Access to VA Services by Homeless Veterans Following Inpatient Mental Health Bed Closures

Wesley J. Kasprow PhD, MPH Robert Rosenheck MD

Northeast Program Evaluation Center Department of Veterans Affairs Yale University School of Medicine

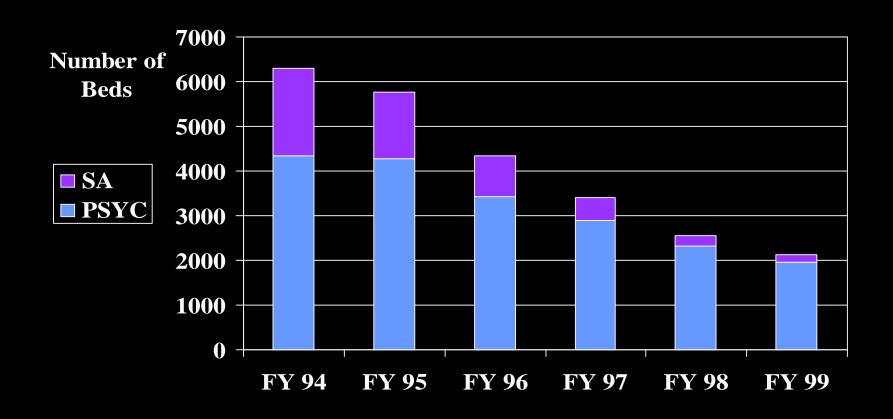
Background

 Traditionally, inpatient mental health treatment (psychiatric and substance abuse) has been viewed as an important resource for engaging homeless individuals in a treatment system

Background (continued)

- Between 1994 and 1999, VA closed approximately two thirds of its inpatient mental health beds
 - IP psychiatric treatment bed closed: 56%
 - IP substance abuse treatment bed closed: 91%

Loss of Inpatient Mental Health Beds FY 94 – FY 99



Background (continued)

- Previous research on VA bed closures has suggested limited impact
 - Rosenheck, Banks & Pandiani (2000) investigated effects on NY State hospital services
 - Rosenheck, Frisman & Essock (2001) investigated effects on CT State psychiatric services
 - Rosenheck & Fontana (2001) investigated closure of inpatient PTSD beds

Background (continued)

 Did loss of inpatient mental health treatment beds adversely impact engagement of homeless individuals into treatment?

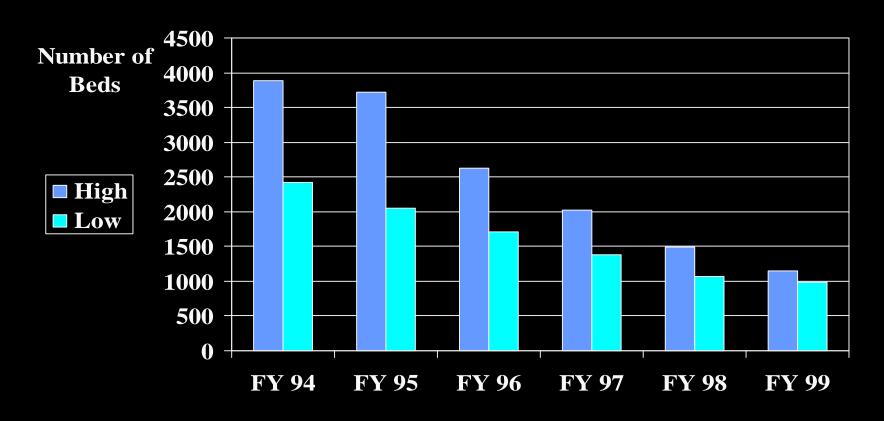
Methods

- Summarized inpatient and outpatient mental health service use by homeless veterans served by VA's Health Care for Homeless Veterans (HCHV) program
- Veterans in study group:
 - Were contacted through outreach
 - Had not used any VA services in 6 months prior to outreach

Methods (continued)

- Main variables of interest:
 - Number of inpatient mental health beds closed
 - High (top third of distribution; closed average of 129 beds per medical center)
 - Low (remainder of distribution; closed average of 33 beds per medical center)
 - Year (94 99)

