U.S. Department of Veterans Affairs

Mental Health Continuum of Care:

Levels of Care and Treatment Principles to Promote Whole Health and Suicide Prevention

Mental Health Care: The challenge

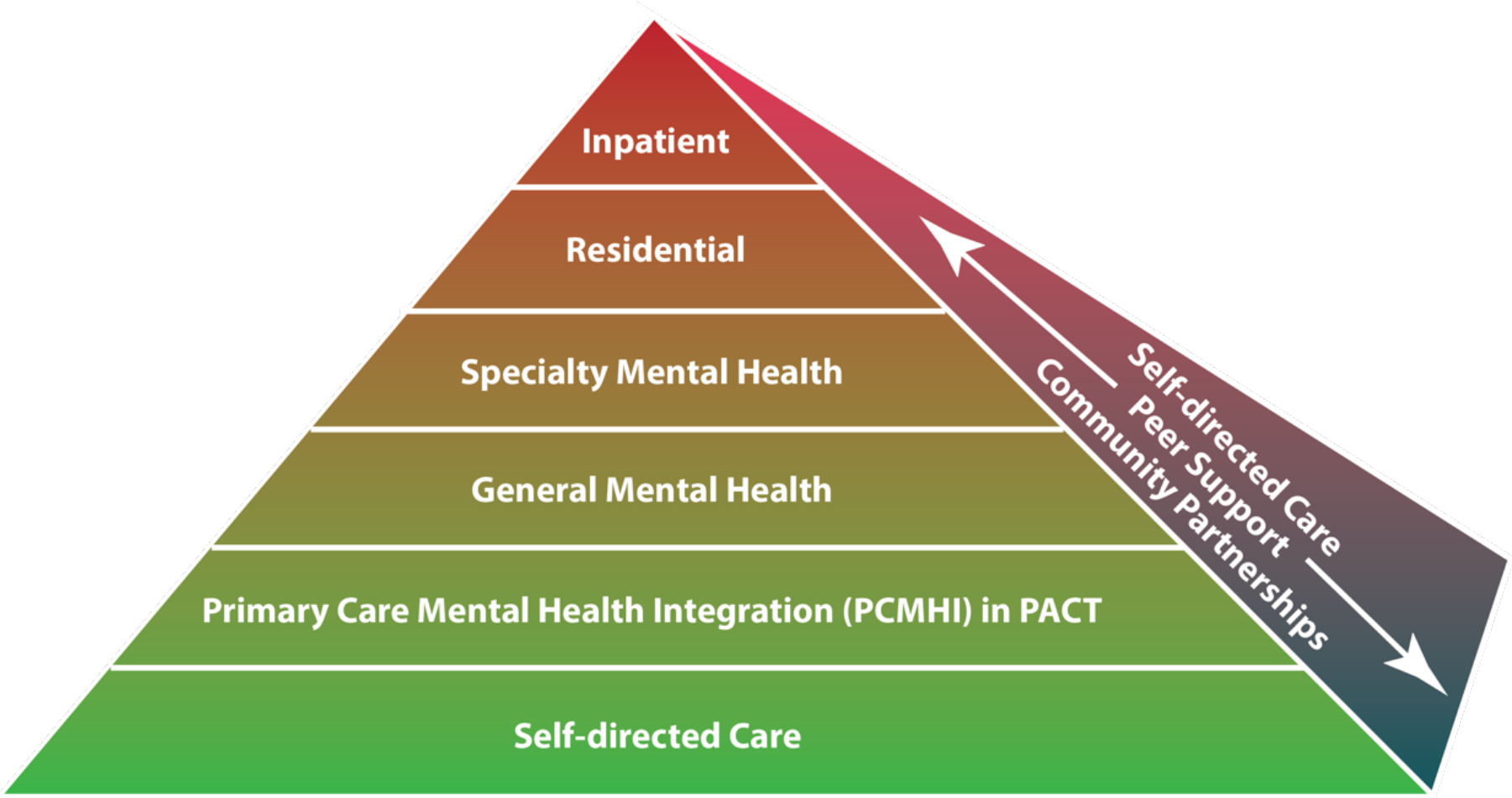
- Untreated mental health conditions lead to increased mortality, worse health outcomes, increased disability and many other undesirable consequences to family and society.
- Impacts on families multiply the consequences on multiple generations.
- Most mental heath problems in the US population remain unrecognized or un/undertreated
- Primary Care is often called the “de-facto” Mental Health system in the US
- Veterans are a high risk population

