

Frank Maguire, continued

summer of 2002, providing outreach and case management services at the PVAMC and in the community. Working with the VA Regional Benefits Office, they also addressed the veterans' financial issues; with the City and the State, they sought more dignified living arrangements for the veterans. Many of the veterans served had acute medical and psychiatric conditions that required inpatient hospitalization. All required new living arrangements and significant support from VA clinicians to help them successfully navigate the transition.

By the end of the summer, the crisis in the City's personal care homes had abated. However, the ongoing case management needs of the relocated veterans continued. Daily efforts were needed to manage the more than 150 veterans who now were safely placed in the PVAMC Community Residential Care Program. New VA-approved homes also needed to be identified and inspected. Perhaps most importantly, a collaborative plan needed to be put into place with other providers to safeguard the needs of the veterans. Once again, Frank Maguire was there to work with the Mental Health Association of Southeastern Pennsylvania and other mental health advocacy groups to propose legislative changes regarding licensure for personal care homes.

The work of the Homeless Outreach team and the MIRECC was a clear reminder of the importance of having a comprehensive, multidisciplinary rehabilitation model that addresses the medical, emotional, social, and financial aspects of care. The work was also important in reminding us that the most effective way to advance the translation of science into practice is for researchers and providers to work together in caring for our veterans. Frank Maguire and our MIRECC have advanced the effort to provide a more integrated and coordinated system of service delivery for homeless veterans with SMI. In July of 2003 the MIRECC and VISN 4 leadership will meet with VISN Director, Laurence Biro, to discuss Best Practices in the Assessment and Treatment of SMI. Lessons learned from the summer of 2002 will ensure that housing and intensive case management are a primary component of the VISN's plans.

Wellness Workshops at the PVAMC

In its first three years, the MIRECC has offered a wide variety of training opportunities for mental health professionals. Based on the notion that a powerful means for improving care provider behavior is creating educated consumers, the VISN 4 MIRECC will collaborate with the Behavioral Health service at the Philadelphia VAMC to introduce a monthly series of patient education workshops. Jeanne Cunningham, CRNP, and Patricia Green, RN, are working closely with MIRECC staff to develop this series.

Workshop sessions will be targeted to both inpatients and outpatients, with a goal of including approximately 20 participants per session. Series topics under consideration include diabetes management, smoking cessation, crisis management (including crisis prevention through symptom recognition), nutrition and exercise, complimentary therapies, pain management, and aging. Each series will comprise 2-3 presentations; for example, the aging series might cover preventive health screening, case management issues (e.g., guardianship, caregiver services - respite, home health aides, etc.), and home safety. If there is sufficient patient interest, any topic may be expanded into an ongoing educational intervention. In addition, presentations will be linked to referral processes for such services as health screenings or case management.

The workshops are slated to begin in the Fall of 2003. If you have an idea for a workshop topic, or are interested in participating in this educational effort, please contact Katy Ruckdeschel at ruckdesc@mail.med.upenn.edu.

Coming Soon...

Motivational Interviewing Training (Pittsburgh)
Addiction Medicine Grand Rounds (Pittsburgh)
Homelessness and SMI Conference (Atlantic City)
(collaboration with VISNs 1, 3, and 5)



We're moving...
The MIRECC will be moving into newly renovated space at the Philadelphia hub this summer.

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Frank Maguire Recognized for Work with Homeless Veterans

On May 15, 2003 Frank Maguire, LSW, a member of the PVAMC Behavioral Health Homeless Outreach Team, received the Advocacy of the Year Award for 2003 at the Annual Bell of Hope Dinner. The award was presented to Mr. Maguire by the Mental Health Association of Southeastern Pennsylvania for his outstanding and tireless efforts in assisting the Commonwealth of Pennsylvania and the City of Philadelphia in relocating veterans and other residents who were living in personal care homes that no longer met VA and State guidelines for residential care.

Along with other members of the PVAMC Homeless Outreach team and the VISN 4 MIRECC staff, Mr. Maguire joined forces with advocacy groups and community providers to address the crisis that had developed in the City regarding personal care boarding homes. Because these facilities had failed to meet the established guidelines for residential care, an estimated 250 residents, 75 of whom were veterans, had to be relocated within 60 days. Many of the residents were diagnosed as having a severe and persistent mental illness (SMI) including schizophrenia, bipolar disorder, major affective disorder, or severe post-traumatic stress disorder. In addition to the SMI diagnosis,



Frank Maguire, right, receives award

the majority of the veterans had comorbid substance use disorders. The veteran residents were neither capable of successful and stable self-maintenance in a community living situation, nor able to participate in necessary treatments without intensive support.

Many of the veterans also had been isolated from their families and from other supports in the community. Mr. Maguire, in concert with the MIRECC and the staff from the PVAMC Behavioral Health Ambulatory Care Programs, rapidly assessed and arranged for behavioral health and primary care services for these vulnerable veterans. The team worked seven days a week throughout the

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Upcoming Events

July will bring the announcement of the awards for our fourth round of **MIRECC Seed Funding**. We received proposals from five applicants, which are being reviewed to determine which will receive the \$25,000 awards.

