

Assessment of Case Management Services to Veterans for Mental Health Care

Report pursuant to Resolves 2017, Ch. 24

Resolve, to Assess the Need for Mental Health Care Services for Veterans in Maine and to Establish a Pilot Program to Provide Case Management Services to Veterans for Mental Health Care

Office of Substance Abuse and Mental Health Services

January 2020

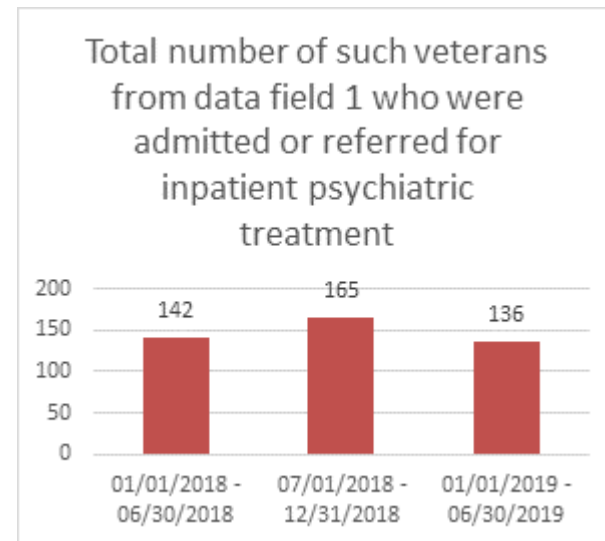
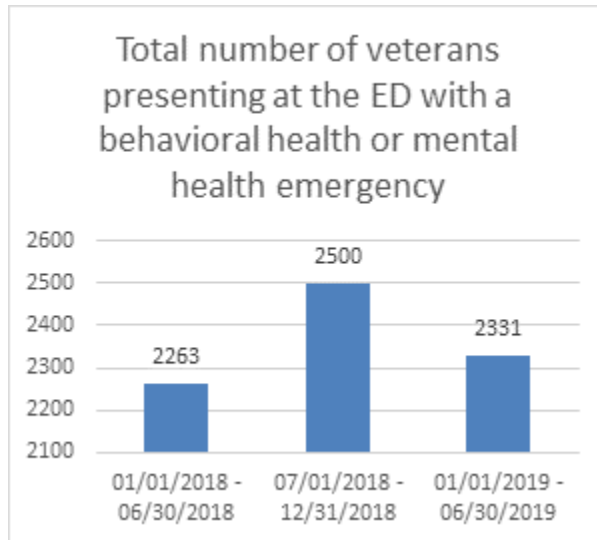


Civilian hospitals to inquire about past military services of patients presenting for emergency care

- That, beginning no later than January 1, 2018 and until December 31, 2020, a hospital licensed under the Maine Revised Statutes, Title 22, Chapter 405 shall screen all patients presenting for emergency care at the hospital's emergency department regarding whether or not the patient has prior service in the military. This information must be added into the hospital's patient data management system; and be it further
- That, from January 1, 2018 to December 31, 2020, a hospital licensed under the Maine Revised Statutes, Title 22, Chapter 405 shall compile data regarding the number of patients who identified as having served in the military who reported or presented a behavioral or mental health emergency when seeking care from the hospital emergency department, including the number who were admitted or referred for inpatient treatment for psychiatric care; and
- That the Commissioner of Health and Human Services shall work with the Director of the Bureau of Maine Veterans' Services within the Department of Defense, Veterans and Emergency Management to analyze the data submitted by hospitals in accordance with Section 2 of this part to quantify the unmet need for mental health care services, particularly inpatient mental health care services, and to identify gaps in mental health care services provided by the United States Department of Veterans Affairs.

