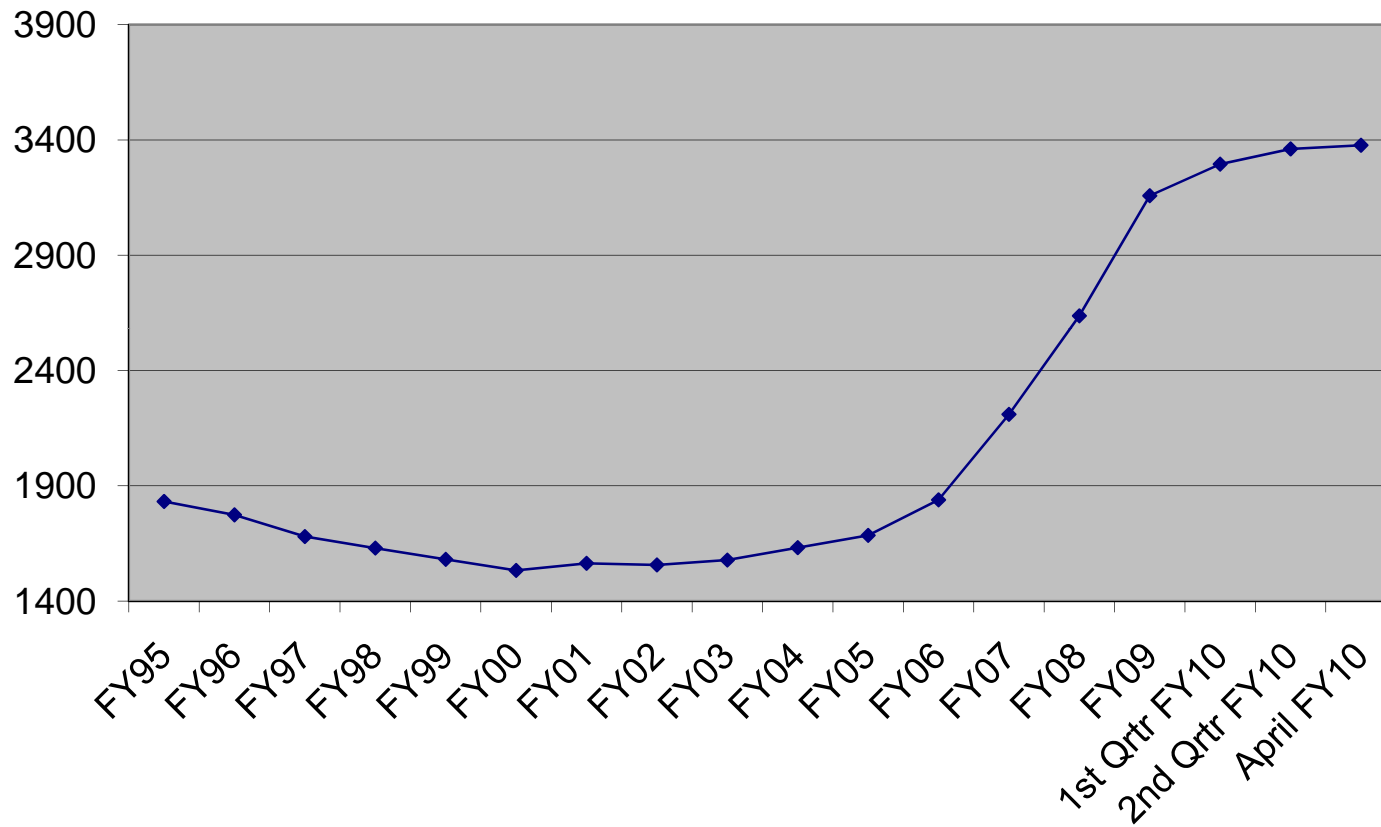


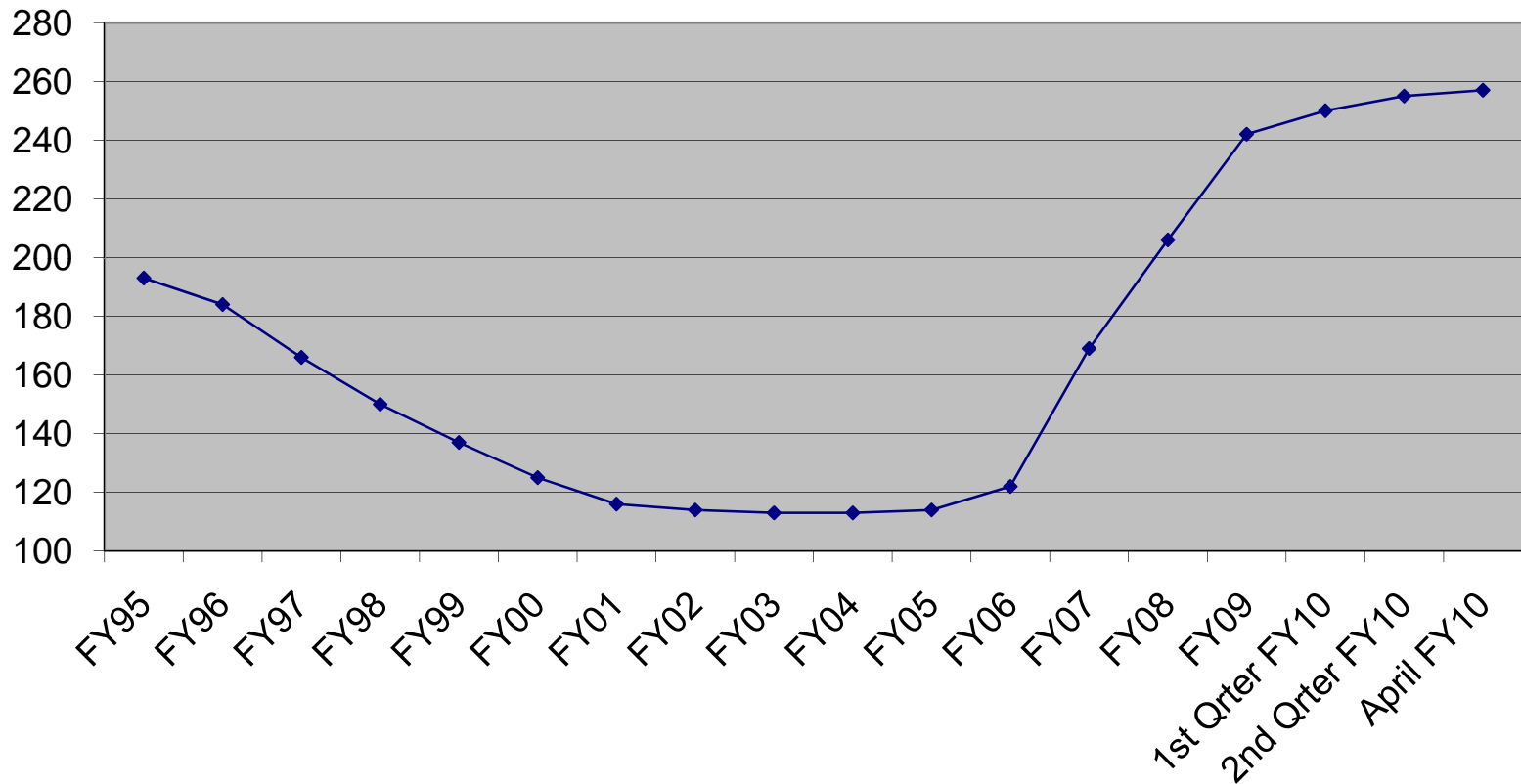
OMHS Update FY2010

Antonette Zeiss, Ph.D.

