

VETERANS HEALTH ADMINISTRATION

Collaboration with Veterans Health Administration Social Workers

National Social Work Elder Abuse Tiger Team
in collaboration with
Social Work Patient Aligned Care Team Staffing Program

Care Management and Social Work Services

November 29, 2022



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National Social Work Program

CARE MANAGEMENT AND SOCIAL WORK SERVICES

VISION: To be a leader in interventions that impact Social Determinants of Health, embrace the values of social justice and promote the wellness and enhanced quality of life for all Veterans, Service members, their caregivers and loved ones.

VA NATIONAL SOCIAL WORK (SW) PROGRAM

17,933 VA Social Workers • 1,500 Graduate SW Trainees

VISION: To assist Veterans, their families, and caregivers in resolving Social Determinants of Health (SDOH) challenges to health and well-being, using a person in environment perspective



Leadership Council

Best Practices, Knowledge & Data Management, Leadership Development, Professional Development, Standards & Clinical Practice, Strategic Communications, Quality, Safety & Value, Social Work Graduate Education



National Programs

Social Work, Fisher House, Intimate Partner Violence Assistance Program (IPVAP), Advance Care Planning Via Group Visits (ACP-GV), Patient Aligned Care Team (PACT) Social Work



Inclusion, Diversity, Equity, Access (IDEA)

Consultation Team, Community & Program Office Partners



Tiger Teams

Electronic Health Record Modernization (EHRM), Elder Abuse, National Emergency

CORE RESPONSIBILITIES: Providing timely world-class healthcare; ensuring Veterans and their families have access to earned benefits and honoring Veterans with a final resting place

VA | MODERNIZATION: Technology; improving care for our Veterans; Providing world-class customer service; Increasing access and transparency; Operating more effectively

October 24, 2022



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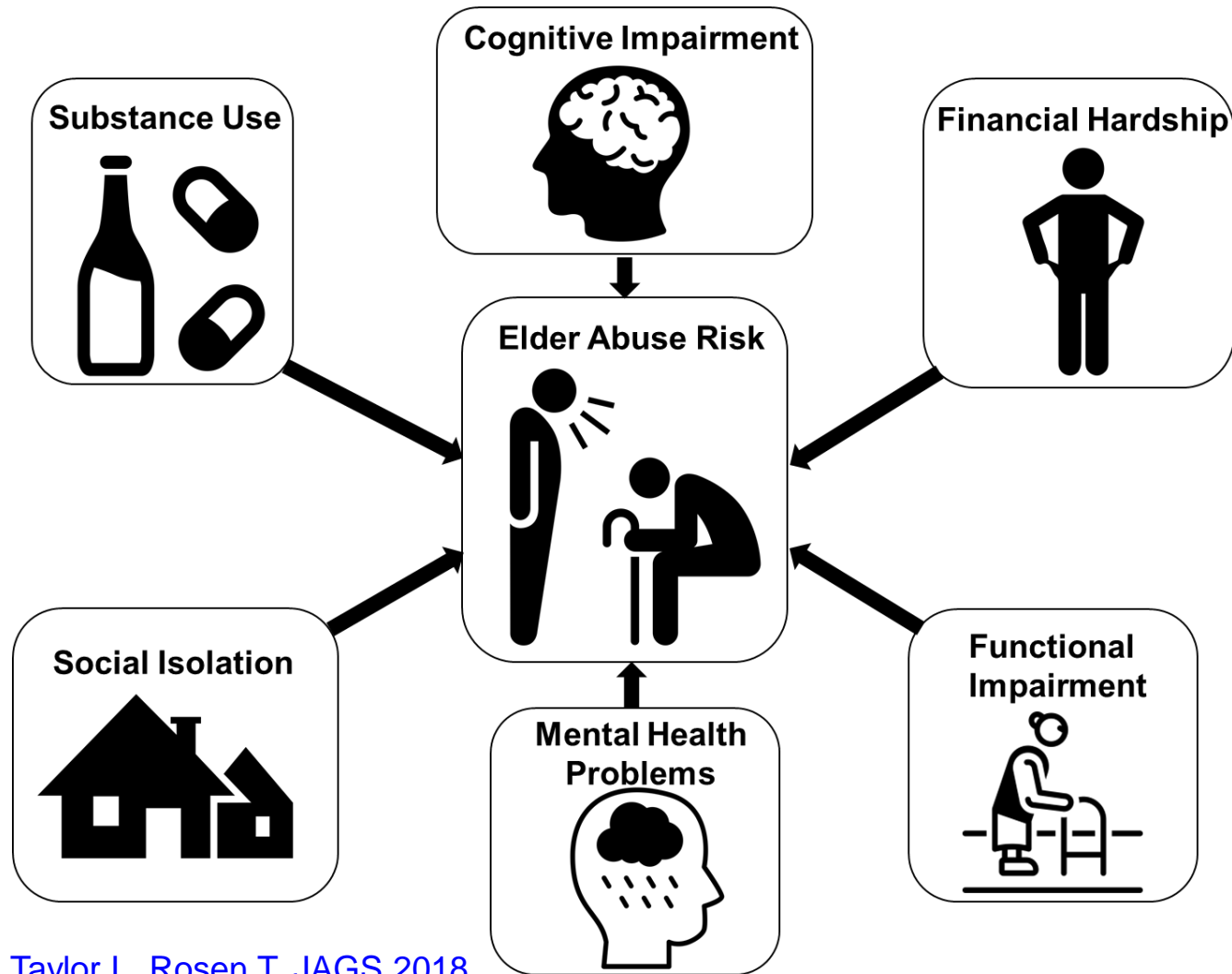
Social Determinants of Health

