

COLORADO AFTER HOURS RURAL MH PILOT PROGRAM

Lessons for Increasing National VA MH Access

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Comilla Sasson, MD, PhD

WHO WE ARE

○ **Rachel Johnson, LCSW**

- Program Manager for Colorado After Hours Rural MH Pilot Program
- Social Worker Researcher and Interdisciplinary PhD student in the College of Nursing at the University of Colorado
- Research interests are:
 - Applying social work principles to health care systems
 - Helping people adjust to living with chronic illness

○ **Comilla Sasson, PhD, MD**

- Program Lead for Colorado After Hours Rural MH Pilot Program
- Emergency Medicine Physician
- VA Health Sciences Researcher
- Research interests are:
 - Emergency Medicine
 - Increasing access to care for veterans

○ **National Partners**

○ **Jonathan Hartsell, LCSW, BCD**

- Veterans and Military Crisis Line Suicide Prevention Clinical Officer

BACKGROUND

- Physician in the Denver VA ED
 - Saw veterans who were driving long distances to be seen for mental health needs after hours from rural communities
 - Saw veterans who had mental health needs after hours with limited resources
- Three barriers to providing high-quality psychiatric care ¹:
 - Determining which patients are at high risk of suicide
 - Emergency providers who must assess these patients have limited training in conducting psychiatric risk assessments
 - Limited access to outpatient mental health resources, especially outside of standard business hours

¹ Betz, M. et. al. "Reducing Suicide Risk: Challenges and Opportunities in the Emergency Department." *Annals of Emergency Medicine*. 2016

