



Trends in State Health and Social Service Use among United States Veterans in Washington State

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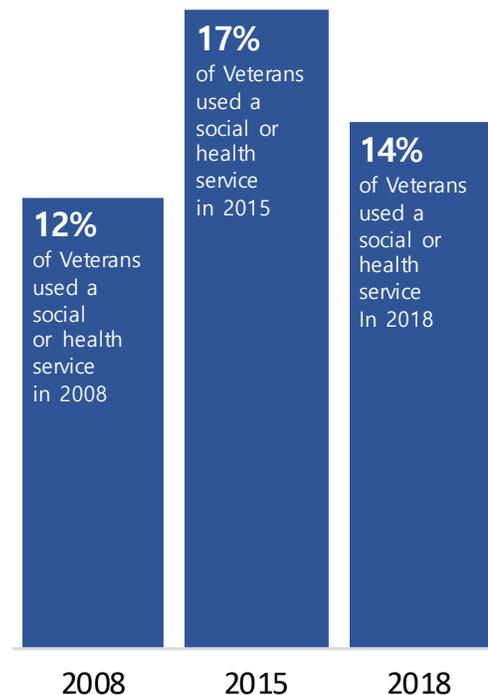
In collaboration with Paul Hebert, Idamay Curtis, and John Messina from the Primary Care Analytic Team and the Center for Veteran-Centered and Value-Driven Care, VA Puget Sound Health Care System. Funded by the Department of Veterans Affairs Office of Primary Care.

THE U.S. DEPARTMENT OF VETERANS HEALTH AFFAIRS (VHA) is the largest integrated health care system in the United States (US). The VHA provides care to an especially vulnerable population of individuals, some of whom are also receiving state-funded health and social services. Prior research (Henzel et al. 2016, Bittinger et al. 2018, Bittinger et al. 2020) examined state service use by Veterans at a single point in time. These studies found that a substantial number of Veterans in Washington State used state-funded social and health care services after discharging from the military. To better understand if state service utilization by Veterans changes over time, this report examines the use of state-administered social and health care services from 2008 through 2018 by a cohort of Veterans who were enrolled with the VHA in calendar year (CY) 2016.

Key Findings

1. Overall, use of state social and health services increased in the years following the 2008 recession, but has decreased in recent years.
2. On average, state service utilization was twice as high for Veterans enrolled in the VHA Primary Care Management Module (a care coordination program) compared to non-enrolled Veterans.
3. The number of Veterans with Medicaid coverage increased following Medicaid expansion in 2014—an additional 15,413 Veterans enrolled in Medicaid between 2014 and 2018.

FIGURE 1. Veteran Use of State Social or Health Services Increased then Declined



Prior studies are available at: <https://www.dshs.wa.gov/rda>

Veterans Receiving DSHS Services Following Discharge from Military Service

Approximately 10% of Veterans discharged from military service in Washington State receive DSHS services.

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

On average, state service utilization was twice as high for Veterans enrolled in the VHA Primary Care Management Module compared to non-enrolled Veterans.

Veterans Health Administration Program Participation and State Health and Social Service Use among United States Veterans in Washington State

