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PROCEDURE

Application

This procedure shall apply to the clinical services of The Right Door for Hope, Recovery and Wellness.

1.0 Access to services

1.1 The Right Door for Hope, Recovery and Wellness will provide intensive, community-based behavioral health care for active-duty veterans/active-duty military, particularly those who are located 50 miles or more (or 1 hour drive time) from a Military Treatment Facility (MTF) and veterans living 40 miles or more (driving distance) from a VA medical facility as well as National Guard and reserve members that are not eligible for TRICARE or VA benefits.

1.2 Access staff and/or primary clinicians will assist veterans/active-duty military members in enrolling in the VHA for the delivery of medical and behavioral health services to persons affirming former military service.

2.0 Screening

2.1 All potential veterans/active-duty military requesting or referred for mental health services must receive an initial evaluation within 24 hours, and a more comprehensive diagnostic and treatment planning evaluation within 30 days.

2.1.01 The primary goal of the initial 24-hour evaluation is to identify persons with urgent care needs, requiring hospitalization or the immediate initiation of outpatient care when needed.

2.1.02 The initial 24-hour evaluation can be conducted by primary care, other referring licensed independent providers, or by licensed independent mental health providers.

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2.2 When screening for service provision, all potential veterans/active-duty military are to be asked the following questions:

2.2.01 Have you ever served in the military?

2.2.02 If so, in what branch?

2.3 If a person indicates in the affirmative that they served in the military then they will be considered veterans or active-duty military and the following treatment provisions must be provided.

3.0 Service Provision

There is integration or coordination between the care of substance use disorders and other mental health conditions for those veterans/active-duty military/active-duty military who experience both, and for integration or coordination between care for mental health conditions and other components of health care for all veterans/active-duty military.

3.1 Waiting times for all services for established veterans/active-duty military must be less than 30 days from the desired date of appointment.

3.2 Each veteran served by The Right Door will be assigned a “principal mental health provider,” also referred to as primary clinician. This will be designated in the electronic medical record.

3.3 The principal mental health provider must ensure that:

3.3.01 Regular contact is maintained with the veterans/active-duty military as clinically indicated as long as ongoing care is required.

3.3.02 A psychiatrist reviews and reconciles each veterans/active-duty military’s psychiatric medications on a regular basis.

3.3.03 Coordination and development of the veteran’s treatment plan incorporates input from the veteran (and, when appropriate, the family with the veteran’s consent when the veteran possesses

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adequate decision-making capacity or with the veteran's surrogate decision-maker's consent when the veteran does not have adequate decision-making capacity).

3.3.04 Implementation of the treatment plan is monitored and documented. This must include tracking progress in the care delivered, the outcomes achieved, and the goals attained.

3.3.05 The treatment plan is revised, when necessary.

3.3.06 The principal therapist or principal mental health provider communicates with the veteran (and the veteran's authorized surrogate or family or friends when appropriate and when veterans/active-duty military with adequate decision-making capacity consent) about the treatment plan, and for addressing any of the veteran's problems or concerns about their care. For veterans/active-duty military who are at high risk of losing decision-making capacity, such as veterans/active-duty military with a diagnosis of schizophrenia or schizoaffective disorder, such communications needs to include discussions regarding future mental health care treatment and should include a conversation about psychiatric advanced directives.

3.3.07 The treatment plan reflects the veterans/active-duty military's goals and preferences for care and the veteran signs the treatment plan. If the principal mental health provider suspects that the veteran lacks the capacity to make a decision about the mental health treatment plan, the provider must ensure that the veteran's decision-making capacity is formally assessed and documented. For veterans/active-duty military who are determined to lack capacity, the provider must identify the authorized surrogate and must attempt to get a signature on the treatment plan document but can receive verbal consent to the treatment plan in the interim.

3.4 Each primary clinician will collaborate with their supervisor to support the identification of those who have survived suicide attempts and others at high

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risk, and to ensure that they are provided with increased monitoring and enhanced care.

3.5 All veterans/active-duty military receiving mental health care need to be enrolled in a VA primary care clinic to receive primary care if eligible. When veterans/active-duty military are not already engaged in primary care in VHA, mental health providers need to assist them in arranging a first visit to primary care. Veterans/active-duty military who decline primary care involvement must receive all required screening and preventive interventions at the Right Door for Hope, Recovery and Wellness.

