



VA Office of Mental Health and Suicide Prevention Guidebook



U.S. Department
of Veterans Affairs

www.mentalhealth.va.gov

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VA's Unparalleled Integrated Mental Health Services

The health and well-being of the Nation's men and women who have served in uniform is the highest priority for the U.S. Department of Veterans Affairs (VA). VA is committed to providing timely access to high-quality, recovery-oriented, evidence-based mental health care that anticipates and responds to Veterans' needs and supports the reintegration of returning Service members into their communities.

Mental health care at VA comprises an unparalleled system of comprehensive treatments and services to meet the needs of each Veteran and the family members who are involved in the Veteran's care. These services support Veteran resilience, identify and treat mental health conditions at their earliest onset, address acute mental health crises, and deliver recovery-oriented treatment.

VA provides a continuum of forward-looking outpatient, residential, and inpatient mental health services across the country. Points of access to care span 168 VA medical centers, 1,053 Community Based Outpatient Clinics, 300 Vet Centers, and 80 mobile Vet Centers. Veterans and their families learn about mental health services through several outreach efforts by 300 local Suicide Prevention Coordinators, VA staff working on college and university campuses, and the Veterans Crisis Line. In addition, VA has integrated mental health care into primary care settings, where Veterans are routinely screened for many mental health conditions.

VA is working to continuously improve mental health care and services for Veterans and their families. VA's research program supports studies to better understand and treat all mental health conditions, focusing on crucial care questions raised by VA's mental health care providers to advance state-of-the-art knowledge.

An important component of sustaining and improving the Nation's premier integrated mental health care is the recruitment and retention of committed health care providers and staff. In addition, VA partners with community-based health care systems, nonprofit agencies, and public and private academic affiliates to conduct research and expand community-based support for Veterans. VA's partnerships have increased Veteran access to mental health care, created a mechanism for VA to receive stakeholder feedback, and forged local collaboration to overcome challenges in delivering services.

VA also has invested in process improvements, including enhanced program oversight. VA measures and tracks indicators of facility performance, develops initiatives to improve the safety of VA provider prescribing practices, and sustains a commitment to transparency, accountability, and innovation.

This guidebook highlights information on the range of VA mental health services and related programs designed to address the mental health needs of Veterans and their families.

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Early Identification, Screening, and Intervention in Primary Care Settings

Early identification, accurate diagnosis, and effective treatment of mental health conditions improve the chances for recovery, so VA primary care providers screen Veterans for depression, posttraumatic stress disorder (PTSD), problematic alcohol use, and difficulties related to military sexual trauma (MST).

Many Veterans who receive care in VA clinics have been diagnosed with mental health conditions:

- In fiscal year (FY) 2017, more than 1.7 million Veterans received mental health treatment in a VA mental health program; this number has risen each year from about 900,000 in FY2006.
- Nearly one-third (29.2 percent) of these patients received care from a mental health care provider working in the primary care clinic, while 350,000 (70.8 percent) had their depression documented by providers who exclusively practice primary care.
- Other mental health conditions such as PTSD, substance use disorders (SUD), and anxiety are also commonly diagnosed in VA primary care patients.

The integration of mental health services into primary care settings is designed in part to help overcome some Veterans' reservations about seeking mental health treatment. It also provides an opportunity to deliver mental health services to those who may otherwise not seek them and to identify, prevent, and treat mental health conditions at the earliest opportunity. VA provided more than 1.2 million mental health visits in primary care settings in FY2017, an increase of 4 percent from FY2016 and up 20 percent from FY2014. In most cases, mental health professionals embedded in the primary care team can effectively treat the patient. If warranted, the patient can be referred to specialty care.

In Veterans' own words

Jack was wounded in Vietnam after landing in a hot landing zone. He lost some of his Marines that day and, after returning home, grieved their loss by using drugs and alcohol. After a friend helped him discover the help available at VA, Jack turned his life around, went on to become a successful entrepreneur, and today helps other Veterans as a mentor and advocate.



[MakeTheConnection.net/stories/136](https://www.MakeTheConnection.net/stories/136)



Full Range of Mental Health Care Services

VA provides a continuum of outpatient, residential, and inpatient mental health services. The Veterans Health Administration (VHA) has 168 medical centers, 1,053 community-based outpatient clinics, 300 Vet Centers, 80 mobile Vet Centers, and VA staff working on college and university campuses. In FY2017, more than 1.7 million Veterans received mental health treatment in a VA mental health specialty program; this number has risen each year from over 900,000 in FY2006.

VA believes this increase is partly due to proactive screening to identify Veterans who may have symptoms of depression, PTSD, or problematic use of alcohol, or who have experienced MST. In addition, the introduction of Peer Specialists to the mental health workforce provides unique opportunities for engaging Veterans in care. As of the end of FY2017, there were almost 1,100 peers providing services at VA medical centers (VAMC) and community-based outpatient clinics. VA has also developed useful web and mobile tools to help connect Veterans and their families to mental health resources.

Nonmedical Determinants of Health

VA delivers a broad range of services that contribute to a Veteran's overall psychological resilience and ability to recover from mental health conditions — recognizing that recovery requires a holistic approach to care. Whether Veterans are having legal problems, experiencing homelessness, living without a positive social support system, or lacking job training, VA staff members work with them to tailor evidence-based treatment and services to the challenges in their lives that may hamper their recovery.

For example, we know that homelessness and the need for job skills contribute to economic instability, and these circumstances make it less likely that a Veteran in need of mental health care will seek care or continue to be engaged. VA also recognizes that many Veterans who have been arrested or prosecuted have a mental illness or behavioral health condition that increases their risk of future legal troubles if they do not receive support and treatment services. Veterans who are employed, have a stable place to live, and are affiliated with a community of Veterans and others for support are more likely than others to be optimistic about their future.

Immediate Crisis Response

The VCL provides immediate, 24/7 access to mental health crisis intervention and support for Veterans, Service members, and their families. VA continues to ensure that all Veterans in crisis have immediate access to a qualified responder. (See "suicide prevention" section for additional details on VCL services.) VA has undertaken a series of initiatives to provide the best customer service to everyone who contacts the VCL.

- VCL serves roughly 2,000 callers per day, and call volume has increased by 68 percent in the past 12 months. In the same period, despite the increased call volume, VCL reduced rollovers to its backup call center by 97 percent. VCL current daily rollover rate averages less than 0.5 percent, resulting in immediate attention by a trained VCL responder for virtually all callers in crisis.
- In addition to call centers in Canandaigua, New York, and Atlanta, Georgia, VCL has created a third site on the campus of the Eastern Kansas Health Care System in Topeka to provide increased staffing capability and geographic redundancy. Overall, VCL employs more than 500 responders across three call centers.

- VA has streamlined and standardized how crisis calls from other locations within VA reach the VCL, including full implementation of the automatic transfer function that directly connects Veterans who call their local VA medical center to VCL by pressing a single digit (7) during the initial automated phone greeting. This feature has also been implemented at over 600 Community Based Outpatient Clinics (CBOCs) across the Nation.

Behind the Scenes

“Behind the Scenes” provides a look into the VCL call center, where qualified, caring responders answer the calls of Veterans, Service members, and their families and friends in times of crisis. In the video, VA responders, some of them Veterans themselves, share their stories and experiences in providing vital support and referrals for Veterans and their loved ones.

What it's like when you call the Veterans Crisis Line (VCL):

 https://youtu.be/_jQb9xRvsbY



Mental Health Care Services

Outpatient Mental Health Services

Outpatient mental health services comprise a broad range of services delivered in individual or group settings. In response to the growing Veteran need for mental health services, VA doubled the number of outpatient mental health encounters, or treatment visits, from 10.7 million in FY2006 to 21.3 million in FY2017.

Each Veteran receiving ongoing VA specialty mental health care is assigned a Mental Health Treatment Coordinator (MHTC), who ensures continuity of care and provides the Veteran with a consistent and reliable point of contact, especially during times of care transitions. The MHTC serves as a clinical resource for the Veteran and staff, generally as part of the Veteran's assigned mental health care team. As of Jan. 30, 2018, 1,347,189 Veterans had an assigned MHTC.

In addition, VA facilities throughout the country are utilizing teams to promote Veteran-centered, coordinated care to support recovery. One model for this team-based care is the Behavioral Health Interdisciplinary Program (BHIP), which coordinates collaborative, evidence-based, Veteran-centered care by an interdisciplinary team of providers and clerical staff in outpatient mental health clinics at all VAMCs.

BHIP is guided by the evidence-based Collaborative Care Model, which focuses on six core elements: providing organizational and leadership support, anticipating care needs through process redesign, enhancing Veteran self-management skills, offering decision support for providers, managing clinical information about Veterans, and accessing support for Veterans in the community. Through its emphasis on team building, communication, and coordination, BHIP is demonstrating a meaningful, positive impact on patient care and teamwork — including improved staff relationships, job satisfaction, and Veteran access to care.

- Early data show that, compared to non-BHIP patients, patients of BHIP teams who had depression, PTSD, and serious mental illness (SMI) were more likely to engage in three treatments over six weeks.
- As of the end of FY2017, VHA had established over 500 BHIP teams that were treating more than 560,000 Veterans.

In Veterans' own words

Cognitive behavioral therapy, or CBT, can be an effective treatment for PTSD, anxiety, depression, and other conditions. Listen as Veterans describe the challenges they were experiencing and how CBT helped them get back on track.



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Intensive Community Mental Health Recovery (ICMHR) Services

ICMHR includes Mental Health Intensive Case Management (MHICM), Rural Access Network for Growth Enhancement (RANGE), and Enhanced Rural Access Network for Growth Enhancement (E-RANGE). For Veterans who have SMIs and need additional services beyond those available in traditional approaches, these programs provide access to intensive, recovery-oriented mental health services that enable them to live meaningful lives in the community of their choice. Based on the principles of Assertive Community Treatment (ACT), ICMHR helps Veterans define and pursue a personal mission and vision, based on their self-identified strengths, values, interests, personal roles, and goals. ICMHR programs served more than 14,000 Veterans during FY2017, providing a total of almost 550,000 visits. The program's core principles include:

- A high staff-to-Veteran ratio, providing multiple visits per week as needed
- Services provided by an interdisciplinary team whose members all are available to provide support for the Veteran
- Interventions occurring primarily in the community rather than in office settings
- Highly accessible services to address Veterans' needs for as long as they are clinically indicated

In FY2017, Veterans enrolled in the RANGE program had an average of 12 fewer hospital days in the year after admission, and Veterans enrolled in the MHICM program had an average of 28 fewer hospital days after admission.

Psychosocial Rehabilitation and Recovery Centers (PRRC)

PRRCs help Veterans challenged with SMI and significant functional impairment acquire the skills necessary to integrate into meaningful self-determined roles in the community. In support of this goal, PRRCs provides a transitional educational center that inspires and helps Veterans to reclaim their lives, instills hope, validates strengths, teaches life skills, and facilitates community integration into the roles they desire. PRRCs provide Veterans with SMIs an avenue to define and pursue a personal mission and vision for their future based on their strengths and self-identified values,

interests, personal roles, and goals. All Veterans served in PRRCs have access to support, education, and effective treatment that fosters improvement in all domains of their lives. Specifically, Veterans have access to recovery-oriented interventions and natural community-based supports — which are essential for living, working, learning, and contributing fully in the community.

