

# NW Network News

VA NW Health Network Spring 2008



## VA Northwest Health Network (VISN 20)

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NW Network News is published for veterans, employees, volunteers and the many other supporters of our VISN 20 health care system. To submit articles, editorials, letters, or story ideas, please contact Megan Streight via email at [megan.streight@va.gov](mailto:megan.streight@va.gov).



## Secretary Peake Visits Walla Walla



*L to R, Hal Blair, Special Assistant to the Secretary; Dr. Khan, Acting COS, Walla Walla; Dennis Lewis, Network Director; Secretary Peake; Sharon Helman, Director, Walla Walla; Chris Martin, Associate Director, Walla Walla*

VA's new Secretary, the Honorable James B. Peake, MD, visited the VAMC Walla Walla on February 19, 2008. Secretary Peake is an impressive man. A West Point graduate, decorated Vietnam era veteran, and former United States Army Surgeon General, Dr. Peake began his government career as a GS-2, and was sworn in to VA's top post on December 20, 2007.

As you may recall, during his confirmation hearing, Washington Senator Patty Murray presented General Peake with one of VISN 20's **NO Business As Usual** buttons, telling him that, should he put it on, she'd know he was the man for the job. He did.

During the hearing process, Senator Murray invited the Secretary to join her in a visit to Walla Walla so that he could see first hand the good work going on in the Southeastern region of Washington State. She also wanted to discuss with him VA's plans for the future of the facility and the veterans we serve there. On February 19<sup>th</sup>, almost two months to the day of his swearing in, he did.

VISN 20's Network Director, Dennis Lewis, and Walla Walla's Director, Sharon Helman, had the honor of joining the Secretary during what evolved into a full day of briefings, walking tours, focus groups, media events and public forums. Dr. Peake was intent on speaking with as many veterans and employees as possible. He asked many questions, he took his time, and he listened to every answer. He was engaging and obviously passionate about the job he has just begun, and he impressed everyone he came into contact with. Joining the Secretary were Senator Patty Murray (D-WA) and Representative Cathy McMorris Rogers (R-WA).

Specific to our Network, the Secretary expressed a keen interest in rural health initiatives, and, having worked for a period at Madigan Army Medical Center (Tacoma, WA), is

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> Secretary Peake Visits Walla Walla, continued >

familiar with some of the access challenges that veterans face in the Pacific Northwest and Alaska. We provided him with a copy of VISN 20's draft Rural Health Care plan, and, while this document and our efforts is still very much a work in progress, we can take pride in knowing that we are well ahead of many other VISNs in this area.

The Secretary also asked many questions about fee, contract hospital care, compensation and pension exams, grant and per diem, care coordination home telehealth (CCHT), enhanced use lease (EUL) possibilities, and IT/automation. He was particularly impressed to learn about two new contracts that Walla Walla put into place on February 1<sup>st</sup> with community hospitals Walla Walla General and Saint Mary's, to enhance emergency care and medical services to veterans. Walla Walla has partnered with these two hospitals on a variety of other initiatives to include the development of the Walla Walla Health Care Alliance Leadership Council, a consortium focused on expanding access to care and the recruitment of health care professionals in rural Washington. Walla Walla has set precedence for us in this area, and we look forward to seeing their efforts replicated throughout the Network. Of note, DeWayne Hamlin and the staff at the Boise VA are close to a similar agreement in their catchment area.

In regards to the future, the Secretary fielded many questions from community and Congressional representatives, veterans and employees. He discussed the history of the campus as a former cavalry site, and he emphasized that times have changed, health care delivery has changed, veteran's health care needs have changed, and that change is good. He announced the funding of the \$6.7M, 36-bed Residential Rehabilitation Recovery Unit, and stated that the Outpatient building was still on track for consideration during the 2010-2011 budget cycle.