3.6 Mental health services must be recovery oriented. According to the National Consensus Statement on Mental Health Recovery (found at: http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4129/):
"Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of the person's choice while striving to achieve ... full potential."

3.7 (a) The Consensus Statement lists ten fundamental components of recovery:

3.7.01 Self-direction,

3.7.02 Individualized and person-centered,

3.7.03 Empowerment,

3.7.04 Holistic,

3.7.05 Non-linear,

3.7.06 Strengths-based,

3.7.07 Peer support,

3.7.08 Respect,

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3.7.09 Responsibility, and

3.7.10 Hope.

3.8 (b) As implemented in VHA recovery, it also includes:

3.8.01 1. Privacy,

3.8.02 2. Security,

3.8.03 3. Honor, and

3.8.04 4. Support for VA veterans/active-duty military rights.

3.9 All mental health care providers and staff must be provided with cultural competence training about military and veteran's culture as well as cultural competence training addressing ethnic and minority issues.

3.9.01 The Right Door for Hope, Recovery and Wellness expects all staff to complete the Relias Training on "Military Culture" as well as complete additional trainings on cultural competence as necessary.

3.10 There must be a mental health treatment plan for all veterans/active-duty military receiving mental health services.

3.10.01 The treatment plan must include the veterans/active-duty military's diagnosis or diagnoses and document consideration of each type of evidence-based intervention for each diagnosis.

3.10.02 The treatment plan needs to include approaches to monitoring the outcomes (therapeutic benefits and adverse effects) of care, and milestones for reevaluation of interventions and of the plan itself.

3.10.03 As appropriate, the plan needs to consider interventions intended to reduce symptoms, improve functioning, and prevent relapses or recurrences of episodes of illness.

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3.10.04 The plan needs to be recovery oriented, attentive to the veteran's values and preferences, and evidence-based regarding what constitutes effective and safe treatments.

3.10.05 The treatment plan needs to be developed with input from the veteran, and when the veteran consents, appropriate family members. The veteran's signed consent to the treatment plan is required.

4.0 Gender Specific Care

4.1 Mental health services need to be provided to those who need them in a manner that recognizes that gender-specific issues can be important components of care.

4.1.01 The Right Door for Hope, Recovery and Wellness, when clinically indicated, will give veterans/active-duty military (women and men) being treated for Military Sexual Trauma the option of being assigned a same-sex mental health provider, or opposite-sex provider if the trauma involved a same-sex perpetrator.

4.1.02 The Right Door for Hope, Recovery and Wellness will give veterans/active-duty military treated for other mental health conditions the option of a consultation from a same-sex provider regarding gender-specific issues. NOTE: Facilities are encouraged to offer men and women treated for other mental health conditions the option of a consultation or treatment from an opposite-sex mental health provider, when clinically appropriate.

4.2 The Right Door for Hope, Recovery and Wellness will accommodate and support women and men with safety, privacy, dignity, and respect.

4.3 If The Right Door for Hope, Recovery and Wellness refers a veteran to inpatient or residential care facilities, the contracted provider must provide separate and secured sleeping accommodations for women. Mixed gender units must ensure safe and secure sleeping and bathroom arrangements, including, but not limited to door locks and proximity to staff.

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5.0 24 hours a day, 7 days a week (24/7) Care

5.1 The Right Door for Hope, Recovery and Wellness will be available for care for veterans/active-duty military 24/7 just as they are for all veterans/active-duty military served. Please refer to the procedure on service provision and crisis services.

5.2 The Right Door for Hope Recovery and Wellness is in compliance with the VHA Handbook 1160.1 as it provides a telephone triage program that has the capacity to evaluate mental health problems by having:

5.2.01 Staff, training, and protocols to allow responders to screen for mental health conditions and to know when to contact the mental health provider on-call for an evaluation of the screening findings.

5.2.02 A mental health provider on-call to provide back-up decision-support when needed.

5.2.03 Procedures to facilitate access to the national suicide prevention hotline when appropriate.

5.2.04 Any veteran/active-duty military in the Emergency Department or urgent care settings will be evaluated within in 3 hours to establish the urgency of care. When indicated, interventions will be initiated immediately, with follow-up as appropriate. Follow-up for mental health conditions determined to be non-urgent must be within 30 days.

