South Central MIRECC

Promoting equity in engagement, access, and quality of mental health care for Veterans facing barriers to care

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Communiqué

In This Issue

In with the New: An Interview with the VISN 16 Network Director, Rica Lewis-Payton, MHA, FACHE

Interviewed by Ashley McDaniel, M.A.

This month we talked with Mrs. Rica Lewis-Payton, the new VISN 16 Network Director, about her background, the joys and responsibilities of her new job, and the opportunities and challenges for mental health care in VISN 16 and VHA.

Q. What are the responsibilities of your new job?

In general, I am responsible for ten VA medical centers that cover all or part of eight states. With that comes the responsibility for overall operations and management of those facilities. Fortunately, we have outstanding leadership in VISN 16. My role is to ensure VISN 16 leaders have the resources needed to take care of Veterans and operational policies in place to support them doing their best work.

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CAVHS Mental Health Services' Commitment to Mental Health Recovery

By Marie Mesidor, Ph.D., Psychosocial Rehabilitation and Recovery Center Program Director, Licensed Clinical Psychologist

SAMHSA's (2011) working definition of mental health recovery identifies recovery as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." The Department of Veterans Affairs has embraced mental health recovery concepts, principles and practices as evidenced by a renewed focus on family involvement; psychosocial rehabilitation programs like the Psychosocial Rehabilitation and Recovery Center (PRRC) and Mental Health Intensive Case Management (MHICM); peer support; social skills training; and the presence of Mental Health Local Recovery Coordinators. Despite this, many mental health staff members remain unclear about how to transform their practice to fully embrace recovery-oriented care. In addition, many are unsure or confused about what recovery is and what skill sets are needed to provide recovery-oriented care to the Veterans they serve.

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Q. What experiences have prepared you for this job?

I have been extremely fortunate in my career to not only have positions that allowed me to acquire the necessary skills and experience to perform at the next level, but also mentors who were willing to help me along the way. This started with my administrative residency at the VA in Birmingham, Alabama and then continued in Jackson, Mississippi where I held a number of positions of increasing responsibility at the medical center; most notably the Administrative Assistant to the Chief of Staff. I note that because it gave me clinical operational experience. Similarly, serving as the Director of Quality Management, where I did not have line responsibilities or authority over service chiefs, was a great learning experience because interpersonal effectiveness skills were critical to get people willing to do what was required to have a strong quality management program. So, my experiences in both of those positions where I did not have line authority helped me to develop exceptional interpersonal skills that have been foundational to my ability to do my job at a number of levels throughout this organization.

I also had the opportunity to serve as the State Medicaid Director for Mississippi for four years. If you have ever wanted to work with very diverse constituencies (beneficiaries, legislators, providers) that you are accountable to, you would not get a better opportunity than serving as the State Medicaid Director. From the lawmakers who always think that too much money is going to support the Medicaid program; to the beneficiaries who think there are never enough services; to the providers who think the reimbursement is not good enough; there is a lot of opportunity to build skill sets to improve your operational abilities.

Finally, having served as the VA Medical Center Director in Birmingham really put me in a unique position to understand the world in which Medical Center Directors live. As a result, I am sensitive to what life is like for someone who sits in that position and, as such, the policy decisions that I make are always with an eye towards how it is going to feel when those policies get to the medical center and the challenges that may be experienced when implementing those policies.

Q. What do you enjoy most about your new job?

The part I enjoy most is also particularly challenging. Because the VISN is so geographically dispersed the population of Veterans and employees is very diverse. To really understand and appreciate the differences at these sites, it is necessary to spend some time there. However, it is not easy for me to get to each of the sites as frequently as I would like to truly understand the world in which they live. That's the challenge. I do have the opportunity to affect policy, service delivery, and the environment for a large group of people, both on the Veteran and employee side. We have almost 800,000 unique Veterans that we serve and almost 20,000 employees in VISN 16. That is a lot of people. So, it is a challenge, as well as an opportunity, to do some phenomenal things and influence policy for quite a few people.

