



*A decade of bridging
the gap between research
and clinical care*

Communiqué

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VISN 16 Primary Care/Mental Health Integration

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In response to growing evidence about the effectiveness of a coordinated care system (Department of Veterans Affairs Work Group on the President's New Freedom Commission on Mental Health Report, 2003), and concern over veterans' unmet mental health needs, in 2006 the VA issued a request for proposals to integrate veterans' physical and mental health care in primary care, lower the barriers to help-seeking and allow specialty care to focus on veterans with the most severe mental illness. Such integrated programs would avoid fragmentation of care and facilitate coordination of mental and other medical conditions. Two types of evidence-based practices, co-located collaborative care and care management, have emerged for providing mental health care within primary care settings. Key to implementing co-located care is the presence of mental health specialists physically located within the primary care clinic who provide *open access* to services, sharing responsibility for the care of veterans' mental health and substance use treatment needs with primary care providers (Pomerantz, 2005). The care management model builds upon general chronic care models that Katon and colleagues pioneered and incorporates guideline-based protocols, clinician education, collaboration between mental health specialists and primary care clinicians, and provision of assistance with the time-consuming tasks of

clinical assessment, patient education and activation, and follow-up care (Katon, 1995; Katon, 1996, Williams et al., 2007). Within care management, the primary care provider maintains responsibility for the treatment of common mental health problems with support from a care manager, usually supervised by a designated psychiatrist. Staff members operating under either of these models can assist primary care (PC) providers with referral to specialty mental health (MH) and substance abuse (SA) services if necessary.

Ninety-six programs responded to the initial request, and in 2007, the VA allocated \$32 million for 409 FTEs to provide integrated PCMH care to veterans in 92 PC clinics, making this the largest collaborative care implementation initiative in history.

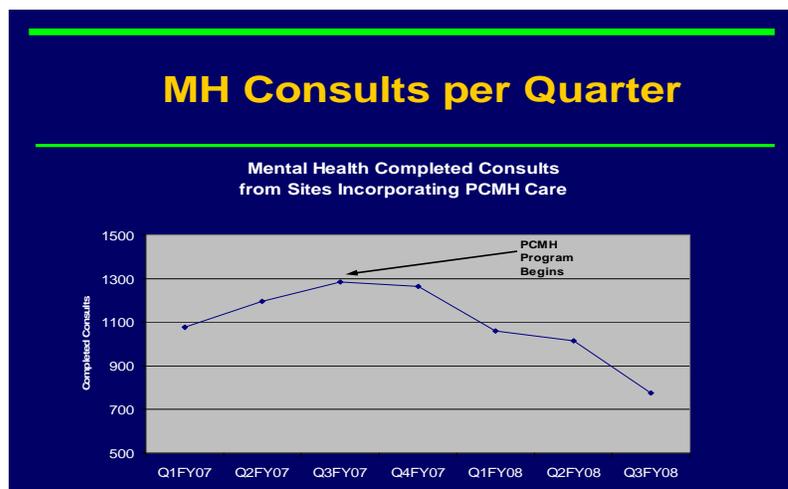
VISN 16 Blended Internal/External Facilitation Model Supports Implementation

Through collaboration between Network leadership and SC MIRECC personnel, VISN 16 was one of four networks to submit a network proposal in response to the PCMH Initiative. The VISN 16 proposal was unique in that it engaged clinical leadership at each of the 10 medical centers within the network early in the proposal development, provided site-specific feedback to

the clinical leadership, provided academic detailing to site leadership about each of the possible PCMH models, and allowed site leadership to identify the best model (care management, co-located collaborative or a blended model) to fit their site-specific needs. Thirteen clinics participated in this initiative including eight located at Veterans Affairs Medical Centers (VAMCs) and five at Community-Based Out Patient Clinics (CBOCs). Four of the clinics selected a care management integration program and nine of the clinics selected a co-located collaborative care program. To support implementation of PCMH programs, VISN 16 developed a facilitation model that blends *internal* (i.e., clinical personnel at the network level) and *external* (i.e., content experts on implementation and intervention programs) *facilitation*. By utilizing external as well as internal facilitators, this model enables facilities both to avail themselves of state of the art information via external facilitation and maintain the “institutional memory” associated with an implementation process within particular clinical settings via internal facilitation. Lawrence Daily, LMSW, serves as the VISN 16 internal facilitator and is the first point of contact for the program personnel and local facility level champions. Since this position resides within the VISN clinical structure, Mr. Daily also ensures that the programs incorporate new initiatives (e.g., suicide prevention strategies) as they are implemented in other settings. The external facilitator, JoAnn Kirchner, MD (SC MIRECC Associate Director for Clinical Care), serves as an expert consultant in implementation strategies, problem solving and PCMH program content.