6.0 Inpatient

Inpatient care will be available to all veterans/active-duty military who require hospital admissions for a mental disorder, either in the VA medical center, a nearby facility, or by contract, sharing agreement, or non-VA fee-basis referral to a community facility to the extent that the veteran is eligible.

7.0 Telemental Health Services

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7.1 The Right Door for Hope, Recovery and Wellness will provide space for the VHA to provide Telemental Health services.

7.2 In the case that The Right Door for Hope, Recovery and Wellness can apply to be a provider, they will meet all Telemental Health requirements.

8.0 Care Transitions

8.1 The Right Door for Hope, Recovery and Wellness primary mental health clinician MUST ensure continuity of care during transitions from one level of care to another. When veterans/active-duty military are discharged from inpatient or residential care settings, veterans/active-duty military must;

8.1.01 Receive information about how they can access mental health care on an emergency basis.

8.1.02 Be given appointments for follow-up at the time of discharge.

8.1.03 Receive follow-up mental health evaluations within 1 week of discharge.

8.1.04 Receive follow-up within 48 hours of discharge.

8.1.05 When necessary because of the distance of the veteran's home from the facility where the veteran receives follow-up care or other relevant factors, the 1-week follow-up may be by telephone.

8.1.06 Any indications of clinical deterioration, non-adherence with treatment, or danger to the veteran or others must trigger appropriate and timely interventions.

8.1.07 In all cases, veterans/active-duty military must be seen for face-to-face evaluations within 2 weeks of discharge. When veterans/active-duty military refuse these evaluations, the refusal must be documented. When veterans/active-duty military miss scheduled

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appointments, there must be follow-up with the veteran/active-duty military and documentation in the clinical record.

8.1.08 Receive follow-up medical evaluations within a time frame established through communication and coordination with primary care or another relevant service.

9.0 Substance Use Disorders

9.1 Veterans/active-duty military-centered Requirements

9.1.01 The Right Door for Hope, Recovery and Wellness services addressing the broad spectrum of substance use conditions including tobacco use disorders will be available for all veterans/active-duty military who need them.

9.1.02 Evidence-based smoking and tobacco use cessation care, including counseling and medications, will be made available as part of routine care to all Veterans/active-duty military who are attempting to quit smoking or other tobacco use.

9.1.02.01 New veterans/active-duty military and ongoing veterans/active-duty military will be screened at least annually for tobacco use. This will occur at intake and annual assessment.

9.1.02.02 In addition to education and counseling about smoking cessation, evidence-based pharmacotherapy will be made available for all adult veterans/active-duty military using tobacco products by connecting them with a primary care physician who can provide pharmacotherapy. When provided, pharmacotherapy needs to be directly linked to education and counseling.

9.1.03 Interventions for substance use conditions must be provided when needed in a fashion that is sensitive to the needs of veterans/active-duty military and of specific populations including, but not limited to:

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the homeless; ethnic minorities; women; geriatric veterans/active-duty military; and veterans/active-duty military with PTSD, other psychiatric conditions, and veterans/active-duty military with infectious diseases (human immunodeficiency virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), and hepatitis C); TBI; and SCI.

9.1.04 The Right Door for Hope, Recovery and Wellness recognizes that SUDs are, in most cases, chronic or episodic and recurrent conditions that require ongoing care.

9.1.05 The following services must be readily accessible to all veterans/active-duty military when clinically indicated.

9.1.05.01 During new veterans/active-duty military encounters and at least annually, veterans/active-duty military need to be screened for alcohol misuse. This will occur at intake and annual assessment.

9.1.05.02 The Right Door for Hope, Recovery and Wellness will use targeted case-finding methods to identify veterans/active-duty military who use illicit drugs or misuse prescription or over-the counter agents. These methods include evaluation of signs and symptoms of substance use in veterans/active-duty military with other relevant conditions (e.g., other mental health disorders, hepatitis C, or HIV disease).

9.1.05.03 Veterans/active-duty military who have a positive screen for, or an indication of, a substance use problem must receive further assessments to determine the level of misuse and to establish a diagnosis. Veterans/active-duty military diagnosed with a substance use illness will receive a multidimensional, bio-psychosocial assessment to guide veterans/active-duty military-centered treatment planning

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for substance use illness and any coexisting psychiatric or general medical conditions.

