

# VA Central Office Mental Health Update

**Lisa Kearney, Ph.D., ABPP**  
Sr. Consultant for Technical Assistance  
Mental Health Operations (10NC5)

**Kendra Weaver, Psy.D.**  
Sr. Consultant for Clinical Operations  
Mental Health Operations (10NC5)

**David Carroll, Ph.D.**  
Acting Deputy Chief Consultant for Specialty Mental Health  
Mental Health Services (10P4M)

**Mental Health Operations (10NC5)**  
 424.11  
 Total FTEE

Executive Director (38 USC 7306)  
 Ira Katz, MD (Acting)  
 1.0 FTEE

Deputy Director (38 USC 7306)  
 Dean Krahn, MD, MS  
 1.0 FTEE

*Welcome to new Office of Mental Health Operations (OMHO) staff:  
 Dr. Dean Krahn, Deputy Director, and  
 Dr. Al Ozanian, Assistant Deputy Director*

Senior Consultant for National Mental Health Technical Assistance GS-15  
 Lisa Kearney, PhD  
 1.0 FTEE

National Mental Health Technical Assistants GS-12/13/14  
 Claire Collie, PhD  
 Kathy Dollar, PhD  
 Cliff Smith, PhD  
 Gayle Iwamasa, PhD  
 Theresa Schmitz, PhD  
 Vacant  
 6.0 FTEE

Senior Consultant for Mental Health Clinical Operations GS-15  
 Kendra Weaver, PsyD  
 1.0 FTEE

VA National Clozapine Coordination Center Director, VM-602/0.5 FTEE  
 Robby Greene, MD  
 3.0 FTEE

Therapeutic and Supportive Employment Services Program Director, GS-601-14/1.0 FTEE  
 Joe Carlomagno (Acting)  
 7.0 FTEE

Veterans Crisis Line / National Call Center for Homeless Veterans Program Management Officer GS-601-14  
 Victoria Bridges  
 313.58 FTEE

Assistant Deputy Director for National Mental Health Communications and Strategic Planning GS-15  
 Alfred Ozanian, PhD  
 1.0 FTEE

Executive Assistant GS-301-13/14  
 Stacy Gavin, JD, MPH  
 1.0 FTEE

Management and Program Analyst GS-341-7  
 Deidra Taylor  
 1.0 FTEE

Risk Manager Consultant GS-13/14  
 Bryan Wooden, LCSW  
 1.0 FTEE

Senior Consultant for Mental Health Program Evaluation VM-602-15  
 Ira Katz, MD  
 1.0 FTEE

Program Evaluation and Resource Center (PERC) Director, GS-601-15/1.0 FTEE  
 Jodie Trafton, PhD  
 19.0 FTEE

Northeast Program Evaluation Center (NEPEC) Director, GS-601-15/1.0 FTEE  
 Rani Hoff, PhD, MPH  
 41.1 FTEE

