

Veterans Health Administration (VHA): Mental Health Services

Briefing for Commission on Care
October 19, 2015



VA Defining
HEALTH CARE **EXCELLENCE**
in the 21st Century



Uniform Mental Health Services

VHA is committed to providing a **uniform package of mental health services** that is Veteran-centered, recovery-oriented and evidence-based and that supports personalized, proactive, patient-centered care including:

- Integration into Primary Care
- Inpatient Care
- Residential Care
- Specialty Outpatient Care
- 24 hours, 7 days a week Care
- Gender-sensitive Care
- Care Transitions
- Evidence-based psychotherapies
- Suicide Prevention Coordinators
- Telemental Health
- Evidence-based Treatments
- Rehabilitation and Recovery Services
- Therapeutic and Supported Employment Services
- Disaster Preparedness
- Collaboration with Homeless Programs and Services for Justice Involved Veterans





Overview of VA Mental Health Services

- Over the past several years, the Department of Veterans Affairs (VA) has been transforming toward an integrated mental health (MH) delivery system – both during the transition from Servicemember to Veteran status and by broadening VA’s continuum of care
- VA provides services to Veterans at 1,588 locations. That includes 1,218 healthcare facilities.
- Veterans can access: Outpatient care at 1,207 locations; Acute Inpatient (hospital) care at 144 locations; Community Living Centers (CLCs) at 134 locations; and Residential Rehabilitation at 114 locations.





Overview of VA Mental Health Services

- Veterans can also access care through the Veterans Crisis Line, VA staff on university campuses and other outreach efforts
- VA has expanded clinical programs to provide proactive screening for depression, posttraumatic stress disorder (PTSD), problem use of alcohol, military sexual trauma and delivery of MH treatment in primary care and other medical and rehabilitation settings
- VA provides evidence-based specialty MH care in inpatient, residential and outpatient settings with subspecialty care for PTSD, substance abuse and serious mental illness as well as general MH and vocational services





VA Mental Health Service Delivery

- Medical Centers & Community-Based Outpatient Clinics (CBOC)
 - Direct VA staffing
 - Telemental health in CBOCs
 - Fee basis, contract care, Veterans Choice
- MH Residential Rehabilitation Treatment Programs (RRTP)
 - 244 MH RRTP Programs at 114 locations with 8,183 operational beds
 - Program types include:
 - Substance Use Disorder
 - PTSD
 - General MH
 - Domiciliary Care for Homeless Veterans
 - 8 programs specific to Women Veterans





Readjustment Counseling Services

- VA also operates 300 Vet Centers and 70 Mobile Vet Centers, which provide readjustment counseling to Veterans and their families
 - Majority of staff are Veterans
 - Located in community settings
 - Separate system of records but coordinated care with VAMCs
 - Mobile Vet Centers project care to rural areas and respond to emergency situations
 - 100 Global War on Terror (GWOT) Outreach Workers who are Veterans of recent wars and conduct community outreach



Mental Health Services in VA: Outpatient Sub-Specialty Care Services



- PTSD care teams: Substance Use Disorder (SUD) specialist on, or accessible to, every team.
- Mental Health Intensive Care Management (MHICM): Interdisciplinary teams who provide community-based mental health care for Veterans with serious mental illness who have intensive needs, including those with co-occurring SUD.
- RANGE/ E-RANGE teams extend MHICM services to rural areas.
- Psychosocial Rehabilitation and Recovery Centers are outpatient transitional learning centers with curriculum-based programming designed to support recovery and integration into meaningful self-determined community roles for Veterans with serious mental illness and severe functional impairment.
- SUD care: Mental Health professionals and peer supports
 - Ambulatory withdrawal management (Detox)
 - Outpatient clinics for SUD
 - Intensive Outpatient services for SUD
 - Evidence-based pharmacotherapy (medication assisted treatment)



Mental Health Services in VA: Acute Inpatient



- Inpatient management of moderate-severe withdrawal
 - Alcohol, opioid, sedative/hypnotics
 - In acute medicine units when indicated
- Inpatient mental health care
 - Available to Veterans who are at risk to themselves or others
 - Interdisciplinary team care
 - Recovery oriented and patient-centered services
 - Required follow-up after discharge to outpatient services



Integration of Care for Co-Occurring Mental Health and Substance Use Disorders



- Patients with substance use disorders require long-term management for substance use disorders and any coexisting psychiatric and medical conditions
 - The patient's condition must be continuously monitored so that the care plan evolves in corresponds with changes in their clinical status
- When PTSD or other mental health conditions co-occur with substance use disorders, evidence-based pharmacotherapy and psychosocial interventions for the other conditions need to be available with appropriate coordination of care and awareness of potential medical contraindications
- Substance use disorders must never be a barrier to treatment of patients with other mental health conditions and, conversely, other mental disorders must never be a barrier to treating patients with substance use illnesses
 - When it is clinically appropriate to delay any specific treatment, other care must be provided to address the Veteran's clinical needs