9.1.05.04 All veterans/active-duty military's identified with alcohol use in excess of National Institute on Alcohol Abuse and Alcoholism guidelines will receive education and counseling regarding drinking limits and the adverse consequences of heavy drinking. When the excessive alcohol use is persistent, the veterans/active-duty military are to receive brief motivational counseling by a health care worker with appropriate training in this area, referral to specialty providers, or other interventions depending upon the severity of the condition and the veterans/active-duty military's preferences. For veterans/active-duty military's who are identified as dependent on alcohol, further treatment must be offered, with documentation of the offer and the care provided.

9.1.05.05 All Right Door for Hope, Recovery and Wellness providers caring for an individual veteran must systematically promote the initiation of treatment and the ongoing engagement in care for veterans/active-duty military with SUD.

9.1.05.05.1 For veterans/active-duty military with SUD who decline referral to specialty SUD treatment, providers will continue to monitor veterans/active-duty military and their substance use conditions. Providers are to utilize their interactions with the veterans/active-duty military to address the substance use problems and to work with them to accept referrals. ***NOTE:*** *Strategies that may enhance motivation to seek SUD specialty care include: providing the veterans/active-duty military easy-to-read information on the adverse consequences of drinking; having the veterans/active-duty military identify problems that*

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alcohol has caused; urging the veterans/active-duty military to maintain a contemporaneous diary of alcohol use and the circumstances and consequences associated with it; and frequent appointments with the veterans/active-duty military. Interventions with SUD treatment-reluctant veterans/active-duty military are always to be characterized by a high-degree of provider empathy.

9.1.05.05.2 The Right Door for Hope, Recovery and Wellness trains all clinicians in motivational interviewing in order to assist in supporting the initiation of treatment.

9.1.05.05.3 When veterans/active-duty military are evaluated as appropriate and are willing to be admitted to inpatient or residential treatment settings for substance use conditions, but admission to those settings is not immediately available, interim services will be provided as needed to ensure veterans/active-duty military safety and promote treatment engagement.

9.1.05.06 The Right Door for Hope, Recovery and Wellness will make medically-supervised withdrawal management available as needed, based on a systematic assessment of the symptoms and risks of serious adverse consequences related to the withdrawal process from alcohol, sedatives or hypnotics, or opioids. The Right Door for Hope, Recovery and Wellness will provide this service directly or through a contracted provider. When withdrawal management is provided by The Right Door for Hope, Recovery and Wellness, they will be combined with additional treatment for SUD. Appointments for follow-up treatment will be provided with in one (1) week of

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completion of medically-supervised withdrawal management.

9.1.05.07 The Right Door for Hope, Recovery and Wellness will coordinate intensive substance use treatment programs for all veterans/active-duty military who require them to establish early remission from the SUD. These coordinated services are provided through either or both of the following:

9.1.05.07.1 Intensive Outpatient services at least 3 hours per day at least 3 days per week in a designated program delivered by staff with documented training and competencies addressing SUD.

9.1.05.07.2 A Mental Health Residential Rehab Treatment Program (RRTP), either in a facility that specializes in SUD services or a SUD track in another MH RRTP that provides a 24/7 structured and supportive residential environment as a part of the SUD rehabilitative treatment regimen.

9.1.05.08 Multiple (at least two) empirically-validated psychosocial interventions must be available for all veterans/active-duty military with substance use disorders who need them, whether psychosocial intervention is the primary treatment or as an adjunctive component of a coordinated program that includes pharmacotherapy.

9.1.05.09 Pharmacotherapy with approved, appropriately- regulated opioid agonists (e.g., buprenorphine or methadone) must be available to all veterans/active-duty military diagnosed with opioid dependence for whom it is indicated and for whom there are no medical contraindications. It needs to be considered in developing treatment plans for all such veterans/active-duty military. Pharmacotherapy, if prescribed, needs to be provided in addition to, and

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directly linked with, psychosocial treatment and support. When agonist treatment is contraindicated or not acceptable to the veterans/active-duty military, antagonist medication (e.g., naltrexone) needs to be available and considered for use when needed. Opioid Agonist Treatment can be delivered in either or both of the following settings which will be provided directly or by contracted provider as appropriate:

9.1.05.09.1 Opioid Treatment Program (OTP). This setting of care involves a formally-approved and regulated opioid substitution clinic within which veterans/active-duty military receive opioid agonist maintenance treatment using methadone or buprenorphine.