Mental Health Continuum of Care

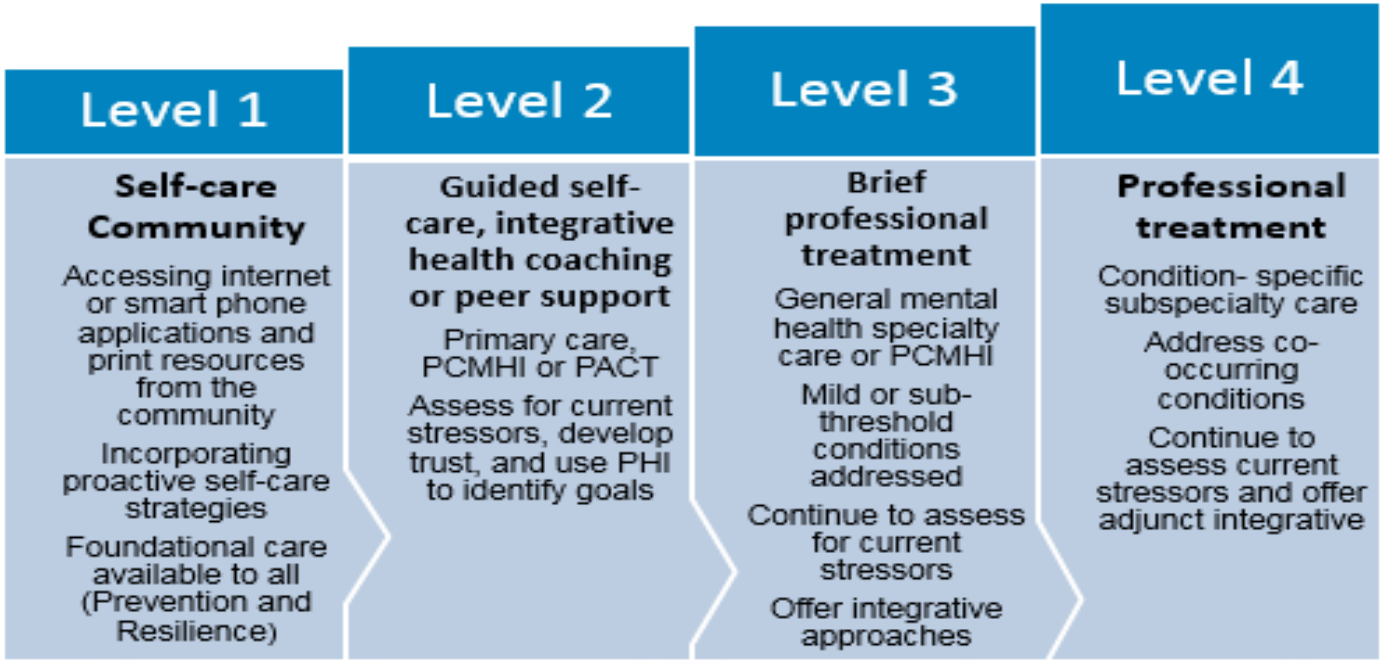
Develop a model of care that:

- promotes *timely and effective treatment at the least intensive level of care appropriate to meet Veterans' needs in the moment and as needs change*
- is proactive, flexibly-delivered, and Veteran-centric…AND crucial to reduce Veteran suicide and support a life worth living

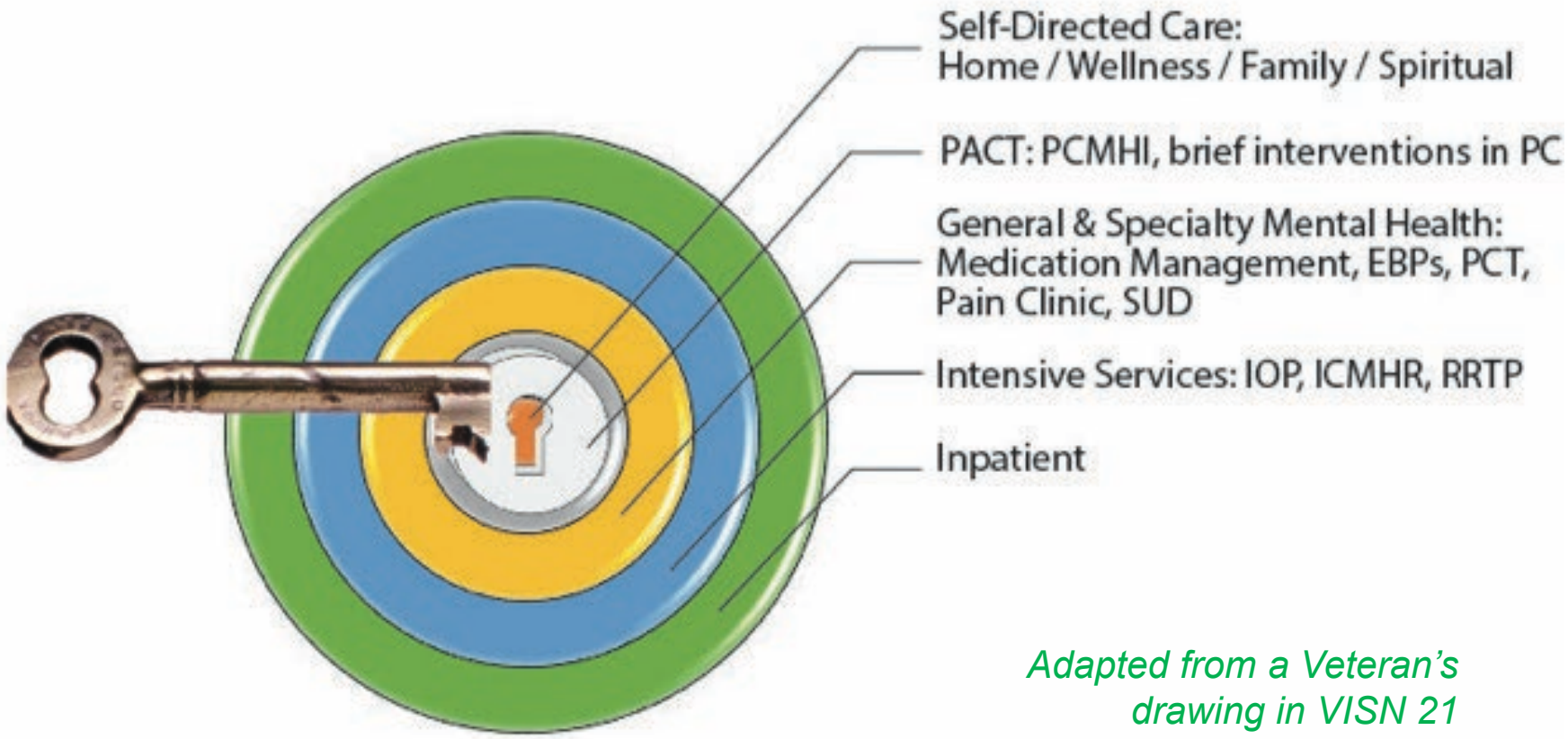
Mental Health Levels of Care—Future State



