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Committee on Military Affairs and Domestic Security

FLORIDA VETERANS' HEALTHCARE FACILITIES AND OUTREACH SERVICES

SUMMARY

Florida has a substantial infrastructure of healthcare facilities administered by the U. S. Department of Veterans Affairs. This system consists of six VA hospitals supported by 42 clinics spread throughout the state that deliver virtually every conceivable medical service.

In addition, the Florida Department of Veterans' Affairs administers a system of five nursing homes and one domiciliary providing assisted living and specialized nursing home care.

Veterans' healthcare professionals are reporting trends experienced by veterans returning from the Global War on Terrorism that will affect the need for veterans' services in the future. These trends include treatment for Traumatic Brain Injury, growth in the percentage of veterans diagnosed with Post Traumatic Stress Disorder, and a growing population of women who will be seeking veterans' healthcare and nursing home services in the future.

Outreach services are provided on many levels in order to inform members leaving active-duty as well as other veterans of the many services available.

Gaps in services, particularly in mental health services, have been identified at the national level. However, in general, Florida's veterans are receiving timely quality care.

Moreover, Florida's veteran population appears to be experiencing an incremental transformation which will require future adjustments in healthcare service delivery.

This report assesses the adequacy and effectiveness of veterans' healthcare services including mental health services and outreach services currently available to Florida's veterans and makes recommendations regarding potential future legislative action.

Current Generation Veterans' Experiences Present a New Set of Challenges

Each generation of veterans shares some commonality of experience and healthcare needs. However, veterans' healthcare professionals recognize that each generation also presents a set of treatment challenges that differs in scale from previous conflicts. The experience from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) highlights one such example. Traumatic brain injury is being diagnosed more frequently among OEF and OIF veterans than in previous conflicts.

Traumatic Brain Injury (TBI) generally refers to any injury to the brain resulting from the application of external forces to the skull. TBI possibly entails the loss of memory, vision, communication and mobility. Personality changes can also be a result of a brain injury.¹ According to the Government Accountability Office (GAO):

"On March 1, 2007, the Department of Defense (DOD) reported that over 24,000 servicemembers have been wounded in action since the onset of the two conflicts. In 2005, DOD reported that about 65 percent of the OEF and OIF servicemembers wounded in action were injured by blasts and fragments from improvised explosive devices, land mines, and other explosive

BACKGROUND

The Florida Department of Veterans' Affairs estimates there are 1.8 million military service veterans living in Florida. This population has seen service in every conflict from World War II to the present Global War on Terrorism. As such, the needs of these veterans for healthcare services cover every conceivable medical discipline as well as long term nursing home care.

¹ Source:
www.siena.edu/studentaffairs/disabilities/diabilities_definitions.asp

devices. More recently, DOD estimated in 2006 that as many as 28 percent of those injured by blasts and fragments have some degree of trauma to the brain. These injuries often require comprehensive inpatient rehabilitation services to address complex cognitive and physical impairments.”²

Further, the President’s Commission on Care for America’s Returning Wounded Warriors commented on the improved state of battlefield medicine by saying, “In the Vietnam era, five out of every eight seriously injured servicemembers survived; today, seven out of eight survive, many with injuries that in previous wars would have been fatal. This is a remarkable record.”³

An additional change factor will also impact the future demand for veterans’ healthcare services. According to DOD sources, more than 200,000 women are serving in the active forces representing almost 15 percent of the military.⁴ This figure does not include those additional women serving in the National Guard and Reserves who are subject to mobilization and service in combat zones. Women today face the same level of danger as their male counterparts in the military. They will likewise require a proportionate share of veterans’ services in the future. The VA has begun to recognize this expanding population and shift focus in order to meet a unique set of needs of women veterans.

Federal, State, and Local Agencies as Well as Service Groups Combine to Serve Veterans

The federal government, through the U. S. Department of Veterans Affairs (USDVA), is principally responsible for the delivery of healthcare services to veterans. To support this effort the department has established 21 regional Veterans Integrated Service Network(s) (VISN) nationwide. Florida is served by two of these VISN’s.

