

Veterans Receiving DSHS Services Following Discharge from Military Service

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This report describes the characteristics and service needs of Veterans in Washington State who either are or have been Department of Social and Health Services (DSHS) clients. In 2014, the Substance Abuse and Mental Health Services Administration awarded a supplemental grant to the DSHS, Division of Behavioral Health and Recovery to identify the service needs of DSHS clients who are Veterans. The grant also funded access to evidence-based Permanent Supportive Housing and Supported Employment for chronically homeless Veterans, management information system improvements, and service coordination between the Washington Department of Veterans Affairs (WDVA) and DSHS. This report identifies the characteristics and services received by recently discharged Veterans who are recent or former DSHS clients.

Just under half (47 percent) of Veterans discharged to Washington State had DSHS or Health Care Authority (HCA) service histories.

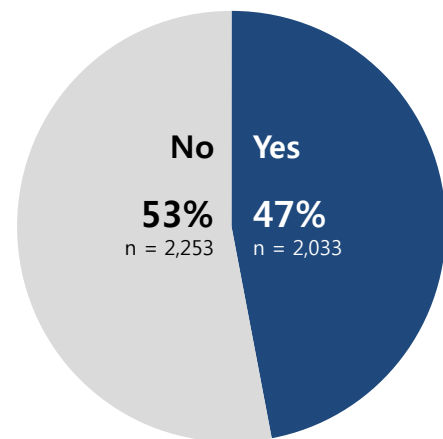
Key Findings

Among the 2,033 Veterans discharged to Washington State between January 2013 and June 2014 with DSHS or HCA service histories:

- **18 percent** enrolled in Medicaid or similar medical coverage at some point in the 12 months after discharge from military service.
- **19 percent** received Basic Food assistance at some point in the 12 months after discharge.
- **10 percent** of those receiving public assistance were identified as homeless at some point in the 12 months after discharge.

FIGURE 1.
 Discharged from Military Service
 January 1, 2013 through June 30, 2014
 TOTAL = 4,286

Q. DSHS or HCA service history?



Methods

This report examines (1) the characteristics of Veterans discharged from military service between January 1, 2013 and June 30, 2014 who had been served at any time in the past 17 years by the Washington State Department of Social and Health Services (DSHS) or the Health Care Authority (looking back to 1997), and (2) the DSHS services used by Veterans during the 12-month period after discharge from military service.

We identified 4,286 Veterans discharged to Washington State between January 1, 2013 and June 30, 2014. After matching Veteran discharge records with individual service records we found just under half (47 percent) of discharged Veterans were recent or former DSHS clients, meaning they were served by DSHS or received publicly funded medical assistance through the Health Care Authority (HCA) at some point between 1997 and 2015.¹



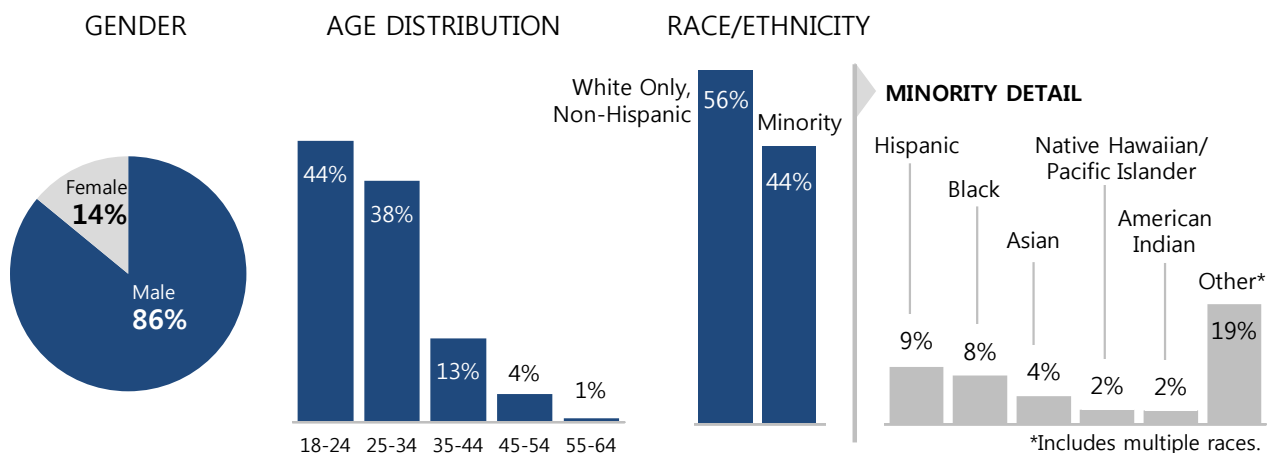
Demographics

We examined demographic characteristics for the 2,033 DSHS clients discharged from military service between January 1, 2013 and June 30, 2014. Discharged Veterans served by DSHS were primarily male (86 percent, Figure 2). Most (82 percent) were 18 to 34 years old. Over half (56 percent) identified as non-Hispanic white and 44 percent as minorities.