Fully Deployed Continuum of Care



Veteran is the key



Adapted from a Veteran's drawing in VISN 21

Veteran-Centric Perspective

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MH Continuum of Care Principles

MH Continuum of Care Principles

- **Stepped Care**
  - Treatments based on level of need
  - Start with least resource intensive yet likely to be effective treatments
  - ‘Step up' to more intensive/specialist services as clinically required
- **Least Restrictive Care**
  - The World Health Organization (WHO) states persons with MH disorders should be provided with health care which is the least restrictive
  - Least intrusive treatment appropriate to the patient's health needs and the need to protect the physical safety of others

MH Continuum of Care Principles

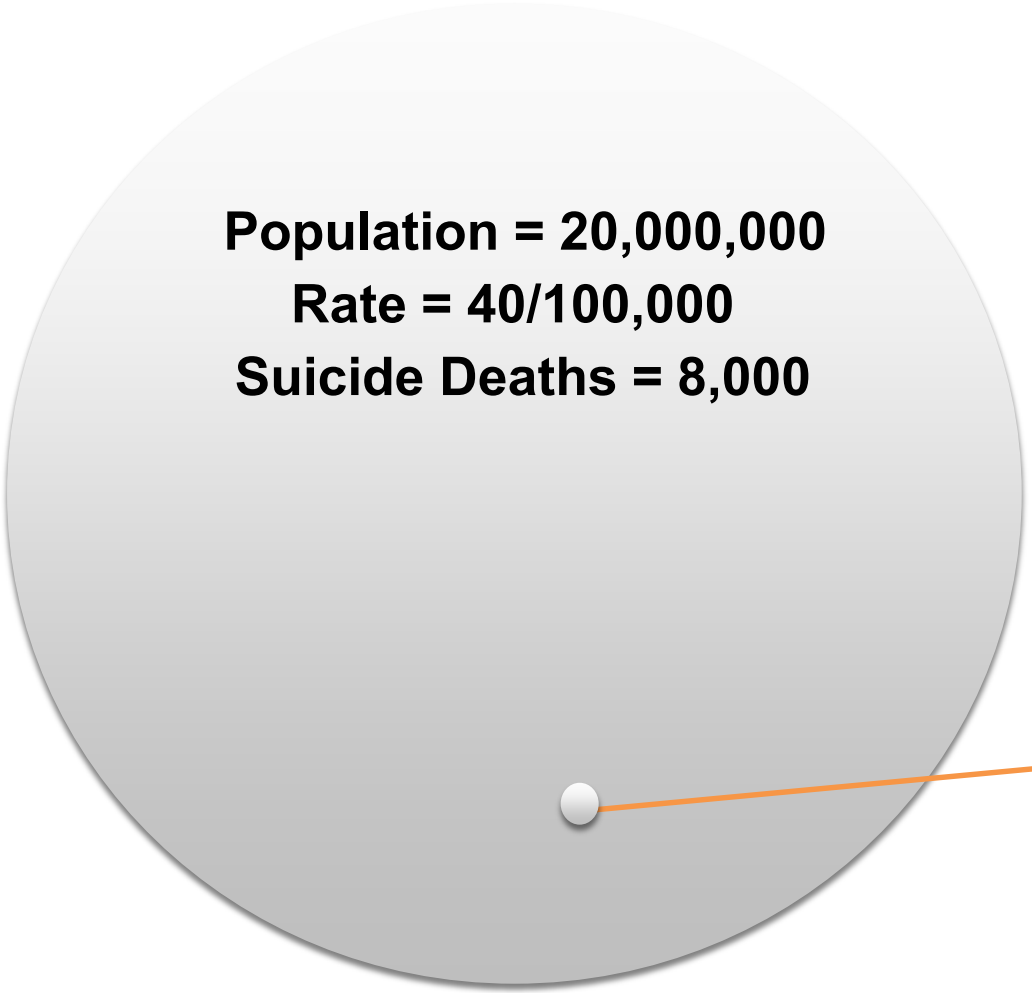
- **Measurement Based Care**
  - Collecting information from Veterans in a planned manner as part of routine care
  - Using that data to inform clinical care and shared decision-making and to individualize and guide ongoing treatment
- **Shared Decision Making**
  - Veterans and providers collaborate to understand a problem, outline treatment options, and use evidence and Veteran values to reach agreement about a course of action in treatment
  - Identifying “what matters” to the Veteran
  - Decisions can change during an episode of care

