# Psychologists On-Board

## Onboard Employees, Non-Trainees, 0180 Psychology

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014*</th>
<th>2015*</th>
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<tbody>
<tr>
<td><strong>Grade</strong></td>
<td></td>
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<tr>
<td>GS-11</td>
<td>120</td>
<td>118</td>
<td>77</td>
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<td>GS-12</td>
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<td>GS-13</td>
<td>2,529</td>
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<td>GS-14</td>
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<tr>
<td><strong>Total</strong></td>
<td>3,165</td>
<td>3,520</td>
<td>3,734</td>
<td>4,101</td>
<td>4,622</td>
<td>4,822</td>
<td>4,926</td>
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</tbody>
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* Updated 2014 and 2015 numbers from HTMO as of 05/11/2015
Areas of Strength & for Improvement in FY12, FY13, & FY14 Site Visit Exit Summaries

<table>
<thead>
<tr>
<th>Areas of Strength &amp; for Improvement</th>
<th>FY14 Exit Summaries</th>
<th>FY13 Exit Summaries</th>
<th>FY12 Exit Summaries</th>
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</thead>
<tbody>
<tr>
<td>Areas for improvement</td>
<td>PC-MHI programs</td>
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<tr>
<td>Timely access to MH services</td>
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<tr>
<td>Providing adequate staffing</td>
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<td>Providing adequate staffing</td>
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<tr>
<td>Areas of strength &amp; for improvement</td>
<td>Recovery-oriented care</td>
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<td>Diverse training needs</td>
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<td>Coordination of care, transitions in care</td>
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<tr>
<td>Areas of strength</td>
<td>Recruitment and/or retention of staff</td>
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<tr>
<td></td>
<td>Evidence-based psychotherapies</td>
<td>Evidence-based psychotherapies</td>
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<tr>
<td>Services for specific populations</td>
<td>Community partnerships</td>
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New Legislation Impacting Psychologists

Veterans Access, Choice and Accountability Act of 2014

- Veterans Choice Program allows Veterans to utilize non-VA health care providers if they live more than 40 miles from a VA medical facility or would have to wait more than 30 days from the desired or clinically appropriate date for an appointment.

Clay Hunt Suicide Prevention for American Veterans Act

- Independent third party evaluation of mental health care and suicide prevention programs.
- Internet website that serves as a centralized source to provide Veterans with information regarding all of the mental health care services provided by VA.
- Pilot program assisting Veterans transitioning from active duty and improving access to VHA mental health services, building on a community-oriented peer support network and a community outreach team for participating facilities.
- Combat Veterans who were discharged between January 1, 2009, and January 1, 2011, and did not enroll in the VA health care during their 5 year period of eligibility will have an additional one year to enroll.
White House Initiatives on Veteran Mental Health

Executive Order 13625

- **Key activities:** Suicide Prevention outreach, Veterans Crisis Line staffing, mental health hiring initiative, Peer Specialists, establish Interagency Task Force (ITF), community mental health pilots, community mental health summits
- **2014 Recommendations:** workforce development, measuring outcomes of care, substance use treatment, LGBT care, community partnerships, MST, etc.

Cross-Agency Priority Goal (CAP Goal)

- Improved Access, Reducing Barriers to Care, Supporting Research

August 2014 Executive Actions

- Peer specialists in primary care, transition from active duty (medications), mental health outreach, military cultural competence training, suicide prevention training, promoting safety (drug takeback, firearm safety)
Content Area Specific Updates
Evidence-based Psychotherapy (EBP)

- EBP templates have been released and a beta version of the national dashboard has been released
- EBP Equivalency criteria have been established and applications are being processed
- Alternate training methods for most of the EBPs are being developed; two are being piloted in FY 2015; several more next fiscal year
Mental Health Residential Rehabilitation Treatment Programs (MH RRTP)

- MH RRTP implemented a major initiative on timely access in July 2014 including regular monitoring of Veterans pending admission using the Bed Management Solution (BMS) software as well as other tools such as monthly referral and capacity reports: https://vaww.portal.va.gov/sites/OMHS/mhrrtp/NEPECreports/Forms/AllItems.aspx?RootFolder=%2fsites%2fOMHS%2fmhrrtp%2fNEPECreports%2fReferral%20and%20Capacity%20Reports&FolderCTID=&View=%7bD2D5FF30%2d60CD%2d4991%2dB59A%2dAE2343A157AA%7d

- MH RRTPs have continued the “Culture of Safety” stand downs annually, including discrete events around the holidays and standardized practices in the programs. Language was provided this year about appropriate pharmacotherapy for Veterans presenting with an opioid use disorder including both induction and maintenance of suboxone. There also has been an emphasis on ensuring availability of naloxone kits as a key component of opioid overdose prevention efforts.
Psychosocial Rehabilitation and Recovery Services

- There currently are 973 peers providing services across Mental Health, and we are working to expand peer support into primary care through a pilot project at 25 sites.

- The new Intensive Community Mental Health Recovery (ICMHR) Handbook will be published in the next few months. This Handbook is an update to and a replacement of the MHICM Directive and seeks to ensure that MHICM, RANGE, and E-RANGE are recovery-oriented.