Q. What is your perspective on mental health services in the VA?

My perspective is that no one does it better. When we look at mental health care in the VA system, it is much better than what is available in the community. That being said, I do not think that we in VA can rest on our laurels because as good as we are, it is not good enough. We have some incredible opportunities to develop systems and processes that will be the model for others, not just in VA but also in the community-at-large. My perspective is that we are good, there is none better, but it is not good enough.

Q. What do you see as the strengths of mental health in VISN 16?

I think the strength is the people. I have made site visits throughout VISN 16 and spent part of that time in a focus group-like setting with mental health staff and leaders. These people are absolutely dedicated and committed to the mission. So, phenomenal people across VISN 16 is one strength. The other strength that I think is unique for us is the fact that we have a MIRECC in our VISN. So, not only are we able to do clinical demonstrations to improve care and service to the mental health population that we serve in the VA, but also to contribute to the mental health body of knowledge that will benefit others in our communities.

Q. What do you see as the challenges for mental health in VISN 16?

The challenge is not to settle for where we are but to envision what is really the ideal state. We need to ask ourselves what

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MESSAGE FROM THE SC MIRECC ASSOCIATE DIRECTOR FOR RESEARCH

John Fortney, Ph.D.

It has been a great year for the MIRECC Pilot Study Research Program! The Pilot Study Research Program funds investigator-initiated research that focuses on the South Central MIRECC's mission statement: *"To promote equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans."* We received nine applications in fiscal year 2012. Three pilot studies have been funded to date and two more proposals have been selected for funding, pending Institutional Review Board approval. The overall approval rate for applications was 55.6%, and the average award was $46,264. Two applications were funded on the first submission and the other three applications were resubmissions.

The titles of the funded pilot studies are listed below. Congratulations to the funded investigators! I would also like to sincerely thank our SC MIRECC Project Officers (Ellen Fischer, Ph.D.; Mark Kunik, M.D.; and Rick Owen, M.D.) who review pilot study applications every four months (October, January, April and July). For more information about the Pilot Study Program application process, contact Melonie Shelton at Melonie.Shelton@va.gov. For questions about scientific content, consult a SC MIRECC Project Officer: observational studies (Ellen.Fischer@va.gov), intervention studies (Kunik.MarkE@va.gov) and implementation studies (Richard.Owen2@va.gov). You may also consult your local site leader: Little Rock (Jeffrey.Pyne@va.gov), Houston (Melinda.Stanley@va.gov), New Orleans (Joseph.Constans@va.gov) or Oklahoma City (Thomas.Teasdale@va.gov). I look forward to receiving more pilot study applications from SC MIRECC investigators in fiscal year 2013.

Fiscal Year 2012 Pilot Studies, Funded

- Interpersonal Violence among Iraq and Afghanistan Veterans and their Intimate Partners: PI – Michelle Sherman, Ph.D., Oklahoma City VA Medical Center.
- VA Home-Based Emotional Learning with Practical Skills (VA-HELPS): Treatment for Depressed and/or Anxious Rural Veterans in Home-Based Primary Care: PI – Melinda Stanley, Ph.D., Michael E. DeBakey VA Medical Center, Houston, Texas.
- Clergy and Mental Health Provider Collaboration: Intervention Development: PI – Jeffrey Pyne, M.D., Central Arkansas Veterans Healthcare System, Little Rock, AR.

