Association of Veterans Affairs Psychologist Leaders

RECOMMENDATIONS TO THE VA UNDERSECRETARY FOR HEALTH AND ACTING PRINCIPAL DEPUTY UNDERSECRETARY FOR HEALTH ON PSYCHOLOGIST RECRUITMENT, RETENTION, AND PROMOTION

July 6, 2007

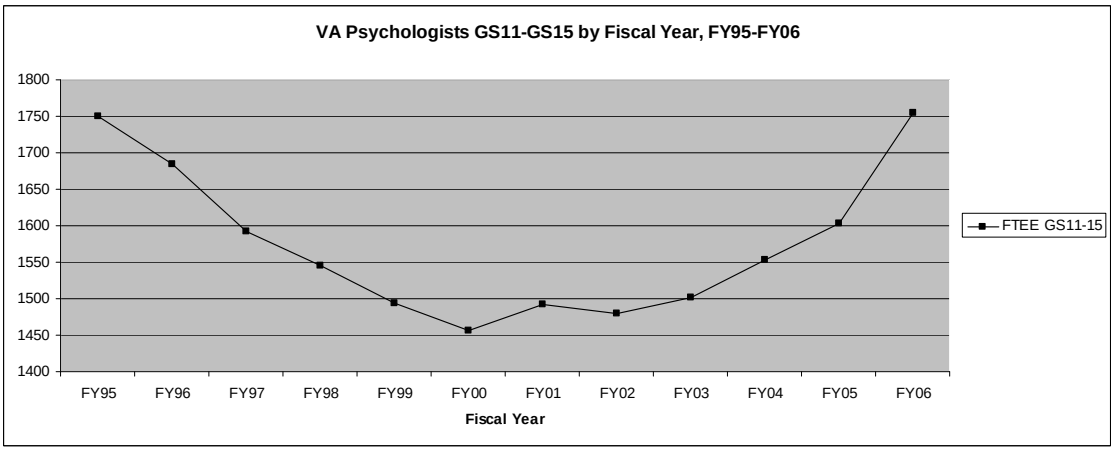
On March 13, 2007 the Executive Committee of the Association of VA Psychologist Leaders (AVAPL) met with Undersecretary of Veterans Affairs for Health, Dr. Michael Kussman, and Acting Principal Deputy Undersecretary of Veterans Affairs for Health, Dr. Gerald Cross. At that meeting, the Undersecretary and Acting Principal Deputy Undersecretary requested a report from AVAPL, detailing its recommendations on the issues of Psychologist recruitment, retention, and promotion within VHA. As requested, the following are AVAPL's observations and recommendations regarding these issues.

An additional request was made for AVAPL's recommendations regarding the recruitment, training, and retention of VA neuropsychologists and clinical/counseling psychologists with enhanced cognitive assessment skills. A separate report on these issues is being submitted, through the Office of Mental Health Services, for the Undersecretary's and Acting Principal Deputy Undersecretary's consideration.

Number of VA Psychologists

Given the mental health expansion funds of the last 3 years (data through end of FY 2006), Psychology FTEE in VHA have been essentially restored to FY 1995 levels (Figure 1).

Figure 1:

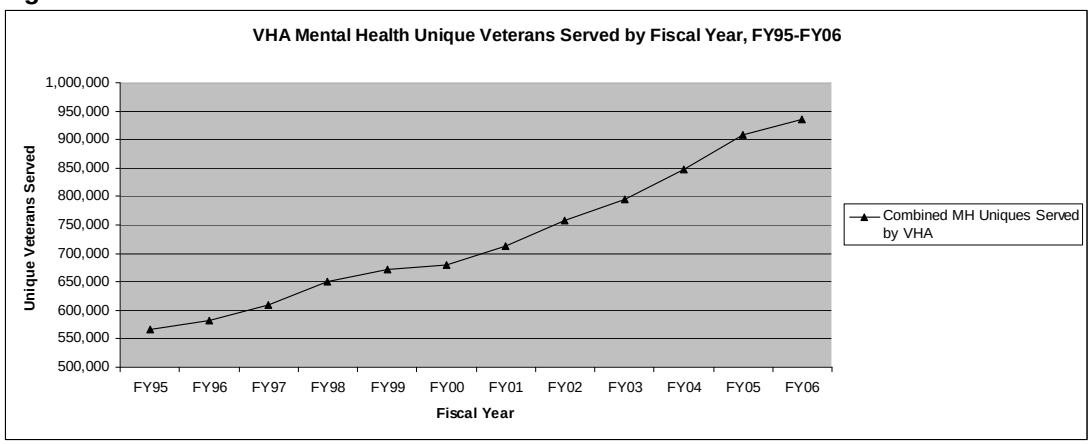


Source: VHA Office of Mental Health Services (OMHS)

