

# Use of State Health and Social Services among United States Veterans Living in Washington State

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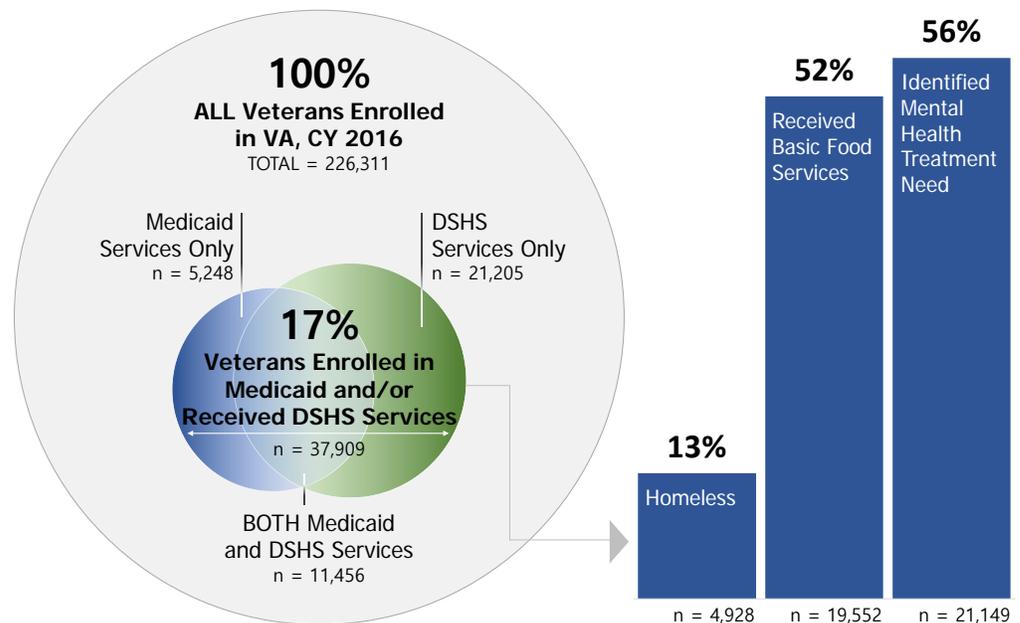
THE U.S. DEPARTMENT OF VETERANS HEALTH AFFAIRS (VA) is the largest integrated health care system in the United States (US). The VA tends to provide care to an especially vulnerable population of individuals, some of whom are also receiving services from the Washington Department of Social and Health Services (DSHS) and/or may be enrolled in Medicaid. This is a descriptive report that examines the characteristics and services received by this group of Veterans in Calendar Year (CY) 2016.

## Key Findings

Seventeen percent of all US veterans living Washington State who were enrolled in the VA were also enrolled in Medicaid and/or received DSHS services in CY 2016. Among the Veterans in this study:

1. **52 percent accessed Basic Food** service.
2. **56 percent had an identified mental health treatment need** with only 59 percent of those in need receiving an outpatient mental health service.
3. **13 percent were identified as homeless** at some point.

