

Cheyenne VA Healthcare System

US Department of Veterans Affairs – Veterans Health Administration



**Advanced Interprofessional
Fellowship in Psychosocial
Rehabilitation**

2026-2027



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Introduction

‘Psychosocial Rehabilitation’ (PSR) is a comprehensive approach to restoring an individual’s full potential following the onset of mental illness. It reflects the reality that mental illnesses impact the whole person and their environment, and that recovery involves more than elimination of symptoms, but must help address the disabilities that commonly develop as a result of that illness. A comprehensive PSR approach involves assisting the individual in all aspects of recovery to attain the highest level of functioning in the community. PSR describes the preferred approach to treatment for those with a mental illness, though many of the key treatment interventions have been developed for adults with a serious mental illness (SMI).

This Cheyenne VA PSR Program is an interprofessional fellowship experience specifically designed to develop leaders with vision, knowledge, skills, and commitment to lead mental health care for Veterans and the Nation in the 21st century. The PSR Advanced Fellowship’s interprofessional training is built on a recovery-oriented model, which integrates a variety of medical, behavioral, vocational, social, and spiritual interventions to restore functionality and community reintegration. In this one-year clinical training program, fellows provide care for the Veteran in a range of clinical learning environments as part of an integrated treatment team (e.g., Residential Treatment Program, Psychosocial Rehabilitation and Recovery Centers [PRRCs], Intensive Community Mental Health Recovery [ICMHR] programs, outpatient clinics).

Mission of the Fellowship

The VA Advanced Interprofessional PSR Fellowship Program is funded by the VA specifically to develop future mental health leaders with vision, knowledge, and commitment to transform mental health care systems in the 21st century by emphasizing functional capability, rehabilitation, and recovery.

Psychosocial Rehabilitation

PSR is a theoretical approach to mental health care that developed around the care of adults with SMI but has become more widely applied to mental health programming. The focus is on partnering with clients to assist them to return to the life they desire. There are a number of evidence-based interventions that have been developed, validated, and expanded in the service of PSR goals. These include assertive community treatment, supported employment, supported housing, supported education, shared decision-making, illness self-management, social skills training, and family psychoeducation. Fellows will learn PSR interventions, as well as the broader framework of PSR work. They will also learn organizational change interventions to help move programs and organizations toward a more complete PSR framework of care.

Interprofessional Work

True interprofessional teamwork is associated with a number of benefits in terms of better clinical outcomes as well as better work environments. Teamwork also facilitates creative

solutions to clinical and organizational challenges. In interprofessional teams, individual team members assume profession-specific roles, but as a team, they identify and analyze problems, define goals and assume joint responsibility for actions and interventions to accomplish the goals (Counsell et al., 1999). Goals that are developed are compatible with the priorities and values of each team member (Liedtka & Whitten, 1998). To interact meaningfully with each other and with the patient and/or family, team members rely on their familiarity with the expertise and functions of the others' roles (Falk, 1977). VA advanced fellowships consciously include an interprofessional training element both in terms of clinical experience and didactics, to ensure graduates are fully able to participate in true interprofessional teams. Fellows work within interprofessional clinical teams, and function together as an interprofessional team, in order to provide effective clinical care and to address organizational challenges.

Innovation and Leadership

Success rates for even the best mental health interventions range between 50% and 70%, leaving a great deal of room for improvement. Enhancing existing best practices and building new innovative practices is clearly needed before our success rates start to approach the levels we desire. The VA funds these fellowships with the explicit goal of developing innovative program developers and leaders who can take future VA mental health programming to new levels of success. Both in didactic and experiential programming, fellows will learn about program innovation, program development and leadership, as a key element within this fellowship. Prior graduates of VA PSR fellowships are represented throughout current VA leaders, including national, regional, and local leadership.

PSR Services in Rural Settings

While 20% of the US population lives in a rural setting, a full 38% of Veterans live in a rural area. The prevalence of mental illness is equivalent between rural and non-rural settings, but access to mental healthcare and the quality of that care show a significant discrepancy. This discrepancy may contribute to the markedly higher risk of suicide among adults living in rural areas, and likely contributes to a range of other negative outcomes. The reasons for these discrepancies are well documented, and include limited availability of well-trained mental health clinicians, reduced coordination of care in rural settings, and underutilization of available mental health services. Dissemination of new treatments also lags in rural settings, resulting in poorer services and poorer outcomes. There are cultural and economic factors as well, with the common focus on "self-reliance" being associated with lower likelihood of using mental healthcare, particularly psychotherapy, and a greater likelihood of substituting emergency room visits for even routine medical care.

Research-based strategies to address these issues involve (1) expanded use of telehealth services to increase access, (2) closer collaboration between medical and mental providers; (3) the development of extended collaborative networks with community stakeholders, such as clergy, post-secondary educators, and criminal justice personnel, and (4) the expansion and strategic use

of peer support and community-based self-help groups. The Cheyenne VA Health Care System (VAHCS) has been strategically pursuing all of these strategies, developing model programming in which to train the rural mental health providers of the future. This programming includes:

- A very large telemental health (TMH) program, with all mental health clinicians providing at least some virtual care, and a team of 12 clinicians working exclusively in the TMH model of care.
- A very large PCMHI team co-located with primary care in all service sites, with the goal of enhancing access to mental health care through warm handoffs.
- The development of a robust network of collaborations with community stakeholders including clergy, post-secondary educators, criminal justice personnel, local community Veteran activists, and local lay peer support providers.
- The development of both professional and lay peer support programming, and intensive referral interventions to community-based self-help groups.

Overview of the Fellowship

Typically, the Cheyenne VA HCS Advanced Interprofessional Psychosocial Rehabilitation Fellowship includes four 12-month full-time post-graduate fellowship positions. Fellows will choose from the following major (half-time) 6-month rotations: Psychosocial Rehabilitation and Recovery Center (PRRC), Intensive Community Mental Health Recovery Services (ICMHR)/ Psychosocial Outpatient Wellness and Engagement Recovery (POWER), Residential Rehabilitation Treatment Program (RRTP), Mental Health Access Team, Primary Care Mental Health Integration (PCMHI), Whole Health, Vocational Rehabilitation, and Homeless Programs. Fellows can also participate in the following minor rotations (quarter time, 6-month rotations): Administration and Program Development, Suicide Prevention, Veterans Justice Outreach, Community Connections, and Family Therapy & Interpersonal Violence (IPV). Training is supplemented by at least 2 hours/per week of specialized didactics focusing on PRR theory and interventions. Fellows will also participate in a special Educational Dissemination Project in which they select a program, at the Cheyenne VA or in the VISN 19 region, and provide education and consultation to help that program to make systemic improvements in the service of enhance clinical care. This project will last at least 6 months and will involve consultation with other faculty. Fellows can also supplement their training experiences with collaborative work either in existing research projects, or in shared projects between the VA and community partners.

Fellows are expected to commit 40 hours per week to the training experience. All training experiences involve interprofessional teamwork, and the fellows also serve as their own interprofessional team. Fellows will be trained in telemental health techniques and will provide

care virtually as part of their clinical work. Training experiences will involve work at the Cheyenne campus as well as the Northern Colorado Community Based Outpatient Clinic (CBOC). Additional experiences will involve work in the community with partners, such as Colorado State University. Fellows will work with faculty to design a training year that will help them pursue their professional interests and goals. In this way, the fellows are encouraged to customize the experience in a way that reflects their own professional interests. It is expected that each fellow will attend all scheduled didactic presentations, individual and group supervision, assessment and intervention (A&I) presentations, and grand rounds. In addition, fellows are encouraged to participate in other educational training opportunities that become available.

Training Philosophy and Culture

The Cheyenne VAHCS Advanced PSR Interprofessional Fellowship adheres to the scholar-practitioner model of training. The program's goal is to create a rich, supportive, collegial atmosphere that is committed to training future clinicians and clinical leaders in the scientific practice of their respective disciplines. During the fellowship year, the program's aim will be to provide learning experiences, didactic content, and supervision to allow fellows to become strong practitioners and future VA leaders, with an emphasis on evidence-based interventions that promote the full recovery of adults with a mental illness.

Fellowship faculty model and instill strong ethical, professional practice, and scholarly values that are consistent with the professional field of each fellow. An emphasis is placed on ensuring that training adheres to the policies and procedures outlined by the Department of Veterans Affairs Office of Academic Affiliations (OAA; www.va.gov/oaa/), Cheyenne VAHCS, and the professional governing body for the fellow's respective discipline. The training needs of each trainee are evaluated, and an individual training plan is developed to facilitate each trainee reaching the appropriate developmental milestones for those goals.