MH Continuum of Care Principles

- **Recovery Focused**
  - Recovery is an ongoing process of change, focused on strengths, through which individuals: improve their health and wellness; live a self-directed life; and strive to achieve their full potential
- **Veteran Centric**
  - The Veteran is the expert on his/her life and the head of his/her personal health care team; clinicians can assist Veterans with skills, and provide resources, and support, yet Veterans drive their care
- **Suicide Prevention**
  - Top 5 priorities are to: improve transitions, know all Veterans at risk, partner across communities, increase lethal means safety, and increase MH access…. *But suicide prevention is much more than just this*

Suicide Prevention: A Public Health Approach

Rose's Theorem



"a large number of people at a small risk may give rise to more cases of disease than the small numbers who are at high risk" (Rose 1992).

At risk population = 10,000
Rate = 400/100,000
Suicide Deaths = 40

MH Continuum of Care Principles

- **Medical Necessity**
  - Legal doctrine, related to activities which may be justified as reasonable, necessary, and/or appropriate, based on evidence-based clinical standards of care
- **Team-based Care**
  - At least 2 healthcare providers working collaboratively with patients and caregivers to accomplish shared goals within/across settings to achieve coordinated, high-quality care.
  - Well-implemented team-based care improves comprehensiveness, coordination, efficiency, effectiveness, and value of care; patient and provider satisfaction; and clinical outcomes.

MH Continuum of Care Principles

- **Practice at the top of one's license**
  - Practicing to the full extent of their education and training
- **Flexible service delivery methods**
  - Using a wide variety of service delivery methods based on the needs and preferences of Veterans
    - Traditional facility-based services / in-person
    - Telehealth, including apps and web-based services
    - Other resources accessed remotely by Veterans any time (technology, community, etc.)

MH Continuum of Care Principles

- **Reduction of redundancy & De-Implementation**
  - Stopping practices that are not evidence-based
  - Removing interventions that do not provide optimal care to the population and settings in which they are delivered
  - Decreasing redundant services
- **Partnerships**
  - Coordinating with Vet Centers and other community resources

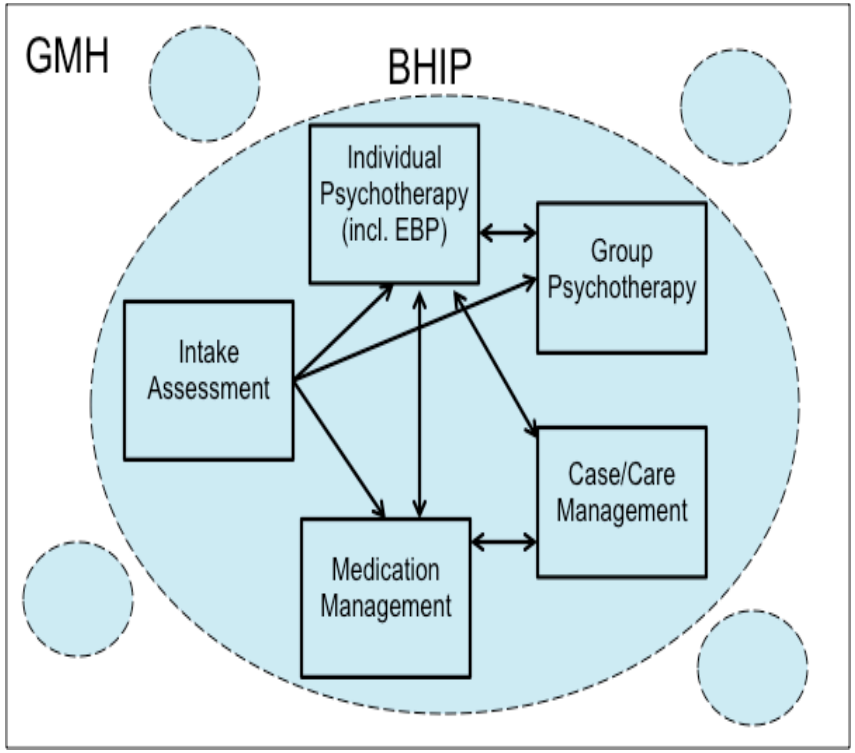
Prasad, V., & Ioannidis, J. P. (2014). Evidence-based de-implementation for contradicted, unproven, and aspiring healthcare practices. *Implementation Science : IS*, *9*, 1. http://doi.org/10.1186/1748-5908-9-1