FIGURE 2.

Demographic Profile of DSHS Clients Discharged from Military Service

January 1, 2013 through June 30, 2014, TOTAL = 2,033



¹ 474 of the individuals matched to the DSHS Integrated Client Database (ICDB) were not direct recipients of DSHS services or Medicaid enrollees, but shared a household with individuals receiving such services (see technical notes).

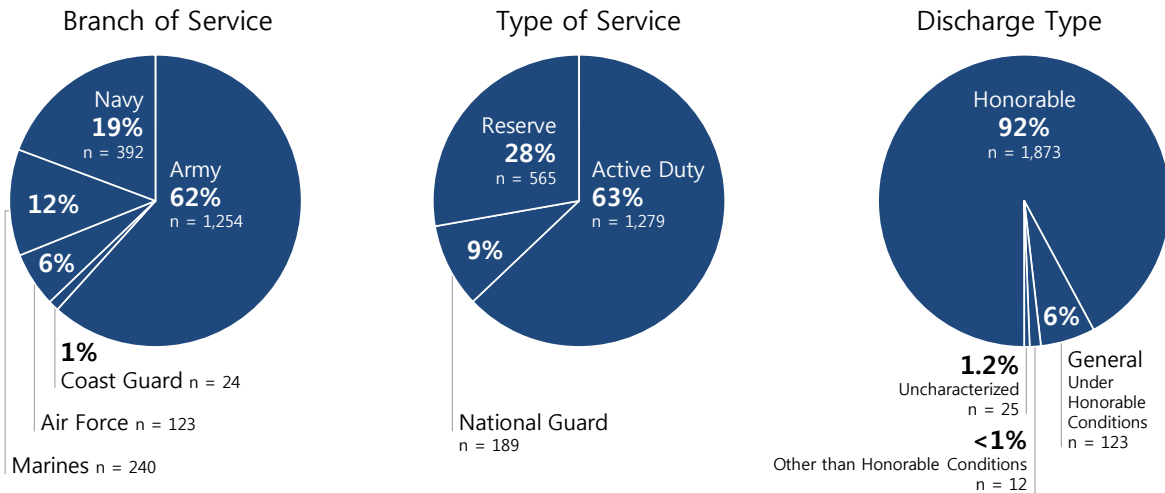
Military Service

The majority of DSHS clients in the study population discharged from the Army (62 percent), 19 percent Navy, 12 percent Marines, 6 percent Air Force and one percent Coast Guard (Figure 3). Nearly two-thirds (63 percent) were active duty military (rather than reservists or National Guard) and nearly all (92 percent) received an honorable discharge. Two-fifths (41 percent) were deployed to Iraq or Afghanistan under Operation Enduring Freedom or Operation Iraqi Freedom (not shown).

FIGURE 3.

Service Detail of DSHS Clients Discharged from Military Service

Among those discharged from military service January 1, 2013 to June 30, 2014 and matched to DSHS/HCA, TOTAL = 2,033



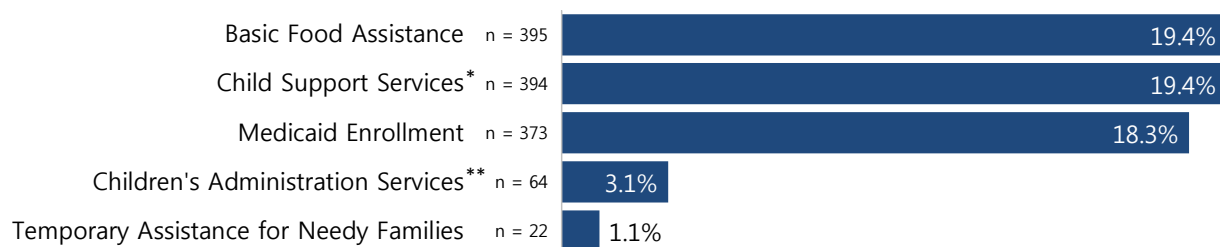
DSHS Services

Close to one-fifth (18 percent) of Veterans with DSHS or HCA service histories enrolled in Medicaid or related medical coverage during the 12-months following discharge (Figure 4). Basic Food assistance and Child Support (19 percent each) were the most common services received by recently discharged Veterans. Basic Food assistance includes Federal and State funded assistance intended to ensure low-income individuals do not go hungry. Households in Washington State qualify for Basic Food if they meet eligibility criteria and have incomes at or below 200 percent of the Federal Poverty Level.

