Update from the Office of Mental Health and Suicide Prevention

Psychology Leadership Conference

May 30, 2019

David Carroll, PhD
Executive Director

Stacey Pollack, PhD
National Director Program Policy Implementation
Agenda

- Who Are We and What Do We Do?
- VA/VHA Priorities - MISSION Act
- Legislative and White House initiatives
- Psychology Appreciation Day
- MH Access initiative – 2019 update
- Psychology Staffing & Hiring
- Leadership Training & Mentoring
- Modernization and the Way Ahead
### Teams Within the Office of Mental Health and Suicide Prevention

<table>
<thead>
<tr>
<th>Veterans Crisis Line</th>
<th>Suicide Prevention</th>
<th>Continuum of Care General Mental Health</th>
<th>Field Support and Analytics</th>
<th>Innovation and Collaboration</th>
</tr>
</thead>
</table>
VHA Office of Mental Health and Suicide Prevention Strategic Alignment

• In alignment with VA priorities – Customer Service, Electronic Health Record Modernization, Business Transformation, and Access to Care

• In alignment with VHA priorities – Learning Organization, Modernization (including MISSION Act and Cerner), and Restoring Trust

• Focused on engaging Veterans in lifelong health, well-being, and resilience

• Working collaboratively as one team across the organization and with Federal, public, and private partners

• Employing bundled public health approaches in communities, and promoting excellence in healthcare system service delivery

• Bottom-line – the program office supports and enables the frontline delivery of care and services to Veterans and supports staff and leadership at all levels of the organization
Recent Trends

• Between FY 2006 and FY 2018, the number of Veterans who received mental health care from the VHA grew by 80 percent.
  • This rate of increase is more than three times the rate for VHA users overall.
  • The proportion of Veterans served by VHA who receive mental health services has changed substantially. In 2006, 20 percent of VHA users received mental health services, and in 2018, the figure was 28 percent.

• 57 percent of all users of VHA services in specialty mental health settings in 2018 were men over age 50.

• In FY18, 220,000 women Veterans received VHA mental health care, representing approximately 44% of all women VHA patients.
Ensuring Access to High Quality Care

• Any Veteran in crisis or needing urgent mental health care will receive immediate attention from a health care professional at the VAMC or CBOC to which they present.

• Any Veteran with a non-urgent mental health need who is seeking mental health care for the first time will receive an initial screening evaluation by the next day.

• Open access is a key principle of Primary Care Mental Health Integration (PCMHI).

• VA has expanded access to provide urgent mental health services to former service members with Other Than Honorable discharges.

• Executive Order #13822 enhances access for service members transitioning from active duty.

• Executive Order #13861 establishes a national task force to develop a whole of Nation approach to suicide prevention across all levels of government.
Maintaining Internal Systems and Strengthening Integrated Outside Networks Act

Delivering an excellent experience of care for Veterans, families, and caregivers is at the core of VA’s approach to the MISSION Act.

VA is one integrated system with internal and community aspects of care delivery.

The MISSION Act strengthens both aspects of care delivery and empowers Veterans to find the balance in the system that is right for them.

VA is leveraging this opportunity to grow into an optimized, customer-centric network.

https://vaww.insider.va.gov/MISSION-Act/
MISSION Act and Modernization

• Executive-In-Charge Dr. Stone’s vision is to transform VHA into an Integrated High Reliability Organization using 10 Lanes of Effort.
• VA MISSION Act is one of the ten lanes that will enable Dr. Stone’s vision.
• That vision is a unifying factor for all employees and all initiatives.
• MISSION addresses in-network and non-VA health care issues, Veterans’ homes, access to walk-in VA care, prescription drug procedures, and more.

❖ For more information on VHA Modernization, visit VA Pulse.
The VA MISSION Act of 2018 empowers employees. It also strengthens VA’s care nationwide.

The MISSION Act:
• Improves ways to hire staff and keep staff onboard;
• Creates “Anywhere to Anywhere” telehealth linking Veterans with their care teams across state lines;
• Allows VA to lead with cutting-edge technology;
• Enhances VA as a leader for U.S. health care.

We are proud to serve our Veterans!
The VA MISSION Act of 2018 empowers Veterans and enhances care options.