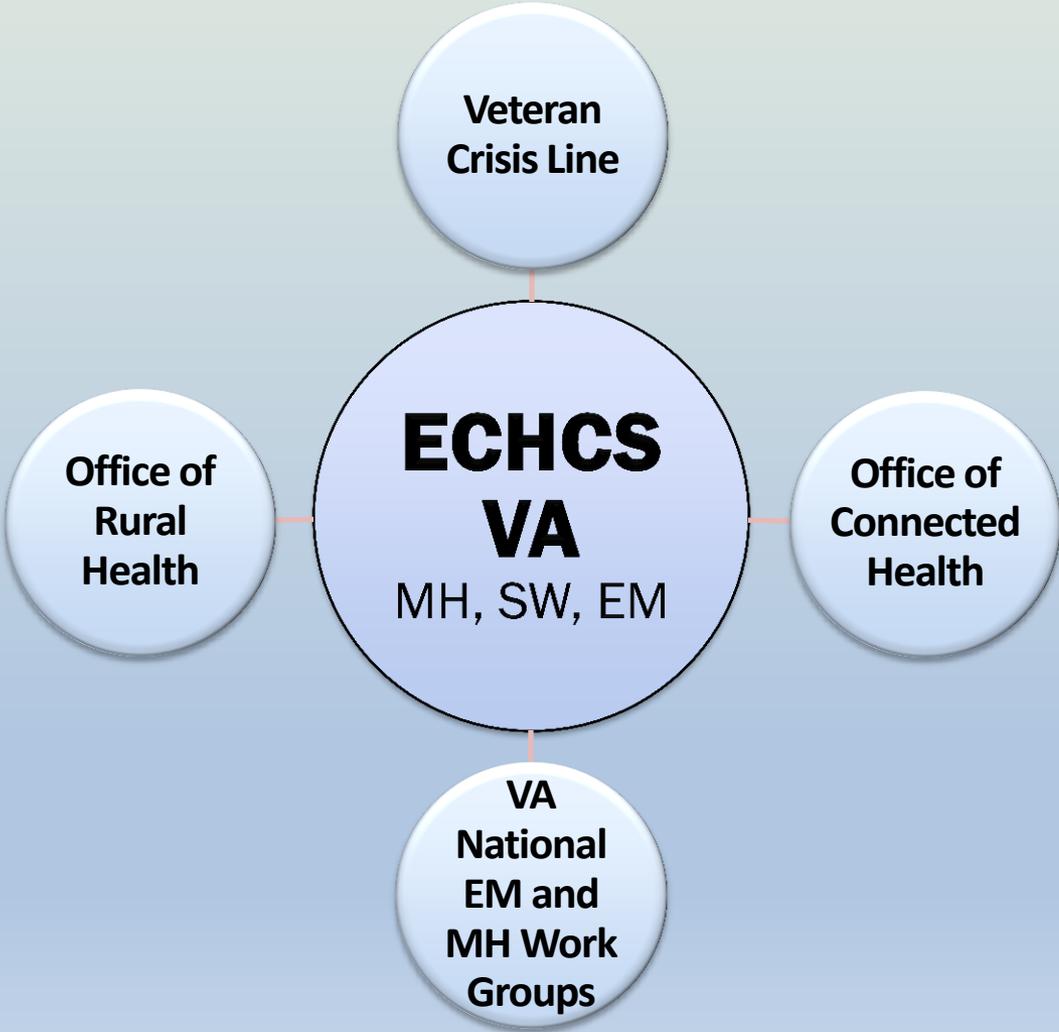
NATIONAL MENTAL HEALTH NEED

- Prevalence of mental health conditions and substance abuse disorders are on the rise for veterans.²
- From 2001 to 2014, the proportion of veterans with these conditions increased from 27% to 40% of all veterans.
- Increase in demand for mental health services for veterans that continues to grow
- Need innovative and practical ways to continue to meet that demand

HIGH UTILIZERS OF PSYCHIATRIC EMERGENCY SERVICES

- Authors: **Daniel Blonigen, PhD**, Luisa Manfredi, JD, MPH, Adrienne Heinz, PhD, Ziaoyu Bi, PhD, Pola Suarez, MPH, Andrea Nevedal, PhD, Anita A. Vashi, MD, Christine Timok, PhD, and Todd Wagner, PhD
- Palo Alto HSR&D
- Semi-structured phone interviews with PES directors and providers across 22 VHA medical centers
- Barriers and facilitators to reducing high utilizers' PES utilization
- **Key findings:**
 - Importance of interdisciplinary care coordination and case management with emphasis on the role of psychiatric social workers