A recent independent evaluation found that PRRCs are effective in helping Veterans integrate into valued community roles and that Veterans are very satisfied with PRRC services. There are currently 106 outpatient specialty mental health PRRC programs serving over 23,500 Veterans.

Mental Health Residential Rehabilitation Treatment Programs (MH RRTP)

MH RRTP, or the Domiciliary Program, is VA's oldest program, established in 1865 as the National Home for Disabled Volunteer Soldiers. Ten of the first 11 program locations continue to offer residential treatment. Today, the MH RRTPs provide intensive specialty treatment for mental health and SUDs, as well as for co-occurring medical needs, homelessness, and unemployment. MH RRTPs are staffed 24 hours a day and provide access to both professional and peer support services. MH RRTPs identify and address Veterans' goals for rehabilitation, recovery, health maintenance, quality of life, and community integration.

- VHA operates 250 MH RRTPs, with about 7,800 beds at 112 VA facilities. Among these programs are the specialized residential beds for the treatment of PTSD and SUDs.
- In FY2017, the MH RRTPs served over 34,000 Veterans.

Inpatient Mental Health Treatment Programs

VA provides inpatient mental health care for Veterans at risk of harming themselves or others, or who require hospitalization to stabilize their condition. After discharge, patients receive outpatient follow-up within seven days to ensure continuity of care.

- Nationwide, 113 VA facilities offer acute inpatient psychiatry programs, and in FY2017, those programs served about 58,000 Veterans.

Substance Use Disorder Treatment

VA is a leader in the prevention and treatment of SUDs. Patients who misuse alcohol or have the least severe SUDs may be treated with evidence-based brief interventions and/or medication in primary care or general mental health settings. For those with more severe disorders, specialty SUD treatment programs provide intensive services including detoxification, evidence-based psychosocial treatments, SUD medication, case management and relapse prevention, and treatment for co-occurring mental health conditions.

- VA provided treatment for more than 490,000 Veterans with SUDs in FY2017.
- More than 110,000 Veterans received individual specialty SUD care, over 63,000 received group SUD care, and more than 10,500 were treated in an opioid substitution program in FY2017.

In Veterans' own words

Veterans discuss how they used alcohol or drugs in an attempt to cope with stress, nightmares, and other problems. It took strength for them to seek out more effective solutions, leave behind unhealthy ways of coping, and live healthier, more fulfilling lives.



[MakeTheConnection.net/stories/183](https://www.maketheconnection.net/stories/183)



PTSD Treatment

Since 1987, the specialized treatment of PTSD has been an integral part of VA's mental health services. In FY2017, more than 653,000 Veterans (over 194,000 of whom served in Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn, or OEF/OIF/OND) received state-of-the-art treatment for PTSD in VAMCs and clinics. Since FY2010, the number of OEF/OIF/OND Veterans receiving mental health services has more than doubled, and PTSD services overall have grown by almost 50 percent. VAMCs, clinics, and specialized mental health programs provide a continuum of specialty PTSD care — from psychologists working in primary care mental health integration, PTSD specialists working on BHIP teams, specialized PTSD residential rehabilitation treatment programs and inpatient treatment units, and outpatient PTSD clinical teams (PCT) around the country.

Nationwide, VA operates about 125 PCTs that provide group and individual specialized and primarily time-limited treatment for PTSD. These teams typically have a staff member trained to treat Veterans with both PTSD and SUDs. There are increasing numbers of PTSD programs or tracks within PTSD programs to treat Veterans with special needs, such as women or those with both PTSD and SUDs, a history of mild traumatic brain injury (TBI), or experience with MST.

- More than 12,700 VA mental health clinicians have been trained in evidence-based treatments, including over 8,500 VA mental health staff members trained in prolonged exposure (PE) and/or cognitive processing therapy, two of the most effective therapies for PTSD. VA also offers evidence-based medication treatments that may be helpful for various clusters of PTSD symptoms.
- VA's National Center for PTSD (NCPTSD) guides a national PTSD Mentoring Program, which works with specialty PTSD programs across the country to improve administrative practices through sharing solutions to management issues.
- NCPTSD's PTSD Consultation Program (www.ptsd.va.gov/consult) provides email or telephone consultation for VA providers regarding PTSD assessment, referral, and treatment. In addition, a monthly webinar offers lectures by leading PTSD experts for 200 to 800 VA clinicians and other providers who treat Veterans with PTSD in the community.
- VA conducts extensive clinical research to develop and test evidence-based psychotherapy advances; medications; and behavioral, complementary, and alternative approaches to treating PTSD and other mental health conditions affecting Veterans.



In Veterans' own words

"When you go to PTSD treatment, they teach you a whole new way of managing your life. And since I've adopted that, I have friends and support, on my job, in the community. ... I'm a new person."

— Horace "Ace" Carter, U.S. Army (1977–1999)

www.ptsd.va.gov/AboutFace 

Integrated Geriatric Mental Health Services

VA's Geriatrics and Extended Care (GEC) program is committed to optimizing the wellness, function, and independence of Veterans with complex chronic conditions and advanced illnesses. Many Veterans and their families who receive GEC care have psychosocial concerns, such as changes in everyday physical or cognitive abilities; pain, insomnia, fatigue, or other discomforts; mental health conditions such as depression, anxiety, PTSD, schizophrenia, and SUDs; behavioral and psychological symptoms related to dementia; and caregiver stress. In addition, this population has many risk factors for suicide.

Because these Veterans may have difficulty accessing mental health services, VHA policy requires the integration of mental health professionals into GEC through Home Based Primary Care (HBPC), Community Living Centers (CLC), Palliative Care Consult Teams (PCCT), and Geriatric Patient Aligned Care Teams (GeriPACT). These mental health professionals provide patient evaluation and treatment services, helping the entire team to provide excellent physical and mental health, as well as social support for Veterans and families. Many Veterans are now able to access these services through direct mental health care and/or integrated mental health consultation/support to the team.

- In FY2017, HBPC followed 59,131 Veterans across 156 VAMC-based programs and 279 community-based outpatient clinic programs; 28.9 percent of these Veterans had direct, home-based care by a psychologist, and 2.5 percent received care from a psychiatrist integrated into the care team.
- In FY2017, 41,355 Veterans received care across 135 CLCs nationally, with active care by integrated psychologists.
- Between 2013 and 2017, 78 CLCs participated in Staff Training in Assisted Living Residences in VA (STAR-VA) for behavioral care of Veterans with challenging behaviors related to dementia, led by the integrated CLC mental health provider and a registered nurse champion. Among participating Veterans, STAR-VA has demonstrated significant decreases in the frequency and severity of target behaviors and reduced symptoms of depression, anxiety, and agitation.
- In FY2017, PCCTs located at every VAMC nationwide performed 41,945 comprehensive inpatient and outpatient palliative care consults. PCCTs are still working to integrate mental health professionals into every team; in FY2015, the latest year for which data is available, 79 percent of PCCTs included a mental health provider.
- Across 92 VAMCs, GeriPACTs cared for 57,288 Veterans in FY2017. GeriPACT teams all have partnerships with mental health professionals, with about one-third of those teams including dedicated, integrated mental health staff.

Suicide Prevention

While there is no single profile of a typical Veteran who attempts or dies by suicide, VA's recent analysis of Veteran suicide data helps us to better understand and address suicide risk factors. In August 2016, VA released a national suicide data report, *Suicide Among Veterans and Other Americans, 2001–2014*. The report was the most comprehensive analysis of Veteran suicide rates in the United States, examining more than 55 million records from 1979 to 2014 in all 50 states, Puerto Rico, and the District of Columbia. Key findings from the national data report include:

- An average of 20 Veterans died by suicide each day. Six of the 20 were users of VA health services in 2013 or 2014.
- Veterans accounted for 18 percent of all deaths by suicide among U.S. adults, while Veterans constituted 8.5 percent of the U.S. population.
- About 67 percent of all Veteran deaths by suicide were the result of firearm injuries.
- The suicide rate among middle-aged and older adult Veterans remains high. In 2014, about 65 percent of all Veterans who died by suicide were age 50 or older.
- After adjusting for differences in age and gender, the risk for suicide was 22 percent higher among Veterans compared to U.S. civilian adults.
- After adjusting for differences in age, risk for suicide was 19 percent higher among male Veterans compared to U.S. civilian adult males.
- After adjusting for differences in age, risk for suicide was 2.5 times higher among female Veterans compared to U.S. civilian adult females.

In Veterans' own words

Some Veterans find that they feel numb and lose interest in things they used to enjoy. Others start to feel hopeless, which may lead to thoughts of suicide. By reaching out for support, these Veterans connected to resources for recovery, including counseling or the Veterans Crisis Line. Learn how they discovered ways to enjoy life again.



[MakeTheConnection.net/stories/635](https://www.maketheconnection.net/stories/635)

Related Videos:

"Be There": <https://www.youtube.com/watch?v=MCSZ7FjTq5I>

"No Veteran Left Behind": <https://www.youtube.com/watch?v=i-xKK2Hbmpl>

In response to these findings, VA is aggressively undertaking the following measures to prevent Veteran suicide, using a public health model that drives a community-based, multifaceted approach:

- Enhanced joint work with the Department of Defense across all domains of suicide prevention, including data sharing, research, clinical care, Service member transition, and lethal means safety
- Bolstering mental health services for women
- Expanding telemental health services
- Deploying free mobile apps to help Veterans and their families
- Leveraging VA Vet Centers and Readjustment Counselors
- Assisting families of Veterans through telephone coaching
- Developing public-private partnerships to reach Veterans
- Maintaining the high quality of VA mental health care
- Conducting outreach among Veterans needing care
- Using data on Veteran suicide attempts and drug overdoses to guide suicide prevention strategies
- Increasing the availability of naloxone rescue kits throughout VA to prevent deaths from opioid overdoses
- Enhancing Veteran access to mental health care by establishing four regional telemental health hubs
- Continuing to partner with the Department of Defense on suicide prevention and other efforts, providing Veterans with a seamless transition from military service to civilian life

VA is working to eliminate suicide among all Veterans, whether they are enrolled in VA health care or not. VA is a leader in the development and implementation of innovative suicide prevention approaches and resources.

- VA is partnering with hundreds of organizations and corporations at the national and local levels — including Veterans Service Organizations (VSOs), professional sports teams, and major employers — to raise awareness of VA's suicide prevention resources and educate people about how they can support Veterans and Service members in their communities.
- VA is partnering with community-based mental health providers to expand the network of local treatment resources available to Veterans in need.
- Every day, more than 400 VA Suicide Prevention Coordinators (SPCs) and their teams, located at every VAMC, connect Veterans with care and educate the community about suicide prevention programs and resources.
- Through innovative screening and assessment programs, such as Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET), VA identifies Veterans who are at risk for suicide and may benefit from enhanced care — such as follow-ups to missed appointments, safety planning, and care plans that directly assess their suicide risk.

