

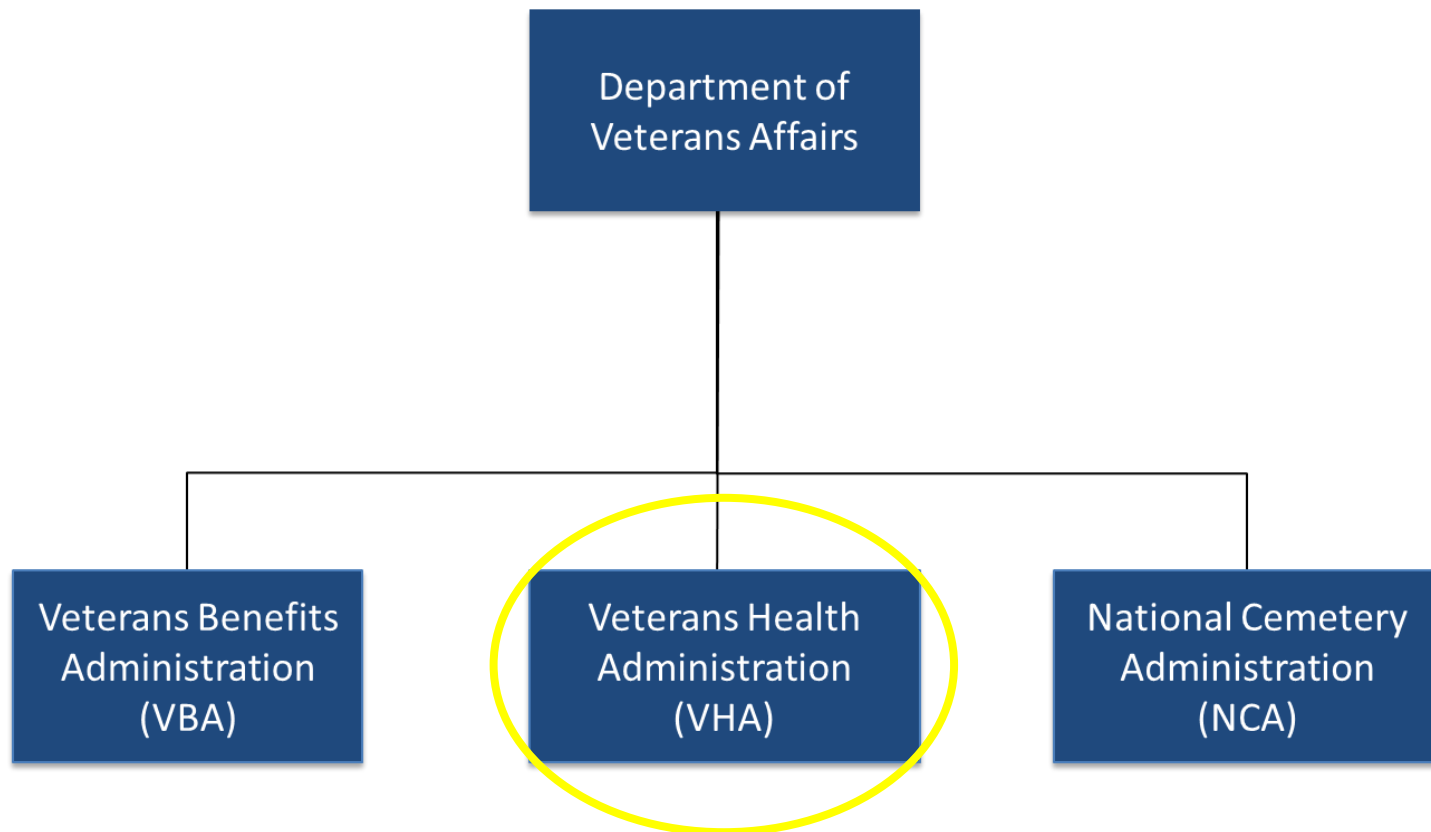
VA Post-9/11 Transition and Case Management

***Optimizing Care and Seamless Transitions for
Service Members from DoD to VA***

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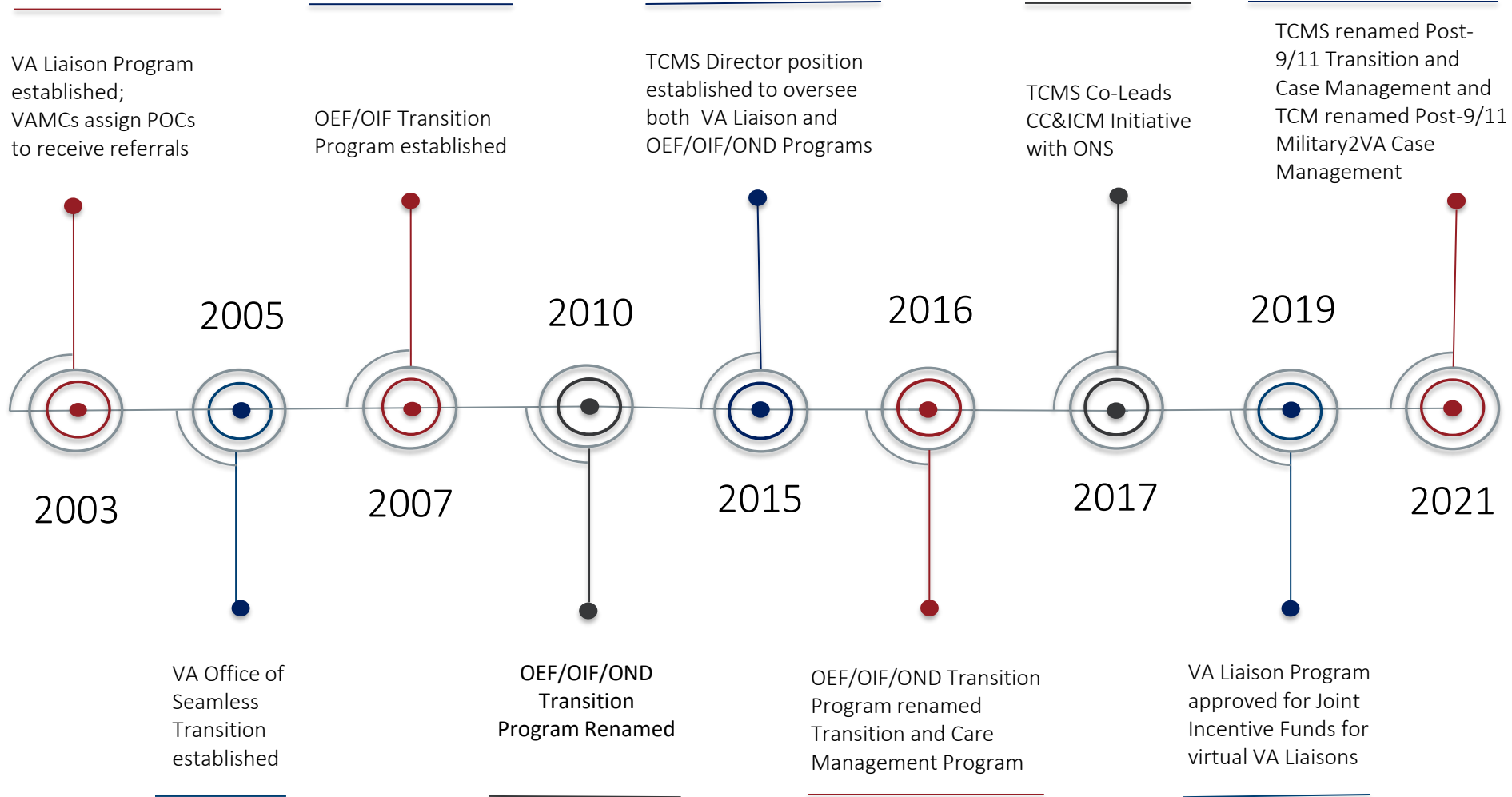
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History of Post-9/11 Transition and Case Management