Fiscal Year 2012 Pilot Studies, Funding Pending

- A Walking Program for Veterans with Cognitive Impairment or Dementia: PI – Claudia Drossel, Ph.D., Central Arkansas Veterans Healthcare System, Little Rock, AR.
- Development of an Interactive, Adaptable and Transportable Treatment for Veterans with Alcohol Use Disorders: PI – Jan Lindsay, Ph.D., Michael E. DeBakey VA Medical Center, Houston, Texas. ♦

ATTRIBUTION: ACKNOWLEDGEMENT OF MIRECC RESEARCH SUPPORT/EMPLOYMENT

SC MIRECC researchers and educators have a responsibility to ensure that the SC MIRECC receives proper credit for SC MIRECC-supported studies or projects in articles, presentations, interviews, and other professional activities in which the results of those projects are publicized or recognized. All investigators should credit the SC MIRECC if they receive either direct or indirect support from the SC MIRECC. For example, "This work was supported in part by the VA South Central (VISN 16) Mental Illness Research, Education, and Clinical Center." If you receive salary support from the SC MIRECC, you should list the SC MIRECC as an affiliation.

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phenomenal, world-class mental health care would look like. Taking where we are now and starting to develop those strategies, systems and processes needed to take us to what we could and should be is our challenge and opportunity. We should pursue perfection in mental health care. This will provide the impetus for us to take bold, rather than incremental, steps.

Q. What do you see as challenges for VHA over the next 3-5 years?

I have said this in public forums, and I will certainly restate it here. I think the ability of our system to address the needs of the men and women returning from war with wounds we cannot see will be a defining moment for our organization. Our ability to position ourselves to deliver perfect care to them has to be the goal. The ability to do that will definitely be the defining moment for VA.

Q. Anything else you would like our readers to know?

Although we see almost 800,000 Veterans in our VISN, our system must be nimble enough to deliver personalized, proactive, and patient-centered care. We must have the ability to develop and implement the system around the N of 800,000 but offer a service-delivery model that is focused on the N of 1. That is what we should and must do. ♦

Fiscal Year 2013 Off-Cycle Clinical Educator Grants Call for Applications

The South Central MIRECC will accept off-cycle fiscal year 2013 Clinical Educator Grant proposals until November 30. These grants of up to $10,000 (for projects involving multiple facilities) support development of innovative, unique clinical education tools for quality Veterans' health care that can be exported to other facilities. Funded projects must also support the mission of the South Central MIRECC: *"To promote equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans."*

Grants are typically used to deliver existing educational content in a new way or to pilot a new educational intervention. We strongly encourage people with a good idea to talk to their SC MIRECC site leader (Little Rock: Jeffrey.Pyne@va.gov, Houston: Melinda.Stanley@va.gov, New Orleans: Joseph.Constans@va.gov, or Oklahoma City: Thomas.Teasdale@va.gov) or Dr. Geri Adler (Geri.Adler@va.gov) about how to develop the idea into a fundable submission. The caveat for off-cycle grants is that funding is limited to one fiscal year and, whenever awarded, must be spent by mid-September 2013.

- Download Application at http://www.mirecc.va.gov/VISN16/docs/CEGApplication2013.pdf.
- Download Example Application 1 at http://www.mirecc.va.gov/VISN16/docs/Sample_application_I.pdf.
- Download Example Application 2 at http://www.mirecc.va.gov/VISN16/docs/Sample_application_II.pdf. ♦

VISN 6 and 16 mental health providers are invited to attend the next SC MIRECC CBOC Mental Health Rounds titled "Engaging Families in Recovery: Practical Tips" on Wednesday, September 12, 2012 at 8:00-9:00 a.m. (CST). This LiveMeeting session will be presented by Leigh Ann Johnson, MSW.

Call 1-800-767-1750 and use access code 26461# to participate. For registration information and links to the LiveMeeting, email Ashley.McDaniel@va.gov.

RECOVERY (continued from page 1)

Recovery Team

In March 2011, Central Arkansas Veterans Healthcare System (CAVHS), Mental Health Service leadership (Dr. Catina McClain, the Associate Chief of Staff for Mental Health, and Ms. Lisa Martone, the Chief of Patient Care Services for Mental Health) set out to increase the provision of recovery-oriented care in the service. A team was assembled to develop and implement a recovery training program. The team was led by Local Recovery Coordinator, Dr. J. Glen White and included, Ms. Tomye Modlin, Nurse Educator, Ms. Teresia Dupins, MHICM Coordinator, and Dr. Marie Mesidor, PRRC Program Director. In addition, psychosocial rehabilitation fellows at CAVHS provided input. In particular, Dr. Kristen Viverito, a former psychosocial rehabilitation fellow and current Health Services Research & Development fellow, assisted with the evaluation. Dr. Patricia Dubbert, the SC MIRECC Associate Director for Improving Clinical Care, analyzed the data.

