

AVAPL Mid-Winter Meeting Minutes

March 7-11, 2011

Executive Committee Members Present:

- *George Shorter, Ph.D., President*
- *June Malone, Ph.D., Past-President*
- *Ann Landes, Ph.D., Treasurer*
- *Lisa Kearney, Ph.D., Secretary*

March 7-8, 2011: Meetings with VA Central Office Leadership

VACO Officials Present:

- *Antonette Zeiss, Ph.D., Acting Deputy Chief Patient Care Services Officer for Mental Health*
- *Mary Schohn, Ph.D., Acting Director, Mental Health Operations, VA Central Office*
- *Jeffrey Burk, Ph.D., National Mental Health Director for Psychosocial Rehabilitation and Recovery Services, VACO Office of Mental Health Services*
- *Sean Clark, J.D., National Coordinator, Veterans Justice Outreach, VA Central Office*
- *Wendy Tenhula, Ph.D., Acting VA/DOD Integrated Mental Health Director*
- *Jay Uomoto, Ph.D., Acting Deputy Director for VA for the Defense Centers of Excellence for Psychological Health and TBI*
- *Vince Roca, Ph.D., Senior VA Consultant Liaison to Defense Centers of Excellence for Psychological Health and TBI*
- *Anne Dunn, Deputy Director, VHA Homeless Programs*
- *Sonja Batten, Ph.D., Assistant Deputy Chief Patient Care Services Officer for Mental Health*
- *Lisa Thomas, Ph.D., Acting Chief of Staff, VACO*
- *Loren Wilkenfeld, Ph.D., National Mental Health Director for Outpatient and Inpatient Care Services*
- *John Allen, Ph.D., National Mental Health Director for Addictive Disorders, VACO Office of Mental Health Services*
- *Susan McCutcheon, R.N., Ed.D., Director, Family Services, Women's Mental Health and Military Sexual Trauma, VACO Office of Mental Health Services*
- *Robert Zeiss, Ph.D., Director, Associated Health Education, Office of Academic Affiliations, VACO*
- *Dr. Debbie Hettler, Clinical Director, Associated Health Education, Office of Academic Affiliations, VACO*

Key Agenda Items Covered:

- Reorganization of VA Central Office, including Mental Health offices, and the impact upon the field
- Increased demand for C&P evaluations and impact on other mental health services

- Concerns about maintenance of mental health hires and programs, in light of current budgetary constraints
- New developments within each mental health office
- Updates on psychology training

March 9, 2011: Meetings with the American Psychological Association Leadership

APA Officials Present:

- *Diane Elmore, Ph.D., MPH, Associate Executive Director, Government Relations Office, APA Public Interest Directorate*
- *Heather O'Bierne Kelly, Ph.D., Sr. Legislative and Federal Affairs Officer, Government Relations Office, APA Science Directorate*
- *Norman Anderson, Ph.D., APA CEO*
- *L. Michael Honaker, Ph.D., APA Deputy CEO*
- *Ellen Garrison, Ph.D., APA Senior Policy Advisor*
- *Lindsay Childress-Beatty, J.D., Ph.D., Deputy Director, Ethics Office*
- *Susan Zlotlow, Ph.D., Associate Executive Director, Accreditation, APA Education Directorate*
- *Katherine Nordal, Ph.D., Executive Director, APA Practice Directorate*
- *Randy Phelps, Ph.D., Deputy Executive Director, APA Practice Directorate*

Key Agenda Items Covered:

- Reporting on APA Strategic Plan progress and its interface with VA psychology
- Legislative efforts made by the APA Practice Directorate and Public Interest Directorate and current bills which impact VA mental health
- Concerns about maintenance of VA mental health positions and programs
- New task forces in APA and the involvement of VA psychologists in these efforts

March 9-10, 2011: Meetings with the U.S. Senate and House of Representative Staff

Officials Present:

- *Cathleen C. Wiblemo, MHA, Democratic Staff Director, Subcommittee on Health, Committee on Veterans' Affairs*
- *Jennifer E. Groover, Senior Legislative Aide for Representative Ann Marie Buerkle*
- *Casey C. Street, Professional Staff Member for Congressman Jeff Miller, House Committee on Veterans Affairs*
- *William J. Collins, Jr., Major (USMC, Ret), Staff Director and Council Subcommittee on Disability Assistance and Memorial Affairs – Congressman Jeff Miller, House Committee on Veterans' Affairs*
- *Patrick Eddington, Senior Policy Advisor for Defense and Intelligence – Congressman Rush Holt*

- *Kimberly J. Montgomery, Ph.D., Legislative Assistant - Congressman Rush Holt*
- *Maureen O'Neill, Republican Professional Staff Member, United States Senate, Committee on Veterans' Affairs – Senator Richard Burr*
- *Ryan C. Pettit, Senior Legislative Assistant – Senator Patricia Murray*
- *Patrick DeLeon, Ph.D., J.D., Chief of Staff – Senator Daniel Inouye*
- *Diane DiSanto, Legislative Assistant, Senator Mark Begich*
- *Maureen A. Charles, RN, MSN, WHNP-BC, ANP, Military Nurse Fellow, Lt. Col., Air Force Nurse Corps – Senator Daniel Inouye*