	Fiscal Year											
	FY95	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05	FY06
FTEE GS11-15	1750	1684.4	1591.7	1545.6	1494.5	1456.5	1492.2	1480	1501.3	1553.8	1603	1754.4

During this period, however, the number of veterans provided with VA mental health services has increased dramatically, from 565,529 unique veterans in FY 1995 to 934,925 unique veterans in FY 2006 (Figure 2).

Figure 2:

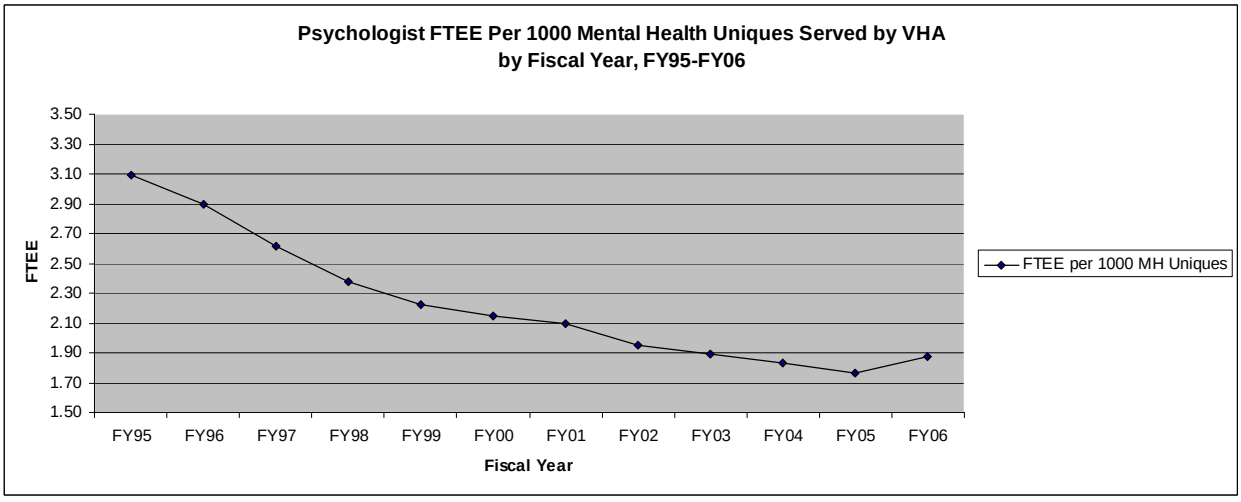


Source VHA Northeast Program Evaluation Center (NEPEC)

	Fiscal Year											
	FY95	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05	FY06
Combined MH Uniques Served by VHA	565,529	581,625	609,523	649,814	671,287	678,932	712,045	757,767	794,581	847,131	908,146	934,925

As Figure 3 illustrates, the growth in demand for VA mental health services has far outstripped the number of available VA psychologists. This is especially significant, given VA's growing concern for meeting the needs of OEF/OIF veterans, evidence based treatment (EBT), integration of mental health and primary care, palliative care, and care for aging veterans and those with traumatic brain injury (TBI) and/or poly-trauma, all areas in which psychologists have special expertise.

Figure 3:



Source: Combined Data – VHA OMHS and NEPEC

Psychologist FTEE Per 1000 MH Uniques Served by VHA, by Fiscal Year, FY95-FY06

	Fiscal Year											
	FY95	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05	FY06
FTEE per 1000 MH Uniques	3.09	2.90	2.61	2.38	2.23	2.15	2.10	1.95	1.89	1.83	1.77	1.88

Recommendation:

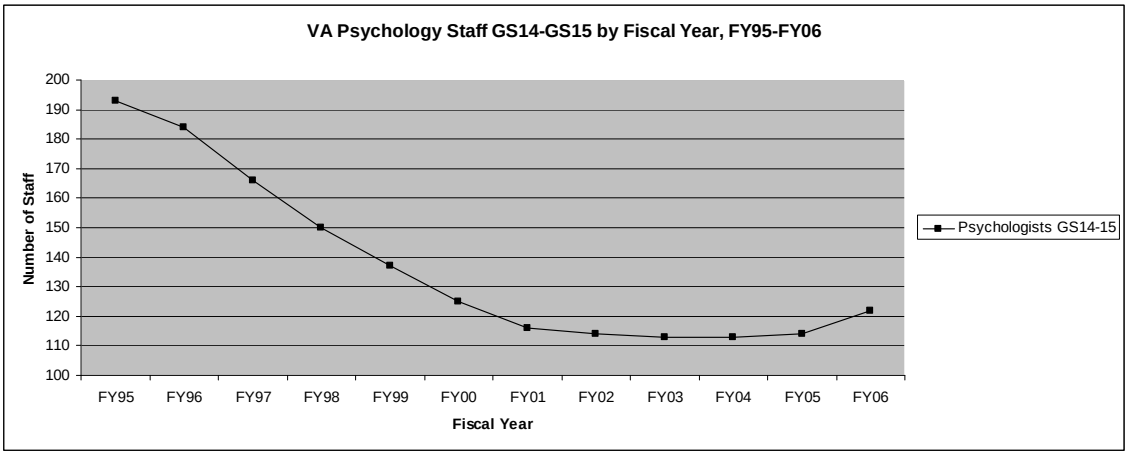
1. It is recommended that future funding, recruitment, and retention efforts within VHA should, in part, be directed to securing a sufficient number of psychologists to meet the growth in demand for services.

2. There are no existing data that would permit an accurate estimate of the optimal number of VA psychologists. However, as an initial target it is recommended that VHA seek to restore the ratio of psychologists per 1000 mental health unique veterans to the level that existed in FY 1995. It is further recommended that data be collected system-wide on the number of psychologists, psychologist panel size, clinic wait time for psychological services, and availability and accessibility of key psychologist provided services.

GS-14 and GS-15 Psychologists

While the number of VA psychologists has returned to FY 1995 levels, the number of senior psychologists (GS-14 and 15) has shown a steep decline from FY 1995 (Figure 4).

Figure 4:

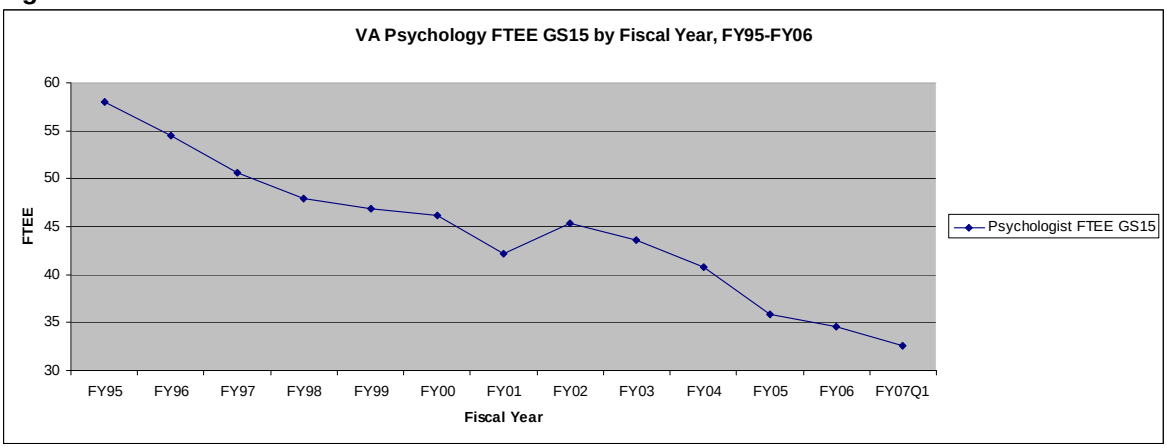


Source: VA Office of Mental Health Services (OMHS)

	Fiscal Year											
	FY95	**FY96**	**FY97**	**FY98**	**FY99**	**FY00**	**FY01**	**FY02**	**FY03**	**FY04**	**FY05**	**FY06**
Psychologists GS14-15	193	184	166	150	137	125	116	114	113	113	114	122

This decline is especially pronounced at the GS-15 level which has continued unabated into the current Fiscal Year (Figure 5).