9.1.05.09.2 Office-based Buprenorphine Treatment. Buprenorphine can be prescribed as office-based treatment in non-specialty settings (e.g., primary care), but only by a "waivered" physician. Buprenorphine is not subject to all of the regulations required in officially-identified Opioid Treatment Programs, but must be delivered consistent with treatment guidelines and Pharmacy Benefits Management criteria for use.

9.1.05.10 Pharmacotherapy with an evidence-based treatment for alcohol dependence is to be offered and available to all adult veterans/active-duty military diagnosed with alcohol dependence and without medical contraindications. Pharmacotherapy, if prescribed, must be provided in addition to, and directly linked with, psychosocial treatment and support.

9.1.05.11 Veterans/active-duty military with substance use illness need to be offered long-term management for substance use illness and any other coexisting psychiatric and general medical conditions. The veterans/active-duty

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military's condition needs to be monitored in an ongoing manner, and care needs to be modified, as appropriate, in response to changes in their clinical status.

9.1.05.12 When PTSD or other mental health conditions co-occur with substance use disorders, evidence-based pharmacotherapy and psychosocial interventions for the other conditions need to be made available where there are no medical contraindications, with appropriate coordination of care.

9.1.05.13 Substance use illness must never be a barrier for treatment of veterans/active-duty military with other mental health conditions. Conversely, other mental disorders must never be a barrier to treating veterans/active-duty military with substance use illnesses. When it is appropriate to delay any specific treatment, other care must be provided to address the clinical needs of the veteran.

9.1.06 Consultations from specialists in substance use disorders or dual diagnosis must be available when needed to establish diagnoses and plan treatment.

9.1.07 Trained providers need to be available to administer appropriate brief treatments as needed for substance use disorders face-to-face, by telemental health, or by telephone within 2 weeks of the time that the need is identified.

10.0 Seriously Mentally Ill (SMI)

10.1 Recovery and rehabilitation-oriented programs will be available for all SMI veterans/active-duty military.

10.2 Medical care for veterans/active-duty military diagnosed with serious mental illness must meet the same performance measures and quality standards as other veterans/active-duty military.

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10.3 The Right Door for Hope, Recovery and Wellness will provide Mental Health Intensive Case Management (MHICM). At least four "on the street" Full-time Equivalent (FTE) employees are needed for each MHICM team. Additional team members may be required in circumstances where the team is isolated from a VA Medical Center in order that they can provide 24-hour coverage and emergency services.

10.3.01 Each team must have a full-time registered nurse and at least either a Psychiatrist or other M.D who is knowledgeable about psychopharmacological treatment, or an Advanced Practice Registered Nurse (APRN) as a prescriber dedicated to the team for at least 20 percent time.

10.3.02 MHICM teams must provide the majority of their services in a community setting with an average of two to three contacts per veterans/active-duty military per week; they are strongly encouraged to provide 75 percent of their services in the community.

10.4 Clozapine (CLZ) prescribing must be available to all veterans/active-duty military who may benefit from this agent.

10.4.01 The Right Door must be connected by a real-time computer link to the parent VA medical center to derive the full benefit of safety intercepts that prevent dispensing in case of unacceptably low levels of neutrophil or white blood cell counts in compliance with Federal Drug Administration (FDA) regulations.

10.4.02 Except where it is medically contraindicated, all veterans/active-duty military diagnosed with schizophrenia or schizoaffective disorders with severe residual suffering, symptoms, or impairments must be offered CLZ after two trials of other antipsychotic medications, with an explanation of its potential risks and its potential benefits consistent with procedures for informed consent as outlined in VHA Handbook 1004.1. The veterans/active-duty military's informed consent for CLZ treatment, their informed refusal of CLZ, or a psychiatrist's documentation of contraindications must be documented on the medical record.

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10.5 The Right Door will assist in Advance Directive planning for veterans/active-duty military with SMI as individuals in this veterans/active-duty military population may be at risk for losing decision-making capacity (see VHA Handbook 1004.2).

11.0 REHABILITATION AND RECOVERY-ORIENTED SERVICES

11.1 The Right Door for Hope, Recovery and Wellness will integrate recovery principles into all mental health services provided.