Loss of Inpatient Mental Health Beds by Group FY 94 – FY 99



Number of Veterans by Group/Year Cohort

Year	Low Closure	High Closure
94	2,861	1,250
95	3,311	1,578
96	3,322	1,430
97	2,724	1,393
98	3,502	1,749
99	3,446	1,595

Veteran Characteristics

	Low Bed Closure (n=19,166)	High Bed Closure (n=8,995)
Age	43.8	43.7
% Females	2.0%	2.0%
% African Americans	44.4%	64.6%
% Married	6.0%	6.0%
% Homeless > 1 year	29.4%	28.0%
In 30 days before intake:		
Days homeless	20.1	19.8
Days housed	8.0	8.0
Days In Institution	1.9	2.2
Days Worked	4.5	4.6

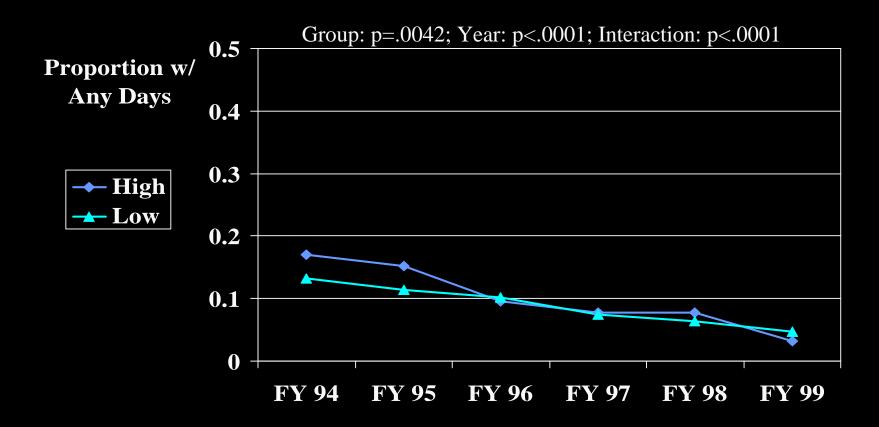
Veteran Characteristics (continued)

	Low Bed Closure (n=19,166)	High Bed Closure (n=8,995)
Alcohol Abuse/Dependency	58.6%	58.1%
Prior hospitalization	40.9%	40.0%
Drug Abuse/Dependency	39.1%	48.2%
Prior hospitalization	29.3%	36.3%
Serious Psychiatric Problems	34.5%	37.2%
Prior hospitalization	20.3%	20.1%

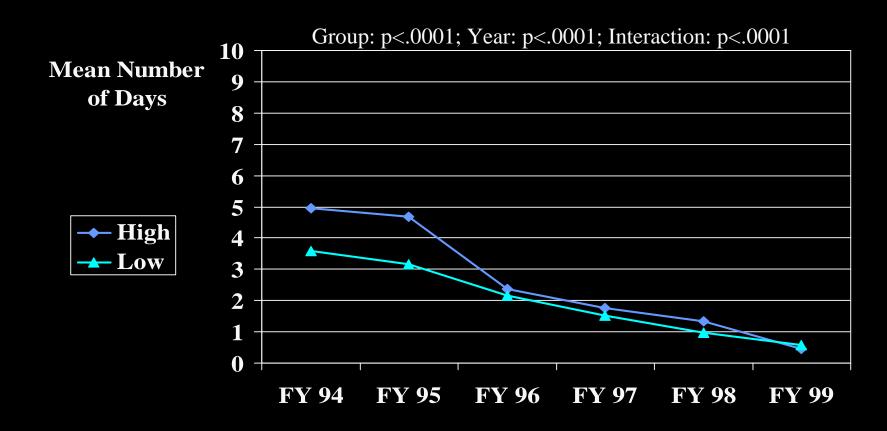
Measures (from VA Administrative Databases)

- Inpatient Mental Health
 - Any inpatient mental health use
 - Number of days in 6 months following outreach
- Outpatient Mental Health
 - Any outpatient mental health use
 - Number of visits in 6 months following outreach
- Analyses controlled for veteran characteristics

