

Department of Legislative Services
 Maryland General Assembly
 2018 Session

FISCAL AND POLICY NOTE
 Third Reader

Senate Bill 911 (Senator Waugh, *et al.*)
 Education, Health, and Environmental Affairs Health and Government Operations

Veteran Suicide Prevention - Comprehensive Action Plan

This bill requires the Maryland Department of Veterans Affairs (MDVA) to develop a comprehensive action plan to increase access to and availability of professional veteran health services to prevent veteran suicides. By July 1, 2019, MDVA must report to the Governor and the General Assembly on any statutory, administrative, and budgetary changes needed to implement the action plan. The action plan must include (1) short-term initiatives and reforms and a plan for implementation beginning by July 1, 2020, and (2) long-term initiatives and reforms and a plan for implementation beginning by July 1, 2022. **The bill takes effect July 1, 2018, and terminates June 30, 2028.**

Fiscal Summary

State Effect: General fund expenditures increase by \$123,000 in FY 2019 for personnel to develop the plan; out-years reflect ongoing costs. General fund expenditures further increase beginning in FY 2021, by a potentially significant amount, to implement the plan (not reflected below). Revenues are not affected.

(in dollars)	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	123,000	118,100	121,900	126,200	130,600
Net Effect	(\$123,000)	(\$118,100)	(\$121,900)	(\$126,200)	(\$130,600)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary:

Required Action Plan

The action plan developed under the bill must:

- identify opportunities for raising awareness of and providing resources for veteran suicide prevention;
- identify opportunities to increase access to veteran mental health services;
- identify funding resources to provide accessible and affordable veteran mental health services;
- provide measures to expand public-private partnerships to ensure access to quality and timely mental health services;
- provide for proactive outreach measures to reach veterans needing care;
- provide for peer-to-peer service coordination, including training, certification, recertification, and continuing education for peer coordinators; and
- address suicide prevention awareness, measures, and training regarding veterans involved in the justice system.

MDVA must collaborate with specified interested parties in developing the plan. MDVA must implement the short-term initiatives and reforms in the plan by June 30, 2022, and must implement the long-term initiatives and reforms in the plan by June 30, 2028.

Current Law/Background: In August 2016, the U.S. Department of Veterans Affairs (VA) released a report titled *Suicide Among Veterans and Other Americans (2001-2014)*. The report was the largest analysis of veteran suicide rates in the United States to date. The report found that, nationally, in 2014:

- an average of 20 veterans died by suicide each day;
- veterans constituted 8.5% of the U.S. adult population (ages 18 and older), yet accounted for 18% of all deaths by suicide among U.S. adults;
- about 67% of all veteran deaths by suicide were caused by firearms;
- about 65% of all veterans who died by suicide were ages 50 and older;
- after adjusting for differences in age and sex, the risk for suicide was 22% higher among veterans compared with U.S. civilian adults;
- after adjusting for differences in age, the risk for suicide was 19% higher among male veterans compared with U.S. civilian adult men;

- after adjusting for differences in age, the risk for suicide was 2.5 times higher among female veterans compared with U.S. civilian adult women; and
- rates of suicide were highest among younger veterans (ages 18 to 29) and lowest among older veterans (ages 60 and older).

VA also reported state-specific information. According to VA, for Maryland in 2014:

- there were a total of 89 veteran suicides, resulting in a veteran suicide rate of 23.1 per 100,000 (compared to the national veteran suicide rate of 38.4 per 100,000 and a rate of 12.8 per 100,000 for the overall Maryland population);
- about 35% of veteran suicides were by adults ages 55 to 74; and
- about 70% of veteran suicides were caused by firearms.

U.S. Department of Veterans Affairs Suicide Prevention Outreach

MDVA advises that data from VA indicate that VA spends approximately \$7.30 per veteran on suicide prevention outreach annually. Thus, MDVA estimates that VA is spending approximately \$2.9 million per year in the State on suicide prevention outreach. This does not include mental health care treatment.

Outreach and Advocacy Program

The MDVA Outreach and Advocacy Program is tasked with developing strategies to identify and inform veterans about benefits and services that are available from federal, State, and local organizations, as well as solicit feedback from veterans regarding their requests and needs for additional services. The program works closely with multiple local, State and federal agencies, and nonprofit organizations to coordinate efforts to locate and inform Maryland's veterans, as well as to expand benefits and services available. The program is also responsible for MDVA's electronic newsletter, MDVA's website, Welcome Home Maryland Veterans mailings (an informational packet sent to all veterans returning to Maryland), MDVA's social media presence, and other communications and public relations functions.

Maryland Veterans Service Animal Program

Chapter 416 of 2017 established the Maryland Veterans Service Animal Program. The program is designed to refer eligible veterans to selected nonprofit organizations to be paired with "service dogs" or "support dogs" and facilitate their training. MDVA must select at least one nonprofit program that meets specified qualifications to carry out elements of the program. One of the stated purposes of the program is to assist in the reduction of the Maryland veteran suicide rate.

Legislation in Other States

Several states have passed legislation related to veteran suicide prevention. In 2017, Texas passed legislation containing provisions similar to the bill requiring the state, in collaboration with several state and federal entities, to develop an action plan for preventing veteran suicide. The plan must include specific long- and short-term recommendations.

State Expenditures: General fund expenditures increase by a minimum of \$122,970 in fiscal 2019, which accounts for the bill’s July 1, 2018 effective date. This estimate reflects the cost of hiring one full-time program director to oversee the development and subsequent implementation of the plan. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses. While the bill terminates June 30, 2028, this analysis assumes that the program director would be in place for at least 10 years and ultimately would be responsible for the ongoing implementation of any veteran suicide prevention efforts that may continue past the bill’s termination date.

Position	1
Salary and Fringe Benefits	\$117,455
One-time Start-up Expenses	4,890
Ongoing Operating Expenses	<u>625</u>
Total FY 2019 General Fund Expenditures	\$122,970

Future year expenditures reflect a salary with annual increases and employee turnover and ongoing operating expenses.

This estimate *does not* reflect the cost of any additional staff or contractual services that may be necessary to carry out the plan once short- and long-term initiatives and reforms are identified and implemented.

MDVA advises that, in order to meet what it interprets to be the requirements of the initiatives and reforms outlined under the bill, it would need to hire seven additional long-term contractual employees beginning in fiscal 2020, at an annual cost of more than \$600,000. However, the Department of Legislative Services notes that the bill does not require MDVA to directly implement the plan, and that the specific elements of the plan have not yet been determined. Thus, while general fund expenditures may increase by \$600,000 or more beginning in fiscal 2020 to implement short-term initiatives and reforms, a specific estimate of the cost is not available at this time.

Additional Comments: Dates for the implementation of various stages of the plan under the bill are conflicting. This analysis assumes that MDVA reports to the Governor and the General Assembly any statutory, administrative, and budgetary changes required to

implement the initiatives and reforms included in the action plan developed under the bill by July 1, 2019. Accordingly, funding and any statutory changes necessary for implementation of the short-term initiatives and reforms are acted upon during the 2020 legislative session so that implementation of the first phase of the plan may begin, as required, by July 1, 2020. Those short-term initiatives must be fully implemented by June 30, 2022; on July 1, 2022, the long-term initiatives must be underway, with full implementation by June 30, 2028.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Maryland Department of Veterans Affairs; U.S. Department of Veterans Affairs; Maryland Department of Health; Department of Legislative Services

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