At the end of a long and eventful day, the Secretary was off to his next destination, VISN 19, with stops in Billings, MT and Salt Lake City, UT. The visit was a resounding success, and patients, volunteers, community representatives, Sharon Helman and her entire staff, are to be commended for a job well done. ■■■

## New Appointments

### Ann Shahan

Homeless Veterans Coordinator,  
VISN Office  
effective 10/29/07

### Diana Rogers

Incarcerated Veterans Coordinator,  
VISN Office  
effective 1/19/08

### Nirmala Rozario

Acting Director, VAMC Spokane  
effective 1/27/08

### Michael Fisher

Deputy Network Director, VISN Office  
effective 3/16/08

### Melissa Robertson

Fiscal Quality Assurance Manager,  
VISN Office  
effective 3/16/08

### Mark Lyons

VIRS Coordinator, VISN Office  
effective 3/16/08

### Jim Jackson

DSS Coordinator, VISN Office  
effective 3/31/08

## A Letter from your Chief Medical Officer



Dear Colleagues:

We are on an historic journey together, a journey to restore our Network's preeminence. There was a time when VISN 20 had some of the best performance in the nation. In recent years however, we have faced challenges in that regard. Today, I will share with you our road map back to preeminence.

### Patient Care Goals

We have an important destination, to provide excellent patient-centered integrated patient care, excellent education and research. These words: *excellent, patient-centered* and *integrated* are powerful words. They define the kind of care that our patients deserve and the kind of care we want to give. They are the right things to do, work worth doing. These words guide my decision making, my actions. They are my North Star.

### Our Performance

If excellent, patient-centered integrated care is our goal, how are we doing? How far are we from our destination? VHA

uses about 100 measures to determine a network's standing. These 100 measures are divided into five categories: patient access, clinical performance, functional status, community health and patient satisfaction. There are 21 networks in VHA. We aspire to be the best, number 1. Below were our rankings as of the close of FY 2007:

Domain	Standing
Patient Access	21
Healthier Communities	21
Functional Status	20
Clinical Care	19
Patient Satisfaction	7
Aggregate Standing	19

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## Recruitment Activities

### Director

VAMC Spokane

Nomination submitted to VACO  
February 2008

### Chiefs of Staff

VAMC Boise

Nomination submitted to VACO  
April 2008

VA Puget Sound HCS

VAMC Walla Walla &  
Southern Oregon Rehabilitation  
Center and Clinics

Interviews are ongoing at  
VA Puget Sound, VAMC Walla Walla  
& Southern Oregon Rehabilitation  
Center and Clinics

