

**DEPARTMENT OF
VETERANS AFFAIRS**

Memorandum

Date: August 10, 2022

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

Subj: Eliminating Veteran Suicide: Enhancing Mental Health Staffing (VIEWS 8103787)

To: Veterans Integrated Services Network (VISN) Director (10N1-23)
Medical Center Directors (00)
VISN CMOs (10N1-23)
VISN Chief Mental Health Officers (CMHO) (10N1-23)

1. The purpose of this memorandum is to notify VISNs of facilities with critical mental health staffing needs. The Further Consolidated Appropriations Act, 2020, the Commander John Scott Hannon Veterans Mental Health Improvement Act, and the Consolidated Appropriations Act, 2021, the Veterans Health Administration (VHA) and congressional partners have highlighted the critical need for mental health staffing. The Further Consolidated Appropriations Act, 2020 directed the Department of Veterans Affairs (VA) to prioritize the hiring of mental health professionals and provide quarterly updates to the Committees on Appropriations of both Houses of Congress. Updates have included identification of low staffed VA Medical Centers (VAMC), current status towards hiring goals, actions taken to improve recruitment and retention across the country, and specifically in rural areas. This report will also include updates on the ratio of mental health outpatient staff to facility Veterans being treated for mental health needs.
2. The VHA Memorandum "Mental Health Access Improvement Effort" dated January 24, 2022, highlights the ongoing critical need to ensure appropriate access to care is available to Veterans. VISNs with higher mental health staffing ratios tend to have lower suicide rates, even when adjusting for state suicide rates in the general adult population and facility and patient population characteristics. Additionally, facilities with higher mental health staffing ratios tend to have better mental health treatment quality, access, continuity and patient and provider experience as measured by strategic analytics for improvement and learning (SAIL) composite measure scores.
3. VAMCs continue to be designated as critical hiring sites based on (a) a staffing criticality score based on Mental Health Hiring -Sustainment Initiative (MHH-SI) formula (see Attachment A) or (b) having a mental health outpatient staff-to-patient ratio (SPR) below 6.0 Full-time Equivalent (FTE) per 1000 mental health outpatients. Sites that meet criteria in this quarter are deemed critical. In fiscal year (FY) 2022 quarter (Q) 2, 12 sites are deemed critical. Data can be found on the [Mental Health Hiring - Sustainability Initiative \(MHH-SI\) SharePoint](#).
4. There are 2 sites that were previously defined as critical during the three quarters prior to this quarter (FY21Q3, FY21Q4, FY22Q1) that no longer meet the criticality definition. These 2 sites will remain on the critical hiring list as the sites may still have critical staffing needs, as the COVID-19 pandemic has inflated mental health outpatient Full-time

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Equivalent (FTE) and resulting staffing ratios at many sites (e.g., current data may not reflect an increase in staffing, but rather may be more reflective of providers taking less leave; residential providers seeing more outpatients etc.).

5. VHA Directive 1161, Productivity and Staffing in Clinical Encounters for Mental Health Providers, was published April 28, 2020. Per this directive, “to ensure treatment is available to provide timely access to care, high quality mental health services and patient and employee satisfaction, facilities should make available a minimum of 7.72 outpatient clinical Full-time Equivalent per 1000 Veterans receiving mental health care.”

6. Facilities are to remove Resource Management Committee (RMC) barriers for vacant mental health positions upon receipt of this Memorandum and commence recruitment for all vacant MH positions immediately. Backfills for mental health positions should be automatic in nearly all instances and the recruitment process should start immediately. Facility Executive Leadership Teams (ELT) should meet with Fiscal to determine the status of funding for the VAMC based on the VISN Obligated Report. ELTs must designate Mental Health positions as “Encumber Immediately” which provides “blanket approval to fill.” When positions are designated “Encumber Immediately,” the Hiring Manager can initiate recruitment in Manager Self Service with no further RMC approval required. If turnover is consistently high, strong consideration should be given to hiring above ceiling, double encumbering for anticipated losses and using open and continuous announcements to avoid gaps in service delivery.

7. Funding from FY22 special purpose funding initiatives (Substance Use Disorder, Community Engagement and Partnership Coordinator, etc.) should not be used to fill current vacant mental health positions. The FY22 funded special purpose positions are in addition to filling current vacancies.

8. It is recommended that a Human Resources champion for Mental Health hiring be established within each network to track and report on vacancies and hiring status for every MH position to Network Directors on at least a monthly basis until all positions are filled.

9. Workforce Management and Consulting (WMC) and the Office of Mental Health and Suicide Prevention (OMHSP) are continuing efforts to assist VAMCs with identified mental health staffing needs as part of MHH–SI. Critical sites are strongly encouraged to reach out to vhamhhiring2.0ResponseTeam@va.gov for consultation and for information on monthly Mental Health hiring best practices calls

10. Should you have any questions concerning this memorandum, please contact Stacey Pollack, OMHSP, at stacey.pollack@va.gov or James Marfield, WMC, at james.marfield@va.gov.



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