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Hofstra Mission Critical: The Unified Behavioral Health Center

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HOFSTRA MISSION CRITICAL: THE UNIFIED BEHAVIORAL HEALTH CENTER

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I. INTRODUCTION

In April 2016, the Gitenstein Institute for Health Law and Policy at the Maurice A. Deane School of Law at Hofstra University hosted a conference entitled "Mission Critical Veterans Health Summit: Addressing the Invisible Wounds of Our Nation's Veterans." Experts from the public and private sectors came together to address issues ranging from veteran suicide to "bad paper" discharges ("BPDs"); veteran health care and the signature injuries of our current conflicts, post-traumatic stress and traumatic brain injury; and the impact of the foregoing invisible wounds and challenges in treating them on families as well as veterans. There was a full day of panel discussions in front of an engaged audience, and participants included representatives from higher education, the U.S. Department of Veterans Affairs ("VA"), veteran service organizations ("VSOs"), and the private sector. It was evident from the medical and legal professionals, and veterans and supporters in the room, that there remains much work to be done to ensure that our veterans are receiving the medical and legal assistance they need to identify and address their health issues, particularly those invisible to others. Working across sectors and disciplines is the most effective way to address the complex needs of our veterans and their families in a holistic manner.

One example of addressing the needs of veterans and their families with mental health issues was provided by the author, Dr. Mayer

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Bellehsen, Director of the Mildred and Frank Feinberg Division of the Unified Behavioral Health Center ("UBHC") for Military Veterans and Their Families at Northwell Health. During the third panel discussion of the conference, the author described the UBHC and its partnership with the VA. Through this partnership, the VA is co-located with the UBHC. The VA offers primary care and behavioral health services to veterans, while the UBHC offers behavioral health services to the family members of the veterans.[1] When permitted by the patients, the VA and the UBHC provide a collaborative care model that is the first of its kind, demonstrating the efficacy of public-private partnerships in addressing the complexity of needs among veterans and their families in the behavioral health arena.[2]

II. HOFSTRA MISSION CRITICAL: THE UNIFIED BEHAVIORAL HEALTH CENTER

According to recent reports by the VA, approximately 1.8 million of the troops that served in Operation Enduring Freedom ("OEF"), Operation Iraqi Freedom ("OIF"), and Operation New Dawn ("OND") are now veterans eligible for VA health care services.[3] Precise statistics regarding the number of family members (for example, spouses and children) of veterans are not currently available due to the fact that not all veterans establish connections or receive services from the VA. However, based on the military personnel to family member ratio of 1 to 1.4,[4] it can be estimated that there are currently two million military-connected children, many of whom are under the age of fourteen.[5]

It has been well established that deployment can have a negative impact on the family unit. While many military families are very resilient, there is also a substantial amount of evidence that deployment can lead to a deterioration of marital relationships,[6] impairment in the

1. Agency for Healthcare Research & Quality, U.S. Dep't of Health & Human Servs., *Co-located, Coordinated Services for Veterans and Their Families Enhance Access to Mental Health Care and Generate Clinical Benefits and High Levels of Satisfaction*, AHRQ (Oct. 9, 2014), https://innovations.ahrq.gov/profiles/co-located-coordinated-services-veterans-and-their-families-enhance-access-mental-health.

2. *Id.*

3. VETERANS HEALTH ADMIN., U.S. DEP'T OF VETERAN AFFAIRS, ANALYSIS OF VA HEALTH CARE UTILIZATION AMONG OPERATION ENDURING FREEDOM (OEF), OPERATION IRAQI FREEDOM (OIF), AND OPERATION NEW DAWN (OND) VETERANS: CUMULATIVE FROM 1ST QTR FY 2002 THROUGH 2ND QTR FY 2015 (OCTOBER 1, 2001–MARCH 31, 2015), at 3 (2015).

4. Molly Clever & David Segal, *The Demographics of Military Children and Families*, FUTURE CHILD., Fall 2013, at 13, 16.