- VA has comprehensive screening and assessment processes used throughout the health care system to help identify patients who may be at risk for suicide. A medical chart “flagging” system has been developed to ensure the continuity of care and alert caregivers to potential risk. Veteran patients who have been identified as being at high risk receive enhanced care, including follow-ups to missed appointments, safety planning, follow-up visits, and care plans that directly address their suicidality.

To learn about warning signs and ways to be there for a Veteran who may be in crisis, visit: [VeteransCrisisLine.net/BeThere](https://www.VeteransCrisisLine.net/BeThere).

Veterans Crisis Line

The VCL connects Veterans in crisis and their families and friends with qualified, caring responders through a confidential toll-free hotline, online chat, and text-messaging service.



- Veterans and their loved ones can call 1-800-273-8255 and Press 1, chat online at www.VeteransCrisisLine.net, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year.
- The VCL, originally housed at the Canandaigua VAMC, provides round-the-clock assistance to Veterans nationwide. A second location to increase staffing capacity opened in Atlanta, Georgia, in October 2016, and a third location opened in Topeka, Kansas, in January 2018.
 - Since its inception in July 2007, the VCL has answered more than 3 million calls and initiated the dispatch of emergency services to callers in imminent crisis nearly 78,000 times.
 - The online, one-on-one chat service has answered nearly 363,000 requests since its launch in July 2009.
 - Since its inception in November 2011, the text-messaging service has answered more than 81,000 requests.
 - Responders have made more than 478,000 referrals to local VA SPCs on behalf of Veterans to ensure continuity of care with their local VA providers.

Suicide Prevention Resources and Initiatives

- Each VAMC has a full-time SPC committed to suicide prevention activities, including active intervention and follow-up with at-risk Veterans as well as community outreach to coordinate resources and raise awareness.
- VA provides medical screening and assessment of patients at risk for suicide. In addition, a new medical record screening system is identifying at-risk Veterans to facilitate communication between health care providers and help them determine when enhanced care is appropriate.
- Patients with elevated suicide risk receive an enhanced level of care, including missed appointment follow-up, safety planning, follow-up visits, and care plans that directly address their risk factors for suicide.

After the Call

“After the Call” offers a glimpse into the lifesaving work of five SPCs — who share their real stories about the work they do every day to support Veterans and their loved ones. Veterans are referred to SPCs through either the Veterans Crisis Line or VAMCs for help navigating VA’s network of care. Veterans dealing with mental health conditions and difficult life events and experiences can call on any of the 300 SPCs nationwide to get connected with the most appropriate treatment and support plan.



 **Video – What it’s like after the call:**
www.youtube.com/watch?v=I8cQHTzZTIs

Treatment for the Effects of Military Sexual Trauma

Recognizing that many survivors of MST do not disclose their experiences unless they are asked directly, VA established a policy of screening all Veterans seen in VHA for MST.

- VA provides all MST-related care free of charge, and Veterans may be able to receive this care even if they are not eligible for other VA care. Receipt of free MST-related services is separate from the VA disability compensation process; documentation of MST and a service-connected disability are not required.
- MST Coordinators in every VHA health care system serve as points of contact for MST-related issues and can help Veterans find and access VA services and programs. More information is available at www.mentalhealth.va.gov/msthome.asp.
- In FY2017, every VHA health care system provided MST-related outpatient care to both women and men. More than 1,325,000 MST-related outpatient mental health visits were provided to Veterans with positive MST screens — a 9 percent increase from FY2016.



In Veterans' own words

Veterans who have experienced MST share their stories. They describe the challenges they faced and how their lives were affected. Eventually, these men and women reached out for support. Hear how they were able to get on the road to recovery.

[MakeTheConnection.net/stories/180](https://www.maketheconnection.net/stories/180)



Women's Mental Health

Since FY2005, there has been a threefold increase in the number of women Veterans accessing VHA mental health services. In FY2017, 207,236 women Veterans received VA mental health care, representing 43.5 percent of all women VA patients.

- VA offers a full continuum of mental health services to women Veterans, including general outpatient, specialty, inpatient, and residential treatment options.
- VA policy requires that mental health services recognize that gender-specific issues can be important components of care.
- A national network of Women's Mental Health Champions, representing nearly every VA health care system, is in place to disseminate information, facilitate consultations, and develop local resources in support of gender-sensitive mental health care.
- VA has developed numerous clinical training resources for VA providers who treat women Veterans, including a monthly teleconference series, a special teleconference series for prescribers, and web-based advanced clinical trainings that facilitate live demonstrations and role-playing exercises.

In Veterans' own words

Women Veterans represent an enduring legacy of leadership, service, and sacrifice. While each woman's experience is unique, many women Veterans have faced similar challenges while serving in the military and after returning to civilian life. Hear inspiring stories from women who discovered ways to stay strong and find success.



[MakeTheConnection.net/stories/457](https://www.maketheconnection.net/stories/457)

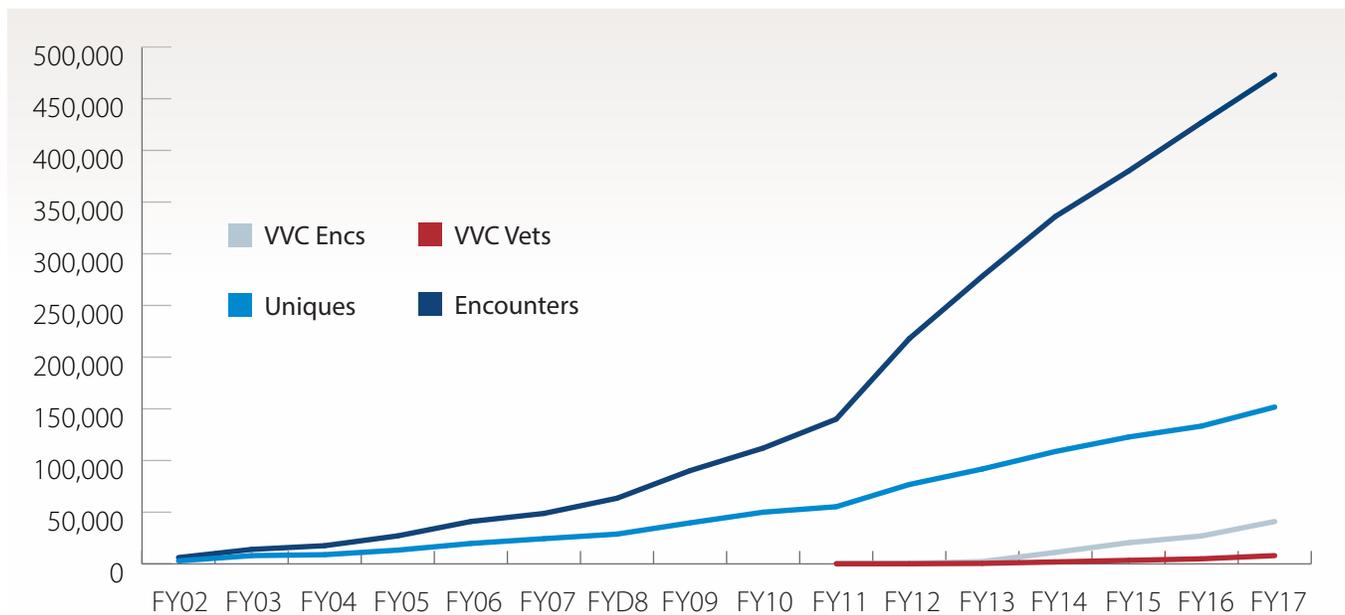


Telemental Health

Since it began documenting telemental health activity in FY2002, VA has conducted more than 2.6 million telemental health sessions.

- Most recently, in FY2017, VA provided telemental health services to more than 151,000 Veterans during more than 473,000 sessions.
- Of these, more than 8,000 Veterans participated in over 41,000 telemental health sessions by video from home (or other non-VA location) in FY2017. As both Veterans and VA staff continue to adopt VA's "VA Video Connect" (VVC) app, VA anticipates even greater increases in telemental health activity in FY2018 and beyond. The VVC app enables private video telehealth capability through any mobile device or computer.
- VA is a world leader in telehealth and telemental health services, including services provided by video directly into a Veteran's home (see Graph 1 below).

Graph 1 Number of Telemental Health Sessions, FY2002–17



Vet Centers

Vet Centers are community-based counseling centers, within VHA's Readjustment Counseling Service (RCS), that provide a wide range of social and psychological services including professional readjustment counseling to Veterans and active duty Service members, to include members of the National Guard and Reserve components, who:

- Have served on active military duty in any combat theater or area of hostility.
- Experienced a military sexual trauma.
- Provided direct emergent medical care or mortuary services, while serving on active military duty, to the casualties of war.
- Served as a member of an unmanned aerial vehicle crew that provided direct support to operations in a combat zone or area of hostility.
- Served in the Vietnam War era and have accessed care at a Vet Center prior to Jan. 1, 2004.

Vet Center services are also provided to family members of Veterans and Service members for military-related issues when it is found to aid in the readjustment of those that have served. This includes bereavement counseling for families who experience the death of an active duty Service member.

A core value of the Vet Center program is to promote access to care by helping Veterans, Service members, and their families overcome barriers to using those services. For example, all Vet Centers maintain regularly scheduled nontraditional hours, including evenings and weekends, to ensure that Veterans and Service members are able to access these services. Also, Vet Centers are able to create Veteran-to-Veteran connections, as over 72 percent of Vet Center staff are Veterans, and a majority of those individuals have served in combat zones.

There are 300 Vet Centers located in every state, the District of Columbia, American Samoa, Guam, and Puerto Rico.

Veteran Outreach

To ensure that Veterans, Service members, and their families are provided access to care, RCS has implemented a robust outreach program that focuses on the creation of face-to-face connections with those who have served. Vet Center staff regularly participate in a myriad of federal, state, and local sponsored Veteran-related events in the communities where Veterans and Service members live.

In addition, RCS maintains a fleet of 80 mobile Vet Centers designed to extend the reach of Vet Center services through focused outreach, direct service provision, and referral to communities that do not meet the requirements for a "brick and mortar" Vet Center but are homes to Veterans, Service members, and their families in need of services. In many instances, these communities are distant from existing services and are considered rural or highly rural.

Vet Center Call Center

The Vet Center Call Center **1-877-WAR-VETS** is a round-the-clock confidential call center that those who served and their families can call to talk about their military experience or any other issues they are facing in their readjustment. The staff comprises combat Veterans from several eras as well as family members of combat Veterans. The call center has warm handoff capabilities with all Vet Centers, the National Crisis Hotline, and the National Caregiver Hotline.

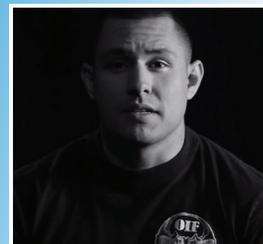
Additional Information

- All services are available without time limitation and at no cost.
- To use Vet Center services, eligible Veterans or Service members:
 - Do not need to be enrolled with a VAMC.
 - Do not need a disability rating or service connection for injuries from VA or the Department of Defense.
 - Can access Vet Center services regardless of discharge character, including a dishonorable discharge.
- No Vet Center patient information will be released to any person or agency without the written consent from the Veteran or Service member, except in circumstances to avert a crisis.
- In FY2017, Vet Centers provided more than 228,000 Veterans, Service members, and their families with over 1,664,000 visits.