Civilian Hospital Reporting

Reporting Period Comparison		
	Total number of veterans presenting at the ED with a behavioral health or mental health emergency	Total number of such veterans from data field 1 who were admitted or referred for inpatient psychiatric treatment
Reporting Period		
01/01/2018 - 06/30/2018	2263	142
07/01/2018 - 12/31/2018	2500	165
01/01/2019 - 06/30/2019	2331	136



Commissioner of Health and Human Services to Establish Pilot Program to Provide Mental Health Case Management to Veterans. Resolved:

- That, beginning January 1, 2018, the Commissioner of Health and Human Services, referred to in this part as "the Commissioner," shall establish a pilot program to provide contracted case management services to provide necessary mental health treatment to Veterans who are residents of the State. Case management services must include assisting Veterans in gaining a range of mental and behavioral health services, which must include inpatient mental health care services.
- In establishing the pilot program, the Commissioner shall consult with the Director of the Bureau of Maine Veterans' Services within the Department of Defense, Veterans and Emergency Management, referred to in this part as "the Director," to identify regions where case management services are most needed and to identify Veterans seeking case management services who are enrolled with the United States Department of Veterans Affairs and those who would likely be eligible to be enrolled. The pilot program described in this section must continue until January 1, 2020 or until the funds provided in Part C are exhausted.

Veterans Case Management Providers

- Easterseals Maine, Inc. (herein called Easterseals Maine) and Health Affiliates Maine (HAM) are the two (2) contracted providers that provide Veterans Case Management to eligible Veterans in the State under Section 17 Community Integration Services.
- Easterseals Maine, Inc. contract MH4-18-2000 was encumbered on April 18, 2018 for the amount of \$350,000. Easterseals Maine has a contract end date of April 20, 2020.
- Health Affiliates Maine contract MH4-18-2001 was encumbered on March 14, 2018 for the amount of \$350,000. Health Affiliates Maine's has a contract end date of June 30, 2020.

Veteran Case Management Providers

- Easterseals Maine and Health Affiliates Maine contracted providers have experience in working with Veterans and are able to provide Veteran Case Management to all counties of Maine.
- Both contracted agencies adhere to 10-144 Chapter 101 MAINECARE BENEFITS MANUAL, CHAPTER II Section 17 COMMUNITY INTEGRATION SERVICES (Established: 5/1/93 and last updated on 2/26/2017).

Collaboration

- The Maine Bureau of Veterans' Services, DHHS/SAMHS, and our contracted providers Health Affiliates Maine and Easterseals Maine have worked closely together to address identified needs of Veterans, and participated in Veteran related conferences, employment fairs, and/or other requested events.
- DHHS/SAMHS and the Maine Bureau of Veteran' Services participate, collaborate and/or attend regular Maine Military Community Network Leadership Council Meetings, participate in the National Strategy for Suicide Prevention Committee Steering Committee, work with Maine Bureau of Veteran's Services to support the "Call to Action Project", and work with the Togus VA Maine Healthcare System's/Togus VA Medical Center in regards to collaborating services; more specifically, how both the Maine Crisis Line and the Veterans hotline are useful resources for Veterans.
- DHHS/SAMHS continues to support building a partnership with The Maine Bureau of Veteran's Services.

Eligibility for Veteran Case Management

- Provide Community Integration Services to eligible Veterans who have received a mental health diagnosis or mental health disability rating from the United States Department of Veterans Affairs, and/or any eligible Veteran who is not enrolled with the United States Department of Veteran's Affairs who is determined to require mental health care services by a licensed mental health professional may be considered eligible for Community Integration based on the individual needs of the Veteran. Verify that each eligible Veteran has provided a copy of their Release or Discharge from Active Duty Certificate (DD 214) according to the following priority list (in ranking order of priority):
 1. Veterans being discharged from Riverview Psychiatric Recovery Center (RPC) or Dorothea Dix Psychiatric Center (DDPC);
 2. Veterans being discharged from other psychiatric inpatient facilities;
 3. Veterans who are within Medically Needy Deductible (MaineCare Spend Down) ineligibility periods; and
 4. Other uninsured Veterans, insured Veterans who do not have coverage for this specific service, and Veterans with MaineCare.
- Verify that each eligible Veteran has provided a copy of their DD Form 214/215, or NGB 22/22A. DD Form 214 is the Certificate of Release and DD Form 215 is used to correct any mistakes to the original form. NGB Form 22 is the Report of Separation from the National Guard.

