

Veterans Affairs

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Joint Committee on Finance

Paper #650

Veterans Outreach and Recovery (Veterans Affairs)

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CURRENT LAW

The Department of Veterans Affairs (DVA) currently administers the veterans outreach and recovery program (VORP) that provides outreach, treatment and support to veterans that have mental health conditions. VORP is a case management program that works with participants to identify issues and barriers that may prevent them from achieving their goals. VORP field staff work with community partners and professionals to assist participants with accessing mental health services, substance use treatment, financial assistance, housing and utilities, claims and benefits assistance, and employment and education.

VORP's current staff of 14.0 positions include 11.0 outreach specialists, 1.0 clinical director and 2.0 outreach supervisors. VORP services are currently available in all of Wisconsin's 72 counties, and each outreach specialist position (field staff) is assigned to one of 11 geographic regions of the state. VORP field staff attempt to develop trusting relationships with veterans who need mental health services, and work with them wherever they live, which may include homeless shelters, motels, cars they consider to be their homes, and outdoor locations.

The program is currently funded in three SEG appropriations funded by the veterans trust fund, as shown in the following table.

Current VORP Funding and Positions, By Appropriation

<u>Appropriation</u>	<u>No. of FTE Positions</u>	<u>Funding</u>
Veterans Outreach and Recovery	8.0	\$718,700
Administration of Loans and Aids to Veterans	5.0	544,800
Veterans Assistance	<u>1.0</u>	<u>89,300</u>
Total	14.0	\$1,352,800

DISCUSSION POINTS

1. In 2008, the RAND Corporation, Center for Military Health Policy Research published a comprehensive study of the post-deployment health-related needs associated with post-traumatic stress disorder (PSDT), major depression, and traumatic brain injury (TBI) among veterans that had served in Operations Enduring Freedom and Iraqi Freedom. The final report, *Invisible Wounds of War -- Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery, and Services*, documented the high prevalence of these and other mental health conditions among veteran returning from these conflicts.

2. The study's authors concluded that, while most of these veterans returned home without problems and were able to readjust to civilian life successfully, the rates of PTSD, major depression, and probable TBI are relatively high, compared with the general U.S. population. Specifically, a telephone survey of 1,965 previously deployed individuals found substantial rates of mental health problems, including 14% screening positive for PTSD, 14% for major depression, and 19% reported a probable TBI during deployment. The authors note that although major depression is not considered a combat-related injury, it is highly associated with combat exposure.

3. The U.S. Department of Veterans Affairs (USDVA) provides mental health care for conditions such as PSDT, depression, and substance abuse disorders in various settings, including medical centers, community-based outpatient clinics, and rehabilitation treatment programs. In its most recent annual state report, USDVA indicates that, as of September 30, 2017, there were three USDVA facilities providing inpatient care and 19 sites providing outpatient care in Wisconsin.

4. USDVA also provides counseling services that focus on mental health issues through its Vet Centers, a nationwide system of community-based centers that USDVA established separately from other facilities. Vet Centers provide a wide range of social and psychological services, including: (a) individual and group counseling for veterans, service members, and their families; (b) family counseling for military-related issues; (c) bereavement counseling for families who experience an active duty death; (d) military sexual trauma counseling and referral; (e) outreach and education; (f) substance abuse assessment and referral; (g) employment assessment and referral; (h) veterans benefits explanations and referral services; and (i) screening and referral for medical issues, including TBI and depression. Many Vet Centers counselors and outreach staff are veterans who are able to share common experiences with other veterans. All services provided by Vet Centers are free and confidential. There are four Vet Centers in Wisconsin, located in the cities of Madison, Milwaukee, La Crosse, and Wausau. Other Vet Centers in Evanston, and Rockford, Illinois and St. Paul and Duluth, Minnesota are available to serve Wisconsin veterans that reside in border areas.

5. In addition to offering counseling services through the Vet Centers, USDVA offers several toll-free hotlines. The national call center for homeless veterans and veterans that are at risk of becoming homeless, offers free confidential services by trained counselors, 24-hours a day, seven days a week (24/7). A veterans crisis line offers free, 24/7 confidential counseling services to veterans who are in crisis, including those who may be considering suicide. A war vet call center offers free 24/7 counseling services to combat veterans and their families who wish to talk about their military experience or any issue they face as they readjust to civilian life.

6. In 2011, the U.S. General Accountability Office (GAO) published a report that discussed barriers veterans face in accessing mental health services from the U.S. Department of Veterans Affairs. Based on its review of studies and corroborated through interviews, GAO concluded that these barriers include stigma, lack of understanding or awareness of mental health care, logistical challenges to accessing mental health care, and a belief among veterans that USDVA's services are primarily targeted to older, male veterans.