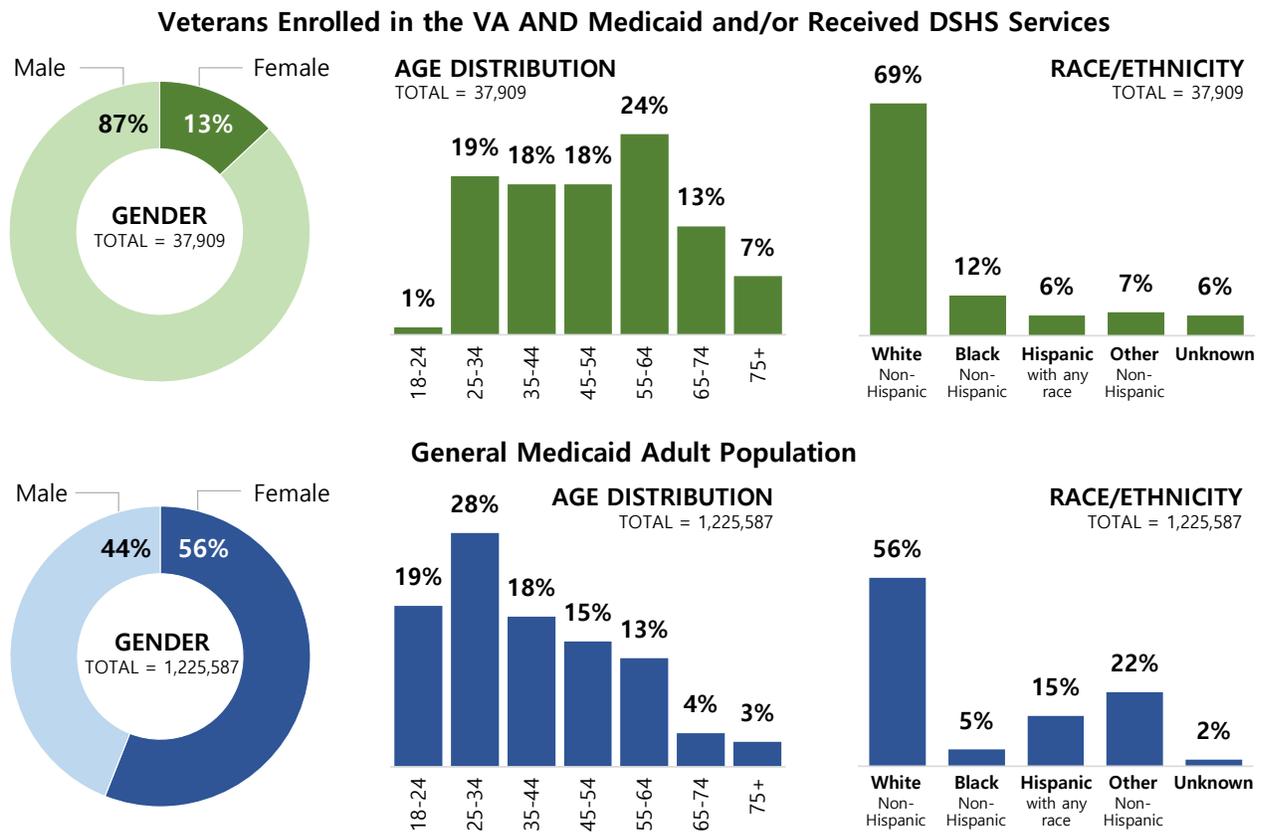
FIGURE 1  
Service Need among Veterans with DSHS or Medicaid Service History  
CY 2016



## Population Characteristics

The Veteran study population and the general Medicaid adult population in Washington have distinct sociodemographic makeups. As shown in Figure 2, the general Medicaid adult population in Washington is 56 percent female, compared to only 13 percent female in the Veteran study population. The general Medicaid adult population is also younger and more racially diverse.<sup>1</sup>

FIGURE 2  
Sociodemographic Comparison  
CY 2016



## DSHS Services

Figure 3 compares the percentage of those in the Veteran study population and the general Medicaid adult population who used DSHS services<sup>2</sup> in CY 2016. Fifty-two percent of both populations received Basic Food services. However this is the only DSHS service that is used at the same rate.

The Veteran study population received Child Support and Child Welfare services at a higher rate than the general Medicaid adult population (34 percent and 8 percent compared to only 21 percent and 5 percent).