FIGURE 4.

DSHS Service Use

Among those discharged from military service January 1, 2013 to June 30, 2014 and matched to DSHS/HCA, TOTAL = 2,033



* Includes services to establish paternity, locate non-custodial parents, and establish and enforce child support orders.

** Includes child safety and protection, foster care and child welfare services.

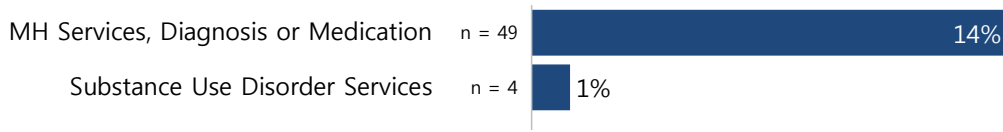
Behavioral Health Services

We examined behavioral health indicators, during the 12-month period following discharge for individuals with at least one month of Medicaid or related coverage during the same time period (n=353). Many of these Veterans may be receiving services through the Veterans Health Administration (VHA) system, which are not reflected in the data reported here. Therefore, these numbers should not be viewed as prevalence rates or rates of need for this population. We found 14 percent of Veteran Medicaid recipients received mental health services, were diagnosed with a mental health condition or received psychotropic medications. Very few (1 percent) received substance use disorder treatment services.

FIGURE 5.

Medicaid Funded Mental Health and Substance Use Disorder Services

Among those enrolled in Medicaid following discharge, TOTAL = 353



NOTE: Excludes 20 individuals who had both Medicaid and Third Party Liability coverage.

Homelessness

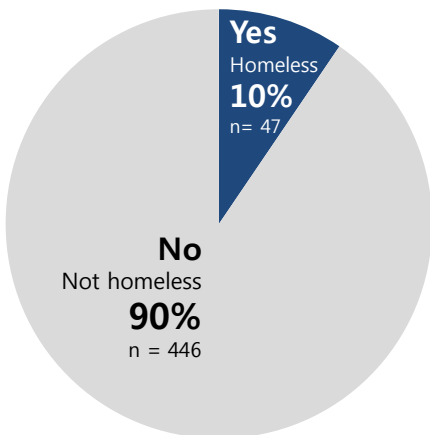
Among Veterans receiving public assistance, 10 percent were identified as homeless in the year following discharge from military service through the DSHS Automated Client Eligibility System (ACES). ACES is used by caseworkers to record information about clients' self-reported living arrangements and shelter expenses when determining eligibility for cash and food assistance. As a point of comparison, for the general population of individuals on Basic Food or TANF in calendar year 2013, we found about the same rate of homelessness (12.9 percent).

FIGURE 6.

Homelessness

Among Veterans receiving public assistance (TANF or Basic Food) between January 2013 and June 2014, TOTAL = 493

Q. Homeless after discharge?



Discussion

We found nearly 20 percent of Veterans with DSHS or HCA service histories accessed Basic Food and 10 percent of those receiving assistance were homeless during the 12-month period after discharge from military service, indicating a substantial number of Veterans discharging to Washington State experienced economic hardship or housing instability during the transition from military to civilian life. Eighteen percent of Veterans with DSHS or HCA service histories enrolled in Medicaid or related medical coverage during the year after discharge. Among recently discharged Veterans enrolled in Medicaid, 14 percent received mental health services, diagnoses or psychotropic medications and only one percent received substance use disorder treatment.

Because we are currently able to access only records for Medicaid-paid services, the true magnitude of behavioral health conditions among Veterans in our study population may be much greater than what we are able to observe through state administrative data. Previous research indicates the prevalence of behavioral health problems among military personnel is higher than the figures reported here, particularly among those involved in combat operations. Hoge (2004) found that 24 percent of Army service members and 29 percent of Marines involved in ground-combat operations in Iraq or Afghanistan met the screening criteria for major depression, generalized anxiety or post-traumatic stress disorder. Twenty-four to 35 percent reported misusing alcohol after deployment (Hoge et al. 2004).