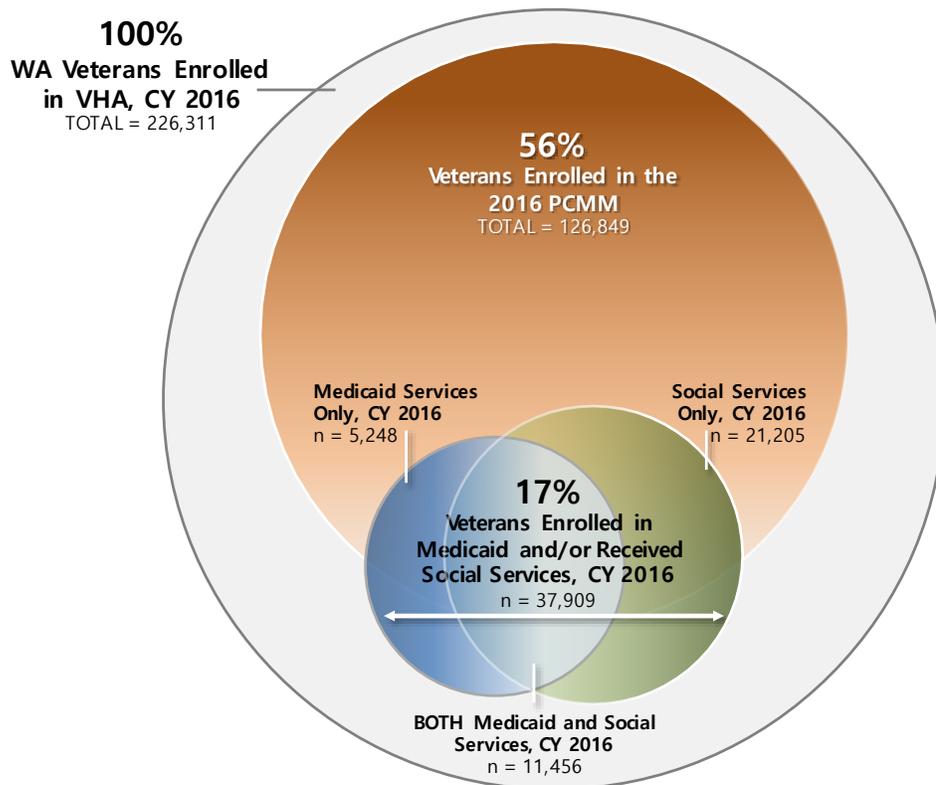
Veterans enrolled in the VHA Primary Care Management Module use state health and social services at a higher rate than non-enrolled Veterans.

Data and Methods

In 2016, there were 226,311 Veterans living in Washington State who were enrolled with the VHA. As part of VHA enrollment, Veterans may also choose to enroll in the Primary Care Management Module (PCMM), a nation-wide program intended to support both primary care and non-primary care teams within the VHA system to effectively provide health care services. In 2016, over half (56 percent) of Washington Veterans were enrolled in the PCMM. Almost 17 percent of all VHA-enrolled Veterans (n=37,909) received at least one of the following state services in 2016: Basic Food, Aging and Long Term Support Services Administration (ALTSA) services, child support services, child welfare services, and Medicaid enrollment (see Figure 2). Both PCMM and non-PCMM enrolled Veterans received state services in 2016.

FIGURE 2.

Overall State Service Use in CY 2016



Previous analyses showed that state-funded service use among Veterans varies by demographic characteristics as well as other Veteran characteristics including PCMM engagement (see Bittinger et al. 2018 and 2020). However, previous studies focused on service use in a single year (CY 2016). To better understand how state service utilization may change over time, this report examines the use of state social and health services by the 2016 cohort of Veterans from 2008 through 2018. Two broad measures of state service use (any social or health service use and any social service use) and two specific state services (Basic Food and Medicaid) are included in the analyses (see Table 1). Results are stratified by 2016 PCMM enrollment status to highlight any differences in state service use by those who were and were not enrolled in the PCMM.

These analyses used two sources of data: the DSHS Integrated Client Database (ICDB) and the Veterans Health Administration Corporate Data Warehouse. The ICDB provides information on use of

state social and health services in each measurement year. The Veterans Health Administration Corporate Data Warehouse contains information on Veteran demographics and PCMM engagement for the 2016 Veteran cohort. Additional details about the variables, data sources, and methods are in the Technical Notes section.

TABLE 1.
Summary of Variables

State Service Use (identified via the DSHS Integrated Client Database)	
Basic Food	Receipt of Basic Food
Any social service use	Any use of Basic Food, ALTA services, child support services, or child welfare services
Medicaid	Enrollment in Apple Health, Washington’s Medicaid program
Any social or health service use	Use of any social service or enrollment in Medicaid
Veteran Characteristics (Veterans Health Administration Corporate Data Warehouse)	
Engagement in the Primary Care Management Module (PCMM)	Engagement in PCMM in 2016