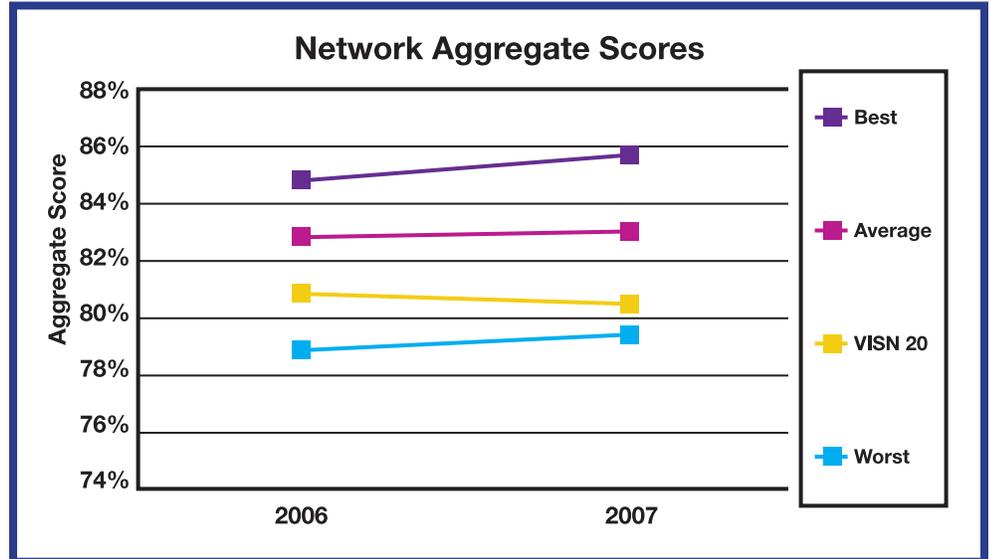
### VISN 20 Chief Financial Officer

Recruitment initiated



> A letter from your Chief Medical Officer, continued >

We aspire to be the best. We were the best, but now we are not. There is a more troubling part of our performance, our performance is getting worse. The graph below tells the story.



The top line is the best performance in the VA. The second line from the top is the VA average performance. The third line from the top is the performance of our network. The bottom line is the performance of the worst performing VISN. Take a moment to think about this graph. What do you see? Here is what I see – other networks are learning how to be more efficient and effective. We are not. In fact, we are falling further behind. If we continue on this path, we could be the worst VISN in VHA at the end of 2008.

### Our Journey Back to Preeminence

We have a road map back to preeminence and it is working. There are four parts to our strategy: **focus, accountability, discipline** and **support**. We have a clear goal, excellent patient-centered integrated care. VHA uses about 260 performance measures. One hundred of them determine our standing. We have **focused** our attention on the measures (34 measures) where we have the biggest gaps. We have agreed to hold our current performance on the rest. These vital few include providing care for patients using tobacco products and patients with acute coronary syndrome, providing immunizations and eliminating our patient 30-day waiting lists.

We are establishing a clear line of **accountability**. Accountability begins with our leadership, Directors, Associate/Deputy Directors, Nursing Executives and Chiefs of Staff. We are also extending the accountability and authority to our clinical committees, making sure each chairperson and the committee members understand their accountability and authority for the performance measures related to their patient care service. Going forward, our clinical committees will be action oriented with a specific charge to achieve excellence. These committees and our leadership will extend the accountability and authority to the individual practice teams.

We are becoming more **disciplined**, the discipline to adopt and enforce standards and best practices. We will be more disciplined in our approach to improving the way we do our work. We will always be on the look out for a better way to provide patient care. We will eagerly implement and test these new ideas and spread the ones that are successful.

> A letter from your Chief Medical Officer, continued >

We are rebuilding our **support**. Great organizations have vibrant infrastructure that facilitates change and improvement. Over the last few years, we have allowed our infrastructure to fall apart. Committees aren't meeting. Each facility or site is too often doing their own thing. Our success will depend on our ability to draw on our collective talent, energy and coordinated action. The VISN clinical information systems committee is a good example. A clinical information system is a critical component of every successful organization. Our clinical information systems committee was disbanded two years ago. We are in the process of systematically rebuilding our support infrastructure.

### Our Progress

Our strategy is already working. As of this writing, our standing in access has improved from #21 to #9, and our clinical performance has moved from #19 to #13. These preliminary results are encouraging. Our journey back to restore our network's preeminence is just beginning. It will be a hard journey. It is not easy to change. But it will be an exciting journey, work worth doing, and the right thing to do for our patients. Thank you for all that you do to make excellent patient-centered integrated care possible.



## Patient Safety Corner



*Dennis Lewis, Network Director, and Frank Marre, Chief Medical Officer, congratulate Blake Lesselroth, MD, of the PVAMC for the APHID project presentation.*

Does your organization have something you think is worth doing everywhere? It is not too early to start getting a poster and presentation ready to share at the next round of VISN 20's Strong Practice Competition occurring at the June Tetrad meeting.

A strong practice is a creative solution to a common problem. The solution meets or surpasses known standards and can be proved to have sustainable, positive, tangible results which you believe could be replicated anywhere.