Key Agenda Items Covered:

- C&P demands and impact on mental health services
- Concerns about cuts in VA research dollars
- The role of VA psychology in integrated care settings
- Maintenance of mental health positions and programs

March 11, 2011: Meetings with Veterans Service Organizations Leadership

VSO Officials Present*:

- *Thomas J. Berger, Ph.D., Executive Director, Veterans Health Council and Senior Advisor on Veterans Health – Vietnam Veterans of America*
- *Shane Barker, Senior Legislative Associate, National Legislative Service – Veterans of Foreign Wars*
- *Joy J. Ilem, Deputy National Legislative Director – Disabled American Veterans*
- *John M. Bradley III, Senior Advisor – Disabled American Veterans*
- *Thomas H. Miller, Executive Director – Blinded Veterans Association*

**Note: Dr. Landes was unable to attend this meeting.*

Key Agenda Items Covered:

- Caregiver services and concerns about new legislation
- Concerns about mental health positions not being backfilled and maintenance of recent strides in mental health services
- Increased demands for C&P examinations and length of time given for examiners to complete these examinations
- Budgetary concerns for VA mental health services

March 7, 2011

Antonette Zeiss, Ph.D., Acting Deputy Chief Patient Care Services Officer for Mental Health

C&P was raised as a top concern addressed from the AVAPL membership when queried by the Executive Committee as issues to raise while at Mid Winter. Dr. Zeiss indicated that CO is recommending to the field the dedication of full staff for C&P examinations. Additionally, she

reported the Disability Examination Management Office (DEMO) (formerly Compensation and Pension Examination Project) is considering hiring examiners who would perform examinations through telehealth modalities. Currently, a memo is circulating in Central Office to promote further use of telehealth for C&P examinations. Additionally, she reported that DEMO is working in conjunction with Dr. Stacey Pollock and Dr. Bob Gresen to revise the certification process for C&P examinations. Both social work and nursing are campaigning to be able to complete C&P examinations, but as they are not privileged at the local facility level as medical staff, this will likely not occur.

Dr. Zeiss reported that Dr. Margaret Hammond has taken on the Acting Director of Patient Care Services to backfill Dr. Madhu Agarwal's vacancy. Additionally, Dr. Lisa Thomas, a psychologist, has been named as Acting Chief of Staff.

A current concern ahead for Mental Health is budgetary constraints. One argument being made to protect these positions presently is a recent exploration of the 2008 Veteran Suicide data. In an analysis of these suicides, it was found that those VISNs with the highest tier of hiring of MH enhancement positions showed decreases in Veteran suicides, while those in the bottom third of hiring had an increase in Veteran suicides. Those VISNs in the middle third of hiring of MH positions showed either a decreased or maintenance of the number of suicides. A Task Force on Legacy Programs has been created to advise regarding the cutting of programs. Those not in current operating plans are at most risk for cuts.

Workload Productivity guidelines are currently being reviewed by Dr. Mary Schohn, Acting Director of Mental Health Operations in 10N. Currently, productivity guidelines are being suggested within a +/- 25% range of the median for workload data by discipline for FY2010, but this is currently only in draft form and under review. The directive will make use of adaptive RVU codes to give corrective workload credit for those CPT codes which have no value, which will be critical for professions like social work but will also assist psychologists. Evidence Based Psychotherapy provision will not be given additional corrective credit in this current draft but will be present in future revisions. Panel sizes will also not be recommended in this draft.

Dr. Zeiss reported feeling enthusiastic about several items for psychologists in the VA. In particular she cited the presence of many psychologists in key positions at VACO office and that the challenges currently faced are not as difficult as those faced in prior years. She is also eager to see the increasing role of health psychology and integrated care in a variety of settings through PACT, Health Promotion Disease Prevention (HPDP), Primary Care-Mental Health Integration and other emerging roles. Her concerns for the field lie in the area of sustaining current MH staffing and the impact of budgetary constraints on the development of increasing 14s/15s for psychologists for promotion opportunities. She challenged psychologists to be part of creating a strategic plan to address the concerns around promotion opportunities.

Mary Schohn, Ph.D., Acting Director, Mental Health Operations, VA Central Office

Antonette Zeiss, Ph.D., Acting Deputy Chief, Patient Care Services Officer for Mental Health

The major focus of this meeting was the reorganization of the VA Central Office, with a particular focus on the reorganization of mental health across 10N and Patient Care Services and how this will impact the field. Several positions are being transferred to 10N, including the Inpatient Care Coordinator, Clozapine Center, Family Resiliency Coordinator, Psychotherapy Technical Assistance Coordinator, Informatics Education (2 new position), Suicide Prevention Hotline Coordinator, Integrated Care Coordinator, Psychogeriatrics and HBPC Coordinator, EBP Training Coordinator, and the Senior Consultant for Program Analysis, including NEPEC, PERC, and SMITREC. All of these positions will report directly to Dr. Schohn. Technical assistance to the field will now be done in collaboration across 10N, OMHS, and field operations with policy being linked more closely to implementation.