Balancing Our Approaches

Access & Coordination Across Levels

PRIMARY ⟷ **SECONDARY** ⟷ **TERTIARY**

- Self-Referral
- Community Referral
- Primary Care
- PC-MHI



- PCT
- SUD IOP
- PRRC
- ICMHR
- RRTP
- Inpatient Care
- Emergent Care

BHIP: Behavioral Health Interdisciplinary Program

BHIP will be required at all VAMCs & strongly encouraged @ CBOCs

- Interdisciplinary team of outpatient MH providers and administrative staff
  - Focus on team-based care
  - Practice closer to top of license/scope
  - Hold time for indirect patient care activities
- Providing care for a group of Veterans
  - Incorporate evidence-based Collaborative Care Model (CCM) as team practice model
  - Provide timely access to proactive, comprehensive, Veteran-centered, evidence-based care
  - Measure progress & outcomes (MBC) and focus on continuous improvement (Veteran and team)
  - Coordinate care within and across BHIP teams, MH service, & beyond

Employee Category	FTEE for MH Team Panel Size of 1,000
Total MH Clinician: Licensed Independent Providers (LIP)/Autonomous Providers	5.1-5.5
Admin. Clerical Support	0.5-1
Non-LIPs	1
Total FTEE	6.6 -7.5

CCM Goal: Anticipatory, Continuous, Evidence-Based, Collaborative Care via…				
CCM-2: Work Role Redesign	CCM-3: Veteran Self-Management Support	CCM-4: Provider Decision Support	CCM-5: Information Management	CCM-6: Community Linkages
• Care management • Need-driven access • Activated follow-up	• Focus on the individual's values and skills • Shared decision-making • Self-mgt skills • Recovery-orientation	• Provider education • Practice guidelines • Specialty consultation	***Population***: • Registry ***Provider:*** • Outcome tracking • Feedback	• Additional resources • Peer-based support
CCM-1: Organizational Leadership and Support				

Open Access to Care

Each level of care plays an essential role in assuring ongoing access by:

- Providers working at the top of their licenses
- Streamlining processes
- Coordinating care
- Managing Veteran panels…
  - Monitoring patient flow to/from PACT and general & specialty MH

Referral Management

- To promote coordination of care, facilities should:
  - Establish processes for Veterans to flow to and from all MH levels of care, including flow back to Primary Care
  - Set up service agreements between levels of care (e.g., between PC and MH; between general & specialty MH, etc.) and within levels of care (between services within a specific level of care)
  - Collaborate with larger facilities for highly specialized care

MBC & Care Transitions

- Ending an episode of care:
  - Veterans should have ongoing, regular assessment of their symptoms and functioning (i.e., MBC)
  - As Veterans improve and/or stabilize, providers and Veterans should consider "***moving care to the left***"

Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Self-directed care	PACT / PC-MHI	General Mental Health / BHIP	Specialty Outpatient Programs	Residential Rehabilitation & Treatment	Inpatient Services

FLOW

- Using EMR criteria to identify recovered/stable MH Veterans who may be candidates for transition to PC is both feasible and effective e
- Clinical processes can be developed to ensure smooth transitions for all involved stakeholders
- Together these increase access to MH services for Veterans with acute or chronic needs.

FLOW data

5/3/17 to 5/3/18	Discharges	%
TOTAL MH -> PC	424†	
Of those, returned to MH*	9	2.1%
From FLOW report	335	79.%
Other Discharges	89	21.0%

* 2 returned due to benzodiazepines, 1 service connection concern, 3 returned for new MH tx's, 2 brief psychosocial crises and then returned to PC; 1 unknown

† 1566 Veterans (mean age=53 years) met EMR criteria. Out of 424, 411 were considered recovered/stabilized; they represent 16% of the 2504 MH Uniques at the site