The Cheyenne VAHCS Advanced PSR Interprofessional Fellowship values and is deeply committed to welcoming a range of individual perspectives and encourages applicants from all backgrounds. Our training program does not and shall not discriminate on the basis of race, color, religion (creed), sex, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

The Facility

The Cheyenne VA includes a large medical center in Cheyenne, Wyoming, a large Community Based Outpatient Clinic (CBOC) in Northern Colorado, and outpatient clinics in rural Wyoming, Nebraska, and Colorado. The catchment area includes rapidly growing areas north of Denver, as well rural areas in the plains east of the Rockies, and communities up in the Rocky Mountains.



The Cheyenne VAHCS is responsible for a catchment area including southeast Wyoming, northeastern Colorado, and western Nebraska, covering 42,000 square miles and 60,000 Veterans. Fifteen of 19 counties meet the criteria of ‘rural’ or “very rural” and so rural care is central to our mission. The Cheyenne VAHCS operates one hospital in Cheyenne, Wyoming, one Super CBOC in Northern Colorado, two large multi-specialty CBOCs in Fort Collins and Loveland, and multiple small/mobile clinics in rural Wyoming, Nebraska, and Northeastern Colorado.

In Fiscal Year 2020, a total of 20,000 Veterans received care through the Cheyenne VAHCS, with approximately 5,000 receiving a mental health service. The market is divided into two sectors, Wyoming/Nebraska (2% growth/year) and Northern Colorado (11% growth/year), reflecting the fact that several northern Colorado counties are among the fastest growing in the US. Hospital services include the range of psychiatric treatment programs (RTP, specialty outpatient care, Intensive Community Mental Health Recovery (ICMHR) services in the form of Rural Access Network for Growth Enhancement (RANGE) and Enhanced RANGE (eRANGE) teams, as well as large homeless programs (Health Care for Homeless Veterans Outreach, Grant and Per Diem, Housing and Urban Development-VA Supportive Housing [HUD-VASH], Homeless Veteran Community Employment Services, and a Veteran Justice Outreach), a large Supported Employment and Education Program, a Psychosocial Rehabilitation Program, and intensive day treatment and outpatient substance abuse programs.

Like most VAs with a significant rural population, the Cheyenne VAHCS has been building partnerships with community organizations in an effort to expand access to support and care for all Veterans in their catchment area. The Cheyenne VAHCS is a training site for students and interns in medicine, psychology, social work, occupational therapy, nursing, counseling, and chaplaincy. We are affiliated with Rocky Vista Medical School, serving as a training site for medical students with a focus on psychiatry. We are also closely aligned with Colorado State University and the University of Wyoming, with collaborations in programming for Veterans and for staff.

The Cheyenne VAHCS and the mental health service have a long history of maintaining a strong interprofessional environment that is reflected in the clinical and the training programs. There is a standing Interprofessional Education Committee designed to improve the training programs of each discipline by collaborating and sharing resources. For example, discipline-specific training programs share didactics and supervision in order to take advantage of expertise in each discipline, and to expand the range of trainee-choice within educational offerings.

The Area

While the Cheyenne VA serves Veterans in a large catchment area, most staff and trainees live either in Cheyenne, Wyoming or in the Fort Collins/Loveland, Colorado area.



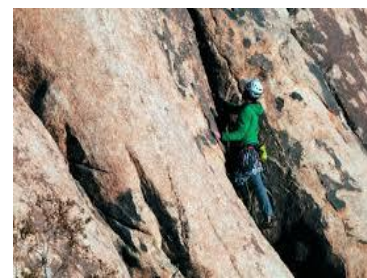
Cheyenne is a town of 60,000 people, serving as the capital of Wyoming. For skiers, hikers, campers, mountain bikers, hunters, fishermen and boaters Cheyenne has it all within 100 miles. Snowy Range or any Colorado ski area is easy to find. Vedauwoo and Curt Gowdy State Park boast world class mountain bike trails, hiking, camping and fishing. Glendo Reservoir and Guernsey Reservoir are beautiful lakes north off I-25. Cheyenne is home to 15 local museums, 4 movie theaters, 2 community theaters, a Civic Center, and many outdoor amenities. The artist community is also very strong and provides a monthly Artwalk throughout the community, along with many other public events, making it a fun place to live. Additionally, the community is home to the Cheyenne Frontier Days, the world's largest outdoor rodeo which lasts 10 days during the month of July. The community in Cheyenne has a strong partnership with the military,

with an Air Force Base and Air National Guard. It has been named one of the greatest communities to retire.



The Fort Collins/Loveland area is 50 minutes south of Cheyenne and 50 minutes north of Denver. It is one of the fastest growing areas in the United States, with approximately 230,000 living there in 2020. In the 2021 US News & World Report ranking of best places to live, Fort Collins was listed as #5 overall. At the foot of the Rocky Mountains, Loveland and Fort Collins are hotbeds for outdoor enthusiasts, with extensive hiking and biking trails, mountain climbing, kayaking and canoeing, etc.

Home to Colorado State University, Fort Collins is known as the Napa Valley of craft beer, hosting big names like New Belgium Brewing Co. along with new up-and-comers. The city's access to nearby Rocky Mountain National Park and other pristine public spaces helps feed this dynamic. It's not uncommon to see locals at the trailhead in the morning for a hike, run, or bike ride and then on a brewery patio with friends later that night.



The city's arts and entertainment offerings are built around Old Town, a downtown area that boasts multiple music venues, bars and shopping options and is rumored to be the inspiration for Disneyland's Main Street, U.S.A. The nearby Lincoln Center hosts touring Broadway productions and smaller shows geared mostly toward families. Just north of Old Town is the Fort Collins Museum of Discovery, a children's museum and digital dome theater.

Summer is festival season in Fort Collins, anchored by the Colorado Brewers' Festival and the Bohemian Nights music festival, which attracts nationally touring acts and has free admission.

Also, New Belgium Brewing hosts the Tour de Fat, an annual celebration of all things bike culture that includes a massive bike parade through downtown.

Loveland, Colorado, known as the “Sweetheart City” and the “Gateway to the Rockies,” is the second most populous municipality in Larimer County, CO and is 45-miles north of Denver. Loveland is home to two of our CBOCs, located at 4575 Byrd Drive (Northern Colorado VA Clinic) and 5200 Hahns Peak Dr (Loveland VA Clinic).

Loveland is conveniently located 30 miles west of Rocky Mountain National Park, the #1 vacation destination in Colorado with about 4 million visitors per year. Loveland has its own hiking, climbing, fishing attractions including Devil’s Backbone Open Space, Carter Lake Reservoir, Boyd Lake State Park, Loveland Recreation Trail, Bobcat Ridge Natural Area, Big Thompson River, and more.

Loveland is home of the Valentine Re-Mailing Program. Over the decades, people have sent their valentines to be stamped in Loveland, Colorado. Loveland embraces the holiday and displays large hearts across the city with messages from community members.

Since the 1970s, Loveland has attracted artists, and the city’s love of art is evident. Loveland is home to thirty fiberglass heart sculptures situated across the city, each created by different artists. The city has two sculpture parks, the Benson Sculpture Garden and the Chapungu Sculpture Park at Centerra. On the second week of August, Loveland hosts three art shows: Sculpture in the Park, Loveland Sculpture Invitational, and Art in the Park.

Loveland is also home to several craft breweries, including Verboten Brewing, Grimm Brothers Brewhouse, Loveland Aleworks, and Crew Hop Brewing Company. Additional attractions in Loveland include the Budweiser Events Center (home to the Colorado Eagles hockey team), Lucky Three Ranch, Loveland Museum, Mahaffey Park, Rialto Theater Center, Foote Lagoon Amphitheater, Sweet Heart Winery, Loveland Opera Theatre, and more.

Rotations

Required Rotations	Recommended Rotations	Optional Major Rotations	Minor Rotations
Psychosocial Rehabilitation & Recovery Center (PRRC) *At least one day per week	Intensive Community Mental Health Recovery Services (ICMHR)	Homeless Programs (HUD-VASH)	Administration and Program Development
	Residential Rehabilitation Treatment Program (RRTP) for PTSD/SUD	Supported Employment (Vocational Rehab) & Education (VITAL)	Suicide Prevention
	Community Based MH Access Team	Whole Health	Veterans Justice Outreach
	POWER	PCMHI	Community Connections Family Therapy & IPV

The Cheyenne VAHCS has a wide range of mental health programming reflecting a strong recovery-orientation built upon the full range of evidence-based practices.

Intensive Community Mental Health Recovery (ICMHR): RANGE, e-RANGE

The Intensive Community Mental Health Recovery (ICMHR) program at the Cheyenne VAHCS is designed exclusively to serve rural Veterans, being composed of two clinical teams: a Rural Access Network for Growth Enhancement (RANGE) team and an Enhanced RANGE (e-RANGE) team. This program provides state-of-the-art services by providing treatment/rehabilitation that fosters self-sufficiency and community integration. Community-based therapies and skill building form the core of the ICMHR program, which also includes intensive case management, community/home-based care, individual, family and group psychotherapy, peer education and psychoeducation, substance abuse counseling, pharmacotherapy, vocational rehabilitation, and peer-support and socialization groups. The rural nature of the population served requires lower caseloads and specialized partnerships to address homelessness in this population (e-RANGE).