Dr. Schohn was invited to join the monthly call between the AVAPL president and president-elect with Dr. Toni Zeiss, which will also help better inform the field of 10N and OMHS operations conjointly. Dr. Zeiss and Dr. Schohn reported that they believed this new reorganization would help by having policy creation initially more informed by input from 10N through Dr. Schohn, which will lead to more timely communication to the field.

Dr. Schohn has been working regularly in making connections with VISN Directors and MH Leadership. There is a movement in making a more clearly defined role for VISN MH leads, which would require a full time FTEE for each position.

Jeffrey Burk, Ph.D., National Mental Health Director for Psychosocial Rehabilitation and Recovery Services, VACO Office of Mental Health Services

Dr. Burk is leading a Workforce Retention and Burnout Workgroup. A draft report recording the recommendations from the Task Force is currently being drafted by one of the committee members and expands upon a more detailed evaluation of the National Center for Organization Development data on employee satisfaction. A review of these data identified that there is not one element to be addressed system wide, but rather that “all burnout is local.” While a drill down was completed to the VISN Level, no one common theme could be found. However, two suggestions were specifically identified for psychology leaders, which included: 1) finding a way to recognize staff for their work and 2) assisting staff in having more control in their jobs. Supervisors are encouraged to find more meaningful rewards for staff and guidance will be drafted in the report to the field.

Dr. Burk reported that Dr. David Carroll is being detailed to the Office of Healthcare Transformation to oversee the Mental Health Transformational Initiative. Dr. Mary Beth Shea will be detailed into Dr. Carroll’s position for three months.

The Psychosocial Rehabilitation and Recovery Services Handbooks are currently in the publication office. The Under Secretary’s office is reviewing the handbooks, and revisions are currently being made before they will be released to the field.

The Peer Support Specialist job position descriptions (Grade 5/7/9) have been written and are awaiting the written qualifications to be submitted by Human Resources. The major criteria for these positions include classification as a Veteran, a prior Mental Health history, and certification as a peer specialist.

Dr. Burk reported on the SMI Outreach Project to Schizophrenic and Bipolar Patients Lost to Follow-Up Care, which was completed by the Office of the Medical Inspector (OMI) recently. Clinicians found a full 2/3 of the study population of Veterans lost to follow-up, and 72% of these were re-engaged in treatment. Additionally, a 12-fold decrease in mortality rate was identified for those who were re-engaged in treatment (i.e., 6% mortality rate was noted for those lost to follow-up and only a .5% for those who were found and re-engaged in treatment). SMITREC will now be working with the PSR&RS section to identify new sets of Veterans with SMI lost to follow-up, and these lists will be distributed to Local Recovery Coordinators who are tasked to contact these Veterans and attempt to re-engage them in treatment.

Currently, approximately 80 Psychosocial Rehabilitation and Recovery Centers (PRRCs) are functional, while 28 facilities are remaining which still need to implement these centers. Dr. Burk's office is working collaboratively to assist these facilities in establishing PRRCs.

A new VACO Consumer and Stakeholders Group has been established by Dr. Peggy Henderson to promote an exchange of information between consumers, stakeholders, and VACO MH employees. The group meets three times a year and is composed of several Veterans Service Organizations, mental health consumer organizations, and organizations representing the various mental health disciplines (e.g., American Psychological Association).

Sean Clark, J.D., National Coordinator, Veterans Justice Outreach, VA Central Office

Mr. Clark reported that continued progress is being made in the establishment of Veterans Justice Outreach (VJO) programs at every medical center. A continued challenge is how to provide these services in rural settings, but local VJOs are beginning to use telehealth services to help with outreach to these other settings. Currently, a strategic plan is being created for the VJO program with a special focus on the ability to quantify and measure outcomes for VJO programs. While a stop code is available to quantify clinical services that are rendered, much of the work of VJO cannot be captured in the medical record. Additional measures would include: 1) percentage of Veterans' Courts with in-person staffing, 2) measurement of prison outreach activities, and 3) recidivism data. Currently, VJOs rely on prison systems and courts to have a methodology for identifying Veterans or alternatively rely upon Veterans to self report their status. However, Veterans may fear being upgraded in their risk level due to their prior training. Further women Veterans and non-combat Veterans are less likely to self-identify as Veterans. Secretary Shinseki would like to have an Incarcerated Veterans Database created for tracking of Veterans. Efforts are being extended to use the national list of all persons who have ever served in the military as a comparison list for prison systems listings of incarcerated individuals, whereby all incarcerated Veterans could potentially be identified.

Mr. Clark reported that on average a Veteran is arrested eight times prior to going to prison. If their clinical issues can be addressed at earlier arrests, they will less likely to go to prison later. It

should be noted that 14.5% of incarcerated male Veterans and 31% of incarcerated female Veterans have been identified as having a SMI diagnosis.