Public Service Announcement

Vet Centers (www.vetcenter.va.gov) provide free readjustment services for Veterans who served in combat. This includes group and individual counseling, family and bereavement counseling, and more.

 www.vetcenter.va.gov/media/Call-Center-PSA.asp



Family Services for Veterans Who Have Mental Health Concerns

Consistent with VA's recovery-oriented philosophy, flexibility is a key principle when involving families in care. Services are tailored to the Veteran's phase of illness, symptom level, self-sufficiency, family relationships, and preferences. Various levels of services to meet these needs include the following:

- Engaging the family
- Educating family members and facilitating their access to the treatment team
- Involving the family in treatment planning
- Conducting a brief Veteran-centered family consultation
- Providing evidence-based family counseling/therapy programs



VA has a partnership with the National Alliance on Mental Illness (NAMI) to provide Veteran families with easy access to the NAMI Family-to-Family and Homefront education and support programs.

VA offers several evidence-based family counseling/therapy programs, including:

- Behavioral Family Therapy for serious psychiatric illness
- Integrative Behavioral Couples Therapy to reduce marital distress
- Cognitive-Behavioral Conjoint Therapy for PTSD

Because some Veterans are reluctant to obtain the care they need, VA established the Coaching into Care telephone service for Veterans' family members and friends to discuss how to access VA care and provide support for the Veteran. This free, confidential coaching service helps callers discover new ways to talk with the Veteran in their lives about their concerns and appropriate treatment options. The phone number is **888-823-7458**.

- Veterans and their families can call the Vet Center Combat Call Center round-the-clock to talk confidentially with staff members who include fellow combat Veterans and family members from several service eras. In FY2017, the call center took 144,671 calls from Veterans, Service members, their families, and concerned citizens.

Employment Services in Mental Health

VA established Therapeutic and Supported Employment Services (TSES) for Veterans whose lives have been disrupted by mental illness or physical disabilities, and who would benefit from a supportive, stable approach to obtaining community-based, competitive employment. TSES uses work-based treatment, including compensated work therapy, to facilitate and strengthen vocational rehabilitation and to provide a continuum of vocational skill development services.

- TSES is distinct from the Vocational Rehabilitation and Employment program (VR&E), administered by the Veterans Benefits Administration, in two primary ways: A disability service connection or pension is not required to receive treatment through TSES, and TSES vocational services are integrated in Veterans' medical treatment and clinical care.

- In FY2017, 61,000 unique Veterans received at least one encounter in at least one TSES stop code, inclusive of all TSES stop codes.

The Veterans Employment Toolkit (www.va.gov/vetsinworkplace) is a resource to help Veterans find work and to assist employers in supporting employees who are Veterans or members of the Reserve or National Guard. The toolkit includes a section for Employee Assistance Program (EAP) providers supporting Veterans in the workplace and a one-hour course offering continuing education for EAP providers.

Expanding Partnerships, Research, and Innovation

Military Culture: Core Competencies for Health Care Professionals

To enhance the quality of medical and behavioral health care for Service members and Veterans wherever they seek care, VA and DoD developed several military culture training courses available online to any clinician. *Military Culture: Core Competencies for Health Care Professionals* is a comprehensive, in-depth course comprises four two-hour stand-alone modules on military culture for DoD, VA, and community-based providers who support the care of Veterans, Service members, and their families. The course provides up to eight free continuing education credits.

As of January 2017, 2,827 nonfederal and 2,334 federal health care professionals have completed at least one module of the course.

Three additional military culture courses, each offering one hour of free continuing education credit, have been developed in collaboration with the DoD. These courses include *Military Culture and Spiritual Health*, *Military Culture in Primary Care*, and *Military Culture in the Reserve and National Guard*. VA is working with community partners to disseminate these resources nationwide. All resources can be accessed through VHA TRAIN (<https://www.train.org/vha/home>), an affiliate of the TRAIN Learning Network; through the Mental Health Community Provider Toolkit (<https://www.mentalhealth.va.gov/communityproviders/>); and through the Center for Deployment Psychology (www.deploymentpsych.org/Military-Culture).

Public, Private, and Academic Partnerships

VA is working with public, private, and academic partners across the country to make sure that Veterans can access high-quality, timely mental health care wherever they live.

- VA has established partnerships with multiple community-based organizations and corporations to enhance outreach, clinician training, suicide prevention efforts, and Veterans' access to high-quality mental health care.
- Each VAMC has appointed a community mental health point of contact to provide ready access to information about VA eligibility and available clinical services, to ensure warm handoffs at critical points of transition between systems of care, and to provide ongoing liaison between VA and its community-based partners.
- VA's Community Provider Toolkit (www.mentalhealth.va.gov/communityproviders) strengthens partnerships between VA and clinicians in local communities by providing key information and resources that support culturally competent and evidence-informed clinical practice. The toolkit includes information on screening for military



In Veterans' own words

The experiences of military life can affect Veterans and their relationships. In this video, Veterans talk about working through problems with their friends and loved ones and finding solutions that benefit everyone.

[MakeTheConnection.net/events/family-relationships](https://www.mhva.org/MakeTheConnection.net/events/family-relationships) 

service and educational materials and training resources focused on military culture and experience. Additionally, this resource includes educational content about accessing VA services; interagency resources developed by the DoD, VA, the Substance Abuse and Mental Health Services Administration (SAMHSA); and behavioral health and wellness. The toolkit also contains downloadable handouts on a variety of relevant topics including mental health recovery, screening for military service, and military culture. The toolkit website has been visited over 200,000 times since April 2013, and from January 2017 to January 2018, nearly 3,000 documents were downloaded from the toolkit site. The toolkit is continuously updated with input from public and private stakeholders. Recently added sections include a focus on using technology in mental health care and LGBT-focused education and resources.

- VA is hosting annual Community Mental Health Summits at each VAMC, focusing on building new partnerships and strengthening existing partnerships to meet the needs of local Veterans and their families.
- VA is working with universities, colleges, and health professional training institutions across the country to expand their curricula to address new research on meeting the mental and behavioral health needs of our Nation's Veterans, Service members, and their families.
- VA's Veterans Integration to Academic Leadership (VITAL) places VA mental health staff at colleges and universities to work with student Veterans. VITAL provides on-campus clinical counseling by a licensed professional, care coordination services, and education on military culture and Veterans to raise awareness and support within the academic community.
- The VA Campus Toolkit (www.mentalhealth.va.gov/studentveteran) is a resource to help faculty, staff, and administrators support student Veterans and learn about their strengths, skills, and needs.

Specialized Mental Health Centers of Excellence (MH CoEs)

Specialized MH CoEs create environments that stimulate innovation and accomplishment. The concentrated expertise at each center informs and strengthens the clinical care, research, and education that are essential to meeting the mental health needs of Veterans. Mental illnesses commonly experienced by Veterans include depression, PTSD, schizophrenia, anxiety disorders, and SUDs. Many Veterans with mental health problems meet criteria for more than one of these disorders and may also be dealing with homelessness, suicidal behavior, and difficulties at work, in school, and in relationships.

Establishing Mental Health Centers of Excellence

The first MH CoE, the NCPTSD, opened in 1989, followed by the establishment of 10 Mental Illness Research, Education and Clinical Centers (MIRECC). In 2005, VA established three other specialized centers in Canandaigua, New York; San Diego, California; and Waco, Texas, to address the mental health needs of Veterans returning from the wars in Iraq and Afghanistan. The VA Secretary also established an additional MH CoE, the Center for Integrated Healthcare, focused on coordinating mental health and primary care.

All the MH CoEs share a singular mission: to improve the health and well-being of Veterans through world-class, cutting-edge science, education, and enhanced clinical care. The centers are designed to be incubators for investigators, clinicians, treatments, and ways of educating staff and patients and for delivering care. The unique concept of the MH CoEs combines education, research, and clinical care into a single program to dramatically reduce the length of time between scientific discovery and implementation.

Multiple MH CoEs are needed because mental illness encompasses many complex conditions that differ in terms of cause, prevalence, symptom course, prognosis, and treatment. Accurately diagnosing and treating mental illness requires comprehensive efforts focused on specific disorders and populations, rather than on mental illness in general. Each MH CoE addresses a specific mental illness or illnesses or a specific aspect of care for mental illness. For example, the Veterans Integrated Service Network (VISN) 5 MIRECC focuses on optimizing recovery for Veterans with SMI, and the VISN 6 MIRECC focuses on the post-deployment mental health of returning Veterans. This focus and specialization greatly enhances each center's ability to develop new psychological and biological treatments for Veterans.

The centers also must specialize to better understand the complex context of health care services access and delivery within VA. The needs of Veterans vary by diagnosis, type of problem, and the diversity of the Veteran population and delivery sites. The specialized centers maximize the system capacity to understand and improve Veteran access to high-quality mental health care.

The MH CoEs not only leverage local, regional, and national VA expertise but also foster productive collaboration with clinical, research, and educational experts from academic affiliates and other organizations. These collaborations enable a single site to conduct research and educational activities across the spectrum of basic and clinical domains, utilizing the broadest and most current knowledge base that is necessary to fully address a given disorder. For example, the VISN 2 Center of Excellence for Suicide Prevention capitalized on a long-standing program of research on suicide prevention at the nearby University of Rochester, allowing rapid implementation, enhancing feasibility, and helping to sustain the center's activities. And the VISN 4 MIRECC brought basic science to the bedside with a study of the pharmacogenetics of naltrexone treatment response in alcohol dependence; this research is conducted through a direct partnership with the University of Pennsylvania.

For the past three fiscal years, MH CoEs annually have published an average of more than 1,300 scientific papers. This research has a profound effect on enhancing the understanding and treatment of mental illness in Veterans and among the general population more broadly.

Clinical, Research, and Educational Advances

Research by the MH CoEs includes the NCPTSD-led VA Cooperative Study #494, the first randomized clinical trial of PTSD treatment for women Veterans and Service members, which demonstrated the effectiveness of PE therapy. Based in part on that study's results, VA implemented a national training program for VA providers so that this treatment could be broadly used in caring for Veterans across the country.

Education and training are central to the mission of the MH CoEs as well. Educational efforts include national provider trainings, conferences, consultations, demonstration projects, creation and dissemination of clinical tools, and public awareness campaigns. MH CoE content experts work with other VA offices and community institutions to develop national, regional, and local clinical trainings for mental health care providers. For example, the MH CoEs are leading national rollouts of evidence-based treatments for depression, PTSD, and SMI, and they have conducted national trainings on suicide prevention and the integration of mental health care into primary care settings.

The national MIRECC website, www.mirecc.va.gov, provides access to MH CoE educational resources, receiving almost 400,000 visits annually. The NCPTSD website at www.ptsd.va.gov has more than 4 million visits annually and offers even more educational products for Veterans, professionals, and the general public, focused on PTSD. MH CoEs use these websites to disseminate information and numerous excellent educational tools for professionals, Veterans and their families, and the general public to meet their distinct needs.