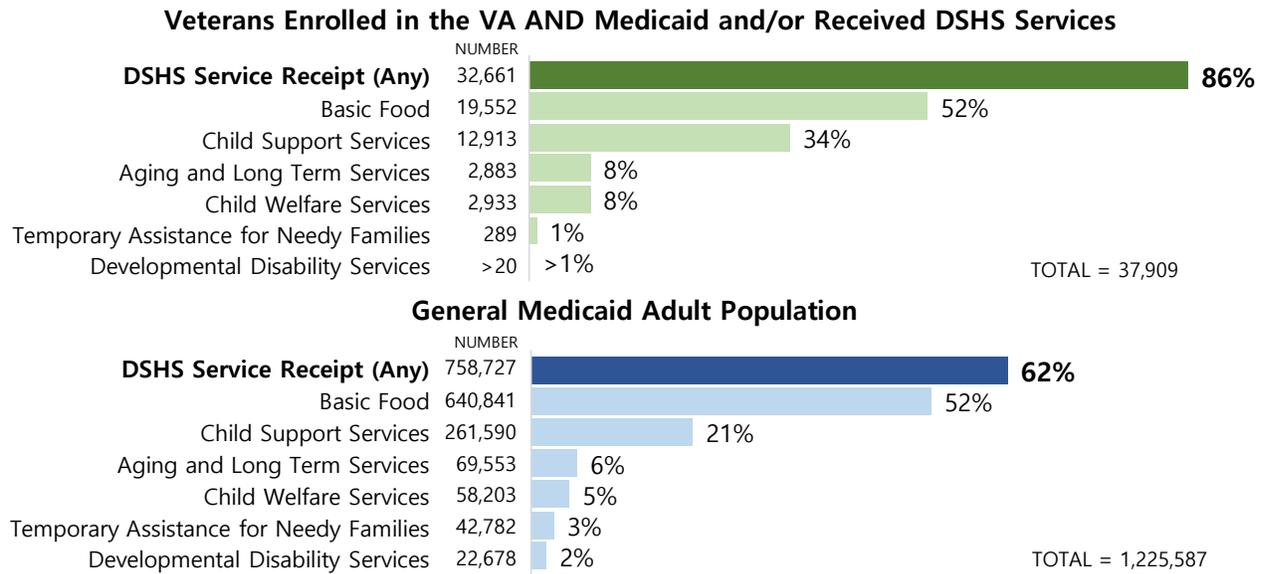
In addition, the Veteran subpopulation used Aging and Long Term Services at a higher rate (8 percent compared to 5 percent). Conversely, the general Medicaid adult population had a higher use of the Temporary Assistance for Needy Families program and Developmental Disability Services.

<sup>1</sup> See Appendix for additional demographic information and a comparison to All Veterans enrolled in the VA in CY 2016.

<sup>2</sup> Descriptions of DSHS services are provided in the Technical Notes section at the end of the paper.