Integration Across Specialty Mental Health Settings



- Psychosocial Rehabilitation model with a Recovery orientation
 - Local Recovery Coordinators empowered to work across settings to ensure continuity of care within a Recovery framework
- Mental Health Treatment Coordinator for every Veteran receiving mental health care
 - One of the Veteran's providers is identified for this role
- Requirement for outpatient follow-up after an inpatient and residential mental health stays
- Provision of specialty MH services via telemental health when appropriate



Mental Health Services in VA: Integration with Physical Health



- Primary care/Mental Health integration
 - Patient Aligned Care Teams
 - Primary Care - Mental Health Integration (PC-MHI) programs
 - Home Based Primary Care
 - Women's health clinics
- Long-term care and end-of-life care
 - Hospice
 - Community Living Centers
- Physical Rehabilitation
 - Polytrauma units
 - Spinal Cord Injury units
 - Blindness Rehabilitation Centers
- Interdisciplinary medical specialty clinics, such as:
 - Pain clinics
 - Oncology
 - Endocrinology



Partnering With the Community in a Population Health Model



- Annual MH Summits at every VAMC
 - Community Mental Health Points of Contact at each facility
- Military Cultural Competence Training
 - Joint DoD/VA Course Developed
 - Training for Internal and External Customers
- Community Provider Toolkit
 - <http://www.mentalhealth.va.gov/communityproviders/#sthash.SAxlid7c.eLP80dn4.dpbs>





Suicide Prevention Initiatives

- Hubs of expertise
 - Center of Excellence
 - Mental Illness Research, Education, and Clinical Center
- National programs for education and awareness
 - Operation S.A.V.E (Know the Signs, Ask the question, Validate the feelings, Expedite help)
 - Suicide Risk Management Training for Clinicians
 - Traumatic Brain Injury (TBI) and Suicide
 - Women Veterans and Suicide
 - Older Veterans and Suicide
 - Primary Care Provider
- Veterans Crisis Line
 - 1-800-273-TALK (8255) Press “1” for Veterans
 - Veterans Chat
www.veteranscrisisline.net
 - Veterans Text: **838255**
- Suicide Prevention Coordinators
- Federal partnerships



Veterans Crisis Line

www.veteranscrisisline.net



A screenshot of the Veterans Crisis Line website homepage. The browser address bar shows "Veterans Crisis Line | Hotline & Onli...". The website header includes "SuicidePreventionLifeline.org" and navigation links: "Get Help", "Materials", "Get Involved", "Crisis Centers", "Newsroom", and "About". The main content area features the "Veterans Crisis Line" logo with the phone number "1-800-273-8255 PRESS 1". Below the logo are three tabs: "I am Veteran", "I am Active Duty/Reserve and Guard", and "I am Family/Friend". A blue banner contains the text "Confidential Help for Veterans and Their Families" and navigation links: "Signs of Crisis", "Resources", "Get Help", and "About". The main content area has a featured section with a photo of Tremeshia Ellis, a U.S. Army veteran, and the quote "I AM A VETERAN. Get the help you need to get your life back on track. It starts with a phone call." Below this is a "Welcome to the Veterans Crisis Line Website" section with a paragraph of text and a link "More about the Veterans Crisis Line". At the bottom, there are two columns: "Act Now" with a "Confidential Veterans Chat" button and "Text to 838255 to Get Help NOW" link, and "Learn Now" with links for "Identify the Warning Signs", "Concerned About a Veteran? You Can Help", and "Suicide and Crisis Resources".



Veterans Crisis Line (VCL): 8 Years of Saving Lives



- Since 2007, VCL has answered more than 1.86 million calls and requested emergency dispatch services more than 50,000 times
- FY15 August, daily averages: answers over 1,400 Calls, over 60 Texts, and over 145 Chats; nearly 1,600 incoming calls per day, up almost 200 from the same period in FY14
- VCL team in collaboration with the My VA Office, the Office of Mental Health Operations, the Office of Information and Technology, multiple other offices and individuals including the VCL Partnership Council is making significant progress on a comprehensive performance improvement plan addressing people, process, technology, and space



