Executive Order VA/Community Mental Health Partnerships: Pilots and Way Forward

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Overview

• Goal of Executive Order 13625: Improving Access to Mental Health Services for Veterans, Service Members, and Military Families, signed August 31, 2012

• VA/Community Mental Health (CMH) Pilot Partnerships

• Process

• Sites

• Way Forward
Executive Order & VA/Community Health Partnerships

The goal of this Executive Order is “to build an integrated network of support capable of providing effective mental health services for Veterans, service members, and their families”.
Executive Order & VA/Community Mental Health Partnerships

• Steps for strengthening suicide prevention efforts;

• **Enhancing access to mental health care by building partnerships between VA and community providers**;

• Increasing the number of VA mental health providers serving our Veterans;

• Promoting mental health research and development of more effective treatment methodologies
Section 3(a) of this Executive Order directed the Departments of Veterans Affairs (VA) and Health and Human Services (HHS):

...in those service areas where the [VA] has faced challenges in hiring and placing mental health service providers and continues to have unfilled vacancies or long wait times, the VA and HHS shall establish pilot projects whereby the VA contracts or develops formal arrangements with community based providers.
Partnership Requirements

...to test the effectiveness of community partnerships in helping to meet the mental health needs of Veterans in a timely way.

• Pilot sites shall ensure that consumers of community-based services continue to be integrated into the VA health care system
• No fewer than 15 pilot projects shall be established.
Response

• VA established 24 pilot projects with community-based mental health and substance abuse providers across nine states and seven Veterans Integrated Service Networks (VISNs)

• The VA/CMH Pilot Partnerships were funded for 12 months by the Office of Mental Health Operations (OMHO) using unobligated, end of fiscal year (FY) 2012 funds.

• Some sites provided contract care (or fee-basis while contracts were being created) and some provided telemental health (VA provider to community clinic).
Process

• VA worked closely with HHS to identify CMH clinics (CMHC) in areas of need.

• The pilot project sites were established based upon community provider available capacity and VA mental health wait times, the community treatment methodologies available, Veteran acceptance of external care, location of care with respect to the Veteran population, and mental health needs in specific areas.
## VA Medical Centers (VAMCs) with Community Provider Partnerships

<table>
<thead>
<tr>
<th>VISN</th>
<th># of Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlanta VAMC, GA (VISN 7)</td>
<td>6 contracts w/ multiple sites</td>
</tr>
<tr>
<td>Tomah VAMC, WI (VISN 12)</td>
<td>1 contract</td>
</tr>
<tr>
<td>Gulf Coast Veterans HCS, Biloxi, MS (VISN 16)</td>
<td>1 contract with multiple sites</td>
</tr>
<tr>
<td>G. V. (Sonny) Montgomery VAMC, Jackson, MS (VISN 16)</td>
<td>2 contracts with 2 sites</td>
</tr>
<tr>
<td>Alaska VA Healthcare System (VISN 20)</td>
<td>2 contracts with 2 sites</td>
</tr>
<tr>
<td>Central Iowa VA HCS (VISN 23)</td>
<td>1 contract</td>
</tr>
<tr>
<td>Iowa City VA HCS (VISN 23)</td>
<td>2 contracts with 2 sites</td>
</tr>
<tr>
<td>VA Nebraska-Western Iowa HCS, Omaha, NE (VISN 23)</td>
<td>3 contracts with 3 sites</td>
</tr>
<tr>
<td>Sioux Falls VA HCS (VISN 23)</td>
<td>3 contracts with 3 sites</td>
</tr>
</tbody>
</table>
## VAMCs with Telemental Health Partnerships

<table>
<thead>
<tr>
<th>VISN</th>
<th># of Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>James H. Quillen VAMC, Mountain Home, TN (VISN 9)</td>
<td>1 site</td>
</tr>
<tr>
<td>Lexington VAMC, KY (VISN 9)</td>
<td>1 site</td>
</tr>
<tr>
<td>Richard L. Roudebush VAMC, Indianapolis, IN (VISN 11)</td>
<td>3 contracts / 3 sites</td>
</tr>
<tr>
<td>Texas Valley Coastal Bend HCS (VISN 17)</td>
<td>1 site</td>
</tr>
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Strengths of Pilots

- Has the potential of helping VA meet Veterans’ mental health care needs
  - may help a VAMC ensure that Veterans are provided timely and accessible care in parts of its catchment area that are geographically distant from VA points of care
  - when a VAMC cannot provide timely access to care due to insufficient clinical capacity or lack of specialty care providers.
Strengths of Pilots

- Some Community MH providers were enthusiastic about being able to treat Veterans and to receive training in military/Veteran culture
- Contracting for medical services may allow a VAMC to respond to temporary local fluctuations in clinical need
  - e.g., a VAMC may be near a military base which is expecting a large contingent of post-deployment Service Members who will be separating from service and establishing care with VA
Strengths of Pilots

• Providing telemental (TMH) services improves continuity of care and permits for the evaluation of services through performance measurement in comparison to Non-VA mental health care.