Figure 5:



Source: VHA Office of Mental Health Services (OMHS)

	Fiscal Year												
	FY95	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07Q1
Psychologist FTEE GS15	58	54.5	50.6	47.9	46.9	46.2	42.2	45.3	43.6	40.8	35.9	34.6	32.6

The potential effect of the implementation of the new Title 38 Hybrid boarding process on the number of GS-14 and GS-15 psychologists is unknown currently. However, initial feedback from the field has not been encouraging. Psychologist leaders from facilities throughout the country have reported that their facilities and VISNs have denied GS-14 and 15 promotions that have been recommended by the national boarding process. Even more frequent are reports of facilities and VISNs that have delayed or refused to forward boarding packets to the national board and/or have refused to reveal the results of the national board action. This leaves the psychologists in question with considerable leadership responsibilities, but with little or no recourse regarding their boarding status and consequent grade level.

Informational missteps and technical problems have also plagued the national psychology boarding process. An unknown, but apparently significant, number of boarding packets have been adversely affected by incorrect information provided by local HR officials regarding the required format and content of the packets. This has resulted in the submission of a number of packets that may have described GS-14 or above responsibilities, but that were unable to be boarded at that level due to packet content errors. Of particular concern are reports that a number of psychologists throughout the country were instructed by their facilities to only submit special achievements occurring during the previous three years, despite the fact that Psychology Boards were authorized to consider achievements throughout the psychologists' VA careers for the one-time Special Advancement for Achievement. This meant that significant and creditable achievements occurring earlier in the psychologists' VA careers would never have an opportunity to be considered for a Special Advancement for Achievement (SAA).

On March 7th, instructions were sent from VACO to the field that eliminated the national ceilings for GS-14's. This was a beneficial step that has removed one of the reasons often cited by local and VISN management for failure to approve justified grade increases to the GS-14 level.

However, the same set of instructions tied the award of GS-15 psychology positions to the facility's level of complexity. Per these instructions, only psychologists at complexity level 1A facilities are eligible for promotion to GS-15. Senior psychologist leaders at non-1A facilities, regardless of the scope and complexity of their actual duties and regardless of the question of whether they meet the VA's own qualification standards for GS-15 would be ineligible for promotion to that grade level. In addition, complexity 1A facilities without current GS-15 psychologists would need to petition VACO for an increase

in their GS-15 ceiling should the boarding process recommend, and the facility management concur, in moving a psychologist manager to the GS-15 level.

These new field instructions will accelerate the already steep decline in the number of GS-15 level psychologists. They will also create equity problems in that psychologists from non-1a facilities who supervise many programs and individuals will be ineligible for a GS-15, whereas facility complexity 1a psychologists with more limited supervisory responsibility will be eligible for the grade as long as they meet the minimum GS-15 requirements of the VA's Qualification Standard.

Part of the difficulty with these new instructions is that they treat psychologist promotion in a manner that is characteristic of Title 5. Dissimilar positions are compared against one another according to some overarching standard of complexity. Typically, in the case of psychologists, the comparison is made to the grade level of the Associate Director.

As doctoral level Title 38 Hybrid clinicians, it would be more appropriate to treat the issue of psychologist promotion as being similar to the Title 38 process. In this approach, the full performance level (GS-13) is defined by the journeyperson clinical responsibilities. Additional administrative and program management responsibilities warrant higher grade levels, provided that these additional responsibilities meet established scope and complexity requirements for those levels. This is essentially the approach that was taken in the VA's own Qualification Standard for Psychology.

The decline in the availability of upper grade level positions presents VA with a serious recruitment and retention issue. As psychologists come to believe that there is little possibility for advancement, regardless of the level or complexity of responsibilities, fewer high potential psychologists will be willing to accept positions of greater responsibility. In addition, high potential trainees whom the VA would like to recruit will increasingly see VA as a "dead end" for their careers and will be attracted to other career options that offer more potential for advancement.

Recommendations:

AVAPL believes that a combination of the following steps will help to mitigate the stagnation and/or decline in senior psychologist ranks within VA and, thus, recommends:

1. As the only Title 38 Hybrid profession that includes the GS-15 level within its series, VACO field instructions should be modified to eliminate any reference to ceilings or restrictions on the number of GS-15 psychologists within VISNs and facilities. Instead, VISNs and facilities should be directed to the national psychology boarding process to determine the appropriate number of GS-14 and GS-15 psychologists at their locations.