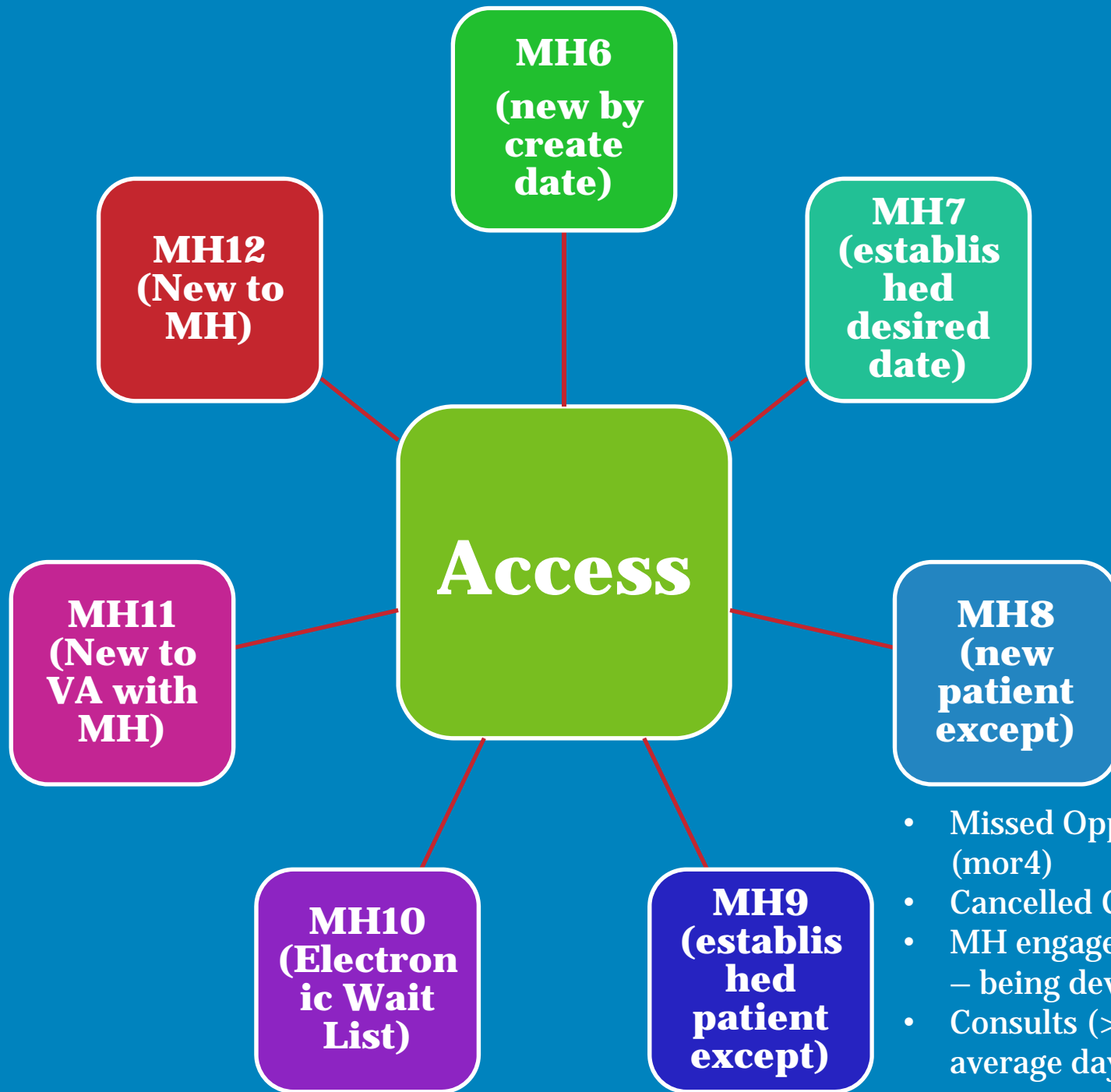
Serious Mental Illness Treatment, Resource and Evaluation Center (SMITREC) Director, GS-601-15/0.63 FTEE  
 John McCarthy, PhD (Acting)  
 21.3 FTEE

## Updates from Technical Assistance: Applications for Psychology Leaders

- **Quality Improvement Efforts through Site Visits and Strategic Action Planning**
  - Lessons learned – how can you apply this to your own system?
  - Critical importance of empowering front line staff, Veterans, and community stakeholders to be involved in action planning process
- **Facilitation efforts for Primary Care-Mental Health Integration and Evidence-Based Psychotherapy**
  - When to call for help - intensive consultation is often available
  - Connection to Subject Matter Experts
  - Systems Redesign assistance
- **Strong Practices Share Point:**  
<https://vaww.portal.va.gov/sites/OMHS/omhostrongpractices/default.aspx>
- **Mentoring Pilot (Shared Project with Mental Health-Quality Enhancement Research Initiative (QUERI) and 10P4M)**
  - Current focus on mental health leads
  - Focus on 5 areas: Strategic Planning, Human Resources, Systems Understanding, Administrative Operations/Program Evaluation, and Professional Development