11.2 Psychosocial Rehabilitation and Recovery Center (PRRC).

11.2.01 The Right Door will strive to provide a therapeutic and supportive learning environment for veterans/active-duty military in the program designed to maximize functioning in all domains.

11.2.01.01 Evening and weekend hours are available.

11.2.01.02 The Right Door offers an array of services available to veterans/active-duty military including:

11.2.01.02.1 Individual psychotherapy (e.g., cognitive behavioral therapy);

11.2.01.02.2 Social skills training;

11.2.01.02.3 Wellness programming

11.2.01.02.4 Family psycho-educational and family educational programs;

11.2.01.02.5 Peer support services; and

11.2.01.02.6 Treatment of co-occurring substance use disorders.

11.2.01.02.7 Mental health diagnostic and treatment services;

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11.2.01.02.8 Primary medical care;

11.2.01.02.9 Case management services (including MHICM); and

11.2.01.02.10 Supportive Employment.

11.3 Family Involvement

11.3.01 The Right Door clinicians will discuss family involvement in care with all veterans/active-duty military with SMI, at least annually and at the time of each discharge from an in veterans/active-duty military mental health unit. The treatment plan needs to identify at least one family contact, or the reason for the lack of a contact (e.g., absence of a family, veteran preference, lack of consent). As part of this process, providers must seek consent from veterans/active-duty military to contact families in the future, as necessary, if the veteran experiences increased symptoms and families are needed to assist in care. If the veteran's consent is unobtainable, this must be documented.

11.3.02 Opportunities for family consultation, family education, or psycho-education within existing statutory and regulatory counseling authority must be available to all veterans/active-duty military with SMI on-site, by telemental health, or with community providers through sharing arrangements, contracting, or non-VA fee basis care to the extent that the veteran is eligible.

11.4 Social Skills Training

11.4.01 Social skills training is an evidence-based psychosocial intervention.

11.4.02 The Right Door will provide social skills training to all veterans/active-duty military with SMI who would benefit from it, whether it is provided on site, by referral, or by telemental health.

11.5 Peer Counseling

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11.5.01 The Right Door will provide peer support specialists for veterans/active-duty military treated for SMI when this service is clinically indicated and included in the veteran's treatment plan. The Right Door is actively pursuing employing a veteran to provide peer support.

11.5.02 Peer counseling may be made available by telemental health, referral to VA facilities that are geographically accessible, or by referral to community-based providers using contract mechanisms. Contracts for peer support services must ensure that peer providers have competencies and supervision equivalent to those required in VA facilities.

11.6 CWT, Transitional Work Experience, and Supported Employment

The Right Door will provide Supported Employment services for veterans/active-duty military with occupational dysfunctions resulting from their mental health conditions, or who are unsuccessful at obtaining or maintaining stable employment patterns due to mental illnesses or physical impairments co-occurring with mental illnesses.

11.7 EVIDENCE-BASED TREATMENTS

11.7.01 Evidence-based Psychotherapies

11.7.01.01 Evidence-based Psychotherapy for PTSD. The Right Door will provide all veterans/active-duty military with PTSD access to Cognitive Processing Therapy (CPT) or Prolonged Exposure Therapy as designed and shown to be effective directly, via contract in person or by use of telemental health when necessary.

11.7.01.02 Evidence-based Psychotherapy for Depression and Anxiety Disorders. The Right Door will provide all veterans/active-duty military with depression or anxiety disorders access to Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), or Interpersonal Therapy directly or through contract in person or by use of telemental health when necessary.

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11.7.01.03 Evidence-based Somatic Therapies

11.7.01.03.1 The Right Door will provide evidence-based pharmacotherapy when indicated for mood disorders, anxiety disorders, PTSD, psychotic disorders, SUD, dementia, and other cognitive disorders. Such care will be consistent with current VA clinical practice guidelines and informed by current scientific literature.

11.7.01.03.2 Care can be provided by a physician or appropriately credentialed and supervised advanced practice nurse or physician assistant and may be provided using telemental health when appropriate.

11.7.01.03.3 Because in many cases combined psychosocial and psychopharmacological treatment has been shown to be more effective than either intervention alone, veterans/active-duty military must have access to combined treatment when indicated. Pharmacotherapy needs to be coordinated with other psychosocial or psychological interventions veterans/active-duty military may be receiving, as well as primary and other specialty medical care.