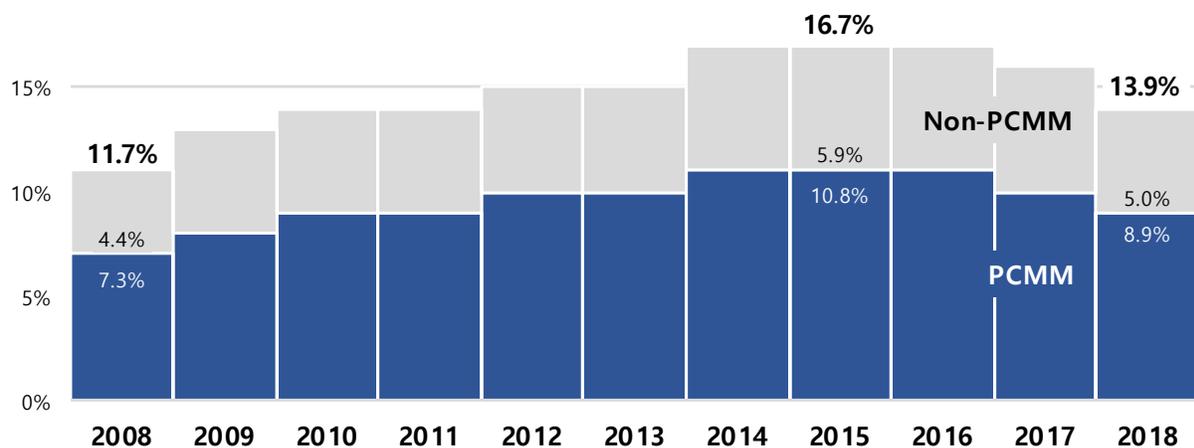
Findings

In general, the percent of Veterans using state social and health services increased in the years following the 2008 recession. Recent years (2017-2018) have seen a decrease in state social service use by Veterans. However, enrollment in Medicaid did not decrease and remained above 2008 levels, associated with the Affordable Care Act expansion of Medicaid eligibility in 2014. In addition, roughly twice as many PCMM-enrolled Veterans use state services as non-PCMM-enrolled Veterans across time and services. Trends for each service are highlighted below. Results for PCMM-enrolled Veterans are in **BLUE**. Results for non-PCMM-enrolled Veterans are in **GRAY**.

Any Social or Health Service Use

In 2008, 12 percent of all Veterans used at least one state social or health service (see Figure 3). By 2015, that number increased to 17 percent. However, the use of state services has decreased in recent years (down to 14 percent in 2018). The difference in service utilization by PCMM versus non-PCMM enrolled-Veterans was greatest in 2015. Though this difference has decreased in recent years, it remains higher than the gap in 2008.

FIGURE 3.
Percent of Veterans Who Used Any State Social or Health Service
Among Veterans Enrolled with the VHA in 2016 (TOTAL = 226,311)

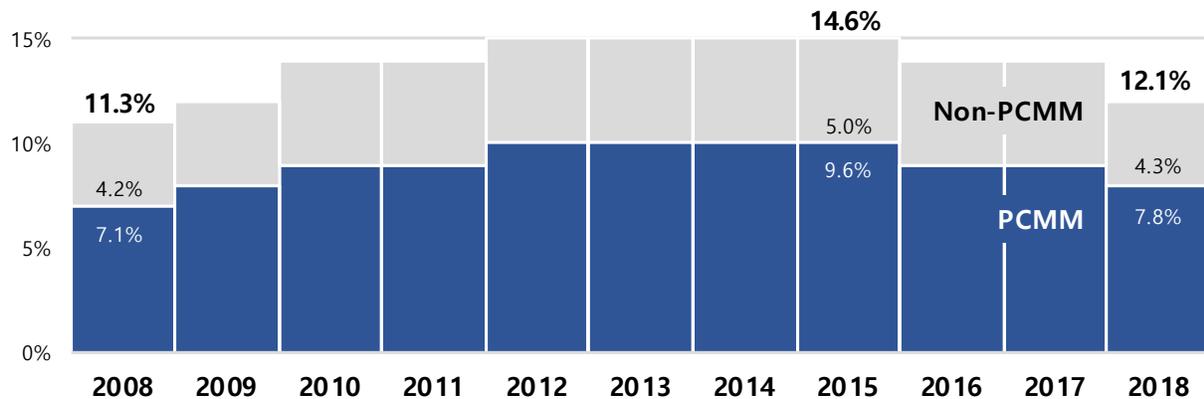


Any Social Service Use

Similar trends were observed in state social service use. The percentage of Veterans who used any state social service increased from 11 percent in 2008 to 15 percent in 2012 (see Figure 4). Use of state social services has decreased in recent years (12 percent in 2018). Across all years, twice as many PCMM-enrolled Veterans received state social services compared to non-PCMM-enrolled Veterans.