Wendy Tenhula, Ph.D., Acting VA/DOD Integrated Mental Health Director

Jay Uomoto, Ph.D., Acting Deputy Director for VA for the Defense Centers of Excellence for Psychological Health and TBI

Vince Roca, Ph.D., Senior VA Consultant Liaison to Defense Centers of Excellence for Psychological Health and TBI

Dr. Uomoto is the Acting Deputy Director for VA for the Defense Centers of Excellence for Psychological Health and TBI. Recently the Centers have been asked to propose suggestions for 10% and 25% reductions in their budgets, although these have not yet been implemented. Priorities for the DCOE mission have been reviewed during this process. Dr. Uomoto reported that, currently DOD is beginning to make further strides in the management of TBI/concussions in Theater. A “hot list” of all soldiers experiencing any TBI/concussion is now being created and tracked in the DOD electronic medical record. Additionally, they are looking to add a similar “hot list” for tracking of all those exposed to a psychological trauma which would trigger an automatic screening. However, there is greater difficulty in the operationalization of a “traumatic event.” These tracking systems may end up being permanent requirements for DOD which would assist VA in treatment as these records would be transferred to VA after discharge from the military.

Dr. Tenhula reported that the DOD/VA Integrated MH Strategy continues to be more specifically defined with a total of 28 initiatives. Both DOD and VA have been found to have strengths in different areas, which has been helpful in providing resources to one another. For each initiative, a DOD and a VA lead have been identified to report regularly on progress in these areas.

Dr. Tenhula also reported on the expansion of public information campaigns related to the destigmatization of mental health treatment for Veterans, which complements the Real Warriors campaign in DOD. This campaign will also reach out to family members and employers. Dr. Shorter identified a rising concern about how Veterans may be viewed in the public and the need to balance this campaign with a focus on the resiliency aspect of our nation’s heroes.

Anne Dunn, Deputy Director VHA Homeless Programs (on behalf of Lisa Pape)

Ms. Dunn reported that the Homeless Program has physically relocated down the street from VA Central Office and will be moved under 10N shortly. However, DRRTPs will stay under the management of the Office of Mental Health Services. Additionally, the VJO program has moved over to 10N and is co-located with their employees. There is a continued emphasis on the 5 Year Plan to End Homelessness, which identifies as a goal the immediate ability to house any Veteran who desires assistance with housing. Efforts are being expanded in also establishing more availability of permanent housing for Veterans and housing of Veterans with families.

March 8, 2011

Sonja Batten, Ph.D., Assistant Deputy Chief Patient Care Services Officer for Mental Health

The meeting began with a discussion of the reorganization of Central Office with a focus on the hope that this reorganization may reduce delays in communication between the field and VACO. The announcement of Dr. Schohn as head of MH operations and her dedication to working closely with Dr. Zeiss will help to achieve the goals of increased collaboration between operations and policy. Under Dr. Schohn's direction, communication processes, procedures, and service level agreements will be established which will lay the foundation when permanent leadership is in place. We also expressed the hope that the field may be able to more readily communicate with VACO beyond the use of formal action items only. Currently, the plan is to have mental health leadership in both 10N and OMHS communicate jointly with the field, building on existing relationships and establishing new procedures. AVAPL will now have a monthly call with the AVAPL president and president-elect, Dr. Zeiss, and Dr. Schohn conjointly.

Dr. Lisa Thomas, Acting Chief of Staff, VACO

As of last week, Dr. Lisa Thomas was named the Acting Chief of Staff for VHA. Dr. Thomas is also a psychologist who began her VA career in the Augusta VA.

Loren Wilkenfeld, Ph.D., National Mental Health Director for Outpatient and Inpatient Care Services

Dr. Wilkenfeld has taken over the position of National Mental Health Director for Outpatient and Inpatient Care Services. This is a portion of Dr. Bill VanStone's former position which was split into two with Dr. Andy Pomerantz being named the National Mental Health Director for Integrated Care. Dr. Wilkenfeld reported she has initially been focusing on the study of processes related to inpatient care services, including admission rates, bed days of care, and inpatient services for those Veterans staying over 365 days on inpatient psychiatry units. She is working collaboratively with the Geriatrics and Extended Care office to consider the growth and establishment of geriatric psychiatry CLCs. She is also studying the current treatment and staffing models on inpatient units for working with Veterans with behavioral disturbances and reported she was pleased to find more of recovery model focus in many geriatric settings. Additionally, she is looking at staffing and programming models in inpatient psychiatry units nationwide. A large focus for her is the establishment of measurement-based care throughout inpatient and outpatient care services. She is also looking at the large number of Veterans who only come in for one session of treatment and the expansion of training to make the initial session a platform for engaging Veterans to return for further care as well as creating goals initially that can be utilized immediately in treatment. Additionally, Dr. Wilkenfeld is looking at models of outpatient therapy services that include an orientation to mental health treatment component.

