1. In FY22, the Office of Mental Health and Suicide Prevention (OMHSP) projects a significant increase in Veterans Crisis Line (VCL) call volume due to the 988 transition. Given the anticipated increase in workload for facility mental health services, the OMHSP allocates one-year (FY22) funding (total to be determined) to bolster field implementation of Primary Care Mental Health Integration (PCMHI) Collaborative Care Management (CoCM) and Behavioral Health Interdisciplinary Program (BHIP) general mental health care coordination. These approaches firmly support suicide prevention and promote the right care at the right time for Veterans following 988/VCL interaction.

2. The Collaborative Care Model (CCM) forms the basis of both the evidence-based clinical practice model of BHIP teams and the CoCM requirement of PCMHI, and aims to facilitate coordinated, proactive, population-based care.

3. RFA funds will be used to provide needed PCMHI collaborative care managers and BHIP care coordinators/care managers to implement the programs and support training.

4. Please see Attachment A regarding this optional RFA. Complete entries into the online portal within 30 days of memorandum release. Attachment B is an optional worksheet for communicating requests to facility leadership for approval prior to entry into the portal. VISNs will be responsible for the ongoing cost of their positions in FY23. This RFA prioritizes sites who demonstrate a commitment to a stepped care model across the continuum of care, including PCMHI and BHIP components. OMHSP will hold Office Hours to answer questions about this RFA.
Page 2.

Subj: Fiscal Year (FY) 2022 Request for Applications (RFA) for Mental Health Care Coordination/Care Management Positions to Support Suicide Prevention (VIEWS 6042651)

5. Should you have further questions, please contact Dr. Jennifer Patterson, Primary Care Mental Health Integration at Jennifer.Patterson@va.gov and Dr. Kendra Weaver, Behavioral Health Interdisciplinary Program at Kendra.Weaver@va.gov.

Kameron Leigh Matthews, M.D., J.D., FAAFP

Attachments
Attachment A: Fiscal Year (FY) 2022 Funding for Primary Care Mental Health Integration (PCMHI)/Behavioral Health Interdisciplinary Program (BHIP) Care Coordination/Care Management

This attachment provides background about the Office of Mental Health and Suicide Prevention (OMHSP)/Suicide Prevention Office (SPO) funding initiative, PCMHI and BHIP care coordination/care management, funding details and requirements, and a screenshot of the online funding request form.

BACKGROUND

• SPO within OMHSP has additional FY22 funds to support 988 and suicide prevention expansion in alignment with the National Strategy and intention of the funds.

• Part of the 988 forecasting analyses indicated significant workload increase for Veterans Health Administration (VHA) mental health as increased call volume will lead to increased primary care and mental health engagement based on historical program evaluation data. However, mental health staffing expansion funds are not available for the field.

• The healthcare field as a whole and VHA are significantly concerned regarding the capacity of the aforementioned healthcare systems’ ability to address demand secondary to 988 implementation in a manner that appropriately attends to adequate access to quality follow-up care.

• In light of this, the currently proposed expansion of PCMHI Collaborative Care Management (CoCM) and BHIP general mental health care coordination would aid toward addressing 988 VHA anticipated capacity within an evidence-based model for the provision of tailored care consistent with the Quadruple Aim.

• The PCMHI and BHIP models firmly support overall VHA suicide prevention as they have significant evidence-basis derived from Veteran-centric research studies demonstrating significant impact on common conditions associated with suicide risk such as Depression, Anxiety, and Alcohol Use disorders. Additionally, they are housed within Primary Care (PC) and General Mental Health, wherein the majority of VHA patients are treated for Mental Health. Bolstering these care models in the two largest service sectors of VHA mental health will provide meaningful support to adequately address 988 demand in a manner that best positions the Veteran to receive and the VHA to offer the right care at the right time for each VHA Veteran following 988/VCL interaction.

• OMHSP anticipates using one-year funds to bolster the field’s implementation of these approaches and is soliciting applications for consideration.

PCMHI
• PCMHI CoCM is a required component of PCMHI. It uses measurement and algorithm-based decision support and panel management to ensure high quality, mental health care delivery in PC and targets specific mental health diagnoses that are prevalent and treatable in that setting.

• PCMHI CoCM includes evidence-based, time-limited longitudinal telephone follow-up protocols. It is typically conducted by a nurse (though other professions such as MSW can conduct PCMHI CoCM as well) for patients receiving care for mental health diagnoses in PC and who would otherwise need ongoing follow-up for treatment of depression or other conditions from a provider. It requires regular panel review by a Licensed Independent Provider (LIP) and ongoing access to an LIP for consultation.