The fourth annual **MIRECC Scientific and Policy Advisory Board meetings** will be held on July 9, 2003 at the Philadelphia VA Medical Center. This meeting allows for a panel of experts to review our progress and provide input that will guide the MIRECC in the coming year.

Renovations of space for **new MIRECC offices**

will be completed in Philadelphia this summer. The new space will house MIRECC faculty and research technicians, and will provide a conference room that can host V-tel and other media presentations. The space is on the 2nd floor of Building 1. An Open House is planned for later this summer—stay tuned for more information.

Along with the Behavioral Health department at the Philadelphia VAMC, we will be presenting a series of **wellness workshops** for veterans with mental illness, beginning this fall. See page 6 for more information.

Processes of Care for Alcohol Detoxification

PI: Adam Gordon, M.D., MPH

Patient characteristics such as demographic, social, and clinical factors may play an important role in the setting chosen for alcohol detoxification and in treatment outcomes. Supported by the MIRECC and a VA HSR&D Career Development Award, Dr. Gordon's study will identify which patient factors impact the treatment setting decision and will explore how these factors influence detoxification outcomes.

To this end, Dr. Gordon will describe and compare characteristics of patients treated in inpatient and outpatient detoxification settings, develop a "propensity score" for treatment in inpatient settings based on these characteristics, and compare processes of care and treatment outcomes across settings for patients with similar propensity for inpatient detoxification. This study also will explore provider factors and patient preferences that may influence decisions regarding the setting for detoxification.

Using a prospective cohort study design over a period of two years, Dr. Gordon will enroll veterans undergoing inpatient or outpatient detoxification at the VA Pittsburgh Healthcare System. All veterans, 18 years or older, identified by medical providers as candidates for alcohol detoxification will be eligible for study inclusion. Exclusion criteria include active suicidal or homicidal ideation or chronic mental impairment.

Patients will be approached within 24 hours of admission to the inpatient wards or on initiation of outpatient detoxification for a baseline interview to assess demographic, social, clinical, and alcohol-specific characteristics. Demographic and social data include patient age, race, marital status, employment status, and housing status. Clinical data include concurrent drug use, quality of life, and medical co-morbidity. Alcohol-related measures include alcohol consumption over time, drinking consequences, and patient service need perceptions including preferences for detoxification setting. Provider data at baseline include demographic characteristics, level of training, and knowledge, attitudes, and experience in providing alcohol treatment.

The primary treatment outcome is initiation of alcohol rehabilitation after detoxification; this will be determined by chart review and one-month follow-up patient interview. Secondary endpoints include processes of care (e.g., setting and length of stay for detoxification, completion of detoxification protocols, need for hospital readmission or additional treatment after detoxification, and type and dose of detoxification medications) and clinical outcomes (e.g., severity and complications of withdrawal, alcohol use).

Findings from Dr. Gordon's study will be used to develop a VA Merit Review multi-site study on how patient, provider, and system factors influence processes of care and treatment outcomes for alcohol detoxification.

Educational Offerings



On April 15, 2003, the MIRECC presented a half-day workshop on **"Detoxification: Treatment Protocols and Strategies to Engage Addicted Patients in Ongoing Care."** This hands-on training was offered at the VA Pittsburgh Healthcare System and was attended by 76 people representing nursing, social work, psychology, psychiatry, medicine and other disciplines. Presenters Sabato Stile, M.D., Ihsan Salloum, M.D., MPH, Steven Forman, M.D., Ph.D., Joseph Conigliaro, M.D., MPH, and Dennis Daley, Ph.D. spoke about general principles of addiction medicine treatment; detoxification from alcohol, opiates, and other drugs; and engagement strategies to facilitate ongoing care.

The VISN 4 MIRECC was well-represented at the Bi-annual National MIRECC Conference, held May 4-6, 2003 in Portland, Oregon. This year's conference, **"Bringing Evidence-Based Mental Health Care to Veterans in the Community,"** drew an audience of approximately 250 clinicians, educators, researchers, and administrators. Keynote addresses by Moe Armstrong and Steve and Lisa Tice set the tone for a clinically meaningful educational experience.

In breakout sessions during the 2 1/2 -day conference, MIRECC Director Ira Katz, M.D., Ph.D. reported on our MIRECC's Telephone Disease Management study in his talk on "Mental Health Phone Consultation to Enhance Community Care." In "Home-based Interventions for Alzheimer's Disease," Bruce Kinoshian, M.D., presented data from the ElderPACT program. Steven Sayers, Ph.D. and Thomas Bartsch, Ph.D. shared the spotlight in the "Families and Caregivers in Community-Based Care" breakout sessions with their talks on "Family Support and its Effect on Treatment Adherence," and "An Education Program for Families of Veterans with PTSD," respectively. The next National MIRECC Conference will be held in the spring of 2005, most likely in the central US.