John Allen, Ph.D., National Mental Health Director for Addictive Disorders, VACO Office of Mental Health Services

Dr. Allen reported that GAO's recent review of substance use disorder treatment in VA had no recommendations for improvement, which was a large testament to the expansion of programming over recent years. Currently, Dr. Allen is working on expanding contingency management services. A memo was sent to the field recently for all IOP and IOP equivalent programs for funding contingency management with flexibility for use of funds for a variety of reinforcers (e.g., travel vouchers, reinforcement awards, etc). New substance use disorder training conferences will be held at different locations over the coming months (e.g., Denver, Chicago, Charleston), with the first training scheduled in March. These 2-3 day trainings will include an emphasis on contingency management, clinical skills for IOP, and prescriber training. Dr. Allen will also be hiring a consultant for ongoing expert consultation on contingency management. He also encouraged psychologists to look at the shared resources available on the Mental Health Internet website on substance use disorder treatment.

Susan McCutcheon, R.N., Ed.D., Director, Family Services, Women's Mental Health and Military Sexual Trauma, VACO Office of Mental Health Services

Dr. McCutcheon is the Director of Family Services, Women's Mental Health and Military Sexual Trauma (MST). She is currently focused on family psychoeducation, which has grown from its initial focus on families of Veterans with SMI. Family therapy training has now been included as part of the EBT rollouts and has included Integrative Couples Behavior Therapy. She is also hoping to see Behavior Couples Therapy for PTSD roll out in 2013. Dr. McCutcheon is also working on extending the focus on intimate partner violence and is working with Dr. Katherine Ireson in this area. She is moving toward providing greater education to providers on when it is safe to treat these couples together vs. separately. Basic parenting skills will also be an increasing focus in the VA. Dr. McCutcheon is the VA leader on three DOD/VA strategic plan initiatives, including 1) family resiliency, 2) family education, and 3) women's mental health and MST. A family resiliency coordinator is being hired, and Dr. Shirley Glynn is also greatly assisting in training in these areas. DOD and VA are working collaboratively to provide consistency in their treatment programs and outreach in family resiliency and education. Dr. McCutcheon is also looking at models of family education in the VA including Operation Enduring Families and SAFE, both family education models created by Michelle Sherman. SAFE is an 18-session model of various topics and veterans/families choose which family education sessions to attend with the mean attendance being 2-3 sessions of care. VA continues to work collaboratively with NAMI to have their Family to Family sessions within VA settings. Over 200,000 Sesame Street kits have been distributed for use in the field. Family Coaching Centers will be piloted at two facilities and include family coaches to work in consultation with families on short term, solution focused problem solving. A Family Services SharePoint site is also being updated. In the area of women's mental health services, Dr. McCutcheon reported that OMHS is recruiting for a women's mental health position. Additionally, she is working on a program to educate employees in gender sensitivity. MST screening continues to be going well, and more Veterans with MST are now seeking treatment. New required training on MST will be created in LMS for all providers. A fatherhood initiative is also on the horizon for Dr. McCutcheon's section.

Robert Zeiss, Ph.D., Director, Associated Health Education, Office of Academic Affiliations, VACO

Dr. Debbie Hettler, Clinical Director, Associated Health Education, Office of Academic Affiliations, VACO

AVAPL raised concerns about some local facilities being required to count their trainees against FTEE caps. Dr. Zeiss noted that an official response from Dr. Malcolm Cox, Chief Academic Affiliations Officer, will be coming out shortly and that this had also been raised as a concern to them from two facilities. Dr. Zeiss also noted that facilities could not cut trainees without first consulting with OAA, as OAA “owns” these positions rather than the individual facilities. The Executive Committee also asked how funding cuts might impact the number of trainee positions in the field, and we were informed that the positions would be maintained at the current level for at least one year.

OAA was complimented for the recent collaborations with the VAPTC to assist with the training of the new training directors at all newly funded internships and postdocs. A special two-day training will be held April 7-8 and will include Dr. Bob Goldberg, Dr. Steve McCutcheon, Dr. Jeanette Hsu, and Dr. Susan Zlotlow as speakers. Five new rural internship programs are hoping to be established in the near future.

March 9, 2011

Diane Elmore, Ph.D., MPH, Associate Executive Director, Government Relations Office, APA Public Interest Directorate

Heather O’Bierne Kelly, Ph.D., Sr. Legislative and Federal Affairs Officer, Government Relations Office, APA Science Directorate

Several items were reviewed at the opening of the day with the Public Interest and Science Directorates. A concern raised was the continued lack of standardization at all VA facilities to allow all psychologists to be privileged. A major focus for APA is the continued emphasis on psychologists as part of integrated care teams in medical facilities, especially in the taking of leadership roles in patient centered medical homes. APA has been working on making sure that the legislation for patient centered medical homes specifically includes psychologists as a discipline which is mentioned.

Norman Anderson, Ph.D., APA CEO

L. Michael Honaker, Ph.D., APA Deputy CEO

Ellen Garrison, Ph.D., APA Senior Policy Advisor

The leadership of APA reviewed with us several goals from APA’s strategic plan. Three in particular were emphasized and include 1) maximizing organizational effectiveness, 2) advancing psychology as a health profession, and 3) increasing the visibility of psychology as a STEM (Science, Technology, Engineering and Mathematics) field. Currently, APA is looking at

best practices in other large, complex systems regarding how their governance is established. Additional funds earned this past year have been returned for reinvestment within APA in IT and Publishing. APA leadership emphasized with us the view of the VA as a model for integrated care. The Executive Committee reviewed the renaming of the term “patient centered medical home” to the “Patient Aligned Care Team” model in the VA and explained the role of Health Behavior Coordinators and the overall Health Promotion/Disease Prevention program. A concern raised about VA was the replacing of psychologists by master’s level clinicians, and a discussion occurred related to the unique skill set of psychology and how to highlight this throughout VHA.

