Year in Review: Catching Up with the SC MIRECC Research, Education, and Clinical Care Cores
Interviews by Katie Thomas and Ashley McDaniel

As we say farewell to another year, the newsletter team thought it would be nice to catch up with the SC MIRECC Associate Directors about their work over the past year and their goals for 2018.

Research Core – Drs. Jeffrey M. Pyne and Ellen P. Fischer

Q. What are some accomplishments of your Core from this year?

• Contributed to successful 5-year renewal of SC MIRECC.

See YEAR on page 2

Stakeholder Representatives Identify Gaps in Research, Dissemination and Outreach to Rural Veterans
By Traci Abraham, PhD, Tracey L. Smith, PhD and Zenab Yusuf, MD, MPH

The Consumer Advisory Board (CAB) is a valuable resource available to all researchers affiliated with the SC MIRECC. The mission of the CAB is to provide advice to the SC MIRECC and Mental Health Product Line regarding development of educational programs,
YEAR (continued from page 1)

- Opened pilot and MIRECC Implementation, Design and Analysis Support (MIDAS) programs to investigators in San Antonio and Dallas.

- Demand for MIDAS support grew over 25% in 2017 (compared with MIDAS hours in 2016).

- Implemented an internal proposal review process for VA investigators in Little Rock based on the Houston model.

- Core efforts addressed 4 of the 5 current VA priority areas: suicide prevention (Drs. Sara Landes, Angie Waliski, Linda Worley), Choice Act (Drs. Teresa Hudson, Rick Owen, Jeffrey Pyne), efficiency/cost-effectiveness (Drs. Jacob Painter, Jeffrey Pyne), and rural access (virtually everyone at all sites).

Q. Were there any challenges to accomplishing your 2017 goals? If so, were you able to overcome them and how?

Maintaining and increasing the number of pilot award submissions (see responses below for strategies to meet this goal).

Q. What are your goals for 2018?

- Integrate investigators from VISN 17 into the pilot review process.

- Hold periodic meetings with investigators at anchor sites, including some cross-site meetings via videoconferencing to promote multi-site collaborations.

- Hold a conference call with VISN 17 leadership regarding research resources available in each of the VISNs.

- Recruit additional investigators from our university affiliates to participate in mission-focused research efforts.

(continued on page 3)
Q. Bonus question: What’s the best piece of advice you’ve received about preparing yourself for a new year, personally or professionally?

- JP: Find ways to have fun and laugh frequently.
- EF: Don’t work while on holiday leave.

Education Core – Dr. Ali Asghar-Ali

Q. What are some accomplishments of your Core from this year?
Collaborating with VISN 17, including granting them a clinical educator grant and arranging an annual training for them on motivational interviewing. As part of the annual training, we also offered them dialectical behavioral therapy training. VISN 17 also had their first TRIPS (Training Residents in Psychiatry Scholarship) awardee this year.

Q. Were there any challenges to accomplishing your 2017 goals? If so, were you able to overcome them and how?
Our biggest challenge was losing Dr. Geri Adler, who retired in July. Thankfully, we have Dr. Jennifer Bryan, who has joined the Education Core team. The other goal that we had was increased dissemination of our products and Dr. Bryan has been critical in achieving the goal.

Q. What are your goals for 2018?
Next year, we hope to have more inter-Core collaboration. Ideally, I’d like to develop a project that two Cores can work on simultaneously. Currently, we feed off each other, but we don’t necessarily have one thing that is co-owned among multiple Cores. I also want to take some of the clinical education grants that we funded this year to the SC MIRECC Consumer Advisory Board (CAB) for review before they are prototyped. We want to incorporate the Veterans’ voice from the CAB into the development of the grants’ products so that they know what we’re developing and to create a closer relationship between us.

Clinical Care Core – Dr. Tracey L. Smith

Q. What are some accomplishments of your Core from this year?
The primary accomplishment is that we had the first successful pilot site for our clinical demonstration project. The project is called “FLOW.” The purpose of the project is to facilitate the return of recovered and stabilized mental health patients back to primary care. Part of my job is to meet with mental health providers in the two divisions that we’re in and determine if there’s a problem, devise a solution to that problem, measure if the solution is successful, and if it is, then disseminate it.
We completed the FLOW project with one site, they had really good results, and now we’re about to start with three other sites. The project has been selected to be

(continued on page 4)
nationally disseminated, so it’s already been recognized as being successful and helpful for improving mental health access.