Looking Toward the Future

In partnership with the Office of Academic Affiliations (OAA), the MH CoEs train the next generation of VA mental health leaders and practitioners through the VA Advanced Fellowship Program in Mental Health Research and Treatment. The purpose of this program is to develop outstanding academic and health system leaders in mental health clinical research and practice who advance the VHA's ability to care for Veterans with mental health problems.

The VA Advanced Fellowship Program in Mental Health Research and Treatment began at six sites in 2001 and was expanded to 10 MIRECC sites by 2006. The program was expanded to 21 sites in 2009, which included additional MIRECC sites as well as sites at other centers including MH CoEs and the NCPTSD. An additional five fellowship sites have joined since then, for a total of 26 sites nationwide. Each site has a collaboration between its VA Healthcare System and its academic affiliate, in order to provide optimal training to the Advanced Fellows in this program. From the beginning of the program to 2017, more than 300 Fellows graduated, including 88 physicians and 212 Ph.D.s, the majority of whom are clinical psychologists. The vast majority of graduates now serve in VA and/or academic positions, with many taking positions in distal or rural VA sites and/or specializing in telemental health, supporting VHA's efforts to improve access to quality care.

This training program combines individual mentorship in advanced research, clinical activities at the local level, and program wide didactic seminars delivered by nationally renowned experts. The coordinating hub site uses the VA intranet video-teleconferencing system to link all 26 sites weekly for in-depth presentations about key topics in mental health practice and treatment. Fellows also have access to the latest educational tools, such as online presentations that connect them to resources beyond the local level to obtain advanced and specialty clinical, research, and teaching skills. Locally, Fellows establish an individualized team of mentors that guides their acquisition of advanced knowledge and skills and promotes their long-term professional and career development within the VA system.

Through the clinical and research components of their Fellowship Program, Fellows increase their understanding of the legal and ethical issues involved in clinical practice in mental health. They enhance their knowledge of advanced clinical approaches in mental health, such as telemental health consultation and the use of cutting-edge neurochemical, neuroimaging, genetic, and chronobiological assessments. Training in advanced research and statistical methodologies prepares them to identify, evaluate, and select the best clinical assessment measures and procedures that enhance clinical decision-making. Fellows are also trained in state-of-the-field educational and mentorship strategies, and several program graduates now mentor current trainees and lead other VA training programs. Additionally, Fellows are trained to effectively disseminate research findings to a wide range of audiences.

The Advanced Fellowship Program in Mental Health Research and Treatment produces the next generation of VA practitioners and leaders, who are trained to a) conduct cutting-edge research on mental health research and treatment; b) utilize optimal education and dissemination methodologies to ensure that the most recent guidelines are implemented in the clinical trenches; and c) deliver the highest-quality mental health care for our Nation's Veterans.

VA Mental Health Centers of Excellence Locations

VISN 1 MIRECC, West Haven, CT: *Improve care for Veterans with co-occurring SUDs and mental illnesses as well as related issues such as VA-compensated disabilities, homelessness, criminal justice histories, and medical co-morbidities.*

VISN 2 Center for Suicide Prevention, Canandaigua, NY: *Integrate surveillance with intervention development through research for implementation of effective Veteran suicide prevention strategies.*

VISN 2 MIRECC, Bronx, NY: *Enhance the recovery of Veterans with the diagnosis of schizophrenia, bipolar disorder, and borderline personality disorder, across domains of reality testing, cognition, impulse control, and affective modulation.*

VISN 4 MIRECC, Philadelphia and Pittsburgh, PA: *The study and implementation of measurement-based mental health care.*

VISN 5 MIRECC, Baltimore, MD: *Maximize the recovery and community functioning of Veterans with serious mental illness.*

VISN 6 MIRECC, Durham, NC: *Implement a translational medicine center for assessment and treatment of post-deployment mental illness.*

VISN 16 MIRECC, Houston, TX: *Promote equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans.*

VISN 17 Center for Research on Returning War Veterans, Waco, TX: *Promote research on post-deployment adjustment and development of treatments for Veterans with post-war problems in functioning.*

VISN 19 MIRECC, Denver, CO: *To study suicide with the goal of reducing suicidal ideation and behaviors in the Veteran population. The focus is on promising clinical interventions as well as the cognitive and neurobiological underpinnings of suicidal thoughts and behaviors that may lead to innovative prevention strategies.*

VISN 20 MIRECC, Seattle, WA: *Improve the quality of life and functioning of Veterans by developing, evaluating, and promoting the implementation of effective treatments for military PTSD and its complex comorbidities.*

VISN 21 MIRECC, Palo Alto, CA: *Build an integrated system of clinical, research, and educational efforts designed to improve the clinical care of Veterans with dementia and with PTSD.*

VISN 22 MIRECC, Los Angeles, CA: *Improve functional outcomes of Veterans with psychotic disorders.*

VISN 22 Center for Stress and Mental Health (CESAMH), San Diego, CA: *Investigate stress and its related medical and psychiatric problems in Veterans and active duty personnel.*

National Center for PTSD, White River Junction, VT: *Advance the science and promote the understanding of traumatic stress as to improve the well-being and understanding of American Veterans.*



Center of Excellence for Substance Abuse Treatment and Education (CESATE), Philadelphia, PA, and Seattle, WA: *Develop, implement, and evaluate SUD treatment and provide evidence-based educational initiatives.*

Web and Mobile Resources

VHA has created a suite of award-winning tools that can serve as self-help resources or as adjuncts to mental health services. These tools are available as web-based courses and smart phone mobile applications.

Web-Based Self-Help Tools

Veteran Training (www.veterantraining.va.gov): In 2014, VA launched an online portal for web-based self-help resources to provide “one-stop shopping” for Veterans and their families. Currently, the following award-winning courses are available:

- Path to Better Sleep (<https://www.veterantraining.va.gov/insomnia/index.asp>) was launched in the fall of 2017 as an online tool to support cognitive behavioral therapy for insomnia (CBT-i), providing self-help tools to support treatment of sleep difficulties.
- Moving Forward (www.veterantraining.va.gov/movingforward) is an educational and life-coaching program that teaches problem-solving skills to help Veterans better handle life’s challenges.
- Veteran Parenting (www.veterantraining.va.gov/parenting) is a course to help parents learn how to address both everyday parenting challenges and family issues unique to military families.
- Anger and Irritability Management Skills (AIMS) (www.veterantraining.va.gov/aims/) offers a wide range of practical skills and tools to manage anger and develop self-control over thoughts and actions.
- PTSD Coach Online (www.ptsd.va.gov/apps/ptsdcoachonline/default.htm), a web-based version of the award-winning PTSD Coach, is for trauma survivors, their families, or anyone coping with stress.

Mobile Apps

VHA has deployed a suite of award-winning mobile apps to support Veterans and their families with tools to help them manage emotional and behavioral concerns. These apps are divided into two primary categories: those for use by Veterans to support personal work on issues such as coping with PTSD symptoms or stopping smoking, and those used with a mental health provider to support Veterans' use of skills learned in psychotherapy. Enabling Veterans to engage in self-help before their problems reach a level of needing professional assistance can be empowering to Veterans and their families and potentially can support VA's efforts to improve access to care. New Apps released in 2017 include:



AIMS (released summer 2017 and downloaded 8,000 times in 51 countries) is a self-management tool supporting the Anger and Irritability Management Skills (AIMS) web course. The mobile version provides key self-help interventions that a user can take on the go to always have resources available.



STAIR Coach (released summer 2017 and downloaded 5,600 times in 26 countries) is designed to supplement in-person psychotherapy using Skills Training in Affective & Interpersonal Regulation (STAIR). It also may be useful to people experiencing symptoms of trauma. STAIR is an evidence-based psychotherapy that uses cognitive and behavioral techniques to help with managing emotions and relationships. The app includes in-depth psychoeducation, interactive tools for emotion and behavior management, customizable reminders, and quick links to support.

The suite of apps supporting mental health services include:



PTSD Coach (released in 2011, with 293,000 downloads in 102 countries) is a widely acclaimed and award-winning joint VA and DoD project. It is a tool for self-management of PTSD and includes a PTSD self-assessment tool, with feedback and a graph for tracking symptoms over time; educational materials about PTSD symptoms, treatment, related conditions, and forms of treatment; relaxation and focusing exercises designed to address symptoms of PTSD in the moment; and immediate access to crisis resources, personal support contacts, or professional mental health care.



PE Coach for PTSD (released in 2012, with 58,000 downloads in 71 countries) is designed for people who are in prolonged exposure (PE) therapy and want to use a PE app in conjunction with their therapist. Features include an easy-to-use audio recording function to capture accounts of the traumatic memory for review later with the therapist; an assessment tool for tracking symptoms and progress; PE homework assignments for each session; reminders for therapy sessions; and educational materials about PE therapy and its treatment components.



CBT-i Coach for insomnia (released in 2013, with 162,000 downloads in 118 countries) was the result of a collaborative effort between the VA NCPTSD, Stanford University Medical Center, and the DoD's National Center for Telehealth and Technology (T2). CBT-i Coach is a mobile phone app designed for use by people who are having difficulty sleeping and are participating in cognitive behavioral therapy for insomnia guided by a health care professional.



ACT Coach Coach for depression (released in 2014, with 45,000 downloads in 97 countries) supports people who are participating in acceptance and commitment therapy (ACT) and who want to use an app in conjunction with their therapy to bring ACT practice into daily life.



CPT Coach for PTSD (released in 2014, with 19,600 downloads in 69 countries) is for people who are participating in cognitive processing therapy (CPT) for PTSD and want to use an app in conjunction with therapy. Features of CPT Coach include an assessment tool for tracking symptoms and progress; CPT practice assignments and worksheets for each session; reminders for therapy sessions; and educational materials about CPT and its components.



Stay Quit Coach for smoking cessation (released in 2013, with 18,000 downloads in 72 countries) helps people who are in treatment to quit smoking by providing a source of readily available support and information for their smoking cessation efforts.



Mindfulness Coach (released in 2014, with 82,000 downloads in 105 countries) provides tools to assist users in practicing mindfulness meditation.



Moving Forward (released in 2014, with 14,000 downloads in 59 countries) teaches problem-solving skills and can be used alone or while participating in problem-solving training.



Concussion Coach (released in 2013, with 20,000 downloads in 73 countries) offers treatment and coping resources for traumatic brain injury (TBI). Concussion Coach provides portable, convenient tools to assess symptoms and cope with TBI-related problems.



Parenting2Go (released in 2014, with 13,000 downloads in 43 countries) teaches healthy parenting skills and helps Service members and Veterans reconnect with their children and family members after deployment or any time.



PFA Mobile (released in 2012, with 32,000 downloads in 72 countries) was developed collaboratively by VA, the DoD, and the National Child Traumatic Stress Network. Disseminated as a mobile app for disaster responders, PFA Mobile is based on psychological first aid.



Mood Coach for depression (released in March 2016, with 7,600 downloads in nine countries) provides positive activity scheduling based on the principles of behavioral activation treatment for depression.



PTSD Family Coach for family members of those with PTSD (released in March 2016, with 12,000 downloads in 14 countries) is designed specifically to support the needs of intimate partners and children.