## Updates from Technical Assistance: Applications for Psychology Leaders

- **Business Rules Workgroup and Productivity**
  - [https://vaww.cmopnational.va.gov/CR/MentalHealth/MH\\_Business%20Rules/Forms/AllItems.aspx](https://vaww.cmopnational.va.gov/CR/MentalHealth/MH_Business%20Rules/Forms/AllItems.aspx)
- **Mental health (MH) leaders must have a deep knowledge of their data!**
- **We need to eliminate inefficiencies so that Veterans of every era are provided the highest quality services, confident that we are making the absolute most of the resources we have been provided**
  - **Determine where true burnout potential may exist**
  - **Anticipate where emerging programs exist to begin advocating for additional resources or prepare for resource reallocation**
  - **Identify inaccurate coding processes which impact revenue**
  - **Help address access issues**



- Missed Opportunity (mor4)
- Cancelled Clinic (mor8)
- MH engagement (3 in 6 – being developed)
- Consults (>14, >90, average days wait)

## Updates from Program Evaluation Centers

- **Psychotropic Drug Safety Initiative:**
  - Addressing psychotropic drug treatment of mental disorders as an important component of overall mental health treatment
  - Beginning with a focus on decreasing variability between facility
  - Moving on to address evidence-based goals
- **Mental Health Information System/Data Tools:**  
<http://reports2.vssc.med.va.gov/Reports/Pages/Report.aspx?ItemPath=%2fMentalHealth%2fMHInformationSystem%2fMHInformationSystem>

## Helpful Data Resources

- Access Clinic Index (MH6, MH7, Missed Opportunities, Cancelled by Clinic; clinic utilization, appointment length ) – drill down to clinic level:  
<http://bi.vssc.med.va.gov/sysredesign/Dashboards/Clinic%20Access%20Index/Clinic%20Access%20Index%20-%20Mental%20Health.aspx>
- Access Dashboard (MH6, MH7, MH8, MH9, 3<sup>rd</sup> Next Available, Missed Opportunities, Cancelled by Clinic) - drill down to clinic level  
[http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/MgmtReports/Access/AccessGlidePath\\_VISNTable&rs:Command=Render&FY=2014&VISN=12&DomainGroup=1](http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/MgmtReports/Access/AccessGlidePath_VISNTable&rs:Command=Render&FY=2014&VISN=12&DomainGroup=1)
- Performance Measures Reports:  
<http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/PMR/PerformanceMeasures/PerformanceMeasureReport&rs:Command=Render>
- MH Performance Measures:  
<https://vaww.portal.va.gov/sites/OMHS/mhperformancemeasures/default.aspx>
- Mental Health Information System  
<http://reports2.vssc.med.va.gov/Reports/Pages/Report.aspx?ItemPath=%2fMentalHealth%2fMHInformationSystem%2fMHInformationSystem>

## Updates from Clinical Operations

- **Behavioral Health Interdisciplinary Program (BHIP)**
  - Collaborative, coordinated, Veteran-centered team-based care
  - Psychologists are members and leaders of these teams
  - <https://vaww.portal.va.gov/sites/OMHS/BHIP/default.aspx?PageView=Shared>
- **Therapeutic and Supported Employment Services (TSES) Transformation Plan**
  - A redesign to improve access, efficiency, effectiveness, and stakeholder satisfaction of TSES vocational and employment services
  - Focus on permanent community employment as the primary goal
  - Medical Centers to develop Employment Services Implementation Plans
- **Veterans Survey/Provider Survey**
  - Results will be sent to the field after leadership briefings
  - Veterans Survey: new
  - Provider Survey: 2<sup>nd</sup> annual (findings consistent with last year's survey)