FIGURE 4.

Percent of Veterans Who Used Any State Social Service
Among Veterans Enrolled with the VHA in 2016 (TOTAL = 226,311)



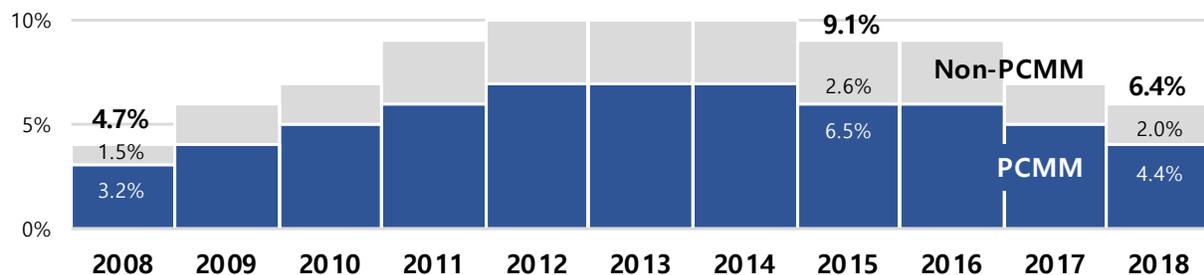
Receipt of Basic Food

The most frequently received state social service for Veterans is Basic Food (see Bittinger et al. 2018). As shown in Figure 5 below, among Veterans, receipt of Basic Food doubled between 2008 and 2013 (5 percent to 10 percent). While receipt of Basic Food has decreased in recent years, over 14,000 Veterans received Basic Food in 2018.

FIGURE 5.

Percent of Veterans Who Used Basic Food

Among Veterans Enrolled with the VHA in 2016 (TOTAL = 226,311)



Medicaid Enrollment

While the overall proportion of Veterans who enroll in Medicaid remains small, the number of Veterans with Medicaid coverage increased following Medicaid expansion in 2014 (see Figure 6). Unlike other state service use, Medicaid enrollment has remained stable in recent years. The overall proportion of PCMM/Non-PCMM Veterans enrolled in Medicaid is consistent with other state service use (about two times as many PCMM-enrolled Veterans compared to non-PCMM-enrolled Veterans).

FIGURE 6.
 Percent of Veterans Who Enrolled in Medicaid
 Among Veterans Enrolled with the VHA in 2016 (TOTAL = 226,311)

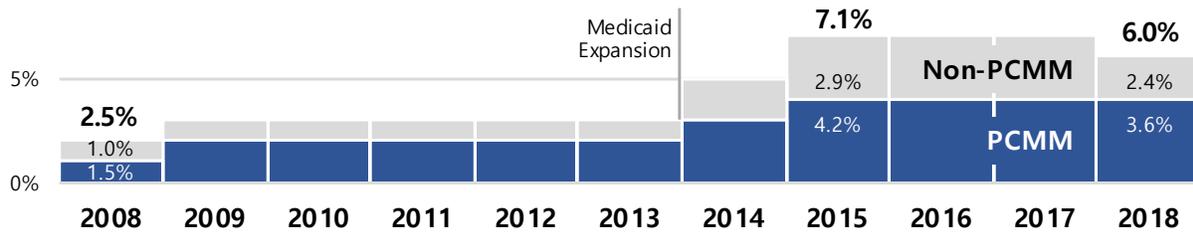
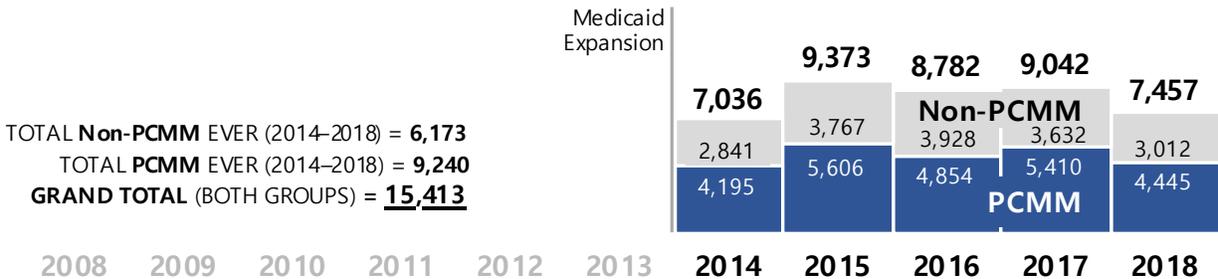