If this sounds like it fits a solution you've developed in your organization, think about sharing your success with the rest of the Network. You will be asked to submit an entry form explaining a problem your organization set about to

solve; any documentation such as policies, presentations, communications; the results or data that demonstrates why you are excited about sharing this solution with others; and what lessons your organization learned that would be helpful to others wishing to adopt your practice in their settings.

The first poster session, at the January 2008 Tetrad meeting in Portland, was an unqualified success. It provided a jumpstart of creative high-performance energy for our Network. Fifteen projects were shared. All participants came prepared to give presentations at a dinner event sponsored by the Portland VA Research & Education Foundation.

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## American Lake Volunteers & Programs Receive National Recognition

One of American Lake's youth volunteers, Dani Clark, has won 2nd place (\$10,000), in the VA's James H. Parke Memorial Scholarship competition. There were 29 entrants this year. James H. Parke was VA's first Director of Voluntary Service, and the founding father of the Department of Veterans Affairs Voluntary Service (VAVS) National Advisory Committee (NAC).

The scholarship may be used for tuition and fees, books and supplies, and/or room and board or other educational needs purchased through the school of the student's choice. Scholarship winners must use their awards by their 24th birthday.

To be eligible, candidates must complete 100 hours of regularly scheduled VAVS volunteer service in a 12-month period, be a student in the 10th grade or above, and have not reached their 19th birthday.

Dani will be presented with this award/scholarship April 11th in Orlando, Florida during the National VAVS Advisory Committee Meeting. American Lake is part of the Puget Sound Health Care System and is located in Tacoma, Washington.

The American Lake Veterans Golf Course volunteer program has been chosen as a 2008 winner of the American Hospital Association's Hospital Awards for Volunteer Excellence (HAVE). The AHA HAVE Award celebrates the contribution and value of hospital

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> *American Lake Volunteers, continued* >

volunteers – women and men who go the extra mile for their patients and communities. The work you do on behalf of the brave men and women who have served and sacrificed for our nation is inspiring. The award-winning VA Puget Sound Health Care System's American Lake Veterans Golf Course volunteer program will be acknowledged during the AHA Recognition Breakfast April 7th in Washington, DC. Congratulations!

> *Patient Safety Corner* >

Tetrad attendees viewed posters, talked with presenters, and then voted for their favorites. Three projects were selected for presentation to the group after dinner. The criteria for selection included consideration of the significance of the impact of the shared practice on quality, access, and cost; patient satisfaction and/or patient safety; and the degree to which the practice would be transportable to other organizations.

The top three projects recognized were the Automated Patient History Intake Device (APHID) from Portland; A Systems Redesign Approach to Optimize Outcomes with Methadone Use from Spokane; and the Women Veterans Health Program at Walla Walla.

To view all entries from the January project, please go to the VISN 20 website <http://vawww.portal.visn20.med.va.gov/QMSP/default.aspx>, then take a chance and consider entering your strong practice in June! ■■■

## Fresh Eyes on Service



Fresh Eyes on Service (FEOS) is a new program intended to be a significant support mechanism for VHA Customer Service Program goals. FEOS consists of in-person visits by designated VHA staff members to “shop” customer service provided to veterans at Medical Centers and large CBOCs (over 1,500 unique patients).

### The purpose of the program is to:

- Help the VA build customer loyalty and infuse compassion into the work of all employees
- Identify and share successful approaches
- Gain another view of customer service performance
- Reinforce existing training, desired behaviors and compliance with expectations
- Focus on the entire patient experience

### The goals of the program are:

- To assist VHA in moving from a service-satisfied culture to a service-experience culture
- To build loyalty with Veterans as “Promoters” of VA healthcare instead of merely being satisfied
- To create a work culture that encourages personal responsibility on the part of every staff member to “engage” veterans, to make the veteran’s experience positive and memorable
- To improve and reinforce VHA Customer Service programs

In February, designated VISN 20 FEOS observers participated in a nationwide training in preparation for site visits. Over the course of the next 17 months, two person teams will visit 28 VISN 20 sites of care to meet VHA’s new performance monitor for this program.

