



*Reducing
mental health
disparities
among
rural veterans*

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INSIDE THIS ISSUE

What is Rural? Part IV: The Role of CBOCs	Pg. 1
Upcoming Conference Calls	Pg. 3
New Clinical Educator Product	Pg. 4
MIRECC Accolades	Pg. 4
Recent MIRECC Publications	Pg. 5
Recovery Corner	Pg. 6

The next issue of the *South Central MIRECC Communiqué* will be published December 3, 2009. Deadline for submission of items to the December newsletter is November 25, 2009. 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
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WHAT IS RURAL? PART IV: THE ROLE OF COMMUNITY BASED OUTPATIENT CLINICS

BY JOHN FORTNEY, PH.D.

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How CBOCs serve rural Veterans

Many rural Veterans face particular challenges accessing health care because they live far from VA Medical Centers. Community Based Outpatient Clinics (CBOCs) provide basic clinical services and a local “front door” to VA health services for many rural Veterans. As of September, 2008, there were 754 CBOCs nationwide, 44 of which are in VISN 16.

CBOCs provide local services and an access point for off-site specialty care as needed for Veterans who find it difficult to travel to a VA Medical Center. The establishment and growth of CBOCs reflects the VA’s transition from a hospital-based system of care in the early ‘90s, when the first CBOC was created in Amarillo, Texas, to one focused on primary and ambulatory care. While specific services available vary from CBOC to CBOC, in general these clinics provide local primary care and mental health services, with access to specialty care available through telemedicine or contracts with local specialists. CBOCs were established to provide health care for

Veterans by meeting the following goals:¹

- Improve convenience of VA care for current users.
- Improve equity of access to Veterans by targeting underserved areas.
- Improve efficiency and effectiveness of care.
- Improve access to care for all eligible Veterans.

The VA classifies CBOCs according to these categories:¹

- Owned – VA owned and staffed by VA.
- Leased – Space is leased but CBOC is staffed by VA.
- Contracted – VA contracts with a provider, often a Healthcare Management Organization (HMO), to provide services.
- Shared – one location is shared by clinics and/or parent facilities.
- Not Operational – approved by Congress but has not begun operations yet.

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The Role of CBOCs continued...

CBOCs are also categorized by size, with the CBOC's size determining which services it is required to provide and which services are suggested according to VA guidelines. Because CBOCs are particularly vulnerable to provider shortages in rural areas, they have to be creative about how to offer services. CBOCs offer services through telemedicine and contracts with local providers in addition to their own clinical providers. Guidelines for required and suggested mental health services are specified in the Uniform Mental Health Services Handbook.²

- **Very large** CBOCs serve more than 10,000 unique Veterans each year.
- **Large** CBOCs serve 5000-10,000 unique Veterans each year.
- **Mid-sized** CBOCs serve 1,500-5,000 unique Veterans each year.
- **Small** CBOCs serve fewer than 1,500 unique Veterans each year.

VISN 16 CBOCs

VISN 16 saw four new CBOCs open September 30: Enid, Altus, and Stillwater Oklahoma; and Searcy, Arkansas. VISN 16's 44 CBOCs range from a distance of 180 miles to the nearest VA Medical Center (Eglin Air Force Base CBOC) to 50 miles to the nearest VA Medical Center (Galveston County CBOC). The table details VISN 16 CBOCs.

All CBOCs offer primary care and most offer mental health services (often provided via telemental health). Available mental health staff usually ranges from none or one to 12. The Tulsa CBOC (a very large CBOC) is unusual in having as many as 36, although these numbers change at all CBOCs as facilities undergo staff transitions. In addition, the very large CBOCs offer some or all of the following: pharmacists, social workers, dieticians, radiology, prosthetics, lab, dental, addiction therapy, optometry, substance abuse services, sleep studies, PTSD services, anger management, smoking cessation, vocational rehabilitation, etc.