Lindsay Childress-Beatty, J.D., Ph.D., Deputy Director, Ethics Office

Dr. Childress-Beatty discussed developing issues in the Ethics Office which may be related to VA concerns. Most prominently noted were the increasing concerns around telehealth issues both in treatment and in the supervision of clinical work by telehealth modalities. Ethical issues related to the pulling of psychologists from clinical treatment to address the demands of increasing numbers of C&Ps were also discussed as a concern for our membership. Currently, a Task Force on Telehealth has been developed by the Ethics Office to address unique concerns in social networking (e.g., Facebook), provision of care by videoteleconference, and e-mail communication with patients. Critical issues such as informed consent, security, confidentiality, and the management of crises via telehealth were discussed. Dr. Childress-Beatty encouraged us to consider nominating individuals for the National Ethics Educator Award.

Susan Zlotlow, Ph.D., Associate Executive Director, Accreditation, APA Education Directorate

Currently, three VA individuals serve on COA from VA: Dr. Wayne Siegel, Dr. Brad Roper, and Dr. Steve Holliday. Several workgroups are present under the umbrella of COA and include addressing complaints, data reviews, training of site visitors and COA members, policy development, and communications. The communications workgroup is currently working on making the website more intuitive and user friendly. COA is currently under review for their own accreditation, which will be completed by the end of the summer. A draft implementing regulation on emphases and tracks within postdoctoral programs is out for comments by the field. Concerns were raised about the training of doctoral students in psychological assessment, program evaluation, and research, which are all critical areas for VA psychologists. Additionally, the Executive Committee raised concerns about the match imbalance and the maintenance of quality in doctoral and internship training programs. Dr. Zlotlow mentioned the upcoming March 10th hearing on for-profit online educational programs which may impact psychology directly.

Katherine Nordal, Ph.D., Executive Director, APA Practice Directorate

Randy Phelps, Ph.D., Deputy Executive Director, APA Practice Directorate

The Practice Directorate has developed an Advisory Committee for the Development of Treatment Guidelines. Dr. Dan Kivlahan is a representative on this committee. Currently, the committee is developing criteria for the guidelines and issues surrounding funding for systematic reviews. PsycLink, the practice Wiki, is currently available for access. This is a presidential initiative of Carol Goodheart which is funded for at least one more year (note: presidential

initiatives are typically funded only during the year the president is in office). Should it prove to be popular, APA will continue to maintain the site. The Practice Directorate is also working on a public Outcomes Database wherein members can post public domain measures for use by the membership. The Public Education section is also being expanded and continues to emphasize the “Mind, Body, Health” focus. Part of this campaign will include a focus on creating profiles on psychologists which can be used by teachers and faculty to demonstrate the variety of roles available for psychologists in the field. A Telehealth Task Force, a joint initiative by APA and ASPBB, has been developed and will include representatives from VA and DOD as well as individuals in the private sector. Additionally, a lawyer from the APA Trust will also be included. The focus of this task force is to develop guidelines for psychologists utilizing telehealth. Currently, APA is also working on continuing to advocate for the inclusion of psychologists in legislation related to the patient centered medical home. Psychologists are now only 16% of the behavioral health workforce in the United States.

Heather O’Beirne Kelly, Ph.D., Sr. Legislative and Federal Affairs Officer, Government Relations Office, APA Science Directorate

Dr. O’Beirne Kelly is on the Executive Committee of the Friends of VA Research Program. In FY 2012, the requested budget for VA research was \$620 million, a moderate increase from last year. However, the president’s proposed budget cut VA research by \$72 million, which was surprising at a time when we are at war. Dr. O’Beirne Kelly is actively lobbying with her colleagues to have the funding restored. Concerns were elevated about VA’s contracting and HR problems which are impacting research functioning.

Diane Elmore, Ph.D., MPH, Associate Executive Director, Government Relations Office, Public Interest Directorate

Dr. Elmore reviewed recent legislation that is related to the VA, including the Caregiver Support Act. She reviewed with us a new bill, H.R. 5170, which is being reviewed next week and was introduced by Mr. Holt. This bill would require that members of the Individual Ready Reserve would be contacted every 90 days by a peer by phone for suicide prevention and risk screening, with referral to appropriate agencies for treatment. This is based on a program currently being run in New Jersey. Additionally, she reviewed H.R. 940, a bill introduced by Congresswoman Pingree to the Committee on Veterans’ Affairs, which would revise the disability compensation evaluation procedures for individuals with PTSD related to military sexual trauma to eliminate the need for official documentation about the sexual trauma in military records.