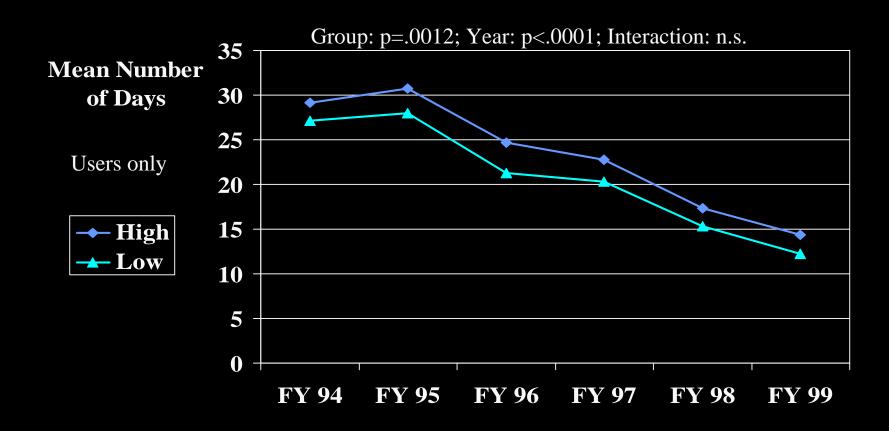
Any Inpatient Mental Health Days in 6 Months After Outreach



Inpatient Mental Health Days in 6 Months After Outreach



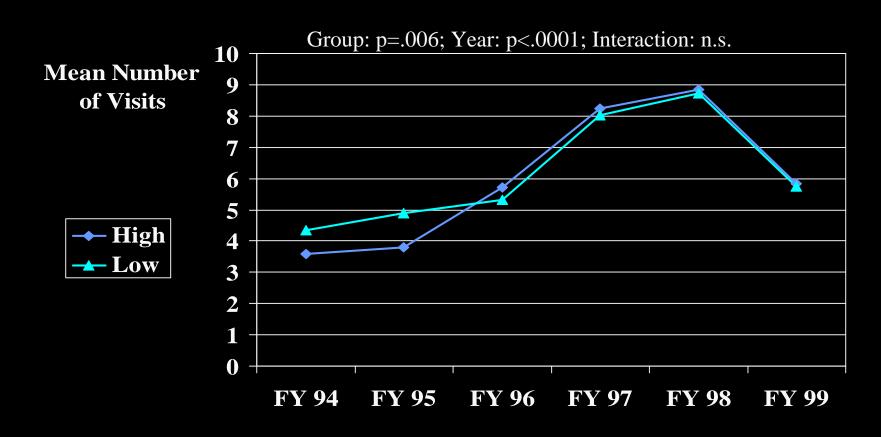
Inpatient Mental Health Days in 6 Months After Outreach



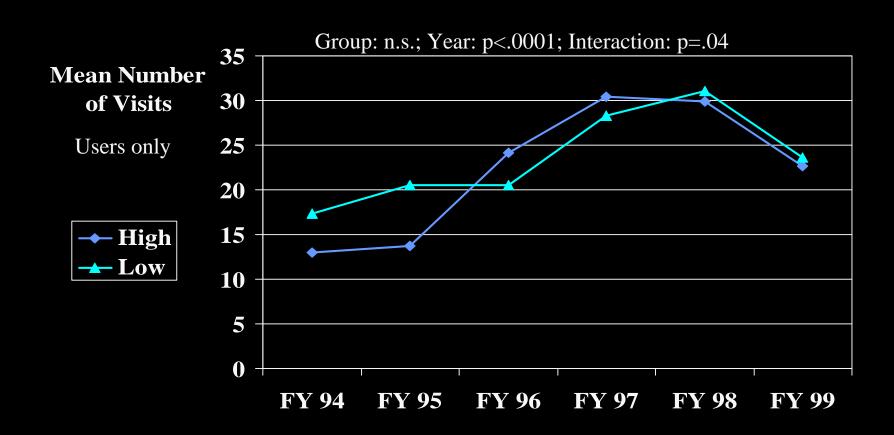
Any Outpatient Mental Health Services in 6 Months After Outreach