“The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age and the wider set of forces and systems shaping the conditions of daily life.”

- World Health Organization (2022)



Veterans Have High Prevalence of Risk Factors



[Makaroun LK, Taylor L, Rosen T. JAGS 2018](#)

Veteran Population

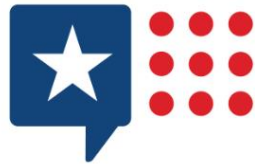
- Veterans are older than the general population
- Number of Veterans with post traumatic stress disorder (PTSD) varies by service era
 - Vietnam
 - Gulf War
 - Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF) and Operation New Dawn (OND)
- Higher likelihood of traumatic brain injury (TBI)
- More likely to own firearms



Veterans Crisis Line

- Veterans who are in crisis or having thoughts of suicide and individuals who know a Veteran in crisis can call the Veterans Crisis Line for confidential support 24 hours a day, seven days a week, 365 days a year. They can;
 - Dial 988 then Press 1,
 - Dial 800-273-8255 then Press 1,
 - Chat online at www.va.gov or
 - Text to 838255, even if they are not registered with VA or enrolled in VA health care

**Veterans
Crisis Line**



**NEW NUMBER,
SAME SUPPORT.**

Dial 988 then Press 1.

Share it with your networks.



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Critical Roles of Social Workers

- Educate and refer Veterans to VA and community resources
- Coordinate multiple appointments, facilitate access to care and support discharge planning
- Evaluate psychological status, including elder mistreatment and neglect, suicidal and homicidal safety, intimate partner violence
- Assist in psychosocial aspects of pain relief, coping and chronic disease self-management



THE TIME IS RIGHT
FOR SOCIAL WORK



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Critical Roles of Social Workers

- Reach out proactively to Veterans with high risk factors
 - over age 65; have chronic illness and multiple medical conditions; live alone; have recent life events such as job loss or death of a loved one; have substance use disorder or a mental health disorder; COVID-19 test pending or positive
- Provide comprehensive assessment, treatment planning and intervention for social determinants of health impacting the Veteran
- Assess impact on Veteran's ability and desire to engage in treatment recommendations by the interprofessional team



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FOR SOCIAL WORK



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Critical Roles of Social Workers