2. AVAPL recommends that VACO Human Resources, Office of Mental Health Services, and the National Psychology Professional Standards Board collaborate on providing clear guidelines for the preparation of psychologist boarding packets and for proper construction of such documentation as Functional Statements and listings of SAA creditable achievements.

3. Facilities and VISNs should be required to submit boarding packets to the National Psychology Professional Standards Board (PSB), within 30 days of receipt, for all psychologists whose responsibilities would potentially qualify for a grade of GS-14 or GS-15 according to the VA's Qualification Standards for Psychology.

4. Local and VISN Psychology PSBs should be empowered to directly refer boarding packets to the National Psychology PSB if, in the belief of the local or VISN PSB members, the psychologists' responsibilities would potentially qualify for a grade of GS-14 or GS-15 according to the VA Qualification Standards for Psychology.

5. Facilities or VISNs should be required to inform the psychologist of the National Psychology PSB's recommendation within 30 days of its receipt by the local facility or VISN.

6. A process should be established to allow for reconsideration of the Initial Special Boarding by the National Psychology PSB if the candidate claims that the packet was in error due to incorrect instructions provided by the local facility or VISN. This reconsideration process is especially important for those psychologists who, because of erroneous instructions, were not able to submit the full range of creditable achievements for Special Advancement for Achievement consideration.

7. Facilities and VISNs should be required to either approve National Psychology PSB GS-14 and GS-15 recommendations, or show cause to VACO as to why these recommendations were in error. VACO should establish a process for considering such facility and VISN appeals. It is recommended that this process involve both Human Resources and the Office of Mental Health Services. It is further recommended that the psychologist in question be notified of the appeal, and its basis, and be permitted written comment as part of the process. Final adjudication could be made by an individual or individuals designated by the USH.

8. VA should implement an appeals process for psychologists whose National Psychology PSB recommendations for promotion were denied at the local or VISN level without recourse to the procedure described above. It is recommended that this appeals process mirror the procedure described above. It is further recommended that this process apply to positive initial special boarding determinations that were denied by local facilities or VISNs. At a minimum, however, such a procedure should be available for all future boarding processes.

9. It is recommended that VACO Office of Mental Health Services establish a tracking system for boarding packet referrals to the National Psychology PSB, PSB boarding decisions, psychologist notification of National Psychology PSB boarding decision, local or VISN action on the recommendation, and the results of any appeals to VACO.

Appointment of Psychology Professional Managers and Leaders

Since 1995 independent mental health discipline services at most facilities have been replaced with interdisciplinary Mental Health Service/Product Lines. As a result, there has been a decrease in the number of Social Work Chiefs, and a dramatic decrease in the number of Psychology Chiefs, throughout the VA system (there has generally been little to no decline in Chief Nurses, many of whom now hold the title of Associate Director for Patient Care Services). Interdisciplinary management within mental health services can have advantages in terms of cross-discipline coordination of care and clearer accountability at the individual program level. However, the dissolution of discipline specific services has left a clear leadership gap in terms of professional practice accountability, guidance on the proper use of professional skills, and promotion and oversight of profession specific staff and pre-licensure training. For Psychology, this problem is further complicated by the fact that the lack of recognized psychology discipline leadership at many facilities translates into a significant lack of oversight, structure and support for the growing number of psychologists working in non-mental health areas such as primary care, geriatrics, HBPC, etc.

In 2002, VA sought to remedy this situation for Social Work with the appointment of a Social Work Executive at each facility that lacked an independent Social Work Service (VHA Directive 2002-029). The creation of the Social Work Executive position has been highly effective in ensuring the integrity of Social Work practice and training within an inter-disciplinary management structure.

Since 2003 there have been efforts to create an analogous Psychologist Executive role. Various draft directives have been circulated within the VACO Office of Mental Health Services. However, none have been forwarded to the USH or the DUSHOM for final concurrence and dissemination. Hence, Psychology remains the only major mental health discipline without an officially designated leader at many facilities. As a result, the profession of Psychology continues to experience difficulties in ensuring that the highest quality psychologists are recruited for VA and that their psychological training and expertise are used to our veterans' best advantage.

Recommendations:

1. It is recommended that the USH require the VACO Office of Mental Health Services to provide, within 90 days, a final draft of a Psychology Executive Directive for concurrence and dissemination.

2. Similarly to the Social Work Executive Directive (2002-029) it is recommended that, at facilities with an independent Psychology Service, the Psychology Service Chief be designated the Psychologist Executive.