VISN 8 encompasses 60 counties in North, Central, and South Florida, 19 rural counties in South Georgia, Puerto Rico, and the U. S. Virgin Islands. VISN 16 serves the remaining 7 counties in Northwest Florida.⁵

² Government Accountability Office, GAO-07-589TDOD AND VA HEALTH CARE: Challenges Encountered by Injured Servicemembers during Their Recovery Process, Washington, DC, March 5, 2007, p.1.

³ The President’s Commission on Care for America’s Returning Wounded Warriors, *Serve, Support, Simplify*, Washington, DC, July, 2007, p. 2.

⁴ Source: Department of Defense, Active-Duty Military Personnel by Rank/Grade, September 30, 2006, website <http://siadapp.dmdc.osd.mil/personnel/MILITARY/Miltop.htm>.

⁵ Note: These seven counties include Bay, Escambia

According to USDVA officials, VISN 8 is the largest network in the nation in terms of employees, workload, and a budget of \$2.5 billion.

VISN 8 administers a network of six VA hospitals that are located in Lake City, Gainesville, Tampa, Bay Pines, West Palm Beach, and Miami. Each of these hospitals serves as the hub of a geographic region and is supported throughout their region by mid-sized Outpatient Clinics and small-sized Community Based Outpatient Clinics. There are 39 supporting clinics spread throughout the VISN 8 region. VISN 8’s hospitals provide approximately 1,370 beds throughout the state.

Northwest Florida receives its VA medical services through the VA hospital in Biloxi, MS. An additional three clinics serve the seven Northwest Florida counties under VISN 16’s jurisdiction.

According to VISN 8 sources, “While population models indicate that the veteran population is expected to decrease over the next five to ten years as World War II era veterans reach end-of-life, VISN 8 anticipates a continued increase in demand for healthcare through 2012.” In FY04, VISN 8 served over 513,602 unique patients which was an increase of 4.3% over the previous year. VISN 8’s projection anticipates an increasing population of veterans age 65 and older through 2012. Currently, women represent 7.3 percent of the total veterans in VISN 8 with that percentage also projected to increase.⁶ In addition, veterans who have served in OEF and OIF are beginning to enter the system. Their impact on the future demand for services is unknown but is anticipated to grow as the Global War on Terrorism continues and their population increases.

VISN 8 officials stated there are plans for \$1.2 billion in proposed construction projects including a seventh hospital which will be located in Orlando, two new clinics, and various capital improvements to existing facilities. However, it was noted that not all of the planned construction is currently funded.

Both the USDVA and the Florida Department of Veterans’ Affairs (FDVA) provide nursing home care for veterans. The USDVA provides these services through its six VA hospitals in the state. The federal

Holmes, Okaloosa, Santa Rosa, Walton and Washington.

⁶ Source: VISN 8 2006 Network Plan, August 2005, p. ES-1.

system provides approximately 974 nursing home and 134 domiciliary beds in Florida.

In addition, the State of Florida has one domiciliary facility and five nursing homes that are administered by the FDVA. These facilities,⁷ which are located throughout the state, provide an additional 600 nursing home beds as well as 150 domiciliary beds. Planning is underway for a sixth FDVA nursing home to be located in St. John's County that will provide an additional 120 beds.

To briefly summarize roles and responsibilities:

- USDVA establishes, funds, and administers a system of veterans' healthcare facilities throughout Florida and administers the federal programs that provide benefits to eligible veterans;
- FDVA administers six facilities providing nursing home care and domiciliary care in addition to providing benefits counseling and assistance to veterans in navigating the complex federal veterans' programs. FDVA Field Services Offices provide counseling and assistance services and are located in each of the VA hospitals as well as in all of the major VA Outpatient Clinics except Key West⁸;
- County Veterans Service Offices also provide benefits counseling and system navigation assistance. Each county has at least one office providing assistance and outreach to local veterans. County offices work closely with the FDVA to assist veterans in tracking their benefits applications and follow-up with any appeals of USDVA decisions; and
- Associated veterans' service organizations such as the American Legion, the Fleet Reserve Association, Jewish War Veterans, the Marine Corps League, the Vietnam Veterans of America, and others volunteer their time to outreach to veterans, visit and assist in nursing homes, and assist veterans in applying for benefits.