- Assist Veterans in understanding caregiver stressors and provide caregiver specific referrals
- Facilitate and participate in goals of care conversations and advance care planning through completion of Advance Directives and living wills
- Provide supportive counseling, conduct groups and other evidence-based practices
- Incorporate inclusive care principles to promote collaborative, patient-centered decision making



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Impact

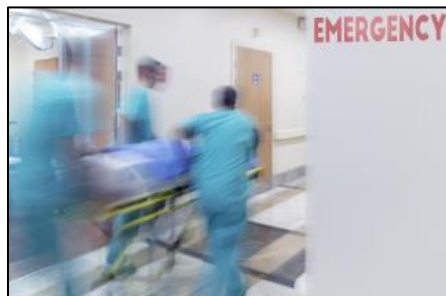
- Social Workers contribute to addressing social determinants of health (SDOH) and ultimately prevent suicide attempts and reduce suicidal ideation
- Bottom Line:
 - **When Social Workers help Veterans with housing, securing food, transportation, avoiding or escaping violence, developing social supports, etc., they are making a difference in preventing suicide attempts and reducing suicidal ideation**

[Social Determinants and Military Veterans' Suicide Ideation and Attempt: Cross-sectional Analysis of Electronic Health Record Data \(December 2019\)](#)

SDOH and Emergency Department Visits

After introducing a Social Worker (SW) to the team through the SW Patient Aligned Care Team (PACT) Staffing Program, outcomes for high-risk Veterans demonstrated:

- **4.4%** decrease in high-risk Veterans' risk of hospital admission
- **3%** decrease in high-risk Veterans' risk of emergency department visit
- Across all participating sites, approximately 8,000 fewer VHA-paid ED visits and 9,000 fewer hospital admissions per year



[Embedding Social Workers in Veterans Health Administration Primary Care Teams Reduces Emergency Department \(ED\) Visits \(April 2020\)](#)



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Complex Discharge Planning Considerations

- Deficits in one or multiple social determinates of health (SDOH) such as housing, access to care, psychological status, functional status, economics, social support, legal issues
- High level of medical complexity
- Uninsured/underinsured
- Requires specialized care
- Safety concerns
- Lack of guardian



How Big Is The Guardianship Issue?

- About 1.3 million guardianship or conservatorship cases are active at any given time in the United States



[How 1.3 Million Americans Became Controlled by Conservatorships \(usnews.com\)](https://www.usnews.com) & [Courts Across the Country Oversee \\$50 Billion in Assets Under Adult Conservatorships \(insider.com\)](https://www.insider.com)



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Trends in Guardianship Legislation

- Fourth National Guardianship Summit – May 2021
 - Six workgroups convened to address:
 - Rights of persons subject to guardianship
 - Supporting decision-making
 - Limited guardianship, protective arrangements, and diverting guardianship pipelines
 - Rethinking monitoring and addressing abuse by guardians
 - Fiduciary responsibilities and tensions
 - Developing guardianship court improvement programs
- Resulted in [22 Recommendations](#) to improve and reform the adult guardianship system in the United States



Trends in Guardianship Legislation

- October 2021: National Guardianship Association's 2021 Annual Conference
 - Resulted in the following recommendations:
 - Rights of Individual Subject to Guardianship and Less Restrictive Alternatives
 - Guardian/Conservator Responsibilities, Abuse of Power, and Ethics Violations
 - Court Administration, Data Collection, and Oversight
- End of 2021: The American Bar Association (ABA) Commission on Law and Aging compiled a list of 37 guardianship legislative enactments from 16 states in its [Guardianship Reform: 2021 Adult Guardianship Legislation Summary](#) which also provided consistent indicators of current trends and where stakeholders were prioritizing guardianship reform



Challenges to National Guardianship Reform

- No federal standards, oversight, funding or technical assistance to provide the improved data collection or develop consistent, nationwide best practices and training
- Guardianship remains under the purview of state law and as such, practices, procedures and rule of law varies widely from state to state
- Lack of guardianship data
- While guardianship laws have improved, implementation in practice continues to be inconsistent or lacking
- Need to engage legislators in understanding the need for reform is an ongoing and essential process