This program is unique in that it represents a clinical/research partnership that applies state of the art implementation methods within the context of a program initiated under clinical rather than research direction. It incorporates a facilitation model where the internal facilitator resides within the clinical organization which allows the PCMH implementation effort to adapt to the changing network and medical center organization demands (e.g., performance monitors) and increase the likelihood that the program is sustained past the initial implementation effort. This novel facilitation approach is scaled to the VISN level and thus streamlined. At the same time, it maintains site-level input and is thus flexible.

At one year after funding, all of the 13 clinics have hired staff and are seeing patients. Program staff members have participated in two regional educational programs as well as monthly model-specific conference calls that address barriers to implementation and collective problem solving. The blended internal/external facilitation team has conducted site visits at each of the participating clinics. These visits allowed for academic detailing to site-level leadership as well as a structured review of the selected PCMH program components to allow adaptation to fit site-specific needs. Between June of 2007 and May of 2008 PCMH staff had 13,980 encounters seeing over 8,000 unique veterans. An early review of sites that implemented the PCMH program indicates a 42% annual decline in consults to the specialty mental health clinics since the initiation of the PCMH program.



VHA mental health services exist within an unprecedented period of growth and demand. In 2001, the VA's mental health budget was \$2 billion. The 2009 budget is \$3.5 billion (News Bulletin/VA 4/28/08). This represents a 75% increase in only eight years. These funds will be targeted to address the implementation of the Uniform Mental Health Services Package with the expansion of PCMH programs as a key component. Under the Package, all VAMCs and CBOCs with Primary Care clinics seeing over 5,000 unique veterans are required to have full-time on-site integrated MH services in the primary care clinics utilizing a blended model that includes co-located collaborative care and

care management. CBOCs seeing fewer than 5,000 unique veterans must have a substantial on-site presence of mental health services. Thus compliance with the Uniform MH Services Package requires a marked extension of the 2006 initiative with much of the program implementation occurring in sites that will have limited resources and implementation experience, and, therefore, represent a population that will likely greatly benefit from implementation facilitation. Given the demands on our clinical settings, it is essential that we help build implementation infrastructure within the clinical organization that can allow for timely implementation of future programs.

Department of Veterans Affairs. (2008). Veterans Affairs News Briefing. <http://www.bulletinnews.com/va/>. 4-28-2008.

Katon W, Robinson P, Von Korff, M, et al. (1996). A multifaceted intervention to improve treatment of depression in primary care. *Arch Gen Psychiatry*, 53:924-932.

Katon, W, Von Korff, M, Lin, E, Walker, E, Simon, G, Bush, T, Robinson, P, Russo, J. (1995). Collaborative management to achieve treatment guidelines. Impact on depression in primary care. *JAMA*, 273(13):1026-1031.

Pomerantz A. (2005). Improving treatment engagement and integrated care for veterans. The primary mental health care clinic at the White River Junction VA Medical Center, Vermont 2005 APA Gold Award. *Psychiatric Services*, 56:1306-1308.

Williams J, Gerrity M, Holsinger T, Dobscha S, Gaynes B, Dietrich A. (2007). Systematic review of multifaceted interventions to improve depression care. *Gen Hosp Psychiatry*, 29:91-116.