⁷ Note: The Veterans' Domiciliary Home is located in Lake City. State Veterans' Nursing Homes are located in Daytona Beach, Land O' Lakes, Pembroke Pines, Springfield and Port Charlotte.

⁸ Note: Monroe County has a County Veterans Service Office in Key West providing benefits counseling and assistance services.

Florida's Veterans Have a Wide Range of Available Services

In order to receive healthcare services, veterans must undergo a qualification process. Those with a recognizable disability condition at time of discharge from active service are granted VA healthcare eligibility. Veterans who later on experience a medical condition that may have been service connected may ask for an evaluation. If the condition is judged to be associated with military service, these veterans may also be granted eligibility. A third category of healthcare services for eligible veterans includes those who do not have a service connected condition yet meet an income means test. Veterans without a service connected condition whose income exceeds a certain level currently are not eligible for healthcare services.

Once eligibility is granted, veterans may begin to seek available medical services that range from the most routine treatment to complex state-of-the-art procedures. Available services include:

- Ambulatory Surgery
- Amputee Clinic
- Audiology
- Blind Rehab
- Cardiac Catheterization
- Cardiology
- Cardiothoracic Intensive Care
- Dental
- Dermatology
- Dialysis
- Echocardiology
- Endocrinology and Metabolism
- Endoscopy
- Gastroenterology
- Hematology
- Home Based Primary Care
- Immunology
- Infectious Diseases
- Internal Medicine
- Medical Intensive Care
- Mental Health Clinic
- Nephrology
- Neurology
- Neurosurgery
- Nursing Home Care
- Occupational Therapy
- Oncology
- Optometry
- Otolaryngology (Ear, Nose & Throat)
- Pharmacy

- Physical Therapy
- Podiatry
- Primary Care
- Prosthetics & Sensory Aids
- Pulmonary Medicine
- Radiology
- Recreation Therapy
- Respite Care
- Rheumatology
- Sleep Disorders
- Substance Abuse
- Surgery (Cardiac, General, Orthopedic, Plastic, Thoracic, Urology, Vascular)
- Surgical Intensive Care
- Telemedicine
- VIST (Visually Impaired Services Team)
- Vocational Rehabilitation
- Women's Clinic

Using a hub and spoke system, USDVA attempts to spread facilities throughout a geographic region in order to enhance veterans' access to healthcare. The VA hospitals (also referred to as Medical Centers or Medical Systems depending on the location) form the hub. Specialized services and complex procedures are available at the hospitals which are for the most part located in large population centers i.e. Miami, Tampa, and St. Petersburg. Mid-sized Outpatient Clinics are generally located in relatively large population centers such as Jacksonville, Tallahassee, Ft. Myers, and Pensacola. The ten Outpatient Clinics perform some specialized services depending on the qualifications of assigned medical staff as well as normal primary care. There are 32 Community Based Outpatient Clinics which are generally located in small population centers. These clinics offer primary care as well as initial diagnostic and referral services. Some services such as mental health are offered on a part-time basis with a provider available in the clinic at scheduled times.

In order to assist patients who must travel from the local clinics to appointments at the hospital medical centers, USDVA offers a transportation system. Typically a van will leave the clinic early in the morning and return late that day after patients have been seen at the medical center.

There are several other types of services offered to veterans that are not considered healthcare but of necessity work closely with the healthcare system. Among these are the Vet Centers and Homeless Veterans Programs.

The Vet Centers were established by Public Law 96-22 based on the recognition of a need for readjustment counseling services. The Vet Centers' mission has been expanded so that they now offer counseling services for post-service readjustment, Post Traumatic Stress Disorder (PTSD), and sexual assault. Any veteran who served in a theater of combat operations during any period of war or in any other area in which hostilities occurred is eligible for Vet Center services. A veteran does not have to be enrolled in the USDVA healthcare system to seek Vet Center services.⁹ There are 13 Vet Centers and Vet Center Outstations serving Florida.