Post-9/11 era Veteran Data and Demographics

- Approximately 4.5 million are from the Post-9/11 era¹¹
- Over 32% use VA Health Care⁶
- More than 40% have a service-connected disability¹¹
- Greater diversity than other military service eras (e.g., minorities, women)¹⁰
- An estimated 75% are under the age of 44 years¹⁰
- Young Veterans (18 – 24 years) face high rates of unemployment, poverty and homelessness⁷
- Suicide rates in the Post-9/11 Veteran population are highest within three years following discharge from the military¹²
- Veterans from all eras: In 2017, over 60% of Veterans who died by suicide did not use VA health care⁹

⁶ <https://doi.apa.org/fulltext/2018-19973-001.html>

⁹ [https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019 National Veteran Suicide Prevention Annual Report 508.pdf](https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019%20National%20Veteran%20Suicide%20Prevention%20Annual%20Report%20508.pdf)

¹⁰ <https://doi.org/10.1177/2165079916682524>

¹¹ <https://www.bls.gov/news.release/pdf/vet.pdf>

¹² <https://doi.org/10.1016/j.annepidem.2014.11.020>

Bridging the Gap Between the DoD, Community and VA Health Care



VA Liaison Program:

VA Liaisons for Healthcare are on site and virtually coordinating health care for transitioning service members (SM) at Military Treatment Facilities (MTF) and Veterans transferring from partnership sites.

VA Liaisons have transitioned over **145,000** service members/Veterans since the program inception.

In fiscal year (FY) 2021, **100%** of those wanting a VA health care appointment received one; **97%** attended their first appointment