She also reviewed current policy initiatives supported by APA on behalf of DOD and VA, which includes initiatives related to funding; mental and behavioral services for military personnel; Veterans and their families; training opportunities for military and civilian psychologists; behavioral research initiatives; services for increasingly diverse Service members and Veterans; and services and supports for military and Veteran families and caregivers.

Cathleen C. Wiblemo, MHA, Democratic Staff Director, Subcommittee on Health, Committee on Veterans’ Affairs

A large concern for Ms. Wiblemo is the mental health treatment of caregivers. She also indicated concerns about the compensation and pension examination process and the Disability Evaluation System (DES) program to be rolled out at all bases. Problems were identified related to the increasing demands for C&P exams without the requisite increase in personnel, causing mental health providers to be pulled for examinations. She understood that this would mean a reduction in frequency of mental health visits for Veterans and reported that she is requesting a briefing on C&Ps by both VHA/VBA. Issues surrounding the maintenance of current levels of MH staffing were identified as a concern, as well as the maintenance of new and expanding programs, such as homelessness initiatives and Veterans Justice Outreach program. A discussion on the new focus of the Patient Aligned Care Teams included highlighting the key role of psychologists in integrated care settings, both as leaders in health promotion/disease prevention and in primary care-mental health integration. Concerns were also addressed about the significant cut in funding to VA research, which evaluates these programs and offers assistance in program improvement.

March 10, 2011

Jennifer E. Groover, Senior Legislative Aide for Representative Ann Marie Buerkle

Representative Buerkle's portfolio encompasses a range of issues related to Veterans. A RN and Lawyer by training, Representative Buerkle has a key understanding of fee-basis issues and concerns about the care provided in these settings. She is participating in the hearing on the Caregivers Bill and is also concerned about fee-basis and interoperability of the VA and DOD with improvements in seamless transitions between organizations. Ms. Groover reported that she would not support cuts to the VA budget, including protecting the VA research program. Understanding was voiced about the importance of maintaining current mental health staffing levels, especially with concerns around suicide prevention. The Executive Committee also reviewed the role of VA psychologists in integrated care settings and in the PACT.

Casey C. Street, Professional Staff Member for Congressman Jeff Miller, House Committee on Veterans Affairs

William J. Collins, Jr., Major (USMC, Ret), Staff Director and Council Subcommittee on Disability Assistance and Memorial Affairs – Congressman Jeff Miller, House Committee on Veterans' Affairs

Areas of focus for Congressman Miller include the Benefits Certification Process, Appellate Process for VA claims, and the Compensation and Pension Evaluation process. Additionally, their offices wish to address economic burdens on Veterans and assisting Veterans in regaining the ability to obtain an education and return to work. Mr. Street has prior experience with the Armed Service Committee and maintains a large VA focus. Concerns were raised about the recent reduction in VA research funding and how this will impact improving and informing future clinical care. Mr. Collins shared his concern about mental health treatment continuing to be stigmatized both for active duty personnel and for Veterans. He voiced hopefulness related to APA's campaign on the Mind-Body-Health connection and a focus on warrior resiliency in other public education campaigns. The Executive Committee also informed him about the focus on integrated health care and the embedding of psychologists within primary care settings, which

also serves to reduce stigma. Concerns were addressed related to the pulling of mental health providers for C&P exams and the impact of this on the provision of evidence-based psychotherapy services. Additionally, this is impacted by the beginnings of reductions in mental health staff and the importance of maintaining current mental health staff levels was discussed.

Patrick Eddington, Senior Policy Advisor for Defense and Intelligence – Congressman Rush Holt

Kimberly J. Montgomery, Ph.D., Legislative Assistant - Congressman Rush Holt

Mr. Eddington reviewed Congressman Holt's proposed bill, H.R. 5170 (as previously discussed by Dr. Elmore) with us. He has also met with both Dr. Kemp and Dr. Batten to discuss the bill. He reviewed the increase in Compensation and Pension Evaluation concerns with us, and we discussed the membership's concerns about the moving of clinical staff to cover C&Ps and its impact on provision of clinical care. The use of Fee-Basis psychologists to cover these exams was discussed as a concern, as the same standards for psychologists in VA do not apply for these psychologists. We reviewed concerns about the maintenance of current Mental Health staffing levels, especially as related to suicide prevention and the maintenance of new programs, as well as concerns about the significant decrease in VA research funding proposed in the President's budget.

Maureen O'Neill, Republican Professional Staff Member, United States Senate, Committee on Veterans' Affairs – Senator Richard Burr

Ms. O'Neill asked the Executive Committee to give an overview of the role of psychologists in the VA. Concerns over budgetary cuts were discussed, especially in light of increasing demands for C&P exams and the impact on clinical care this causes. Maintenance of current mental health staffing was noted to be of particular importance. Ms. O'Neill raised concern about the current management of disability claims. She also mentioned Senator Burr's focus on homelessness and we discussed this in light of VA initiatives for homelessness. She voiced interest in the concept of increasing peer counseling availability in VA settings and also shared interest in the PACT, after hearing initial briefings about this from Dr. Petzel. We raised to her awareness the key role of psychologists in PACT teams, both in the form of health behavior coordinators in health promotion/disease prevention, and in primary care-mental health integration at large. She shared concerns about the Caregiver's Legislation, which will not currently cover individuals like Ted Wade who lost his right arm and suffered a traumatic brain injury in Iraq seven years ago, and his wife, Sarah, who helped lead the advocating process for this. She is hopeful that criteria for qualification for aid for caregivers will be expanded in future legislation. She noted that Senator Burr wrote a letter to the President with three others to address this concern about the caregiver legislation.