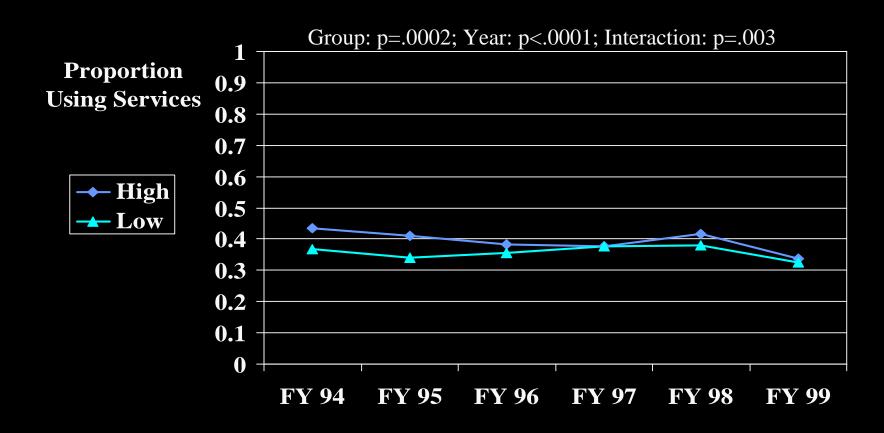
Outpatient Mental Health Visits in 6 Months After Outreach



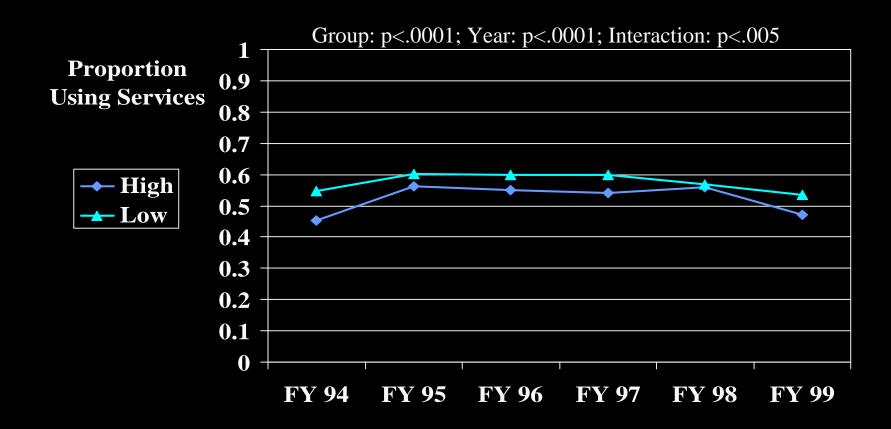
Outpatient Mental Health Visits in 6 Months After Outreach



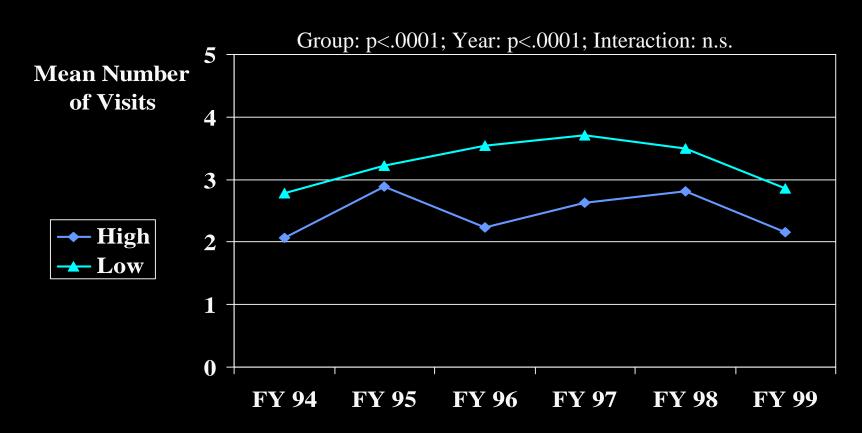
Any VA Medical Treatment in 6 Months After Outreach



Any HCHV Case Management in 6 Months After Outreach



HCHV Case Management Visits in 6 Months After Outreach



Summary

- Inpatient mental health treatment decreased over the study period (individuals and days)
- Outpatient mental health increased over the study period
- The overall proportion of veterans receiving some treatment services remained fairly constant over the study period