FIGURE 3

### DSHS Service Use Comparison CY 2016

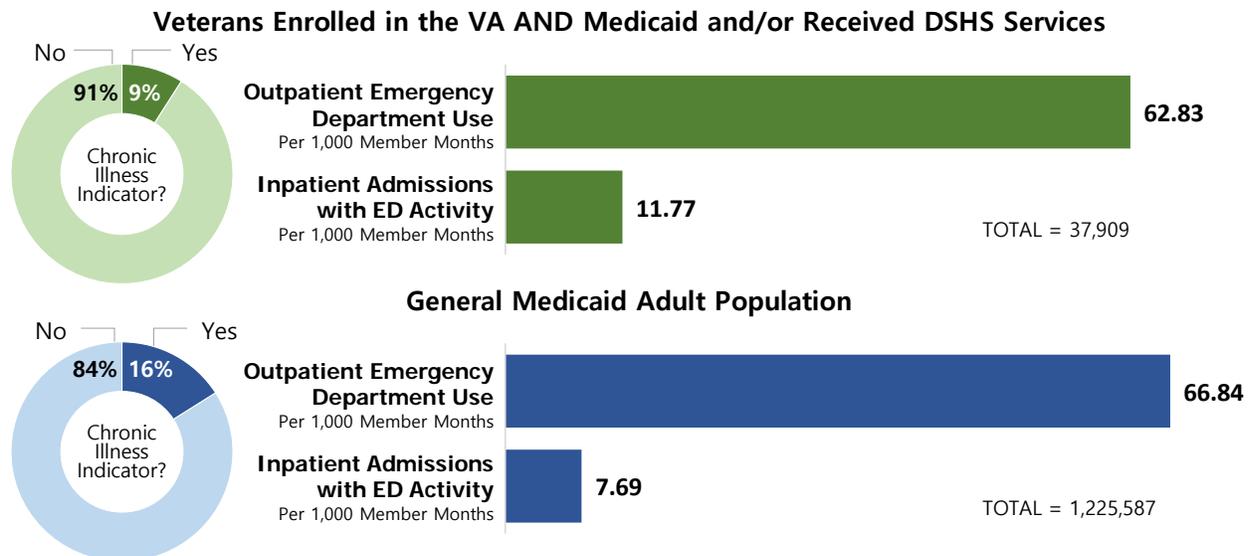


## Physical Health Indicators

Physical health indicators were identified using Medicaid claims data.<sup>3</sup> Three indicators were examined: presence of chronic illness, outpatient emergency department use, and inpatient admissions with emergency department activity (see Figure 4). Only 9 percent of the Veteran study population had a chronic illness indicator compared to 16 percent of the general Medicaid adult population. The Veteran study population also had a lower rate of outpatient emergency department use, but had a higher rate of inpatient admissions with ED activity than the general Medicaid adult population.

FIGURE 4

### Physical Health Indicators CY 2016



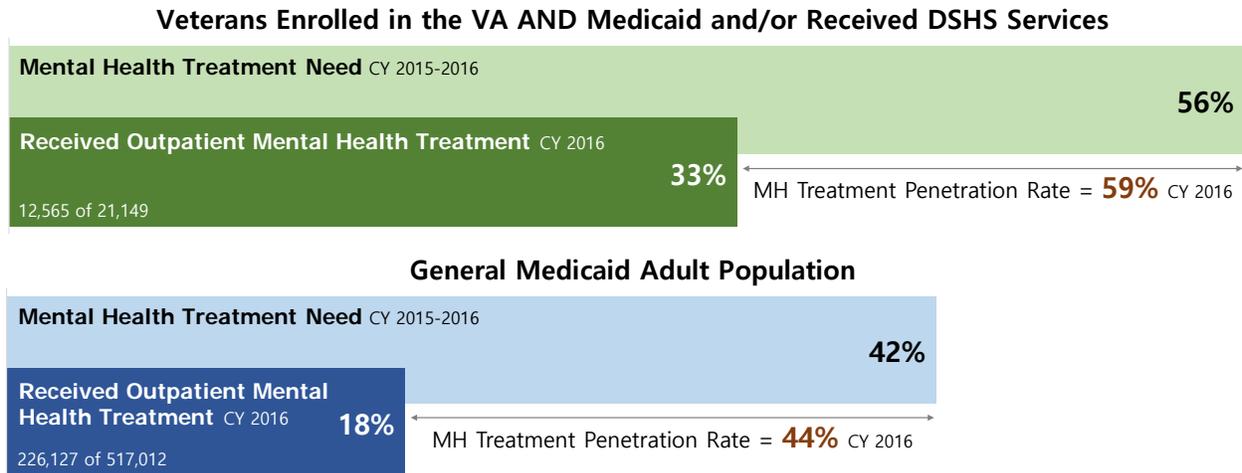
<sup>3</sup> Information about physical health indicators is only available from Medicaid claims and encounter data. Veterans may also be accessing services through the VA that are not accounted for in these indicators.

## Mental Health Treatment Need and Treatment Penetration

Mental health treatment need and outpatient mental health service receipt were identified using a combination of Medicaid and Veterans Health Administration data. Fifty-six percent of the Veteran study population had a mental health treatment need identified compared to only 42 percent of the general Medicaid adult population. Of those with an identified mental health treatment need, only 59 percent of the Veteran study population and 44 percent of the general Medicaid adult population received a qualifying outpatient mental health service in CY 2016.