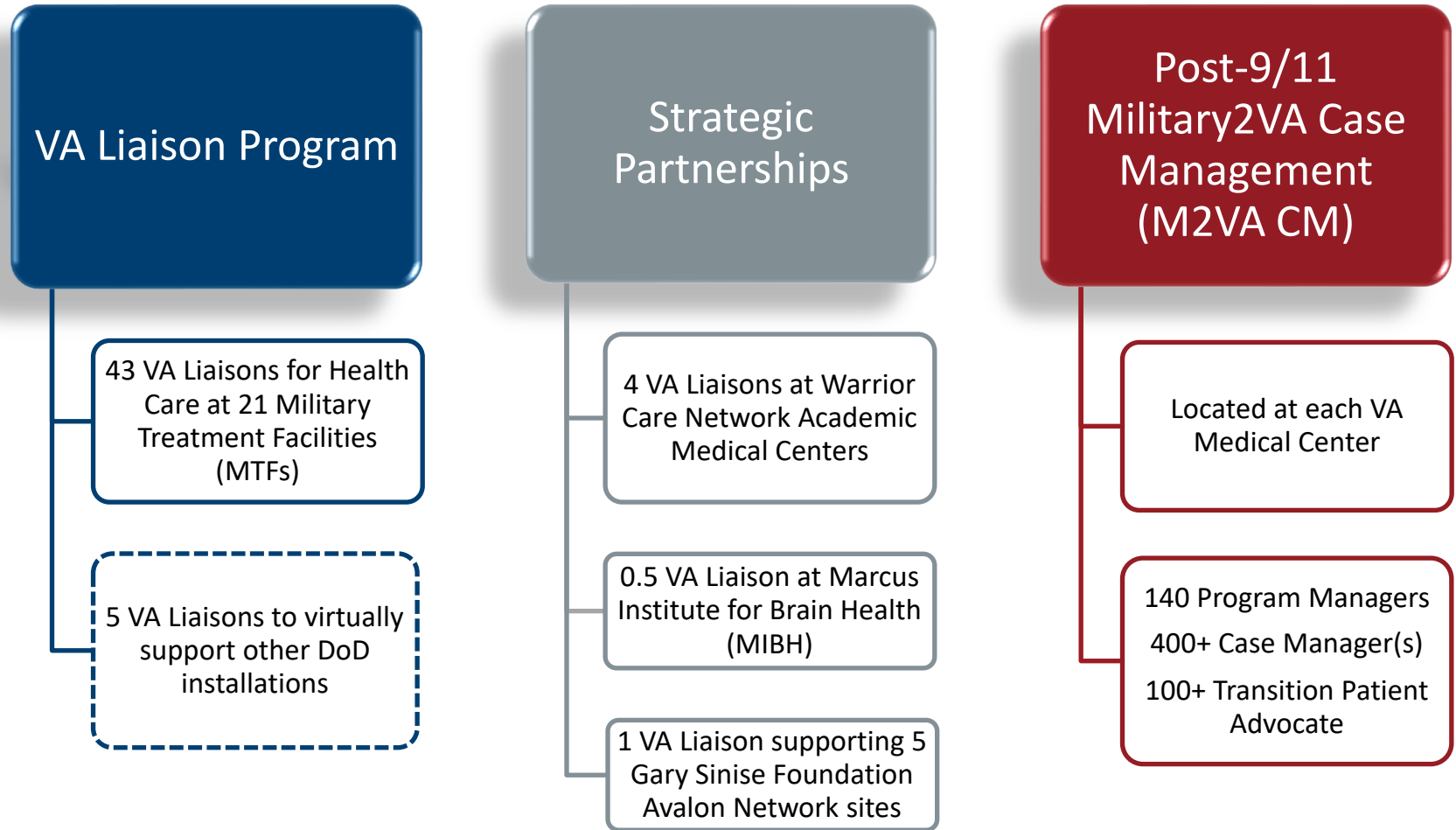


Post-9/11 Military2VA Case Management (M2VA CM) Program:

Teams are embedded in all VA medical centers and serve transitioning SM and Post-9/11 Veterans.

In FY 2021, **212,000+** Post-9/11 era Veterans were screened for case management
38,000+ Post-9/11 era Veterans received ongoing case management services.

Post-9/11 Transition and Case Management Overview

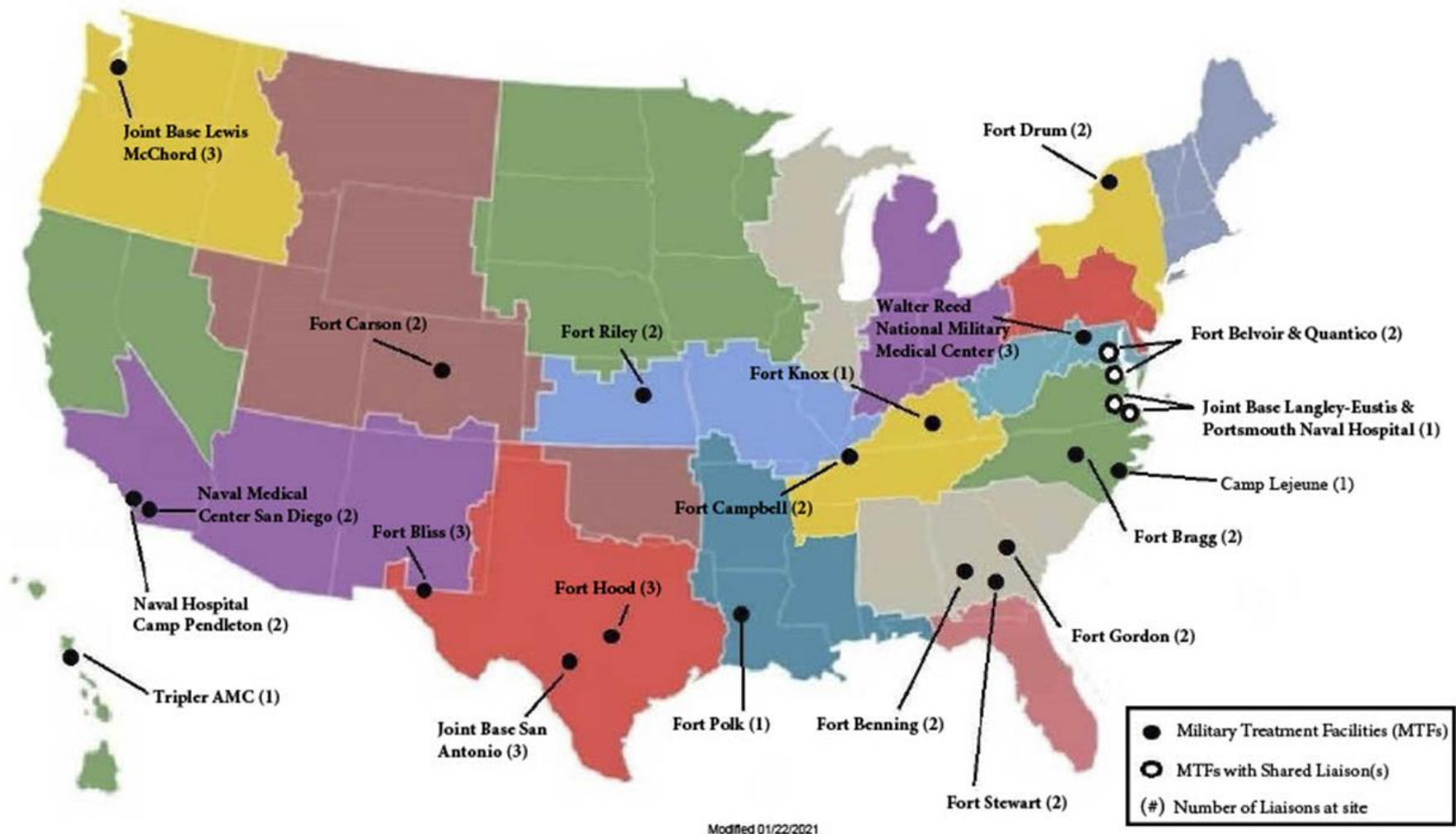


VA Liaison Program

- VA & DoD partnership began in August 2003
- Now 43 VA Liaisons for Healthcare on-site at 21 DoD Military Treatment Facilities (MTFs)
- Locations based on high concentrations of ill and injured service members (SMs)
- VA Liaisons are advanced practice, licensed, Masters prepared Social Workers and Registered Nurses
- VA Liaisons serve as Subject Matter experts on VA health care, benefits, and services
- Provides early connection to VA for SMs in the transition process to welcome them to the VA and provide them with critical connections
- Provides direct access by coordinating initial health care for transitioning SMs and building a positive relationship with VA