Resources for Rural Researchers

Become a Grant Reviewer for the HRSA Office of Rural Health Policy

Reviewers use their expertise to objectively evaluate and score applications and learn the grant writing process, as well as network with colleagues. HRSA handles logistics and expenses. <https://grants.hrsa.gov/webreview/>

The National Advisory Committee on Rural Health and Human Services

The 2008 report to the secretary: rural health and human services issues. <http://ruralcommittee.hrsa.gov/nac08.asp>
<ftp://ftp.hrsa.gov/ruralhealth/committee/NACreport2008.pdf>

HSR&D Research Report on Telemedicine

<http://vaww.hsr.d.research.va.gov/publications/forum/july08/July08-4.cfm>

MIRECC Special Fellowship in Advanced Psychiatry & Psychology

Mark Kunik, MD
Associate Director for Research Education
South Central MIRECC

In 2000, Dr. Nancy Jo Dunn and Dr. Mark E. Kunik wrote a successful application for the South Central Mental Illness Research, Education, & Clinical Center (SCMIRECC) Advanced Fellowship in Psychiatry and Psychology. The research fellowship has been a national leader among MIRECC fellowships ever since. Over the past year, the research fellowship has been reorganized such that both the psychiatry and psychology tracks will be led by the SCMIRECC Associate Director for Research Education, the fellowship directors, and a research training committee. Given the new direction and her tenure with the fellowship, Dr. Dunn has decided that it is time to step down and allow for new leadership. We would like to thank Dr. Dunn for her sustained commitment and many successes in the fellowship's first decade.

We are pleased to announce that effective immediately, Dr. Jeff Cully will assume the role of SCMIRECC Psychology Research Fellowship Director. Dr. Cully completed his geropsychology fellowship at MEDVAMC and since joining the staff and faculty in 2003 has achieved remarkable credentials in training and research. He looks forward to leading the fellowship, creating new models and opportunities for our fellows, and collaborating with staff at MEDVAMC, investigators across the SCMIRECC, and the MIRECC National Fellowship leadership.

Many thanks to Dr. Dunn and a warm welcome to Dr. Cully!



A FIRST IN THE NATION: VETERANS TRAINED IN THE “IN OUR OWN VOICE” PROGRAM



(left to right) Betty Ann Beason, David Taylor, Marcus Jones, Michael Garr, Ed Schmidt, Linda Snyder, Don F. Kasper, Denna Jemison, Wayne McGuire, Ph.D. & Al Angelo

NAMI Oklahoma and the VA Medical Center successfully joined forces in early March to train eight veterans in NAMI's In Our Voice Program. The training was held at the VA Medical Center in Oklahoma City and through this collaborative effort, trained veterans are now prepared to tell their personal stories of recovery. The actual presentation is a brief and interactive presentation about mental illness including video, personal testimony and discussion. The aim of the program is creating public awareness about what is involved in recovery from mental illness. The training

represents another milestone for NAMI Oklahoma, NAMI as a national organization and the Country. The training of veterans to tell their personal testimonies with the In Our Own Voice Program is the first of its kind in the nation. However, much of this accomplishment stems from the veterans in the training. “I am confident these first veteran presenters will help to expand not only the In Our Own Voice Program but all of NAMI’s education programs to all veterans and their families requiring mental health services that they need and deserve,” says Dr. Wayne McGuire, Coordinator of “In Our Own Voice” and anti-stigma campaigns. Veterans who are In Our Own Voice speakers in recovery will serve as role models for veterans and nonveterans alike by illustrating the capacity to learn, grow and achieve a life full of meaning and purpose, when provided with consumer and family driven services. For questions contact Dr. McGuire at wmcguire@nami.org. This article was reprinted with the permission of NAMI Oklahoma.



Available Clinical Education Products

Listed below are the available educational tools from the South Central MIRECC. Most of these tools were developed by frontline educators through the SCMIRECC Clinical Educator Grant program. The Clinical Educator program awards small grants (up to \$7,000) to clinicians to develop innovative clinical education tools, or mechanisms for improved care delivery, that can be exported to other facilities. To request a product, contact Michael.kauth@va.gov.

NEW! *Operation Enduring Families: A Support and Education Program for Returning Iraq and Afghanistan Veterans and Their Families manual.* A 5-session psychoeducational class for returning Iraq and Afghanistan war veterans and their families. Topics include deployment and its impact on the family; parenting tips; communication skills; coping with depression, PTSD, and anger; and reconnecting as a family. The manual also includes promotional materials, leader’s guide, and participant handouts. Developed by Ursula B. Bowling, PsyD; Alan Doerman, PsyD; and Michelle Sherman, PhD; Oklahoma City VA Medical Center, OKC.