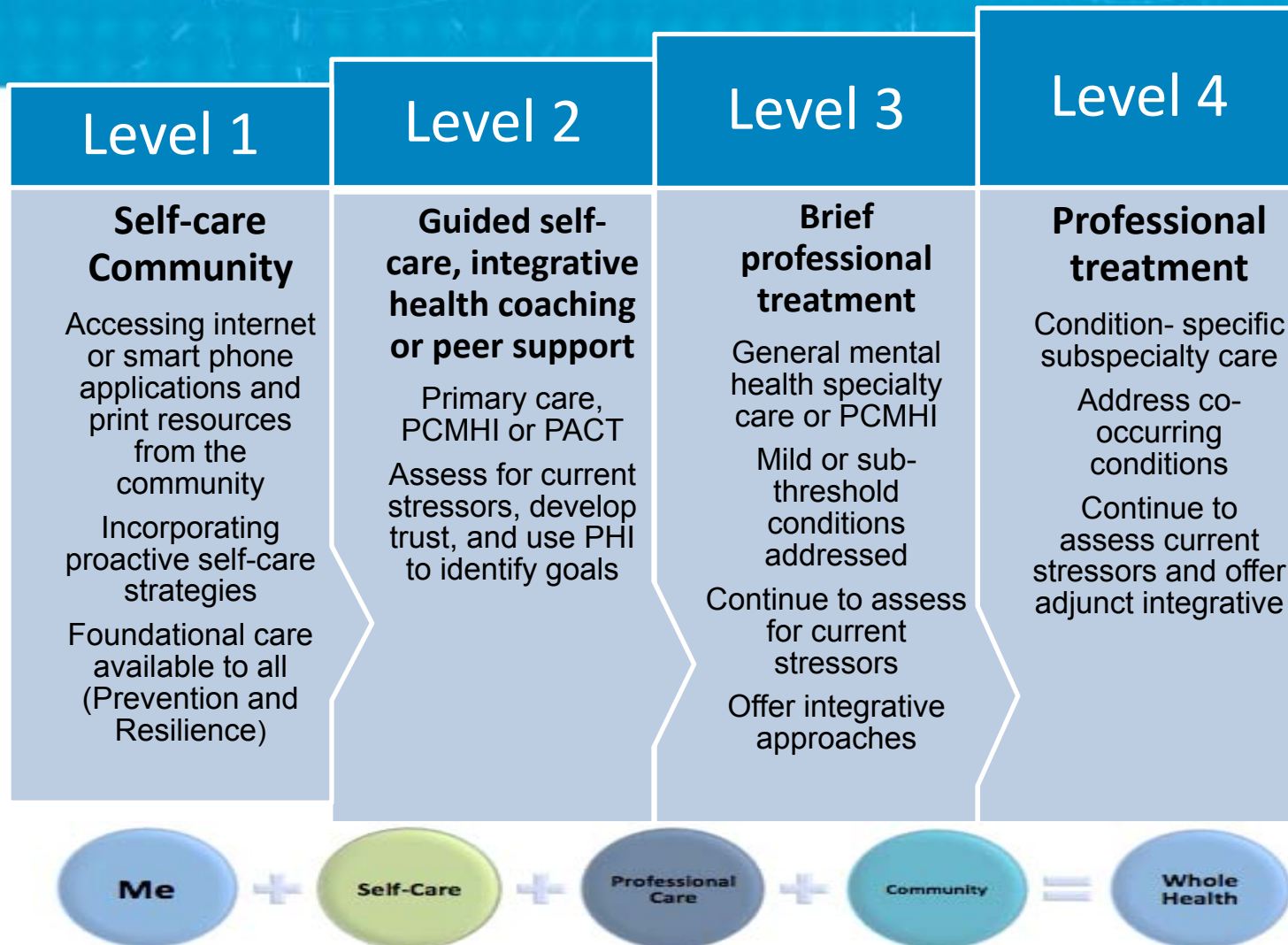
# Psychologist Staffing Levels

Onboard Employees, Non-Trainees, 0180 Psychology						
Fiscal Year	2009	2010	2011	2012	2013	2014
<b>Grade</b>	GS-11	GS-11	GS-11	GS-11	GS-11	GS-11
	120	118	77	107	139	98
	GS-12	GS-12	GS-12	GS-12	GS-12	GS-12
	272	262	231	229	281	271
	GS-13	GS-13	GS-13	GS-13	GS-13	GS-13
	2,529	2,872	3,129	3,436	3,810	3,919
	GS-14	GS-14	GS-14	GS-14	GS-14	GS-14
	180	200	218	238	288	315
	GS-15	GS-15	GS-15	GS-15	GS-15	GS-15
	64	68	79	91	104	103
<b>Total</b>	<b>3,165</b>	<b>3,520</b>	<b>3,734</b>	<b>4,101</b>	<b>4,622</b>	<b>4,706</b>