VA Liaisons for Healthcare Onsite at MTFs



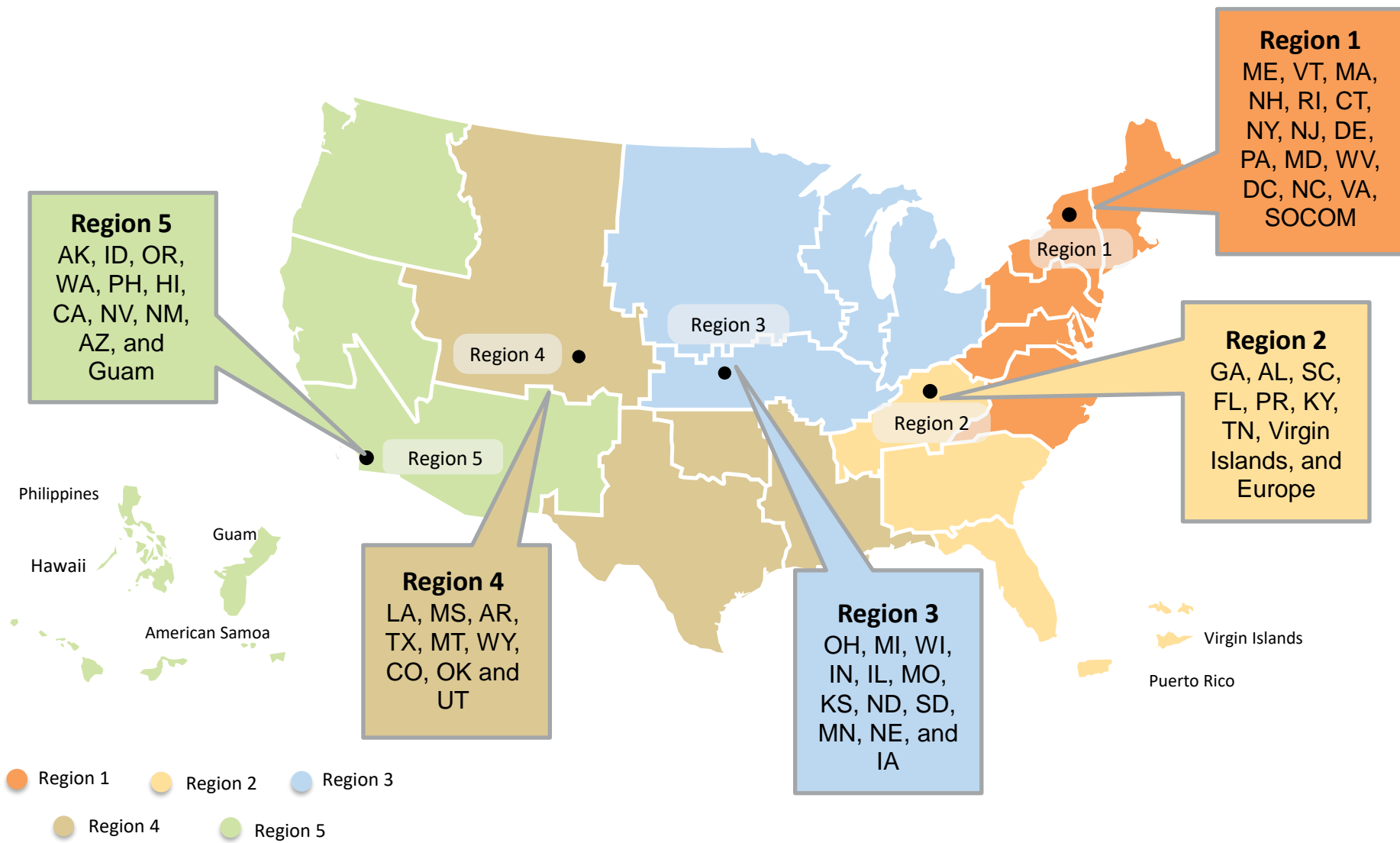
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Virtual Liaisons for Healthcare (Regional Map)



Which Service Members Should Be Connected with a VA Liaison for Healthcare?

Service Members Who Could Benefit from Assistance with Healthcare Transition:

- Severely Ill/Injured service members
- Integrated Disability Evaluation System (IDES)/Medical Evaluation Board (MEB)
- Release From Active Duty (REFRADS)
- Administrative Separations (regardless of type) who need medical coordination of care or education regarding VA
- Transitioning service members with complex care needs (suicidal ideation, housing insecurity, polypharmacy, opioid use)
- Expiration Term of Service (ETs) who will need ongoing care upon discharge
- Any service member who has unclear plans post discharge (i.e. housing, employment, etc.)

VA Liaisons for Healthcare are Actively Coordinating

With DoD:

- Health Care Team (Nurse Case Managers, Physicians, etc.)
- Integrated Disability Evaluation System (IDES) Staff
- Recovery Care Coordinators
- MTF Social Workers
- Ombudsman
- Transition Assistance Advisors
- Self-referral
- Anyone

With VA:

- Post-9/11 M2VA CM
- Primary Care
- Mental Health/Suicide Prevention
- Caregiver Support Program
- Homeless Program
- Polytrauma/Spinal Cord/Amputation Systems of Care
- Pain Management
- Military Service Coordinators (at DoD installations)
- Any programs to meet SM's individualized needs



SM referred when:

- Final medical board ratings are signed
- SM is informed Chapter will be issued
- Release From Active Duty (REFRAD) orders are prepared
- Approximately 30-60 days prior to transition leave
- Complex transition issues are identified

Dispelling Common Myths about VA Health Care

MYTHS

Dispelling Common MYTHS about accessing VA Healthcare during the transition

This is the reality:

- VA **can** schedule future appointments while the SM is Active Duty
- VA **can** treat Active Duty service members using TRICARE
- VA **can** schedule appointments up to 120 days out
- VA **can** schedule appointments without a DD214
- VA **does not** need to do a means test before scheduling appointments for OEF/OIF/OND Combat SMs
- VA facilities are **all** TRICARE network providers
- SMs and Veterans **may** select a preferred VA facility regardless of their home address



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VA Liaisons Serving Public-Private Partnerships

- Post-9/11 Transition and Case Management (TCM) has Memoranda of Agreement for the public-private partnerships with the Wounded Warrior Project (WWP) and the Marcus Institute for Brain Health
 - Defines the expectations of VA and the partner
 - Post-9/11 Transition and Case Management responsibilities at the leadership and practice level
 - Defines measures of the partnership
- MOA with the Wounded Warrior Project (WWP) for the Warrior Care Network
 - Partnership began in February 2016
 - Current MOA signed for three years February 24, 2022
- MOA with the Marcus Institute for Brain Health (MIBH)
 - Partnership began January 2019
 - Current MOA signed December 18, 2020 for three years
 - Planned amendment to include sites in the Gary Sinise Foundation Avalon Network

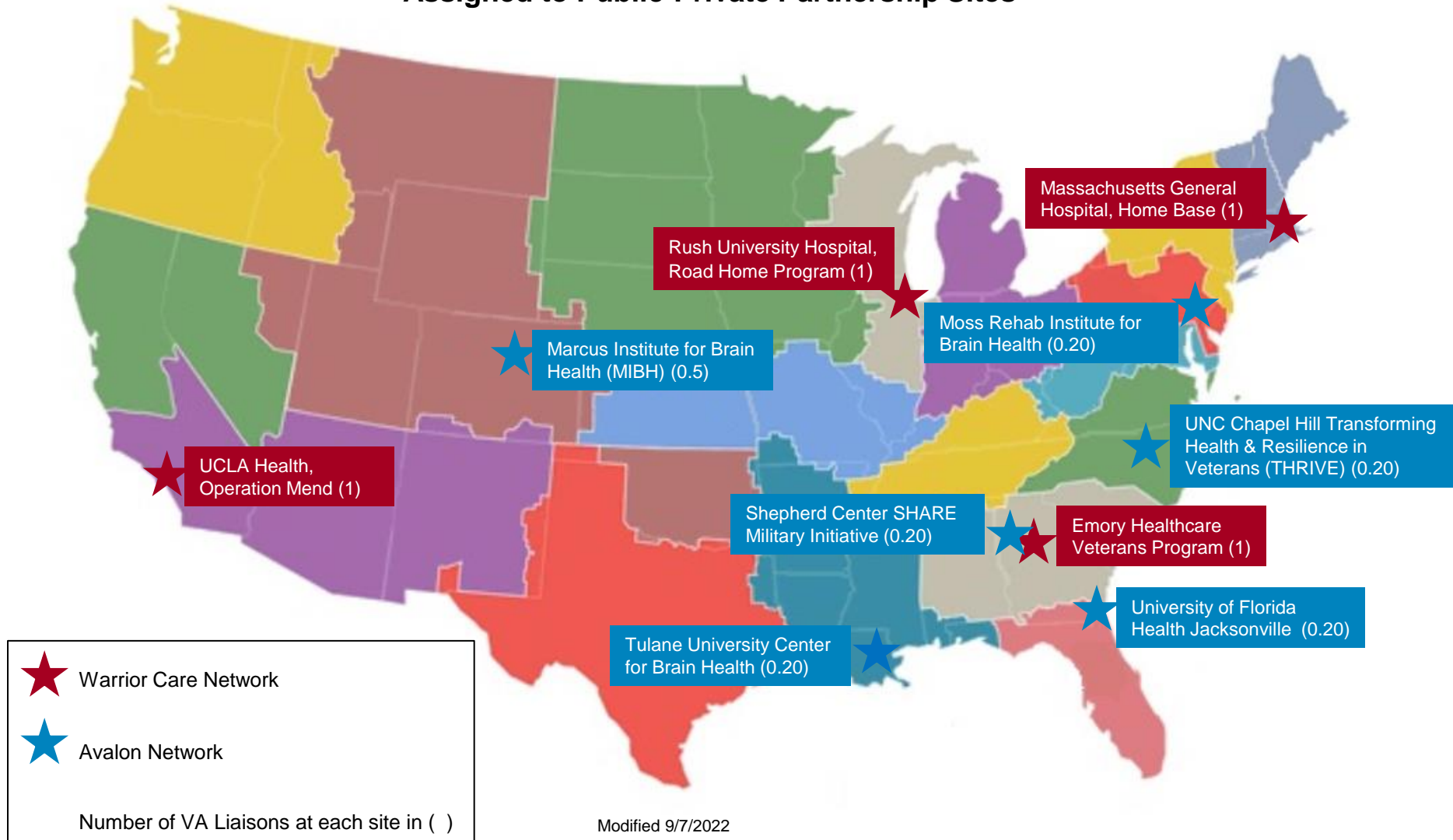


VA Liaisons at Public-Private Partnership Sites

- Each of the three Public-Private Partnership (P3) sites have a VA Liaison for Healthcare
- Based on the successful model of VA Liaisons for Healthcare serving Military Treatment Facilities (MTFs) and DoD installations
- Like the MTF VA Liaisons, P3 VA Liaisons:
 - Consult with the treatment teams at the P3 site
 - Meet individually with Veterans to educate about their eligibility and options for VA care
 - Coordinate ongoing VA health care post-discharge from the P3 site through the Military2VA Case Management teams
 - Assist with navigating barriers to VA care & benefits
 - Educate P3 patients and staff about VA health care, benefits and services
- In addition, P3 VA Liaisons:
 - Routinely provide the P3 sites with VA records if Veterans have prior VA care that could inform the P3 intake/assessment process

VA Liaisons for Healthcare: Public-Private Partnerships

VA Liaisons for Healthcare Assigned to Public-Private Partnership Sites



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“VSignals” – Veteran Experience Survey Summary

- Overall Confidence/Trust
- My Interaction with the VA Program helped build my trust in VA
- After working with the VA Liaison, I feel more confident that I will receive the care I need from VA.
- I am satisfied with how the VA Liaison was able to coordinate my care.