The average number of patients treated per year is 75 to 100 and the average duration of treatment (DOT) is 3 to 4 years. The diagnostic breakdown of the participant population is 55% affective disorders, 50% anxiety disorders, 91% psychotic disorders, and 50% substance abuse disorders (SUD). The treatment team is composed of 16 staff, representing 12.0 Full Time Equivalent Employees (FTEE), including 1 psychiatric prescriber, 2 psychiatric nurses, 8 case-

managers, 1 recreational therapist, 1 vocational rehab specialist, and 2 peer specialists. All are trained in CBT for Psychosis, Motivational Interviewing, and VA Life Goals Training, as well as a range of other evidence-based interventions. The ICMHR team meets daily either virtually and/or in person.

Psychosocial Outpatient Wellness and Engagement Recovery (POWER) Program

This program was established in 2020, prior to the VA Central Office (VACO) mandate to address early psychosis (VHA Directive 1163.07). It was modelled after Recovery After an Initial Schizophrenia Episode (RAISE) study, as well as the Specialized Treatment for Early Engagement and Recovery (STEER) program at the Bedford VA. It provides specialized interprofessional care to Veterans who have developed psychotic symptoms within the prior 2 years. Services are consistent with “Coordinated Specialty Care”, are designed to meet the specific needs of that Veteran, and seek to speed the utilization of appropriate medications, while providing evidence-based interventions to help them return to successful engagement in family and social relationships, work, and education. Again, all staff are trained in CBT for psychosis, VA Life Goals Training, Motivational Interviewing, and other evidence-based psychotherapies. This program has developed a partnership with the Cheyenne Air National Guard program that serves 1300 National Guard Personnel per year, and who often identifies adults suffering with early psychosis. Trainees will be able to participate with the POWER team but will also have exposure to the clinical team at the Air National Guard, as they work with personnel with emerging psychosis.

Statistics for this program are difficult to provide. Based on input from the STEER program, we anticipate that the POWER program will serve approximately 30-50 Veterans per year, and the average DOT will be around 50 weeks. The consultation team is composed of multidisciplinary staff members from Mental Health Service Line (MHSL) programs that serve the serious persistent mental illness (SPMI) population. These programs include ICMHR, PRRC, Vocational Rehabilitation, Local Recovery Coordinator, Homeless Team, and Peer Services. The POWER team meets monthly.

Psychosocial Rehabilitation and Recovery Center (PRRC)

The PRRC is a recovery-oriented intensive outpatient mental health program for Veterans with SMI and severe functional impairment. It offers 3 basic services: individual recovery coaching, psychoeducational/wellness groups, and community integration activities. PRRC services are tailored to meet each Veteran’s individual recovery goals to help improve their quality of life, increase social engagement, learn to live with chronic health conditions, and reach their full potential.

Northern Colorado Mental Health ACCESS Team (NOCO MH ACCESS Team)

The Northern Colorado Mental Health ACCESS Team strives to support Veterans who experience barriers accessing mental health care at VA facilities and via telehealth modalities. These barriers include conditions or symptoms that make leaving the house difficult, work/education/caregiving responsibilities, residence in rural locations, transportation barriers, financial constraints, and distrust of the VA system. The NOCO MH ACCESS Team provides Veterans with interdisciplinary and comprehensive outpatient mental health services in their homes and communities. This novel approach is designed to enhance Veteran access and improve Veteran engagement in care. The NOCO MH ACCESS Team is currently only available for Veterans who reside in Northern Colorado in the following counties: Larimer, Weld, Logan, Morgan, Sedgewick, Phillips, Grand, & Jackson. Other geographical locations may be considered on a case-by-case basis. The MH ACCESS Team is a Pilot Program and the only one of its kind in VA at this time. ACCESS is an acronym for ‘Advocates for Collaborative Community-based Engagement & Supportive Wellness Services’.

Mental Health Residential Rehabilitation Treatment Program (MH RRTP)

The Cheyenne VA Mental Health Residential Treatment Program (MH RRTP) is a 10-bed residential program with General Domiciliary beds. Cheyenne’s RRTP provides a safe, structured environment conducive to treatment for Veterans who are recovering from post-traumatic stress disorder (PTSD) and/or substance use disorders (SUDs). Veterans live in a homelike environment while participating in groups, individual sessions, and other activities designed to promote recovery. Our interdisciplinary team believes all our Veterans can recover and find quality in functioning within physical, psychological, spiritual, and social aspects of living. Our 8-week program helps to reduce or eliminate symptoms, while also acquiring healthy behaviors and coping skills. To provide comprehensive, individualized, evidence-based residential rehabilitation treatment for PTSD and/or SUD, we utilize developmental, biological, psychological, and sociological approaches within a safe environment. With quality, comprehensive, ethical, compassionate care and services, our sensitive and competent staff respond to the emerging needs of our Veterans and the local community in which we serve. Through state-of-the-art clinical evaluation, education, and treatment, we create an environment that helps Veterans thrive in their communities.

Community Connections (CC) Program – On Pause

The CC Program seeks to expand and strengthen partnerships with community organizations to increase access to support and care for Veterans living with mental illness in our catchment area. The development of this program reflects several strategic realities:

- Across the US, two thirds of Veterans do not use VA Care. The VHA has recognized a responsibility for this population, particularly given the fact that the majority of deaths by suicide among Veterans occur within this population.
- In rural settings, geographic access to VA care is particularly challenging. By working closely with community partners, VA can build expertise within community partners in order to better serve rural Veterans.
- Current success rates of even the best psychosocial rehabilitation programs are modest (50-80%), suggesting that continued innovation and program development is needed. Partnerships with the community are likely to lead to continued innovation.

The Cheyenne VAHCS actively collaborates with community organizations, including partners providing state-of-the-art psychosocial rehabilitation interventions. Fellows have exposure to the work of these partners through our CC program, seeing alternate models of care. A few examples of key community partners include:

- PEAK Wellness Center provides state-of-the-art recovery programming for more than 2,200 rural southeast Wyoming residents. Peak Wellness has clinics in the same locations as the Cheyenne VA.
- Recover Wyoming Inc. is a peer-run recovery and advocacy center in Cheyenne. It provides a range of psychosocial interventions including peer support, a clubhouse, vocational services and forensic support. Recover Wyoming trains all Certified Peer Specialists in Wyoming, and trains most of the peers serving the Cheyenne VA.
- Law Enforcement Assisted Diversion (LEAD) is a diversion program designed to use harm reduction strategies with adults who are at risk for arrest secondary to their mental illness. In this area, Veterans with a serious mental illness represent a significant portion of LEAD's participants, and so diversion becomes the entry point for mental health treatment.

Building collaborative efforts with independent community-based partners require that staff and trainees learn to master “collaborative leadership”, which is one of the core interprofessional competencies. Below are a few examples of collaborations initiated by the Cheyenne VAHCS.

- The Northeast Colorado Collaborative for Veterans (NECO).
- The Front Range Veterans Peer Education Council (FRVPEC).
- The 12-Step Intensive Referral Collaboration with AA.
- The Veteran Coffee Social Project with VOICES.

The CC Program is led by the Local Recovery Coordinator (LRC).

Whole Health/Primary Care Mental Health Integration (PCMHI)

Medical care for Veterans with SMI is a key area of clinical concern, given the health and mortality disparities. Cheyenne VAMC has invested heavily in the PCMHI model of care, with several MH staff working on that team, including 7 psychologists, 1 nurse practitioners (NPs), 1 psychiatrist, 3 nurses, and 2 LPMHCs. Cheyenne considered creating a specialized mental health primary care team (MH PCT) to focus expertise. When considering the large number of Veterans with SMI served by PCMHI, it was decided that all the PCMHI teams would develop and hold the expertise in care for Veterans with SMI. The PCMHI team serves 13.5% of all primary care patients, one of the highest rates in the VA. They serve more than 2,000 Veterans/year, 400 of whom meet criteria for SMI.

While Whole Health is integrated within each Cheyenne mental health program, the most concentrated Whole Health programming exists within the PCMHI team. A recent program review found that PCMHI programming has fully integrated Whole Health philosophy and practices in every element of their services. PCMHI providers routinely offer services such as meditation, yoga, exercise, alpha-stim, and acupuncture.

Supported Employment and Education Programs

VHA VR may serve any all Veterans eligible for VA health care that are living with mental illness or physical impairment with barriers to employment and want to secure and maintain meaningful community-based competitive employment. VHA Vocational Rehabilitation is intended for Veterans with mental illness, substance use disorders, homelessness, criminal justice involvement, physical disabilities, and other disabilities that contribute to occupational dysfunction.

Transitional Work

TW is a component of CWT which provides Veterans with the vocational and clinical services in actual work settings needed to gain work experience and work resilience to prepare for community-based competitive employment. The goal of CWT-TW is to provide the supports and resources needed for a Veteran to successfully transition to competitive employment.