# Mental Health Innovations

- **Mental Health Innovations: Providing personalized, proactive, patient driven care in a measurement-based system**
  - Proactive support and engagement to improve the whole health and well-being of Veterans and reduce the risks for suicide across the entire spectrum, not only during episodes of care
  - Using measurement-based approaches when a Veteran and provider agree upon a course of treatment
  - Enhancing care for five conditions: Depression, Posttraumatic Stress Disorder, Substance Use Disorder, Chronic Pain, and Insomnia
  - Implementing the VA/Department of Defense Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide
  - Recognizing Complementary and Alternative Medicine-based interventions

# Mental Health Innovations: Treatment within a Whole Health Collaborative Care Model – Moved to the Left



## Mental Health Innovations: What Can Veterans Expect to be Different?

1. Health care delivery that is more personalized, proactive, patient-driven, focused on relationships between patients and their care teams, holistic approaches, and enhanced measurement-based care
2. Enhanced care for five specific conditions – posttraumatic stress disorder, depression, substance use disorder, insomnia, and chronic pain – through state of the art treatment approaches and through prevention and holistic strategies
3. Proactive engagement to prevent suicide by improving reasons for living, improving suicide assessments, decreasing risks, and enhancing treatment

## Where are psychologists making a difference?

- Supporting the work of the over 900 Peer Specialists and Peer Support Apprentices who joined the mental health workforce over the past year in the Veterans Health Administration (VHA)
- Many are involved in the initiative to re-engage Veterans with serious mental illness in care (SMI Re-Engage)

	Percent of Veterans with Status Attempted	Number of Veterans Successfully Contacted	Number (%) of Veterans Re-engaged in Care
Wave 1 – Mar 2012	100%	566	159 (28%)
Wave 2 - Jul 2012	98%	564	117 (21%)
Wave 3 – May 2013	100%	531	141 (27%)
Wave 4 – Nov 2013	91%	397	101 (25%)

# Where are psychologists making a difference?

- **Community Mental Health Summits**
  - Each VHA facility is hosting a Community Mental Health Summit in Fiscal Year 2014 with the understanding that this will be an annual occurrence from here on.
  - Each VHA facility has appointed a Community Mental Health Point of Contact. This is an individual who can provide ready access to information about VA eligibility and available clinical services, ensure warm handoffs at critical points of transition between systems of care, and provide on-going liaison between VA and Community Partners.
- **Cross Agency Priority Goals: Service Member and Veterans Mental Health**
  - **Reduce barriers:** Reduce barriers for Service members, Veterans and their families to seeking mental health treatment and support
  - **Enhance access:** Enhance Service member, Veteran and family access to mental health care and support
  - **Support research:** Identify and develop more effective diagnostic and treatment methodologies and met
  - <http://www.performance.gov/node/3405?view=public#apg>

# Where can psychologists make a difference?

**It is a daily function.**

- **Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Psychologists can have a critical role.**
- **Leadership is the capacity to translate vision into reality.**
- **The Veteran provides the vision and the psychologist helps with the translation into reality.**

# Leadership

- **Leaders clarify direction, align resources, and remove barriers to obtain results, but their most important skills are fundamentally human, namely:**
  - Making difficult decisions on a daily basis amid uncertainty
  - Staying focused on goals amid the constant day-to-day demands and distractions
- **Leadership does not happen without attention; it requires:**
  - Deep knowledge about oneself, but quickly getting over oneself
  - Being immersed with the people and things that matter, but taking time to observe
  - Creating the culture, seizing opportunity, & focusing on learning at every moment
- **Lincoln's Second Inauguration Address**
  - Most familiar with our Mission – to care for those who have borne the battle...
  - The context is worth noting – be firm about what is right, finish the work, bind up any wounds, and look out for all



# Questions?

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