Veterans Data Collection

- DHHS/SAMHS collects data from Health Affiliates Maine and Easterseals Maine through monthly activity reports.
- Through DHHS/SAMHS strategic initiatives, SAMHS directs our contracted agencies to ask Veterans about core mainstream services such as their housing situations, employability, and employment training; and to work with a Veteran to meet that need if identified. Both agencies complete the following:
 1. Need For Change (NFC) Self-Rating Scale - to complete if the individual is employed or unemployed;
 2. Housing Needs Assessment - to assess need for housing or housing subsidy; and
 3. Monthly Activity sheet to collect demographic data – to include eligibility status, date of referral, date of enrollment, town, county, and age.

Referral Source

April 2018 to September 2019

VA Healthcare Services	31
Veterans Outreach Center	15
Community Organization/Program	15
Preble Street Resource Center	14
Easterseals	12
Community Health Clinic	10
Self-referral	8
Family / Friend	6
Health Affiliates Maine	6
Other Veteran's Organization	6
Other	6
Hospital	5
Maine Bureau of Veterans Services	5
Legal Services	3
Primary Care Provider	3
Maine State Prison	1
Unknown	44
No data (August/September 2019)	20
Total	210

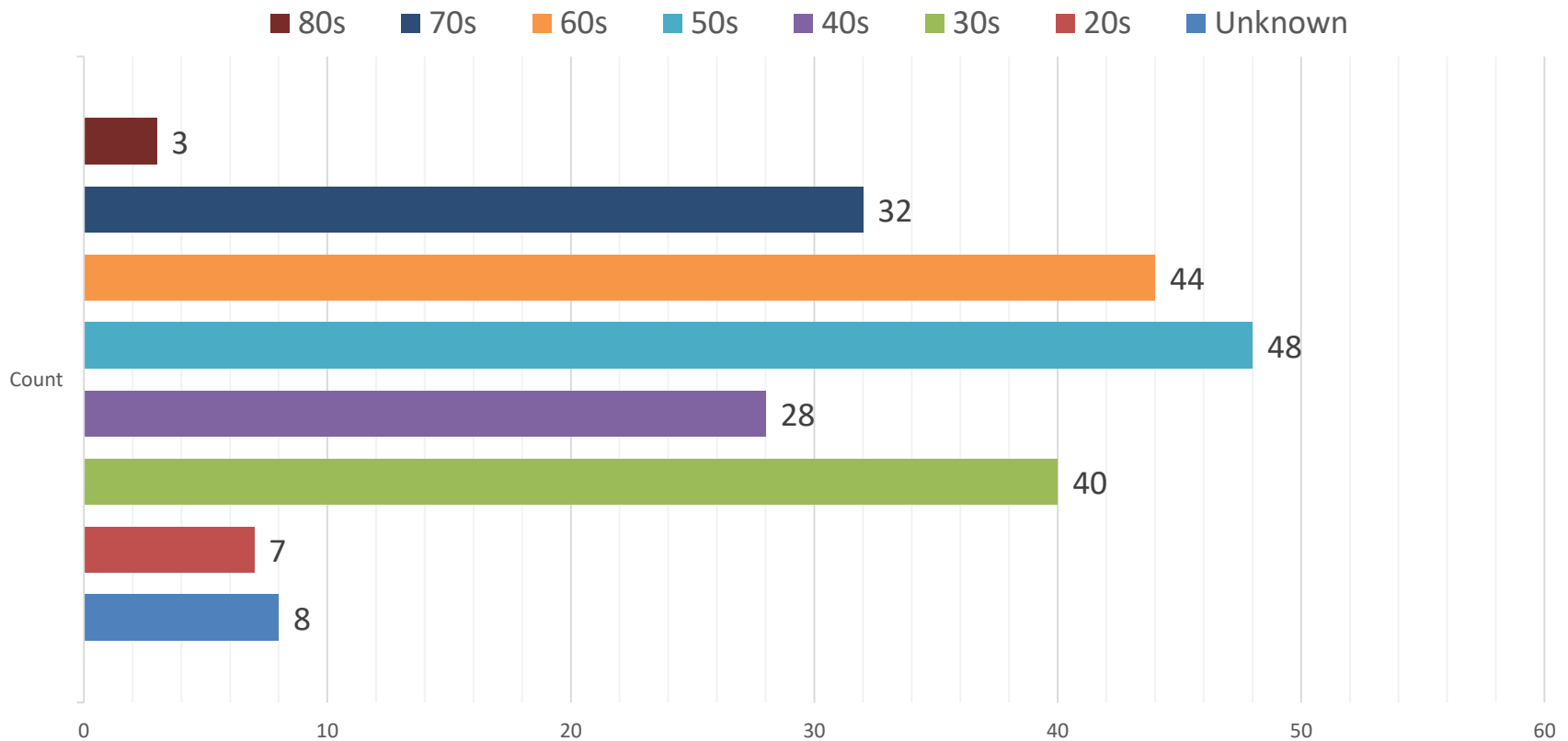
Veterans Served

April 2018 to September 2019

- 210 Veterans have been served
- 1310 Veteran encounters have been reported
- Fifty percent (50%) of Veterans served were aged fifty-five (55) or older

Veteran Demographics

Age of Veterans served April 2018 to September 2019



Veteran Demographics

Number of Veterans

Served by County

April 2018 to September 2019



Note:

Veterans who lived in two (2)
Counties will be counted twice

Cost Impact

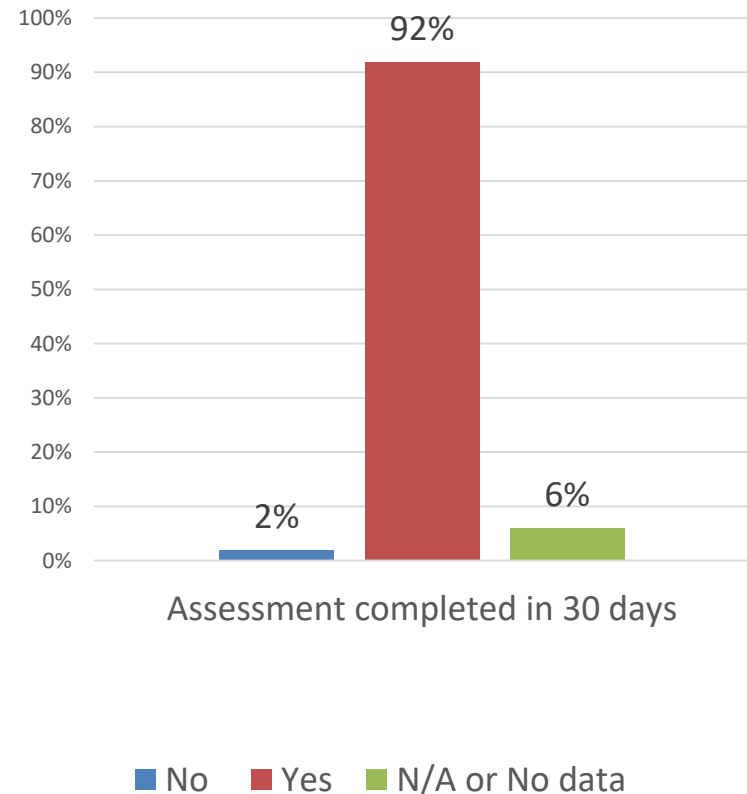
April 2018 to September 2019

- Easterseals Maine
 - Average length of stay in service was five (5) months.
 - Cost per Veteran served - \$1,617