Observers will focus on Access, from parking to signage; Facilities, from cleanliness to safety; and Behavior, from interaction to staff appearance. At the close of each visit, observers will identify and share successful practices with facility leadership as well as identify opportunities for improvement. The focus is on systems improvement, not individual employees, and the provision of a consultative service for facilities. For additional information about VISN 20’s FEOS program, please contact Megan Streight via email [megan.streight@va.gov](mailto:megan.streight@va.gov), or (360) 619-5934. ■■■



## VISN 20 Completes MOVE Challenge 100 Days. 1,000,000 Steps. A Healthier You.

For three months this winter, November 2007 – February 2008, VISN 20 challenged employees to walk, run, bike, dance, or otherwise **MOVE** themselves to better health. The goal was to log 10,000 steps a day, the number recommended by the American Heart Association, and the exercise equivalent of 30 minutes of continuous movement, in a 100 day time frame. Employees who achieved at least 500,000 steps were rewarded with a commemorative t-shirt emblazoned with the **MOVEmployee II** logo and the slogan, “I’m one in a million”.

Each of our 8 facilities outdid themselves with creative activities, promotions and support from their executive leadership. Many of our Directors hosted weekly staff walks and employees formed groups for daily outings, with some taking it a step further and training for marathons and 1/2 marathons. In all, 165 people earned a t-shirt, and the VISN office received numerous testimonials and words of appreciation for sponsoring the program. One of the most inspirational came from Robin Gorashi, a Radiology Service employee at the VAMC Walla Walla:

*I just want to thank you for leading all of us in such good habits!!! I completed my million steps a few weeks ago and am still going strong! I am just proud because in February of 2007, I was completing my 6 rounds of chemo and then 37 rounds of radiation treatments from March – May. I started exercising, but thanks to the “challenge” I was motivated to exercise everyday! I feel awesome and have lost 10 pounds! My goal is to have at least 20 off by my 51st birthday the end of May!! Thank you again and I am looking forward to the next challenge!!!*

Congratulations to all, and don’t forget to keep **MOVING**. Remember, it all begins with a single step.

### IN TOTAL, 165 VISN 20 EMPLOYEES COMPLETED 500,000 – 1,000,000 STEPS! CONGRATULATIONS!!!!

**ALASKA**

Doreen Auletta  
Jill Bennett  
Deedee Brandeberry  
Ben Fischer  
Brant Grifka  
Robert Guenther  
Bobbie Hjelmgren  
Leaf Myki  
Pat Martin  
Trelane McKinney  
Lisa Pascale  
Chantel Pemberton  
Dana Rich  
Victor Rosenbaum  
Ro Rotunno  
Cindy Sauro  
Jacqueline Schimper  
Mark Schwartz  
Nancy Walsh-Robart  
Betty Weir

**BOISE**

Paul Black  
Brent Luks  
Ron Blanton  
Victoria Rogers  
Linda Hilton  
Grant Ragsdale  
Ramona Duron

Pamela Kocina  
John Boice

**PORTLAND**

Ryan Siemens  
Denise La Lande  
Corinne Tippit  
Jan Patterson  
Lily Lee

**PUGET SOUND**

Linda Clark  
Skip Dreps  
Rosa Young  
Weldon Plett  
Dave Tostenrude  
Connie Phillips  
Pat McPherson  
Susan Dier  
Cathy Spataro  
Diane Fowler  
Johnny Hardy  
Earlene Green  
Karol Brown  
Rose Evans  
Lisa Chisa  
Pam Williams  
Sandr Soul  
Deborah Hammond  
Cynthia Olson

