

MENTAL HEALTH AND VETERANS BENEFITS ADMINISTRATION COLLABORATIONS

Stacey Pollack, Ph.D.



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

Collaborations with Compensation Service and Benefits Assistance Service (BAS)



VBA – Compensation Issues

Update to VA Schedule of Rated Disabilities (VASRD)

Mental Health Rating Criteria



- VBA updating all body systems of the VASRD
 - 2007 Institute of Medicine Report – PTSD Compensation and Military Service stated that current Mental Health rating criteria are undercompensating compared to other body systems
 - Mental Health rating criteria were last updated in 1996
 - Existing rating criteria partially based on the Diagnostic and Statistical Manual (DSM) - IV Global Assessment of Functioning Definition (GAF)
- Workgroup first met in February 2013
 - Workgroup included representatives from Mental Health Services, Mental Health Operations, Veterans Benefits Administration (VBA) Compensation Service, Board of Veterans Appeals (BVA), Department of Defense (DoD) and Veteran Service Organizations
 - This was the second committee assembled to perform this task
 - Prior committee recommendations had been sent back and not approved as recommendations were based on work-performed (the more work missed, the higher the award)



VBA – Compensation Issues

Update to VA Schedule of Rated Disabilities (VASRD)

Mental Health Rating Criteria



- Committee developed newly proposed rating criteria based on functional impairment
- Proposed 5 domains of functioning
 - Cognition
 - Interpersonal Interactions and Relationships
 - Task Completion and Life Activities
 - Navigating Environments
 - Self-Care
- Compensation and Pension (C&P) examiners document on intensity and frequency of difficulties in each domain
- Small pilot study done in April 2014 to get preliminary data on proposed criteria
- Next Steps: proposed rating criteria will be published in the Federal Register and there will be a period for public comment



VBA – Compensation Issues Military Sexual Trauma (MST) and Benefits



- Discussions began in 2014 between the White House, VBA, VHA and DoD
- Office of Disability and Medical Assessment (DMA) developed an online MST course
 - Course released in December 2014
 - all C&P examiners must complete the course by April 2015
- Course focuses on MST in general, but has two specific lessons:
 - MST and Posttraumatic Stress Disorder (PTSD)
 - Focus on “markers”
 - MST and the Separation Health Assessment (SHA)
 - Challenges
 - Handouts provided
 - Ongoing discussions with DoD and VBA



VBA – Compensation Issues Military Sexual Trauma and Benefits



- May 2014, MHS and VBA presented to VSO's via a live online training on the topic of MST and Benefits
- February 2015, joint VBA/VHA presentation about MST and benefits on the MST coordinator call
- February 2015, VBA has added the title of “MST Coordinator” to VBA’s “Women’s Veterans Coordinator”
- Topic of MST addressed during the Transition Assistance Program (TAP)
 - Handouts provided
- Updated PTSD Disability Benefits Questionnaires (DBQs) to ask specifically about “markers”



VBA – Compensation Issues Military Sexual Trauma and Benefits



- VBA added MST coordinators instead of previously having all issues of MST addressed by Women Veterans coordinator
- Each regional office now has a male and female MST coordinator
- <http://www.benefits.va.gov/benefits/mstcoordinators.asp>



VBA – Compensation Issues

Managing the transition from DSM-IV to DSM-5



- Prior history of difficulty with transitioning from DSM-III-R to DSM-IV for purposes of Compensation & Pension (C&P)
- Worked closely with VBA to develop a transition plan that met both VHA and VBA needs
- Transitioned from DSM-IV to DSM-5 for clinical purposes on December 1, 2013
- From December 2013 until October 2014, C&P examiners were instructed that for disability purposes to use DSM-IV or DSM-5 (based on what was more likely to diagnose the Veteran with a mental health condition)
- Final Rule was published in October 2014, at which point examiners were instructed to utilize DSM-5



VBA – Compensation Issues

Concerns about Misperceptions Regarding Reduction in Mental Health Benefits



- VA Leadership asked Mental Health and VBA to address Veterans' concerns about reduction of benefits if there is improvement in their mental health condition
- Myths:
 - A Veteran's Service Connection (SC) would be severed due to a Veteran participating in treatment
 - A Veteran's SC would be severed due to a Veteran not continuing in treatment
- VHA and VBA have done initial investigations of the actual frequency at which Veterans who are Service Connected experience decreases in their payments or alterations in their Service Connected status
 - Data pull indicates that this is very rare as it occurs in well under 1% of cases reviewed