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REFERENCE SLIDES

Levels of Care Descriptions

Self-Directed Care/Self-Management

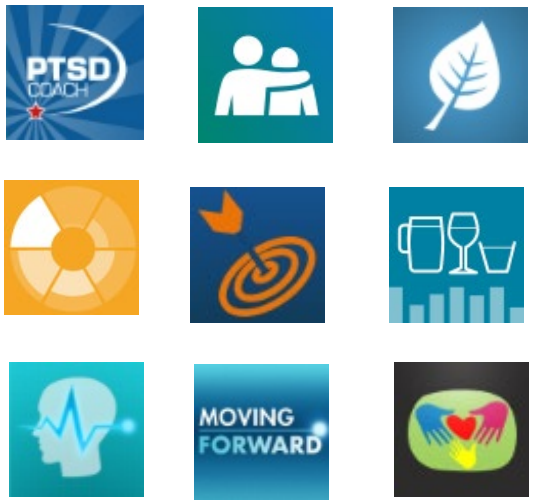
- **General Health Information**. Getting education.
- **Technology mediated assessment and referral tools**. Assessing and/or tracking symptoms, activities, etc. (e.g., The “Drinkers check-up”)
- **Self-directed activities in support of traditional provider-led activities**. Using a mobile app (e.g., CBTi Coach) alone or to support participation in therapist-led EBP, weight loss, exercise support, etc.
- **Support-Groups.** Having face-to-face or Internet-mediated synchronous or asynchronous meetings not directed by a provider (e.g., 12-step meetings, alumni groups, smoking cessation groups)
- **Social, spiritual and leisure activities**
- **Clinically related activities** (e.g., chat lines, crisis lines, SMS-based interventions to monitor symptoms, etc.)

TYPES OF NCPTSD MOBILE MENTAL HEALTH APPS

National Center for PTSD
POSTTRAUMATIC STRESS DISORDER

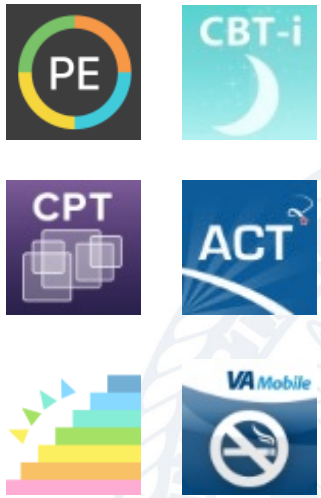
Self-Care Apps

For those who want to manage their own symptoms, are not ready to seek focused specialty care, or are supplementing care



Treatment Companion Apps

To be used in conjunction with evidence-based psychotherapies



Questions or Comments: MobileMentalHealth@va.gov

WEB PROGRAMS FOR VETERANS & SERVICEMEMBERS

National Center for PTSD
POSTTRAUMATIC STRESS DISORDER

Available at www.VeteranTraining.va.gov

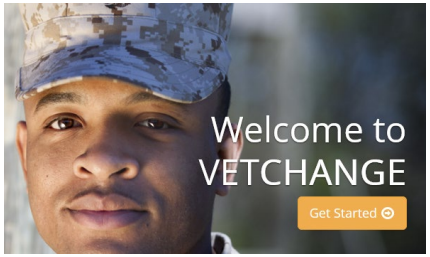
[Moving Forward](#)
Overcoming life's challenges

[Anger and Irritability Management Skills (AIMS)](#)

[Parenting for Veterans and Servicemembers](#)