NEW! *Preparing Veterans for Group Psychotherapy.* A 25-minute DVD for veterans that features veterans discussing their experiences in group psychotherapy and how this treatment has been helpful. This is a good orientation to group therapy. Developed by Pamela C. Fischer, PhD; Richard Carothers, PhD; Oklahoma City VA Medical Center, OKC.

NEW! *Resilience to Trauma.* This three part DVD depicts World War II ex-Prisoners of War describing their internment experiences and life after captivity. This visually engaging program is intended to communicate to veterans of all eras and to the general public that people can and do cope after horrific events. Developed by Wright Williams, PhD; Michael E. DeBakey VA Medical Center, Houston.

Age-Competency Assessment. Survey of mental health professionals in VA Network 16 regarding competency to address the mental health needs of older veterans. The project is described in Molinari, V., Kier, F.J., & Kunik, M.E. (2001). Obtaining age-related mental health competency: What is needed? *Educational Gerontology*, 28, 1-10.

Age-Specific Role Competency Curriculum for Substance Abuse Treatment Staff. Large canvas bag packed with in-service and self-study training materials on age role competencies to meet JCAHO and CARF standards. Developed by Jefferson D. Parker, Ph.D.; Catherine Shaw, Psy.D.; Evelina Ward, RN; G.V. “Sonny” Montgomery VA Medical Center, Jackson.

Anger Management Patient Handbook and Instructor’s Guide. An 8-session cognitive-behavioral workbook for group treatment. Great for a new group. Developed by Eddy White, LCSW; Fayetteville VA Medical Center.

Coping with Chronic Pain. A short video describing group treatment approach for chronic pain management. Good introduction to pain management. Developed by Jeffrey West, Ph.D.; New Orleans VA Medical Center.

Community Reinforcement and Family Training – Support and Prevention (CRAFT-SP) manual. This family education manual is adapted from earlier work on the CRAFT model by Dr. Robert Meyers. The program is designed to aide family members in improving their relationship with the addict/user, while encouraging the individual to seek treatment. Developed by Steven M. Scruggs, Psy.D., Oklahoma City; Robert J. Meyers, PhD, University of New Mexico. Center on Alcoholism, Substance Abuse and Addictions; and Rebecca Kayo, PhD, University of Oklahoma Health Sciences Center.

Day Treatment Center Newsletters: Togetherness, Acceptance & Respect. A collection of eight psychoeducational newsletters for veterans with chronic mental illness, including schizophrenia and related disorders. Developed by Quang (Charlie) Nguyen, PhD; Ellen Flood, LCSW; Cynthia Andrus, RN, MSN; Jennie Hall, MD; Carol Beckwith, RN; Jocelyn Ulanday, MD; Audrey Dawkins-Oliver, LCSW; Diana Willis, PA-C; Michael E. DeBakey VA Medical Center, Houston.

Discontinuing Your Medication for Depression patient brochure. A brief take-home guide for patients who are discontinuing their antidepressants. Content covers withdrawal symptoms and warnings of signs of returning depression. Developed by JoAnn Kirchner, MD; Kathy Henderson, MD; Maga Jackson-Triche, MD; and VISN 16 Mental Health Product Line.

Gambling Education Workbook. An 8-session gambling education workbook and resource guide that integrates cognitive-behavioral and 12-step approaches. Great for Substance Abuse Treatment Programs. Developed by Jefferson Parker, Ph.D.; Randy Burke, Ph.D.; Paul Matens, LCSW; and Frances Hill; G.V. “Sonny” Montgomery VA Medical Center, Jackson.

Guidelines for Monitoring Antipsychotic Side-Effects. Pocket brochures provide basic information for monitoring antipsychotic side-effects. Includes a PowerPoint presentation on CD that describes the project with facility-specific baseline monitoring data. Developed by Teresa Hudson, Pharm.D.; Kathy Henderson, M.D.; Central Arkansas Healthcare System VA Medial Center, North Little Rock.