FIGURE 5

### Outpatient Mental Health Treatment Penetration Rate Comparison



## Social Determinants of Health

Criminal justice involvement, employment, and homelessness are additional areas where differences between the Veteran study population and the general Medicaid adult population were expected. Interestingly, criminal justice involvement was about the same in the two populations, with 5 percent of the Veteran study population and 6 percent of the general Medicaid adult population having any criminal justice involvement in CY 2016.

The Veteran study population had a slightly higher proportion identified as homeless or unstably housed in CY 2016. However, 8 percent of the Veteran study population used housing services compared to only 3 percent of the general Medicaid adult population.

FIGURE 7

### Rate of Homelessness/Housing Instability CY 2016

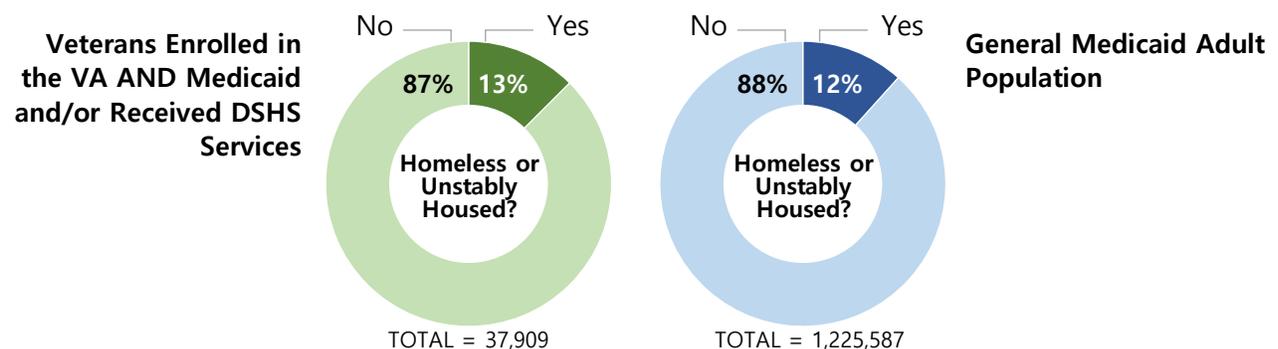
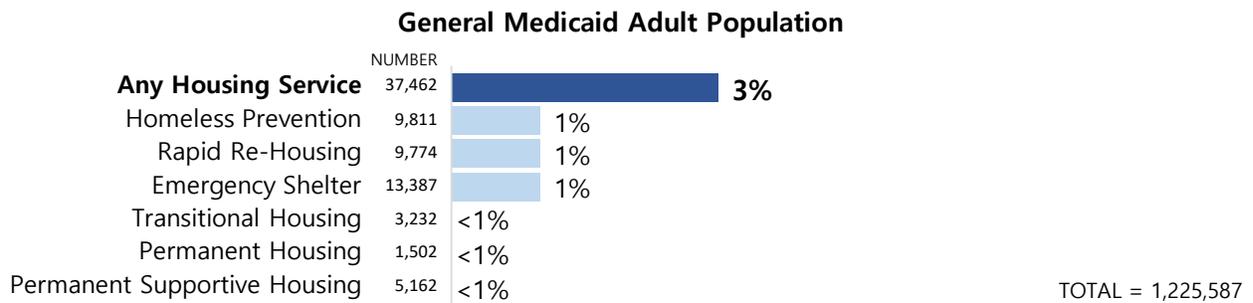
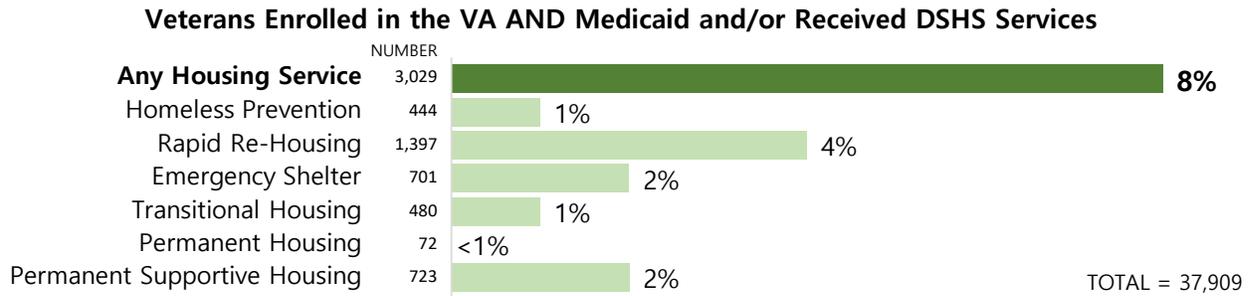