5. *Id.*

6. *See* Melissa Rowe et al., *Exploring the Impact of Deployment to Iraq on Relationships*, 1 MIL. BEHAV. HEALTH 1, 3-4 (2013); *see also* Lyndon A. Riviere et al., *2003–2009 Marital*

relationship quality with children,[7] increases in child maltreatment and neglect,[8] and escalation in rates and severity of maltreatment perpetrated by the non-deployed parent.[9] Additionally, the mental health of returning service members has been demonstrated to impact the family unit's functioning.[10] Mental health problems overall, including PTSD, alcohol or substance abuse, depression, and anxiety, substantially contribute to the problems observed in families of active duty military personnel and veterans.[11]

The shared costs and burdens of military service on the family have led to increased calls by some family members to become more integrated in the treatment and recovery process of veterans.[12] Efforts to address family needs by the Veterans Health Administration ("VHA") include the Caregiver Support Program and increased efforts to integrate family members in a veteran's treatment.[13] However, family members can often only be seen as a collateral to the veteran, thus denying the family member independent treatment.[14] Public-private partnerships offer a viable solution for meeting the behavioral health care needs of veterans and their families as they permit for the sharing of risks and

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Functioning Trends Among U.S. Enlisted Soldiers Following Combat Deployments, 177 MIL. MED. 1169, 1171, 1175-76 (2012).

7. Ayelet Meron Ruscio et al., *Male War-Zone Veterans' Perceived Relationships with Their Children: The Importance of Emotional Numbing*, 15 J. TRAUMATIC STRESS, 351, 355 (2002).

8. E. Danielle Rentz et al., *Effects of Deployment on the Occurrence of Child Maltreatment in Military and Nonmilitary Families*, 164 AM. J. EPIDEMIOLOGY 1199, 1204 (2007).

9. Deborah A. Gibbs et al., *Child Maltreatment in Enlisted Soldiers' Families During Combat-Related Deployments*, 298 JAMA 528, 534 (2007).

10. Rachel Dekel & Hadass Goldblatt, *Is There Intergenerational Transmission of Trauma? The Case of Combat Veterans' Children*, 78 AM. J. ORTHOPSYCHIATRY 281, 284 (2008); Christopher R. Erbes et al., *Psychiatric Distress Among Spouses of National Guard Soldiers Prior to Combat Deployment*, 9 MENTAL HEALTH FAM. MED. 161, 164-67 (2012); Abigail H. Gewirtz et al., *Posttraumatic Stress Symptoms Among National Guard Soldiers Deployed to Iraq: Associations with Parenting Behaviors and Couple Adjustment*, 78 J. CONSULTING & CLINICAL PSYCHOL. 599, 600 (2010); Briana S. Nelson Goff et al., *The Impact of Individual Trauma Symptoms of Deployed Soldiers on Relationship Satisfaction*, 21 J. FAM. PSYCHOL. 344, 344-45 (2007); Laura A. Meis et al., *Intimate Relationships Among Returning Soldiers: The Mediating and Moderating Roles of Negative Emotionality, PTSD Symptoms, and Alcohol Problems*, 23 J. TRAUMATIC STRESS 564, 569-70 (2010); Rowe et al., *supra* note 6, at 5-6.

11. Erbes et al., *supra* note 10, at 164-77; Meis et al., *supra* note 10, at 570; Rowe et al., *supra* note 6, at 4.

12. Carrie Farmer et al., *Qualitative Needs Assessment of New York State Veterans*, *in* A NEEDS ASSESSMENT OF NEW YORK STATE VETERANS: FINAL REPORT TO THE NEW YORK STATE HEALTH FOUNDATION 5, 13-14 (Terry L. Schell & Terri Tanielian eds., 2011).

13. Eric R. Pedersen et al., *Public-Private Partnerships for Providing Behavioral Health Care to Veterans and Their Families: What Do We Know, What Do We Need to Learn, and What Do We Need to Do?*, RAND HEALTH Q. 2015, at 1, 13, http://www.rand.org/content/dam/rand/pubs/research_reports/RR900/RR994/RAND_RR994.pdf.

14. *Id.* at 14.

resources. To this end, in 2012, President Obama signed an executive order calling for collaboration between the VHA and local community-level partners in order to improve the services provided to veterans, service members, and their families.[15]

One noted model of partnership is the UBHC formed by Northwell Health and Northport Veterans Affairs Medical Center ("VAMC").[16] This first-of-its-kind partnership includes the development and maintenance of a center that promotes *co-location* of services and *cross-talk* between staff from both institutions for the provision of coordinated care for the veteran family.[17] VAMC offers primary care and behavioral health services to the veteran, while Northwell Health offers behavioral health services to the family members.[18] Through a collaborative care model, the two institutions meet regularly to coordinate care of shared cases, when permission is given.