VISN 16 CBOCs	
Medical Centers	Affiliated CBOCs (Size Designation)
Little Rock, AR	El Dorado (mid-sized)
	Hot Springs (mid-sized)
	Mena (mid-sized)
	Mt Home (mid-sized)
	Pine Bluff (small)
	Searcy (NA)
Fayetteville, AR	Ft Smith (L)
	Harrison (mid-sized)
	Mt Vernon (very large)
	Branson, MO (small)
Alexandria, LA	Jennings (mid-sized)
	Lafayette (large)
New Orleans, LA	Houma (mid-sized)
	Hammond (mid-sized)
	Slidell (mid-sized)
	Reserve (mid-sized)
	Baton Rouge (very large)
Shreveport, LA	Texarkana (large)
	Longview, TX (large)
	Monroe (large)
Jackson, mid-sized	Columbus (mid-sized)
	Greenville (mid-sized)
	Hattiesburg (mid-sized)
	Kosciusko (mid-sized)
	Meridian (mid-sized)
	Natchez (mid-sized)
Biloxi, mid-sized	Elgin AFB, FL (mid-sized)
	Mobile, AL (very large)
	Panama City, FL (large)
	Pensacola, FL (very large)
Oklahoma City, OK	Altus (NA)
	Ardmore (NA)
	Enid (NA)
	Lawton (large)
	Ponca City (small)
	Seminole County (small)
	Stillwater, OK (NA)
	Wichita Falls TX (small)
Muskogee, OK	McAlester (small)
	Tulsa (very large)
Houston, TX	Conroe (large)
	Galveston (large)
	Lufkin (large)
	Beaumont (very large)

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VISN 16 CBOC Initiatives

The VA is relying more on CBOCs to provide care to its rural Veterans. The SC MIRECC launched the **CBOC Partnership Project for Improving Rural Mental Health Care (V16)** last year. Funded by the VA Office of Rural Health through the SC MIRECC, this project's purpose is to provide educational interventions and materials related to mental health treatment for CBOCs and to create a "practice network" of CBOCs that are interested in participating in research on rural mental health care. SC MIRECC researchers visited each VISN 16 CBOC to establish relationships and assess the CBOCs' needs for staff mental health education and training. In addition, they documented the organization of mental health services at each CBOC, the provider structure and function, offered and provided services, methods of service delivery, and how services are accessed by Veterans. Phase One of the needs assessment was completed in August 2009. Phase Two of data collection began October 2009 and is ongoing. The preliminary findings from the site visits report on observations about Veteran populations, organizational structures, clinic resources, processes of care, communications and relationships, education and training, community resources, and interest in research and education.

National CBOC Evaluations

In a national sample of CBOC users, the average distance to the closest VA Medical Center for CBOC users was 60 miles while the average distance to the

CBOC was 15 miles.³ Compared to matched VA Medical Center users, CBOC users have a similar number of primary care encounters, but fewer specialty care visits, and fewer specialty mental health visits.⁴ Compared to VA Medical Center users, CBOCs have lower total VA health care costs.^{3,5} The lower total VA health care costs may be due to the fact that CBOC users have more Medicare-funded encounters than VA Medical Center users.⁶ Mental health services were provided via real-time clinical videoconferencing at 300 VA CBOCs.⁷

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NOVEMBER CONFERENCE CALLS

CALL-IN NUMBER: 1-800-767-1750

		ACCESS CODE
9	MIRECC Site Leaders, 11:00 AM CT	27761#
10	MIRECC Leadership Council, 3:30 PM CT	19356#
12	National MIRECC & COE Education Group, 1:00 PM CT	28791#
17	VISN 16 Mental Disaster Team, 11AM CT	76670#
18	MIRECC Program Assistants, 2PM Central	43593#
23	MIRECC Education Core, 3:00 PM CT	16821#
24	MIRECC Leadership Council, 3:30 PM CT	19356#

