

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

***Green Paper** January 2009

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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.

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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* (CPA). Rear Admiral Leroy Collins, Jr., (USNR-Ret.), convened a team of representatives from five state agencies and two non-profit organizations in Florida. Admiral Collins serves as the Executive Director of the Florida Department of Veteran's Affairs, a Cabinet executive agency that advocates for Florida's 1.7 million veterans. Florida's Veteran's Team (the Team) includes representatives of the Florida Department of Veteran's Affairs, the Florida Office of Drug Control, the Department of Children and Families' – Substance Abuse and Mental Health Program, the Florida National Guard, the Agency for Health Care Administration – the State's Medicaid Agency, the Agency for Workforce Innovation, a returning veteran, an executive director of a community-based provider of veteran's services, and the executive director of the Florida Substance Abuse and Mental Health Corporation. Several consultations with external advisors occurred and included representatives from United States Department of Veteran Affairs (VA), Substance Abuse and Mental Health Services Administration, and the Department of Defense.

Florida's Veteran's Team worked to identify the needs of our returning veterans and their families both during initial meetings within Florida, as well as participated in *The Returning Veterans and their Families Strategic Planning Conference and Policy Academy* (CPA) from August 11 to 13, 2008, in Bethesda, Maryland.

As a result of its work, the Florida Veteran's Team developed an Action Plan to implement strategies addressing the issues presented at the Academy. Florida's Action Plan for Returning Veterans and their Families is a four (4) pronged strategy:

Strategies at a Glance:

Strategy 1: Outreach

Strategy 2: Continuum of Care

Strategy 3: Financing

Strategy 4: Public and Political Will

The action plan recognizes that veterans deployed in support of Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) are different from those from prior combat situations. With combat medical advances, veterans are returning with more complex physical and emotional disorders, such as Traumatic Brain Injuries and Post-Traumatic Stress Disorder, substance abuse and depression. In concert with the SAMHSA initiative, Florida's Veteran's Team focused on OIF/OEF returning veterans.

Florida's history of collaborative efforts among various agencies and organizations has improved the lives of veterans and their families. Important new initiatives are building upon Florida's support of returning OIF/OEF veterans and their families:

In April 2008, Governor Crist unveiled an unprecedented statewide outreach effort to educate the public on "information and benefits available to Florida's returning veterans and their families." This

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.

BACKGROUND

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.

The varied needs of veterans with substance abuse and mental health issues are pervasive, touching many aspects of our communities including community SAMH providers, homeless shelters, judicial system and the business community. State-level collaboration must translate to communities through more integrated systems of care to reach returning veterans and their families. For example, if a returning veteran seeks services at a public crisis stabilization unit in emotional distress, it is vital that the crisis workers identify the individual as a veteran and refer and link them up with state and federal services and benefits for which they may be entitled.

Returning veterans require priority access to quality treatment for combat-related injuries to include mental illness, substance abuse, and brain injuries. Forty-seven percent (47%) of veterans have not received necessary treatment¹ A recent RAND Study found that "53 percent of returning troops who met criteria for Post Traumatic Stress Disorder (PTSD) or major depression sought help from a provider for these conditions in the past year. The Florida Veteran's Team researched the major barriers to receiving treatment for OIF/OEF returning veterans and their families.

Of the 1.7 million service members and veterans to deploy in support of OIF/OEF, 156,390, or nearly 10 percent, call Florida home.² The RAND study³ reported that an estimated 18.5 percent of all service members and veterans returning from OIF/OEF suffer from PTSD or some form of major depression. Therefore, approximately 29,000 returning veterans in Florida may suffer from Post Traumatic Stress Disorder (PTSD) or some form of major depression. Approximately 14,000 veterans or 50% of Florida's OIF/OEF returning veterans who suffer from mental health and/or substance abuse problems, have not sought proper treatment.⁴

Returning veterans with mental health and substance abuse problems may run into problems in other areas of their lives such as homelessness and unemployment, or worse, crime or suicide. One-third of the nation's homeless individuals are veterans.⁵ Left untreated, individuals with substance abuse and/or mental health disorders, pose significant financial risks to communities that are already in the midst of budget reductions.

