

VA



U.S. Department
of Veterans Affairs

Intensive Community Mental Health Recovery (ICMHR) Services

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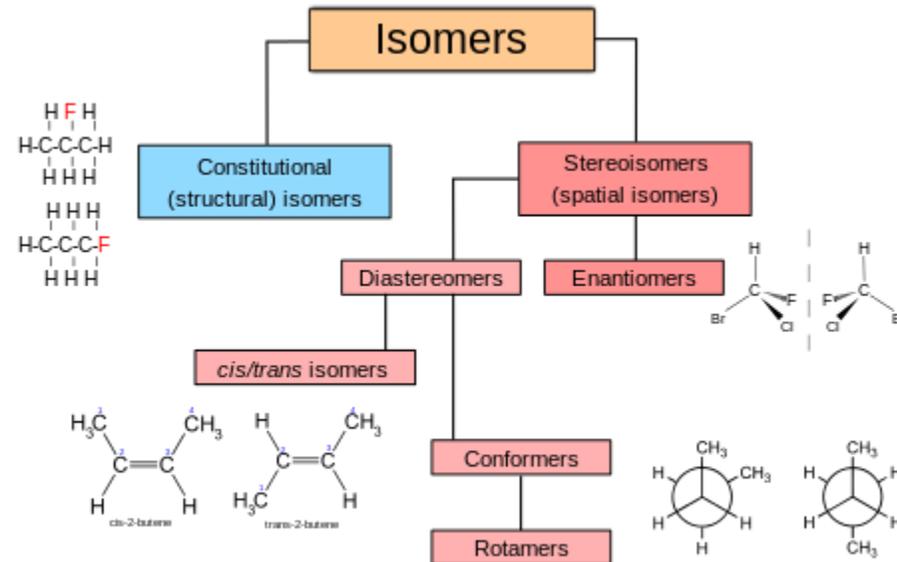
Agenda

- Overview of the issue of individuals who experience homelessness and mental illness, in US in general and then focusing on VA
- Description of ICMHR program- Target population, methods, current work with Veterans who are homeless, etc.
- Description of Early Episode Intervention Coordination (EPIC)
- Principles of optimal collaboration

Overview- Homelessness and Serious Mental Illness

- Approximately 33 percent of the homeless are individuals with serious mental illnesses that are untreated;
- Many of these people suffer from schizophrenia, schizoaffective disorder, bipolar disorder, or major depression;
- The homeless population has increased steadily in cities and small towns since the 1970s;
- In Massachusetts and Ohio, 27 and 36 percent of people released from mental institutions became homeless within 6 months;
- Previously hospitalized people were three times more likely to obtain food from the garbage;
- Studies show that individuals with psychosis are much more likely to get assaulted or threatened while homeless
- Source- www.treatmentadvocacycenter.org

Intensive Community Mental Health Recovery Services (ICMHR) – "Isomer"



Intensive Community Mental Health Recovery Services (ICMHR)

- VA's implementation of Assertive Community Treatment, an evidence-based practice for individuals with serious mental illness and high utilization of acute services (e.g., inpatient, ER)
- ICMHR clinicians provide intensive (at least weekly), community-based services (often in the home)
- Small caseloads allow for intensive services (7-15:1)
- Psychosocial rehabilitation services provided to Veterans in the Community
- Currently implementing Life Goals as the core clinical intervention.
- Services provided in metropolitan areas (ICMHR Urban) and rural areas (ICMHR RANGE, ICMHR E-RANGE)
- Marked reduction in inpatient mental health services
- Improved quality of life

Intensive Community Mental Health Recovery Services (ICMHR) Service Elements

- (1) **Focus on Psychosocial Rehabilitation and Recovery**
- (2) **Focus on Community Integration**
- (3) **High Intensity**

Intensive Community Mental Health Recovery Services (ICMHR) Service Elements

(4) **Low Caseloads**

(5) **Shared Caseloads**

(6) **Provision of Community-based psychosocial rehabilitation.** ICMHR Services utilize **Community-based, psychosocial rehabilitation** as the primary service modality. Community-based, psychosocial rehabilitation focuses on all aspects of the physical and social environment through the utilization of community experiences as in-vivo treatment opportunities (e.g., therapy, skill building) to facilitate Veterans' recovery.

Intensive Community Mental Health Recovery Services (ICMHR) Service Elements

(7) **Coordination of Services**

(8) **Flexibility and Community Orientation**

(9) **Focus on Advocacy and Supporting Veteran Autonomy.** ICMHR Services team members seek to elicit and document Veterans' preferences for clinical care during potential episodes of diminished decision-making capacity and to identify, when desired by the Veteran, individuals who need to be consulted about clinical care decisions on behalf of the Veteran at these times.

Intensive Community Mental Health Recovery Services (ICMHR) Service Elements

(10) **Clinical Responsibility.** The ICMHR Services team is identified as being a “fixed point of clinical responsibility,” providing continuity of care for each Veteran across treatment settings for the duration of the Veteran’s participation in ICMHR Services. This responsibility lasts as long as necessary based on the Veteran’s needs and preferences.

(11) **Use of Psychiatric Medications.** Recovery-oriented, person-centered, and team-based

Intensive Community Mental Health Recovery Services (ICMHR) Service Elements

- **(12) Delivery of Additional Evidence-based and Recovery-oriented Practices as Part of Intensive Community Mental Health Recovery Services.**
 - (a) Illness Management and Recovery,
 - (b) Wellness Recovery Action Planning,
 - (c) Motivational Interviewing, and
 - (d) Cognitive Behavioral Therapy
 - (e) Life Goals

Intensive Community Mental Health Recovery Services (ICMHR) – Reduction of Suicidality

- Suicidal Behavior was defined as either a self-reported attempt or a self-report of an incident in which a threat to make an attempt was expressed in the previous 30 days.
- Suicidal Behavior was assessed at program entry and at 6 months in 9,991 Veterans.
- Among those who completed follow up assessments, 10.0% had Suicidal Behavior at program entry vs. 2.51% at follow up.
- Multivariable logistic regression analysis showed suicidality at 6 months to be associated with suicidality at admission, increased subjective distress on the Brief Symptom Inventory, violent behavior and decreased quality of life since admission, along with a greater likelihood of receiving crisis intervention, but not other services.

Mohamed, Somaia. "Rates and Correlates of Suicidality in VA Intensive Case Management Programs". *Community Mental Health Journal*. May 2021.

Early Psychosis Intervention Coordination (EPIC)

- Utilizes existing services for Veterans with SMI to provide Coordinated Specialty Care to Veterans experiencing relatively recent onset of a psychotic disorders
- Some components of Coordinated Specialty Care are currently available in programs discussed
- Use of population health methods to identify Veterans in need of early intervention
- Early Psychosis Point of Contact leads an EPIC clinical team of members of other PSR programs

Discussion - Principles of Optimal Collaboration

- Planning
- Communication
- Veteran-Centric
- Team-Based Care

Discussion