NEW CLINICAL EDUCATOR PRODUCT: HEPATITIS C AND OTHER COMMUNICABLE DISEASES POSING THREATS TO HOMELESS VETERANS

H. Lynn Hemphill, LCSW & Estella Morris, Ph.D.

Approximately six years ago, the Health Care for Homeless Veterans (HCHV) Program at the Central Arkansas Veterans Health Care System began to see an increase in the number of homeless Veterans being diagnosed with various communicable diseases. In an effort to combat this issue, the HCHV Program received an SC MIRECC Clinical Educator Grant to develop a pocket-sized educational booklet that provides a comprehensive overview of communicable diseases that often impact homeless individuals. This booklet specifically addresses the different types of hepatitis, sexually transmitted diseases, tuberculosis, lice and flu viruses. This educational initiative was designed to assist homeless Veterans with gaining a better understanding of communicable diseases and to empower them to make better decisions regarding their health care needs. Veterans' response to this information was overwhelming.

What the program learned from this initiative is that the homeless Veterans were more responsive to this educational intervention rather than the traditional teaching model because of the manner in which the information was packaged. The pocket-size booklets are easily maintained by transient Veterans. The HCHV Program plans to disseminate this information throughout Central Arkansas during scheduled community outreach activities. Additionally, the grant supported development of a video with a former homeless Veteran who served as the video narrator. This Veteran was able to bring a personal perspective to this educational venture. The video will also be used on an on-going basis to educate homeless Veterans at the VA Drop-In Day Treatment Center.

Finally, there is a one-page review of the materials that covers important facts from the video and the pamphlet, a one-page quiz, and a one-page quiz key, which permits use as a pre and post test instrument. For more information about this product or to request a copy, contact Michael Kauth, SC MIRECC Associate Director for Education at Michael.Kauth@va.gov.

SC MIRECC ACCOLADES

The SC MIRECC would like to congratulate **Ellen Teng, Ph.D.**, with the Michael E. DeBakey VA Medical Center in Houston, for receiving a five-year VA Career Development Award. *Congratulations!*

SECOND FUNDING DEADLINE FOR CLINICAL EDUCATION GRANTS

The next deadline for submission of South Central MIRECC Clinical Educator grants is 4:00 pm November 13, 2009. These grants of up to \$7,000 are designed to encourage frontline clinicians and educators to develop innovative educational tools or programs that target under-served or hard-to-reach Veterans and/or their families and address their mental health needs, especially in rural settings.

These grants have been used in a number of ways: to develop new educational tools, develop new educational programs and modify existing materials

or put them in a new format. We strongly recommend that anyone who is interested in applying for a grant first talk to someone in the MIRECC about your idea and get feedback about whether your project is unique, doable, and fundable. We strongly encourage proposals from clinicians at community-based outpatient clinics (CBOCs) and collaborative proposals involving medical centers and CBOCs.

Contact Dr. Randy Burke (randy.burke@va.gov) for an application and sample proposals.

RECENT SC MIRECC PUBLICATIONS

EFFECTS OF METHYLPHENIDATE ON WORKING MEMORY IN TRAUMATIC BRAIN INJURY: A PRELIMINARY fMRI INVESTIGATION

Newsome MR, Scheibel RS, Seignourel PJ, Steinberg JL, Troyanskaya M, Li X, Levin HS
Brain Imaging and Behavior, 2009, 3:298-305

As part of a preliminary investigation on the effects of methylphenidate on brain activation during a working memory (WM) task in patients with traumatic brain injury (TBI), patients with TBI received 15 mg of methylphenidate (N=4) or placebo (N=5) twice a day for one month in a double-blind, placebo-controlled design. Brain activation was assessed at pre-treatment and on the final treatment day using functional magnetic resonance imaging (fMRI) with an N-back task using faces as stimuli. In a whole brain voxel-wise analysis, methylphenidate, compared to placebo, produced a decrease in brain activation for the 2-load minus 0-load contrast in the anterior cingulate, thalamus, cuneus and cerebellum, regions associated with WM performance. Further, an a priori

region of interest analysis with small volume correction found reduced activation in the anterior cingulate. Although based on a small sample size, these preliminary findings suggest methylphenidate may increase processing efficiency associated with cognitive control during WM tasks in patients with TBI.