Quyen Tran  
Mary Hampton  
Wanda Burton  
Michelle Power  
Merlita Affholter  
Stephen Campbell  
Carol Tomas  
Nina Jue  
Barbara Dickson  
Diane Styskal  
Mary Delozier  
Stafanie Hillman  
Christina Helton  
Michael Zeka  
Peggy Warner  
Janis Manning  
Julie Nicholas  
Cathy Stapel  
Alicia Lopez  
Cecile Bagrow  
Carol Johnson  
Carol Walker  
Shirley Aikin  
Gary Herrero  
Bryan Guzman  
Karen Kettelberger  
Miles Urbano  
Veronica Foster Jones  
Mark Hinton

Walt Werkhoven  
Nadine Smith  
Melva Duran  
Gloria Carlson  
Tyana Shabazz  
Vicki Booth  
Vonnice Clay  
Chris Woods

**SORCC**

Truman Sanderson  
Melody Hall  
James Hostick  
Jennifer Ragan  
Jim Figone  
Andy Paperman  
Jeanette Miller  
Don Cowsert  
Rudy Pinedo  
Paula Nettles  
Mary Neill  
Denise Roberts  
Karen Allen

**SPOKANE**

Dave Perkins  
Tokbi Brickweg  
Nancy Brown  
Ginny Winters  
Kevin Smith

Chuck Marsden  
Linda Tieaski  
Lina Hughes  
Rita Hoag  
Mike Lepkowitz  
Becky Hay

**WALLA WALLA**

Susie Aldrich  
Debi Bernasconi  
Catherine Biggs  
Phuong Brown  
Toama Brunton  
Mary Cooper  
Jennifer Crown  
Jimmie Daves  
Darlene Fleming  
Ann Forbes  
Sharon Gerbino  
Darla Gonzalez  
Roger Gotch  
Dannette Knight  
Mary Kutch  
Liz Lee  
Sandy Lee  
Ann Lehman  
Jack Lenihan  
Hawk Moore  
Kelli O’Kert  
Chris Oliver

Ron Opsal  
Carol Perfect  
Sally Riggs  
Jake Shaw  
Shawn Shugars  
Wanda Singer  
Patty Strange  
Carrie Swift  
Gary Tash  
Mary Tock  
Dayna Turner  
Cindy Williams  
Jim Willard  
Sarah Denton  
Yolanda Gies  
Mary Husted  
Cara Smith  
Norma Timmons  
Chris Martin  
Mary Freeman  
Jonathan Hibbs  
Lou Holm  
Larry Werst  
Robin Gorashi  
Larry Luxton  
Clark Schmidt

**VISN OFFICE**

Dennis M. Lewis

## Memorial Honors Walla Walla VA Employees

- Contributed by Jake Shaw

Gray skies and swirling winds gusting up to 40 miles per hour didn't stop 50 Walla Walla VA Medical Center employees from gathering on December 3<sup>rd</sup> to dedicate a memorial to former employees who've passed away over the years. Nine former employees were honored during the ceremony: Donnie Hauer, Jack Thompson, Twila Crist, Jim Pack, Clara Crockett, Bill Winters, Melinda Eversole, Deanna Milligan and Claire Budd. Several family members and friends of those being remembered also attended the ceremony.

The idea for the memorial started last fall when housekeeper Charlie Keating asked co-workers if they wanted to do something to honor fellow employee Donnie Hauer after he passed away. Carol Perfect, an employee in Facilities Support Services, listened to Charlie and decided to do something to honor all former employees who served veterans at the Walla Walla facility.

During the dedication ceremony, Medical Center Director Sharon Helman spoke briefly about the importance of the memorial.

"Our greatest strength and our most important asset as an organization are our employees; they are our backbone. We depend on each other heavily every day. We grow close and experience things together – good and bad – which stay with us in our hearts and minds as memories long after we go our separate ways.

When we lose a fellow employee it's always a tragedy; it feels like we lose a part of ourselves. But we must find ways to remember them for the times we shared together. This memorial is a tribute to the many employees who left us after serving our nation's heroes. They dedicated their lives to a worthy mission, and we will never forget them for that," she said.