VA Pathway to Guardianship

- **Background**

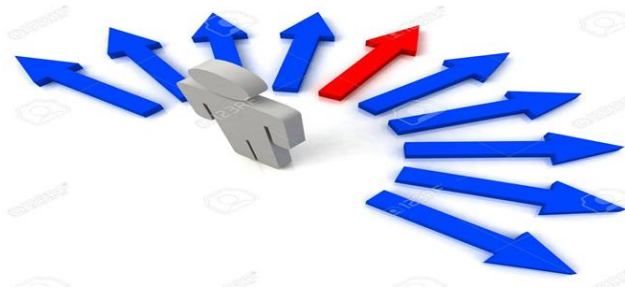
- A Guardianship Workgroup consisting of facility-based clinicians and Office of General Counsel staff reviewed Legal Guardianship practices across VHA and developed several recommendations for VHA Leadership consideration
- The lack of legal services and voluntary guardians for Veterans contributed to over \$17 million in excess healthcare utilization costs including inappropriate use of inpatient bed days of care. The actual cost to VHA is likely greater since 12% of bed days were not tracked nationally (Neugaard, VACO UM, 2019)



VA Pathway to Guardianship

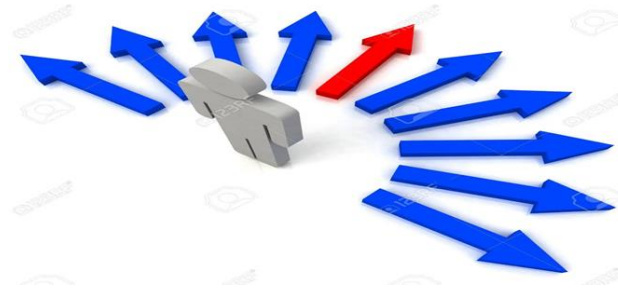
- **Background (continued)**

- Veterans who await court appointment of a legal guardian are arguably the most vulnerable cohort of Veterans served by VHA
- Veterans who are cognitively impaired, lack decision-making ability, have no Durable Power of Attorney for Health Care and lack available family or community resources to assist with the legal steps required for pursuing guardianship make up this cohort
- VA facilities experience significant delays in discharging Veterans in need of a legal guardian to the appropriate level of care



VA Pathway to Guardianship

- **Current progress: Office of General Counsel (OGC)**
 - Submitted a legislative proposal for the fiscal year 2023 Presidential Budget
 - Focuses on covering legal costs associated with Veteran's guardianship case when there is not a social or financial alternative



Polling Question #1

- How often do VA Medical Centers experience Veterans requiring assistance with obtaining a legal guardian?
 - A) Frequently (weekly/monthly)
 - B) Occasionally (every few months)
 - C) Rarely (once or twice a year)
 - D) Never



Guardianship Point in Time Count

- The National Social Work Program conducted a point in time count capturing data from July 2021- May 2022

VA Level of Care	Number of Veterans Awaiting Guardianship	Number Veteran Avoidable Days	Average Bed Days of Care (BDOC)
Inpatient General Acute Care Medicine	341*	14,330	\$63,797,160
Inpatient General Intermediate Psychiatry	174*	11,916	\$28,442,492
Inpatient Nursing Home VA Community Living Center	212*	34,896	\$53,216,400
Inpatient General Acute Care Medicine: Hospitalization on the acute care inpatient medicine unit: Average Direct Cost per BDOC is \$4,452			
Inpatient General Intermediate Psychiatry: Hospitalization on the acute psychiatry inpatient unit: Average Direct Cost per BDOC is \$2,387			
Inpatient Nursing Home Skilled Nursing (CLC): Admission to a VA Community Living Center: Average Direct Cost per BDOC is \$1,525			
Avoidable Days: Total number of days the Veteran remained in the inpatient setting following medical stability while awaiting guardianship			
*Point in Time: July 2021 to May 2022			