UBHC's efforts have been directed towards five objectives:

1. Model a new form of public private partnership to meet the needs of military and veteran families.
2. Increase access to behavioral health services for veterans and their families.
3. Offer evidence based quality treatment to ameliorate mental health distress born by veterans and their families and improve quality of life.
4. Conduct outreach to the community to de-stigmatize mental health services.
5. Document and disseminate this model for others to consider in replication.[19]

Since inception, the UBHC has been successful in its goal of expanding care to military and veteran families. An independent investigation by the RAND Corporation evaluated its effectiveness.[20] Further, performance statistics, as well as various accomplishments,

15. DEP'T OF DEF. ET AL., INTERAGENCY TASK FORCE ON MILITARY AND VETERANS MENTAL HEALTH 7 (2013).

16. *See id.* at 27-28; Agency for Healthcare Research & Quality, *supra* note 1, at 13-14; Pedersen et al., *supra* note 13, at 8-9; Ashley Fantz, *First-of-its-Kind Clinic 'Saved My Marriage,' Iraq Veteran Says*, CNN (Mar. 11, 2014, 7:57 PM), http://www.cnn.com/2014/03/11/us/va-mental-healthcare-clinic.

17. Agency for Healthcare Research & Quality, *supra* note 1.

18. *Id.*

19. *An Assessment of Deficiencies at the Northport VA Medical Center: Hearing Before the H. Comm. on Veterans Affairs*, 114th Cong. (2016) [hereinafter *Hearing*] (statement of Dr. Bellehsen).

20. See *infra* Part III.

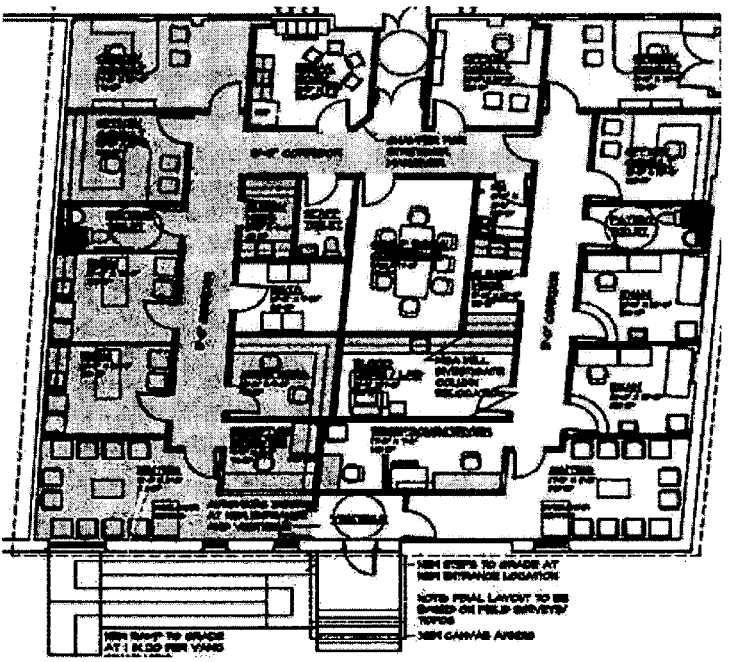
recorded throughout the life of the UBHC—from inception in October 2012 to August 2016—reflect the success of the program.[21]

III. OUTCOMES

The construction and operational functioning of the 3680 square-foot UBHC is the embodiment of a new form of public-private partnership, as it entails both the sharing of physical resources and the leveraging of each institution's expertise in veteran and civilian behavioral health.[22] The Center facilitates access to services through co-location and promotes coordination of services through weekly cross-talk between providers. This increased access is reflected in the volume of patients seen in the first two years and ten months. As of August 31, 2016, the Northwell Health section of the UBHC had seen 303 patients for a total of 9470 visits, while the VA section of the UBHC had seen 1040 unique patients for a total of 10,017 behavioral health visits.[23] Additionally, approximately sixty-one percent of the clients in the Northwell Health section have been referred by the VA and roughly fifty percent of these referrals have resulted in collaborative care treatment (ninety cases).[24] This suggests that Northwell Health can reliably engage families of veterans through the partnership with the VA.