VBA – Compensation Issues

Concerns about Misperceptions Regarding Reduction in Mental Health Benefits



- At the end of FY14, there were 984,972 Veterans on the rolls receiving SC for at least one mental disorder rated at 10% or higher
- At the end of FY14, less than .01% of all Veterans had a reduction in SC for a mental disorder
- Majority of Veterans (68%) who had a change in SC had their SC drop to the next lower level
 - 23% went from 100% to 70%
 - 20% went from 70% to 50%
 - 25% went from 50% to 30%
- Majority (71%) were from the Gulf War Era
- Majority (76%) were SC for PTSD



VBA – Compensation Issues

Concerns about Misperceptions Regarding Reduction in Mental Health Benefits



- For VBA to reduce benefits evidence must demonstrate:
 - “that there has been material and sustained improvement”
 - the rater must consider whether "the evidence makes it reasonably certain that the improvement will be maintained under the ordinary conditions of life."
 - SC can not be reduced based on the findings of one review examination.
 - If an exam shows improvement, the Veteran will be notified of that finding, but continue the existing evaluation (percentage).
 - Another review exam will be scheduled, generally within 18, 24, or 30 months, to determine if the material improvement observed has continued.



VBA – Compensation Issues

Concerns about Misperceptions Regarding Reduction in Mental Health Benefits



- It is important to point out, SC of any condition becomes protected/permanent after 10 years, and can not be severed without a finding of fraud on the part of the Veteran
- Improvement in a mental disorder may result in reduction of evaluation, but rarely in severance of service connection
- Next steps: develop a communications plan for VHA clinicians, VSOs and Veterans



VBA – Compensation Issues Collaborative Presentations/Courses



- Development of Medical Opinions Course
 - Course content finalized in February, 2015
 - Will be required of all VA examiners
 - Mental Health Represented as Subject Matter Experts
 - Mental Health Scenarios in the course
- PTSD mentors call
 - VBA and MHS staff presented on issues related to mental health and disability examinations in January 2015
- VBA DBQ call
 - MHS staff presented on MH DBQs in February 2014





VBA – Former Prisoner of War (FPOW) issues

- VBA and VHA meet with FPOW Federal Advisory Committee twice per year
- National FPOW conference held annually
 - Faculty includes VHA and VBA staff
 - Curriculum addresses laws that govern VA benefits that are special for the FPOW group
 - Conference prepares VHA and VBA Provider Teams to compassionately, accurately and efficiently rate, process and provide FPOW with needed treatment and compensation



VBA – Separation Health Assessment (SHA) Initiative



- Joint Strategic Plan Goal: All Service members, to include reserve components, will have a standard SHA
- For pre-discharge claims, VA's exam serves as the separation exam
- Servicemember can file a claim for benefits as early as 180 days prior to their scheduled separation
- Initiative remains partially implemented as of May 2015



Ongoing Discussions

- Agreement to move C&Ps out of medical records
 - Discussions between VHA Health Information Management (HIM), Office of Disability and Medical Assessment (DMA) and others for over a year
 - Currently, C&P exams are available through the My HealthVet Blue Button
 - Security incidents involving C&P clinicians have been reported with the availability of the C&P when the exam is only part of the total collection of documents used by VBA to make a decision
 - VBA system of records is being amended so that VBA will own, maintain, and release the C&P exams
 - Date of this transition of ownership of the C&P exam has not been determined
 - Guidance has gone out as to how to remove exams locally





Ongoing Discussions

- Variability of exams
 - More standardization for initial PTSD exams
 - Discussion regarding the use of the CAPS-5 based on research – “Impact of Evidence-Based Standardized Assessment on the Disability Clinical Interview for Diagnosis of Service-Connected PTSD: A Cluster-Randomized Trial” – Journal of Traumatic Stress, December 2012
- Increase use of telehealth for MH examinations
 - National Telehealth center pilot utilizing the CAPS
- Updates to the Disability Examination Management (DEM) contract
 - Who can do examinations
 - Time required for examinations





Ongoing Discussions

- Reviewing data of those who receive Service Connection for Mental Health conditions and their utilization of VHA services
- Quality vs. timeliness from a systems perspective



Collaborations with Vocational Rehabilitation and Employment (VR&E)



Collaborations with Vocational Rehabilitation and Employment (VR&E)



- VR&E program provides comprehensive services and assistance to enable Veterans with service-connected disabilities and an “employment handicap” to prepare for, find, and maintain suitable employment.
- For Veterans with service-connected disabilities so severe that they cannot immediately consider work, the VR&E program offers services to improve their ability to live as independently as possible in their homes and communities.
- VR&E services are based on regulations



Collaborations with Vocational Rehabilitation and Employment (VR&E)



- VR&E recently partnered with VHA to streamline the clinical referral process
 - As of December 2014, Vocational Rehabilitation Counselors (VRCs) can now refer VR&E clients to VHA for mental health and other clinical services electronically via the Compensation and Pension Records Interchange (CAPRI) system
- MHS staff spoke at National VR&E conference in FY14
- MHS staff and Mental Health Operations staff (Transitional and Supported Employment Services) invited to participate in National VR&E conference in FY15
- MHS staff are scheduled to speak on PTSD and TBI on March 19th 2015 at the VA Warriors to Workforce (W2W) program.
 - presentation will focus on how to help faculty support staff, interns and students who may have a diagnosis of PTSD or TBI.



