



**Colorado Department of Human Services
Division of Behavioral Health**

Senate Bill 07-146

**Mental Health Services Pilot Program
for Families of Discharged Veterans
Legislative Report**



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Background

Senate Bill 07-146 (C.R.S. 27-1-301 et. seq.) created the “Mental Health Services Pilot Program for Families of Recently Discharged Veterans” (sunset date of 06/30/2010). Pursuant to the law, this 3-year, pilot program provides assessment, case management, family therapy, individual therapy, medication management, community outreach and education, and other mental health services to family members of discharged veterans of Operation Enduring Freedom and Operation Iraqi Freedom living in the Colorado Springs area.

C.R.S. 27-1-304 (4). - “Beginning July 1, 2007, community mental health centers participating in the pilot program shall collect data on services provided and client outcomes for the purpose of determining the effectiveness of the pilot program. No later than December 1, 2009, each participating community mental health center shall submit a report to the department summarizing the outcomes of the pilot program. No later than February 1, 2010, the department shall submit a report to the health and human services committees of the senate and house of representatives, or any successor committees, that summarizes the findings of the participating community mental health centers.”

Status Report

The appropriations for this program totaled \$300,000 per year for the pilot. Ninety-five percent of the funds (\$285,529) are allocated to program services and the remaining five percent (\$14,471) are allocated to the Division of Behavioral Health for administration. The Division fully utilized the administrative funds.

Service utilization however, has been lower than the 92 family members per year that were projected for the program. The Department believes that the outcome of lower than anticipated utilization is based on the pilot being geographically limited to the Colorado Springs area and also, that it is specifically limited to family members of discharged veterans. Based upon low utilization, the “sun setting” of the legislation, and the current state of the Colorado’s budget, the Department did not pursue legislation to extend this program.

Table 1 below illustrates the three-year expenditure history of the program.

Table 1

Veterans Mental Health Funding Utilization by Fiscal Year

Description / Fiscal Year	Actual FY 2007-08	Actual FY 2008-09	Projected FY 2009-10 *
(8)(B)(1) Veterans Mental Health Appropriation	\$285,529	\$285,529	\$285,529
Expenditure	(\$178,519)	(\$52,488)	(\$32,000)
Reversion (Appropriation - Expenditure)	\$107,010	\$233,041	\$253,529
Family Members Served	31	62	41**

*FY 2009-10 expenditure is based upon a straight-line projection of year-to-date expenditures.

** FY 2009-10 Family members served represents year-to-date through September 30, 2009.

Table 2 below illustrates the dollar value ranges of services delivered per client.

Table 2
Service Costs

Per Client Cost of Clinical Services	Total FY 2007-2008	Total FY 2008-2009	Total July - Dec 2009
\$0 - \$200	8	2	15
\$201 - \$400	4	14	9
\$401 - \$600	2	7	4
\$601 - \$800	4	9	4
\$801 - \$1,000	4	12	3
>\$1,001	9	18	6
Total*	31	62	41
* Cannot determine unique individuals.			

Table 3 illustrates Internet website information for the SB 146 program.

Table 3

Marketing/Website Data

Indicator	FY 2007 - 2008	FY 2008 - 2009	Total July - Dec 2009
Total number of visits to website	484	2,793	1,387
Number of unique visitors to website	427	2,471	925
Number of pages viewed by visitors	911	5,264	2,668
Average pages viewed per visit	3.85	9.4	3.88
Average time spent on site per visit	1:16 min.	1:17 min.	1:01 min

Summary of Findings From Pikes Peak Behavioral Health Group

In 2007, Governor Ritter signed Senate Bill 146, a bill enacted by the Colorado Legislature to provide behavioral health services to spouses and dependent children of recently discharged Operation Iraqi Freedom or Operation Enduring Freedom veterans. Services were delivered through Pikes Peak Behavioral Health Group – First Choice Counseling Center – serving military families in the Pikes Peak region since 1992. The variety of services provided to families included: assessment, case management, family therapy, individual therapy, and medication management. Senate Bill 146 created a framework to collect data and learn more about the needs of veterans and their families. It was learned that linking military families to care is challenging due to military specific cultural issues and related stigma associated with behavioral health issues.