FIGURE 7

### Receipt of Housing Services CY 2016

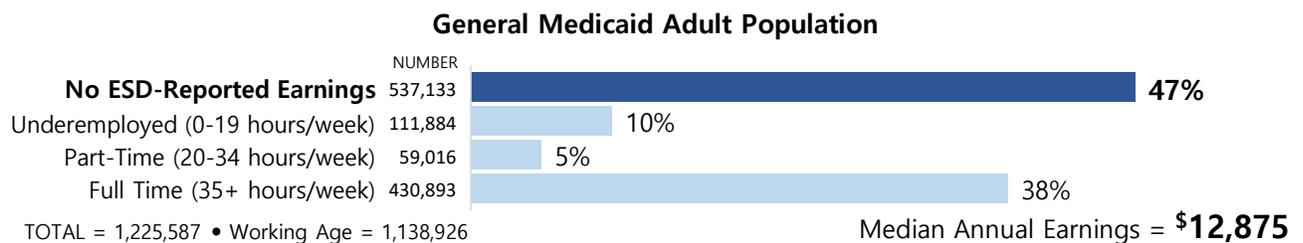
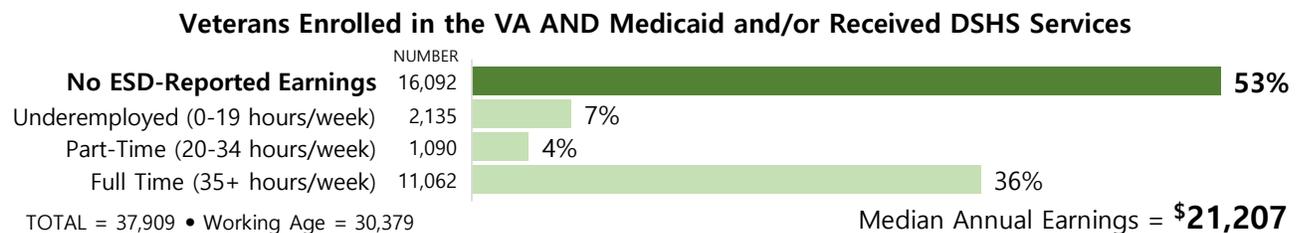


36 percent of the working age (18-64) Veterans were employed full time, with 7 percent underemployed and 4 percent employed part-time. A substantial proportion of the Veteran study population (53 percent) had no Employment Security Department reported earnings<sup>4</sup>. When comparing the working age populations (18-64 years), the Veteran study population had higher median annual earnings than the general Medicaid adult population (\$21,207 compared to \$12,875). These are both well under the Washington State median annual earnings of \$36,353.<sup>5</sup>

FIGURE 6

### Employment Status

Among the working age population (18-64 years old)



<sup>4</sup> ESD employment and earnings data does not include Federal government, self-employment, or unreported earnings.

<sup>5</sup> 2017 Labor Market and Economic Report by the Employment Security Department, April 2018.

## Discussion

We found that 17 percent of Veterans who are actively enrolled in the Veteran's Health Administration were also either enrolled in Medicaid and/or received a social service from Washington state in CY 2016. Eighty-six percent of this population received a service from DSHS. Of those who received a DSHS service, 52 percent accessed Basic Food and 34 percent received a child support service. In addition, while homelessness rates were approximately the same (13 percent of the Veteran study population and 12 percent of the general Medicaid adult population), 8 percent of the Veteran study population accessed housing services during CY 2016, compared to only 3 percent of the general Medicaid adult population.