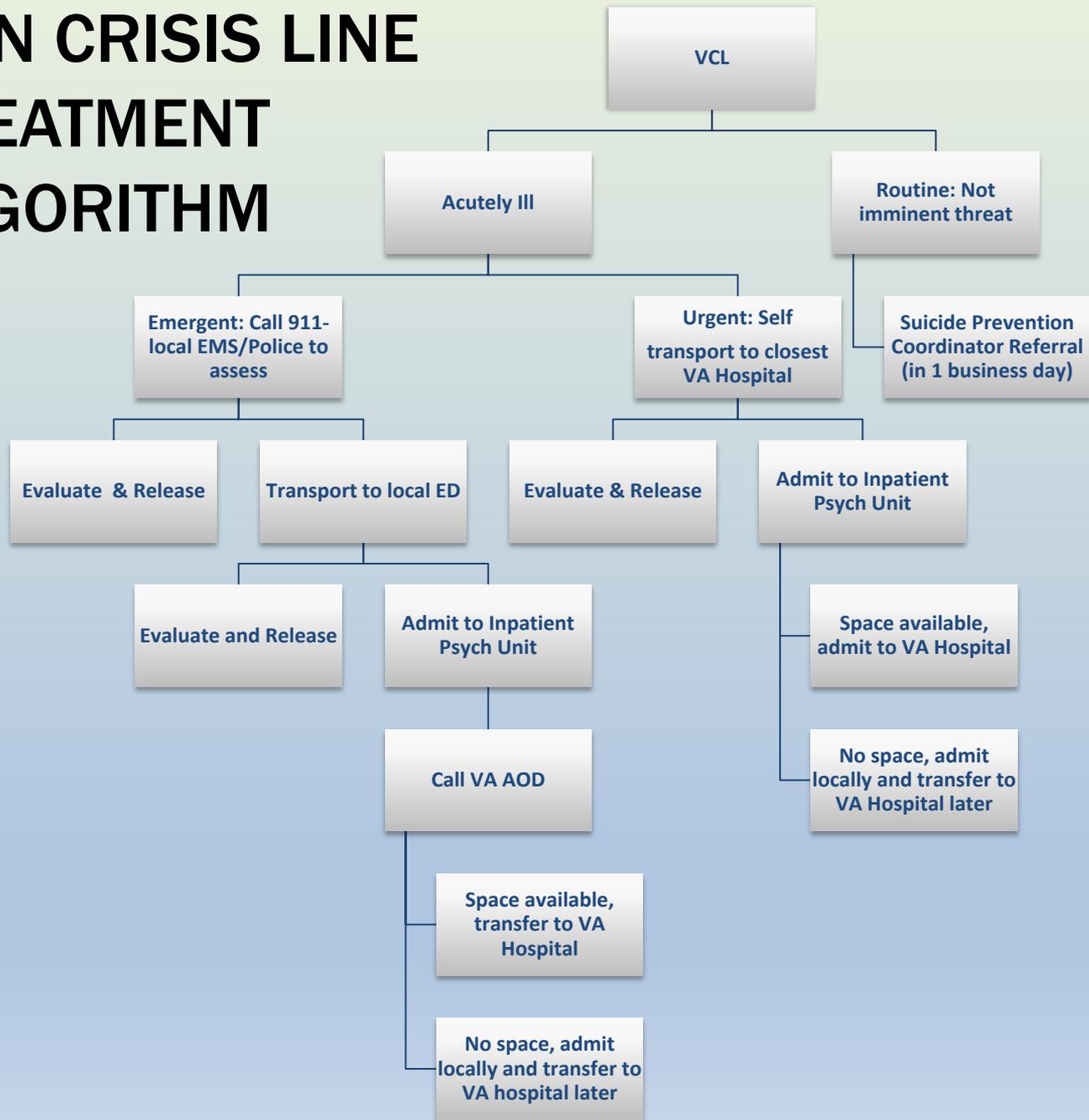
OUR NATIONAL & LOCAL PARTNERS



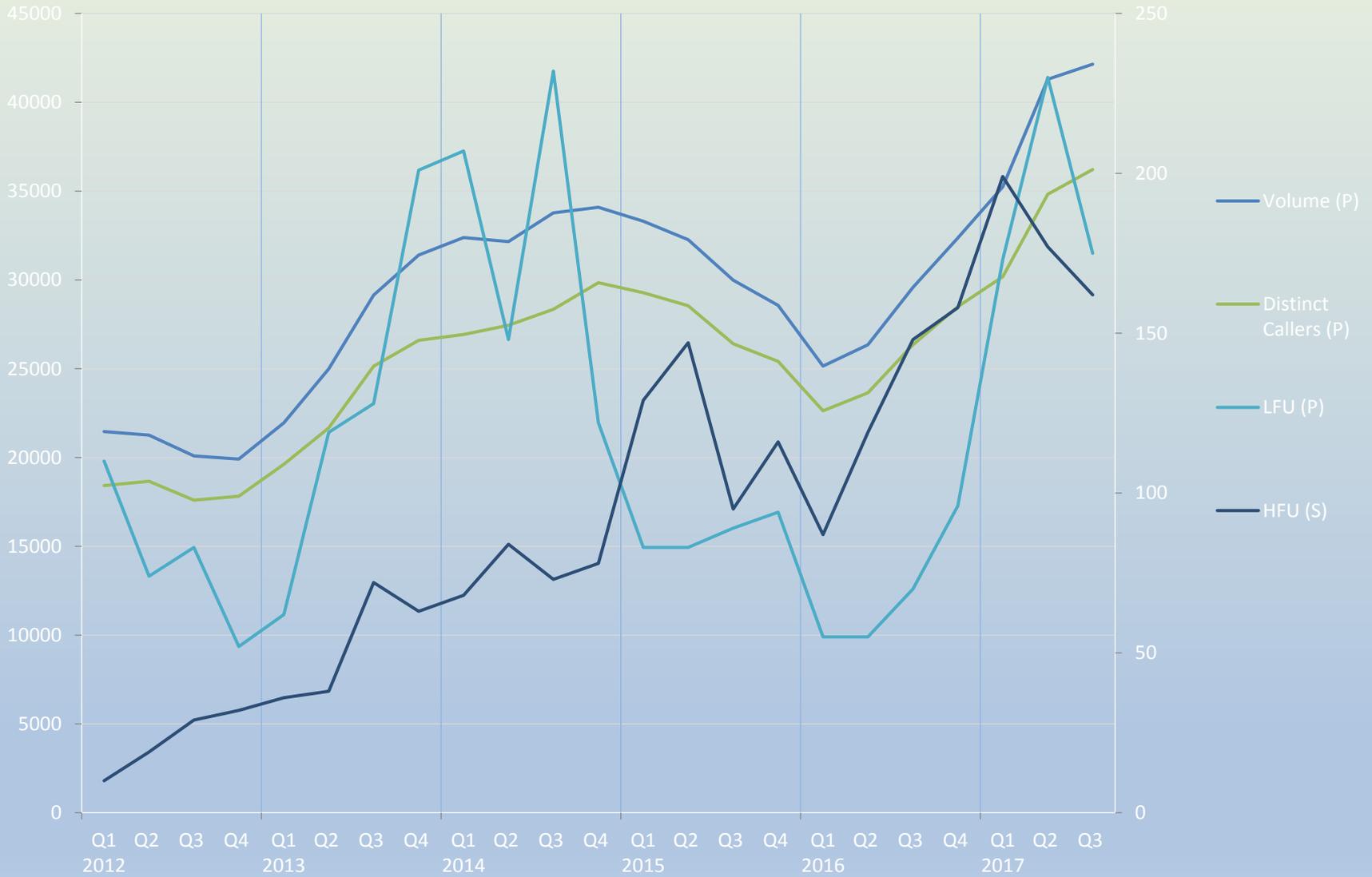
CURRENT GAP IN CARE- VCL

- Overall increase in demand for mental health services which continues to grow
- Rural veterans may have to drive long distances to the closest VA medical center with psychiatric services
- Current process can leave veterans without contact from SPC for multiple days on weekends and holidays
- Need to be able to provide “warm handoffs” to providers for veterans in need of urgent mental health care
- Need to better identify repeat callers to the VCL (which are dramatically on the rise)

VETERAN CRISIS LINE TREATMENT ALGORITHM



VCL NATIONAL REPEAT CALLERS AND REFERRALS



CURRENT GAP IN CARE-COLORADO

- Colorado is in the top 10 states for suicide rates per 100,000 (CDC)
- Changes to HUD/VASH program may leave veterans without any resources outside of daytime/weekday hours
- In 2016, 132 rural veterans with 171 encounters presented to the ECHCS ED after hours (Outside of the 8am-4:30pm Monday-Friday timeframe)
- Limited access to resources for rural veterans with MH needs after 4:30pm and urban veterans after 11:30pm in ECHCS
- Currently, veterans access the Veterans' Crisis Line (VCL), Emergency Department, and outside facilities to obtain care outside of regular business hours

