

## Department of Planning and Budget 2008 Fiscal Impact Statement

**1. Bill Number:** SB297

House of Origin    ☐ Introduced    ☒ Substitute    ☐ Engrossed  
Second House      ☐ In Committee    ☐ Substitute    ☐ Enrolled

**2. Patron:** Puller

**3. Committee:** Finance

**4. Title:** Veterans Services; mental health program.

**5. Summary:** This bill requires the Commissioner of Veterans Services to establish, in cooperation with the Department of Mental Health, Mental Retardation and Substance Abuse Services and the Department of Rehabilitative Services, a comprehensive program to address the unique mental health needs of veterans, including post-traumatic stress disorder and traumatic brain injuries, and seek additional federal, state, and private sources of funding for such program.

**6. Fiscal Impact Estimates:** Preliminary.

**6a. Expenditure Impact:**

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2008	-	-	-
2009	\$2,939,911	5.0	GF
2010	\$2,939,911	5.0	GF
2011	\$2,939,911	5.0	GF
2012	\$2,939,911	5.0	GF
2013	\$2,939,911	5.0	GF
2014	\$2,939,911	5.0	GF

**7. Budget amendment necessary:** Yes, Item 427.

**8. Fiscal implications:** A recent Department of Defense study of the mental health needs of returning veterans finds that their behavioral health challenges come from two “emerging” signature injuries: post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). The current capacity of the existing community based mental health system of care is already stretched. The collective waiting lists for behavioral health services among the Community Services Boards in Virginia approach 6,000 residents. Based on the current rates of diagnosis and continuing trends in Virginia’s veteran population, the Commonwealth could expect a 15 to 20 percent surge in behavioral health consumers from the new veteran cohort, quadrupling current waiting lists. A similar rise in persons needing treatment and rehabilitation services for TBI should be anticipated.

Unless veterans are identified as having behavioral health or traumatic brain injury issues prior to discharge – or they are astute enough to seek evaluation at the time of discharge or

within the 24 month timeframe for healthcare coverage thereafter – they may not have access to the U.S. Department of Veterans Affairs services at the onset of behavioral deterioration. In many instances, behavioral healthcare issues do not manifest symptoms until months or years after exposure to trauma. Initial identification of need would likely come through existing community portals including law enforcement, emergency services, and family services. Initial response would come from emergency service capabilities of Community Services Boards (CSBs) and other community providers, placing demands on their resources and those of the Commonwealth.

This bill would address veterans' behavioral health and rehabilitative needs and carve out veterans as a target population through the establishment of a program with three operational components: state-level coordination, community coordination activities, and behavioral health and rehabilitation services. Creation of an Office of Post Deployment Support within the Department of Veterans Services would require 2 FTEs and \$191,655 for provision of state-level coordination. Community administration and capacity building efforts would be led by regional coordinators within the benefit services offices, providing outreach, education, and training. This component would require 3 FTEs and \$748,256.

The expansion of services for the veteran population with \$2.0 million in new state funding would initially be for only case management and outpatient support services. Four or more pilot sites would be chosen from among the 11 CSBs who have expressed interest in the program.

A federal grant or grants would be required to support an expansion of services. Recognition of this need or the availability of these grants has yet to be established at the federal level. The Department of Veterans Services is working with the Virginia Liaison Office to identify federal resources that could be available and there are several measures pending before Congress that may provide funding to address the addition of community services capacity.

- 9. Specific agency or political subdivisions affected:** Department of Veterans Services, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Rehabilitative Services, community services boards.

**10. Technical amendment necessary:** No.

**11. Other Comments:** This bill is similar to HB 475 and incorporates SB 304.

**Date:** 1/18/2008/jlv

**Document:** G:\08-10\FIS\SB297S1.Doc Janet Vogelgesang

cc: Secretary of Public Safety  
Secretary of Health and Human Resources