Chaplain Vegors agrees. "I think this memorial will grow for years as more employees make donations to remember their co-workers and friends," he said. For at least one VA employee, the ceremony had special meaning. Gloria Clark, a pharmacy employee, is the daughter of Clara Crockett, one of the employees whose name is now part of the memorial.

"Years ago, my mom brought me here to volunteer, and now I work here, and my son Donny also works here. I am so proud that my mother is part of this memorial. I will definitely stop by from time to time to remember her, and I'm sure my son will do the same," she said. The memorial is located on the northeast side of building 75, near the rose garden. The total cost to add a name to the memorial is about \$25. To learn more about the memorial or to purchase a plaque, contact Carol Perfect at (509) 525-5200, ext. 22489. ■ ■ ■



## VISN 20 is #1 in MCCF Collections!

After ending Fiscal Year 2007 #4 in the country in our assigned target MCCF goal to the actual amount collected, VISN 20 has moved to 1st place with a record setting February! Special recognition goes to VA Puget Sound for their efforts in assisting other facilities with collections – a commendable example of integration in action, especially when one considers how important these funds are to enhancing our health care budget. Congratulations to all!

	Feb Collections	Feb Cum Collections	% to Target (Cum)
<b>ALASKA</b>	\$869,861.81	\$5,486,714.00	109.91%
<b>BOISE</b>	\$825,829.99	\$4,148,519.00	123.20%
<b>PORTLAND</b>	\$1,692,765.32	\$8,189,769.00	123.43%
<b>ROSEBURG</b>	\$939,372.39	\$3,150,101.00	123.10%
<b>PUGET SOUND</b>	\$2,722,696.42	\$12,913,665.00	122.58%
<b>SPOKANE</b>	\$816,465.76	\$2,970,731.00	108.78%
<b>WALLA WALLA</b>	\$370,036.24	\$1,895,610.00	124.90%
<b>WHITE CITY</b>	\$214,943.80	\$891,075.00	99.67%
NETWORK	\$8,451,971.73	\$39,646,185.00	119.31%

## VISN 20 Opens 2 New CBOCs

February 2008 marked a banner month in access improvement with the activation of Community Based Outpatient Clinics (CBOCs) in interim locations in Mt. Vernon, Washington and Coeur d'Alene, Idaho. Both facilities are currently housed in temporary sites as the VISN searches for permanent space.

The Mount Vernon clinic opened on February 15<sup>th</sup>, as a mobile unit, on the grounds of the Skagit Valley Hospital. This central location allows VA Puget Sound to partner with the hospital and local pharmacies for its laboratory and pharmaceutical needs. This temporary site will also allow VA Puget Sound to work with community leaders to finalize plans for a permanent clinic in the region.

While working to increase patient's access to care in Northwest Washington, VA Puget Sound will be contacting currently enrolled patients whose providers will be locating at the interim site on a rotating basis. This will be a phase-in process as we grow from an interim site to a permanent location.

When the permanent clinic is fully up and running, it will have 15 primary care, mental health providers and support staff bringing primary and mental health care to the Northwest Washington region. VA Puget Sound continues to work with VA officials and state and community stakeholders to bring on line its permanent site in Northwest Washington, which will ultimately serve more than 6,500 veterans.

In addition to Mt. Vernon, the VAMC Spokane activated the Coeur d'Alene CBOC on February 19<sup>th</sup>, also at an interim site. The new clinic is located at 2177 Iron Wood Court Drive, Coeur d'Alene, and will allow veterans living in North Idaho and Northwest Montana to receive their primary care closer to home. While working to increase patients' access to care in North Idaho, the Spokane VA will be contacting current patients to determine if they would like to receive care at the interim site. This will be a phase-in process as the clinic grows from an interim site to a permanent location. When the permanent clinic is fully up and running, it will have about 25 employees, including providers and support staff, to serve primary and mental health care needs to the North Idaho region. The clinic will ultimately serve more than 7,800 veterans. ■ ■ ■ ■



## News on a National Front

### VA Increases Budget and Expanded Services for Mental Health and Suicide Prevention

"The Department of Veterans Affairs (VA) has significantly increased its budget and services for mental health programs, and has greatly enhanced its suicide prevention services," the VA's Chief Mental Health official said in recent testimony before the House Veterans Affairs Committee (HVAC).