Recovery Training

Each staff member was required to take one 3-hour training that included completing a pre and posttest and working with a small group to create an action plan. The goals of the training included clarifying key concepts in mental health recovery and recovery-oriented services; identifying skills needed to incorporate recovery-oriented care into clinical practice; discussing ways to increase recovery-oriented services; and developing an action plan to make CAVHS Mental Health Service more recovery-oriented. It was emphasized throughout the training that enhancing recovery-oriented care is an ongoing endeavor and no provider or program is at 0% or 100%.

Participants learned about the basic principles and concepts of recovery; research supporting recovery-oriented care; and the recovery and medical models and how they can be complementary. In addition, recovery stories were presented, as well as barriers to incorporating recovery-oriented care into clinical practice and ways to overcome them. Participants were also educated about the role of peer support specialists and mental health advance directives. In addition, a resource list, relevant articles, and instructions on how to access these resources on our SharePoint Web site were provided to participants.

Findings

Approximately half of the CAVHS Mental Health Service staff (n=206) completed recovery training from March 2011 to October 2011. The following findings are from their pretests, posttests and action plans.

Pre and Posttest

Both the pre and posttest included 15 Likert Scale questions with similar items. Sample questions included: (1) I have a good understanding of what recovery means with respect to mental health; (2) most of the obstacles to providing more recovery-oriented services at CAVHS can be overcome; and (3) recovery is not a practical concept to use widely with the Veterans with whom I work. The following changes were noted from pre to posttest:

- Significantly more staff reported that they had a good understanding of what recovery means with respect to mental health at posttest.
- Significantly more staff reported that they would welcome Veterans becoming more equal in collaborating with the provider and the program as they provide services.
- Significantly fewer staff members reported that recovery is not a practical concept to be used widely with the Veterans they work, at posttest.
- Significantly fewer staff members reported that CAVHS showed a weak commitment to providing recovery-friendly services at posttest.

Action Plan

Recovery training participants formed small groups to discuss ways to improve the delivery of recovery-oriented care in the CAVHS Mental Health Service. However, each participant completed his or her own action plan based on the discussion. Action plan questions included: (1) how can you change your practice to become more recovery-oriented; (2) what role can you play in your work area to incorporate recovery-oriented services among your team members/colleagues/ peers; and (3) what can you do to help the CAVHS Mental Health Service become more recovery-oriented? Participants submitted the following responses:

- More recovery training for staff
- More recovery-based groups available to Veterans
- Increased collaboration between staff
- Have Veterans involved in program planning

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- More individualized patient services-decrease cookie cutter approach
- Help families develop skills
- Share Veteran and staff success on recovery
- Help Veterans develop skills for community success so they are less dependent on VA
- Increase use of recovery and person-centered language
- Develop a list of mental health services at the VA and in the community, including the contact person and program requirements so that this can be provided to Veterans and staff members
- Increase the number of peer support specialists and services

Next Steps

As a result of these findings, the CAVHS Mental Health Service has expanded the recovery team to include members from a variety of disciplines/areas (mental health leadership, nursing, psychology, social work, and occupational therapy). In addition, the recovery team will continue providing trainings until all mental health staff have been able to participate and are in the process of developing a follow-up training. The recovery team has been working to develop the resource list for Veterans and staff and is updating the CAVHS Web page to increase staff and Veteran knowledge about the range of services available at the VA and in the community.

For more information about these recovery trainings, contact Dr. Marie Mesidor (501-257-1513) or Dr. J. Glen White (501-257-3498). ♦

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