7. The USDVA offers many services to veterans with mental health issues, ensuring that veterans are aware of these services. In addition, county human services departments are responsible for providing mental health services to county residents. However, seeking out veterans, and convincing them to take advantage of available services, and providing case management and follow-up to veterans with mental health conditions is the primary purpose of VORP.

8. In its 2021-23 budget request, DVA did not seek additional positions or funding for VORP. However, the Governor's budget bill would provide: (a) \$599,700 SEG in \$716,300 SEG in 2022-23 to support 7.0 SEG positions, beginning in 2021-22, to increase services provided under VORP; and (b) \$100,000 SEG annually to fund veterans suicide prevention activities. As part of this proposal, the bill would reduce funding by corresponding amounts in other DVA appropriations to offset the cost of the VORP expansion as follows: (a) \$549,700 SEG in 2021-22 and \$666,300 in 2022-23 for the veterans tuition reimbursement program; and (b) \$150,000 SEG annually for the assistance to needy veterans program. Base funding for these two programs exceeds the administration's estimates of the funding that will be required to fully fund tuition assistance and assistance to needy veterans in the 2021-23 biennium, based on historical spending for these programs.

9. Of the 7.0 new positions, 2.0 positions would be outreach and recovery regional coordinators (ORRCs), 1.0 assigned to serve the Southeastern Wisconsin region (Milwaukee, Racine, Kenosha, and Waukesha Counties) and 1.0 assigned to serve the Green Bay and Fox Valley region (Brown, Outagamie, and Manitowoc Counties). DVA indicates that these areas have the greatest staffing needs, as measured by the total number of veterans, estimates of homeless veterans, and current high VORP caseloads.

10. DVA considers that, in order to provide adequate services, ORRCs should each have average caseloads of 10 to 12 enrollees. However, prior to the COVID-19 pandemic, DVA reported that some average ORRCs had caseloads of nearly 30 veterans. Although the ORRCs' current average caseload is 12, DVA indicates that caseloads are increasing, and anticipates that caseloads will increase as certain pandemic-related measures, such as the moratorium on evictions, are rescinded.

11. In 2019-20, the program provided services to 639 individuals. Of these, 80 VORP clients received ongoing case management services from the staff (12%), while the rest received more limited case coordination and referral services.

12. In addition, the Governor recommends providing 3.0 FTE clinical coordinator positions and 2.0 FTE (4.0 half-time) outreach specialist positions. Clinical coordinators are

licensed clinical social workers who train all VORP staff in behavioral health and motivational interviewing, consult with ORRCs on all cases, conduct behavioral assessments, and assures that the program complies with local, state, and federal laws, and serves as a liaison with medical and behavioral health providers. The outreach specialists would provide support services such as intakes, referrals and follow-up, which would provide the ORRCs additional time to provide comprehensive case management services to veterans with the highest needs.

13. On April 23, the Department of Administration submitted several proposed modifications to the Governor's bill for the Committee's consideration. Among these was a request to consolidate base positions and funding for VORP in one appropriation by transferring \$548,600 and 5.0 positions from the DVA loans and assistance administration appropriation and \$141,200 and 1.75 positions from the veterans assistance appropriation. Note that the administration's requested funding and position transfer requests differ somewhat from current base funding and position authority, as shown in the table on page 1. The April 23 request is based on a reassessment of base resources associated with the program.

14. Several options could be considered by the Committee. First, to improve budgeting transparency and to reflect the administration's lapse estimates, the Committee could: (a) adopt the administration's request to consolidate funding for the program in one appropriation, as described in Discussion Point 13; and (b) reduce funding by \$549,700 SEG in 2021-22 and \$666,300 in 2022-23 for the veterans tuition reimbursement program and reduce funding by \$150,000 SEG annually for the assistance to needy veterans program (Alternative A1).

15. With respect to staffing for VORP, the Committee could provide all 7.0 positions recommended by the Governor, and provide \$599,700 SEG in 2021-22 and \$716,300 SEG in 2022-23 to support these positions (Alternative B-1). Alternatively, the Committee could instead provide 4.0 additional positions to expand the VORP program (2.0 ORRC positions, 1.0 clinical coordinator position and 1.0 FTE (2.0 half-time) outreach specialist positions), under Alternative B-2. Finally, the Committee could determine that current staffing for the program is sufficient and maintain current staffing for the program (Alternative B-3). In addition, the Committee could choose to approve the Governor's proposed funding increase for suicide prevention activities (Alternative C-1) or take no action on this component (Alternative C-2).