VA will:
- Continue to be a trusted, caring partner;
- Meet you where you are, with the right care at the right place and the right time;
- Provide telehealth in your home, in a VA facility, or in the community;
- Focus on providing an excellent experience for you and the important people in your life.

*We are honored to serve you!*
Stronger Network to Care for Veterans

VA is improving internal and community care coordination through one optimized, customer-service network.

- Improved systems that work together to transform our business processes and deliver better customer service.
- Transparent health care options to help Veterans make informed health care choices.
Trusted Caring Partner

- Through the MISSION Act, VA gives Veterans the power to choose the care they trust, and more Veterans are choosing VA for their health care than ever before.

- Patients’ trust in VA care has skyrocketed - currently at 87.7 percent.

- VA is leading the health care industry in transparency by helping Veterans compare data across VA and the private sector so they can make informed decisions when selecting a provider.

- VA is giving Veterans more choices in their health care decisions and improving transparency by becoming the first hospital system in the nation to publicly post wait times, opioid prescription rates, accountability, settlements, and chief executive travel.

- Our medical services will continue to evolve to meet Veterans’ needs and strengthen the trust in the VA by constantly innovating, upgrading, and pursuing better ways to serve our Nation’s heroes.
Strengthening VA’s Workforce

The MISSION Act gives VA more power to recruit and retain medical talent by increasing its education debt reduction program and providing more flexibility for recruitment, relocation, and retention bonuses. To attract top talent, VA is:

- Increasing the maximum amount of VA’s education debt reduction program from $120,000 to $200,000 for a five-year period, not to exceed $40,000 per year. The program may now also be used as a recruitment and retention tool for Vet Center mental health positions.

- Expanding graduate medical education into medically-underserved areas, as well as implementing “Veterans Healing Veterans,” a pilot scholarship program for 18 Veterans enrolled in certain medical schools.

- Ensuring podiatrists employed by the VHA are paid from the same pay system as VHA physicians and dentists.
Expanding Telehealth

The MISSION Act allows VA providers to use telehealth to deliver care across state lines and into Veterans’ homes regardless of whether or not the provider or the patient are on federal property.

- VA is recognized as a world leader in the development and use of telehealth.
- Telehealth helps VA move care outside of VA facilities and into Veterans’ homes via their computers and mobile devices.
- VA’s goal is to have all primary care and mental health clinicians telehealth-capable by the end of fiscal year 2020.
- Access to care for Veterans is anticipated to increase with the growth of telehealth.
New Assistance for Underserved Areas

- The MISSION Act guides VA to implement a pilot program to establish mobile deployment teams to address and improve care in underserved areas.
- Underserved facilities are defined as a medical center, ambulatory care facility, or community-based outpatient clinic in the Department of Veterans Affairs with a shortage of health care services.
- The MISSION Act allows VA to expand or create education programs in certain underserved areas. The Graduate Medical Education and Residency will allow VA to support residents’ costs at covered VA and non-VA facilities.
Community Care

- The MISSION Act puts VA at the center of care to ensure Veterans receive the best care possible, whether in a VA facility or through a community provider.

- One of the key goals of the MISSION Act is to ensure Veterans have access to health care where and when they need it.

- VA has been delivering care through community providers for decades. The MISSION Act will improve community care, making it easier to navigate for Veterans and their families, community providers, and VA employees.

- Veterans who access community care can expect streamlined eligibility criteria, a new urgent care benefit, and improved customer service.

- Community providers can expect their interaction with the VA to be easier with new IT systems and timely payment processing.
The Community Care Decision Support Tool (DST) will make it easier for staff to determine patient eligibility for community care and help VA providers to decide in real-time whether to refer a Veteran to VA care or community care.