The Healing Circle: Addressing Culture, Spirituality, Sobriety, and Traditions of Native American Veterans. This video illustrates how treatment for substance abuse is made more culturally relevant for Native Americans in recovery. The video demonstrates a Healing Circle, powwow, and seat lodge. Developed by Susan Vaughn, MSW, & Helen Engebretson, MSW; Oklahoma City.

Health Promotion Materials for PTSD Veterans. A resource manual and series of PowerPoint presentations developed to be used in conjunction with a group intervention to focus on disease processes and problems common in the PTSD veteran population. Developed by Cynthia Helwig, N.P.; Leslie Root, Ph.D.; Gulf Coast VA Healthcare System, VA Medical Center, Gulfport.

Helping Dementia Caregivers. An interactive CD-ROM that illustrates effective behavioral management skills to caregivers through a series of video clips. Useful for self-study or group formats. Developed by Tom Teasdale, DrPH; Michael E. DeBakey VA Medical Center, Houston.

HIV Medication Adherence Intervention. A report on the effect of various strategies (pillboxes, reminders, etc) to improve HIV medication adherence. Developed by Michael Kauth, Ph.D.; and Trevor Hart, B.A.; New Orleans VA Medical Center.

Insomnia: Difficulty Falling Asleep or Staying Asleep, and Quality of Sleep brochure. A brief overview of causes of insomnia and tips for sleeping better. Includes a sleep log. Developed by JoAnn Kirchner, MD; Kathy Henderson, MD; and VISN 16 Mental Health Product Line.

Keeping the Mind & Body Well. A 28-minute videotape and brochure to promote disease prevention and wellness among veterans. Wonderful for waiting rooms. Developed by Mertis Scott, MSN, CFNP; G.V. “Sonny” Montgomery VA Medical Center, Jackson.

Managing Disruptive Behavior in Dementia Patients: A training tool for clinical nurse assistants. An instructional CD-ROM that models ineffective, effective, and preventive behavioral management skills to long-term care nursing staff through a series of video clips with actors. Developed by Tom Teasdale, Dr.PH; Michael E. DeBakey VA Medical Center.

Making the Invisible Visible: Clinical Guide for Recognizing Traumatic Brain Injury in Veterans. Graphically powerful staff brochure designed to increase clinician awareness about and screening for traumatic brain injury in returning veterans. Screening questions and “next step” recommendations included. Developed by Kimberly A. Arlinghaus, MD; Helene K. Henson, MD; Stephanie Sneed, MD; and Janet Hickey, MD; Michael E. DeBakey VA Medical Center, Houston.

Messing with Your Habit: A Tobacco Use Reduction Program. A patient-guided CD-ROM program that uses the Stages of Change model to identify patients’ readiness to stop smoking. Developed by Dona Zanotti, Ph.D.; John Tasse, Ph.D.; Oklahoma City VA Medical Center. Also available at <http://w3.ouhsc.edu/besmokefree/>

Playing It Safer Workbook. A 4-session behavioral skills-based group program to reduce HIV sexual risk. Good for Substance Abuse Treatment Programs. Developed by Dana Ross, PhD, MPH; and Randy S. Burke, PhD; G.V. “Sonny” Montgomery VA Medical Center, Jackson.

PTSD Families Matter. A 29-minute DVD for combat veterans with PTSD and their families. Great as introduction to PTSD programs or to send home with veterans. *This DVD predates OEF/OIF and does not address issues of OEF/OIF veterans.* Developed by Pamela Abrams, LCSW; Tom Freeman, MD; Central Arkansas Healthcare System VA Medical Center, North Little Rock.

Quitting It All: Tobacco Cessation for Chemical Dependence and Dual Diagnosis Treatment Programs. A 90-minute, single-session program to address nicotine dependence. Includes workbook, facilitator’s guide, and relaxation tape. Developed Theodore V. Cooper, Ph.D.; Randy S. Burke, Ph.D.; G.V. “Sonny” Montgomery VA Medical Center, Jackson.