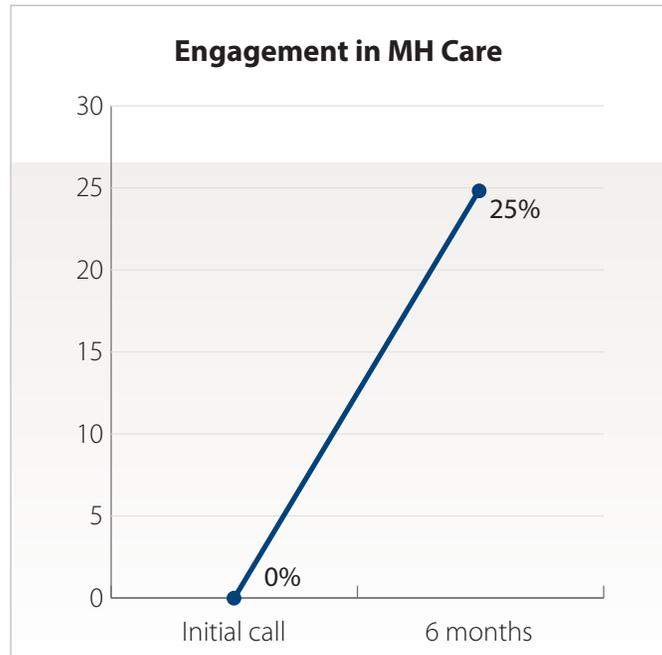
VetChange (released in summer 2016, with 5,600 downloads in 14 countries) is designed to help Veterans build skills to better manage alcohol consumption and other problems they may experience after deployment, including symptoms of PTSD.

Telephone Coaching

Coaching into Care (CIC) (www.va.gov/coachingintocare; 888-823-7458) provides a telephone coaching service for family members and friends who want to help a Veteran seek care. Coaching involves helping callers to communicate effectively and to support the Veterans in their lives in seeking mental health treatment. The free service is provided by licensed clinical social workers and psychologists. From its inception in January 2010 through the June 2015 initial reporting period, CIC logged a total of 22,826 initial and follow-up calls. Current call volume continues at similar levels.



Recent program evaluation data affirm that CIC's coaching strategy effectively helps family members and friends encourage the Veterans in their lives to seek mental health treatment. Among those Veterans who had had no recent mental health treatment, 25 percent were reported to have entered mental health treatment within six months after a family member starting coaching services with CIC.



Mental Health Quality and Outreach

Quality of VA Mental Health Care

A recent publication compared VA mental health care to private sector care and examined medication treatment for mental health disorders.

- Across seven performance indicators, the report found that VA “performance was superior to that of the private sector by more than 30 percent.”
- The authors concluded: “Findings demonstrate the significant advantages that accrue from an organized, nationwide system of care. The much higher performance of the VA has important clinical and policy implications.”
Source: ps.psychiatryonline.org/doi/10.1176/appi.ps.201400537

More recently, on Jan. 31, 2018, the National Academies of Science, Engineering and Medicine (NASEM) completed a report titled, *Evaluation of the Department of Veterans Affairs Mental Health Services* (<http://nationalacademies.org/hmd/Reports/2018/evaluation-of-the-va-mental-health-services.aspx>).

- The report highlights unmet mental health need among OEF/OIF/OND Veterans.
- The report also states that “a majority of OEF/OIF/OND Veterans who use the VA report positive aspects of and experiences with VA mental health services.”

Veterans’ Experience of Mental Health Care

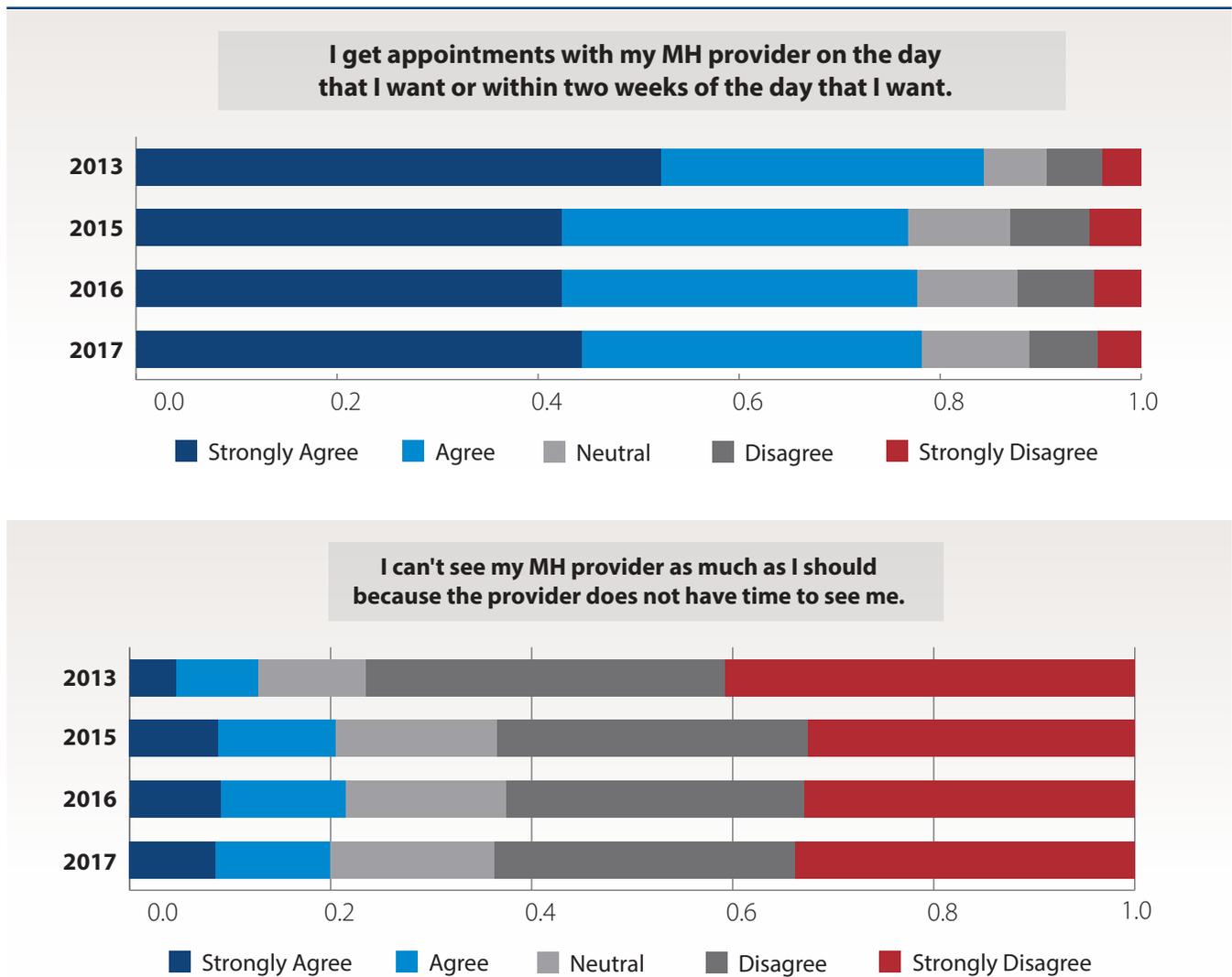
VHA conducts an annual Veteran Satisfaction Survey (VSS), focusing on perceptions of mental health services. This survey was developed with Veteran input and is administered by mail to Veterans who have had a recent outpatient mental health treatment visit. Veterans rate VHA mental health care positively: 94 percent agreed that they are treated with respect and kindness, and 84 percent agreed that they are satisfied with their mental health treatment team.



A key measure of Veteran-centered mental health services is the patient experience in scheduling appointments. Compared with the 2013 survey, patients were less likely to report good appointment access in the 2015 and 2016 surveys (Graph 5), but satisfaction with access improved slightly between 2016 and 2017.

- More than 75 percent of survey respondents agreed or strongly agreed that they get appointments within two weeks of the desired date, they are able to get an appointment with the provider who knows them, they will get a return call if they leave a message for their mental health provider, and they are able to have questions about their medications answered by phone.
- However, 20 percent agreed with the statement that their mental health provider was too busy to see them as often as needed.

Graphs 5 & 6 Veterans' Perceptions of Access to VA Mental Health Care, FY2013- 2017



- VHA has also initiated the Veterans Outcome Assessment, a telephone survey to track early treatment outcomes and satisfaction among a sample of Veterans who have recently begun an episode of mental health care. Findings from this evaluation will be used to improve VHA mental health programs and to expand evaluation projects.

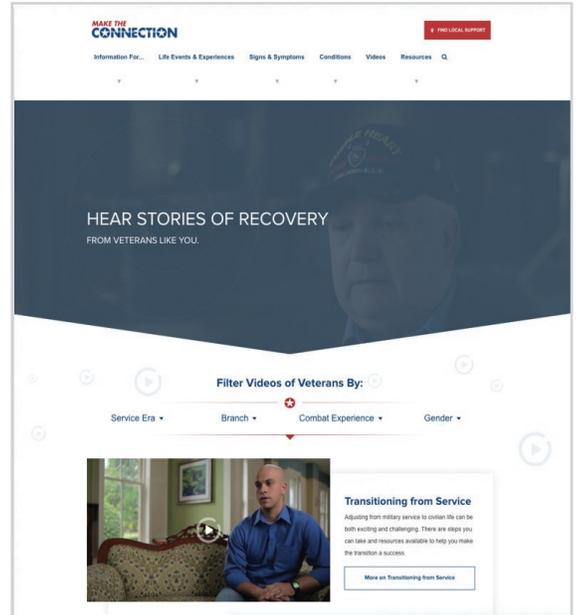
Outreach

VA works to connect Veterans and their families with the resources they need. In addition to VA's **Make the Connection** outreach campaign and extensive suicide prevention outreach, many specific mental health programs and services include outreach. Partnering with community organizations has broadened VA's outreach and promotes more positive outcomes from community providers.

Make the Connection

Make the Connection is VA's award-winning mental health public awareness campaign. The primary objectives are to highlight Veterans' true and inspiring stories of mental health recovery and to connect Veterans and their family members with mental health resources in their communities.