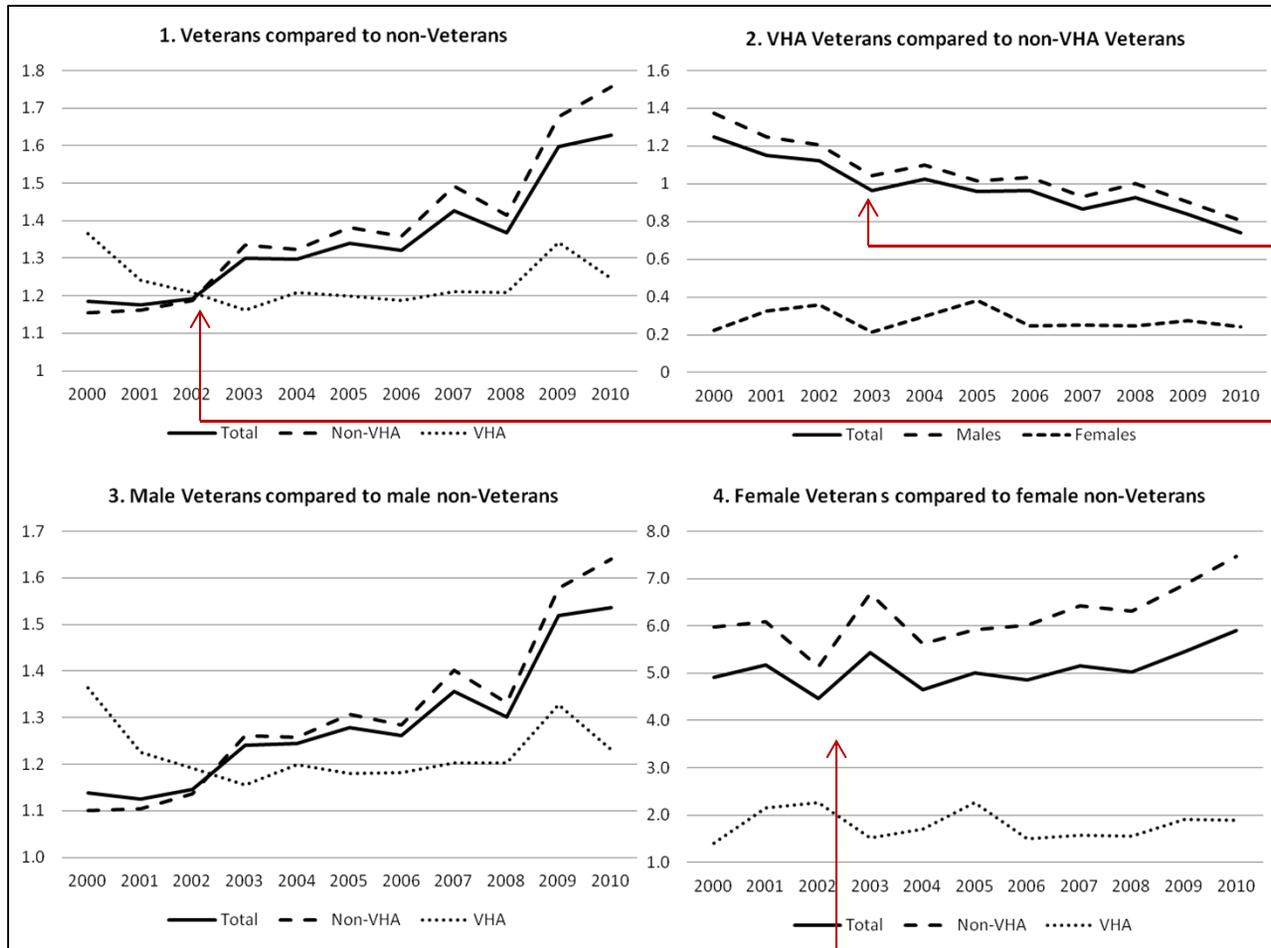
Enhanced Care Package for Patients at High Risk for Suicide



- High Risk Patients
 - Chart notification system – “flag”
 - Safety Plan
 - Treatment Plan modifications
 - Means restriction
 - Family / friend involvement
 - Follow-up for missed appointments



Standardized Veteran Suicide Mortality Ratios: 2000 to 2010



VHA Veterans fare better than non-VHA Veterans since 2003

Overall decline among VHA Veterans relative to increase among non-VHA

Greatest excess risk among female Veterans, especially those outside VHA care system

All lines in panel 1 and the total line in panel 2 are age- and gender-standardized. All other SMRs are gender-stratified and age-standardized.