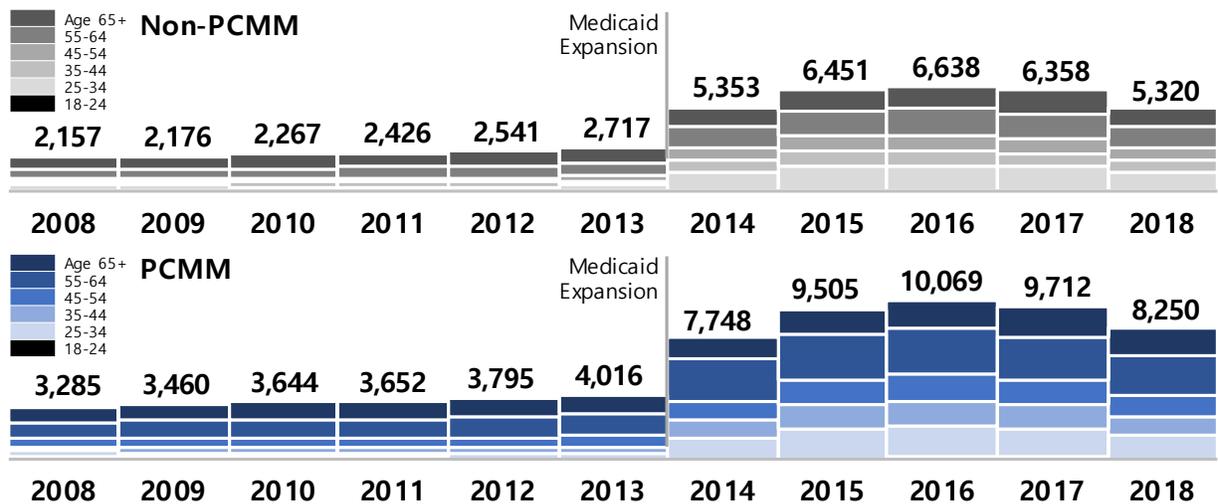
Figure 7 highlights the number of Veterans enrolled specifically in Medicaid coverage associated with the Affordable Care Act (ACA). Nearly 7 percent (n=15,413) of the 2016 VHA cohort enrolled in a Medicaid coverage category associated with the ACA at some point between 2014 and 2018. About 4 percent of all Veterans enrolled in a Medicaid expansion coverage category each year.

FIGURE 7.
 Number of Veterans Who Enrolled in a Medicaid Expansion Coverage Category
 Among Veterans Enrolled with the VHA in 2016 (TOTAL = 226,311)



Medicaid enrollment grew at a higher rate for Veterans aged 25-34 and 55-64 compared to other age groups. For Veterans aged 25-34, enrollment in Medicaid had a more than four-fold increase from 745 Veterans in 2008 to 3,613 Veterans in 2016. Medicaid enrollment for Veterans aged 55-64 almost tripled from 1,493 Veterans enrolled in Medicaid in 2008 to 4,454 Veterans enrolled in 2016.

FIGURE 8.
 Number of Veterans Who Enrolled in Medicaid by Age
 Among Veterans Enrolled with the VHA in 2016 (TOTAL = 226,311)



Discussion

Overall, use of state social and health services by Veterans in Washington State increased in the years following the 2008 recession. The use of state social services has decreased in recent years. However, enrollment in Medicaid has not seen a similar decrease, likely due to expanded coverage options available under the Affordable Care Act. Across all years, about two-thirds of Veterans who used state services were also enrolled in the PCMM. This pattern of increased use by PCMM-enrolled Veterans is consistent across all services examined.