Homeless veterans' programs likewise do not require the veteran to be enrolled in the healthcare system in order to receive services. USDVA reports that about 194,000 veterans were homeless nationwide on any given night in FY 2005. This is their best available estimate. They report that a total of 45,000 transitional beds are needed to provide assistance for homeless veterans. USDVA has identified 35,400 beds available from various sources.¹⁰

The Homeless Providers Grant and Per Diem program is the largest of nine separate programs operated by the USDVA to address the needs of homeless veterans. This program provides a transitional setting to prepare veterans for permanent housing.¹¹ At the time of the survey, Florida had 430 Grant Per Diem program beds available providing long-term services designed to transition veterans to obtain permanent housing.¹²

According to the GAO, about two-thirds of homeless veterans in the program in fiscal year 2005 had struggled with alcohol, drug, medical or mental health problems. About 40 percent had served during the Vietnam era, and most of the remaining homeless served after that war including those who served in military operations in the Persian Gulf, Afghanistan, and Iraq. Almost all homeless veterans seen by the USDVA are males. About half are between 45 and 54 years old, one-quarter are older, and one-quarter are younger. African-Americans are disproportionately represented, constituting the largest racial group at 47 percent followed by whites at 45 percent. About 75

⁹ Source: Tallahassee Vet Center Briefing Package.

¹⁰ Government Accountability Office, GAO-06-859, *HOMELESS VETERANS PROGRAMS- Improved Communications and Follow-up Could Further Enhance the Grant and Per Diem Program*, Washington, DC, September 2006, pp. 2 – 3.

¹¹ Ibid., p. 1.

¹² Ibid., p. 16.

percent of homeless veterans are either divorced or never married.¹³

Other USDVA programs for homeless veterans provide outreach, health and mental health assessments, treatment and referral, domiciliary, work therapy, guaranteed loans to non-profit organizations for multi-family transitional housing, and permanent subsidized HUD rental assistance (Section 8) services.¹⁴

Although nursing homes have already been mentioned, an additional comment should be made. State veterans' nursing homes administered by the FDVA provide a variety of services from assisted living to care for dementia (Alzheimer) patients. Facilities have tried to incorporate USDVA pharmacies where possible to assist veterans with receiving prescribed medications.

State veterans' nursing homes are not designed to accommodate persons with severe mental disorders. Their focus is to provide a comfortable living facility for veterans who are otherwise not capable of living on their own. The current population of veterans in state nursing homes is overwhelmingly male. However, as the population of women veterans grows and ages, there will be a need to make more nursing home beds available to them.

Veterans Returning from OEF and OIF Are Presenting a New Set of Challenges

Improvements in military medicine are saving more severely injured servicemembers than ever before. In order to provide needed treatment and recovery services, the USDVA has established four polytrauma recovery centers nationwide. One of these centers is located at the James A. Haley VA Medical Center in Tampa.

Polytrauma care for veterans and returning service members involves treatment of simultaneous injuries to more than one physical region or organ system, one of which may be life threatening. These injuries result in physical, cognitive, psychological, or psychosocial impairments and functional disability.¹⁵

Examples of polytrauma include:

- Traumatic Brain Injury
- Hearing Loss

- Amputations
- Fractures
- Burns
- Visual Impairment

Polytrauma is most frequently the result of the blast effect of a bomb or other Improvised Explosive Device (IED). In particular, servicemembers riding in armored or up-armored vehicles or in close proximity to an explosion are subject to the blast force causing the body to be violently hurled about. Polytrauma Unit staff members indicated that in addition to the overt injuries that servicemembers receive, there is emerging concern over TBI that is often unseen and undiagnosed.

Efforts are underway to better screen servicemembers for TBI. The President's Commission on Care for America's Returning Wounded Warriors conducted a survey that indicated:

- Around 70 percent of active-duty, reserve component, and retired or separated servicemembers report that they had been asked whether they were exposed to an event or blast that caused a jolt or blow to the head; and
- 59 percent of active-duty, 52 percent of reserve component, and 65 percent of retired/separated servicemembers had been exposed to such an event.¹⁶

Polytrauma Unit staff members further indicated that the scientific community is now exploring the association between TBI and PTSD. In order to better diagnose PTSD, servicemembers are now required to undergo a Post-Deployment Health Re-Assessment.

