Department of Veterans Affairs **VHA DIRECTIVE 1160**
Veterans Health Administration **Transmittal Sheet**
Washington, DC 20420 **February 7, 2018**

RE-ENGAGING VETERANS WITH TARGETED SERIOUS MENTAL ILLNESSES IN TREATMENT

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive updates policy on the procedures to follow to re-engage in treatment Veterans with a targeted serious mental illness (SMI) who have been lost to follow-up care.

2. SUMMARY OF MAJOR CHANGES: Major changes include:

a. Adding background information regarding the implementation of the program over the past five years.

b. Updating the definition of serious mental illness.

c. Adding a definition for reporting period.

d. Adding a responsibility for the role of the Serious Mental Illness Treatment Resource and Evaluation Center to conform to current practice.

e. Adding responsibilities for the Under Secretary for Health, Deputy Under Secretary for Health for Operations and Management, Chief Consultant for Mental Health Services, Facility Mental Health Leader, Suicide Prevention Coordinators, and Homeless Program Leaders.

f. Defining more clearly the Local Recovery Coordinator's responsibility to complete their efforts to contact the Veterans.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The Chief Consultant for Mental Health Services in the Office of Mental Health and Suicide Prevention (10NC5) is responsible for the contents of this VHA directive. Questions may be referred to National Mental Health Director for Psychosocial Rehabilitation and Recovery Services at 352-337-2332.

5. RESCISSIONS: VHA Directive 2012-002, dated January 10, 2012, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of February 2023. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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CONTENTS

RE-ENGAGING VETERANS WITH TARGETED SERIOUS MENTAL ILLNESSES IN TREATMENT

1. PURPOSE 1

2. BACKGROUND 1

3. DEFINITIONS 1

4. POLICY 2

5. RESPONSIBILITIES 2

6. REFERENCES 2

RE-ENGAGING VETERANS WITH TARGETED SERIOUS MENTAL ILLNESSES IN TREATMENT

1. PURPOSE

This Veterans Health Administration (VHA) directive provides policy on re-engagement in treatment services for certain Veterans with a targeted serious mental illness (SMI) who have been lost to follow-up care. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b).

2. BACKGROUND

a. A quality improvement assessment by the VHA Office of the Medical Inspector (OMI) demonstrated that Veterans diagnosed with schizophrenia or bipolar disorder can be re-engaged in treatment and that such efforts can have a significant positive impact on the mortality rate for these Veterans. In cooperation with the Serious Mental Illness Treatment Resource and Evaluation Center (SMITREC), the OMI project was able to contact 68 percent of the study population, and 72 percent of those Veterans contacted returned to VA treatment. In addition, there was a significant difference in the mortality rate between those Veterans who returned to care compared to Veterans who did not (0.5 percent versus 6.3 percent). The OMI report outlined several recommendations to extend the results beyond the study.

b. In a memorandum dated December 7, 2010, entitled Acceptance of Recommendations Contained in the Office of the Medical Inspector's Final Report: Quality Improvement Assessment: Outreach Services to Schizophrenic and Bipolar Patients Lost to Follow-up Care, the Under Secretary for Health accepted the recommendations in the OMI report and authorized their implementation.

c. Recommendations from the OMI project regarding outreach to these Veterans who are lost to follow-up care were implemented in 2012. From 2012 to August 2016, 12 cohorts of Veterans received re-engagement services. Longitudinal analyses of selected cohorts conducted by SMITREC indicated that Veterans who were contacted were more likely to return to VHA care than Veterans who were not contacted.

3. DEFINITIONS

a. **Local Treating Facility.** The local treatment facility is the most recent VA medical facility where a Veteran in the target population received inpatient or outpatient mental health care.

b. **Lost to Follow-Up Care.** Lost to follow-up care refers to any living Veteran in the target population who received any outpatient or inpatient care within VHA in the past but has not received treatment services for at least one year (i.e., no outpatient visit, or no inpatient stay longer than 2 days).