[Path to Better Sleep](#)
Cognitive Behavioral Therapy for Insomnia

Available at www.PTSD.VA.gov



[Vet Change](#)
Manage alcohol use & PTSD symptoms

[PTSD COACH online](#)
Tools to help you manage stress

★★★★★

Questions or Comments: MobileMentalHealth@va.gov

Primary Care Mental Health Integration (PCMHI) within PACT

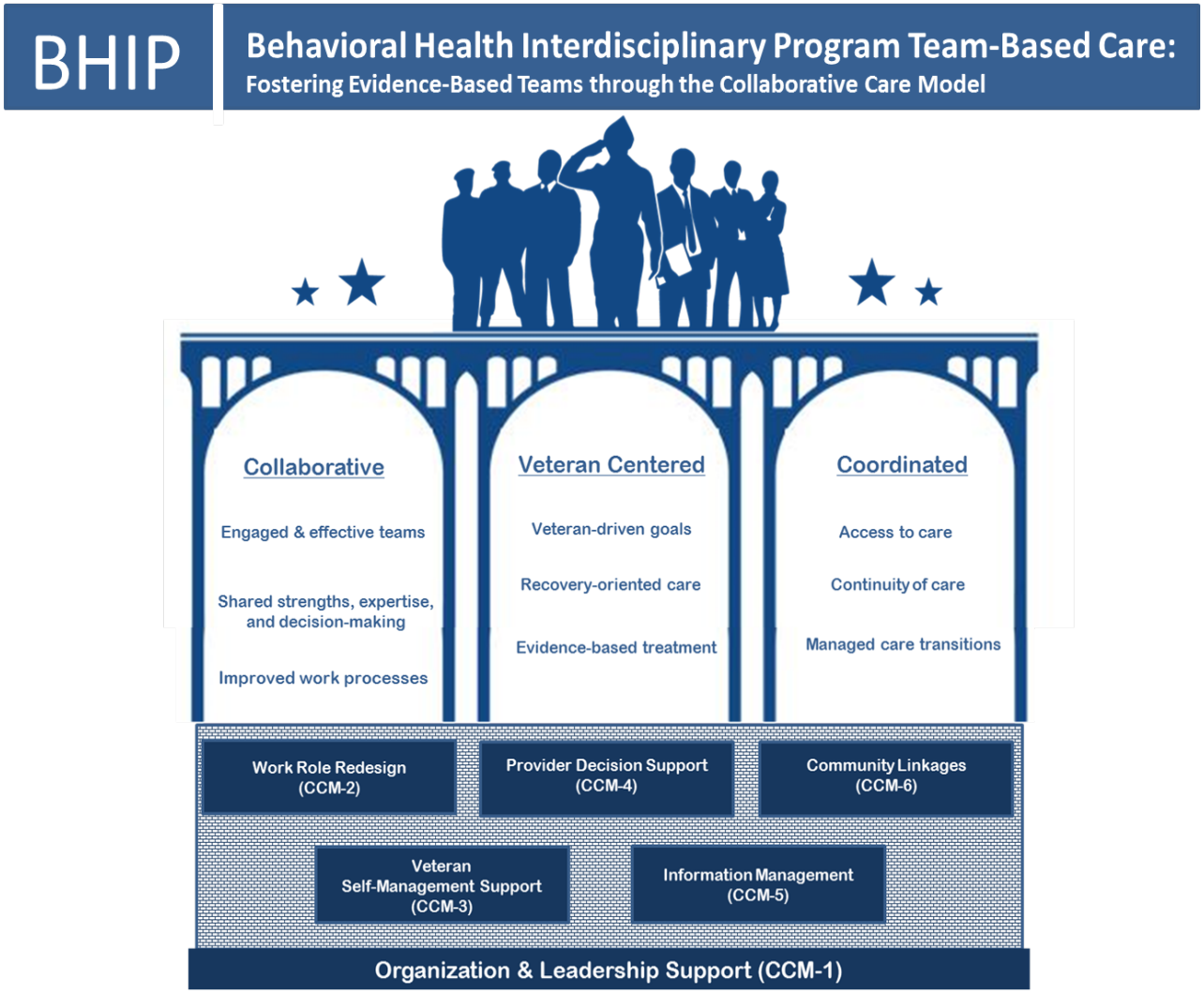
PC-MHI providers are members of the interdisciplinary Patient Aligned Care Team (PACT)

- Serve as MH experts on PACT along with Health Behavior Coordinators
- Provide problem focused – not traditional-- MH care, such as
  - Consultative advice to support care
  - Assessment and brief treatment by co-located collaborative care providers for common mental health conditions
    - Brief (20-30 min appointments, 1-6 sessions)
    - Primary target conditions: depression, anxiety, at-risk alcohol use, pain, insomnia, and a growing list (e.g., Opiate Use Disorder)
  - Disease-specific mental health care management to support PCP care (CoCM)
    - Telephone care, most commonly by nurses or social workers
    - Algorithm driven; med adherence/side effects, behavioral activation, problem solving
    - Also includes referral management if needs cannot be met in PACT
  - Support PACT care for those who have completed MH treatment

General Mental Health/BHIP

- GMH offers anticipatory, continuous, population-based, BHIP team-based care for moderate-severe mental disorders across the full spectrum of diagnoses
  - e.g., BHIP teams in outpatient general mental health which incorporate evidence-based Collaborative Care Model (CCM)
- Services:
  - Intake assessment
  - Individual psychotherapy (EBPs)
  - Group psychotherapy
  - Care/case management
  - Medication management

BHIP-CCM Team-Based Care: General Mental Health



Specialty Mental Health

A Veteran should be referred to specialty MH when they require more intensive, focused services for a specific condition(s) when a lower level of care is not sufficient to help them meet their goals

- PTSD Clinical Teams (PCTs)
- Intensive Outpatient Program SUD Services
- PRRC, ICMHR (MHICM) for serious mental illness or severe functional impairment

- Specialty MH Services can include:
  - Diagnosis and assessment for complicated cases
  - EBPs (e.g., PE) or psychoeducation not offered in BHIP team
  - Modified/specialized care for Veterans with comorbidities (e.g., PTSD with TBI)
  - Community-delivered care

Intensive Community Mental Health Recovery (ICMHR) Services

- Assertive community treatment- based clinical services are provided at most large VA medical centers (110 teams), and a growing number of rural clinics and medical centers (63 teams)
- Robust incorporation of psychosocial rehabilitation and recovery oriented principles and practices
- Service delivery within an integrated healthcare system with close collaboration with other service providers – e.g. primary care, inpatient, emergency services, supported employment
- Part of a continuum of care for Veterans with serious mental illness that encourages the right type and level of care at the right time
- Adaption of ACT model for rural services
- Implementation of telehealth for up to 20% of visits
- Upcoming focus on Veterans with early episode psychosis

Residential Rehabilitation & Treatment Programs (RRTPs)

- Veterans served by MH RRTPs present with complex often co-occurring mental health, substance use, medical and psychosocial needs.
- RRTPs are 24-hour therapeutic settings that provide intensive interdisciplinary treatment and continued stabilization for Veterans with mental health and substance use disorders, medical conditions and psychosocial needs (e.g., homelessness, unemployment) that often co- occur and present complex treatment needs

