

**DEPARTMENT OF  
VETERANS AFFAIRS**

# Memorandum

**Date:** November 3, 2022

**From:** Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer (CMO) (11)

**Subj:** Mental Health Residential Rehabilitation Treatment Program (MH RRTP) Culture of Safety (COS) Stand Down (VIEWS 8748155)

**To:** Veterans Integrated Services Network (VISN) Director (10N1-23)  
VISN CMO (10N1-23)  
VISN Chief Mental Health Officer (10N1-23)

1. The purpose of this memorandum is to provide guidance as required by the Veterans Health Administration (VHA) Directive 1162.02, Mental Health Residential Rehabilitation Treatment Program, dated July 16, 2019. Specifically, MH RRTPs are expected to conduct a COS Stand Down annually to address safety, security, and quality of care during the holidays. Throughout the pandemic, MH RRTP leadership and staff have done a remarkable job ensuring continuity in residential operations in the face of ongoing challenges. MH RRTP leadership has emphasized staff and Veteran safety, but also those aspects of residential treatment that make it so unique and effective. Healthy and energized teams are an essential component to safety, security, and quality in the MH RRTPs. As such, this year the COS Stand Down will focus on the MH RRTP Team. All facilities with a MH RRTP will stand down residential operations at 2:00 p.m. Eastern Standard Time on December 6, 2022, for 2 hours to allow staff to participate in activities planned and supported by the Office of Mental Health and Suicide Prevention (OMHSP).

2. While COS Stand Down facility specific requirements have been streamlined, each facility will be required to host an all MH RRTP staff meeting during the week of December 5, 2022. The focus is to recognize the efforts of the team and provide a forum for staff to both hear from facility, service line, and program leadership, and to share their own feedback. In addition, each facility will be expected to host a listening session before December 16, 2022, with Veterans currently admitted to the program to capture feedback regarding program operations with a focus on safety, security quality and access. A description of expectations and activities supported by OMHSP can be found at [Culture of Safety in MH RRTP \(sharepoint.com\)](#).

3. Consistent with the process established last fiscal year (FY), the Annual Safety and Security Assessment has been deferred until the spring. A separate memorandum will be sent to the field during the third quarter providing instructions for completion.

4. While the focus of the COS Stand Down will look different this year, facilities with established plans for traditional COS Stand Down activities are encouraged to continue with those plans at a date and time of their choosing. Activities also can be

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spread out over time. Program managers are encouraged to review materials available at [Culture of Safety in MH RRTP \(sharepoint.com\)](#). With a focus on COS across the year, all programs must ensure safety and security requirements related to suicide and overdose prevention, monitoring the location of residents and monitoring of the residential units (i.e., rounds, hazardous item inspections, closed circuit cameras) are operating consistent with national policy. In addition, recognizing the challenges that Veterans in residential treatment sometimes face during the holidays, program managers are asked to review holiday coverage to ensure sufficient programming and supervision.

5. Finally, as we focus on the critical importance of the MH RRTPs and the resilience of the MH RRTP teams over the last several years, we encourage VISNs and/or facilities to nominate staff or programs that exemplify excellence in the provision of mental health residential services [MH RRTP Employee / Program Spotlight \(office.com\)](#).

6. Questions about the MH RRTP COS Stand Down should be directed to Jennifer Burden, PhD, National Mental Health Director, Residential Rehabilitation and Treatment, OMHSP, at [Jennifer.Burden@va.gov](mailto:Jennifer.Burden@va.gov).

A handwritten signature in black ink, appearing to read 'Erica Scavella', written in a cursive style.

Erica Scavella, M.D., FACP, FACHE