11.7.01.03.4 Veterans/active-duty military must have access to electroconvulsive therapy (ECT).

11.7.01.03.4.1 ECT must be provided when it is clinically indicated consistent with VA clinical practice guidelines.

11.7.01.03.4.1.1 Staff needs to be knowledgeable about the current scientific literature.

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11.7.01.03.4.1.2 Electroconvulsive therapy needs to be coordinated with other psychosocial, psychological, psychopharmacological, and medical care that veterans/active-duty military may be receiving.

11.7.01.03.4.2 Veterans/active-duty military who respond to ECT require some form of continuation or maintenance treatment to prevent relapses or recurrences.

11.8 HOMELESS PROGRAMS

11.8.01 The Right Door employees one outreach specialist, who can provide services to homeless veterans/active-duty military. This is currently provided by our housing specialist and can also be provided by a case manager.

11.8.02 The Right Door will work with community providers to assist all veterans/active-duty military who are homeless, or at risk for homelessness, in finding shelter through collaborative relationships with providers in the community. The Right Door will ensure that homeless veterans/active-duty military have a referral for emergency services and shelter or temporary housing. To the extent that it is possible under existing legal authority, The Right Door will facilitate the veteran's transportation to the shelter or temporary housing.

11.8.03 The Right Door will develop and maintain collaborative formal, or informal, agreements with community providers for shelter, temporary housing, or basic emergency services.

11.8.04 All facilities must provide homeless veterans/active-duty military who require mental health treatment and rehabilitation programs with care in programs offering these services. This may include placement in a Grant and Per Diem Program, a VA Domicilary, another VA MH RRTP, or other care settings that provide needed services.

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11.8.05 Use of emergency shelter services should generally not exceed 3 days and is only to be used as a last resort. Within that period of time, homeless outreach staff or other qualified clinical staff must evaluate the veteran's clinical needs and refer or place the veteran for treatment and rehabilitation in therapeutic transitional housing, a MH RRTP, or another appropriate care setting. When longer stays in emergency shelters are unavoidable, this must be documented in the medical record; in these cases, ongoing Case Management, assessment and evaluation, and referral services must continue until more stable arrangements for transitional housing providing treatment or rehabilitation have been made.

11.8.06 **Stand Downs.** The Right Door will attempt to hold Stand Downs with the assistance of the VA as part of their outreach activities to homeless veterans/active-duty military and their families. Stand Downs are a significant part of the VA's efforts to provide services to homeless veterans/active-duty military.

11.8.06.01 They are typically 1 to 3-day events providing services to homeless veterans/active-duty military such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services, such as housing, employment and substance abuse treatment.

11.8.06.02 Stand Downs are collaborative events, coordinated between local VA facilities, other government agencies, and community agencies who serve the homeless.

12.0 INCARCERATED VETERANS/ACTIVE-DUTY MILITARY

12.1 The Right Door will provide police training on PTSD, TBI, and other mental health issues relevant to the veteran population.

12.2 The Right Door will interface and coordinate with the local criminal justice system, including jails and courts by:

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12.2.01 Working with community agencies in providing training to law enforcement personnel.

12.2.02 Facilitating mental health assessments of veterans/active-duty military charged with non-violent crimes.

12.2.03 Working either alone or as part of a team of community and justice system partners to develop and provide to the court a plan of community-based alternatives to incarceration.

12.3 The Right Door will support engagement in care for veterans/active-duty military recently discharged from State and Federal prisons.

13.0 INTEGRATING MENTAL HEALTH SERVICES IN THE CARE OF OLDER VETERANS/ACTIVE-DUTY MILITARY

13.1 Integrated mental health services are especially critical to ensuring access, quality, coordination, and continuity of care for older veterans/active-duty military who are often otherwise much less likely to access mental health services. Accordingly, mental health specialists need to be included in teams serving the needs of older veterans/active-duty military.

14.0 SPECIALIZED PTSD SERVICES

14.1 Veterans/active-duty military with PTSD can be treated in Specialized PTSD Services, general Mental Health Services, or primary care.

14.2 The Right Door will connect veterans/active-duty military to specialized-residential or inpatient care programs to address severe symptoms and impairments related to PTSD.