- Visitors to ***MakeTheConnection.net*** can:
 - **Listen** to true stories of Veterans and military family members who faced challenging life experiences and/or mental health conditions, reached out for support, and found ways to overcome obstacles. More than 400 Veterans and Veteran spouses, across 24 cities coast-to-coast, have participated in the campaign, helping VA to create more than 600 inspiring videos.
 - **Learn** about topics — life events and experiences and mental health signs, symptoms, and conditions — that are relevant to each visitor's personal experiences.
 - **Locate** mental health and other resources in a visitor's community.
- ***Make the Connection*** has seen tremendous engagement among Veterans and their family members and supporters. Via MakeTheConnection.net, the campaign's outreach efforts, and social media properties including Facebook and YouTube pages, the campaign has garnered:
 - 11.5 million website visits
 - 361,000 resource locator uses (to find local VA and other community-based sources of support)
 - 16.5 million video views
 - 25,800 YouTube subscribers
 - 2.9 million "likes" on the campaign's Facebook page, making it one of the largest U.S. government Facebook communities
 - 43 million Facebook engagements ("likes," comments, and/or shares)
 - 10 billion impressions for the campaign's public service announcements on TV and radio, earning donated airplay valued at more than \$28 million
 - More than 190 organizations broadcasting campaign messaging through their communication platforms
 - More than 730,000 pieces of promotional material distributed nationwide

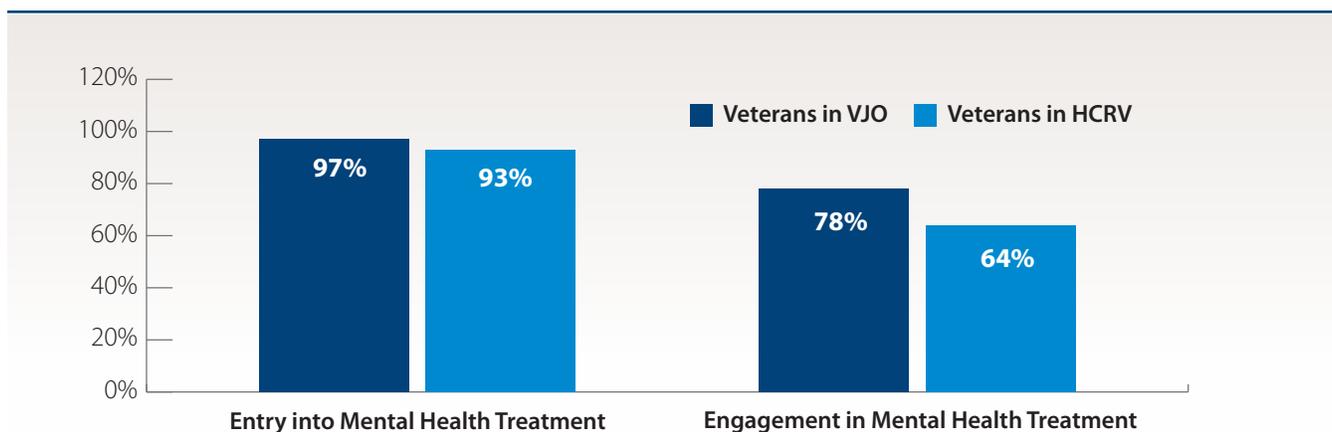


Veterans Justice Programs

The Veterans Justice Programs include two outreach and engagement initiatives for justice-involved Veterans: Veterans Justice Outreach (VJO) targets Veterans in local county jails, the court system, and/or those dealing with local law enforcement, and Health Care for Re-entry Veterans (HCRV) targets Veterans who are incarcerated in state or federal prison. Justice-involved Veterans are matched to a variety of services to address mental health, substance use, and medical issues; vocational and employment needs; and housing assistance, as well as services tailored to this population, such as evidence-based treatment for recidivism risk.

A key element of the Veterans Justice Programs has been the education of internal and external stakeholders and partners to dispel misconceptions and break down long-standing stigmatization of this population. Veterans seen in the Veterans Justice Programs access VA mental health treatment at high rates, as detailed below.

Graph 7 Entry into and Engagement in Mental Health Treatment Among Veterans in VJO and HCRV



Among Veterans in VJO and HCRV who were diagnosed with one or more mental health disorders:

- 97 percent of those in VJO and 93 percent of those in HCRV entered mental health outpatient, inpatient, or residential treatment within one year of diagnosis.
- 78 percent of those in VJO and 64 percent of those in HCRV had at least six mental health outpatient visits or at least one day in a residential mental health facility within one year of diagnosis.

Sources: Finlay, A.K. et al. (2014). U.S. Department of Veterans Affairs Veterans Justice Outreach program: Connecting justice-involved Veterans with mental health and substance use disorder treatment. *Criminal Justice Policy Review*, 1-20.; and Finlay & Rosenthal (2015, March 10). Justice-involved Veterans: Mental health and substance use disorder diagnoses and treatment use. Invited Career Development Award Enhancements Initiative (CDAei) Cyberseminar, Menlo Park, California.



In Veterans' own words

Many Veterans transition back to civilian life with few, if any, problems. Others may find the change difficult and may even get into legal trouble related to a variety of issues, such as anger management or problems with drug and alcohol. For the Veterans in this video, these experiences provided an opportunity to improve their lives, and VA support was part of the solution.

[MakeTheConnection.net/stories/639](https://www.maketheconnection.net/stories/639) 

Homelessness

VA places special emphasis on outreach to Veterans who are homeless or at risk for homelessness, given the high rates of mental health conditions and SUDs among homeless Veterans. VA offers outreach, exams, treatment, referrals, and case management to Veterans who are homeless and dealing with mental health issues, including substance use. At more than 135 Healthcare for Homeless Veterans (HCHV) sites, trained, caring VA specialists provide the tools and support necessary to improve Veteran health and functioning.

The number of Veterans experiencing homelessness in the United States has declined by nearly half since 2010. The recently released U.S. Department of Housing and Urban Development (HUD) Point-in-Time (PIT) Count estimates that on a single night in January 2017, approximately 40,000 Veterans were experiencing homelessness and just over 15,300 were unsheltered or on the street.

- Since 2010, through HUD's targeted housing vouchers and VA's programs, over 600,000 Veterans and their family members have been permanently housed, rapidly rehoused, or prevented from becoming homeless. HUD-VA Supportive Housing (SH) pairs a HUD housing choice voucher with comprehensive case management for those with the greatest needs to assist them with moving out of homelessness. As of Sept. 30, 2017, nearly 78,000 Veterans were housed with a HUD-VASH voucher.
- As of Dec. 29, 2017, 57 U.S. communities and three states (Connecticut, Delaware, and Virginia) have declared an effective end to Veteran homelessness.
- During FY2017, the Supportive Services for Veterans Families (SSVF) program assisted over 129,000 individuals, including nearly 84,000 Veterans and nearly 28,000 children. Of those discharged from the SSVF program, 82 percent obtained permanent housing.
- As of Sept. 30, 2017, 90 percent of at-risk Veterans and their family members receiving prevention services through SSVF successfully avoided becoming homeless.

SMI Re-Engage

The VA SMI Re-Engage program facilitates treatment re-engagement for Veterans diagnosed with schizophrenia or bipolar disorder who experience a gap of at least 12 months in VA health care utilization. This program was designed in response to studies indicating that: 1) Veterans with SMI have high prevalence of medical conditions, and 2) absence of engagement in VA primary care services is associated with greater risk of unforeseen death among Veterans with schizophrenia. VA implemented the SMI Re-Engage program in March 2012, and Local Recovery Coordinators (LRC) facilitate ongoing outreach efforts to Veterans.

- As of January 2018, national implementation of SMI Re-Engage continued to be strong.
- Since implementation began, 24 percent of Veterans contacted through SMI Re-Engage returned to VA care within four months.
- Contacting a Veteran via SMI Re-Engage has been found to increase the likelihood that the Veteran will return to care within 18 months.

Among other activities to facilitate treatment retention for Veterans with SMIs, VA is identifying best practices used by LRCs. These strategies will be shared with other LRCs to increase the number of Veterans who are re-engaged in VA health care.

Continuously Improving Services for Veterans and Their Families

VA is committed to continuously improving outcomes for Veterans and their families. VA has been a leader in advancing the practice and management of mental health care and strives to recruit, train, and retain the best providers and staff.

Measurement-Based Care

VHA has launched a national initiative to establish measurement-based care (MBC) as the evidence-based standard of care across all VA mental health services. MBC uses Veterans' self-reported outcome measures to individualize and improve mental health care. MBC involves three tasks:

- **Collect:** Veterans self-report reliable, validated, clinically appropriate measures at intake and at regular intervals as one part of *routine care*.
- **Share:** Results from the measures are immediately shared and discussed with the Veteran. The use of standardized measures recorded in the medical record also supports clear and efficient communication between a Veteran's treatment providers, both within mental health and those beyond, such as primary care providers.
- **Act:** Together, providers and Veterans use outcome measures to develop an individualized treatment plan, to regularly assess progress, and to make decisions about changes to the treatment plan over time. Acting on



outcomes data will further individualize Veterans' experience of care and will improve their ability to see their progress and achieve their goals.

- VHA mental health providers have had access to measurement tools for several years, but the systematic use of these tools varies by provider and location. The MBC in Mental Health Initiative supports implementation of MBC throughout VA mental health, including support for meeting the new Joint Commission standard for MBC in programs accredited under Behavioral Health Standards. In FY2018, all VA Mental Health Residential Rehabilitation Treatment Programs and all outpatient specialized Substance Use Disorder Programs are implementing MBC as part of the initiative. There is also strong representation from across the entire mental health continuum, from acute inpatient mental health to community case management programs.
- The expected outcomes of MBC implementation are to:
 - Improve the Veteran experience of mental health care by routinizing the development and modification of individualized treatment plans.
 - Improve the quality and effectiveness of mental health services for each Veteran.
 - Improve access to mental health services by supporting Veterans' placement in appropriate levels of care and their safe transitions between levels of care, thereby increasing VA's capacity to provide the most effective services in a timely manner.
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Organizational Improvement

Since FY2012, there has been a nationally led effort to conduct consultative visits to VHA mental health programs in conjunction with technical assistance and planning to address areas for improvement.

In FY2015, VA launched two additional initiatives to make monitoring and improvement activities across the organization more coordinated and comprehensive.

Strategic Analytics for Improvement and Learning (SAIL)

A mental health domain was added to the VHA Strategic Analytics for Improvement and Learning (SAIL) dashboard, comprising about 11 percent of the total score. The domain uses three composites (population coverage, continuity of care, and experience of care) to "screen" facilities for problems in access or quality, to trigger action planning, and to identify top-performing facilities and best practices. These data provide senior VA leaders with a broad indicator of the health of VA mental health programs.

Facilities with lower than average levels of access and quality in the fourth quarter of FY2016, as indicated by the SAIL MH domain, have generally improved by the third quarter of FY2017, while facilities with excellent access and quality have generally maintained performance over the year.

- Of the 48 facilities at more than one-half of a standard deviation (SD) below the mean in FY2016 Q4, 40 (83 percent) improved by FY2017 Q3.
 - 11 (23 percent) had large improvement.
 - 11 (23 percent) had medium improvement.
 - 17 (35 percent) had small improvement.
 - 1 (2 percent) had marginal improvement.
- Of the 42 facilities at more than one-half of a SD above the mean in FY2016 Q4, 41 (97 percent) maintained above average performance, and 37 (88 percent) remained more than one-half of a SD above average in FY2017 Q3.

Mental Health Management System

A Mental Health Management System (MHMS) dashboard integrates the SAIL domain scores and indicators of key factors associated with access to care and quality outcomes, such as staffing, productivity, clinical processes, space, and rate of growth. This information is used in discussions and to target interventions for facilities that perform one-half standard deviation (SD) below the mean SAIL score.

Quarterly meetings are held between VA Central Office, VISNs, and facilities (in alternate quarters) using the MHMS dashboard to promote a common understanding of facility performance.