c. **Re-engaging in Treatment.** Re-engaging in treatment means contacting the Veteran who has been lost to follow-up care; determining the Veteran's need for mental

health, medical, and psychosocial services; facilitating new appointments for those Veterans who need continued treatment; and following up to determine that the Veteran attended the appointment. ***NOTE:*** *The expectation is that Veterans are contacted by telephone; however, they may be contacted by certified mail or other means if those methods fail.*

d. **Reporting Period.** For purposes of this directive, reporting period refers to the 90-day period to complete the work of the SMI Re-Engage program, extending from the date the Local Recovery Coordinators (LRCs) receive the list of names of Veterans who are determined to be lost to follow-up care.

e. **Serious Mental Illness (SMI).** For the purposes of this directive, serious mental illness (SMI) is a mental, behavioral, or emotional disorder that meets Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria (excluding cognitive and developmental disorders and disorders due to a general medical condition) and meets all of the following criteria:

(1) Single unremitting episode of symptoms or with frequently recurring and/or prolonged episodes of symptoms;

(2) Symptoms result in impairments in mood, thinking, family or other interpersonal relationships, behavior (often resulting in socio-legal consequences), and/or self-care which substantially interfere with or limit major life activities; and

(3) The impact of these symptoms results in a functional impairment equivalent to a Global Assessment of Functioning (GAF) score of 50 or below. ***NOTE:*** *Functional status may be assessed using any valid and reliable measure that has norms for a Veteran population. A GAF score of 50 or below is to be used as a reference point to interpret the results of the measure of functional status that is used.*

f. **Target Population.** The target population for this Directive is a subset of Veterans with SMI, specifically those who have been diagnosed with schizophrenia or bipolar disorder.

4. POLICY

It is VHA policy that Veterans in the target population with SMI who have been lost to follow-up care must be identified on an ongoing basis; that the local treating facility must assess these Veterans' need for continued treatment; that the local treating facility must actively seek to re-engage the Veterans in treatment as warranted; and that accurate contact information must be maintained for these Veterans.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health, or designee, is responsible for ensuring overall compliance with this directive.

b. **Deputy Under Secretary of Health for Operations and Management (10N).** The Deputy Under Secretary for Health for Operations and Management, or designee, is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISN);

(2) Ensuring that each VISN Director has the resources required to support the execution of this directive in all of the VA medical facilities within that VISN; and

(3) Confirming that each VISN has and utilizes on an ongoing basis a means for ensuring the terms of this directive are fulfilled in all the VA health facilities of the VISN.

c. **Chief Consultant, Mental Health Services, Office of Mental Health and Suicide Prevention.** The Chief Consultant, Mental Health Services, Office of Mental Health and Suicide Prevention, or designee, is responsible for:

(1) Facilitating the operation of this program in cooperation with SMITREC.

(2) Analyzing the reports generated by SMITREC on the operation of the program and working with SMITREC to remediate any problems identified by the reports.

d. **Director, Serious Mental Illness Treatment Resource and Evaluation Center (SMITREC).** The Director, SMITREC, or designee, is responsible for:

(1) Providing the facility Local Recovery Coordinators (LRC) and the VISN Mental Health Leaders a list of Veterans in the target population who have been lost to follow-up care. This list must be provided by encrypted email or other VA-approved secure transfer mechanisms.

(2) Maintaining and modifying, as may be required, an online reporting tool for the LRCs to complete following their initial contact with the Veterans on their list.

(3) Evaluating the information provided by the LRCs; refining the algorithm and the process of providing these lists; and obtaining feedback from and providing feedback and assistance to the LRCs to improve the process of contacting and re-engaging in services Veterans in the target population who have been lost to treatment.

(4) Training LRCs, maintaining documentation on processes and protocols, and providing technical assistance to LRCs and VA medical facilities on the re-engagement and reporting processes outlined in this directive.

(5) Tracking and reporting on the number of Veterans who:

(a) Return to VA care after being contacted;

(b) Have died;

(c) Are engaged in mental health and/or medical treatment outside VA; or

(d) Refused VA care or otherwise did not return to VA care during the reporting period.

(e) Providing to VHACO Mental Health Services and VISN Mental Health Leaders monthly reports which monitor and evaluate the effectiveness of these efforts to re-engage in treatment Veterans in the target population.

e. **VISN Mental Health Leader.** The VISN Mental Health leader is responsible for:

(1) Working with the Office of Mental Health and Suicide Prevention and SMITREC to remediate any problems with the implementation of this program as noted by the monthly reports generated by SMITREC;

(2) Providing reports of issues and program implementation to the VISN Director.

f. **VA Medical Facility Director.** The VA medical facility Director, or designee, is responsible for ensuring that:

(1) Re-engagement services are provided to Veterans in the target population who have been lost to follow-up care.

