Office of Mental Health and Suicide Prevention Updates

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Agenda

- VACO Reorganization
- Suicide Prevention
- PCMHI Competency Training
- Other Than Honorable Initiative
- Mental Health Staffing
- Mental Health Leadership Mentoring Program
- Open Access

- Open Discussion

VACO Reorganization

- Office of Mental Health and Suicide Prevention
  - Mental Health Services
  - Mental Health Operations
  - Suicide Prevention Office
  - Veterans Crisis Line
- Priorities
  - Suicide Prevention
    - Including those who are not utilizing VA care
    - Importance of Community Partnerships
    - Lethal Means Reduction
  - Measurement Based Care
  - Department of Defense (DoD)/VA transition
    - Automatic enrollment
    - Updating the Transition Assistance Program Curriculum

Suicide Prevention

- Suicide Prevention Priorities Aligned to 5 Major Themes
  - Improve Transition, Know All Veterans, Partnerships, Lethal Means Safety, Improve Access
  - Suicide Prevention
    - Including those who are not utilizing VA care
    - Importance of Community Partnerships
    - Lethal Means Reduction
  - Measurement Based Care
  - Department of Defense (DoD)/VA transition
    - Automatic enrollment
    - Updating the Transition Assistance Program Curriculum

Aligning Metrics and Initiative Framework

	#1 Improve Transition	#2 Know All Veterans	#3 Partner Across Communities	#4 Lethal Means Safety	#5 Improve Access
Major Themes	• Expand pre- and post separation services • Expedite VA enrollment	• Comprehensive review of all Veterans who have died • Federal, state, and local identification and recognition of Veterans • Increase use of predictive analytics for suicide risk	• Suicide Prevention Declaration and local challenge • Clear, consistent communication about suicide prevention • S.A.V.E. Training for Veterans, families, and staff	• Improved risk identification and safety planning • Partnerships with gun advocacy groups around safety • Naloxone kits widely available • Lethal Means Safety	• Mental Health services for Other Than Honorable • VA Medical Centers offer open access to Mental Health • Expand "Press 7" connection to the Veterans Crisis Line • Evidence Based and Treatment Engagement
Special Projects	• **VA/DOD Conference** • **VA/DoD MOA** • **Auto Enrollment** • **Transition Reboot**	• **Partnerships** • **Release of State Data Sheets** • **Computerized Assessment and Treatment Development** • **Community Level Engagement**	• **Mayor's Challenge** • **SSSP** • **Law Enforcement** • **SAMSHA** • **VEO Partnerships** • **CVEB** • **VSO Engagement** • **Durkheim Project** • **Shark Tank Expansion**	• **Increasing Use of STORM, Opioid Safety, and MAT for OUD** • **Local Community Gun Shop Partnership** • **Expansion of Gunlock Program** • **Safety Planning Templates** • **Psych Armor** • **Open Idea Innovation Challenge**	• **MH Hiring Initiative** • **Tele-mental Hubs** • **Post-Discharge Engagement**
Proposed Metric and Goal	• **% of high risk Veterans transitioned from DoD to VA Services** • **Goal: Increase % over TBD baseline**	• **Knowing the 20 Splash Metric** • **Goal: Reach out to the full "20" at risk for Suicide**	• **% of VHA employees with optimal deployment (per revised guidelines) of SAVE training** • **Goal: 100% of Staff trained**	• **% of unique indicated VHA patients who have received naloxone kit** • **Goal: Increase % of Veterans who Receive kit above current 80%**	• **% of facilities with outpatient clinical MH staff to 1000 MH patient ratios above Minimum level** • **Goal: Increase % above current 35%**

Primary Care Mental Health Integration (PCMHI) Competency Training

To increase same day access to MH through PCMHI, providers must implement model with fidelity (Pomerantz, et al., 2014).

Critical first step for VA was embedding MH staff in PC, but colocation alone is insufficient for change.

Large deficits exist with PCMHI implementation

- Same day access to PCMHI currently at 42.1% (FY17YTD)
- PCMHI penetration (PACT15) at 7.75% (FY17YTD)
- FY12-15 OMHO site visits: top finding was PCMHI implementation and fidelity

Correlation between conducting initial appointments in 30 minutes or less and same day PCMHI (r=.31, p<.001).