VSignals Comment Samples

- This was such an easy experience, Mr. Cornell made things very efficient for me - He answered all my questions and made me feel very confident in my future VA care.
- Sandra went above and beyond my expectations. If this is the level of care and concern demonstrated by the VA, I am hopeful for my transition into full-time Veteran status.
- Ms. Silva, Thank you for your professionalism and excellent continuum of care! It was seamless!
- I was highly impressed with the customer service I received and how easy Mrs. Eby made it for me to be connected with the right individuals at my local VA. Thanks to everyone's efforts my transition into the VA healthcare system will be flawless. Keep up the great work.
- It was easy to get the times I wanted for my appointment. I also got quick turn around of renewal of my medication.

VHA Transition and Reintegration Support through Collaboration



Pre-Military
Separation



Time of
Separation



Post-Military
Separation

VA Liaison Program



Post-9/11 Military2VA Case Management Program

Collaboration between transition programs improves the transitioning service member and recently separated Veteran experience as well as access to care, services and benefits.



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Post-9/11 Military2VA Case Management Program

The **Post-9/11 M2VA Teams** proactively outreach and provide case management services to transitioning Post-9/11 service members and Veterans, their caregivers and families as they transition from the military to civilian life.








- Specially trained in the Post-9/11 era service member and Veteran population, and their reintegration and post deployment care needs
- Proactively outreach and partner with DoD and community organizations to provide support and promote successful readjustment to civilian life.



A Team Approach



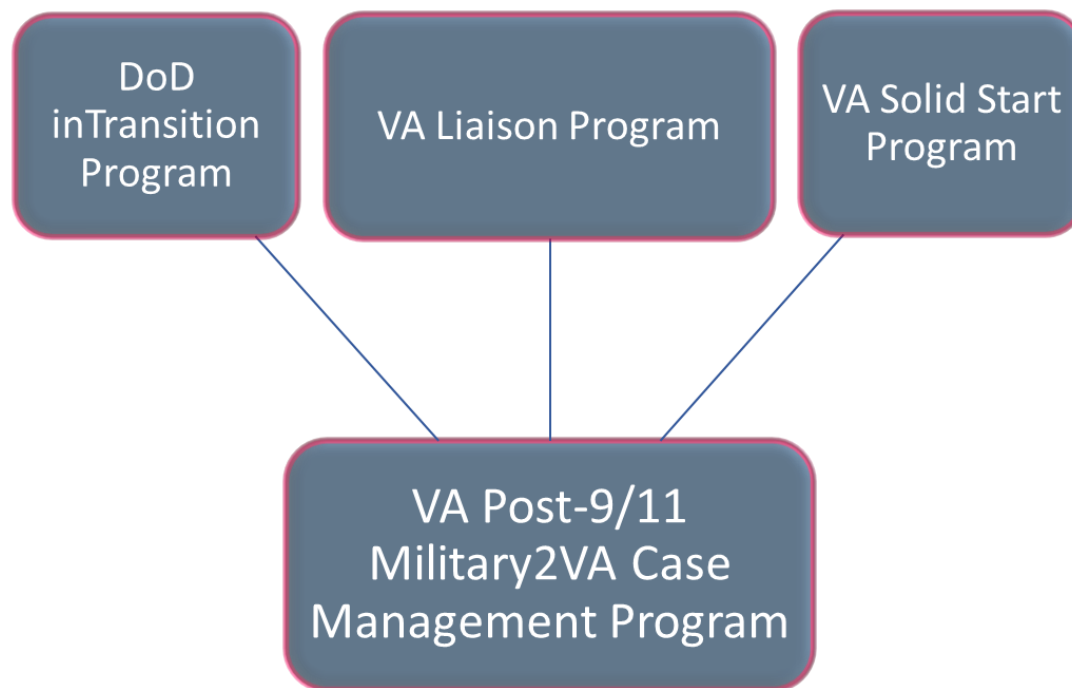
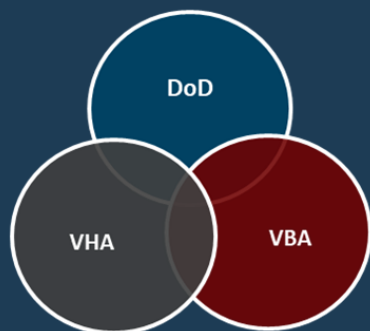
Post-9/11 M2VA Case Management Process

						
IDENTIFICATION <ul style="list-style-type: none"> Partnerships Efficient and Effective Post 9/11 Patient Transition and Care Management Report 	SCREENING <ul style="list-style-type: none"> Proactive Risk Stratification Post 9/11 Case Management Screening – Standardized National Template 	ASSESSING <ul style="list-style-type: none"> Individualized Integrated Holistic 	CARE PLANNING <ul style="list-style-type: none"> Lead Coordinator Veteran-Centered Comprehensive 	IMPLEMENTING/ COORDINATING CARE <ul style="list-style-type: none"> Collaborative Centralized and Synchronized Coordination of Care 	FOLLOWING UP/ MONITORING <ul style="list-style-type: none"> In person and Telehealth Modalities Care Management Tracking and Reporting Application 	EVALUATING OUTCOMES <ul style="list-style-type: none"> Veterans Experience Transitions of Care Case Management

Source: CCMC Case Management Body of Knowledge

VA-Post-9/11 M2VA Process Step: Identification

Partnerships



VA Post-9/11 M2VA Process Step: Identification

Post-9/11 Patients Transition & Care Management Report - Summary

Nationally standardized approach to identify transitioning service members and Post-9/11 era Veterans who are new to each VA Health Care System:

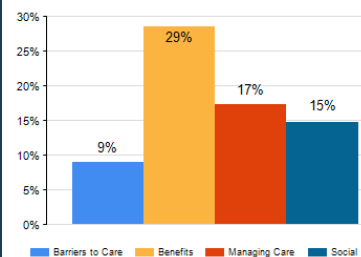
- Equips M2VA teams with ability to identify Veterans is near real time for proactive screening
- Improved efficiency, accuracy and validity of data collection
- Increased awareness of Post-9/11 era Veterans who are new to the VA Health Care System