This project also builds on prior research (Henzel et al. 2016) by combining information from both the DSHS Integrated Client Database (ICDB) and the VA, to generate a more comprehensive picture of mental health treatment need service utilization among Veterans in Washington state. Fifty-six percent of the Veteran study population was identified as having a mental health treatment need, with only 59% of those in need receiving a mental health outpatient service in CY 2016.

The data presented here represents progress towards linking cross-system information about services Washington Veterans are using. However, this set of descriptive statistics has limitations. The Veteran population has very different demographic characteristics from the general Medicaid adult population. For example, 56% of the general Medicaid adult population is female, compared to only 13% of this study population. Comparative analyses that stratify results by gender and age could highlight areas where Veterans are underserved compared to the general Medicaid adult population.

In addition, the Veteran's Health Administration provides services to Veterans that are not included (such as homelessness prevention programs and Veterans specific affordable housing programs). Many Veterans age 65 and older may also be receiving services from Medicare, which are not captured in this study. Further work will ideally combine additional need or service utilization information to gain a more complete picture of physical health, behavioral health, and social service needs of Veterans in the state of Washington.

## REFERENCES

Henzel, P., Lucenko, B., Ford Shah, M., Hughes, R., and Felver, B. (2016). Veterans Receiving DSHS Services Following Discharge from Military Service. Olympia, WA, DSHS Research and Data Analysis Division.  
<https://www.dshs.wa.gov/sesa/rda/research-reports/veterans-receiving-dshs-services-following-discharge-military-service>

### STUDY DESIGN AND OVERVIEW

This study examines the social and health service use of Veterans in the state of Washington. In particular, this study is focused on Veterans who may receive services from both the Veteran's Health Administration (VA) and other state agencies (such as the Department of Social and Health Services and the Health Care Authority).

Matching procedures were used to identify Veterans actively enrolled in the VA in CY 2016 who also appeared in the DSHS Integrated Client Database. Analyses were then restricted to those who were enrolled in Medicaid and/or received DSHS services in CY 2016. Of the 226,311 Veterans in the CY 2016 VA cohort, 46 percent had ever received services from DSHS or enrolled in Medicaid (n=108,484). However, only 17 percent (n=37,909) received services in CY 2016.

### STUDY POPULATION

This report focuses on two groups:

- 1) **Veterans with Medicaid and/or DSHS Service Receipt.** Veterans actively enrolled in the Veterans Health Administration (VA) in Washington during CY 2016 (who were alive for the entirety of CY 2016) who also enrolled in Medicaid and/or receive a DSHS service in CY 2016.
- 2) **General Medicaid Adult Population.** Individuals, age 18 and older (who were alive for the entirety of CY 2016), who were enrolled in Medicaid in Washington during CY 2016.

### DATA SOURCES AND MEASURES

RDA leveraged data from two sources: the DSHS Integrated Client Database (ICDB) and the Veteran's Health Administration Corporate Data Warehouse.

- **Veteran specific measures:** Enrollment in the VA and identification of mental health treatment need and outpatient mental health service receipt from VA clinics was provided by the Veteran's Health Administration Corporate Data Warehouse.
- **Public assistance:** Basic Food and TANF receipt were identified through data from the DSHS Automated Client Eligibility System (ACES) summarized in RDA's Client Services Database. The Basic Food program is Washington's version of the U.S. Department of Agriculture's Supplemental Nutrition Assistance Program (SNAP). This program provides monthly benefits to buy food for low income persons and the benefit amounts are based on family size and income. TANF (Temporary Assistance for Needy Families) provides temporary cash assistance for families in need.
- **Child support and child welfare:** Child support and child protective services investigations and out-of-home placement indicators were drawn from RDA's Client Services Database and identify individuals who received at least one month of the service in CY 2016. Child support services include collection and disbursement of child support and custody issues. Child welfare services include child protective services, foster parenting, and adoption services. Child support services and child welfare services moved from the Department of Social and Health Services to the Department of Children, Youth, and Families on July 1, 2018.
- **Aging and long term services:** Long-term care services were drawn from RDA's Client Services Database. Aging and long term services include home and community based services, adult protective services, and residential care services that are provided by the Department of Social and Health Services Aging and Long Term Services Administration.
- **Developmental disability services:** The Department of Social and Health Services Developmental Disabilities Administration provides services and supports to individuals with developmental disabilities and their families. These services include individual and family support, day programs, and community and residential programs. Service information is drawn from RDA's Client Services Database.
- **Physical health indicators:** Chronic illness and emergency department use (inpatient or outpatient) come from administrative data in the ICDB. These indicators are calculated over a 12-month period (CY 2016) and are restricted to those with at least one month of medical eligibility during that period.
  - **Chronic illness:** defined as a Chronic Illness and Disability Payment System (CDPS) risk score greater than or equal to 1.