This pattern may indicate that Veterans who enroll in the PCMM have a higher level of need and seek additional services from state systems. However, previous research has shown that after controlling for other factors (such as age and gender), engagement in the PCMM is associated with a lower likelihood of using state social and/or health services (see Bittinger et al. 2020). Veterans who are *not* engaged in the PCMM have a higher likelihood of using state social and health services. Taken together, these findings suggest that PCMM enrollment may increase connections to a variety of social and health services, including VHA-funded services. Veterans who are not enrolled in the PCMM may lack these connections with the VHA and thus have a higher likelihood of using state social and/or health services. Non-PCMM Veterans may also lack of connections to state funded services, and thus have a lower rate of service use. Further research is needed to gain a better understanding of how the PCMM facilitates connections to both VHA and state-funded services.

It is also important to note that while the use of state social and health services by Veterans has declined in recent years, this report focuses on the years leading up to the COVID-19 pandemic that began in Washington in early 2020. The significant economic and health impacts of the pandemic across the state may result in an increase of state social and health service use. Follow-up analyses that look at state service use in 2020 and beyond are needed to understand how COVID-19 has impacted the state health and social service needs of WA Veterans. In addition, these types of follow-up analyses could highlight the potential correlation between times of economic distress and increases in state service use by Veterans.

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/ffa/rda/research-reports/veterans-receiving-dshs-services-following-discharge-military-service>
- Bittinger, K., Soriano, A., Lucenko, B. and Felver, B. (2018). Use of State Health and Social Services among United States Veterans Living in Washington State. Olympia, WA, DSHS Research and Data Analysis Division.
<https://www.dshs.wa.gov/ffa/rda/research-reports/use-state-health-and-social-services-among-united-states-veterans-living-washington-state>
- Bittinger, K., Soriano, A., Lucenko, B. and Felver, B. (2020). Veteran Health Administration Program Participation and State Health and Social Service Use. Olympia, WA, DSHS Research and Data Analysis Division.
<https://www.dshs.wa.gov/node/32431/>.

TECHNICAL NOTES

STUDY DESIGN AND OVERVIEW

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

VHA client data for Veterans enrolled in the VHA in CY 2016 was linked to information available in the DSHS Integrated Client Database. Of the 226,311 Veterans in the CY 2016 VHA cohort, 46 percent had received services from DSHS or enrolled in Medicaid (n=108,484) at some point in time.

DATA SOURCES AND MEASURES

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

- **Veteran-specific measures:** Veteran characteristics were derived from the Veterans Health Administration Corporate Data Warehouse.
 - **Demographic characteristics:** Gender, age, and race/ethnicity were reported for the 2016 cohort of Veterans.
 - **Primary Care Management Module engagement:** This indicates enrollment in the VHA Primary Care Management Module (PCMM) in CY 2016. The PCMM is a nation-wide program intended to support both primary care and non-primary care teams to effectively provide health care services.
- **State social and health service measures:** All state service measures were drawn from the DSHS RDA Integrated Client Database (ICDB). Veterans were flagged as having received the relevant service in a given year if they enrolled in or received the service at any point in time during the measurement year. These analyses focused on social and health services received by the Veteran cohort from 2008 through 2018.
 - **Medicaid:** This indicates enrollment of Veterans in any form of Medicaid in Washington.
 - **Basic Food:** Basic Food receipt was identified through data from the DSHS Automated Client Eligibility System (ACES) summarized in the ICDB. 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.
 - **Any social service:** This indicates receipt of any state social service including Basic Food, Child Support, Child Welfare, and/or Aging and Long Term Support services. Child support and child protective services investigations and out-of-home placement indicators were drawn from the ICDB and identify individuals who received at least one service between 2008 and 2018. 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. Long-term care services were drawn from RDA's ICDB. Aging and long term services include home- and community-based services, adult protective services, and residential care services that are provided by the DSHS Aging and Long Term Support Services Administration (ALISA). It is important to note that Veterans are only counted once for each measurement year, regardless of how many or how frequently services were received.
 - **Any state service:** This indicates receipt of any state social service and/or enrollment in Medicaid. It is important to note that Veterans are only counted once for each measurement year, regardless of how many or how frequently services were received.



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