The Neuroimaging Lab would like to thank the SC MIRECC for their support of this research and the contribution to the publication costs.

EFFECTS OF SEVERITY OF TRAUMATIC BRAIN INJURY AND BRAIN RESERVE ON COGNITIVE-CONTROL RELATED BRAIN ACTIVATION

Scheibel RS, Newsome MR, Troyanskaya M, Steinberg JL, Goldstein FC, Mao H, Levin HS
Journal of Neurotrauma, 2009, 26(9):1447-61

Functional magnetic resonance imaging (fMRI) has revealed more extensive cognitive-control related brain activation following traumatic brain injury (TBI), but little is known about how activation varies with TBI severity. Thirty patients with moderate to severe TBI and 10 with orthopedic injury (OI) underwent fMRI at 3

months post-injury using a stimulus response compatibility task. Regression analyses indicated that lower total Glasgow Coma Scale (GCS) and GCS verbal component scores were associated with higher levels of brain activation. Brain-injured patients were also divided into three groups based upon their total GCS score (3-4, 5-8, or 9-15), and patients with a total GCS score of 8 or less produced increased, diffuse activation that included structures thought to mediate visual attention and cognitive control. The cingulate gyrus and thalamus were among the areas showing greatest increases, and this is consistent with vulnerability of these midline structures in severe, diffuse TBI. Better task performance was associated with higher activation, and there were differences in the over-activation pattern that varied with TBI severity, including greater reliance upon left-lateralized brain structures in patients with the most severe injuries. These findings suggest that over-activation is at least partially effective for improving performance and may be compensatory.

The Neuroimaging Lab would like to thank the SC MIRECC for their support of this research and their contribution to the publication costs.

CLINICAL EDUCATOR PRODUCTS UPDATE

The list of Clinical Educator Products has been updated on the South Central MIRECC website. These products were developed by clinicians in VISN 16 with small grants (between \$500-\$7,000) from the SC MIRECC. The purpose of the grants is to develop innovative education tools or mechanisms for enhanced delivery of care in a way that is exportable to other sites. Clinical Education Products developed through the South Central MIRECC are in the public domain and may be copied. Many products are available for download from the SC MIRECC website at: <http://www1.va.gov/scmirecc/page.cfm?pg=12>. Others are available by request to Dr. Michael Kauth, Associate Director for Education, at Michael.Kauth@med.va.gov.

RECOVERY CORNER

CONSUMER COUNCIL ANNUAL REPORT

Michael Roach, MSW, LCSW-BACS

Local Recovery Coordinator

Alexandria VAMC

Input from Veterans is vital in the transformation of VA mental health into a recovery-oriented system. This is recognized in the Uniform Mental Health Services Handbook (2008) which states “facilities are strongly encouraged to implement and maintain a local mental health Consumer-Advocate Liaison Council to facilitate input from stakeholders on the structure and operations of mental health services.”

The consumer councils working with facilities in VISN 16 have labored tirelessly to assure that issues related to the care of Veterans in mental health are addressed. Recently, councils completed an annual report outlining their accomplishments and goals for the future. The councils gave permission for the following highlights to be shared in this article.

The consumer council in New Orleans was provided a place to meet in the Mental Health Outpatient Clinic. The council noticed various issues with the building including heavy doors at the entrance, inadequate seating, no vending machines, and transportation to the building from the main parking garage. Each of these issues was addressed by the council and has been corrected. In May 2009, a member of the council was selected to attend the National VHA Consumer Council Conference in Connecticut. He was able to network with other council members from across the country and bring information back to the local council.

The consumer council in Alexandria was represented at a mental health consumer fair at which time they distributed information on the council and recruited a member through this means. The council also proposed placing a lab draw station closer to the mental health building and sent that recommendation to administration. They invited the administrative officer from psychiatry to attend a portion of each monthly meeting, affording the council the opportunity to give recommendations for improvements, as well as kudos for staff.