"Treating the Aging Veteran: Practical Approaches to Integrating Psychiatric and Medical Care," a full-day conference, was offered in Philadelphia on May 29, 2003. In addition to thought-provoking plenary sessions by Drs. Joel Streim, David Oslin, and Ira Katz, this conference brought together experts in geriat-

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Educational Offerings, continued

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rics from the fields of medicine and behavioral health, who co-led breakout sessions organized around case examples. Breakout session topics included cognitive impairment, behavioral disturbance/agitation, failure to thrive, chronic pain, and sleep problems. The case example format lent itself to practical and clinically meaningful discussions about possible etiologies and interventions for each of these presenting problems, from the perspectives of both mental health and medicine. In addition, the interaction between the group leaders and among the group as a whole modeled a multi-disciplinary consideration of the patient, bringing home the message of the conference.

Spotlight on a MIRECC Investigator: Larry Drill, MSW, MPH

As Team Leader for the Mood Disorders Treatment ("Beta") Team at VA Pittsburgh Healthcare System, Larry Drill, MSW, MPH, has been a driving force in the integration of research into the ongoing clinical services of the Behavioral Health Services Line. Mr. Drill, a veteran of 26 years at the VA Pittsburgh - Highland Drive Division, has been an early and continuing collaborator with the VISN4 MIRECC at all stages of the development of the MIRECC-supported Bipolar Disorders Clinic at VA Pittsburgh HCS.

Mr. Drill was born and raised in Staten Island, New York and attended the State University of New York at Buffalo. He moved to Chicago for graduate studies and received a Masters in Social Work from the University of Chicago in 1970. While pursuing his MSW, Mr. Drill served in the Army National Guard (Chicago, Illinois). Following graduation from the University of Chicago, he moved to the Washington, D.C. area where he worked for the District of Columbia Department of Human Resources in the Child Welfare Department. While in Washington he served in the Army Reserves for five years.

Marriage and the promise of a job in direct healthcare service brought Mr. Drill to Pittsburgh in the late 1970s. Here he began a series of clinical jobs at the Highland Drive Division including work in the inpatient service, residential care program, and community nursing home program. After several years, he became a Supervisory Social Worker for the inpatient acute psychiatry Social Workers. Along the way, Mr. Drill made time to earn a Masters Degree in Public Health with a specialization in Health Administration from the University of Pittsburgh School of Public Health (1983). Thus, with the reorganization of service delivery in the VA in 1996, Mr. Drill was well positioned to assume a leadership

role in the new Behavioral Health Product Line, as Team Leader for services to patients with mood disorders at VA Pittsburgh.

With the start-up of the MIRECC in 2001, Mr. Drill joined forces with MIRECC researchers to develop the new Bipolar Disorders Clinic at the VA Pittsburgh. Given that research activities had never before been systematically conducted in the Beta Team Service, Mr. Drill not only had to learn the ins-and-outs of study design and implementation, he also had to engage members of his clinical team in this tooling up and implementation process. Mr. Drill currently is a co-investigator on three research protocols and recently was funded by the MIRECC as PI to conduct a 1-year clinical demonstration study of *Early Recovery Counseling for Concurrent Bipolar Disorder and Addiction*. His collaborators on these projects include Ihsan Salloum, M.D., MPH, Jack Cornelius, M.D., MPH, Amy Kilbourne, Ph.D., Jeffrey Peters, M.D., and most recently, Mujeeb Shad, M.D. These research protocols focus on treatment and/or health services to patients with bipolar disorder and include a controlled clinical trial of naltrexone and valproate for bipolar disorder patients with comorbid alcoholism, a study of the neurocognitive correlates of insight in bipolar disorder, and a health services research study of medical and substance abuse comorbidity in veterans who have bipolar disorder and are treated within the VA Pittsburgh Healthcare System.

Mr. Drill's clinical projects are an excellent example of collaboration between clinicians and researchers. Clinicians have benefited from being trained on an evidence-based treatment for alcohol use disorders (BRENDA model) and from the researchers' integrated method for clinical



Mr. Larry Drill

data collection and their feedback. Under Mr. Drill's leadership, MIRECC staff now have been trained and integrated into the service delivery component of the Beta Team.

In addition to his contribution to the development and implementation of clinical research for veterans with mood disorders, Mr. Drill is contributing to the career development of new investigators at the VA Pittsburgh. He is a consultant and co-investigator to Dr. Amy Kilbourne on her recently awarded Career Development Award that focuses on evaluation of health care services to veterans with bipolar disorder and to Dr. Mujeeb Shad, who is a recipient of MIRECC pilot funding for a study of the neurocognitive correlates of insight deficits in bipolar disorder. This type of collaboration between research and clinical services is a core component of the MIRECC mission to develop and provide enhanced clinical services to veterans with mental illness and comorbid medical and/or substance abuse conditions.

Mr. Drill lives with his wife on an 80-acre farm in Washington County. He finds time to commute 75 minutes to and from his office. The couple's 26 year-old son lives in New York City.