CURRENT GAP IN CARE- COLORADO

- “Staffing limits coverage 24/7. With national policy changes to include less than honorably discharged veterans, there could be an even higher need for mental health services.”
 - Psychiatric Emergency Services Program Director
- “There isn’t a lot of coverage for veteran’s mental health needs after hours. Frequently veterans have to just go to the local behavioral health center or local EDs, staffing shortages in rural areas really limit access to mental health services.”
 - ECHCS rural CBOC MH Provider
- “Most mental health providers aren’t available after 4:30pm and there are not a lot of resources for rural veterans to get mental health care.”
 - ECHCS rural CBOC MH Provider
- “We could really use the extra support for veterans who aren’t in immediate risk but still need the help.”
 - ECHCS Psychiatry resident

CURRENT ECHCS PSYCHIATRIC CARE PROCESS

- There is a gap in care from 10pm to 8:30am Monday-Friday and 24 hours on holidays and weekends
- Psychiatric resident can be called for emergent risk assessments but he/she is also overseeing multiple patients in the psychiatric inpatient unit
- Afterhours needs may require care coordination, case management, and additional psychotherapeutic support

Poll Question #1

- What are your major gaps in accessing mental health care in your area? (select all that apply)
 - Shortages of mental health providers
 - Limited afterhours mental health service availability
 - Lack of funding support for programs
 - Difficulty placing veterans who need inpatient services
 - Lack of care coordination for veterans

AFTERHOURS RURAL MENTAL HEALTH PILOT PROJECT CHARTER

Start date: 07/01/2017

Project Lead: Comilla Sasson
Rachel Johnson

Finance: \$175,000

End date: 9/30/2017

Sponsor: VA ORH

Key Stakeholder: ORH

Opportunity & Goal Statement

- Veterans in rural areas do not have access to VA afterhours mental health care. Require new innovative ways to meet the overall increased need for MH services
- The Afterhours Rural Tele Mental Health Pilot Program provided mental health care by telephone after hours
- 10:30pm 7:30am M F and 24 hours on Saturday, Sunday, and holidays
- From 8/7/17 to 9/30/17

Business Impact and Success Metric

- Successful roll out of Pilot Program
- Access program feasibility
- Budget
 - On call and OT Staff salary
 - iPads for MH staff
 - Program Staff salary

AFTERHOURS RURAL MENTAL HEALTH PILOT PROJECT CHARTER

Project Scope

In Scope:

- Provide supplemental non-emergent mental health services afterhours to veterans referred to the program

Out of Scope:

- Project begins 7/1/17 and ends 9/30/17
- Not taking over primary mental health care for veterans referred to program, supplemental program

Risks and Threat vs Opportunity

Potential Risks and Opportunity

- Not enough referrals
 - Roll out across ECHCS and educated staff about program and referral process
- No staff sign up for shifts
 - Trained 6 staff people and were able to staff the program everyday since roll out
- Staff don't respond to calls while on shift
 - Staff responded to every referral and call within 24 hours

AFTERHOURS RURAL MENTAL HEALTH PILOT PROJECT CHARTER

Project Plan

• Milestones

- Staff training began
 - 7/24/17
- Project kick off
 - 8/7/17
- Qualitative interviews with stakeholders
 - 9/30/17
- Project analysis
 - 9/30/17
- Project reports completed
 - 9/30/17

Team Commitment

Project Lead: Comilla Sasson and Rachel Johnson

Additional Core Team members:
Tamiria Sims

Stakeholders: Joanna Kadis (Denver-MH Chief), Mary Pearce (Denver-SW Chief), Michael Walker (Denver-HR), Altan Hardcastle (CO-Lead CBOC MH), Tamiria Sims (Denver- PES), Geoffrey Smith (Denver- VA MH), Daniel Blonigen (VA- Research), Joe Simonetti (MIRECC Suicide Prevention Researcher), Mike Ho (Denver/ Seattle COIN Director), Marian Betz, Susan Strickland (Acting Director-VCL), Kenneth Patelli (VCL Clinical CAC)

