



MIRECC Matters

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VA Social Skills Training for Serious Mental Illness: Workshop Progress and Website Launch!

Matthew T. Wiley, MPH

Since 2008, the VA Social Skills Training (VA-SST) program has been training VA clinicians nationwide in the delivery of SST for Veterans with serious mental illness. On March 2-3, 2010, the VA Capitol Health Care Network (VISN 5) MIRECC hosted the 9th VA-SST workshop in Linthicum, MD, while the 10th VA-SST workshop, hosted by the VA Desert Pacific Healthcare Network (VISN 22) MIRECC, was held on April 22-23, 2010, in Santa Monica, CA. A total of 279 VA clinicians have completed the two-day SST workshop and have been well regarded by the trainees in attendance. The next round of workshops in Baltimore and Santa Monica are scheduled for August and September, respectively.

The workshop keynote presentation in Linthicum was delivered by Alan S. Bellack, Ph.D., ABPP, the Director of the VA-SST program. He described the ongoing efforts of the VA to implement evidence-based practices, the value of a recovery-oriented model of care, and how SST serves as an effective tool for Veterans living with serious mental illness. In addition to plenary talks on recovery and the social skills model, the workshop exposed trainees to a hands-on learning approach. Working in small break-out group formats, trainees learned the intricacies of conducting SST groups by facilitating and observing mock SST group sessions. After the workshop, trainees returned to their respective facilities to incorporate SST groups into routine care. To help trainees with the implementation process and to further develop their skills in leading SST groups, each trainee was assigned a designated VA-SST consultant, and, for six months, consultants provide ongoing support and guidance through group teleconference consultation as well as individual feedback sessions.

The training staff was composed of several clinicians with experience in the delivery of SST in the VA setting: Alan S. Bellack, PhD, ABPP, Wendy N. Tenhula, PhD, Joanna Strong Kinnaman, PhD, Jean S. Gearon, PhD, Cindy Clark, RN, Amy Drapalski, PhD, and Rebecca Pasillas, PhD. Sophia Autrey, MPH, VISN 5 MIRECC Program Evaluator, was in attendance to provide expertise in evaluation and quality assurance. A special thanks goes to Carly Hankins from the Chesapeake Health Education Program, Inc., for her assistance in organizing the workshop.

One of the goals of the VA-SST program is to successfully train **at least one** SST Master Trainer in each of the VA's 21 Veteran's Integrated Service Networks (VISN). In turn, the Master Trainers serve as local and regional resources by providing training and consultation in SST for their particular VISN. The SST program also completed its third installment of the **Train-the-Trainer** component during the March workshop. To date, a total of 15 Master Trainers have been trained as experts in SST, covering 11 out of the 21 VISNs.

VA-SST Training Video Now Online!

Recently, the VA-SST program launched its website within the VISN 5 MIRECC website. On the site, information on SST and the VA-SST training program, plus a myriad of resources including informational brochures, handouts, slides, handbooks, and a reference list, are posted and available for download. Additionally, the site includes several forms and handouts that have been translated in Spanish for the Spanish-speaking Veteran. The site will stay updated with information on applying for future SST workshops as well as highlighting those clinicians who have successfully completed both the workshop and subsequent 6-month consultation process.

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Proton spectroscopy can give us a peek into the living brain

Bernie Fischer, MD

Brain cells talk to each other by sending and receiving chemical messages called neurotransmitters. **Glutamate is the main “go” or “excitatory” neurotransmitter in the brain,** and researchers believe that glutamate is involved in some of the symptoms of schizophrenia. One reason for this belief is that the drug ketamine, which blocks glutamate from acting correctly, can make people have symptoms that look like schizophrenia. If researchers could test whether the level of glutamate in the brains of people with schizophrenia was connected to problems or symptoms people have, we might be able to develop treatments that correct this level. But how can we measure the level of a chemical in someone’s living brain? The answer is proton magnetic resonance spectroscopy, or $^1\text{H-MRS}$ for short.

$^1\text{H-MRS}$ uses the same technology, and the same machine, as a MRI scan. When a person goes into the magnetic field of the scanner, their atoms are excited, and we can time how long it takes for the atoms to calm back down. For a MRI, we can use this timing to make a picture of the brain. For $^1\text{H-MRS}$, we use this information to measure the levels of certain chemicals. These measured chemi-

icals, called metabolites, include glutamate. With $^1\text{H-MRS}$, we can measure glutamate levels in the brain of people with and without schizophrenia to look for differences. We can also see if different medicines change brain glutamate levels.

