDVA, in collaboration with many other state agencies and partners, offers non-clinical services to returning veterans, including veterans with substance abuse and/or mental health needs and their families.

Additionally, the Department of Children and Families – Substance Abuse and Mental Health (SAMH) Program, Florida's system that serves children and adults with SAMH needs, reviewed available data on individuals identified as veterans served in the Department's public SAMH service system. DCF is one of several state agencies that serve veterans with substance abuse and/or mental health needs. Other state agencies, such as the Agency for Health Care Administration, Department of Corrections, and the Department of Elder Affairs, provide services to eligible individuals, including veterans. The SAMH Program serves as many as 6,419 veterans.³⁸ Of those veterans served by SAMH, the diagnoses of these individuals were primarily depression, alcohol abuse, and cocaine dependence/abuse. In most cases, these veterans accessed traditional substance abuse and mental health services such as assessment, intervention, psychiatric/medication, case management, outpatient counseling, and crisis/emergency services.

IDENTIFIED GAPS

While returning veterans with substance abuse and mental health needs have access to quality treatment for their needs, the Florida Veteran's Team was concerned regarding the 47% of veterans who do not obtain necessary treatment. The RAND study³⁹ identified some access and quality gaps which may explain why there exists such a large number of returning veterans who have not sought or received proper mental health care.

Access gaps were primarily due to:

- Ø Stigma from colleagues or superiors relating to veteran seeking assistance
- Ø Other cultural factors
- Ø Long wait times for appointments at VA facilities that cater mostly to an older veteran population.

Quality gaps were due to:

- Ø Some returning veterans not completing their regimen of mental health care, as compared to their counterparts who received their full regimen of care.

The team identified the greatest needs for returning OIF/OEF veterans in need of substance abuse and/or mental health services and their families. These include:

1. **Enrollment** Services not Fully Utilized - Need for improved education, outreach, and access to available services and supports.

2. **Service/Benefit Gaps** – Some coordination and integration gaps between federal, state, and local governments and community based groups; need improved provider education on veteran-specific diagnoses and treatment limit the effectiveness and efficiency of treatment. Some rural or low-income veterans have difficulty obtaining transportation to VA facilities.

3. **Funding Reductions** - Florida's state system was recently hit by general revenue reductions, and the forecast is calling for additional budget cuts. With limited resources, it is imperative that Florida's Veteran's Team address issues that are budget-neutral, and prioritize those actions that have a fiscal

- Ø Study and support crisis intervention team (CIT) training to assist first responders identify veterans with special needs such as those at-risk for suicide, Post-Traumatic Stress Disorder, or to divert such veterans away from the criminal justice system;
- Ø Research the concept of “Veterans’ Mental Health Court” modeled after the current drug court system and reintegration issues with veterans released from the Department of Corrections; and
- Ø Explore proposal for the state to make outbound calls, supplementing the calls being made by the USDVA to returning veterans to ensure they are aware of their federal, state, and local benefits and services. This may be accomplished through a veterans peer support program where peer callers are trained extensively and maintain regular contact with returning veterans throughout the year.

The state will work to improve shared data capacity to identify all OEF/OIF returning veterans and assist them in enrolling for benefits and substance abuse and/or mental health services:

- Ø

the amount of funds available, and the feasibility of individual action steps, the team will implement the identified action steps. Protecting the safety of returning OIF/OEF veterans and their families in crisis through suicide prevention, and access to substance abuse and/or mental health services will be given the highest priority.

Strategy 4: PUBLIC AND POLITICAL WILL

Florida's Veteran's Team will request support from Governor Crist and his Cabinet for the action plan. The team will:

- Ø Sustain the Florida executive involvement - Obtain the support of elected leaders, the public, especially returning veterans and their families;
- Ø Ask Governor Crist to formalize the team into a Governor's task force or workgroup, so that the action plan may be implemented with the Governor's sponsorship; and
- Ø Conduct semi-annual Cabinet updates to obtain support for the action plan, to include funding for plan implementation when possible.

Florida's Veteran's Team will identify Regional/Community champions and engage the community to:

- Ø Identify and coordinate with existing community councils;
- Ø Identify and enlist regional/community champions. This would ensure the action plan filters down to the local level and that a familiar "local face" is part of the implementation; and
- Ø Provide community outreach and supply them with materials they need to assist to reach out to their community. The materials will be used for outreach to veterans and their families who are at-risk of suicide and who may benefit from substance abuse and/or mental health services. They will also be used to educate those in the community, such as doctors and first responders, on how to deal with the unique needs of veterans for whom they may come into contact.

The team will engage state leaders that have the ability to appropriate resources. They will:

Ø Published this Green paper

Florida's Veteran's Team will propose convening a Governor's Statewide Conference on Returning Veterans and Their Families. The team will:

Ø Develop a conference plan by March 2009. The team intends to conduct a statewide conference with guest speakers and policy discussions. The attendees would be returning veterans and their family members, elected officials, policy experts in mental health and substance abuse,

REFERENCES

¹ “Invisible Wounds – Mental Health and Cognitive Care Needs of America’s Returning Veterans” *RAND Center for Military Health Policy Research – Research Highlights* RAND Corporation, 2008, p.3, , available at <http://veteransrand.org>

² “Florida Application to the Returning Veterans and their Families Strategic Planning Conference and Policy Academy,” Florida Department of Veteran’s Affairs, Submitted to the Substance Abuse and Mental Health Services Administration, Tallahassee, May 2008, p. 1.

³ RAND Study, p. 2.

⁴ Florida Application to the Policy Academy, p. 1.

⁵ FDVA Veteran’s Statistics.

⁶ Jessica Zigmond, “Brain Drain,” *Modern Health, Special Report*, February 18, 2008, p. 1.

⁷ “Florida Department of Veteran’s Administration Veteran’s Statistics,” Florida Department of Veteran’s Affairs, Tallahassee, May 2008.

⁸ Zigmond, *Brain Drain*, p. 1.

⁹ FDVA Veteran’s Statistics.

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

¹³ RAND Study, p. 3.

¹⁴ Florida Application to the Policy Academy, p. 1.

¹⁵ Ibid, p. 1.

¹⁶ RAND Study, p. 2.

¹⁷ RAND Study, p. 3.

¹⁸ FDVA Veteran’s Statistics.

¹⁹ (<http://www.cbsnews.com/stories/2007/11/13/cbsnews-investigate/main/3498625shtml>) as quoted in “Department of Children and Families Staff Analysis and Economic Impact,” *Veterans Suicide Prevention Services Program Bill Analysis, March 2008*, p. 2.

²⁰ Zigmond, *Brain Drain*, p. 3.

²¹ Ibid., p. 1.

²² FDVA Veteran’s Statistics.

²³ Florida Application to the Policy Academy, p.1.

²⁴ Zigmond, *Brain Drain*, p. 3.

²⁵ Ibid., p. 1.

²⁶ “A Fifth of Soldiers at PTSD Risk,” *USA Today*, March 7, 2008, p. 1.

²⁷ “Soldiers Show Mental Strain From Combat Tours,” *Reuters*, March 6, 2008, p.1.

²⁸

³⁶ RAND, p.3.

³⁷ Florida Application to the Policy Academy, p.1.

³⁸ “Department of Children and Families – Substance Abuse and Mental Health Program Data Analysis”, *SAMH Number of Veterans Served – SAMH Data Warehouse*, March, 2008.

³⁹ RAND Study, p. 3.

⁴⁰ “The Returning Veterans and their Families Strategic Planning Conference and Policy Academy: Florida Action Plan,” Submitted to the SAMHSA, October 21, 2008.