According to a U. S. Department of Defense (DOD) report:

"Data from the Post-Deployment Health Re-Assessment, which is administered to servicemembers 90 to 120 days after returning from deployment, indicate that 38 percent of Soldiers and 31 percent of Marines report psychological symptoms. Among members of the National Guard, the figure rises to 49 percent. Further, psychological concerns are significantly higher among those with repeated deployments, a rapidly growing cohort. Psychological

¹³ Ibid., p. 10.

¹⁴ Ibid., pp.41 – 42.

¹⁵ USDVA website,
<http://www.polytrauma.va.gov/index.asp>.

¹⁶ The President's Commission on Care for America's Returning Wounded Warriors, *Serve, Support, Simplify*, Washington, DC, July, 2007, p. 8.

concerns among family members of deployed and returning Operation Iraqi Freedom and Operation Enduring Freedom veterans, while yet to be fully quantified are also an issue of concern. Hundreds of thousands of children have experienced the deployment of a parent.”¹⁷

The report goes on to highlight various problems associated with treating the psychological health of active-duty servicemembers. These problems include:

- Stigma within the military which often prevents members from seeking care;
- Significant gaps in the continuum of psychological health care; and
- The military system does not have enough fiscal or personnel resources to adequately support the psychological health of servicemembers and their families.¹⁸

USDVA officials who met with committee staff were highly aware of the problems that returning servicemembers are encountering. USDVA healthcare facilities provide treatment for depression, PTSD, and substance abuse disorders. However, according to the GAO, USDVA has identified mental health service gaps including treating veterans with serious mental illness, female veterans, and veterans returning from combat in Iraq and Afghanistan.¹⁹ These gaps are being addressed with the development of a strategic plan which is yet to be fully implemented.²⁰

Coincidentally, the above mentioned DOD report tends to corroborate anecdotal information committee staff received from veterans' service providers throughout the agencies that were visited. There is concern among the professionals that National Guard members may be reluctant to seek both medical and mental health services out of concern that such treatment will threaten their careers.

Committee staff inquired at each site visit about waiting times for treatment services. Each site reported that the USDVA has established a goal of seeing the

patient requesting services within 30 days. Each site reported meeting this goal, in most cases exceeding it by more than half. Wait times approaching 30 days were experienced only at sites temporarily without certain specialists. As an alternative, travel is normally arranged to the closest available facility in order to still meet the treatment goal.

Veterans' Services Providers are Actively Engaged in Outreach Services

Committee staff found evidence at every site visited of outreach to active-duty military, National Guard and Reserve members and their families, and to the veterans' community as a whole. FDVA Field Services Offices, County Veterans Service Offices, the hospitals and clinics, the Vet Centers, and the nursing homes all are engaged in some form of outreach. In addition, Vet Centers have recently received authorization to hire additional outreach staff. Recently returned OEF/OIF veterans often are sought out and hired to fill outreach services positions in the Vet Centers, the Field Services Offices, and the County Veterans Service Offices. For the veterans' community in general and in particular older veterans, the Veterans' Service Organizations also aid in outreach.

However, there appears to be a need to improve the effectiveness of such outreach efforts. Veterans' services officials estimated that only 25 to 35 percent of veterans sought services through the USDVA system. Some veterans may believe they are ineligible for healthcare services because they were not judged to have a qualifying condition at the time of active-duty discharge.

In addition, some concern was expressed that National Guard and Reserve family members were not as aware as active-duty family members are of services available post-deployment. National Guard and Reserve Forces personnel who have a qualifying condition are eligible for USDVA healthcare once they have been demobilized and released from active duty. The Florida National Guard performs outreach to its personnel and their families through post-deployment command briefings and through its nine Family Assistance Centers which are located throughout the state. In recognition of a need, the Guard is developing a new post-deployment program aimed at becoming more effective in outreach to its members and their families.