A Veteran committing suicide is the worst possible outcome of their mental health and substance abuse problems. Currently, veterans have a higher rate of suicide ranging from 17.5 to 22 per 100,000 as compared to the general population of 11 per 100,000 nationally.⁶ A study in the 2007 Journal of Epidemiology and Community Health⁷ reported that male veterans are twice as likely to die by suicide as non-military men. There is nearly a 20% increase in confirmed active-duty suicides since 2006, according to an internal US Army report.⁸ In 2006, the suicide rate in the US Army reached its highest level in 26 years.⁹ While Florida's suicide rate among veterans has not reached these levels, the Florida Veteran's Team emphasized that it is the time to get ahead of this issue in Florida.

Individually, Florida's state agencies and community partners provide services to individuals with substance abuse and mental health needs, including veterans. Services and health care are provided to veterans through United States Department of Veteran Affairs (VA) hospitals, outpatient facilities, vet centers and to a lesser extent, by community-based not-for-profit substance abuse and mental health providers. Participants in this vast system work together to make referrals and link returning veterans to benefits and services.

Veterans who returned from deployment in support of OIF/OEF are facing different challenges than those from prior conflicts. With medical advances, veterans who survived combat are returning with more complex physical and emotional disorders, such as Traumatic Brain Injuries and PTSD.. Over one half of the OIF/OEF veterans were not full-time active military prior to this deployment – they were

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:

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

THE NEED

National Statistics:

Approximately 50% of OIF/OEF returning veterans in Florida, who suffer from mental health and/or substance abuse problems and who need treatment, have not sought treatment.¹³ Florida has the 2nd largest per capita veteran population in the nation with approximately 1.7 million veterans and is in the forefront of issues to meet the growing needs of this vast and diverse veteran population.¹⁴ Furthermore, of the 1.7 million service members and veterans to deploy in support of OIF/OEF, 156,390, or nearly ten percent, call Florida home.¹⁵ Governor Charlie Crist and the Florida Veteran's Team is focused on addressing the needs of returning veterans and their families.

A recent RAND Corporation study titled "Invisible Wounds: Mental Health and Cognitive Care Needs of America's Returning Veterans" found that an estimated 18.5 percent of all service members and veterans returning from OIF/OEF suffer from Post Traumatic Stress Disorder (PTSD) or some form of major depression.¹⁶ Therefore, approximately 29,000 returning veterans in Florida may suffer from these conditions. The study also found that "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," which calculates to 14,000 of Florida's returning veterans from OIF/OEF, who may not have sought proper care.¹⁷

SAMHSA and the National Institute for Drug Abuse have repeatedly concluded that PTSD and depression are both risk factors for substance abuse, and in some cases, suicide. The VA recently testified before Congress that the suicide rate among OIF/OEF veterans under VA care from 2002 to 2005 was 17.0 per 100,000 compared to 24.0 per 100,000 for such veterans who were not enrolled with the VA.¹⁸ Veterans have a higher rate of suicide ranging from 17.5 to 22 per 100,000 as compared to the general population of 11 per 100,000 nationally.¹⁹ A study in the 2007 Journal of Epidemiology and Community Health reported that male veterans are twice as likely to die by suicide as non-military

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:

- 799,800 have been discharged and eligible for VA care; and
 - 299,600 have gone to the VA for care.
- Of those 299,600:
- Suffering from PTSD: 59,800; and
 - All mental disorders: 120,000.²⁴
- The second most common health concern, second only to musculoskeletal ailments (joint and back disorders) is mental disorders.²⁵
- 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
- 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
- Recent data from the Defense Medical Surveillance System reflecting self-assessments since June 2005 of service members, who had served in Iraq, show that 50% of US Army National Guardsmen and some 45% of US Army and Marine reservists have reported mental health concerns.²⁸
- Of those using VA health care, 30% suffer from depressive symptoms, 2-3x the rate of the general population.²⁹
- According to the National Survey on Drug Use and Health Report, one quarter of veterans age 25 and under suffered from substance abuse disorders in the preceding year, with those from low-income families being extremely vulnerable.³⁰
- Substance abuse disorders remain one of the three top diagnoses in the VA system (Dr. Richard T. Suchinsky, DVA, Chief for Addictive Disorders).³¹
- VA has a total mental health workforce of almost 17,000 employees. Total mental health spending for Fiscal 2008 is roughly \$3.6 billion. The VA has hired 3,800 mental health workers since 2005, and is funded to hire an additional 500 mental health workers.³²
- In 2007, there was one practitioner for every 734 soldiers compared with one per 658 soldiers in 2006.³³