Ryan C. Pettit, Senior Legislative Assistant – Senator Patricia Murray

Senator Murray was just recently named chairman of the Senate Veterans Affairs Committee. Mr. Pettit and the Executive Committee discussed concerns about the significant increase of Compensation and Pension examinations at a time when mental health staffing is decreasing and

providers are being pulled to cover examinations, taking away from their time in clinical care. Concern was also raised about the significant reductions in the budget for VA research. The role of psychologists outside of traditional mental health settings was reviewed, especially as key leaders in the implementation of the PACT in VA. Mr. Pettit mentioned Senator Murray's significant focus on mental health treatment in the VA, including a focus on suicide prevention.

Patrick DeLeon, Ph.D., J.D., Chief of Staff – Senator Daniel Inouye

Diane DiSanto, Legislative Assistant, Senator Mark Begich

Maureen A. Charles, RN, MSN, WHNP-BC, ANP, Military Nurse Fellow, Lt. Col., Air Force Nurse Corps – Senator Daniel Inouye

During this meeting, the Executive Committee reviewed the concerns about sustaining current mental health staffing, especially in light of providers being pulled to cover the increasing demands of C&P examinations. Additionally, concerns about reductions in VA research funding were reviewed. Ms. DiSanto, a clinical social worker, reported concerns about Veterans in Alaska having to travel long distances for mental health care. She is very supportive of the expansion of telehealth services and would like to see a new telehealth bill lead to an elimination of co-pays for telehealth services. She was delighted to hear about expansion of mental health services and C&P exams by telehealth within VA settings.

March 11, 2011

Thomas J. Berger, Ph.D., Executive Director, Veterans Health Council and Senior Advisor on Veterans Health – Vietnam Veterans of America

Shane Barker, Senior Legislative Associate, National Legislative Service – Veterans of Foreign Wars

Joy J. Ilem, Deputy National Legislative Director – Disabled American Veterans

John M. Bradley III, Senior Advisor – Disabled American Veterans

Thomas H. Miller, Executive Director – Blinded Veterans Association

A significant concern for all VSOs present was the lack of coverage for many caregivers under the current Caregiver Bill. They would like to see an expansion of the criteria to allow for more individuals to obtain service. Concern was raised about the current VACO reorganization and having individuals too long in acting positions. Appreciation was voiced for Dr. Toni Zeiss and her willingness to collaborate with them and provide needed information.

Dr. Berger mentioned concern about a certification process for mental health providers which was mentioned to him by Dr. Petzel and Dr. Cross. It was unclear what this certification process was, and we discussed the process of credentialing and privileging, continuing education

requirements, and mandatory training requirements. Dr. Berger reported that VVA is suing DOD/VA for lack of information as related to the Freedom of Information Act.

Concern was raised that psychologists do not have sufficient training in Military Sexual Trauma and that a new two- hour training for providers pales in comparison to the 120 hours required in Vet Centers. Explanations about the significant amount of training given on internship and postdoctoral training programs for psychologists was reviewed as well as intensive training in CPT and PE.

The members of the VSOs reminded the Executive Committee of the importance of collaboration between Vet Centers and VA mental health services to provide the best mental health care to Veterans.

VSOs raised concerns that providers were not given enough time to complete C&P examinations as well as concerns about providers being pulled from mental health care to meet rising demands for C&P exams. They would like assurance that all examiners are being given the recommended times for C&P examinations. Additionally, they are concerned about the lack of mental health treatment for Veterans who were dishonorably discharged for misdiagnoses of personality disorder, including those female Veterans who complained about MST and were dishonorably discharged.

VSOs also mentioned concerns about what they are hearing in the field related to hiring freezes. They would like to know the exact amount of mental health positions in the field and how many are actually currently filled. As in the 1990s, they are concerned that now that our mental health expansion funds are no longer available, these positions will be reduced.

Universal concerns about VA HR, contracting, and OIT processes were discussed. The VSOs voiced concern about some VISNs being overstaffed at the VISN administrative level rather than providing more providers in the field.

A copy of the Independent Budget, developed annually by the Veterans Service Organizations, was given to us for further review. Concerns were voiced about cutting of VA research in the President's budget. They also voiced concern about problems with contracting out services to providers who do not need to meet the VA's more stringent credential requirements and who do not understand the military and Veteran culture. Concern was raised about the Give an Hour foundation. While they believed their intentions to be good, they wished to have these services receive oversight by VA mental health providers in the future.

Finally, concern was raised about frequency of mental health visits. While they have noted an improvement in access, they feel that the VA needs to provide further information about frequency and quality of follow-up visits after initial appointment.