### Key Features

- Automated wait time and drive time calculations
- At-a-glance eligibility determinations
- Reporting capabilities
- Integrated into existing consult order workflow
- Supports best medical interest discussion between provider and Veteran
Eligibility for Community Care

- Eligibility criteria and final standards were based on VA’s analysis of best practices both in government and in the private sector and tailored to the needs of our Veteran patients. The criteria include:
  - Veterans must receive approval from VA prior to obtaining care from a community provider in most circumstances.
  - Veterans must either be enrolled in VA health care or be eligible for VA care without needing to enroll to be eligible for community care.
  - Eligibility for community care will continue to be dependent upon a Veteran’s individual health care needs or circumstances.
  - VA staff members generally make all eligibility determinations.
  - Veterans will usually have the option to receive care at a VA medical facility regardless of their eligibility for community care.
  - Meeting any one of the six eligibility criteria is sufficient to be referred to a community provider—a Veteran does not have to meet all six of them to be eligible.
Community Care Criteria
Your Care is Our Mission

6 Community Care eligibility criteria established by MISSION Act

- Best medical interest of the Veteran
- Required care or services are not offered
- Care or services are non-compliant with VA’s standards for quality
- Lack of full-service medical facility
- Care or services not provided within designated access standards
- Grandfathered eligibility from Veterans Choice Program

ACCESS STANDARDS

<table>
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<tr>
<th>Primary Care, Mental Health, Non-institutional Extended Care</th>
<th>Specialty Care</th>
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</thead>
<tbody>
<tr>
<td>Drive Time</td>
<td>30 minutes</td>
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<tr>
<td>Wait Time</td>
<td>20 days</td>
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Expanding Eligibility for Caregivers Support

- The MISSION Act will expand eligibility for VA’s Program of Comprehensive Assistance for Family Caregivers (PCAFC) under the Caregiver Support Program, which is currently only available to eligible Veterans who were injured on or after September 11, 2001. The expansion will open the program to eligible Veterans from all eras of service and their caregivers.

- Veterans in these programs need assistance for Activities of Daily Living (ADL) such as bathing, dressing, grooming, mobility, eating independently, and use of prosthetics.

- Program participation is also available to qualified Veterans in need of supervision or protection for mental health and cognitive issues (concentration, memory, planning, organizing, safety).

- There is an extensive support program for family caregivers including educational courses, a Peer Support Mentoring Program, Building Better Caregivers™ (BBC), and Resources for Enhancing All Caregivers Health (REACH).
Peer Specialists

- The MISSION Act places peer specialists in VA Patient Aligned Care Teams in at least 15 VA medical centers by May 31, 2019, and in at least 30 VA medical centers by May 31, 2020 to provide services for mental health, substance use disorder, and behavioral health in a primary care setting.

- Peer specialists have a variety of roles in their work with Veterans. They help Veterans with treatment goals, and often go with Veterans to mental health or primary care appointments.

- Veterans may request to work with a peer specialist or, the treatment team may ask a Veteran if he or she would be willing to meet with a peer.

- Each site will also have female peer specialists available, when requested/needed by female Veterans.
**LEGISLATIVE CHANGES AFFECTING MH CARE
MENTAL HEALTH SERVICES FOR OTHER THAN HONORABLE DISCHARGE (OTH)**

<table>
<thead>
<tr>
<th>VA Service Available</th>
<th>Authority</th>
<th>Eligibility Requirements</th>
<th>Time Limitation on Provision of Care</th>
<th>Follow Up</th>
</tr>
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<tbody>
<tr>
<td>Emergency mental health care</td>
<td>Under 38 C.F.R. 17.34, an OTH former Service Member whose eligibility for enrollment has not yet been determined may receive emergent mental health care for difficulties he or she asserts are related to military service</td>
<td>OTH former Service Member in need of emergency mental health treatment for a condition believed to be service related whose eligibility for enrollment has not yet been determined</td>
<td>Follow-up care for their mental health emergency is authorized within the VA system for an “episode of care” of up to 90 days, designed to allow for eligibility to be determined, and it can be extended if emergency circumstances persist</td>
<td>Once stabilized, encouraged to apply for enrollment in VA health care. Care is transitioned to a community resource if and when it is determined the former Service Member is no longer eligible.</td>
</tr>
</tbody>
</table>

| Initial mental health assessment and mental and behavioral health care | Newly created 38 U.S.C. 1720I requires VA to furnish an initial mental health assessment and mental and behavioral health care to certain former Service Members who are not enrolled in VA health care and are not subject to a statutory bar to benefits (see 38 U.S.C. 5303) | In addition to not being enrolled in VA health care, a person must: a) be a former member of the Armed Forces, including the reserves; b) have been discharged or released from active service under a condition that is not honorable, but also not dishonorable or by court-martial; and c) have served in the Armed Forces for more than 100 cumulative days and been deployed in combat operations, OR while serving, have experienced military sexual trauma | None. Mental health condition does not need to be service related | Encouraged to apply for enrollment in VA health care |