Florida's Need:

- Nearly ten percent of the 1.7 million service members and veterans to deploy in support of the OIF/OEF, or 156,390 veterans call Florida home.³⁴
- An estimated 1 out of 5 of all service members and veterans returning from OIF/OEF, or 18.5%, suffer from PTSD or some form of major depression.³⁵
- Approximately 29,000 returning veterans in Florida may suffer from these conditions.

- 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
- 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:

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

Quality gaps were due to:

- 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 impact.

4. **Need for Infrastructure/Authority** - Florida's Veteran's Action Plan is not housed within one entity. The leadership for this plan and for the actions of the team members must be directed by one central authority such as a Governor's task force, with buy-in from political officials, employers and the community. Therefore, this Green paper provides the policy parameters and recommendations for Governor Crist and his cabinet. Public and political will are essential for the team will implement the approved action plan at the state level and infuse these actions into our local communities.

FLORIDA'S ACTION PLAN

The Action Plan⁴⁰ represents Florida's commitment to meet the needs of our returning veterans and their families. Coordination for veterans among the agencies, organizations, and their representatives on the team continues to expand, and implementation of the Action Plan will proceed with the same spirit of cooperation.

The Florida Veteran's Team started developing the action plan during the Veteran's Policy Academy with the goal of sustaining the discussion and efforts of the team beyond the conclusion of the Academy.

The Florida Veteran's team reviewed the identified needs and gaps for returning veterans and their families. The team proposed four broad priorities that were designed to address those identified needs. These priorities were further expanded into strategies and action steps. The team then conducted a feasibility study of each individual action step to determine which ones required the team's attention and resources moving forward. The team designed the action plan to focus on action steps with high feasibility and high impact. Action steps with a lower feasibility ranking are marked as such below.

Needs and Strategies at a Glance:

Strategy 1: Outreach

Strategy 2: Continuum of Care

Strategy 3: Financing

Strategy 4: Public and Political Will

Strategy 1: OUTREACH

The state will use multimedia resources to encourage returning veterans and their families to seek available services and benefits and to combat prolonged depression, PTSD, substance abuse, and prevent suicides. The Veteran's Team will:

- Develop Public Service Announcements and Commercials; and
- Enhance the Florida Vets First Portal website to highlight substance abuse and mental health issues.

The state will explore the feasibility of new ways to make individual contacts with OIF/OEF returning veterans and their families to help them access services and benefits and prevent suicides:

- Provide certified benefits claims examiners at each of Florida's 39 state universities and colleges through campus "vet reps";

- 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;
- 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
- 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:

- Identify all Florida OEF/OIF returning veterans;
- Determine USDVA enrollment status; and
- Enroll every eligible OIF/OEF returning veteran in the USDVA.

Strategy 2: CONTINUUM OF CARE

The team will identify gaps in the Veteran and Community-Based Mental Health/Substance Abuse Service System. They will identify system gaps from three differing perspectives:

- VA hospitals and Veteran’s Centers;
- Community-based SA and MH providers; and
- Family members of returning OIF/OEF veterans.

Florida’s Veteran’s Team will identify present system capacity by assessing services available within the:

- VA; and
- Contracted DCF and partner community-based substance abuse and mental health providers.

The team will provide education and training to health care providers through:

- Development of reports/tool kit to inform the two systems of what they are able to offer one another, where there are gaps, and points of collaboration;
- Dissemination of the report/tool kit to VA hospitals, veterans’ centers and community-based SAMH providers.