FY	Month	DALLAS				Totals			
		No	Yes	Den	%	No	Yes	Den	%
FY22	Feb	13	Example VA Facility				13	128	141 91%
	Jan		348	348	100%	0	348	348	100%
	Dec		337	337	100%	0	337	337	100%
	Nov		315	315	100%	0	315	315	100%
	Oct		309	309	100%	0	309	309	100%
FY21	Sep		311	311	100%	0	311	311	100%
	Aug		361	361	100%	0	361	361	100%
	Jul		359	359	100%	0	359	359	100%
	Jun		366	366	100%	0	366	366	100%
	May		351	351	100%	0	351	351	100%
	Apr		337	337	100%	0	337	337	100%
	Mar		320	320	100%	0	320	320	100%
	Feb		303	303	100%	0	303	303	100%
	Jan		366	366	100%	0	366	366	100%
	Dec		370	370	100%	0	370	370	100%
	Nov		351	351	100%	0	351	351	100%
	Oct		389	389	100%	0	389	389	100%
Totals		13	5,621	5,634	100%	13	5,621	5,634	100%

VA Post-9/11 M2VA Process Step: Screening

National Post-9/11 Case Management Screening Note Template

Section 4. Are you having difficulties w/any of the following?



National standardization of screening for case management needs among transitioning service members and Post-9/11 era Veterans:

- Linked to Post 9/11 Patient Case Management Report
- Ability to stratify risk
- Trend data based on health factors within screening
- Increased awareness of Post-9/11 era Veteran needs

Number w/CM Screening	FY20	FY21	FY22		
VISN / Station	Total	Total	Total	Grand Totals	Trend
1 - NEW ENGLAND	4,594	6,571	6,125	17,290	
10 - OHIO	8,531	10,526	10,160	29,217	
12 - GREAT LAKES	4,826	5,985	5,537	16,348	
15 - HEARTLAND	4,878	5,921	5,051	15,850	
16 - SOUTH CENTRAL	11,408	15,104	14,610	41,122	
17 - HEART OF TEXAS	14,809	17,724	16,713	49,246	
19 - ROCKY MOUNTAIN	9,560	13,052	12,433	35,045	
2 - NEW YORK/NEW JERSEY	5,050	5,722	5,614	16,386	
20 - NORTHWEST	9,628	10,029	7,141	26,798	
21 - SIERRA PACIFIC	7,770	10,400	9,304	27,474	
22 - DESERT PACIFIC	16,990	19,103	15,830	51,923	
23 - MIDWEST	4,631	6,594	6,021	17,246	
4 - VA HEALTHCARE	5,039	6,445	6,720	18,204	
5 - VA CAPITOL	6,078	6,279	8,004	20,361	
6 - MID-ATLANTIC	13,248	17,660	15,303	46,211	
7 - SOUTHEAST	13,898	17,068	15,783	46,749	
8 - SUNSHINE	12,026	17,991	17,577	47,594	
9 - MID SOUTH	6,168	8,075	7,453	21,696	
Total	159,132	200,249	185,379	544,760	



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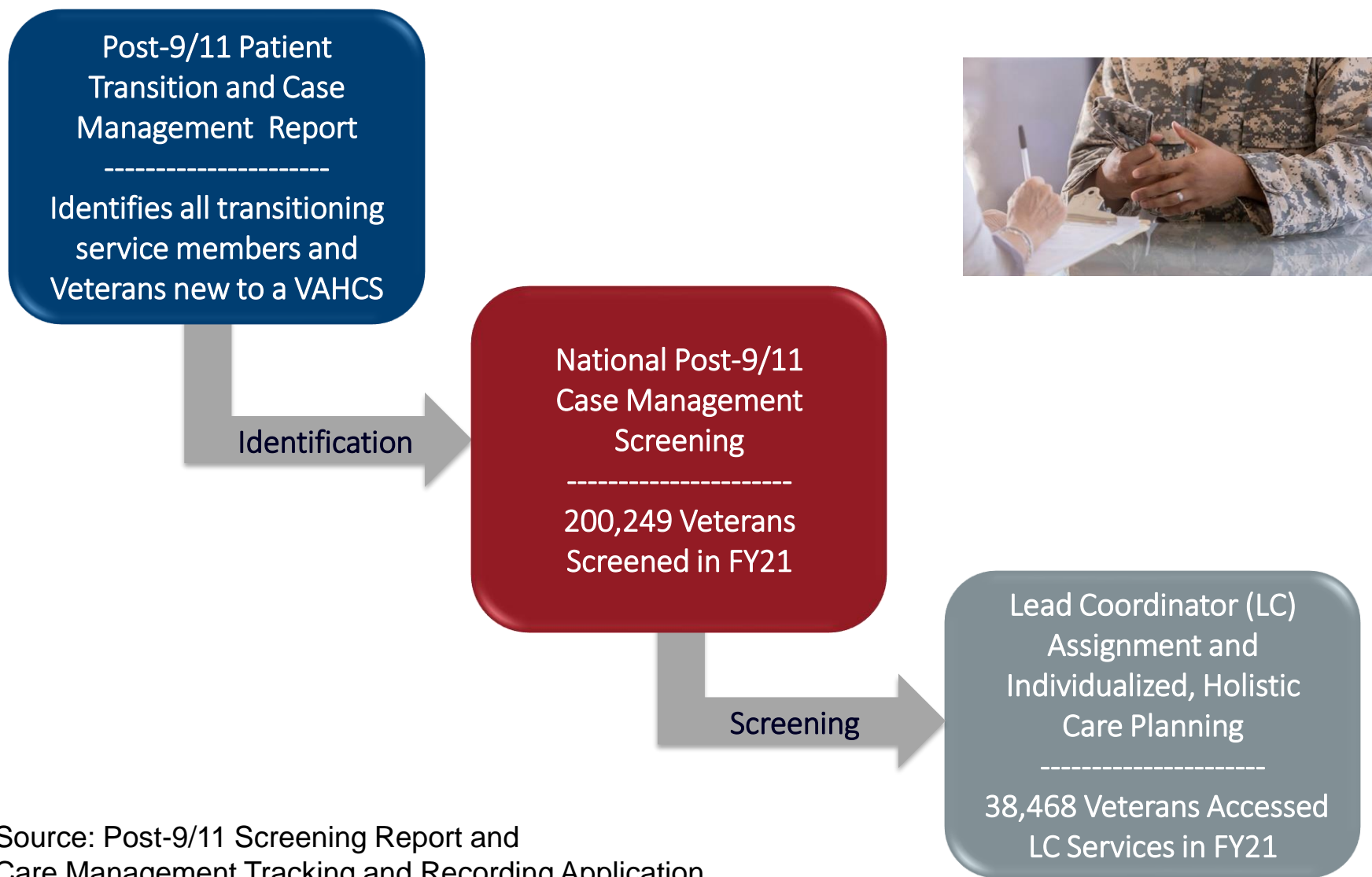
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VA Post-9/11 M2VA Process Step: Screening