• The TMH pilots sites entered all clinical notes into the computerized patient record system (CPRS) thus providing continuity and coordination of care for the Veteran patient.
Challenges of Pilots

- The contracting process can be lengthy
  - New mechanisms may help
- Often unclear which department/office holds responsibility for approving a clinical services contract as services are multi-disciplinary in nature (Mental Health, Homeless, Occupational Therapy, Recreational Therapy, etc.).
- Appropriate clinical oversight is essential to the success of this (or any) clinical contract.
Challenges of Pilots

• Coordination of care between VA services and non-VA paid services is crucial to success
• Electronic records and email exchanges can be challenging across systems

» The specific roles and responsibilities for the VA and CMHC staff involved in these partnerships must be articulated in a standard operating procedure (SOP) document to ensure provided mental health services meet or exceed VA standards of care.
Challenges of Pilots

- Standardized processes for referral, documentation management, care coordination, and treatment planning is critical to effective patient care.
- Contracts for mental health services must have clear and specific language that delineates VA mental health standards of care and consequences for not meeting those standards.
- Contracts should be based on an understanding of the local market. Contracts driven by national-pricing structures that lack an understanding of the local market are often unproductive.
Challenges of Pilots

• If partnerships use VA telemental health care, this service delivery method requires more complex coordination and scheduling processes than in-person health care.

• Contracts must specify who purchases the TMH equipment for the CMHC.
  – If it is purchased/owned by the community MH center, then that center will have control over it. This may have implications for scheduling, as well as whether the telehealth equipment will be moved to another site should a particular CMHC partnership prove to be non-viable.
Evaluation of these pilots

• VA is conducting an evaluation of these pilot partnerships
• This will be discussed in the next talk

» VA Central Office Mental Health Offices are creating a lessons learned document and online resources for VAMCs wishing to create these partnerships
New Contracting Mechanism: Patient-Centered Community Care (PCCC or PC3)

- New regional contracting vehicle for VA to work with local community providers or clinics when VA cannot readily provide the needed care due to geographic inaccessibility or limited capacity. Not limited to mental health care.
- Indefinite-Delivery/Indefinite-Quantity (ID/IQ) vehicles awarded and administered centrally under the VA Office of Acquisition and Logistics (OAL).
New Mechanism: Patient-Centered Community Care (PCCC or PC3)

- Each VAMC will be responsible for the commitment, obligation, and expenditure of health care funds for authorized care.
- The administrative and incentive fees will be centrally managed rather than by the VAMC.
- For more information contact: http://pccc.hac.med.va.gov/
Way Forward

• VA Central Office funding for these pilots has ended. Nevertheless, most of the VAMCs who took part in this project plan to maintain or increase the number of VA/CMH partnerships they have developed.

• Partnering with the community on Veteran mental health will be a continued focus for VA.
Way Forward

• Leveraging the successes of VA, HHS, and the Dept. of Defense (DoD) on the Executive Order, the White House asked these agencies to create related mental health goals that will be tracked on Performance.gov over the next several years.

• To achieve these objectives, the Domestic Policy Council (DPC), the National Security Council (NSC), VA, DoD and HHS will lead and synchronize activities across the agencies.
Purpose: CAP Goals

- Cross-Agency Priority (CAP) goals address the longstanding challenge of tackling horizontal problems across vertical organizational silos.
- 2015 Budget included 15 CAP Goals: 7 mission-oriented & 8 management-focused goals
- Mental Health is a mission-oriented goal
Mental Health Cross-Agency Priority (CAP) Goal

Sub-goals fall into three broad areas:

*Reduce barriers*

*Enhance access*

*Support research*
Reduce Barriers

Reduce barriers for Service members, Veterans and their families to seeking mental health treatment and support by:

• Identifying, expanding, and promoting programs, initiatives, and efforts to reduce negative perceptions
• Increasing awareness of resources
• Identifying needs of military-connected families
• Linking with community resources
Enhance Access

• Enhance Service member, Veteran and family access to mental health care and support by identifying, consolidating and building on successful DoD and VA programs and initiatives.

• Evaluate and improve existing VA-community collaboration pilot programs and promote expansion of formal arrangements and collaborations with community providers;

• Expand telemental health care to meet demand and facilitate access to care;

• Build on efforts to integrate mental health and substance use care into primary care programs;
Enhance Access

• Support an open source directory of vetted resources to aid community-based providers, Service members, Veterans and their families in identifying available resources;

• Extend data sharing across DoD and VA health care locations to ensure that critical data in DoD and VA medical records are viewable by clinicians, health professionals and program administrators who require access to treat Service members, Veterans and their families.
CROSS-AGENCY PRIORITY GOALS

Cross-Agency Priority goals address the longstanding challenge of tackling horizontal problems across vertical organizational silos. 15 Cross-Agency Priority Goals were announced in the 2015 Budget, these include 7 mission-oriented and 8 management-focused goals with a 4-year time horizon. To establish these goals, OMB solicited nominations from Federal agencies and several congressional committees.

Established by the GPRA Modernization Act of 2010, these Cross-Agency Priority Goals are a tool used by leadership to accelerate progress on a limited number of Presidential priority areas where implementation requires active collaboration between multiple agencies.

To ensure effective leadership and accountability across Federal Government, goals have a named senior leader both within the Executive Office of the President and within key delivery agencies. For example, the National Economic Council, together with the Deputy Secretaries from the Department of Commerce and the U.S. Department of State are leading efforts to encourage foreign direct investment and spur job growth by improving Federal investment tools and resources while increasing interagency coordination. In another example, the Presidential Personnel Office and Office of Personnel Management are teaming up to strengthen our Federal workforce through data-driven efforts to improve employee engagement, hiring reform, and improving our management cadre.

Later this spring, the Goal Leaders will release more detailed action plans for each of their goals including specific metrics and milestones that will be used to gauge progress. To maintain the focus on implementation, each quarter, OMB will review progress on these goals and will update Performance.gov with the latest results.
http://www.performance.gov/content/service-members-and-veterans-mental-health?view=public-overview
Thank you!

Questions?