Many Veterans access behavioral health services through the U.S. Department of Veterans Affairs, Veterans Health Administration (VHA), rather than through State behavioral health providers.² Behavioral health services delivered through the VHA are not currently linked with the DSHS Integrated Client Databases (ICDB). A comprehensive dataset that includes both State and Federal healthcare services is needed to gain a more accurate picture of the behavioral health needs of Washington State Veterans. It will also be informative in future research to report the service measures for a longer follow-up period. It is possible that services were needed, but not yet accessed in the 12 months following discharge from military service.

The presence of substance abuse and mental health issues are among the strongest predictors of homelessness following discharge from active military duty, suggesting the importance of targeting Veterans as a priority population for receipt of behavioral health services (U.S. Department of Veterans Affairs, 2012). The data summary presented here represents a first attempt to link individual service information between WDVA and DSHS. Further work in this area will ideally include an expansion of the study population, allowing for more comprehensive measurement of risk and service factors, as well as the addition of VHA health services data, which could allow for a more complete picture of health and behavioral health needs of Veterans in Washington State.

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² Veterans are prioritized for VA health benefits according to eight tiers subject to a discretionary budget. For more information on VA health benefits and eligibility requirements see <http://www.va.gov/HEALTHBENEFITS/apply/veterans.asp>.

TECHNICAL NOTES

STUDY DESIGN AND OVERVIEW

To identify Veterans receiving DSHS services, we matched DD Form 214 data from the Washington State Department of Veterans Affairs (WDVA) with service records from the DSHS Integrated Client Database (ICDB). We focused on Veterans discharged from military service between January 1, 2013 and June 30, 2014 who were:

- **Department of Social and Health Services (DSHS) Clients.** Individuals served by DSHS or the Health Care Authority (HCA) at some point in time since 1997. We found 474 individuals in the ICDB with no record of DSHS services or Medicaid enrollment. These individuals were likely sharing a household with someone receiving DSHS services.
- **Medicaid Clients.** Individuals were considered enrolled in Medicaid if they were receiving Medicaid or other similar medical coverage for at least one month during the 12-month period after discharge from military service. Individuals with any third party liability coverage were excluded from behavioral health service measures.

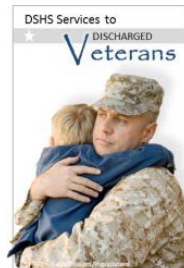
DATA SOURCES AND MEASURES

DD 214 Form Data. Upon a military service member's retirement, separation or discharge from active duty military the U.S. Department of Defense issues a certificate commonly referred to as a "DD Form 214." The DD 214 form contains identifying information, date of discharge from active-duty military service, branch of service, type of service, and operation or campaign (such as Operation Enduring Freedom or Operation Iraqi Freedom). At the current time, DD 214 form data is manually entered into a database maintained by the WDVA.

DSHS Integrated Client Database

The Research and Data Analysis Division (RDA) of DSHS maintains longitudinal, integrated client databases (ICDB) containing nearly 20 years of detailed health and social service risks, history, costs and outcomes (Mancuso, D. 2014). We examined the following indicators over the 12-month time period following discharge from military service:

- **Homelessness** – Homeless indicators come from living arrangement status recorded by Economic Service Administration (ESA) caseworkers in the Automated Client Eligibility System (ACES). Therefore, homeless rates are restricted to individuals receiving public assistance (Basic Food or TANF) between January 2013 and June 2014.
- **Mental Health Services, Diagnosis or Medication** – Identified by receipt of Medicaid-funded mental health treatment services, prescriptions for psychotropic medications, and mental health-related medical service encounters, hospitalizations and diagnoses using data from ProviderOne (medical) and the Consumer Information System (mental health service records). This measure is restricted to those on Medicaid or similar medical coverage.
- **Medicaid Eligibility** – Reflects that a Medicaid Recipient Aid Category was recorded in Provider One.
- **Public Assistance** – Basic Food and TANF receipt were identified through data from the DSHS Automated Client Eligibility System (ACES) summarized in RDA's Integrated Client Services Databases.
- **Substance Use Disorder Services** – Clients who received substance use disorder outpatient or inpatient treatment, opioid substitution therapy and case management were identified using data from the Treatment and Assessment Report Generation Tool (TARGET) and ProviderOne.



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