The consumer council in Shreveport has participated in several outreach activities including the Bossier City job fair, James Burton Guitar festival, suicide prevention activities, as well as the dissemination of flyers to local shelters and mental health organizations. They have developed and are disseminating recruiting materials advertising the council. They are also writing an article for a Department of Defense-sponsored retiree newsletter as part of a campaign to solicit new members.

The consumer council in Oklahoma City participated in the 2008 Mental Health Celebration Day and several council members have been actively involved in the South Central MIRECC. The council has set a 2009 goal to increase membership and to encourage more active use of the VAMC by Veterans in rural areas.

In Muskogee, the council received briefings on all major mental health initiatives and programs including recovery transformation, OEF/OIF Team, Veterans Recovery Court, Military Sexual Trauma, Mental Health Intensive Care Management, Compensated Work Therapy, Vet Center, and legislative initiatives/liaison with local city government and the US senate office. The council has developed an expansion strategy and disseminated flyers to recruit additional council representatives. They have participated in several outreach activities including Stand Downs, the National Alliance on Mental Illness (NAMI) Information Fair as well as the dissemination of flyers and brochures to local shelters and mental health organizations.

In Little Rock, the consumer council is known as Individuals Making Progress and Choices Together (IMPACT). The Veterans on that council have made flyers for distribution and actively address the ongoing building of the communication between staff and Veterans. IMPACT is also reaching out to the community and working with NAMI and Arkansas State Hospital.

(continued on page 7)

(continued from page 6)

Other activities of IMPACT are identifying barriers to accessing mental health services, providing guidance and support to VA mental health staff in developing partnerships with IMPACT for Veterans, and recruiting new members.

In Houston, the Veterans Consumer Advocacy Council (VCAC) has held several meetings with the Mental Health and Mental Retardation Authority (MHMRA) Consumer Council. An article about the council was published in the NAMI Metropolitan newsletter in April 2008 and one member of the VCAC was a panel presenter at the National VA Consumer Council Conference in 2009. One member participated in educating psychiatry residents at a local medical school about his recovery journey and VCAC members began attending the Mental Health Leadership Advisory Committee monthly in January 2009.

In Fayetteville, the consumer council officially started in May of 2009. One Veteran and the spouse of another Veteran have been involved in the quarterly Mental Health Executive Council meetings. Their goals include the elections of officers, recruitment of members, and staff presentations. A Veteran member has also suggested the utilization of volunteer peers for OEF/OIF outreach in Primary Care in an effort to get more OEF/OIF Veterans into mental health treatment.

The consumer council in the gulf coast region developed and submitted a letter to the VA on ways to improve future Stand Downs for Homeless Veterans. Council members also met with community partners and VA staff to plan the 2009 Stand Down events across the service area. The members in northwest Florida met with community groups to advocate for services to incarcerated Veterans. They have also advocated for

Veterans' mental health issues during meetings of Veteran Service Organizations, Retired Nurses in Mobile, Our Turn Network in Mississippi, and Faith Based Coalition in northwest Florida.

The consumer council in Jackson is currently being formed. The plan is to have an active council implemented by January 2010. The liaison is working to recruit members and is networking with councils across the VISN.

Consumer Councils in VISN 16 are making progress in advocating for Veteran-centered mental health care at the local VA Medical Centers. They continue to grow and will remain a vital part of mental health services in the future.

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RURAL HEALTH RESOURCES UPDATE

RURAL HEALTH IT ADOPTION TOOLBOX

The Rural Health IT Adoption Toolbox is a resource created to address the needs of rural providers in the planning and implementation of health information technology. Resources compiled for this toolbox include information from both public and private sector entities, including government agencies, academic institutions, and research organizations. This toolbox is designed for rural health providers, but

is intended to inform State and Federal policy makers, insurers, and other interested stakeholders regarding the special considerations for health IT adoption in rural settings. You can access the Rural Health IT Adoption Toolbox at:

http://healthit.ahrq.gov/portal/server.pt?open=512&objID=1135&mode=2&cid=DA_1251349&p_path=/DA_1251349.