- Health Affiliates Maine
 - Average length of stay in service was six (6) months
 - Cost per Veteran served - \$1,421

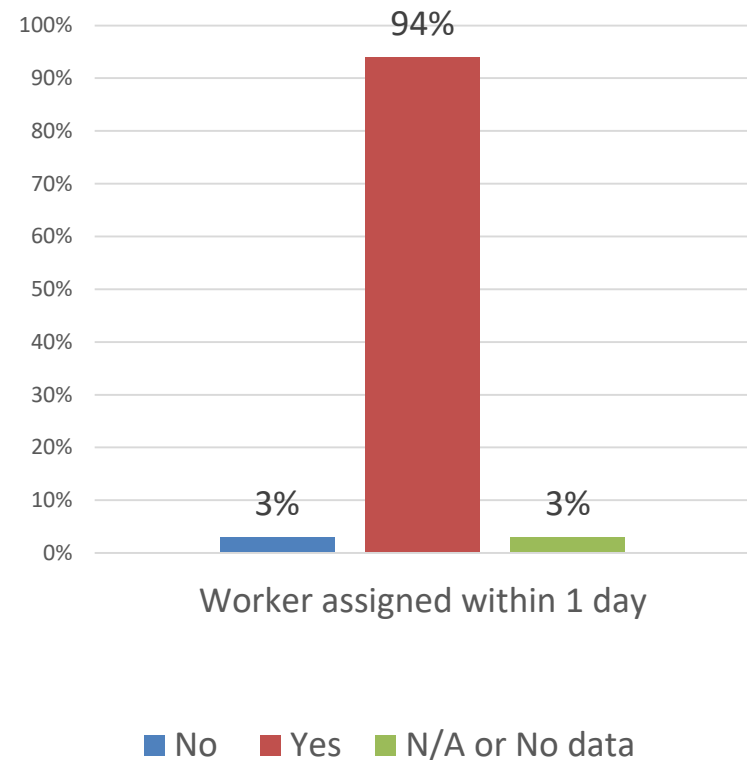
DHHS/SAMHHS Strategic Plan Performance Measures

- One hundred percent (100%) of eligible Veterans will have their assessment completed within thirty (30) days from enrollment.
- April 2018 to September 2019
- Ninety-two percent (92%) completed within thirty (30) days from enrollment.
- Two percent (2%) not completed within thirty (30) days from enrollment.
- Six percent (6%) N/A or no data available.



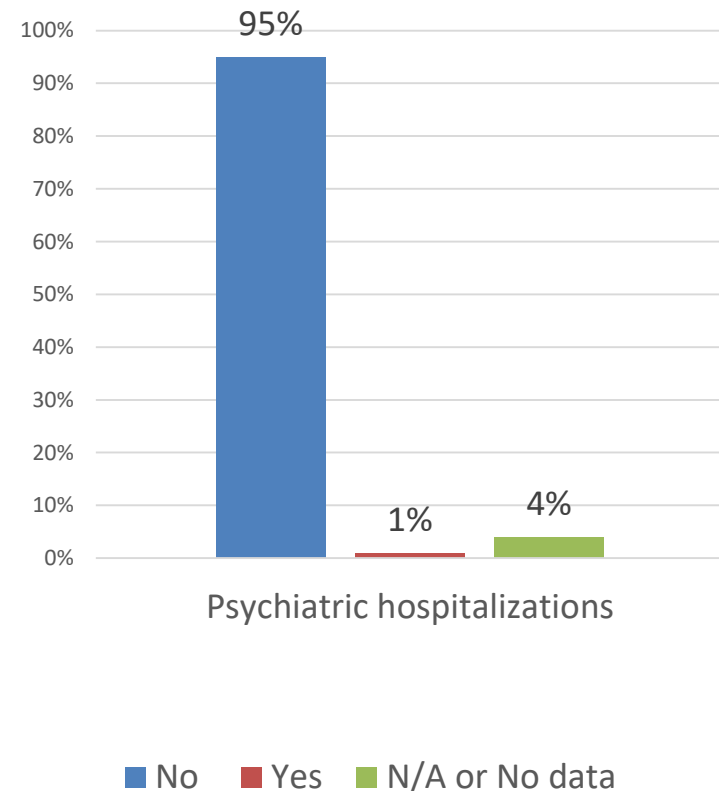
DHHS/SAMHS Strategic Plan Performance Measures