- Facilities and VISNs performing low on the mental health domain of SAIL share barriers to their performance, efforts they have made to overcome obstacles, and their plans to improve.
- Facilities and VISNs that are higher performers or have significantly improved share their strategies for success.
- These calls also are used to reinforce local facilities' focus on national priorities and other issues of high importance, such as access, psychiatrist staffing, and the use of telemental health strategies.

In FY2017, the oversight of mental health services continued to be proactive about engaging facilities that underperform on VHA mental health measures.

- Facilities scoring one-half of a SD below the mean SAIL score have a teleconference with mental health leaders to further assess the potential influences on low performance.
- Facilities scoring one SD below the mean SAIL score receive a targeted site visit involving experts in the business and clinical practices of delivering efficient and effective mental health care.

A team of national experts in the management and delivery of mental health services is available to address opportunities to improve. These experts tailor their engagement with VISNs and facilities based on the VISNs' needs through telephone consultation, ongoing metric analysis, and site visits.

The goal of these data-based management systems is to improve the access to and quality of mental health services. Changes in the MH SAIL Domain scores in 2015–2017 suggest that this new system is successfully meeting this purpose.

Academic Affiliations and Training

For 72 years, VA has provided clinical training to build a pipeline of highly qualified mental health professionals who consider serving Veterans at VA as a career. The VA Office of Academic Affiliations annually supports the training of more than 7,500 mental health professionals, and about 70 percent of VA psychiatrists and psychologists received at least some of their clinical training at a VA facility. Nationally, nearly one in five VA psychologists complete their doctoral internships in VA facilities. VA is recognized for preparing mental health professionals who work in both VA and other U.S. health care settings, expanding specialized expertise in providing care to Veterans and their families beyond our walls.

- In response to the mental health needs of recent Veterans, VA has substantially increased mental health staffing. To help build this workforce, the VA Office of Academic Affiliations has expanded mental health training opportunities through a six-year program called the Mental Health Education Expansion (MHEE).
 - The MHEE increases the number of slots in existing training programs and establishes new training opportunities, particularly in highly rural areas where it is often difficult to recruit mental health professionals without a training program. When the MHEE was launched, not all regions of the country had psychology training, but in academic year 2017–18, VA psychology internship training programs were available in all states, the District of Columbia, and Puerto Rico.
 - The six-year MHEE has added 750 mental training slots across the country. The MHEE has encouraged multidisciplinary training encompassing mental health professions such as psychiatrists, psychologists, nurses, nurse practitioners, physician assistants, social workers, licensed professional mental health counselors, marriage and family therapists, and advanced mental health specialists such as pharmacists, chaplains, and other clinicians.
 - In the academic year 2016–17, the Office of Academic Affiliations and National Physician Assistant (PA) Services established the new Mental Health PA Residency program. This unique training will prepare PAs, who are normally trained to work in primary care, to join other professionals in providing mental health care as prescribing providers.



Hiring Efforts

- VA is committed to working with public and private partners across the country to support full hiring and to make sure Veterans can access high-quality, timely mental health care, no matter where they live. For example, multiple professional organizations, such as the American Psychiatric Association and American Psychological Association, deliver announcements to their members about VA's rewarding career opportunities in mental health care.
- VA's ongoing comprehensive review of mental health operations is considering several factors to determine the need for additional staffing across the system, including:

- Veteran population in the service area
- Mental health needs of Veterans in that population
- Range and complexity of mental health services provided in the service area
- Since there are no industry standards for accurate mental health staffing ratios, VA has developed and continues to refine a recommended staffing standard.
- VA is committed to attracting and retaining the most qualified providers.
 - To better recruit and retain psychiatrists amid a national shortage and stiff competition from federal partners, academic programs, and state and private systems, VA has increased the pay level for psychiatrists and increased flexibility for medical center leaders to match pay to local circumstances.
 - VA has expanded its psychiatry fellowship programs because psychiatrists who train within VA are more likely to make their careers there.
 - New educational loan debt reduction opportunities created as part of the Clay Hunt Suicide Prevention Act will improve VA's ability to attract promising new psychiatrists in their final year of training.
 - VHA increased net onboard staff by more than 14,600 in FY2016 and FY2017. This includes 4,290 nurses, 1,093 physicians, 90 psychiatrists, and 373 psychologists.
 - VHA increased net onboard staff by more than 14,600 in FY2016 and FY2017. This includes over 4,290 nurses, 1,093 physicians, 90 psychiatrists, and 373 psychologists.

Safe Prescribing Practices

VHA began the Psychotropic Drug Safety Initiative (PDSI), a nationwide psychopharmacology quality improvement (QI) program, to improve practices for prescribing medication based on evidence and clinical practice standards. It includes quality measures, clinical decision support tools, technical assistance for QI action planning, and educational opportunities for improving clinical outcomes and the Veteran experience of care.

From October 2015 through June 2017, the national priority for the PDSI was to improve psychopharmacologic prescribing practices for older Veterans in both the outpatient and Community Living Center (CLC, VA nursing home) settings. Facilities were required to prioritize at least one of 14 metrics representing indicators of quality prescribing identified as national priorities. Facilities identified local PDSI Champions and submitted quality improvement (QI) plans to the PDSI Program Office twice a year.

An evaluation of the geriatric psychopharmacology PDSI initiative (PDSI Phase 2) compared scores on prescribing at baseline (FY2015 Q3) with scores from the end of the program (FY2017 Q3). Overall, Phase 2 of PDSI has had a robust positive impact on the care of older Veterans. The following are the key findings from this program evaluation.

- **All 14 measures showed improvement in the national score.**
- **Approximately 10 percent of all older Veterans receiving a psychotropic prescription through VHA were impacted by an improvement in prescribing** during the course of PDSI Phase 2.

- **Scores at facilities where a metric was chosen as a priority showed greater improvement** than at facilities where the metric was not chosen as a priority in 11 out of 14 metrics.
- **Benzodiazepine and sedative hypnotic use among patients ages 75 and older decreased.** Over 20,000 fewer older Veterans received outpatient prescriptions for benzodiazepines or sedative hypnotics at the end of PDSI Phase 2, which represents a 25 percent reduction.
- **Use of benzodiazepines in patients with dementia decreased.** Over 5,700 fewer Veterans with dementia received a prescription for benzodiazepines at the end of PDSI Phase 2, which represents a 25 percent reduction in proportion of Veterans with dementia receiving a prescription for benzodiazepine in CLC settings and a 29 percent reduction in outpatient settings.
- **Use of antipsychotics in patients with dementia decreased.** Over 1,400 fewer Veterans with dementia received a prescription for antipsychotics at the end of PDSI Phase 2, which represents an 11.5 percent reduction in proportion of Veterans with dementia receiving a prescription for antipsychotic in the CLC settings and an 8 percent reduction in outpatient settings.
- **Metabolic monitoring among patients ages 75 and older who were prescribed an antipsychotic increased.** Over 160 additional older Veterans taking antipsychotics received appropriate glucose monitoring, which represents a 16percent reduction in the proportion of older Veterans receiving an outpatient antipsychotic prescription who did NOT have guideline-recommended glucose monitoring.
- **Use of highly anticholinergic medications among patients ages 75 and older decreased.** Over 5,200 fewer Veterans received potentially harmful highly anticholinergic medications at the end of PDSI Phase 2, which represents a reduction of 5–16 percent in the different anticholinergic metric scores.

As of July 2017, PDSI has turned its focus to improving access to medication-assisted treatment for Veterans with opioid use disorder and alcohol use disorder. Each facility has chosen to prioritize at least one of these two high-priority areas of psychopharmacology for its local QI efforts. These efforts will be ongoing into FY2019.

Opioid Safety Initiative

The Opioid Safety Initiative (OSI), launched nationwide in August 2013, is improving VA practice by making opioid prescribing practices visible at all levels of the organization. The OSI includes key clinical indicators, such as the numbers of VA pharmacy users who have been dispensed an opioid, who are receiving long-term opioids along with a urine drug screen, and who are receiving an opioid and a benzodiazepine, which puts them at a higher risk of adverse events. It also tracks the average morphine equivalent daily dose of opioids.



As a health system using the current best evidence to learn and improve, VA continually develops and refines best practices for the care of Veterans. Releasing this data will facilitate the sharing of best practices in pain management and opioid prescribing among doctors and medical center directors. Highlights from the data include:

- There was a 41 percent drop in opioid-prescribing rates across VA between 2012 and 2017.
- The prescribing rates decreased at 99 percent of facilities.
- San Juan, Puerto Rico, and Cleveland, Ohio, top the list of medical centers with the lowest prescribing rates, at 3 percent.
- El Paso, Texas, and Fayetteville, North Carolina, are most improved: El Paso's prescribing rate decreased by 66 percent, and Fayetteville's decreased by 65 percent.

VA currently uses a multifaceted approach to reduce the need for opioids among Veterans. Since 2012, OSI has used other therapies, including physical therapy and complementary and integrative health alternatives, such as meditation, yoga, and cognitive-behavioral therapy.

VA is continuing to implement innovative strategies to further improve opioid safety and pain management practices:

- A nationally available decision support system called the Stratification Tool for Opioid Risk Mitigation (STORM) uses predictive modeling to estimate the risk of adverse events for patients receiving or considering opioid therapy. It also provides information on risk factors, monitoring of applicable risk mitigation interventions and treatment alternatives, and information to guide care coordination.
- An academic detailing campaign helps make providers aware of their prescribing practices, guideline recommendations for care, and ways they might improve the safety and outcomes for their patients.
- Clinician education is provided via web-based coursework and case-based trainings with subject matter experts using video conferences.
- Efforts to expand access to non-opioid pain management options include evidence-based psychotherapies, physical therapy, and integrative health approaches.
- VA provides clinician training in medication-assisted treatments and evidence-based psychosocial treatments for SUDs and has expanded treatment access for patients with SUDs.

Opioid Overdose Education and Naloxone Distribution

The VA Opioid Overdose Education and Naloxone Distribution (OEND) program is a harm reduction and risk mitigation initiative to decrease opioid-related overdose deaths among VA patients. The program's key components include issuing naloxone prescriptions and providing education on opioid overdose prevention, recognition, and rescue response. VA offers this lifesaving intervention to Veterans seen at any facility who are at risk for an opioid overdose.

- Following the establishment of the VA OEND program but prior to the availability of FDA-approved layperson naloxone formulations, VA developed and standardized outpatient naloxone kits. These naloxone kits were replaced by FDA-approved layperson formulations when those became available.
- Prescriptions are available to all VA facilities and can be dispensed from the pharmacy or via mail through VA's Consolidated Mail Outpatient Pharmacy.
- Since implementation of a national OEND program in 2014, 100 percent of VA facilities have dispensed naloxone and over 100,000 Veterans have received outpatient naloxone prescriptions.
- Naloxone is increasingly available to VA police and other staff who may be first responders to an opioid overdose (e.g., by placing naloxone in select Automated External Defibrillator cabinets). Increasing rapid availability of naloxone to first responders is a VA Diffusion of Excellence Initiative Gold Status Practice.

For more information about this fact sheet, please contact the mental health action group at VHA10NC5Action@va.gov.



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