14.3 All inpatient mental health units must have the capability to treat veterans/active-duty military with PTSD.

14.4 The Right Door will provide diagnostic evaluations and treatment planning for PTSD through full- or part-time staffing or by telemental health with parent VA medical centers.

15.0 MILITARY SEXUAL TRAUMA (MST)

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15.1 The Right Door will screen and assess for MST.

15.2 The Right Door will make appropriate referrals to the VA for MST counseling.

15.3 Veterans/active-duty military who report experiences of MST, but who are otherwise deemed ineligible for VA health care benefits based on length of military service requirements, may only be provided MST counseling and related treatment. The Right Door will ensure timely follow up after referrals to the VA for this care.

16.0 SUICIDE PREVENTION

16.1 The Right Door's commitment to suicide prevention activities include, but are not limited to:

16.1.01 Tracking and reporting on veterans/active-duty military determined to be at high risk for suicide and veterans/active-duty military who attempt suicide;

16.1.02 Responding to referrals from the National Suicide Prevention Hotline and other staff;

16.1.03 Training of all staff who have contact with veterans/active-duty military, including clerical, and those who are in telephone contact with veterans/active-duty military, so they know how to get immediate help when veterans/active-duty military express any suicide plan or intent;

16.1.04 Collaborating with community organizations and partners, and providing training to their staff members who have contact with veterans/active-duty military;

16.1.05 Providing general consultation to providers concerning resources for suicidal individuals.

16.1.06 Working with providers to ensure that:

16.1.06.01 Monitoring and treatment is intensified for high risk veterans/active-duty military; and

16.1.06.02 High-risk veterans/active-duty military receive education and support about approaches to reduce risks.

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16.1.07 Reporting annually on the veterans/active-duty military who attempted or completed suicide.

16.1.08 Ensuring that providers follow-up on missed appointments for high-risk veterans/active-duty military to ensure veterans/active-duty military safety and in order to initiate problem-solving about any tensions or difficulties in the veterans/active-duty military's ongoing care. Each veterans/active-duty military's principal mental health providers must work together to monitor high-risk veterans/active-duty military to ensure that both their suicidality and their mental health or medical conditions are addressed.

16.1.09 The Right Door will establish a high risk for suicide list and create a veterans/active-duty military record flag.

17.0 PREVENTION AND MANAGEMENT OF VIOLENCE

The Right Door will provide training for meeting the current training requirements on the prevention and management of disruptive behavior.

18.0 RURAL MENTAL HEALTH CARE

18.1 When there are gaps between needed services, and those that are available at the VA facility nearest to the veterans/active-duty military's home, the facility must extend the services available at the facility by:

18.1.01 Increasing staffing or telemental health,

18.1.02 Referring to another nearby VA facility,

18.1.03 Making such services available through a referral to residential rehabilitation and treatment programs when it is clinically necessary, and

18.1.04 Referring to community providers using sharing arrangement, contacts, or non-VA fee basis care to the extent that the veteran is eligible.

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18.2 Combat veterans/active-duty military who require counseling to address problems related to their adjustment back to civilian life need to be referred to Vet Centers for these services.

18.3 Basic principles of care for veterans/active-duty military in rural areas include:

18.3.01 Ambulatory Mental Health Care. The Right Door will offer options for needed mental health services to veterans/active-duty military living in rural areas from which medical centers or clinics offering relevant services are geographically inaccessible. When necessary, this can include the provision of telemental health services with secure access near the veteran's home, or sharing arrangements, contracts, or non-VA fee basis care to the extent that the veteran is eligible from appropriate community-based providers, as available. It must be documented if the veteran declines these options because the veteran prefers to receive care from VA providers.

18.3.02 Residential Care. Each veteran receiving VHA health care services must have timely access to MH RRTPs as medically necessary to meet the veteran's mental health needs. MH RRTPs provide specialized, intensive treatment and rehabilitation services to veterans/active-duty military who require them in a therapeutic environment. Veterans/active-duty military living in rural areas need to be referred to these programs when they are medically necessary to treat the veteran's mental health condition.

Reference

Department of VA, Veterans/active-duty military Health Administration, Washington, DC 20420, VHA Handbook 1160.01, September 11, 2008

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Kerry Possehn, Chief Executive Officer	Date		