¹⁷ Department of Defense, *An Achievable Vision: Report of the Department of Defense Task Force on Mental Health*, Falls Church, VA, June 2007, p. ES-2.

¹⁸ Ibid., p. ES-3.

¹⁹ Government Accountability Office, GAO-06-1119T, *VA HEALTH CARE – Preliminary Information on Resources Allocated for Mental Health Strategic Plan Initiatives*, Washington, DC, September 28, 2006, p. 5.

²⁰ Ibid., pp. 11-12.

Substantial Attention is Given to the Welfare of Returning Servicemembers and Veterans

The aftermath of the conditions discovered at the Walter Reed Army Medical Center in Silver Spring, Maryland has focused attention on the treatment of returning wounded servicemembers. The President directed two reviews including a top level panel chaired by the Secretary of Veterans Affairs which included the Secretaries of Defense, Labor, Health and Human Services, Housing and Urban Development, and Education among others. A second independent panel was co-chaired by Senator Bob Dole and former Secretary of Health and Human Services Donna Shalala. Both panels have provided specific recommendations to immediately address gaps in care for returning servicemembers and veterans. It will be necessary to follow the progress of these recommendations as the responsible agencies act on them.

In addition, both the GAO and the USDVA's Office of Inspector General continue to conduct independent reviews in order to highlight deficiencies and improve quality management.

State-of-the-Art Facilities

The six USDVA hospitals are affiliated with nearby university medical schools and institutions involved in medical education. They are involved in teaching and research and appeared to be equipped with state-of-the-art technology. Committee staff visited four of the six hospitals.

Much of the research and gains being made today in polytrauma treatment and prosthetic design are being accomplished through VA hospitals such as the James A. Haley VA Medical Center in Tampa. Committee staff also noted the brain function research being conducted at the Malcolm Randall VA Medical Center in Gainesville. This research in conjunction with collocated spinal cord injury research left the impression that this institution is playing a leading role in finding better treatments for TBI and spinal cord injuries.

METHODOLOGY

In order to complete this project, committee staff set out to review and inventory the healthcare and outreach services that are currently available to Florida's veterans. Committee staff interviewed officials of the U. S. Department of Veterans Affairs and the Florida Department of Veterans' Affairs. In addition, committee staff conducted site visits to VA hospitals,

outpatient clinics, substance abuse and homeless vets programs, vet centers, a county veterans' service office, and state veterans' nursing homes throughout the state. Committee staff conducted a review of pertinent reports to the U. S. Congress regarding veterans' healthcare services including mental health services, problems encountered by service members and veterans returning from participation in the Global War on Terrorism, and documentation provided by the agencies visited.

FINDINGS

Committee staff found evidence of:

1. A substantial infrastructure of facilities and agencies engaged in providing healthcare, including mental healthcare, to Florida's veterans.
2. A widespread effort to reach out to active-duty servicemembers, members of the National Guard and Reserves and their families, recent veterans who are returning from the Global War on Terrorism, and older veterans from previous conflicts who due to the aging process are now seeking services through the USDVA. Moreover, the Florida National Guard has recognized a need to improve outreach services to members and their families and currently has a project in development.
3. A skilled cadre of state and local workers engaged in assisting veterans in benefits counseling and navigating them through the complex federal veterans' bureaucracy.
4. A system of nursing homes administered by the FDVA that is providing quality nursing care services and substantially benefiting the quality of life of their residents.
5. A healthcare system that is recognizing challenges presented by current servicemembers and new veterans and is considering strategies to meet their future treatment and facilities needs. These challenges include the need for services for an increased population of women veterans as well as treatment for those diagnosed with TBI and PTSD.
6. A healthcare system that is generally seeing patients in a timely manner.

RECOMMENDATIONS

That the Legislature continue to:

1. Monitor the trends emerging in the treatment of Traumatic Brain Injury and Post Traumatic Stress Disorder as well as the needs of the growing population of women veterans. The Legislature should consider the impact of those trends on the future needs of veterans who will require nursing home services as well as benefits counseling and assistance.
2. Monitor efforts to improve outreach services to National Guard and Reserve Forces personnel and their families.