Currently, I am conducting a study using $^1\text{H-MRS}$ to examine the level of glutamate in the brains of people with schizophrenia who used to be alcoholics compared to people with schizophrenia who never had a drinking problem. I am finding that the level of glutamate in the brains of people with schizophrenia is different depending on whether that person was an alcoholic in the past. This finding might explain why some people with schizophrenia develop drinking problems. It might also mean that acamprosate, an FDA-approved anti-drinking drug that works on glutamate, might be uniquely helpful for people with schizophrenia who drink.

My next step is to do a study of acamprosate in people with schizophrenia and an alcohol use disorder to see if this medicine really does work to help them stop drinking.

For more information about this study, contact Bernie Fischer, MD, at bfischer@mprc.umaryland.edu.

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Re-Evaluating the Cost-Effectiveness of MHICM Services

Eric P. Slade, PhD

Mental Health Intensive Case Management (MHICM) is a VA outpatient service model for providing comprehensive psychiatric care and case management supports to persons with serious mental illness who are frequently hospitalized for mental health reasons. A major VA randomized demonstration trial of an early version of MHICM services showed that the cost-effectiveness of MHICM hinges critically on the degree to which it reduces clients' inpatient mental health care utilization. MHICM was at least cost-neutral and may have been cost-saving for new MHICM clients referred from VA psychiatric hospitals. MHICM was also preferred by most patients because it allowed them greater autonomy and independence in comparison to institutional care. However, the cost-effectiveness of ACT services may have radically changed since the mid 1980's, when the VA demonstration trial was completed, as a result of the sharp decline in inpatient mental health lengths of stay in VA hospitals.

During the 1980's, inpatient mental health stays of six months or longer were typical. However, VA inpatient mental health stays now typically last from 1 to 2 weeks, and stays of 6 months or longer are rare. MIRECC investigators (Eric Slade, PhD, and Lisa Dixon, MD, MPH) recently completed a re-evaluation of the cost-effectiveness of MHICM services using national VA administrative data on 2,102 patients who enrolled for the first time in MHICM services sometime between the start of fiscal year 2001 (FY01) and the end of FY04. The study was funded by the VA Health Services Research and Development Service (IIR-06-115) and involved collaboration with Marcia Valenstein, MD, MS, and John McCarthy, PhD, MPH, at the VA Serious Mental Illness Treatment Resource and Evaluation Center.

The study used a quasi-experimental design to compare the outcomes of new MHICM clients (N=2102) with schizophrenia or bipolar disorder diagnoses during the first 12 months after enrolling in MHICM to the outcomes of a sample of (N=4204) patients with schizophrenia or bipolar disorder diagnoses who had a similar pattern of inpatient mental health service use in the past year. The results of the analysis showed that the costs of MHICM services during the first year (\$7670 per person) were nearly offset by savings of \$5040, which accrued primarily from less use of inpatient mental health services. However, savings were not evenly distributed among new MHICM clients. MHICM saved money only if new clients had used more than 110 days of inpatient mental health care during the 12 months that immediately preceded their entry into MHICM. MHICM increased (net) VA expenses among new clients that had used fewer than 110 days.

The implications of this study for VA mental health service leaders are twofold. First, the experience of MHICM services in the VA suggests that the net costs associated with the program are increasing. The number of VA patients who attain at least 110 days of inpatient mental health service use has declined sharply since FY00, when the MHICM program was officially begun, and less than 5% of patients currently attain this level of use. Thus, for most VA patients with serious mental illness, who annually have around 30 days of inpatient use on average, entry into the MHICM program will tend to increase VA mental health costs. A cost model developed in this project can be used to predict the net cost impact of entry into the MHICM program for an individual patient. These predictions are available by a request to Dr. Slade. Second, to ensure that the MHICM program remains accessible to the population for which it was intended, the VA possibly should reconsider the requirement that MHICM programs only enroll persons with 30 or more days of inpatient mental health service use in the prior 12 months (so-called "high hospital use"). The requirement has largely become outdated as an indicator of severity of mental illness and disability, and, consequently, may impede entry into MHICM by Veterans who could benefit from MHICM care.

MIRECC investigators recently completed a re-evaluation of the cost-effectiveness of MHICM services using national VA administrative data on 2,102 patients who enrolled for the first time in MHICM services sometime between the start of FY01 and the end of FY04.

For more information about this study, contact Eric Slade, PhD, at eslade@psych.umaryland.edu.