Impact

- Increased length of stay (LOS) on inpatient units and Community Living Centers (CLC) impacting system flow and resource availability
- Increased bed days of care cost (BDOC) and resource utilization
- Lack of Veteran-centered care
- Veterans remain at an inappropriate level of care for indefinite periods of time



Existing Challenges in VA

- VA facilities have difficulty providing representation in Probate courts to establish guardianship for Veterans
- Historically, the Office of General Counsel (OGC) assisted VA facilities with pursuing legal guardianship in the court system. Due to limited resource availability, OGC can no longer continue to provide this support
- As a result, guardianships are not processed, and Veterans remain at the inappropriate level of care for months to years



Polling Question #2

- There are special considerations in legal appointment for Veterans who require a guardian
 - A) True
 - B) False



Cultural Considerations

- Fear of institutionalization
- Loyalty to family ties can impact seeking help in the community
- Lack of culturally appropriate community services
- Distrust of authorities
- Protective factors include spirituality, valuing and respecting elders, loyalty to family, the value of family and informal solid community networks



Best Practices

- The National Social Work Program uses a Tiger Team to address challenges such as Guardianship
- The National Social Work Elder Abuse Tiger Team's mission is to improve the health and well-being of elderly Veterans by:
 - Increasing awareness of risk factors
 - Preventing abuse through standardized screening
 - Promoting resources for caregivers



VHA Directive on Abuse and Neglect

- VHA Directive 1199 Reporting Cases of Abuse and Neglect establishes policy for the reporting of abuse and neglect cases as stipulated by state statute for all VA medical facilities
- All professionals are required to adhere to federal and state laws that govern the reporting of suspected cases of abuse and neglect
- Must promptly document in the electronic health record all pertinent information, including:
 - Required report was filed timely with the appropriate agency, include copy of report
 - Examination and treatment for conditions caused by abuse or neglect were offered to Veterans



VHA Directive on Abuse and Neglect

- Ensure that a referral is made to VA Social Work for each report
- Social Workers are responsible for initiating a thorough assessment and identifying psychosocial risk factors requiring intervention
- Social Workers have a duty to:
 - Facilitate referrals for clinical assessment, treatment and care
 - Maintain a list of VA and community resources that provide or arrange for evaluation and care



Sharing Information with Adult Protective Services

- VHA can voluntarily disclose individually-identifiable health information for the purpose of complying with State mandatory reporting requirements
- A standing letter between the VA Medical Center and state agency allows VHA to file an initial report disclosing minimum patient information
- State agency submits a request to VA Medical Center Release of Information if medical records are needed



Case Study

- Mr. S. is a 57-year-old Caucasian Navy Veteran with 23 years of service
- He has a history of Major Depressive Disorder, is high risk for suicide with 2 previous attempts, left an abusive marriage, lives alone and has a 19-year-old adopted son
- He was referred to a VA Polytrauma Clinic in 2010 and followed for four years by Rehabilitation, Psychiatry, Occupational Therapy, Speech Language Pathologist, Vocational Rehabilitation, Recreation Therapy, Social Work and a Primary Care Provider
- From 2020 to present he has had over 100 visits with a Rehab Psychologist



Case Study

- 2004: Active Duty, sustained moderate-severe TBI in a high-speed motor vehicle accident. Veteran was confused at scene, insisted on going to work. He went back to work within 3 weeks and never regained his functional baseline
- 2005: Veteran discharged from service, tried to work at Walmart and was fired
- 2007: Veteran sustained a mild to moderate TBI in rollover motor vehicle accident, Veteran does not recall event. Has not worked consistently since this event

Questions

- Please reach out to your local VA Medical Center and ask to speak to the Social Work Chief or Executive for questions regarding facility specific information at <https://vaww.va.gov/directory/guide/home.asp>
- Please contact the [VHA SW Elder Abuse Tiger Team](mailto:VHASWElderAbuseTigerTeam@va.gov) at VHASWElderAbuseTigerTeam@va.gov with any questions