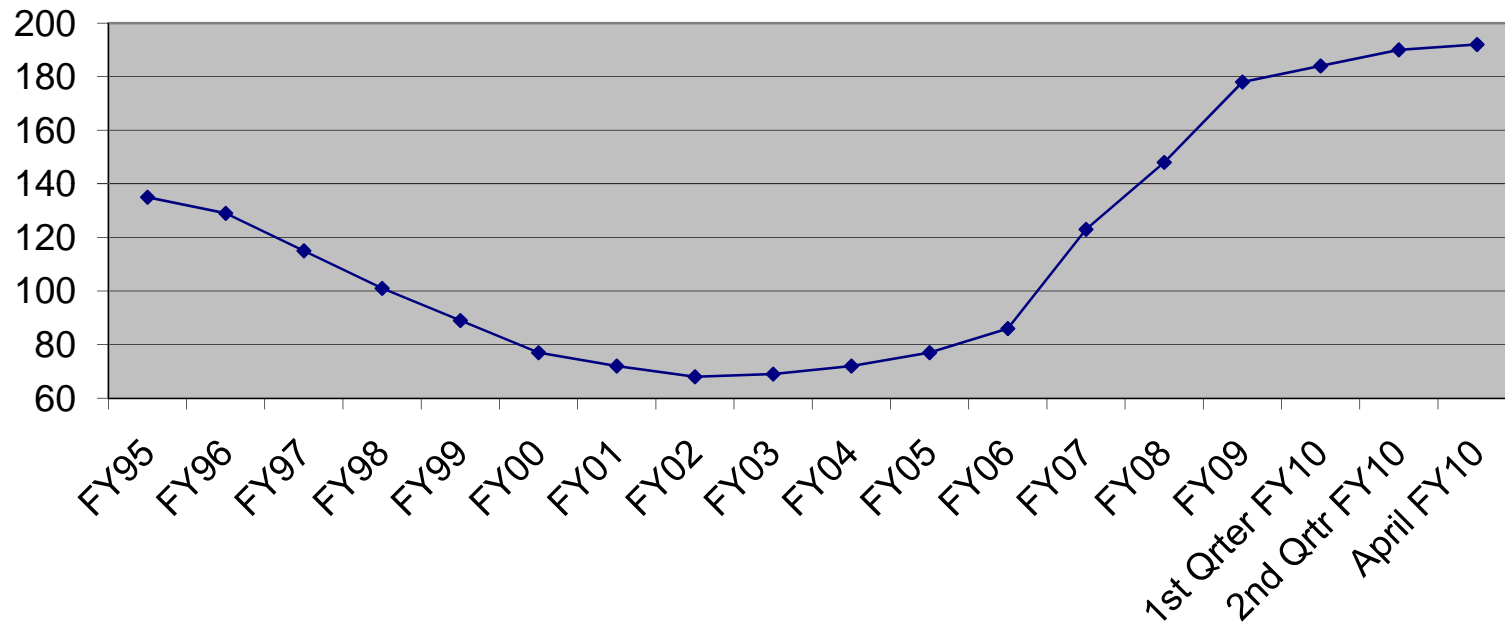
VA Psychologists GS11-GS15, FY95 - FY09



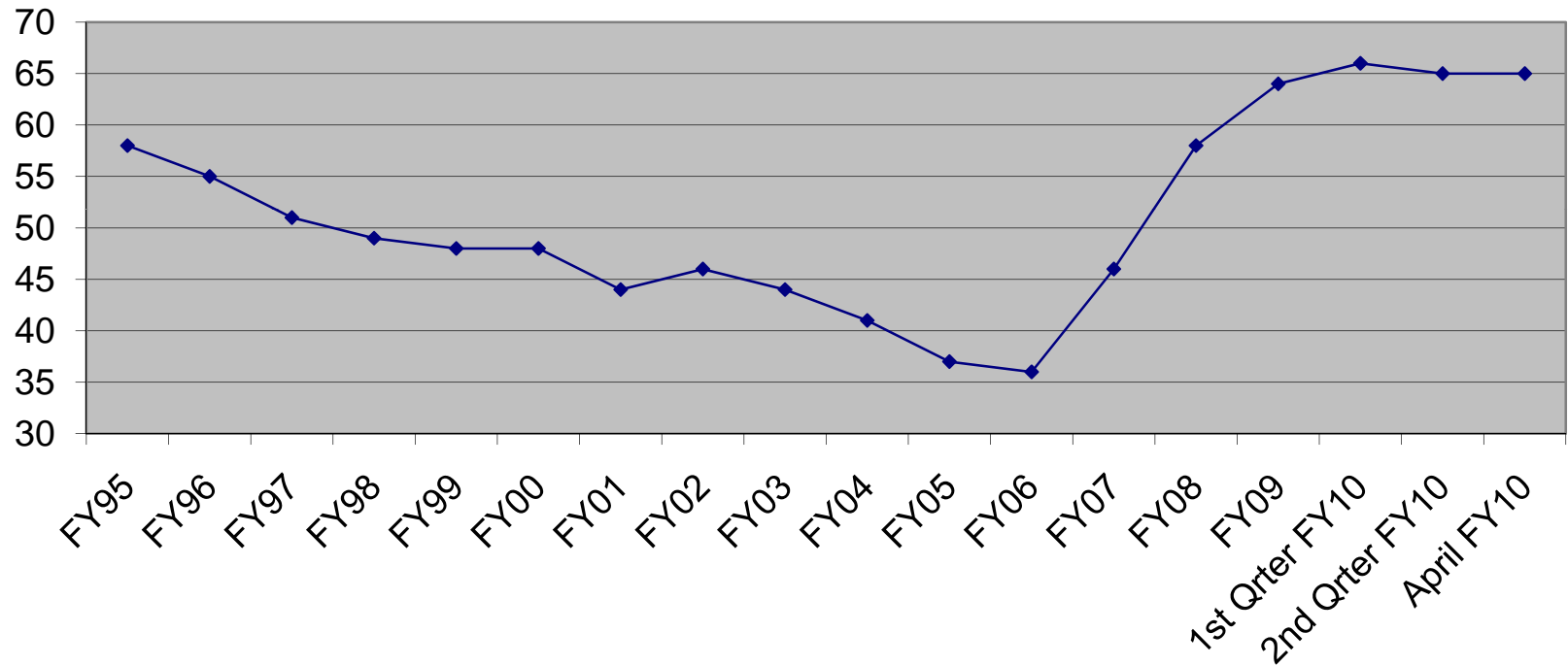
VA Psychologists GS14-GS15, FY95-FY09



VA Psychologists GS14, FY95-FY09



VA Psychologists GS15, FY95-FY09



Future Psychology Expansion

- Still some unfilled positions from MH enhancement
- Health Psychology position for every facility
- Opportunities in conjunction with the 5 year plan to end homelessness among Veterans
- Several OMHS positions, decentralized, to support full implementation of the Uniform Mental Health Services Handbook and the Mental Health Operating Plan

Uniform MH Services in VA Medical Centers and Clinics: Implementation

- Implementation Checklist developed to assess Handbook Implementation status
 - 97 elements included for VAMCs
 - Reflects care delivered in 12 MH Program Domains
 - General Requirements
 - Inpatient care
 - Substance Use Disorders
 - Older adults
 - PTSD and related programs
 - General ambulatory care
 - Emergency coverage
 - Serious Mental Illness
 - Primary Care Integration
 - Homelessness
 - Medical treatment settings
 - Residential Rehabilitation

Uniform MH Services in VA Medical Centers and Clinics: Implementation

- Implementation Checklist developed to assess Handbook Implementation status
- “Implementation” means “lights on” – the program has been established, but it may not have full adequate capacity
- Differing numbers of elements based on CBOC size