RESULTS FROM THE AFTERHOURS PILOT

Total of Referral Sources	
ED	13
VCL	2
SPC	2
PES	1

Services Provided (can mark more than one service)	
Case Management	5
Find Inpatient Bed	0
Psychiatric Risk Evaluation	2
Follow Up	4
Care Coordination	2
Safety Planning	0
Safety Follow Up	2
Other	Brief counseling Attempted follow up Provided medical care information and services Informed ED about veteran's VA MH services Discharge from psych hospital follow up

Key Quotes

"I spoke to a veteran about this (program). He was curious about the program and how it came about. He was worried it would go away soon because it was a good program and was a good idea for the VA. He thought all crisis occurs afterhours and not everyone wants to go to the ED. It's nice to have someone to talk to." – Rural CBOC Social Worker

"Sounds really relevant, high risk flags are swamping the SPCs right now, excited about being able to utilize the program." – ECHCS Suicide Prevention Coordinator

"Would be a great resource for 24 hour psychiatry residents to get extra support for those veterans without emergent need." – ECHCS Psychiatrist

"A lot of veterans who have high needs are discharged from the ED due to low risk, really appreciate having someone follow up with them (from this program). They feel like the VA cares about them and what happens to them." – Rural CBOC MH provider

SUCCESSFUL IMPLEMENTATION OF THE AFTERHOURS RURAL MH PILOT

- ECHCS staff and our national VA partners overwhelmingly see the need for a program offering afterhours MH care
- Essential components of the program
 - Smart phone for staff with central number for veterans and staff to access
 - System for tracking contacts by using consults through CPRS
 - Have central database for training and operations information
- VA MH and SW Staff are willing to do OT
- Barriers- hesitation from staff to fully implement due to being a temporary program