Supported Employment

SE is a component of CWT which follows the Individual Placement and Support (IPS) model of supported employment, a well-defined model demonstrated to substantially increase competitive employment for people who have severe disabilities and a demonstrated inability to gain or maintain competitive employment. SE includes high fidelity, intensive services to include ongoing vocational assessments, rapid/individualized job search, job development and

placement, assertive engagement, and follow-along supports provided in the context of clinical treatment.

The VA's Veterans Integration to Academic Leadership (VITAL) program connects Veterans with VA health care to improve their overall mental health while also supporting their successful integration into college and university campus life. VITAL offers seamless access to VA and campus-based resources, including transition counseling, mental health support, and assistance with accessing campus and VA programs and resources.

Homeless Program Services: Emergency Shelter, Transitional Bridge Housing, and Permanent Supportive Housing

The Cheyenne VAHCS offers a comprehensive range of homeless services and housing programs. Our offerings include emergency shelter beds in Northern Colorado, a transitional bridge housing program in Cheyenne, and the Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program covering Southeast Wyoming and Northern Colorado. Annually, our Homeless Programs serve over 400 Veterans, with an average participation duration of 150 days, excluding the HUD-VASH Program. Approximately 60% of these Veterans meet the criteria for SMI, while 80% have a comorbid SUD. Additionally, we are serving a significant population of aging and disabled Veterans within all our Homeless Programs.

Our services extend throughout our catchment area, encompassing Cheyenne and Laramie, Wyoming, as well as Fort Collins, Loveland, and Greeley, Colorado, and several surrounding small communities. Our team comprises 30 staff members, including 20 social workers, 1 licensed mental health counselor, 1 psychiatric mental health nurse practitioner (PMHNP), 1 occupational therapist, 1 registered nurse, 1 vocational rehabilitation counselor, 4 peer specialists, and 1 program support assistant.

The Cheyenne VAHCS Homeless Program is actively engaged in coordinated entry partnerships in both Wyoming and Northern Colorado. This HUD and VA-directed community collaborative aims to reduce barriers to housing while working to make homelessness rare, short-lived, and non-recurring.

Didactics

Fellows will receive at least two hours of formal didactic education each week with opportunities for additional seminars and classes, depending on the rotation and the interests of the fellows. The core didactics include a weekly course on PSR theory and interventions, as well as monthly seminars on interprofessional practice, program development and leadership, and rural mental health services. Some of the current seminar topics include:

- Recovery Principles and Psychosocial Rehabilitation Practices – Dr. Delia Sosa
- LPMHC Training & Perspectives – Tyson Buffington
- Education Dissemination Project (EDP)– Catherine Carreras & Addie Middleton
- Personality Disorders – Dr. Rian Laub
- Journal Club I – Abigail Self
- Wellness Recovery Action Planning – David Youmans
- PSR EDP – Drs. Rebecca Gaines and Gabe Zeller
- Recreation Therapy’s Role in Psychosocial Rehab – Britt Lorish
- Psychologist Training and Perspectives – Dr. Tina Rose
- Social Prescribing and Social Support in Recovery – Randy Macey
- Clinical Case Study – Dr. Rebecca Gaines
- Mechanistic Pharmacology Antidepressants/Anxiolytics – Dr. Rian Laub
- Mechanistic Pharmacology Antipsychotics – Dr. Rian Laub

The Education Dissemination Project

The Education Dissemination Project (EDP) is, in one sense, the core of the training experience. The fellowship is designed to create leaders who are committed and able to change the way the VA offers rehabilitation services, and not simply well-trained clinicians or knowledgeable researchers. This project will involve the fellows playing a role as facilitative leaders helping to create change in the rehabilitation services at the Cheyenne VAHCS or a VISN 19 site. The project will include the trainees providing a didactic seminar to VA staff on a topic of interest, but this will function primarily to create an opportunity to open a dialogue with program staff and to establish some basic guidelines for program development. The didactic seminar will be followed by an organized but less formal series of consultations and contacts in which the trainees are facilitating the process of learning exchange, with the goals of the clinicians (1) rethink and reformulate their rehabilitation services in a way that is consistent with their own goals for the program and with current rehabilitation guidelines, and (2) engage in the ongoing process of continuing evaluation, review, and development.

The specific steps in the project are as follows:

1. The project will be initiated after trainees have completed the didactic Facilitative Leadership Training and will be carried out under supervision over the subsequent six months.
2. Trainees will identify a group of clinicians within the Cheyenne VAHCS, with the potential for expansion to other VISN 19 sites.
3. Trainees will arrange and provide an educational event focusing on an area of rehabilitation, followed by an hour of dialogue.

4. During the dialogue time, the trainees will elicit information from the staff regarding current clinical practice, clinician goals for the program, perceptions of areas of relative strength, perceptions of areas of relative weakness, and barriers to program improvement.
5. After the meeting, trainees will meet with faculty to develop goals for the intervention in terms of the type and intensity of consultation, the type of change, and clinical programs that are likely to be accomplished within the next 5 months.
6. With these goals in mind, trainees will follow-up with contacts established to continue the process of dialogue in which clinical staff review and revise procedures to improve outcomes within their clinical context. Trainees will meet on a weekly basis with faculty to coordinate their follow-up efforts.
7. At the end of the project, the trainees and faculty will meet again with the clinicians to review and summarize changes and target goals resulting from the consultation.
8. The faculty will then meet to review the project and to develop recommendations for next year's project.

Leadership

Dr. Kyle Bewsey is the Co-Director of the PSR Fellowship and the Associate Chief of Staff, MHSL. Dr. Bewsey comes with leadership and clinical experience in every level of VA psychosocial and recovery programming, including experience in managing an inpatient psychiatric unit, a 72-bed RRTP program, a hospital-based specialty outpatient mental health clinic, a mental health CBOC team, and a Compensated Work Therapy (CWT) program. He also has clinical experience working in a PRRC, inpatient psychiatry, Behavioral Health Interdisciplinary Program-Collaborative Chronic Care Model (BHIP-CCM), and PCMHI. His experience providing education and managing VA training programs that involve multiple disciplines makes him a key resource to the program.

Abigail (Self) Carson is the Co-Director of the PSR Fellowship and also serves as the didactics coordinator. Abigail received her Master of Science in Occupational Therapy from Washington University in St. Louis in 2021. She completed the Cheyenne VAHCS's Advanced Psychosocial Rehabilitation and Recovery Fellowship from 2022-2023 and gained experience working with the following programs: Intensive Community Mental Health Recovery (ICMHR); Program in Outpatient Wellness, Engagement and Recovery (POWER); Community Mental Health Access Team, and Colorado State University's Center for Community Partnerships: Veteran New Start Programming. Abigail now works for the Community Connections Psychosocial Rehabilitation and Recovery Center (PRRC) as an occupational therapist and recovery coach. She is trained in CBT-Insomnia, Social Skills Training, and VA CALM Mindfulness. In her free time, she enjoys gardening, baking, tending to her four hens, and spending time with her husband and two dogs.

The co-directors are joined by a large training faculty with a wide and diverse range of expertise in psychosocial rehabilitation.

Core and Adjunct Faculty

Name: Ashley Bittle, LCSW, Psy.D., ABPP

Title: Associate Chief of Mental Health for Psychosocial Rehabilitation Services

Discipline: Licensed Clinical Psychologist

Dr. Bittle's career spans over two decades in clinical social work and psychology with experience in a variety of settings with diverse populations. She's held clinical, supervisory, and leadership roles in the federal, state, and public sector. She's board certified (ABPP) in clinical psychology with an emphasis in psychodynamic psychotherapy, supervision, and consultation. She completed multiple trainings in social work and psychology to include working with children and adolescents in the school settings, medical setting in Hem/Onc, day treatment and inpatient care; neuropsychology in private practice, home-based care, and group homes; long-term and inpatient care for the SPMI population; forensic psychology; and community care for the elderly via the JCC. In addition to her vast VAMC experience she has worked in a variety of additional settings including the Director of an APA internship training and psychology discipline at the CMHI-FL (CO state hospital) becoming an Associate Hospital Director; private practice (providing C&P VA evals in Denver and AZ and Disability evaluations for AZ); CONUS and OCONUS DoD positions for over 10 years in various leadership roles with all military branches (USAF OCONUS, Team Chief of an Embedded Behavioral Health Team at the Evans Army Community Hospital, USMC and USN in CA where she served as the Director of Mental Health [DMH] at the Naval Hospital Camp Pendleton). She served on the Mental Health Advisory Board of Service Standards & Regulations appointed by the Colorado Governor's Office. Dr Bittle was appointed to be an Academy Ambassador by the American Board of Clinical Psychology to serve as a liaison between ABCP and academic institutions. She was also appointed to serve on the Board of Directors of National Register of Health Psychologists and serves on ASPPB as an Item Writer for the EPPP. Most recently she oversaw specialty programs at the VA Southern Nevada Healthcare System (PTSD/ADTP/neuropsychology/pain psychology/IPV/DBT/ etc.), served on the APA internship training committee, and played an integral role on the national Chief Wellness Officer project.