- **Outpatient emergency department use:** The use rate is defined as the number of outpatient emergency department visits in CY 2016 per 1,000 member-months. Member-months are months in which individuals had coverage under Medicaid. The Medicaid coverage month criteria is essential for this measure since ED visits are pulled from Medicaid claims data and do not include claims from non-Medicaid sources. Not using the Medicaid coverage month concept would result in artificially deflating the ED use rates.
- **Inpatient emergency department use:** The use rate is defined as the number of inpatient emergency department visits in CY 2016 per 1,000 member-months. Member-months are months in which individuals had coverage under Medicaid. The Medicaid coverage month criteria is essential for this measure since ED visits are pulled from Medicaid claims data and do not include claims from non-Medicaid sources. Not using the Medicaid coverage month concept would result in artificially deflating the ED use rates.
- **Mental health measures:** Mental health treatment need and outpatient mental health service receipt are identified in two sources: administrative data in the ICDB and from the Veteran’s Health Administration Corporate Data Warehouse. Mental health treatment need is calculated over a 24 month period (CY 2015 or CY 2016) and are restricted to those with at least one month of medical eligibility during that period. Outpatient mental health service receipt is calculated over a 12 month period (CY 2016).
  - **Mental health treatment need:** In CY 2015 or CY 2016, any mental health diagnosis, prescription, or service recorded in administrative data. Need may have been identified through Medicaid, Veteran’s Health Administration, in either system, or in both systems.
  - **Mental health service receipt:** Any outpatient mental health service recorded in CY 2016. Service may have been received through Medicaid, Veteran’s Health Administration, in either system, or in both systems.
  - **Mental health treatment penetration rate:** Percent of the population with a mental health service need identified by Medicaid or Veteran’s Health Administration in CY 2015 or CY 2016, who received at least one qualifying service during CY 2016 from Medicaid or Veteran’s Health Administration.
- **Employment and earnings:** Employment outcomes were obtained from state Employment Security Department wage data. Individuals are flagged as employed if they had at least one quarter of non-zero earnings during the calendar year. Yearly earnings are calculated by summing quarterly earnings within each calendar year.
- **Criminal justice involvement:** Criminal justice metrics were obtained from Washington State Patrol data (arrests for a felony or gross misdemeanor) and from court data related to convictions to create the “any criminal justice involvement” metric.
- **Homelessness and public housing authority assistance:** Homeless indicators come from DSHS Economic Services Administration caseworker notes in the Automated Client Eligibility System (ACES), which are linked to the ICDB. Homelessness in ACES is defined as those in emergency housing shelter, homeless without housing, homeless with housing, and/or inappropriate living conditions. In addition, individuals who received housing services through Department of Commerce for at least one month in CY 2016 and were, by default, homeless or unstably housed (in danger of losing housing) in order to receive the service are also included. Thus the reported homelessness/housing instability rate is a broad view of homelessness and housing instability that combines information from ACES and the WA Department of Commerce.



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**ACKNOWLEDGEMENT**

We want to acknowledge the work of our colleagues throughout the research and data analysis division and our partner programs for all the work they do in serving Washington’s vulnerable populations.