New MIRECC Research Assistant at Washington DC VAMC



Viara Quiñones-Jackson, MA, joins the MIRECC as a Research Assistant at our Washington DC VAMC site. She will be working on our Assessment of Recovery in Veterans with Serious Mental Illness (VA MARS) and A Randomized Trial of a Smoking Cessation Program for Persons with SMI (Smoking 3) studies. Her duties include collecting data, recruiting and consenting participants, administering study-related assessments, and conducting manualized treatment interventions.

Prior to joining the VISN 5 MIRECC, Ms. Quiñones-Jackson completed several **externship rotations at the Washington DC VA Medical Center's Primary Care Behavioral Health, Psychosocial Rehabilitation and Recovery Center, and Health Improvement Program.** She continues to provide individual and group therapy (i.e., Chronic Pain and Depression, Social Skills) to veterans with severe and persistent mental illness and co-morbid medical disorders. In addition, she provides psychological services in the Neurology Chronic Pain Management Clinic through individual and group therapy and assessment. Furthermore, she spent three years as a graduate research assistant at Howard University, with a multi-disciplinary team studying social cognition and psychological adjustment of science, technology, engineering, and mathematic (STEM) students.

VA-SST Training Video Now Online!

(continued from page 1)

We are most excited of the recent upload of our SST Training Video onto the website. The SST Training Video presents an entire Social Skills Group along with step-by-step teaching tools required for leading social skills group sessions. The video also provides a background on this evidence based practice as well as the most frequently encountered challenges faced by SST group facilitators. The video is available for viewing directly on your computer and can be seen at the following link:

http://www.mirecc.va.gov/visn5/training/sst/sst_video.asp

If you have any questions about the VA-SST program, we encourage you to visit our VA-SST website at: http://www.mirecc.va.gov/visn5/training/social_skills.asp. Additionally, you may contact Matthew Wiley, MPH, VA-SST Program Coordinator, at Matthew.Wiley@va.gov.

Upcoming Events

MONTHLY SGA CONSULTATION SEMINAR

First Thursday of every month: July 1, 2010, & August 5, 2010

1:00 - 2:00 PM

MIRECC conference room, BVA (6A-168)

or PPVA VTel conference room, Bldg 364 (C-110)

or call 800-767-1750, code 79846

Psychopharmacology Case Conference: All VISN Clinicians are invited to bring questions about a difficult or challenging psychopharmacology case, or to just attend to listen. Note that the topic of the conference has been expanded from a focus only on metabolic side effects of antipsychotic medications to include all areas of psychopharmacology. Case Conference leaders are Robert Buchanan, MD, MIRECC investigator and Professor of Psychiatry at the UMB School of Medicine; Julie Kreyenbuhl, PharmD, PhD, MIRECC investigator and Associate Professor in the UMB Department of Psychiatry; Neil Sandson, MD, inpatient attending psychiatrist in the VAMHCS and MIRECC staff member.

4TH ANNUAL VHA MENTAL HEALTH CONFERENCE

Implementing a Public Health Model for Meeting the Mental Health Needs of Veterans

July 27-29, 2010

Baltimore, MD

This meeting will allow for two and a half days of information sharing among mental health professionals and administrators on the current state of implementation of the Uniform Mental Health Services Handbook, new clinical initiatives, research-informed practices, as well as best practices identified by clinicians in the field. Conference information and link to registration may found here:

http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=26364

VA SOCIAL SKILLS TRAINING FOR SERIOUS MENTAL ILLNESS

August 10-11, 2010

Baltimore, MD

The VISN 5 MIRECC is training staff on the delivery of Social Skills Training (SST) for Veterans with schizophrenia and other serious mental illness (schizoaffective, bipolar, and treatment refractory depression). This is a national initiative being led by the Office of Mental Health Services. Individuals in all VISNs are invited to participate. For this training initiative, only clinicians working with Veterans with SMI (as defined above) are asked to apply. Please direct all questions and application requests, including upcoming workshop dates, to:

Matthew Wiley, MPH

VA Social Skills Training Program Coordinator

Matthew.Wiley@va.gov

RECOVERY-ORIENTED SMALL GRANTS PROGRAM

Application Deadlines for 2010: 1st of March, June, September, & December

Small Grant Amount: \$300-\$5000

The VISN 5 MIRECC offers a small grant mechanism to fund recovery-oriented clinical and educational innovations in response to the VA's Action Agenda to transform VA mental health services to a recovery model. This program especially encourages (but is not limited to) proposals such as: creating, adopting, launching or expanding recovery-oriented clinical or self-help projects, new programs to educate staff, Veterans, and/or family members of Veterans about mental health recovery models, or specific recovery-oriented services/programs. For more information or to receive an application, please contact:

Alicia Lucksted, PhD

MIRECC Recovery Coordinator

410-706-3244

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