3. It is recommended that the Directive provide for Psychologist Executive Directive oversight of the psychologist training, credentialing and privileging, continuing education, and peer review processes. It is further recommended that the Directive provide for Psychologist Executive input to senior mental health and facility decision makers on issues related to psychologist recruitment and evaluation, and assignment of appropriate duties for VA psychologists. It is also recommended that the Directive provide that the Psychologist Executive, or designee, have input into new program development and into the facility's response to all relevant new patient care funding initiatives.

4. Key to these recommendations is the notion that, rather than mandating a particular model for line authority over psychologists, the Directive should provide the Psychologist Executive with responsibility for the professional practice of Psychology at the facility, along with significant input into all processes and plans that impact upon, or are impacted by, Psychology as a discipline.

Equity in Senior Mental Health Management Recruitment

A large majority of interdisciplinary Mental Health Service Lines, especially at academically affiliated medical centers, are headed by a psychiatrist. Many, if not most, of these facilities will not seriously consider a non-physician for the role of Service Line Chief, or similar senior mental health leadership roles such as Associate Chief of Staff for Behavioral Health. One often cited rationale for rejection of non-physician candidates for Service Line Chief is the mistaken belief that the Chief must be able to provide direct supervision of the Psychiatry residency program. However, other resident training models, such as appointment of a Psychiatry Training Director, are equally viable and do not prejudice the senior mental health leadership selection process.

In 1998, the USH attempted to correct this situation with the issuance of VHA Directive 98-018 (later reissued as VHA Directive 2004-004), which stated that "it is important that the most qualified individuals be selected for leadership positions in mental health programs regardless of their professional discipline." Unfortunately, the only requirement within the Directive was that announcements of VA mental health leadership positions not contain language that restricts recruitment to a specific discipline. As a result, this Directive has had little practical impact on the appointment of highly qualified non-physicians to VA mental health senior leadership roles, particularly at medical school affiliated VA facilities.

Recommendations:

1. AVAPL recommends that the USH issue a new Directive that operationalizes the intent of 98-018 and 2004-004 by requiring the selection of the most qualified candidate for senior mental health leadership positions, regardless of discipline. It is further recommended that this Directive contain the following features:

    a. A statement that it is the intent of the Directive to encourage discipline diversity throughout the VA in senior mental health leadership positions.

    b. A statement that the ability to provide direct supervision of any particular discipline's trainees not be considered a selection criterion for senior mental health leadership positions.

c. A requirement that the recruitment and selection process involve representatives of all of the major mental health disciplines: Psychiatry, Psychology, Social Work, and Nursing.

d. An appendix that supplies a framework for selecting the "most qualified candidate". This framework could include such issues as management of mental health programs, budgets, personnel, etc.; familiarity with key evidence based approaches to care; familiarity with recovery principles; evidence of ability to work productively and collaboratively with multiple disciplines; etc.

2. In addition, it is recommended that the VACO Office of Mental Health Services establish a senior mental health leadership recruitment and selection tracking system. It is recommended that the DUSHOM provide guidance to the field to give full support and cooperation to this tracking system. Such a system should track:

   a. Multi-disciplinary posting of senior mental health leadership positions.

   b. Interview pool by discipline.

   c. Selected candidate by discipline.

3. If data from the tracking system shows no substantial progress being made in the creation of a more discipline diverse senior mental health leadership tier, it is recommended that a requirement be instituted that the facility or VISN Director forward to VACO a prioritized list of the top three candidates for senior mental health leadership positions and that VACO make the final selection for the facility or VISN. VACO staff would also have an opportunity to question facilities or VISNs that submit only physician candidates for consideration.

Summary

AVAPL would like to sincerely thank Undersecretary Kussman and Acting Principal Deputy Undersecretary Cross for their interest and concern regarding the health and future of the profession of Psychology within the Department of Veterans Affairs. We are grateful for the invitation to provide our recommendations on how to better secure that future. AVAPL believes strongly that the strategies recommended in this report will be effective in correcting many of the difficulties that have been described. AVAPL further believes that the recommendations presented herein are in keeping with VA's emphasis on centralized guidance within a decentralized overall operational framework.

The AVAPL Executive Committee would like to emphasize that our organization stands ready to assist the Department in addressing these issues as well as any others that impact upon the provision of high quality and accessible psychological, and related, care for our nations heroes.

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On behalf of the AVAPL Executive Committee