 - 38 elements included for Very Large CBOCs
 - 30 elements included for Large CBOCs
 - 28 elements included for Mid-sized CBOCs
 - 25 elements included for Small CBOCs

Uniform MH Services in VA Medical Centers and Clinics: Implementation

- **Program Domains included in all CBOC Sizes:**
 - Emergency coverage
 - Basic Mental Health Services
 - Inpatient care
 - Residential Rehabilitation
 - General ambulatory care
 - Serious Mental Illness
 - Substance Use Disorders
 - SUD
- **Program Domains included in larger CBOCs**
 - PTSD and related programs (VL, L, & M)
 - Primary Care Integration (VL & L)
 - Older adults (VL)
 - Homelessness (VL)

Uniform MH Services in VA Medical Centers and Clinics: Implementation

- Report recently sent to VISNs which summarizes status as of December 31, 2010
 - 3 months after full implementation was required
- Checklist data was also collected previously
 - As of August 31, 2009
 - Before full Handbook Implementation was required

Overall Results: VAMCs

- VAMC-level analyses
 - Overall, VAMCs reported implementing 90% of the required Handbook elements.
 - 17 of 139 VAMCs reported implementing more than 95% of the 97 required elements
- VISN-level analyses
 - Although there were no statistically significant differences between VISNs in the extent of implementation reported,
 - No VISN reported implementing less than 80% of the elements and
 - 14 VISNs reported implementing more than 90% of the elements

