OMHS Update FY2010

Antonette Zeiss, Ph.D.
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       Emergency coverage
    Inpatient care              Serious Mental Illness
    Substance Use Disorders    Primary Care Integration
    Older adults               Homelessness
    PTSD and related programs  Medical treatment settings
    General ambulatory care    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%

<table>
<thead>
<tr>
<th>Domain</th>
<th>Rate</th>
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<tbody>
<tr>
<td>General Requirements</td>
<td>96%</td>
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<tr>
<td>Medical treatment settings</td>
<td>93%</td>
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<tr>
<td>Emergency coverage</td>
<td>94%</td>
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<tr>
<td>PTSD and related programs</td>
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<td>Primary Care Integration</td>
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<td>Residential</td>
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<td>Inpatient care</td>
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<tr>
<td>SUD</td>
<td>93%</td>
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<tr>
<td>Older Adults</td>
<td>88%</td>
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</table>
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