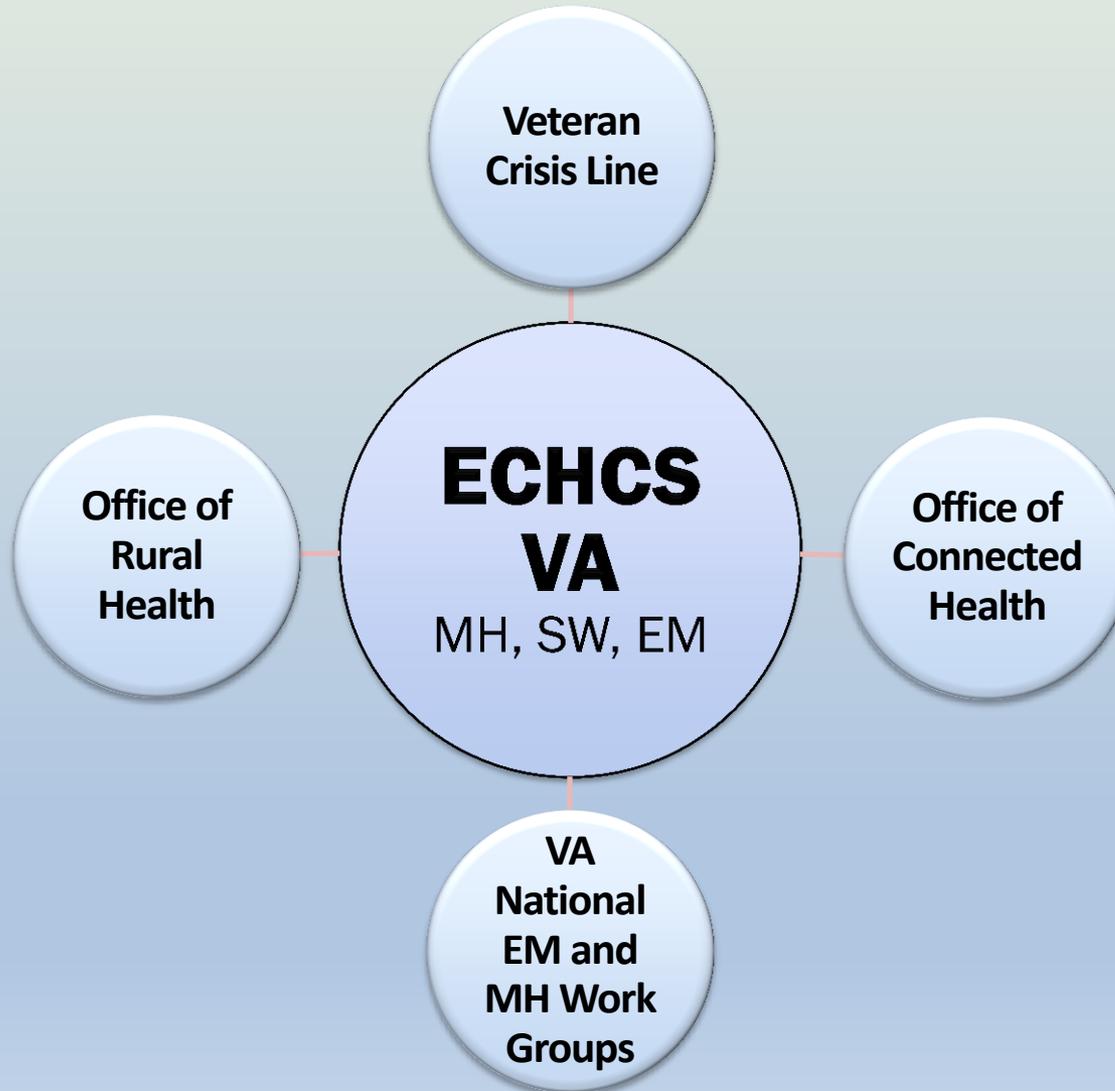
Poll Question #2

- What are unique barriers rural veterans face in your area? (select all that apply)
 - Long travel times/distances for in-person care
 - Not comfortable using telehealth services
 - Lack of trust in healthcare system
 - Disjointed care (between non-VA and VA)
 - Long wait times for access to care

Poll Question #3

- What are the best opportunities for improving mental health services locally? (select all that apply)
 - Utilize tele-mental health services
 - Increase capacity through VISN-level programs
 - Alternative treatment and care options for vets
 - Outsource to other non-VA providers
 - Improve care transitions for veterans

KEY PARTNERSHIPS



OFFICE OF CONNECTED HEALTH

- **iPads for providers**

- Working with ECHCS Psychiatric Emergency Services, Suicide Prevention Coordinators, rural CBOC mental health providers, and Emergency Medicine to issue iPads for providers to use to provide care for veterans through the Office of Connected Health app

- **iPads for veterans**

- Working with ECHCS rural CBOC mental health providers to identify potential veterans to issue iPads for them to access mental health services
- Identifying other veterans who might be interested to obtaining mental health services by using the app

VA NATIONAL EM & MH WORK GROUPS

- **Presentation to Emergency Medicine and Social Work Community of Practice National Workgroup**
 - Presented our pilot study results
 - Discussed the need for afterhours mental health care and increased demand nationally
 - Brainstormed how to use meet the gap for veterans to access afterhours mental health care
- **Presentation to National Emergency Medicine and Mental Health Oversight committee**
 - Presented our pilot study results
 - Discussed the need for EM staff to have mental health care available to meet the needs of veterans afterhours, especially for non-emergent mental health needs
 - Discussed possibility of program like Afterhours roll out nationally
 - Collaborating with the Oversight Committee to discuss innovative ways to meet the need identified by the program

OPPORTUNITIES FOR COLLABORATION

- Additional sites who are interested in piloting similar programs
- Increase use locally and nationally of mobile health technology for veterans
- Work with the VCL to identify frequent callers and identify longer-term strategies for meeting their needs

HOW TO CONTACT US

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