Relaxation Enhancement Therapist Manual / Stress-for-Less Patient Manual. This is a step-by-step guide for teaching relaxation skills using breathing control, muscle relaxation, and guided imagery in a group format. Relaxation logs and instructions for audio recording personal relaxation tapes are included. Developed by C. Laurel Franklin, PhD; Shelia Corrigan, PhD; Stephanie Repasky, PsyD; Karin E.

Thompson, PhD; Madeline Uddo, PhD; & Jessica Walton, MS; Southeast Louisiana Veterans Health Care System, New Orleans.

SAFE Program Manual-Revised. An 18-session workshop and resource guide for educating families of veterans with chronic mental illness. Very helpful if starting family services for first time. Developed by Michelle Sherman, Ph.D.; Oklahoma City VA Medical Center. Also available for downloading at w3.ouhsc.edu/safeprogram

Treating Chronic Pain in Substance Abusing Patients: An Interactive Primer. A comprehensive, interactive CD primer on managing chronic pain in substance abusing patients, including medication pocket guides and assessment and intervention resources. Developed by Gabriel Tan, Ph.D.; Deacon Staggs, MD; Serena Chu, Ph.D.; Bilal F. Shanti, MD; Quang (Charlie) Nguyen, Ph.D.; Jaime Rhudy, Ph.D.; Rebecca Kayo, Ph.D.; Mobeen N. Choudhri, MD; John Ramirez; Michael E. DeBakey VA Medical Center, Houston.

Us and Them: The Experience of Mental Health Stigma. This PowerPoint program on CD and manual provides a facilitator-guided presentation for a medical center staff to challenge their beliefs about mental illness and promote greater sensitivity. Developed by Michelle Sherman, Ph.D.; Oklahoma City VA Medical Center, OKC.

Veterans Helping Veterans: Key Insights for PTSD Recovery. A 23-minute audio CD to promote treatment involvement and adherence via testimonials by combat veterans in PTSD treatment. Very moving. Developed by Kathleen O. Reyntjens, Ph.D.; Leslie Root, Ph.D.; Gulf Coast VA Healthcare System, VA Medical Center, Gulfport.

Videos/CDs from previous MIRECC conferences:

A Stress Reaction Model: From Stress to PTSD. Presentation from MIRECC PTSD conference: *Living in the Age of Trauma: Impact on Children and Adults* by Matthew J. Friedman, MD, Executive Director, National Centers for PTSD, White River Junction, Vermont. January 17, 2003. CD-ROM (72 min.).

Traumatic Grief Treatment: An Overview. Presentation from MIRECC PTSD conference: *Living in the Age of Trauma: Impact on Children and Adults* by M. Katherine Shear, MD, University of Pittsburgh School of Medicine. January 17, 2003. CD-ROM (63 min.).

Treatment of Nightmares and Insomnia Related PTSD. Presentation from MIRECC PTSD conference: *Living in the Age of Trauma: Impact on Children and Adults* by Murray A. Raskind, MD, Professor and Vice-Chair, Dept. of Psychiatry and Behavioral Sciences, University of Washington School of Medicine. January 17, 2003. CD-ROM (50 min.).



September Conference Calls 1-800-767-1750

- 9—MIRECC Leadership Council, 3:30 PM CT, access code 19356#
- 16—VISN 16 Mental Disaster Team, 11AM CT, access code 76670#
- 17—MIRECC Program Assistants, 2PM Central, access code 43593#
- 22—MIRECC Education Core, 3:00 PM CT, access code 16821#
- 23— MIRECC Leadership Council, 3:30 PM CT, access code 19356#
- 25—National MIRECC & COE Education Recovery Interest Group, Noon CT, access code 22233# **cancelled**
- 26—National MIRECC & COE Education Implementation Science Group, 1:00 PM CT, access code 28791#

The next issue of the *South Central MIRECC Communiqué* will be published October 2, 2008. Deadline for submission of items to the October newsletter is September 26. Urgent items may be submitted for publication in the *Communiqué Newsflash* at any time. Email items to the Editor, Mary Sue Farmer, at Mary.Farmer2@va.gov

South Central MIRECC Internet site: www.va.gov/scmirecc

National MIRECC Internet site: www.mirecc.va.gov