• PCMHI CoCM should include a referral management protocol that would improve care coordination and assure continuity for those Veterans who need a more intensive level of care than can be provided in PCMHI.

• Implementation of PCMHI CoCM in VHA has been lagging for many years and improvement has been identified by PCMHI leadership as a key goal for FY22.

• Additional funds would be used to provide the needed PCMHI collaborative care managers to implement CoCM and support the training for the new staff.

• At a minimum, this funding would be used to initiate CoCM for Depression and would be used to expand CoCM to include Anxiety and Alcohol Use Disorders where CoCM for Depression is already fully implemented.

• See the Center for Integrated Healthcare site for information about PCMHI. Direct questions about PCMHI to CIHConsultation@va.gov.

BHIP

• In FY22, VHA will continue its national rollout of BHIP teams, with required implementation of the Collaborative Chronic Care Model (CCM), at all VA medical centers and Community Based Outpatient Clinics (CBOC).

• The CCM is the required evidence-based clinical practice model of BHIP teams and aims to facilitate coordinated, proactive, population-based care.

• While most facilities are aware of the BHIP staffing model, the BHIP clinical practice model is less familiar and is not implemented widely.

• Consistent with previous data showing positive impact, a recent VHA study demonstrated that BHIP-CCM team-based care can promote improved team
function, decreased hospitalizations, and improved health outcomes for Veterans with complex mental health conditions.

- Additional funds will be used to provide necessary care coordinators/care managers on BHIP teams and to support training and implementation. Typically, the care coordinator/care manager role would be a Registered Nurse, Social Worker, or Licensed Professional Mental Health Counselor who oversees the care coordination for the Veteran, based on individual clinical needs and consistent with national guidance regarding care coordination (e.g., VHA Directive 1110.04).

- BHIP care coordination roles include being an ongoing point of contact/clinical resource, promoting Veteran engagement and self-management, maintaining regular contact, and ensuring care continuity by being involved in care transitions and collaborating with other care coordinators/managers. These roles directly support patients’ receiving timely care and identifying and addressing suicide and other risk factors.

- Local BHIP-CCM teams should have a referral management procedure that focuses on improved care coordination and assures continuity for those Veterans who need a different level of care (e.g., step care up to specialty care or step care down to PCMHI or Patient-Aligned Care Teams).

- See the BHIP SharePoint, with BHIP-CCM team materials, for additional information. Direct questions about BHIP to BHIPResources@va.gov.

FUNDING

- OMHSP FY22 one-year funding is available as an option to interested Veterans Integrated Service Networks (VISN)/facilities. The requested funding will be for the expansion of PCMHI CoCM and BHIP care coordination/care management positions and is not intended to cover costs of existing staff. Funds can be 0160 or 0152 and will be TDA to the VISN. OMHSP will make funding selections early in FY22 Quarter (Q) 1. Funding is for FY22 with expected sustainment by VISNs/facilities in FY23 and beyond.

  - Within 30 days of memorandum release, interested VISNs should complete the this online form by clicking on ‘New’ for each individual position they request for their facilities, including all related information about those positions. The FY22 funding will be prorated based on the VISN’s projected onboarding timeline. VISNs and facilities should coordinate with their fiscal offices as part of this effort.

  - Funding priority is for sites who demonstrate a commitment to a stepped care model across the mental health continuum of care, including both PCMHI and BHIP components. Staffing requests and plans should indicate how requested positions will enhance such a stepped care model for the continuum of mental health services.
• Funds are expected to be transferred to the facilities in FY22 Q1, dependent upon national program office receipt of funding. VISNs should target having the requested staff onboard by FY22 Q2. Workforce position fulfillment will be tracked, along with budget execution. Unused funds will be reconciled before the end of FY22.

FUNDING and REPORTING REQUIREMENTS

• Facilities will report quarterly on hiring progress and spending, according to OMHSP requirements.

• PCMHI: Collaborative care managers will complete required PCMHI Competency Training, attend the PCMHI Monthly Education conference call series, and participate in PCMHI CoCM technical assistance offerings provided by the Center for Integrated Healthcare (CIH). Tracking will be conducted locally and will include CoCM encounters, uniques, same-day, telephone, diagnosis, etc. To aid with tracking, panel management software (such as Behavioral Health Lab or TIDES) will be used. Sites will report this data to OMHSP and conduct program evaluation efforts using this data.

• BHIP: Care coordinators/care managers will attend monthly national BHIP community of practice calls, attend the national BHIP training (or other agreed upon training), complete required training regarding a mental health care coordination guide (in development), and other ongoing follow-up requirements as delineated to promote skill development, competency, and outcomes.