21. *Id.*
22. *See infra* Figure 1.
23. *Hearing*, *supra* note 19.
24. *Id.*; *see also* Agency for Healthcare Research & Quality, *supra* note 1.

FIGURE 1: BLUEPRINT OF THE UNIFIED BEHAVIORAL HEALTH CENTER FOR MILITARY VETERANS AND THEIR FAMILIES



As envisioned, the Northwell Health section primarily treats the family members or close relations of veterans and service members. As of August 31, 2016, this group accounted for seventy-three percent of clients, reaching a total number of 220.[25] Notably, the UBHC has been effective in engaging children and families. Children account for about twenty percent of the total clients currently engaged in treatment.[26] Nearly a quarter of the clients have received couples therapy, which supports the observations of a need and desire for treatment of marital difficulties in this population.[27] Additionally, when considering all integrative care treatment modalities (couples therapy, family therapy, and child therapy due to the inclusion of the parents in collateral sessions), the percent of interventions that involved family integration approaches half of the total interventions offered (forty-six percent).[28] This data supports the need to address the family unit. However, the data

25. *Hearing*, *supra* note 19 (Exhibit B).
26. *See id.* (statement of Dr. Bellehsen).
27. *See id.*
28. *See id.* (Exhibit B).

also highlights the importance of maintaining a flexible model that can accommodate for the varying or changing needs of military and veteran family members.

With respect to the conflict that precipitated the need for treatment, more than half of the clients that engage the Northwell Health section are connected to OEF, OIF, and OND.[29] However, a sizable proportion of individuals are connected to Vietnam and various other conflicts. Additionally, the largest problem source for clients is PTSD—with and without co-morbid traumatic brain injury—at a rate between forty-six and fifty-two percent.[30]

Lastly, staff from Northwell Health and the VA are engaged in active outreach to destigmatize mental health needs through education and to promote the model of collaboration represented by the UBHC. Since inception, staff from the Northwell Health section have engaged the public in 115 events that have reached at least 4299 individuals.[31] VAMC has documented at least 168 events in which UBHC collaboration was highlighted, with a total of 5416 individuals in attendance.[32] Through this outreach, over 3500 brochures and flyers have been disbursed.[33]

IV. DISCUSSION

The UBHC model is a novel public-private partnership that includes co-location of services and coordination of care between institutions, which has resulted in increased access to care for the veteran family community. Despite the successes of the model, there are challenges moving forward. These include obtaining ongoing funding to maintain services, obstacles with the communication of treatment information across information technology platforms of the two institutions, and the need to better formalize the structure of the partnership.[34]

To help offset costs, the Northwell Health section of the UBHC has started to implement billing processes to charge health insurance and VA

29. *See id.* (fifty-four percent).

30. *See id.*

31. NICOLE K. EBERHART ET AL., RAND CORP., THE UNIFIED BEHAVIORAL HEALTH CENTER FOR MILITARY VETERANS AND THEIR FAMILIES: DOCUMENTING STRUCTURE, PROCESS, AND OUTCOMES OF CARE 35 (2016).

32. *Id.*

33. *Id.*

34. *See Hearing*, *supra* note 19; Karyn Feiden, ROBERT WOOD JOHNSON FOUND., A HEALTH CARE MODEL FOR VETERANS AND THEIR FAMILIES (2014), http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2014/rwjf416035.

programs (for example, Civilian Health and Medical Program of the Department of Veterans Affairs ("CHAMPVA")) where applicable.[35] Despite efforts to increase inclusion of family members, the VA is principally tasked to treat veterans and significant resources are necessary to meet the needs of aging veterans and veterans from recent conflicts. The private sector can assist by offering much-needed expertise in areas more pertinent to families, including child and family treatments, and by complementing the resources of the VA. Reimbursement for these services, which directly impact the well-being of veterans, would help ensure the viability of these partnerships.

Public-private partnerships between a private sector health system and the VA have the potential to aid in the care of veterans and their families. The specific model of co-location and cross-talk that has been piloted by Northwell Health and VAMC at the UBHC has demonstrated many successes in achieving its mission and objectives. This model represents a promising avenue for supporting the nation's veteran families and may be of use to others looking to achieve similar goals.

35. *See Hearing*, *supra* note 19.