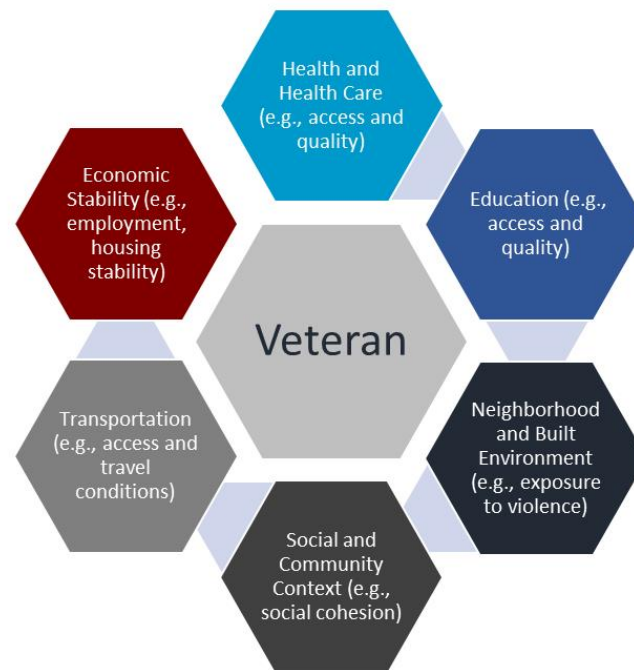
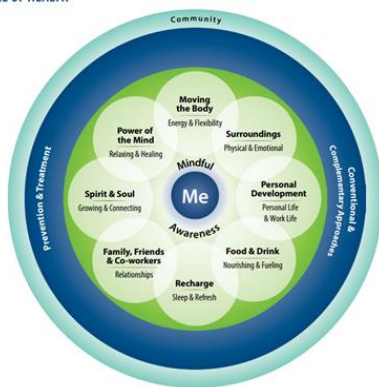
Source: Post-9/11 Screening Report and
Care Management Tracking and Recording Application

VA Post-9/11 M2VA Process Step: Assessment

- **A Holistic and Integrated Approach**

- Individualized
- Whole Health
- Access to care, benefits and services

THE CIRCLE OF HEALTH



Sources: U.S. Office of Disease Prevention and Health Promotion 2021 - <https://health.gov/healthypeople/objectives-and-data/social-determinants-health> and VHA Office of Health Equity 2017 - [Focus on Health Equity and Action: State of VHA Care for Vulnerable Veterans \(va.gov\)](https://www.va.gov/health-equity/state-of-vha-care-for-vulnerable-veterans)



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VA Post-9/11 M2VA Process Step: Care Planning

- **Case Management is the glue that links a Veteran's care and services together:**

- Lead Coordinator
- Communication, Collaboration and Coordination
- Veteran-Driven
- Comprehensive; Inclusive of Protective Factors



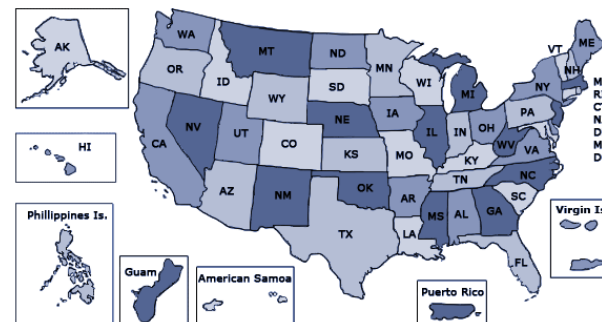
VA-Post-9/11 M2VA Process Step: Following Up/Monitoring



- Case Management Intensity is determined by Veteran complexity and acuity
- Encounters are in-person and via virtual care modalities
- Care Management Tracking and Reporting Application
 - Transitions of care from Military Treatment Facilities, VA Medical Centers and Lead Coordinators
 - Case management contact plans

VA-Post-9/11 M2VA Process Step: Evaluating Outcomes

- Veteran Experience
- Healthcare Utilization
- Transitions of Care:
 - # Veterans transitioned from MTF
 - # Veterans with healthcare appointment scheduled prior to transfer
 - # Veterans who attended healthcare appointment
- Case Management:
 - # Veterans served
 - # Veterans with Lead Coordinator
 - Veteran



Veterans Served	FY2018	FY2019	FY2020	FY2021	FY2022
Veterans Served	29,249	42,429	40,033	38468	36204
Severely Ill / Injured Veterans Served	4,930	6,047	5,827	5511	5075
Female Veterans Served	2,537	4,027	4,298	4206	4001

Post-9/11 era Veteran Experience



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Points of Contact

Post-9/11 Transition and Case Management:

<https://www.va.gov/post911veterans>

A list and map of Post-9/11 Military2VA Case Management Teams can be accessed here:

<https://www.va.gov/POST911VETERANS/Locator.asp>



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