*NOTE: This is an oversimplified representation of a complex process. VA has other authorities to provide care that are not described here. VA will consider all authorities available to provide care.*
LEGISLATIVE CHANGES AFFECTING MH CARE
MENTAL HEALTH SERVICES FOR OTHER THAN
HONORABLE DISCHARGE (OTH)

• Since implementation:
  • 5,160 Service members with OTH discharge have requested VA healthcare services
  • Between April 1, 2017 and March 31, 2019 –
    • 940 OTH Service members received VHA MH care
    • Average age = 44.2 years
    • 270 received care in ED
    • 20 received Residential care
    • 93 inpatient stays
    • Overall, 4,445 MH Encounters
OMHSP Leading Implementation of Two Recent Executive Orders

• EO 13822, Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life
• EO 13861, National Roadmap to Empower Veterans and End Suicide
PSYCHOLOGY APPRECIATION DAY

Psychology Recognition
Week
April 14-20
2019

This is what an awesome psychologist looks like.

Happy Psychology Week.
PSYCHOLOGY APPRECIATION DAY

• First Annual Psychology Appreciation Week
• Next Steps:
  • Will occur the third week of April going forward
  • Broader distribution next year
  • More national resources
  • Suggested Activities on Pulse
    • https://www.vapulse.net/groups/va-psychology-week
### PSYCHOLOGISTS ON BOARD

#### Onboard Employees, Non-Trainees, 0180 Psychology

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<td><strong>Total</strong></td>
<td>3,165</td>
<td>3,520</td>
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<td>4,101</td>
<td>4,622</td>
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<td>5,332</td>
<td>5,470</td>
<td>5,705</td>
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* Updated 2017 and 2018 numbers from VHA PAID data as of 3/31/2018
## Psychologists and Gender

<table>
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<tr>
<th>GRADE</th>
<th>GENDER</th>
<th>FY17</th>
<th>FY18</th>
<th>FY19</th>
<th>FY19 Percent By Gender</th>
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<tr>
<td>13</td>
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<td>14</td>
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<tr>
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<td>278</td>
<td>323</td>
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# Psychologists and Race/Ethnicity

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<th>FY19 Percent by Race/Ethnicity</th>
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<td>Asian</td>
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<td>274</td>
<td>284</td>
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<tr>
<td>Native American/Pacific Islander</td>
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<td>18</td>
<td>18</td>
<td>&lt;1%</td>
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<tr>
<td>American Indian</td>
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<td>60</td>
<td>57</td>
<td>&lt;1%</td>
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<tr>
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<td>11</td>
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### Psychologists by Gender and Race/Ethnicity - 2019

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<th></th>
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<th></th>
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<td>Female</td>
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## Psychologists and Grade Level By Facility Complexity

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<tr>
<th>Facility Complexity</th>
<th>Pay Plan</th>
<th>FY 2017</th>
<th>FY 2018</th>
<th>FY2019</th>
<th>FY19 percentages</th>
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<td>1a - High Complexity</td>
<td>GS-14</td>
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<td>276</td>
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<td>11%</td>
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<tr>
<td></td>
<td>GS-15</td>
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<td>66</td>
<td>2%</td>
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<tr>
<td>1b - High Complexity</td>
<td>GS-14</td>
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<td>103</td>
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<td>GS-15</td>
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<td>13</td>
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<tr>
<td>1c - High Complexity</td>
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<td>79</td>
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<td>9%</td>
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<td>GS-15</td>
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<td>1%</td>
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<td>2 - Medium Complexity</td>
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<td>30</td>
<td>40</td>
<td>11%</td>
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<tr>
<td></td>
<td>GS-15</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>2%</td>
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<tr>
<td>3 - Low Complexity</td>
<td>GS-14</td>
<td>40</td>
<td>52</td>
<td>52</td>
<td>10%</td>
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<tr>
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<td>GS-15</td>
<td>6</td>
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<td>8</td>
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<tr>
<td>99 - Not Assigned/VACO VISN</td>
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<td>GS-15</td>
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<td>24</td>
<td>15%</td>
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</table>
Level 1A Facilities