Suicide Prevention in VA

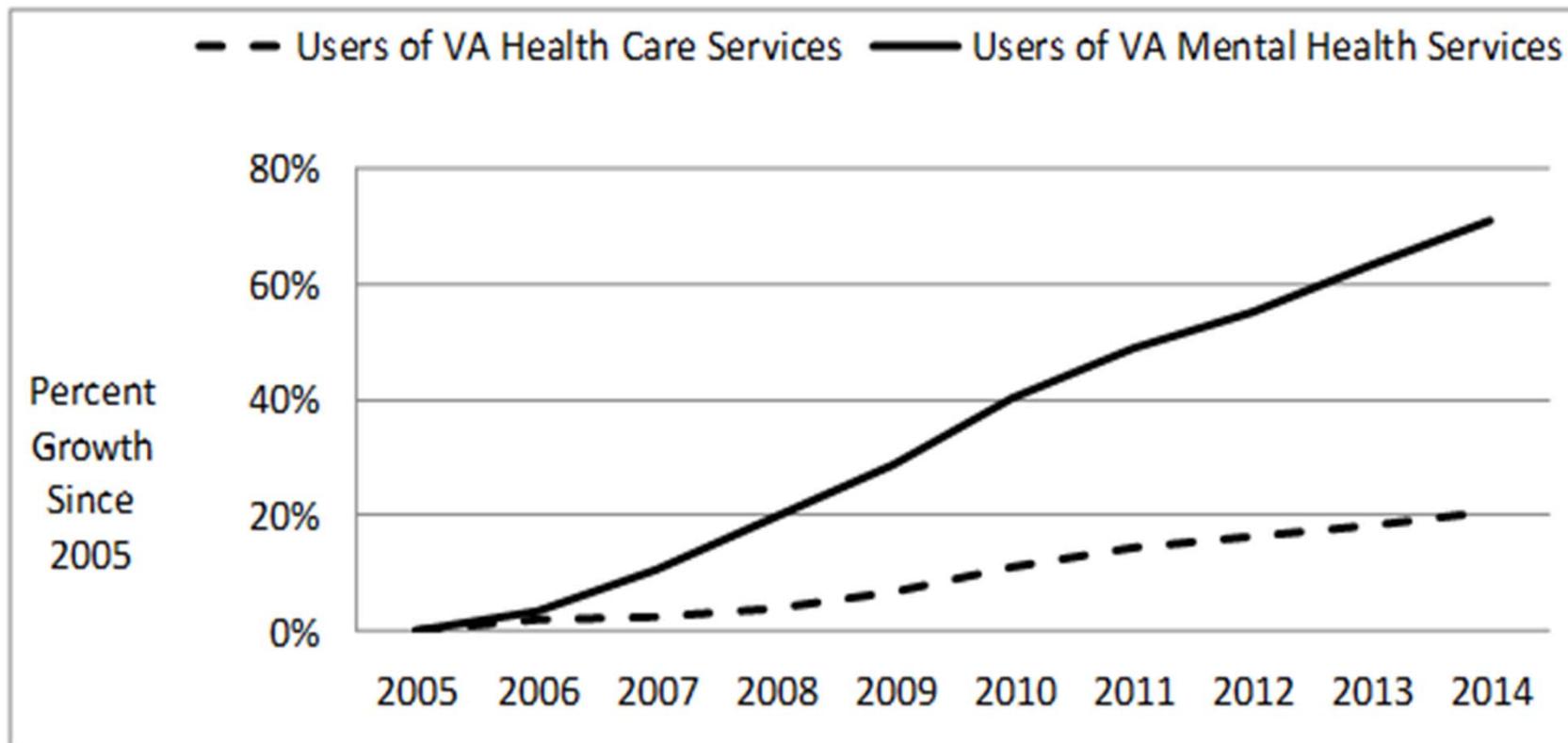


- VA's Stratified Risk project is a giant step forward
 - Utilizes big data that only VA has to improve prediction of suicide risk and intervene at appropriate levels BEFORE a crisis rather than during one!

Predictive Modeling and Concentration of the Risk of Suicide: Implications for Preventive Interventions in the US Department of Veterans Affairs”, published in the American Journal of Public Health (AmJPublicHealth. Published online ahead of print June 11, 2015: e1–e8. doi:10.2105/AJPH.2015.302737.)



Rate of Growth in Demand for Mental Health Services Three Times that of Overall VHA Health Care





Top Strategic Priorities for MH

1. Every Veteran can effectively access world-class crisis intervention services 24/7/365
2. VA MH care is measurement-based with a balanced emphasis on clinical outcomes, quality, and Veteran and Staff Satisfaction
3. VA MH operates within a measurement-based management system with shared leadership at local, network and VACO levels





QUESTIONS?