VBA – Vocational Rehabilitation and Employment Training Course for Vocational Rehab Counselors



- VR&E staff recognized a need to better train VR&E staff to work with Veterans who are diagnosed with Mental Health Conditions
- VR&E and Mental Health staff collaborated on content development for two courses
 - Both released in December 2014
 - VR&E Service requires all VR&E staff to complete mental health training sessions no later than March 31, 2015
 - The two courses provide a total of five hours of training
- Courses designed to equip VR&E employees with the knowledge to enact healthy interactions with Veterans who either have been diagnosed with a mental health condition or who present with behavioral challenges



VBA – VR&E Training Course: “Awareness of Mental Health and Other Behavioral Challenges”



- Course 1 Topics – all VR&E staff
 - Basic awareness of mental disorders
 - Mental disorders myths and facts
 - Special considerations and resources
 - Suicide prevention
 - Homeless Veterans
 - De-escalating confrontational situations
 - Section on anger management



VBA – VR&E Training Course: “VR&E Techniques for Mental Health”



- Course 2 Topics - for Vocational Rehabilitation Counselors (VRCs)
- Goal is to enhance the employee’s ability to apply strategies that are intended to increase the likelihood of successful vocational rehabilitation outcomes
- Course attempts to avoid stereotypes and destigmatize mental health conditions
- Course encourages counselors to develop individualized plans, not just base plans on a diagnosis
- Course focuses on five Mental Health Disorders
 - PTSD
 - Depressive Disorders
 - Anxiety Disorders
 - Substance Use Disorders
 - Schizophrenia and related Disorders



VBA – VR&E Training Course: “VR&E Techniques for Mental Health”



- For each mental disorder presented in this course, specific information is available and organized into the following sections:
 - Symptoms and presentation
 - Common functional limitations
 - Implications for Vocational Rehabilitation
 - Case Management Implications
 - Evaluation and Planning
 - Case Management Services
 - Employment Services
 - Closure Activities



VBA – VR&E Training Course for Mental Health Providers – “What does VR&E Do?”



- Planned for FY15
 - Will be developed by MH and VR&E Subject Matter Experts
- Goal is to educate VA MH staff on services provided by VR&E
- Address appropriate referrals
- Address goals of VR&E
- Discuss differences between VR&E and TSES programs
- Discuss best practices: how can MH and VR&E staff make sure that they are part of the same team: the Veterans



VBA – VR&E - Veterans Integration to Academic Leadership (VITAL) and VetSuccess on Campus (VSOC)



- Proposed enhanced collaboration between VITAL and VSOC
 - VITAL
 - FY 2011: 5 facilities selected to begin outreach and provide on-campus mental health services
 - Currently: 29 VITAL licensed providers and 5 peer mentors on 93 campuses
 - VSOC
 - FY 2010: VSOC pilot started at University of South Florida (USF) and expanded to 8 schools with 8 VSOC Vocational Rehabilitation Counselors (VRCs)
 - Currently: VSOC on 94 schools with 79 VSOC VRCs in support



VBA – VR&E - Veterans Integration to Academic Leadership (VITAL) and VetSuccess on Campus (VSOC)



- A collaborative program will:
 - Support the VA Secretary’s “Blueprint for Excellence”
 - Promote the concept of “My VA” or one seamless, non-confusing presence of VA on campuses
 - Support Veteran-centered care and expand VA’s capability to bring VA (VHA and VBA) services to meet Veterans’ needs where they are located
 - Share best practices and expertise to comprehensively reach and support student Veterans’ educational success
 - Provide comprehensive services/care to Veterans
 - Access to VHA healthcare services
 - Access to VBA services



VBA – VR&E - Veterans Integration to Academic Leadership (VITAL) and VetSuccess on Campus (VSOC)



- Proposed collaborative mission statement: “the VBA VSOC and VHA VITAL programs will use combined expertise to meet the comprehensive needs of student Veterans. The proposed joint mission is to provide student Veterans seamless access to VA (VBA and VHE) services, with the following critical tasks:
 - Support their successful integration into college and university campuses;
 - Support their individualized educational goals, so they may persist, graduate and improve their life circumstances;
 - And enable Veterans to successfully live and thrive in their career field and community of their choice.”



Questions?



- Stacey.pollack@va.gov



VA
HEALTH
CARE | Defining
EXCELLENCE
in the 21st Century