Chart Title
Level 2 facilities

Psychologists By Grade

GS-13  GS-14  GS-15
Level 3 Facilities

Psychologists by Grade

GS13 GS14 GS15
MHHI RECENT UPDATES

• Marketing
  • Conference marketing SME and Recruiter joint efforts
  • Working with MH Associations (like American Psychological Association – upcoming issue in APA Monitor)
  • Social media efforts by WMC

• VA Mental Health Trainee and Early Career Recruitment and Connection Event Launched
  • “Connect, Match, and Place” MH trainees and Early Career with VA positions using expedited, non-competitive hiring process.
  • 1700+ trainees/early career professionals, matching with over 500 positions across VA (approx. 500 were psychologists)

Note: Additional resources available at the end of this slide deck
Mental Health Hiring Initiative (MHHI)

- Resources for Briefing on Staffing Needs:
  - White Paper on the Connection between Mental Health Staffing and MH Performance Metrics
  - PowerPoint Presentation on Staffing Levels and Relationship to MH Performance
- Resources Management Letter No. 05-19-02 dated April 9, 2019
  - Psychologists are identified as Shortage Occupations Approved for Waiver of Veterans Preference.
MHHI – Retention Workgroup

- **Retention Toolkit** which will include information on: Education Debt Reduction Program (EDRP), Student Loan Repayment Program (SLRP), 3Rs (Retention, Recruitment & Relocation), and scholarships.

- Total Rewards sheets that summarize and monetize the value of VA employment [Health Profession Trainee Retention]

- National Relocation Liaison

- Stay Interviews
  - Has been helpful for nursing retention
  - Pilot with new psychologists that are hired as part of the MHHI and VA-Trainee Recruitment Events
  - Sites will be sent questions and Standard Operating Procedures for implementing Stay Interviews.
  - Questions will be at 30 days, 90 days and annual
BEHAVIORAL HEALTH LEADERSHIP TRAINING (BHLT)

- FY17: Trained 16 psychologists
- FY18: Trained 29 psychologists out of 95 total attendees (approximately 31% were psychologists—better representing psychology’s % of the MH workforce)
- FY19: Selected 9 psychologists out of 34 total selectees (~27% are psychologists; 1 selectee is a MH Administrative Officer (AO) who will help audit for future development of a MH AO training)
- FY20: Requested 3 trainings: 1 for Chiefs, 1 for Program Managers, and 1 for MH AOs
MENTAL HEALTH LEADERSHIP MENTORING PROGRAM

- **Target Audience**: New MH Chiefs or New Service Chiefs. Current and prior MH Chiefs and Psychology Chiefs are needed as mentors. Will you please consider helping?

- **Next Class**: Mentor applications due July/Mentees due August; 10/1 start

- **Duration**: 1 year with monthly meetings (optional site visit)

- **Topic Areas**: Learning Plans created based on five broad mentoring module areas:
  1) Strategic Planning
  2) Human Resources
  3) Systems Understanding
  4) Administrative Operations
  5) Professional and Personal Development

- **Resources**: 360 degree evaluation; sharepoint with outlined module for each area with links to websites, PowerPoints, dashboards; optional site visit

- **Outcomes**: Pilot study shoes significant improvement for all 5 areas and improvement in employee satisfaction (Kearney, Smith, Carroll, Burk, Cohen, & Henderson, 2018)

- **Contact**: Dr. Lisa Kearney (Lisa.Kearney3@va.gov)
VHA Modernization and the Way Ahead

• VHA Modernization Plan
  • 10 Lanes of Effort, one of which is Engaging Veterans in Lifelong Health, Well-being, and Resilience
  • Mental Health and Suicide Prevention along with Whole Health and Primary Care are stepping forward together to advance the movement away from siloed, transactional interactions with Veterans to team-based partnerships supporting Veterans throughout their journey
  • This also advances our goal of being a learning organization

Challenge for VA Leaders / VA Psychologist Leaders
• Engaging our providers and teams and supporting their professional health, well-being, and resilience over the course of their career