Program-level Analyses: VAMCs

- For 1 of 12 Program Domains VAMCs implemented less than 80% of the required elements.
 - With the implementation at only 75%, there is a substantial lag in providing required services for Veterans with Serious Mental Illness

For the remaining 11 domains VAMCs had average implementation rates of greater than 80%, and 6 were greater than 90%

General Requirements	(96%)	Inpatient care	(94%)
Medical treatment settings	(93%)	General ambulatory	(91%)
Emergency coverage	(94%)	Homelessness	(88%)
PTSD and related programs	(88%)	SUD	(93%)
Primary Care Integration	(86%)	Older Adults	(88%)
Residential	(86%)		

Overall Results: Very Large CBOCs

- Overall, Very Large CBOCs reported implementing 91% of the required Handbook elements
 - 13 of 43 Very Large CBOCs reported implementing more than 95% of the 38 required elements
- VISN-level Analyses
 - Although there were no statistically significant differences between VISNs in the extent of implementation reported,
 - One VISN reported implementing less than 80% of the elements
 - 15 VISNs reported implementing more than 90% of the elements

Program-level Analyses: Very Large CBOCs

- Very Large CBOCs averaged less than 80% of the required elements in 1 Program Area
 - With implementation at only 72%, there is a substantial lag in Primary Care Mental Health Integration

Program-level Analyses

Very Large CBOCs

For the remaining 9 Service Domains Very Large CBOCs had implementation rates greater than 80%, and 8 were greater than 90%

MH Staff	94%
Inpatient care	100%
Residential	91%
Basic Mental Health	89%
General ambulatory care	95%
Emergency coverage	100%
Homelessness	93%
PTSD	94%
Older Adults	93%

Overall Results

Large, Mid-sized and Small CBOCs

- All CBOCs had same pattern of implementation across program domains
 - Large CBOCs: 92% of required Handbook elements
 - Mid-sized CBOCs: 94% of required Handbook elements
 - Small CBOCs: 90% of required Handbook elements
- VISN-level Analyses
 - Large CBOCs:
 - Two VISNs reported implementing less than 80% of requirements
 - 17 VISNs reported implementing more than 90% of requirements
 - Mid-sized CBOCs:
 - No VISN reported implementing less than 80% of program requirements
 - 16 VISNs reported implementing more than 90% of requirements
 - Small CBOCs:
 - One VISN reported implementing less than 80% of program requirements
 - 12 VISNs reported implementing more than 90% of requirements

Program-level Analyses

All CBOCs

- In the 7 program areas required for all CBOCs, the average implementation was greater than 80% in all of the 7 program areas
- In the additional 4 program areas required for Large and Very Large CBOCs, the average implementation was less than 80% in 1 area
 - With implementation at only 77%, there is a substantial lag in Primary Care Mental Health Integration

Cross-Validation Analysis

- Administrative data can be used to cross-validate reports from the VISNs for 20 MH programs delivered at VAMCs, and 13 programs delivered at Very Large CBOCs
- For VAMCs
 - Averaging across programs, survey reports were confirmed 78% of the time with disconfirmations of positive survey reports, and positive administrative reports for services that were not reported in the surveys
- For Very Large CBOCs
 - Averaging across programs, survey reports were confirmed 51% of the time with disconfirmations of positive survey reports, and positive administrative reports for services that were not reported in the surveys
- These findings demonstrate problems in the reporting of the implementation of Mental Health programs, in the coding of services delivered, or both

Summary

- As of December 31, 2009, implementation of Handbook requirements was:
 - 90% in VAMCs
 - 91% in Very Large CBOCs
 - 92% in Large CBOCs
 - 94% in Mid-sized CBOCs
 - 90% in Small CBOCs
- Substantial lags in implementation in services for SMI Veterans in VAMCs and in Primary Care Integration in Very Large CBOCs
- Substantial variability in implementation of specific programs in specific VISNs and facilities

Summary

- Need for clarification of the differences between VISN reports and administrative data on program implementation
- In general, substantial implementation of Handbook requirements, but there is a compelling need for technical assistance regarding barriers to complete implementation and problems in reporting or coding of services
- In addition, further monitoring and evaluation of implementation needs to include capacity to make services available to all eligible Veterans