

# Consumer Council News

February 24, 2004

Volume 7, Issue 9

## New Money

**The General Counsel for the VA has interpreted Section 108 of P.L. 108-70 to provide 25 million dollars for Mental Health Services in VHA for fiscal year 2005 & 2006. The breakdown for the money is: (1) 5 million for PTSD program (2) 5 million for Substance Abuse (3) 10 million to be decided by the SMI Committee and Mental Health Strategic group (MHSHG) and (4) 5 million to be determined by MHSHG. Six million has already been recommended for supportive employment.**

Newsletter sponsored by VA Mental Health Consumer Council  
FAX comments to Lucia Freedman at 202-273-9069 or call 202-273-8370

## VHA Psychosis Registry

The 4th Annual National VHA Psychosis Registry Report for Fiscal Year 2002 indicated that 205,620 veterans were treated for psychosis. Of this group there were 95,875 veterans with schizophrenia, 70,345 veterans with bipolar disorder and 39,400 veterans with other psychotic disorders. The total population of veterans treated for psychosis rose 4.5% from Fiscal Year 2001. Over the past four years there has been a 32.3% decrease in inpatient hospital use. There were 1.7% of veterans with psychosis that were in a residential rehabilitation programs. The use of atypicals continues to rise steadily, up to 84.9% of all patients in Fiscal Year 2002 from 61.7% in Fiscal Year 1999. The cost of care for veterans with



We Care About Our Veterans

psychosis was close to 3 billion dollars. Across VISNs the percentage of total costs attributed to psychiatry ranged from 23.1% to 39.6% and the portion due to pharmacy varied between 7.3% to 17.2%.

The veteran population with psychosis has aged and 26% are 65 or older. This has implications for treatment as this group will use more medical care and may not use mental health services due to stigma or other barriers. Homelessness continues to be a problem with 29% of veterans who report to an emergency room state they are homeless. In outpatient care there has been a drop of 22.4% since 1999 for psychiatric clinic stops. This report will be very useful for

## Samaritan Initiative

Congressman Rick Renzi introduced legislation for the Samaritan Initiative Act of 2004. It would amend the McKinney Vento Homeless Assistance Act to provide authority for the Departments of Housing and Urban Development, Health and Human Services, and Veterans Affairs to jointly fund community-based efforts to coordinate the provision of housing, health care, mental health and substance abuse services to chronically homeless persons to move them from the streets and out of shelters into housing with the supports they need to sustain their tenancies. At the local level, a comprehensive and integrated community strategy would have to be developed to provide outreach, treatment, and support services coordinated with permanent housing. Grantees would be ex-

pected to enumerate the reduction in the number of chronically homeless persons living on the streets or in shelters as a result of receiving this targeted federal funding. If enacted, the Samaritan Initiative would become a permanent new program under the McKinney-Vento Homeless Assistance Act with the opportunity for new federal resources to be made available for it each year. Funding for 2005 is proposed at \$70 million. The VA would put in \$10 million to provide case management services for chronically homeless veterans.

Online Newsletter  
[www.mentalhealth.med.va.gov/cc](http://www.mentalhealth.med.va.gov/cc)

## Homeless Veteran Care

The Health Care for Homeless Veterans program treated 60,970 veterans in fiscal year 2003. Approximately 81 percent of veterans contacted had a serious psychiatric or substance abuse disorder. Over three quarters of these veterans had worked no days in the 30 days prior to their contact with the VA Homeless Team. During 2003 there was a planned phase out of centralized funding for contract residential treatment and a transition to the Grant and Per Diem Program. The Grant and Per Diem program is VA's initiative to establish transitional housing and support services to homeless veterans through partnerships with community nonprofit and local government agencies. At the end of 2003 there were 275 Grant and Per Diem programs providing housing to homeless veterans. About 40 per cent of the veterans in the Grant and Per Diem program moved into permanent housing when discharged. Of the veterans discharged from Grant and Per Diem approxi-

mately 33 percent of veterans were employed. Another 25 percent of veterans were discharged to a half-way house or other institutional setting. The Grant and Per Diem providers work to educate veterans about VA and non-VA benefits for which they may be eligible. At discharge 24 percent of veterans are either already receiving VA financial benefits or have an application for benefits pending. The Grant and Per Diem (GPD) program continues to grow in regard to the number of programs providing services to veterans. Collectively, over 6,000 transitional housing beds are now available to homeless veterans with appreciable cost sharing by the community non-profit organization in partnership with the VA. The data suggest a reasonably high level of satisfaction among GPD program clients, with an average satisfaction score for facilities of 3.2 out of 4. Overall there has been substantial increases in treatment outcomes for veterans housed.

## New News on Incarcerated Veterans

VA has joined the Justice, Labor, HUD and HHS on the Serious and Violent Offender Reentry Initiative (SVORI). This program provides discharge planning assistance to incarcerated persons scheduled for release. VA works with the incarcerated veterans to make a successful transition into the community. In the United States, over 600,000 individuals are released from prisons and jails each year, and it is estimated that approximately two-thirds are re-incarcerated within three years of their release. The Department of Justice estimates that approximately 14.5% of Federal and 12.5% of state incarcerated reported having military service. The recidivism of released prisoners poses serious challenges to communities and the criminal justice system. SVORI is a large-scale program providing over \$100 million to 69

grantees to develop programming, training, and state-of-art reentry strategies at the community level. The SVORI programs are intended to reduce recidivism, as well as to improve employment, housing, and health outcomes of participating released prisoners. Focus has also shifted to preventing the incarceration of the person with serious mental illness. It is estimated that one of every 10 police calls involves a person with a mental disorder. Police may misunderstand an individual's inability to follow police orders because he or she is distracted by his/her symptoms. Training in mental health issues and techniques to handle calls differently is the key to preventing incarceration of individuals that need mental health care. This new focus on the incarcerated veterans is also aimed at reducing homelessness. Veterans can be

## Information and Resources

May 17-20, 2004  
National Coalition for Homeless Veterans  
Annual Conference  
Wyndham City Center Hotel  
Washington, DC  
202-546-1969

June 9-12, 2004  
National Mental Health Association  
Annual Meeting  
Washington, DC  
[www.nmha.org](http://www.nmha.org)