Dr. Bittle is currently on the Northern Colorado mental health leadership team serving as the Associate Chief of Mental Health for Psychosocial Recovery Services (ICMHR, PRRC, Peer Support Specialists, VITAL, Supported Employment, EPIC/POWER, PRS Fellowship Faculty member). Areas of clinical experience and interest include treatment of trauma, holistic interventions (trained as a yoga instructor, sports performance, etc.), program development, prevention, psychosocial rehabilitation, supervision/leadership and professional development. She has training and experience with Cognitive Processing Therapy (CPT) Integrative

Behavioral Couple Therapy (IBCT), Dialectical Behavior Therapist (DBT), Acceptance and Commitment Therapy (ACT), Motivational Interviewing (MI), and Mindfulness-Based Stress Reduction (MBSR), Prolonged Exposure (PE), etc. Dr. Bittle's theoretical orientation may be best described as influenced by psychodynamic/object relations training, cognitive behavioral paradigms, and professional life experience. Outside of work her most important activity is time with friends and family, Ironman training, yoga training/teaching, nutritional coaching, and all outdoor activities available in beautiful Colorado.

Name: Tyson Buffington, MS, LPCC

Title: PCMHI Suicide Prevention Care Coordinator

Discipline: Licensed Professional mental Health Counselor

Participating in the VA PSR Fellowship provided a unique opportunity to explore the programs and meet the providers across the many departments and programs serving veterans. These diverse programs provided opportunities to explore my interests, improve my skill set, and work with a diverse population. The VA staff who facilitate and support the PSR Fellowship program provide fantastic support, training, and guidance in both clinical and career development aspects. In my case, wanting to remain and work in the VA Healthcare System, this experience provided me with a working knowledge and a familiarity with navigating what is at times a complex system. Today, I serve veterans in my role as the Primary Care Mental Health Suicide Prevention Care Coordinator, a new position and role within the VA that I am thrilled to be part of, this new position is one example of the opportunities to shape your role as a member of the VA Healthcare team.

Name: Tilda Bulanon-Chavez, LCSW

Title: ICMHR Program Coordinator

Discipline: Social Work

Ms. Bulanon-Chavez has her BA in Social Welfare from University of Washington in Seattle, Washington and her MSW in Clinical Social Work from University of Denver, Denver, Colorado. Her current duties as ICMHR Program Coordinator is to provide oversight and management of Intensive Community Mental Health Recovery program for Veterans with an SMI diagnosis. She has previous experience at other VA Healthcare Systems providing medical social work in Dialysis, Medical/Surgical inpatient units, Ambulatory Care, and Emergency Room and mental health experience providing individual, couples, and group therapy in

outpatient mental health, inpatient psychiatric discharge planner, and case management services in ICMHR and in Psych PACT clinic.

Name: Charles Drebing, PhD

Title: Clinical psychologist

Discipline: Psychology

Dr. Drebing recently retired from the Veterans Healthcare Administration where he worked for 34 years, serving most recently as the Chief of Mental Health first at the Bedford VA and most recently from the Cheyenne VA. He has conducted research for the past 30 years, studying interventions that help Veterans recover full active lives after struggles with mental illness.

Name: Rebecca Gaines, PhD

Title: BHIP Psychologist

Discipline: Psychology

Dr. Gaines received her PhD in Counseling Psychology from University of Denver and BA in Psychology from Hamilton College. She completed her doctoral psychology internship at the New Orleans VA (Health Psychology specialty) in 2023 and was a PSR advanced fellow at the Cheyenne VA from 2023-2024. During the PSR fellowship, she rotated through multiple interdisciplinary programs, such as BHIP, Pain Clinic, PTSD Clinic, Psychological Assessment, and Administration/Program Development. After completing the fellowship, Dr. Gaines joined the Cheyenne VA as a staff psychologist with the BHIP team and specializes in serious mental illness, trauma, and psychosocial rehabilitation.

Name: James Graham, PhD, DC, FACRM

Title: Professor & Director

Discipline: Rehabilitation Science

James is Director of the Center for Community Partnerships and Professor in the Occupational Therapy Department in the College of Health & Human Sciences at Colorado State University (CSU). The Center has pioneered inclusive approaches to employment, education, and

independent living services for transition-age youth, CSU students, community members, and Veterans with disabilities in Colorado for nearly 40 years. James has also maintained a productive research program, with consistent grant funding and more than 120 peer-reviewed publications to date.

Name: Jordan Harm, MOT, OTR/L

Title: Supervisory Occupational Therapist, Cheyenne PMRS

Discipline: Occupational Therapy

Jordan received her BS in Psychology from Juniata College in 2011 and her master's in occupational therapy (OT) from Chatham University in 2014. Her current duties include supervising OT staff in the Cheyenne VA HCS, as well as providing outpatient occupational therapy services to veterans at the Loveland, CO CBOC. She has experience in providing inpatient, outpatient, and in-home services across the scope of OT practice. Her clinical/research interests include custom seating and mobility and low vision services. She has been involved in the training of more than 10 students.

Name: Rian Laub, MD

Title: Physician

Discipline: Psychiatry

I graduated from Tufts University School of Medicine on a USAF HPSP scholarship in 2011 and attended psychiatric residency through Wright State University/Wright-Patterson Medical Center, graduating in 2015. I spent four years post residency as a staff psychiatrist and the medical director of the mental health clinic at Langley AFB in Hampton, Virginia before separating from the USAF and relocating with my family to Fort Collins. I work for the CHY VAHCS as a primary care mental health integration (PCMHI) psychiatrist with particular enjoyment of the fields of medical education and medical ethics. In my free time I am an avid hiker.

Name: Natalie Jones, MSW, LCSW, CCM

Title: CCICM & SW Training Coordinator

Discipline: Social Work

Natalie enlisted in the military after graduating high school and served in the Air Force on Active Duty in the Information Technology (IT) field. After separating from the military, Natalie obtained her BA in Psychology in 2011 from California State University Sacramento, and her MSW in 2015 from the University of Texas San Antonio, and most recently obtained a Certified Case Manager (CCM) credential in 2024. She has worked as a behavioral specialist with children who have a diagnosis of autism, City of San Antonio homelessness prevention program, HIV/AIDS clinic at the Audie L. Murphy VA in San Antonio, TX, and as a discharge planner in an acute rehab setting as well as acute inpatient hospital. She obtained her clinical social work license in 2019 and has worked for the Cheyenne VA HCS since March 2020 starting out as a PACT Social Worker, moving into her current role in March 2023 as Care Coordination & Integrated Case Management (CCICM) and Social Work Training Coordinator. Natalie's passion is to provide the best care to Veterans and their families and caregivers through the roll out of CCICM framework at the Cheyenne VA, which identifies those Veterans at greatest risk and utilizing several resources by assigning them a lead coordinator to help them navigate the VA to reduce community emergency room visits and community hospital admissions. Natalie has also been a big proponent of training and is why she has had MSW students throughout her social work career and is deeply invested in her role at the Cheyenne VA as the Social Work Training Coordinator.

Name: Michele Kane, MA

Title: Supervisory Peer

Discipline: Peer Support Specialist

Michele Kane has her MA in Clinical Mental Health Counseling and has been a Supervisory Peer Specialist since 2023. I supervise the 17 Peer Specialists in the CHY/NOCO VAMC. She is a 20+ USMC Veteran, retired in 2011. She has a particular interest in Animal Assisted Services, both equine and canine. She is an Equine Specialist in Mental Health and Learning and has a therapy dog through HABIC (Human Animal Bond in Colorado), as well as volunteers with Freedom Service Dogs puppy raising/care.

Name: Randall S. Macey, LMSW, PCSW

Title: HUD-VASH Social Work Case Manager

Discipline: Clinical Social Work – Mental Health, Military/Veteran Social Work

I was the Social Work Fellow at the Cheyenne VA Healthcare Center during the fellowship year of 2022 – 2023. My time in the fellowship, at this facility, was amazing. I was able to gain

experience over several different departments, which aided me in finding my current position here at the Cheyenne VA. In my current position, I work with homeless Veterans and assist them in obtaining a HUD-VASH Housing Voucher and finding acceptable housing. I currently manage a case load of 27 Veterans in the Cheyenne/Laramie Wyoming area. Once they are housed, I provide ongoing case management services by helping them adjust and transition to housed living. I also provide mental health counseling, when needed, and aid them in accessing local resources. Although this position provides many challenges, I find it extremely fulfilling, to help a homeless Veteran gain access to permanent, safe housing.