Q: Were there any challenges to accomplishing your 2017 goals? If so, were you able to overcome them and how?

There are always challenges when you’re trying to change people’s clinical practices, but we developed a plan for how to deal with those challenges. We have a team of people that work here in the SC MIRECC, and we work with an internal facilitator at each pilot site. Together we work through the challenges.

STAKEHOLDER (continued from page 1)

clinical services, and research. Presently, 15 stakeholders from VISNs 16 and 17 bring a diversity of experiences and expertise to the CAB, including Veterans, caregivers of Veterans, providers of mental health care, a local recovery coordinator, a representative from the National Alliance on Mental Illness (NAMI), and a chaplain, amongst others. These volunteers serve on the board for two years (renewable), and do so without compensation.

In the past, the CAB primarily provided feedback for individual research projects and educational products. Beginning in fiscal year 2018, the CAB will also regularly provide recommendations for areas of focus for the SC MIRECC. This reflects an increasing emphasis on including stakeholders in the process of defining broader policy and programs at the VA that is consistent with participatory approaches to research and healthcare delivery (e.g., patient-centered care). This cultural shift encourages researchers and policy-makers to collaborate with key stakeholders, including affected populations (i.e., Veterans, caregivers, family members), public health decision makers, and healthcare providers, in all phases of research and healthcare delivery.

In the spirit of participatory approaches to research and healthcare, October’s CAB meeting was an open conversation regarding mission-related activities and topics the CAB thought important, including perceived gaps in mental health research and education, as well as strategies to increase the reach and saturation of research dissemination and outreach to Veterans, caregivers of Veterans and their families. Recommendations included:

- Educational materials are needed regarding how TBI impacts treatment effectiveness for PTSD.

(continued on page 5)
Improving social services for Veterans in rural areas is an important topic of future research study.

Other research topics that are best addressed by other VA entities, such as understanding the dual effects of peer support-led patient orientation and clinic processes (e.g., referrals) on behavioral health treatment retention, will be communicated to those entities.

The CAB also provided recommendations for increasing the effectiveness of dissemination and outreach at the VA:

- Caregivers and/or families of Veterans are a critical gap in these areas.
- Aligning with the cultural shift at the VA toward stakeholder involvement, the CAB recommended including more Veterans in outreach and dissemination efforts.

Specifically, with respect to outreach regarding the resources and services available to rural Veterans, the CAB:

- Suggested distributing printed materials at locations frequented by rural Veterans, such as post offices, libraries, Vet Centers, grocery stores, the VFW, American Legion, senior centers and facilities, Veteran Service Organizations and employment agencies.
- Identified Veterans in very remote rural areas as an important gap.
- Noted that although much information about VA resources is available online, most older and more rural Veterans do not (or cannot) access the Internet.
- Recommended hosting events in the community (i.e., new patient orientations) to educate rural Veterans about the full range of resources available to them to increase the reach and saturation of outreach efforts.
- Suggested contacting county Veterans Service Officers (VSOs) who are familiar with rural areas and can help to identify potential community partners to host events.
- Suggested using local newspapers and radio stations to help “get the word out” about outreach events.
- Suggested using VA social workers to keep rural Veterans informed of the full range of resources and services available to them. This might require further educating social workers about non-VA resources and services, such as pension and Medicaid.

Adopting the recommended strategies could increase access to economic, social and healthcare services for Veterans in more isolated rural areas.

The Chair and Co-Chair remind all SC MIRECC affiliates that the CAB is available to guide research projects and the development of educational materials and products. the CAB can provide guidance on different components of research and education, such as participant recruitment and the acceptability and comprehensibility of interview guide questions and educational materials.