Strategy 3: FINANCING

The Florida’s Veterans Team will recommend a comprehensive funding system for returning OIF/OEF veterans and their families. The team will:

- Identify health care treatment gaps that could be covered by Florida Medicaid, such as development of a Medicaid waiver, managed care arrangement or a state plan amendment. If a health care treatment gap is identified, the team will need to explore the feasibility of obtaining funding and support by the Florida Legislature to expand coverage;
- Develop strong federal grant writing capability by pooling the resources of state agencies to search, write, and apply for federal grants. With the state facing another round of possible budget cuts, federal grants may be the only way to finance any of the feasible action steps included in the action plan; and
- Identify funding priorities. Once funding is identified to operationalize all or parts of the action plan, prioritizing the funding will be important for successful implementation. Based on

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:

- Sustain the Florida executive involvement - Obtain the support of elected leaders, the public, especially returning veterans and their families;
- 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
- 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:

- Identify and coordinate with existing community councils;
- 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
- 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:

- Brief and engage legislative leaders, Council of 100, and other leading business groups and non-profits. The team will reach out to the Legislative branch for support and funding, similar to the approach with Governor Crist and his Cabinet, as well as to groups outside of the public financing system.

Florida's Veteran's Team will gain veterans' approval and support. They will:

- Coordinate with statewide veteran leadership group. FDVA meets monthly with leaders from the various veteran organizations in the state. These veteran leaders represent about 25 percent of the veteran population in Florida and play key roles in outreach, education, and advocacy through their network of local chapters and through their backing of important events such as Veterans' Day and Memorial Day;
- Conduct an annual survey. The team will conduct an annual survey of returning OIF/OEF veterans to ensure the action plan is meeting the needs of returning veterans with substance abuse and/or mental health needs; and
- Review media reports on veteran satisfaction with action plan implementation and the veterans' assistance systems. FDVA currently monitors news reports daily for articles about veterans' issues in Florida. Continuing to keep a watchful eye on returning veterans concerns would ensure their needs are being met by the action plan and the system of federal, state, and local veterans' benefits.

Florida's Veteran's Team will seek the approval of Governor Crist and Cabinet on this issue and involve the public by publishing this Green paper. The team has:

- Developed a unified document that outlines the problems facing returning veterans and their families and provides potential policy solutions;

- 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:

- 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, community leaders and regional "champions", and anyone else from the general public interested in this issue; and
- Conduct conference by December 2009, contingent upon available funding for this event.

SUMMARY AND RECOMMENDATIONS

Florida's Veterans' Action Plan for returning Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) veterans with substance abuse and/or mental health needs and their families is a multi-faceted, multiagency plan that requires executive level support to sustain. The broad-spanning nature of the needs of our communities' returning veterans and their families, and the prevalence of their substance abuse and mental health needs has strong consequences for entire communities. Veterans, including OIF/OEF veterans, are at much greater risk for suicide than their non-military friends and neighbors. Untreated substance abuse and mental health needs often leads to crisis for returning veteran and for their entire family, including risk of suicide. Untreated substance abuse and mental health needs of our veterans impacts employers, businesses, and increases the long-term costs of crisis services, hospitalization, jails, and prisons.

Florida's Veteran's Team, comprised of five state agencies, a returning veteran and community partners, joined together to research the needs of returning OIF/OEF veterans and their families, to identify the current services and supports that are in place to help meet their needs, as well as gaps in services. The team developed a proposed action plan to meet those identified needs.

Strategy 1: Outreach;

Strategy 2: Continuum of Care;

Strategy 3: Financing; and

Strategy 4: Politics and Political Will.

Florida's Veteran's Team respectfully requests that Governor Crist and the members of the state Cabinet endorse this action plan and direct the team to implement these strategies. The team recognizes that several of these actions may have a fiscal impact, and understands that Legislative action would be required to obtain additional funding for those actions.

REFERENCES

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- 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 Defense Medical Surveillance System, Post Deployment Health Self-Assessment Since June 2005 of Service Members Who Had Served in Iraq, as quoted in Leonardo, Doug, “Behavioral Health Veteran’s Information,” *Behavioral Health Services for Veterans and their Families*, February, 2008, p.1.
- ²⁹ Leonard, Doug, Power Point Presentation, “Welcome to the Veteran Services Town Hall Meeting.”
- ³⁰ Benderley, Beryl Lieff, “Veterans and Their Families, A SAMHSA Priority,” *Substance Abuse and Mental Health Services Administration News*, January/February 2008, Volume 16, Number 1.
- ³¹ FDVA Veteran’s Statistics.
- ³² Ibid.
- ³³ Ibid.
- ³⁴ Florida Application to the Policy Academy, p.1.
- ³⁵ RAND, p.2.

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.