Name: Natalie Maslowski, LCSW

Title: Mental Health ACCESS Pilot Program Supervisor

Discipline: Social Work

Natalie Maslowski has worked at VA for 9 years. Natalie has extensive experience in program development, implementation, and refinement, and a wide range of clinical skills. In the professional setting, Natalie values creativity, cohesion, innovation, and adaptability. When not at work, Natalie likes to hang out with her husband and very busy toddler, and her cats, Harold & Maude.

Name: Michael Moore, CPS

Title: Senior Peer Specialist

Discipline: Certified Peer Specialist

Michael Moore was certified as a peer specialist by Recovery Wyoming in 2012 and has been providing peer support services in virtually every VA program over the past 8 years. He is an invited speaker on topics related peer services at VISN 19 VA's. He is the LBTQ Lead at the Cheyenne VA and a community advocate. He has extensive experience educating mental health professionals and has mentored 10+ Veterans in the role of peer specialist.

Name: Camilla Pena, MSN RN

Title: Associate Director Education/DLO

Discipline: Registered Nurse

Camilla Pena, received her ADN for Laramie County Community College in 2008, BSN from the University of Wyoming in 2012 and her MSN with Emphasis in Education from Grand Canyon University in 2017. Her current duties include managing the Education of the Cheyenne VA Healthcare System. She has experience in providing clinical education at the college level as well as in the private sector. She has experience in multiple specialties such as Pediatrics, NICU, Operating Room Circulator, PACU/PRE-OP, Medical-Surgical, as well as Simulation Education.

Name: Tina M. Rose, PsyD

Title: Associate Chief of MH for Professional Development and Education (acting), Director of Training (acting), BHIP Supervisory Psychologist

Discipline: Clinical Psychologist

Dr. Rose earned her PsyD and MA, both in Clinical Psychology, from Indiana University of Pennsylvania. Prior to her graduate training, she earned a BA in Psychology from West Virginia University. She completed her doctoral internship at Purdue University Counseling and Psychological Services and postdoctoral fellowship at the Ohio State University Counseling and Consultation Service. As a strong generalist, she enjoys working with a variety of populations. Throughout her career, she has honed her interests in brain and behavior relations, dialectical behavior therapy (DBT) and radically open DBT, and stigma reduction. In her spare time, she enjoys the great outdoors, yoga, making jewelry, reading, and spending time with her adorable kitty.

Name: Lauren SinClair

Title: Community Engagement and Partnership Coordinator

Discipline: LPMHC

Lauren is the Community Engagement and Partnership Coordinator with expertise in community engagement, coalition building, and suicide prevention. They've led initiatives around firearm safety, lethal means training, and mental health outreach across both rural and urban communities, bridging gaps between Veterans, local leaders, and state organizations. Lauren routinely meets with community stakeholders, works on public health initiatives, and provides training to organization and groups on suicide prevention. They love trail running, camping, hiking, and mountain biking, snowboarding, as well as weight lifting to stay strong for all those outdoor adventures. When it's time to slow down, sewing is a favorite way to unwind and create something unique.

Name: Jerry Smith, LPMHC

Title: LPMHC

Discipline: LPMHC

Prior Service member, who enjoys scuba diving. I have extensive training and experience in Motivational Interviewing.

Name: Delia Sosa, PsyD

Title: PRRC Program Manager

Discipline: Psychologist

Dr. Sosa earned a PsyD in Clinical Psychology from Pacific University. She completed her doctoral internship and post-doctoral training at the Cheyenne VA. Dr. Sosa served for 7 years as the program coordinator for the VITAL (Veterans Integration to Academic Leadership) Program, focused on bringing VA mental health services and outreach to student veterans. She is currently the program manager for the Psychosocial Rehabilitation and Recovery Center, which provides recovery-oriented services and community integration to veterans with serious mental health conditions and functional impairment. Dr. Sosa's interests and areas of specialized training include: PTSD, MH recovery, person-centered care, multicultural therapy, working with the Latinx/Spanish-speaking population, and VA certification in Cognitive Processing Therapy for PTSD, Cognitive Behavioral Therapy for Chronic Pain, Acceptance and Commitment Therapy for Depression, and Cognitive Behavioral Therapy for Insomnia.

Name: Jasmine Washington, LCSW

Title: MHRRTTP-SUD Program Manager

Discipline: Social Work

I started with the VA on the outpatient side, in Transition Care Management (now called M2VA). From there, I've been in the Residential Rehabilitation Treatment Program (RRTP) and inpatient psych. I've recently found my way back to RRTP and am now the program manager for Cheyenne's MHRRTTP, which serves Veterans seeking residential treatment to address substance use and/or PTSD, and for part of the SUD Clinic.

Name: Tatum Webb, LCSW, LADAC

Title: Associate Chief of Mental Health for Community Integration

Discipline: Social Work

Ms. Webb has her BA in Interdisciplinary Studies (Environmental Studies and Biology with a minor in Psychology) from Sweet Briar College in Sweet Briar, Virginia and her MSW in Clinical Social Work from New Mexico Highlands University in Albuquerque, New Mexico. Her current duties include program oversight and management of Intensive Community Mental Health Recovery programs for Veterans with an SMI diagnosis, several Homeless programs, Vocational Rehabilitation Services, and an Intimate Partner Violence Program. She has experience in providing clinical care for SUD and PTSD, as well as working with homeless and SMI Veteran populations. She also has program development and management experience and has focused in recent years on developing and fostering community partnerships to bridge VA service gaps.

Name: Gabe Zeller, Ph.D.

Title: Cheyenne PC-MHI Clinical Psychologist





Discipline: Psychology




Zeller received her Ph.D. in Clinical Psychology from the University of Wyoming in 2023. She completed her doctoral internship at the Minneapolis VA Health Care System. She then completed the Advanced Interprofessional Fellowship in Psychosocial Rehabilitation at the Cheyenne VA Health Care System for her postdoctoral training. She has interests in Acceptance and Commitment Therapy, recovery-oriented care, and early psychosis intervention. In her free time, she enjoys camping, playing video games, playing the guitar, and spending time with friends and family. She also considers herself a "Crumbl-head," and is one of Crumbl's most loyal customers.

Community Partners





Evidence-based strategies for addressing the challenges in rural healthcare indicates that effective services require a broad network of collaborations with community partners. The range of needs that rural Veterans experience requires more staff and presence than is possible for any one organization alone. For this reason, we've built a very dynamic set of partnerships and collaboratives to extend the network of supports available to Veterans, and to create opportunities for innovative new practices to improve clinical outcomes for veterans with SMI. For the fellows to learn about rural healthcare, and to be leaders of the future, they need to learn

about community collaborations. They will have opportunities to see the work of these partners, as well as to be involved more extensively in specific collaborations of their own choice. The following sample of collaborations will be part of what they will see during the training year.

	<p>The <u>Alliance for Prevention of Suicide (AFSP)</u> is a local non-profit organization providing support for adults at risk for suicide. They have a special program for Veterans, including Veteran certified peer specialists and Veteran support groups. We collaborate with AFSP in clinical support for Veterans and in programming and education to support community.</p>
	<p><u>Alcoholics Anonymous of Colorado</u> is a very large active and innovative community partner. We collaborate with them for the 12-Step Intensive Referral Collaboration, is a shared effort to implement an evidence-based intensive referral process by which Veterans who would benefit from participation in 12-step meetings, participate in an intensive referral. VA research suggests that this intervention is likely to result in better clinical outcomes, better community integration, and lower VA cost of care per Veteran.</p>
	<p><u>Cheyenne Air National Guard (ANG)</u> is located in Cheyenne, Wyoming. Cheryl Cameron, LCSW, is the Director of Psychological Health, and has a strong background in recovery-oriented programming. She was part of the group that set up the original Fountain House program in New York. We collaborate with the ANG to help ANG service members who are in need of specialty mental healthcare, and particularly those struggling with an early psychosis. Those service members are best served in the POWER program, but without special arrangements, are simply discharged without appropriate referral or treatment.</p>
	<p><u>Colorado State University (CSU) Veterans Office</u> is one of the largest and most innovative university-based Veterans programs in the nation. We've shared a large number of collaborative projects over the years including education, outreach and clinical care. We collaborate with them in the form of a very large VITAL program on</p>

	<p>campus serving 100 Veterans per year, and in education and program development.</p> <p><u>CSU Center for Community Partnerships</u>, in the Department of Occupational Therapy, is a clinical and research partner to our VITAL program. This center studies supported education interventions for special populations, including veterans with a mental illness. They collaborate on program evaluation and research and welcome VA trainees.</p>
	<p>The <u>Front Range Veterans Peer Education Council (FRVPEC)</u>, is a weekly collaborative effort between about 20 VAs, local non-profits, and community-based Veteran activists. The group organized in 2019 around the goal of “supporting the health of Veterans by providing training and education for Veterans and community partners who want to provide peer support”. This collaborative seeks to enhance the outcomes of VA mental healthcare by expanding lay peer support among community members. We initiated and participate in this collaborative.</p>
	<p>The <u>Laramie County Police</u> come in unfortunate contact with many Veterans struggling with poorly treated mental illness, as is true of most local police departments, particularly in rural areas. We collaborate in a number of ways, including the <u>Law Enforcement Assisted Diversion (LEAD) Program</u>, which is a diversion program designed to use harm reduction strategies with adults who are at risk for arrest secondary to their mental illness. In this area, Veterans with SMI represent a significant portion of LEAD’s participants, and so diversion becomes the entry point for mental health treatment.</p>
	<p><u>Larimer County Veterans’ Services Office (VSO)</u> is an organizational hub of community-based services and advocates serving Veterans. We collaborate on a number of projects. We also attend their monthly ‘<u>Veterans Together</u>’ meeting in which representatives from 20+ organizations meet to share information and to develop collaborative projects. Staff members from the two Colorado US senators, and from two congressman offices also attend</p>