16. A September, 2020, report prepared by Prevent Suicide Wisconsin, in Partnership with the Wisconsin Department of Health Services, Mental Health America of Wisconsin and the Medical College of Wisconsin provides data on suicides in Wisconsin and offers a suicide prevention plan for the state. The report notes that:

- The suicide rate among Wisconsin residents increased by 40% between 2000 and 2017, from 10.9 per 100,000 in 2000 to 15.3 per 100,000 in 2017.
- In 2017, the suicide rate among males (24.3 per 100,000) was nearly four times greater than the rate for females (6.5 per 100,000)
- From 2013 to 2017, 714 veterans died of suicide in Wisconsin, which accounted for approximately one in every five suicides in the state.

- The average age of veteran suicide deaths (59) was significantly higher when compared to suicide deaths of non-veterans (43). Further, the proportion of the state total of suicides that were veterans from 2013 to 2017 increased with age. For example, 8% of suicides among those ages 35 through 44 were veterans, whereas 72% were veterans among those ages 85 and older.

17. Since the segregated veterans trust fund (VTF) is funded primarily by a GPR sum sufficient appropriation that supplements other VTF segregated revenues, any increase in SEG spending from the veterans trust fund will increase the amount expended from the GPR supplemental appropriation by a corresponding amount. Consequently, Alternatives B-1, B-2, and C-1 would increase estimates of the amount of these supplements to reflect these spending increases from the VTF.

ALTERNATIVES

A. Consolidate Base VORP Appropriations and Expenditure Reestimates

1. Adopt the administration's recommendation, as stated in its April 23 memorandum to the Committee, to transfer \$548,600 SEG annually and 5.0 SEG positions, beginning in 2021-22, from the DVA appropriation for the administration of loans and aids and \$141,200 SEG annually and 1.75 SEG positions, beginning in 2021-22, to the VORP appropriation (\$689,800 SEG annually and 6.75 SEG positions, beginning in 2021-22) to consolidate funding for the VORP program in one DVA appropriation.

Further, adopt the administration's recommendation, as included in the Governor's 2021-23 budget, to reduce funding by \$549,700 SEG in 2021-22 and \$666,300 SEG in 2022-23 for the veterans tuition reimbursement program and to reduce funding by \$150,000 SEG annually for the assistance to needy veterans program to reflect the administration's estimates of the amount needed to fully fund benefits and services supported by these appropriations.

ALT A1	Change to Base
SEG	- \$1,516,000

2. Take no action.

B. VORP Staff

1. Provide \$599,700 SEG in 2021-22 and \$716,300 SEG in 2022-23 to support an additional 7.0 SEG positions, beginning in 2021-22, to increase staffing for VORP. Increase estimates of GPR transferred to the VTF by corresponding amounts.

ALT B1	Change to Base	
	Funding	Positions
GPR	\$1,316,000	0.00
SEG	<u>1,316,000</u>	<u>7.00</u>
Total	\$2,632,000	7.00

2. Provide \$230,800 SEG in 2021-22 and \$295,000 SEG in 2022-23 to fund 4.0 SEG positions, beginning in 2021-22 to increase staffing for VORP. Increase estimates of GPR transferred to the VTF by corresponding amounts.

ALT B2	Change to Base	
	Funding	Positions
GPR	\$525,800	0.00
SEG	<u>525,800</u>	<u>4.00</u>
Total	\$1,051,600	4.00

3. Take no action.

C. Suicide Prevention

1. Provide \$100,000 SEG annually, beginning in 2021-22, to fund suicide prevention and awareness activities. Increase estimates of GPR transferred to the VTF by corresponding amounts. Require DVA to expend at least \$100,000 annually under VORP to promote suicide prevention and awareness by providing outreach, mental health services, and support to individuals who are members of traditionally underserved population, including minority groups and individuals who reside in rural areas of the state. Authorize DHS to enter into contracts to provide services for this purpose.

ALT C1	Change to Base
GPR	\$200,000
SEG	<u>200,000</u>
Total	\$400,000

2. Take no action.

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Veterans Affairs

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<u>Item #</u>	<u>Title</u>
4	Veterans Service Office Grants
6	Chippewa Falls State Veterans Home Operations
7	Veterans Home at King -- Transfer Base Funding to Unallocated Reserve
8	Union Grove Assisted Living Facility Budget Authority and Positions
10	Cemetery Staffing Consolidation