Veterans and their families often experience difficulty coping with the physical, psychological, and emotional effects of war, and frequently have problems transitioning to the civilian world. One of the outcomes related to the development of services for veterans and this legislation was the creation and implementation of the Peer Navigator model. The peer navigator model helps to provide service members the care and support they and their families need as they return home. This unique approach offers veterans and their families an individual peer navigator who helps them plot a course through the sometimes overwhelming challenges of day-to-day life and the numerous, complex systems available to support them. The peer navigator program is funded by private fundraising efforts through the Pikes Peak Behavioral Health Group, and employs two full time employees.

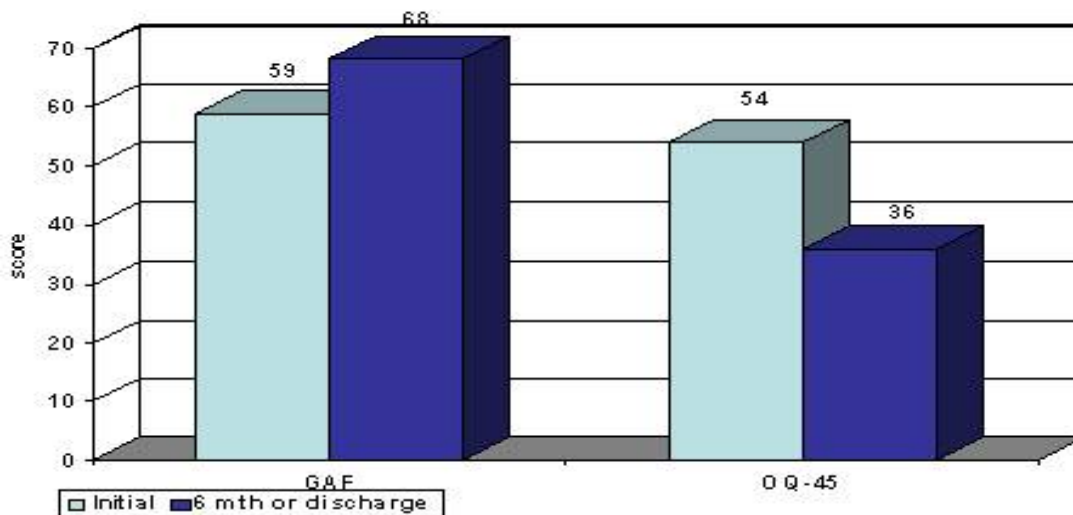
Through Senate Bill 146 it was also learned that veterans and their families are struggling with housing and vocational /educational options. Many times the veterans and their families need to address some of life's basic needs before they can address behavioral health issues. Many returning veterans are also waiting for services due to the backlog at the Veterans Administration. Family services are often initiated after the returning veteran receives services. Delays in receiving services to the returning veteran often coincide with delays in providing services to his or her family members.

Additional obstacles include communications with discharging veterans and the ability to provide information about the program, as well as effectively marketing the services to military families because of stigma related to mental health care, and the fact that some military families isolate and protect themselves from outside system involvement.

The geographical area for Senate Bill 146 was limited to El Paso County. Many of the families requesting services lived outside El Paso County including Pueblo, Woodland Park, and La Junta communities. If the definition of the population to be served was not limited geographically, more services may have been able to be provided to many more veterans' families.

The definition of family was very narrowly defined in the legislation to only mean the immediate nuclear family in the traditional sense. As a result of the limited definition many of the non-traditional family members could not access services. These non-traditional family members included multi-generational families (grandparents, aunts/uncles) or families where there was a live-in partner.

The clinical outcomes for the clients served are based on the global assessment of functioning scales and the OQ-45* (providing scientifically reliable measures for tracking psychotherapy and behavioral treatment progress).



p<.001 for both score changes, paired t test

*Footnote: GAF is the Global Assessment of Functioning Scale. A higher number indicates better functioning. The OQ-45 is an instrument that measures functioning in a variety of life domains. A lower number indicates better functioning.

The Mental Health Services Pilot Program for Families of Discharged Veterans program was a success for 134 families who otherwise may not have had access to clinical care. Success for these families was that they overcame the challenges of stigma and access to care and achieved successful enrollment in a program specifically designed to meet the unique needs of the military-involved families.

Senate Bill 146 provided for an increase in social marketing related to the needs of the veteran population and improved linkages to community resources to address those comprehensive needs.

While the program enjoyed many successes, there were some areas that could have improved the model. One area of improvement would be to increase the flexibility of the funding to serve beyond the traditional family nucleus.

A second area of improvement would have been to establish a system of care model that worked to align the many scattered resources available to veterans and their families. This alignment would have potentially increased the overall referral base to the program.