	<p>that meeting to talk about Veterans' issues, making this an important place for developing new programming and collaborations.</p>
	<p>The <u>National Alliance on Mental Illness (NAMI)</u> is the nation's largest grassroots mental health organization providing advocacy and support services in an effort to build better lives for the millions of Americans affected by mental illness. We collaborate with them by coordinating referrals of Veterans to NAMI support groups and family education in an effort to help Veterans better integrate with community social supports. Staff and Veterans also attend the NAMI Walk to broaden their community perspective.</p>
	<p><u>Northeast Colorado Collaborative for Veterans (NECO)</u> is a community-based collaborative of Veteran advocate/stakeholders from the very rural Northeast Colorado/Western Nebraska area. It was developed and is facilitated by VA peers and staff, and is designed to coordinate the efforts of rural resources for Veterans, with an explicit goal of supporting Veterans not receiving care from the VA, and for helping Veterans leaving VA mental healthcare to fully integrate into their community. We initiated and participate in this collaborative.</p>
	<p><u>Northern Colorado Veterans Resource Center (NCVRC)</u> is a local non-profit organization that provides peer support and community integration services to Veterans with mental health concerns, mostly in rural northern Colorado. We collaborate in a number of ways, including the development of virtual community-based Veteran Coffee Socials, and Veteran Gaming Groups.</p>
	<p><u>Peak Wellness</u> is private nonprofit clinical program, serving 2200 rural southeast Wyoming residents, many with SMI and co-morbid substance use. They provide a range of mental health services including residential care, crisis stabilization, pharmacotherapy, intensive case management, supported employment, supported housing, Illness Self-Management and Recovery skills training, and peer support. We collaborate around shared care and education, as PEAK is one of the other key providers of psychosocial</p>

	rehabilitation services in Wyoming and has some small clinics in very rural communities that the VA has no footprint for.
	<p><u>Qualified Listeners</u> is a non-profit organization designed to provide peer support and referral to Veterans and family members. We collaborate in a number of ways, including partnering to help Qualified Listeners to help Veterans with untreated/poorly treated mental illness to enter into needed care.</p>
	<p><u>Recover Wyoming Inc.</u> is a peer-run recovery and advocacy center in Cheyenne. It provides a range of psychosocial interventions including peer support, a clubhouse, vocational services, and forensic support. Recover Wyoming trains all Certified Peer Specialists in Wyoming, and trains most of the peers serving the Cheyenne VA. We collaborate with Recover Wyoming in peer education.</p>
	<p><u>University of Wyoming (UW) Veterans Program</u> is a large innovative support program on the campus of UW. The Cheyenne VA operates a large VITAL program within the Veterans Program, along with other Veteran resources. We collaborate with UW in various ways, including VITAL services.</p>
	<p><u>Veterans Outreach in the Community to Expand Social Support (VOICES) Project</u> -- The <u>Veteran Coffee Social Project</u> is a collaboration between a local non-profit, NECO, and the Cheyenne VA and the VACO-funded VOICES Project. We collaborate with VOICES in setting up weekly Veteran Coffee Socials to help socially integrate Veterans in VA mental healthcare in their communities (Gorman et al., 2018).</p>

Research and Program Evaluation Opportunities

Fellows will be able to, but not required, to participate in research and other scholarly activity relevant to psychosocial rehabilitation. It is hoped that these activities will enhance their career development, while developing additional skills and knowledge that will enhance their future work.

- The Social and Community Reintegration Research (SoCRR) program is a collaboration of researchers and program evaluators seeking to enhance VA services around community integration of Veterans with mental illness. This effort grew out of a VA Rehabilitation Research and Development (RR&D) program grant (C. Drebing, PI), and now includes participants and projects at each site. Current projects focus on community integration and community-building interventions for Veterans with a mental illness.
- The Veterans Rural Health Resource Center (VRHRC) at the Salt Lake City VA, is one of five VA VRHRC's, all of which serve as extensions of the VA Office of Rural Health (ORH), and promote the advancement of rural healthcare research, innovation and dissemination. Fellows may choose to participate in VRHRC projects, or may even apply for the VA Rural Scholars Program. The Salt Lake City VRHRC has three areas of focus: (1) using VA databases to improve access to healthcare for rural Veterans, (2) developing collaborative projects that improve care in rural communities, and (3) developing and disseminating technology-based interventions to enhance rural healthcare.
- The Center for Community Partnerships, Colorado State University, is a university-based research team focusing on supported education interventions. They have a close working relationship with the VA and the Work and School Program, and have a range of projects that fellows could participate in.
- The Veterans Outreach in the Community to Expand Social Support (VOICES) Project is a VACO-funded project designed to develop, evaluate and disseminate community-based social support and community integration interventions for Veterans receiving services for mental illness. Cheyenne VAHCS already has a collaboration with the VOICES team to evaluate virtual Veteran Coffee Socials and Veteran Gaming Groups. Fellows could participate in this effort, or could engage in the VOICES upcoming dissemination projects.

Admissions Procedures

Eligibility Requirements

All applicants must have graduated from an accredited institution in the professional field they've applied in (nurse, social worker, occupational therapist, psychologist). The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a federal appointment, and the following requirements will apply prior to that appointment:

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be

appointed and must provide current immigrant, non-immigrant or exchange visitor documents.

2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however, are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 7 below.
6. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
 - **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine, as well as annual influenza vaccine. If an HPT is medically or religiously exempt from receiving the influenza vaccine, proof of valid declination must be documented on VA Form 10-9050.
 - **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the requisite qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

7. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
8. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

Additional information regarding eligibility requirements (with hyperlinks)

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations.
https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=1006&FType=2
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

Additional specific suitability information from Title 5 (referenced in VHA Handbook 5005)

Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

1. Misconduct or negligence in employment;
2. Criminal or dishonest conduct;
3. Material, intentional false statement, or deception or fraud in examination or appointment;
4. Refusal to furnish testimony as required by § 5.4 of this chapter;
5. Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
6. Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
7. Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
8. Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

Additional considerations. OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

1. The nature of the position for which the person is applying or in which the person is employed;
2. The nature and seriousness of the conduct;
3. The circumstances surrounding the conduct;
4. The recency of the conduct;
5. The age of the person involved at the time of the conduct;
6. Contributing societal conditions; and
7. The absence or presence of rehabilitation or efforts toward rehabilitation.

** Those who do not meet these eligibility requirements will be notified by the site as soon as possible. Failure to meet these qualifications could nullify an offer to an applicant.

The Cheyenne VAHCS is an Equal Opportunity Employer. Our fellowship program welcomes applicants from all backgrounds.

Application Requirements

The following documents must be uploaded to the APPA CAS and are required for application to our program:

1. A letter of interest that outlines career goals, clinical and research experience, and goodness of fit with the mission of the VA Maryland Health Care System Clinical Psychology Fellowship and the training track emphasis
2. A current curriculum vitae
3. Official graduate transcripts
4. A signed letter of status from graduate program with anticipated completion date, **including expected dissertation defense date**
5. Three signed letters of recommendation, one of which must be from an internship supervisor. Please note that letters of recommendation are referred to as “evaluations” within the APPA CAS portal.
6. Federal form: Application for Associated Health Occupations (10-2850D), which may be obtained via the website: <http://www.va.gov/vaforms/medical/pdf/vha-10-2850d-fill.pdf>
7. Federal form: Declaration for Federal Employment (OF-306), which may be obtained via the website: http://www.opm.gov/forms/pdf_fill/of0306.PDF

The Training Committee will review completed applications that are submitted by January 08, 2026, and will extend invitations for interviews to take place in late January and/or early February. Interviews may be conducted in person or via phone.

Offers will be extended by Track Coordinators on the Uniform Notification Date on February 22nd, 2026.

The Cheyenne VAHCS Advanced Interprofessional Fellowship program is committed to providing a supportive learning environment in which we actively seek and value cultural and personal differences among our trainees and staff. This includes various cultures, values, and experiences of trainees and faculty, as well as different theoretical models, research paradigms, and ways of professional practice. Our training program strives to maintain a collegial and supportive environment where trainees and staff enjoy working together and are valued for their individual contributions to the group. Biopsychosocial and recovery-oriented approaches that incorporate elements of multiculturalism are especially valued in our training programs. We highly encourage applicants from diverse backgrounds to apply.

