

Department of Planning and Budget 2008 Fiscal Impact Statement

1. **Bill Number:** SB304

House of Origin X Introduced ___ Substitute ___ Engrossed
Second House ___ In Committee ___ Substitute ___ Enrolled

2. **Patron:** Houck

3. **Committee:** Education and Health

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

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

6. **No fiscal impact.**

7. **Budget amendment necessary:** No.

8. **Fiscal implications:** Executive Order 19 (2006) calls on each agency to identify opportunities for improving services and addressing the continuum of care needs of disabled veterans. In pursuit of this objective, the Department of Veterans Services (DVS) has formed a partnership with the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and the Virginia Department of Rehabilitative Services (DRS) and developed a strategy to begin to improve access by Virginia's veterans to behavioral health and rehabilitative services and supports.

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 will 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.

9. Specific agency or political subdivisions affected: Department of Veterans Services, Department of Mental Health, Mental Retardation and Substance Abuse Services.

10. Technical amendment necessary: No.

11. Other comments: Related to this legislation, HB 475 and SB 297 (2008) require DVS to implement a strategy for a comprehensive program to address the unique mental health needs of veterans, including post-traumatic stress disorder and traumatic brain injuries. These bills address veterans' behavioral health and rehabilitative needs and carve out veterans as a target population. However, the expansion of services would initially be for only case management and outpatient support services at a cost of \$2.0 million annually. 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.

This bill is similar to HB 1064.

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