Dr. Ira Katz, Deputy Chief of Patient Care Services for VA's Office of Mental Health, testified that the VA will spend \$3 billion in fiscal 2008 on mental health services for veterans – a 50 percent increase since 2001. VA has hired more than 3,600 new mental health employees since 2005, bringing the current total to more than 10,000.

Testifying at the Committee's December 12 hearing focusing on suicide prevention, Dr. Katz said VA has expanded its services in several ways, including the recent addition of a 24-hour, seven-day a week Suicide Prevention Hotline (1-800-273-TALK).

> VA Increases Budget and Expanded Services, continued >

He said VA now has suicide prevention coordinators at each of its 153 hospitals nationwide, and has more than 200 mental health providers whose jobs are specifically devoted to preventing suicide among veterans. In addition, VA educates veterans and family members, and trains employees about suicide risk factors and warning signs of suicide.

“The Department of Veterans Affairs believes that it is our obligation to work to prevent suicide both in individual patients and in the entire veterans’ population,” Katz said. “Our suicide prevention activities are based on the principle that in order to decrease the rates of suicide, we must provide enhanced access to high quality mental health care and to develop programs specifically designed to help prevent suicide.”

VA’s suicide prevention program includes two centers which conduct research and provide technical assistance for all locations to use. The Mental Health Center of Excellence in Canandaigua, NY focuses on developing and testing clinical and public health intervention, and serves as home base for the Suicide Prevention Hotline. The Mental Illness Research and Education and Clinical Center in Denver focuses on research in the clinical and neurobiological sciences.

Dr. Katz said the Suicide Prevention Hotline has already made a significant impact in providing immediate, crisis-oriented counseling to veterans, as well as their family members and friends, when they call.

He pointed out that suicide prevention coordinators at each facility follow up each call to provide enhanced treatment monitoring for veterans at risk and ensure follow up on any missed appointments. The coordinators also educate their colleagues, veterans and families about the risks for suicide, and work with the entire staffs of their medical centers to maintain awareness and care for those who have previously attempted suicide, and ensure their care is enhanced.

Since the Hotline began service in late July, it has received more than 250 calls resulting in immediate emergency services that may have helped save a life. From October 7<sup>th</sup> to November 10<sup>th</sup>, 1,636 veterans and 311 family members called the Hotline number. Those calls led to 363 referrals to suicide prevention coordinators and 93 rescues involving emergency services.

Dr. Katz said VA has completed a preliminary evaluation of suicide rates among veterans returning from service in Iraq and Afghanistan that shows the rate of suicide for those veterans is not statistically significantly different from the suicide rate for age, sex and race matched individuals from the general population.

“Nevertheless, one suicide among those who have served their country is too much,” Katz said. He said the population of veterans who receive care from VA have more risk factors for suicide than the general population. “Those who come to the VA for care tend to be older, less socio-economically well-off, and more likely to have a mental health condition or another chronic condition,” Katz said. “This increased need can be associated with increased risks. This, in fact, was one of the major factors leading to VA’s focus on suicide prevention.”

Katz said about 100,500 of the 750,000 veterans from the conflicts in Iraq and Afghanistan have come to VA with a mental health condition since the beginning of the war, representing about 10 percent of the total number of veterans with mental health issues that the VA sees in any one year. “While a significant number of veterans of the conflicts in Iraq and Afghanistan have required treatment for mental health conditions on their return home, the number is well within our capabilities for providing treatment,” Katz said. 