- One hundred percent (100%) of eligible Veterans will be assigned a Community Integration Worker within one (1) business day of referral.
- April 2018 to September 2019
- Ninety-four percent (94%) assigned within one (1) day.
- Three percent (3%) not assigned within one (1) day.
- Three percent (3%) N/A or no data available.



DHHS/SAMHS Strategic Plan Performance Measures

- Ninety-five percent (95%) of Veterans receiving Community Integration Services for at least six (6) months will have no psychiatric hospitalization(s).
- April 2018 to September 2019
- Ninety-five percent (95%) of individuals had no psychiatric hospitalizations.
- One percent (1%) of individuals had psychiatric hospitalizations.
- Four percent (4%) N/A or no data available.



Housing Outcomes

- Providers report that twenty-one (21) homeless Veterans were assisted and housed within six (6) months.
- Providers report that three (3) Veterans who were at risk of being homeless were assisted.
- About seventy percent (70%) of Veterans reported at encounters that they did not need help with housing as they already owned a home or had stable housing.

Employment Outcomes

- Providers reported that unemployed Veterans received help with employment or were enrolled in employment training.
- About seventy percent (70%) of Veterans did not request help with employment at encounters as they were already employed, retired, or disabled.

Observations

- Program provided a safety net and filled the gap by providing a continuum of care/services while the Veteran waited for VA services.
- Program provided low barrier admission to case management services (eligibility)
- Program provided timely responsiveness to services.
- The cost for Veteran case management is substantially lower in the community setting (\$1,421 to \$1,617) for five (5) to six (6) months.

SAMHS Fiscal Update

- MH4-18-2000, Easterseals Maine
 - Was awarded \$350,000.00. Amendment is currently in process adding an additional \$50,000.00.
 - Current expenditures as of 12/9/2019 is \$280,781.02.

- MH4-18-2001, Health Affiliates Maine
 - Was awarded \$350,000.00. An amendment was completed decreasing Agreement amount by \$66,666.67. An additional amendment is in process decreasing the Agreement amount by \$50,000 per the request of the Provider.
 - Current expenditures as of 12/9/2019 is \$175,835.90.

Recommendations

For the Continuation of Services

- Continue to fund mental health case management for Veterans in Maine.
 - Continue to provide low cost/low barrier services that addresses Veteran's quality of life, connections to Veteran/mainstream services, prevention of psychiatric hospitalizations, and allow services to be provided in the least restrictive setting.
- Consider expanding the program to include an additional contracted provider that has a well-established foothold in Aroostook and Washington County.
- Improve marketing in the counties that did not have many referrals to ensure all service agencies are well-aware of the program availability.

Recommendations

For the Continuation of Services

- Continue upfront services and responsiveness through timely access to services such as one (1) day assignment and completion of assessments within thirty (30) days.
- Continue to adhere to the current eligibility guidelines outlined in the contract and follow the MaineCare Section 17 regulations for Community Integration Services.
- Realign performance measures with the needs of the Veterans
 - More Veteran centric measures.
 - Stronger emphasis on the Veteran as a total person and social determinants of health.
- Improve data collection.

Benefits of Services

- Helps keep Veterans from languishing on waitlists for services for which they are eligible
- Case Management services are more cost-effective than inpatient psychiatric care
- Provides a community mental health safety net, including important outreach and services to veterans

Questions?

Office of Substance Abuse and Mental Health

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