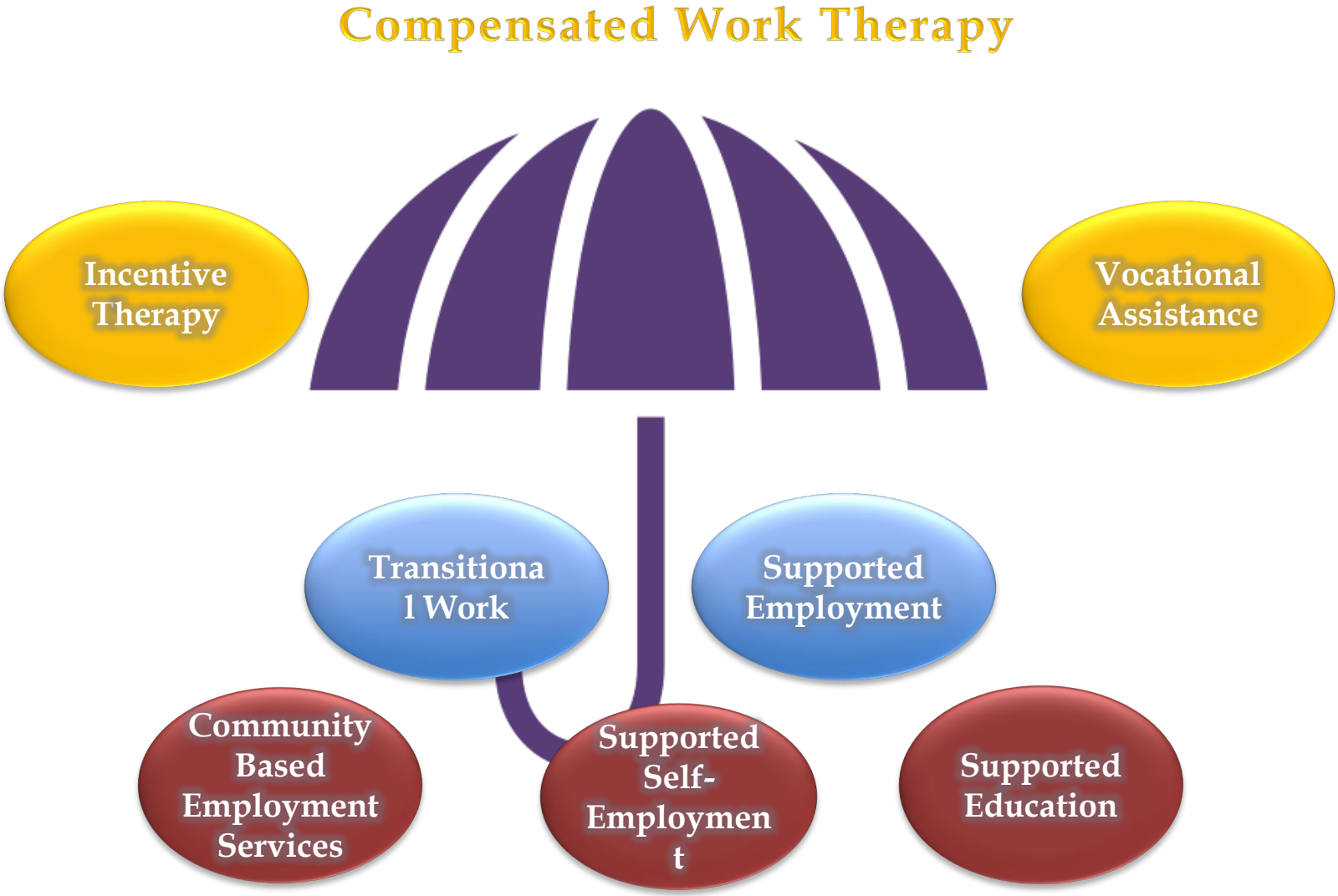
Inpatient Mental Health

- 24-hour care to Veterans with acute and severe emotional and/or behavioral symptoms causing a safety risk to self or others, and/or resulting in severely compromised functional status
- Comprehensive mental health evaluation, diagnosis, and treatment in a recovery-focused, safe, healing environment for patients experiencing mental health problems that cannot be assessed and/or treated at a lower level of care.
- Level of intensive treatment necessary for safety and stabilization with a shift to a less intensive level of care as soon as clinically appropriate and feasible based on available resources.

VHA Vocational Rehabilitation Services

- VHA Vocational Rehabilitation Services are provided through the Therapeutic and Supported Employment Services (TSES) program office.
- TSES offers a continuum of vocational rehabilitation services, including the Compensated Work Therapy (CWT) Program.
  - CWT provides clinical vocational rehabilitation services, integrated within treatment, to assist Veterans living with mental illness and/or physical impairments to obtain and maintain meaningful employment.
  - CWT are recovery services that contribute to prevention of homelessness, suicide, and substance use, and to improvement of mental health and wellness.
  - CWT is an umbrella term that consists of several models of treatment. Two of these, Transitional Work and Supported Employment, are required to be available at every medical center.

Therapeutic and Supported Employment Services



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