(2) Clinic capacity allows for the Veterans to be re-engaged in treatment through this effort within the time criteria specified in paragraph 5.j.(2)(c).

(3) Post-contact evaluation information is submitted by the LRC to SMITREC in accordance with the timelines established in 5.j.(5).

(4) Program coordinators for VA and community-based outreach programs (including, but not limited to, Suicide Prevention Coordinators and Homeless Program leaders, described in VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics, dated September 11, 2008, or subsequent policy are aware of the program described in this directive and that they work cooperatively with the LRCs to re-engage Veterans in treatment.

(5) Contact information for Veterans receiving mental health and medical services is updated with each inpatient and outpatient visit. Responsibility for this task can be delegated to the appropriate service.

(6) Completion of administrative requirements for care (e.g., re-enrollment; means testing) does not prevent an otherwise eligible Veteran from being re-engaged in treatment.

g. **Facility Mental Health Leader.** The facility Mental Health leader is responsible for ensuring the LRC has sufficient time and resources to operate the SMI Re-Engage Program, including the assignment of additional staff to assist the LRC, if needed. The

facility Mental Health leader should assist the LRC, as warranted, in securing appointments for Veterans being re-engaged in care.

h. **Facility Suicide Prevention Coordinators.** The facility Suicide Prevention Coordinators are responsible for working cooperatively with the LRC, as warranted, to address the mental health needs of the Veterans who are re-engaged in treatment.

i. **Facility Homeless Program Leader.** The facility Homeless Program leader is responsible for working cooperatively with the LRC, as warranted, to address the mental health needs of the Veterans who are re-engaged in treatment.

j. **Local Recovery Coordinators (LRC).** The LRCs are responsible for:

(1) Obtaining and maintaining the ability to receive and send encrypted emails in order to receive list of Veterans from SMITREC.

(2) Upon receipt of the list of Veterans disseminated quarterly from SMITREC, initiating re-engagement services to contact the Veteran and to assist the Veteran in returning to treatment for mental or physical health care or psychosocial services. LRCs must complete their efforts to contact and re-engage the Veterans on their list no later than 90 days from the date of receipt of the list.

(a) Ensuring that re-engagement services must involve a direct contact with the Veteran (typically through a phone call). If the Veteran cannot be contacted directly, a certified letter must be sent to the Veteran.

(b) Determining the Veteran's need for continued treatment services.

(c) Coordinating with the clinical scheduling point of contact to make appointments for all Veterans who desire to continue mental and physical health care or psychosocial treatment services. Appointments must occur within 5 business days of the contact unless the Veteran requests a later date.

(d) Coordinating the Veteran's appointment with the appropriate mental health and primary care clinicians to assist the receiving clinician or team with developing a list of treatment options.

(3) Assisting with contacting the Veterans when appointments are not kept.

(4) Documenting in the Veteran's electronic health record contact efforts and outcomes, services provided, appointments, and referrals made.

(5) Completing and submitting to SMITREC the contact and summary information for all Veterans contacted and returned to care, and those who were not able to be contacted, within 90 days of receipt of the Veterans' names.

NOTE: *According to VHA Handbook 1160.01, LRCs' duties include direct, recovery-oriented clinical services to Veterans with SMI. These clinical duties are not to exceed*

25 percent of their time. The re-engagement services described above are consistent with this expectation. LRCs' workload productivity targets should be adjusted to accommodate the work completed as part of the SMI Re-Engage program.

6. REFERENCES

a. VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics, dated September 11, 2008, or subsequent policy.

b. Quality Improvement Assessment: Outreach Services to Schizophrenic and Bipolar Patients Lost to Follow-up Care, 2010-D-252, https://vaww.cmopnational.va.gov/CR/MentalHealth/SMI%20ReEngage%20Program/SMI%20Re-Engage%20related%20studies/OMI%20Report%20on%20Quality%20Improvement%20Study%20to%20Reengage%20Veterans%20with%20SMI.pdf. ***NOTE:*** *This is an internal VA Web site that is not available to the public.*