- A series of webinars will begin soon to help inpatient mental health units incorporate the principles of recovery into their treatment efforts.
Substance Use Disorder Treatment

- Drug and Alcohol Program Survey (DAPS) report and an updated Substance Use Disorder (SUD) Program Locator are anticipated in FY2016.
- Over 3700 high-risk patients (79% of whom had SUD diagnoses) have received overdose prevention kits through the Opioid Overdose Education and Naloxone Distribution (OEND) initiative.
- Trainings continue for Cognitive Behavioral Therapy (CBT) for SUD, Motivational Enhancement Therapy, Motivational Interviewing, Behavioral Couples Therapy for SUD.
- The Philadelphia Center of Excellence for Substance Addiction Treatment & Education (CESATE) hosts teleconferences to help clinicians implement measurement-based care using the Brief Addiction Monitor (BAM) and Contingency Management.
Mental Health Informatics

Mental Health Assistant IT project has resumed:
• PCL-5 is being actively worked on and will be out in the near future (anticipated by late summer)
• Additional issues with software being addressed
• New content will be added over next year

A new project is underway with Connected Health to develop a mobile tool for measurement based care, MH PRO (patient reported outcomes)
• Will allow providers to assign specific assessments (currently any of four) to patients on a designated schedule (daily, weekly, monthly, etc.)
• Will allow patients to complete via mobile device or web and submit to provider
• Results will be passed to VistA MHA files and stored in Patient Generated Database
• Target initial availability December 2015
• Initial instruments will include PHQ-9, GAD-7, BAM, and PCL-5
Women’s Mental Health

Key Priority: Developing Innovative Clinical Training Strategies to Address the Mental Health Treatment Needs of Complex Women Veterans

• Advanced Didactic and Expert Case Consultation in Skills Training in Affective and Interpersonal Regulation (STAIR)
  – STAIR is a skills-focused trauma treatment that addresses coping skills that are particularly salient for women with trauma histories: managing PTSD symptoms, regulating strong emotions, and increasing effectiveness in social situations and interpersonal relationships.

• Women’s Mental Health Mini-Residency
  – Women’s Mental Health is currently planning a women’s mental health mini-residency for fall 2015, a 3-day intensive training conference on the clinical knowledge and skills needed to provide gender-sensitive care to women Veterans.
Military Sexual Trauma

• New MST sensitivity training video
  – Partnered with Navy Veteran Ruth Moore to develop a sensitivity training video entitled, “You can make a difference: Honoring Veterans who experienced MST”
  – Video is applicable to all VA staff but particularly designed to target frontline staff
  – It was disseminated in conjunction with Sexual Assault Awareness Month (April), along with resources to facilitate hosting viewing and discussion events (see MST Coordinator)

• MST Clinical Reminder revision
  – A revision is in process that will make the questions more readily understandable to Veterans and will promote other best practices in screening; includes a standardized introduction and a link to a printable handout
  – Implementation is expected by the end of FY 2015.
Family Services

- National evidence-based trainings in Integrative Behavioral Couples Therapy for Marital Distress, Behavioral Family Therapy for Serious Psychiatric Disorders, and Cognitive Behavioral Conjoint Therapy for PTSD
- Monthly Advanced Family Topics Call (Last Monday of every month at noon)
- Family Services Mentor Program to support sites who want to strengthen their family services program
- MCEC (Military Children Education Coalition) Parenting Program piloted at 5 VAMCs
- A third VHA-NAMI MOU is pending to provide peer-lead family education programs at VA facilities, including the Family-to-Family Education Program and the new NAMI Homefront Education Program developed for military and Veteran family members.
Integrated Care

- Primary Care Mental Health Integration is now present in all facilities and most multispecialty CBOCs and Health Care Centers
- Prevalence in smaller sites is growing
- Care management continues to lag behind Co-located Collaborative Care (CCC) but is growing steadily
- The primary challenge is maintaining fidelity to the model of care and clarifying difference between PCMHI and BHIP.
- Outcomes continue to demonstrate advantages of implementing PCMHI
- Efforts are underway to adapt existing evidence based therapies to the brief CCC format, e.g., CBT for insomnia and pain, problem solving training
Inpatient Mental Health Care

- Monthly inpatient MH conference calls on a diverse range of topics such as self-care for inpatient staff, psychopharmacologic interventions, ECT and TMS, social skills training and continuity of care
- An active Inpatient MH e-mail group as a resource for inpatient staff, includes information about recovery-oriented care
- Converting the SharePoint into a Pulse platform for greater flexibility and a better user experience
- These SharePoint resources are a rich vehicle for inpatient MH staff for networking and information sharing to improve quality of care and Veteran and staff satisfaction
Current focus and next steps:

• Providing guidance on the processes for release of the various types of psychological assessment raw test records, i.e., MHA test data results and paper and pencil raw test data records.

• Address the issues surrounding Paper & Pencil (and none-MHA) Raw Psych Assessment Records.

• Review and update the guidance on management of MHA software program.

• Provide guidance on the impact of emerging practice modalities (e.g., Mobile Apps, Telemedicine, etc.) on the provision of psychological assessment and MHA.

• Develop educational resources to the psychology community on MHA, its features, catalogue of instruments, and uses.
Resources for Serving Veterans in Communities

- Resources for Community Healthcare Professionals
  - Community Provider Toolkit, Military Cultural Competence Training, PTSD 101 and PTSD Consultation Program
- Resources for Veterans and their families
  - Web-based training in Moving Forward, Parenting, and Anger Management, Coaching into Care, Make the Connection, About Face and other PTSD resources
- Resources for Multiple Audiences
  - Veterans Crisis Line, Make the Connection

http://www.mentalhealth.va.gov