This program meets criteria of Equal Employment Opportunity (EEO). The Cheyenne VAHCS and its training programs are committed to providing access for all people with disabilities and will provide reasonable accommodations. We ask only that any who may require accommodations to provide us a reasonable amount of advance notice.

Employment and Benefits

Fellows are appointed to occupy temporary employment positions with the Department of Veterans Affairs for a period of one year. Once formally hired, Fellows are full-fledged, if temporary, employees, and are also trainees who require supervision and support consistent with VA policy on all trainees.

Fellows at CVAHCS are appointed full-time (40 hours per week) for one calendar year (52 calendar weeks). The training year includes 2080 hours in total (52 weeks x 40 hours per week) with allowances for federal holidays (10 days per year) and leave entitlements (up to 13 days per year each of sick leave and annual leave). Unused annual leave will be reimbursed monetarily after the conclusion of the fellowship in the final paycheck whereas unused sick leave balances will remain with the fellow's personnel record and be available for use in future federal employment, if applicable. In order to successfully complete the fellowship training program, fellows must be on-duty for training at least 1800 of the 2080 hours and these hours must span the full 52-week interval of the training year.

The standard tour of duty for Fellows will be M-F 8:00 AM – 4:30 PM. Adjusted tours-of-duty can also sometimes be considered on an individual basis at the Fellow's request, subject to the availability of adequate supervision, and depending on the extent to which an adjusted tour

would better meet the training needs of the Fellow while still meeting clinical needs of the facility. The Fellowship places high value on work-life balance for our trainees and professional staff alike. Fellows will be strongly encouraged to leave work on-time each day at the conclusion of their tours-of-duty, and to not work more than the required 40 hours per week.

The recruitment process for the Fellowship is very much like that for any other setting, emphasizing academic and experiential qualifications. The annual stipends for VA Fellows (and all temporary training appointments) vary by year and professional discipline and are set nationally by the Office of Academic Affiliations with pay distributed every two weeks. Additional employment benefits include 13 days paid vacation, up to 13 days of sick leave, 10 paid federal holidays, and the potential for additional authorized leave of absence (up to 40 hours per year, if approved) for selected conferences. Fellows will also be able to obtain Health, Dental, and Vision Insurance, and will have access to other amenities, such as professional libraries.

Discipline-Specific Application Procedures

Psychology

Postdoctoral fellowship applicants also must meet the following criteria to be considered for any VA Psychology Postdoctoral Program:

1. Have received a Doctorate from an APA-accredited graduate program in Clinical or Counseling Psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for re-specialization training in Clinical or Counseling Psychology are also eligible.
2. Have completed an internship program accredited by the APA Commission on Accreditation or have completed a VA-sponsored internship.

To apply, the following materials are required:

- Letter of interest that identifies the track to which you are applying, describes how you envision this training would further your professional development as a clinical psychologist, your theoretical orientation, your prior training, or exposure to the area(s) of emphasis to which you are applying, and your professional interests.
- Current Curriculum Vita that includes a description of your internship rotations and anticipated graduation date.
- Graduate transcripts (official copy)

- Letter of reference from your internship director, describing your training, experience, overall performance during your internship and anticipated completion date.
- Letter of reference from your dissertation or program chair, describing your progress toward completion of the doctoral degree and anticipated date of completion.
- Letter of reference from a supervisor familiar with your work in the special emphasis area(s) for which you are applying, or from another supervisor familiar with your clinical work.

Please email all application materials to Kyle.Bewsey@VA.gov. Letters of reference sent via email should be sent directly from the supervisor's work email address. If you have questions, you can contact Dr. Kyle Bewsey by emailing him at Kyle.Bewsey@VA.gov or Dr. Tina Rose, Tina.Rose2@va.gov.

Social Work

Fellowship applicants must have received a Masters' or a Doctorate degree from a CSWE-accredited graduate program in Social Work, including an internship or field practicum.

To apply, the following materials are required:

- Letter of interest that identifies the track to which you are applying, describes how you envision this training would further your professional development as a social worker, your theoretical orientation, your prior training, or exposure to the area(s) of emphasis to which you are applying, and your professional interests.
- Current Curriculum Vita that includes a description of your internship rotations and anticipated graduation date.
- Graduate transcripts (official copy)
- Letter of reference from your program's internship director or Field Liaison, describing your training, experience, overall performance during your internship and anticipated completion date.
- Letter of reference from your program chair or faculty advisor describing your progress toward completion of your graduate degree and anticipated date of completion.
- Letter of reference from a supervisor familiar with your work in the special emphasis area(s) for which you are applying, or from another supervisor familiar with your clinical work.

Please email all application materials to Kyle.Bewsey@VA.gov. Letters of reference sent via email should be sent directly from the supervisor's work email address. If you have questions,

you can also contact Natalie Jones, Social Work Training Coordinator, by emailing her at Natalie.Jones4@va.gov.

Occupational Therapy

Fellowship applicants also must meet the following criteria to be considered:

1. Have received a Masters' or a Doctorate degree from an accredited graduate program in Occupational Therapy.
2. Have completed an accredited internship program.

To apply, the following materials are required:

- Letter of interest that identifies the track to which you are applying, describes how you envision this training would further your professional development as a social worker, your theoretical orientation, your prior training, or exposure to the area(s) of emphasis to which you are applying, and your professional interests.
- Current Curriculum Vita that includes a description of your internship rotations and anticipated graduation date.
- Graduate transcripts (official copy)
- Letter of reference from your internship director, describing your training, experience, overall performance during your internship and anticipated completion date.
- Letter of reference from your dissertation or program chair, describing your progress toward completion of the doctoral degree and anticipated date of completion.
- Letter of reference from a supervisor familiar with your work in the special emphasis area(s) for which you are applying, or from another supervisor familiar with your clinical work.

Please email all application materials to Kyle.Bewsey@VA.gov. Letters of reference sent via email should be sent directly from the supervisor's work email address. If you have questions, you can also contact Abigail Self, OTR/L (Abigail.Self@va.gov) or Jordan Harm, MOT, OTR/L (Jordan.Harm@VA.gov).

Mental Health Counselors

Fellowship applicants also must meet the following criteria to be considered:

1. Have received a Masters' or a Doctorate degree from an CACREP-accredited graduate program in Mental Health Counseling

2. Have completed an internship program accredited by the CACREP or have completed a VA-sponsored internship.

To apply, the following materials are required:

- Letter of interest that identifies the track to which you are applying, describes how you envision this training would further your professional development as a social worker, your theoretical orientation, your prior training, or exposure to the area(s) of emphasis to which you are applying, and your professional interests.
- Current Curriculum Vita that includes a description of your internship rotations and anticipated graduation date.
- Graduate transcripts (official copy)
- Letter of reference from your internship director, describing your training, experience, overall performance during your internship and anticipated completion date.
- Letter of reference from your dissertation or program chair, describing your progress toward completion of the doctoral degree and anticipated date of completion.
- Letter of reference from a supervisor familiar with your work in the special emphasis area(s) for which you are applying, or from another supervisor familiar with your clinical work.

Please email all application materials to Kyle.Bewsey@VA.gov. Letters of reference sent via email should be sent directly from the supervisor's work email address. If you have questions, you can also contact Susan Amory, LPMCH, Director of Training for the LPMCH Program by emailing them at Susan.Amory.VA.gov.

Mental Health Nurse Practitioners

Fellowship applicants also must meet the following criteria to be considered:

1. Have received a Masters' or a Doctorate degree from an accredited Nurse Practitioner graduate program.

To apply, the following materials are required:

- Letter of interest that identifies the track to which you are applying, describes how you envision this training would further your professional development as a social worker, your theoretical orientation, your prior training, or exposure to the area(s) of emphasis to which you are applying, and your professional interests.

- Current Curriculum Vita that includes a description of your internship rotations and anticipated graduation date.
- Graduate transcripts (official copy)
- Letter of reference from your internship director, describing your training, experience, overall performance during your internship and anticipated completion date.
- Letter of reference from your dissertation or program chair, describing your progress toward completion of the doctoral degree and anticipated date of completion.
- Letter of reference from a supervisor familiar with your work in the special emphasis area(s) for which you are applying, or from another supervisor familiar with your clinical work.

Please email all application materials to Kyle.Bewsey@VA.gov. Letters of reference sent via email should be sent directly from the supervisor's work email address. If you have questions, you can also contact Camilla Pena, RN by emailing her at Camilla.Pena@VA.gov.

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- Falk, J. L. (1977). The origin and functions of adjunctive behavior. *Animal Learning & Behavior*, 5(4), 325–335.
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- Liedtka, J. M., Whitten, E. (1998). Enhancing care delivery through cross-disciplinary collaboration: A case study. *Journal of Healthcare Management* 43(2), 185-205.