If you are interested in soliciting advice from or joining the CAB, you may contact the Chair, Tracey Smith (Tracey.Smith2@va.gov), Co-Chair, Traci Abraham (Traci.Abraham@va.gov), or CAB Coordinator, Zenab Yusuf (Zenab.Yusuf@va.gov).
Announcements

New Video to Improve Care for Lesbian, Gay and Bisexual Veterans

A new 1-hour video is available to support VHA Directive 1340, published in July 2017, that establishes policy regarding the respectful delivery of clinically appropriate health care to lesbian, gay and bisexual (LGB) Veterans. It is VHA policy that all staff provide clinically appropriate, comprehensive, Veteran-centered care with respect and dignity to LGB Veterans. Clinically appropriate care includes assessment of sexual health as indicated with all patients, and attention to health disparities experienced by LGB people. This video addresses how to ask the appropriate questions and provides scenarios to demonstrate the conversation.

Dr. Michael Kauth, the SC MIRECC Co-Director, was a part of the team to create the video in his role as one of the Directors of the VHA LGBT Health Program and he is a featured speaker in the video. The video is accredited for 1 hour of ACCME, ACCME-NP, ANCC, APA, ASWB, NBCC, and NYSED SW continuing education credit.

Access On-Demand Video in TMS

(continued on page 7)
HSR&D Cyberseminar: Whole Health from the Perspective of VA Caregivers – Findings from a Photovoice Study

Dr. Gala True, an SC MIRECC Affiliate, is a featured presenter at a December 11, 2017 HSR&D Cyberseminar on "Whole Health from the Perspective of VA Caregivers: Findings from a Photovoice Study” at 3:00-4:00 ET. This presentation will draw from her participatory action research study that featured photo-narratives and personal experiences of VA caregivers.

Health care providers, program managers, administrators and policy makers concerned with improving post-deployment health and community reintegration for post-9/11 Veterans and their families, as well as researchers and others interested in community-engaged, whole health, and patient-centered approaches are welcome to attend.

Register Now

Rural Interdisciplinary Team Training Program Offers Education Opportunities in 2018

The Rural Interdisciplinary Team Training Program (RITT) offers an all-day workshop focused on team-based care for older Veterans to VA and non-VA employees at VA facilities that primarily serve rural Veterans, such as VA Community-Based Outpatient Clinics and Indian Health Service/Tribal Clinics.

Two trainers, a geriatrics expert and an education specialist, visit a clinic and provide an interactive and engaging day with information about keys to successful teamwork, common geriatrics problems, and assessment methods, including cognitive impairment. The clinic team will work together to develop a small quality improvement project at the end of the training day. A variety of materials, handbooks, toolkits and other resources are provided to the clinic staff.

Plans are underway for next year's training sessions. The RITT program is accredited by the VA Employee Education Service (EES) for medicine, nursing, pharmacy, psychology, dietetics and social work (6.5 continuing education credits). Providers interested in hosting a training in fiscal year 2018 or who want more information should email Eve.Gottesman@va.gov. Learn more about other geriatrics training opportunities at http://www.GeriScholars.org.
CBOC Mental Health Rounds

Identifying Veterans at High Risk for Suicide and Adverse Outcomes: The REACH VET program

Kaily A. Cannizzaro, PsyD, Aaron Eagon, and Bridget Matarazzo, PsyD

Wednesday, December 13 at 8:00-9:00 CT
Thursday, December 14 at 11:00-12:00 am CT

Registration: Select the links below to register for this training in TMS. Only register for one day; registering for both days will cause delays when completing the program evaluation for CEU.

Register for Wednesday 12/13
Register for Thursday 12/14

About the Topic: This webinar will educate VA providers on the REACH VET Program. Participants will learn about the purpose of REACH VET, including its goal of offering enhanced care to Veterans with complex care needs that are at high risk for suicide and other adverse outcomes. Participants will learn about the specific provider steps, which are required for successful program implementation. This will include information about how to talk to Veterans about the program and examples of various care enhancement strategies. Participants will also learn about valuable clinical resources available through REACH VET that align with the mission of supporting our most at-risk Veterans.

Audio: Call 1-800-767-1750 and use access code 37009#

Visual: Join Adobe Connect through VA TMS

Contact: Ashley.McDaniel@va.gov

Learn more about SC MIRECC by visiting https://www.mirecc.va.gov/visn16/index.asp