PCMHI Competency Training- Training Model

- Reflect VACO's blended and regional models of decentralized Evidence-Based Psychotherapy (EBP) training
- Blending of virtual and in-person models of training
- Use of regional trainers
- Use of hands-on training to increase fidelity, as educational materials and non-hands on workshops have minimal impact on provider behavior or patient outcomes
  (e.g., Farmer et al., 2009; Giguere et al., 2012; Rakovshik & McManus, 2010),

PCMHI Competency Training - Training Model Goals

Expand timely same day access to mental health services in primary care,

Increase fidelity with the national PCMHI model and increase quality assurance

Improve cost-effectiveness of the training

Increase reach of training to all providers in PCMHI

PCMHI Competency Training - Phases of Training

Phase I

Conducted virtually

Baseline assessment of competency, review of written materials, and online trainings

Must be completed prior to attending in-person Phase II training

Phase II

2.5 day in-person training with on hands-on role playing and demonstration of all CCC and CM skills

At conclusion of passing of competency assessment, participants receive certification in CCC and CM

Phase III

Virtual follow-up at 3/6 months with national SME

Ongoing fidelity will be reviewed through self-report measures and national data

Booster training can provided when needed

Other Than Honorable (OTH) Initiative

- Rolled out on July 5, 2017
- Need to provide emergency Mental Health Care to individuals with OTH discharges
- Individuals should be accessing care through the Emergency Department, Vet Centers of Crisis Hotline
- Individuals can receive a 90 day episode of care that may include inpatient, residential or outpatient services

Mental Health Staffing

- Memo release July 20, 2017
- Goal of hiring 1,000 new outpatient mental health and suicide prevention staff by December 31, 2017
- Facilities with lower staffing rations have lower performance in access, quality of care and Strategic Analytics for Improvement and Learning (SAIL) metrics
- Currently no additional funding for this hiring initiative

Mental Health Staffing and Sail Metrics

VISN	Complexity Level	Facility Name	Treated MH Outpatients	Total MH Oupatient FTE	Total MH Oupatient Staff to Patient Ratio (SPR)*	Number MH Outpatient FTE needed to reach 7.72 SPR benchmark	Number of Suicide Prevention Coordinators and Case managers needed to reach 90%ile	MH Domain Composite (MHQ1; MHQ2)	Population Coverage SAIL Composite (PCov1; PCov2)	Continuity of Care SAIL Composite (Cont1; Cont2)	Experiences of MH Care SAIL Composite
			FY17 Qtr2	FY17 PP09	FY17 PP09	FY17 PP09	FY17 Qtr3	FY17 Qtr2	FY17 Qtr2	FY17 Qtr2	FY17 Qtr2
		Mean	12020.61	85.59	7.48	11.12	2.05	0.12	-0.02	0.27	0.02
		1 SD below mean	4775.30	38.57	5.94	-5.50	0.33	-0.89	-1.00	-0.77	-0.98
		.5 SD below mean	8397.96	62.08	6.71	2.81	1.19	-0.38	-0.51	-0.25	-0.48
		.5 SD above mean	15643.27	109.10	8.25	19.43	2.90	0.62	0.47	0.78	0.52
		1 SD above mean	19265.93	132.61	9.02	27.75	3.76	1.12	0.96	1.30	1.02
		Standard Deviation	7245.31	47.02	1.54	16.62	1.71	1.00	0.98	1.03	1.00
		Minimum	2223.00	18.07	4.83	0.00	0.00	-2.48	-2.30	-3.05	-3.32
		25% Quartile	6648.25	50.53	6.38	0.00	0.80	-0.59	-0.70	-0.41	-0.55
		50% Quartile	10222.50	73.88	7.34	3.59	1.62	0.08	-0.12	0.30	0.05
		75% Quartile	15871.25	115.10	8.25	16.39	2.96	0.77	0.59	0.90	0.64
		Maximum	35048.00	237.92	14.22	74.85	7.74	3.48	2.50	2.94	3.05
		Sum	1682886.00	11982.23	1047.42	1557.28	286.37	16.62	-3.37	37.15	2.57

Mental Health Leadership Mentoring Program

- Currently recruiting new mentees and mentors
- Commitment for one year period with approximately 1-2 hours/month of time
- Five modules
  - Strategic planning
  - Human Resources
  - Systems Understanding
  - Administrative Operations and Program Evaluation
  - Professional and Personal Development

Open Access

- Open access is a scheduling and practice modality
- Open access scheduling offers a patient requesting for an appointment the opportunity to be seen on the same day, preferably although not necessarily by the patient's customary provider
- **Places emphasis on PROVIDER and TEAM**
- **PCMHI Open Access (unscheduled availability) vs GMH Open Access (established provider)**
- Open Access in MH is moving forward(will be expanded to other medical services)
  - Outlined 3 scheduling strategies for Open Access
  - Brief survey to be completed by facilities
  - Implementation by end of calendar year

Questions?