



DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF INSPECTOR GENERAL

Office of Healthcare Inspections

VETERANS HEALTH ADMINISTRATION

Outdated Mental Health
Policies Should Be Published
Expediently

MANAGEMENT ADVISORY
MEMORANDUM

MEMO #23-00739-118

MAY 4, 2023



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DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF INSPECTOR GENERAL
WASHINGTON, DC 20001



March 14, 2023¹

MANAGEMENT ADVISORY MEMORANDUM

TO: Dr. Shereef Elnahal, Under Secretary for Health
Veterans Health Administration (10)

FROM: Dr. John D. Daigh, Jr., Assistant Inspector General
VA Office of Inspector General, Office of Healthcare Inspections (54)

SUBJECT: Outdated Mental Health Policies Should Be Published Expediently

The purpose of this memorandum is to highlight concerns regarding outdated policies governing the Veterans Health Administration's (VHA's) mental health services and request follow-up action. The Office of Inspector General's (OIG's) oversight function includes interpretation of VHA policies in practice. Outdated policies create challenges for oversight and may impact the quality of care veterans receive.

In VHA, policy drives “minimum acceptable standards for which compliance is mandatory and accountability is absolute.”² According to VHA Directive 0999, *VHA Policy Management*, “all VHA policy is recertified or rescinded on a 5-year cycle.”³ VHA defines recertification as “the process by which a policy is evaluated for efficacy, updated by the policy owner, reviewed through the concurrence process and signed by the signature authority.”⁴ VHA national policies that are overdue for recertification are not considered current. However, if national policy is not recertified or rescinded by the specified recertification date, clinical staff are mandated to continue to follow existing policy.⁵ Also stated in *VHA Policy Management*, the Under Secretary for Health is responsible for “ensuring overall VHA compliance” with the requirements set forth.⁶ Additionally, the Under Secretary for Health is responsible for “resolving any VHA

¹ This memorandum was sent to the Veterans Health Administration on March 14, 2023, to provide the opportunity for review and comment.

² VHA Directive 0999, *VHA Policy Management*, March 29, 2022.

³ VHA Directive 0999.

⁴ VHA Directive 0999.

⁵ VHA Directive 0999.

⁶ VHA Directive 0999.

national policy issues that cannot otherwise be resolved by VHA upper-level leadership or the Executive Policy Committee.”⁷

VHA Handbook 1160.01(1), *Uniform Mental Health Services in VA Medical Centers and Clinics*, was published in September 2008.⁸ The handbook identifies mental health services that must be available and accessible when clinically needed for patients receiving VHA health care.⁹ The handbook was scheduled for recertification by September 2013 but was not done so at the time.¹⁰ Parts of the handbook were amended in November 2015, but no recertification has ever occurred.¹¹ The handbook in the current form does not fully capture the scope of current mental health programs and services, contains broken links for related information, and requires research on the part of providers to locate up-to-date information.¹² For example, the handbook makes no mention of the now-required Behavioral Health Interdisciplinary Program team-based model for general ambulatory mental health care, the Veterans Community Care Program established in 2019 to furnish care in veterans’ communities when not accessible within VHA, or expected care of transgender veterans.¹³ Several VA/DoD Clinical Practice Guidelines have been updated since the handbook’s overdue recertification date, including the management of posttraumatic stress disorder, major depressive disorder, and the management of patients at risk for suicide. The outdated handbook contains broken links to previous VA/DoD Clinical Practice Guidelines and has not incorporated the new guidelines.¹⁴ Thus, staff would need to find updated clinical practice guidelines outside of the handbook.¹⁵

Additionally, VHA Handbook 1160.06, *Inpatient Mental Health Services*, was published September 16, 2013.¹⁶ The handbook “provides the expectations, procedures, and reporting requirements for the provision of inpatient mental health care for eligible Veterans with mental health conditions requiring that level of care.”¹⁷ The handbook was scheduled for recertification

⁷ VHA Directive 0999. “The Executive Policy Committee serves as an oversight body on VHA policy development” and has responsibilities related to policy development timelines and resolving overdue concurrences, among other national policy related tasks.

⁸ VHA Handbook 1160.01(1), *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, amended November 16, 2015. This handbook was rescinded in 2015 and replaced with the amended version. The expectation for recertification was not updated and remained due September 2013.

⁹ VHA Handbook 1160.01(1).

¹⁰ VHA Handbook 1160.01(1).

¹¹ VHA Handbook 1160.01(1).

¹² VHA Handbook 1160.01(1).

¹³ VHA Handbook 1160.01(1).

¹⁴ VHA Handbook 1160.01(1).

¹⁵ VHA Handbook 1160.01(1).

¹⁶ VHA Handbook 1160.06, *Inpatient Mental Health Services*, September 16, 2013.

¹⁷ VHA Handbook 1160.06.

on or before the last working day of September 2018 but recertification has not occurred.¹⁸ Outdated or missing guidance and information within the handbook may have potentially significant effects on patient safety and care.¹⁹ For example, Bed Management Solution (BMS), implemented after initial publication and prior to the handbook’s overdue recertification date, is a required software application used to track near real-time inpatient bed availability, patient transfers and admissions, as well as patient movement in response to a mass evacuation or relocation due to disasters.²⁰ Another example of important content not reflected in the handbook is updated suicide screening tools and minimum required use of the tools.²¹

The VHA directive on policy management requires that “Veterans receive the same quality of care wherever they enter the system, VHA national policy must establish standards that eliminate the need for VISN policies and MCPs to the greatest possible extent.”²²

In February 2015, VA was placed on the U.S. Government Accountability Office (GAO) high-risk list.²³ The GAO high-risk list is “updated at the start of each new Congress, of programs and operations that are vulnerable to waste, fraud, abuse, or mismanagement, or in need of transformation.”²⁴ Relevant to the topic of outdated policy, GAO stated,

ambiguous policies have led to inconsistencies in the way VA medical centers operate at the local level, posing risks for veterans’ access to health care and for the quality and safety of that care.²⁵

On August 24, 2022, VHA reissued a notice regarding review and management of operational memoranda in the context of VHA’s continued placement on the GAO high-risk list.²⁶ The notice states, “program offices reliance on issuing operational memoranda in lieu of VHA national policies remain a concern.”²⁷ The notice also acknowledged that operational memoranda

¹⁸ VHA Handbook 1160.06.

¹⁹ VHA Handbook 1160.06.

²⁰ VHA Directive 1002, Bed Management Solution (BMS) For Tracking Beds and Patient Movement within and Across VHA Facilities, November 28, 2017.

²¹ VHA Handbook 1160.06.

²²VHA Directive 0999. VISN is the acronym for Veterans Integrated Service Network. MCP is the acronym for medical center policies.

²³ VHA Directive 0999. GAO “is an independent, non-partisan agency that works for Congress. GAO examines how taxpayer dollars are spent and provides Congress and federal agencies with objective, non-partisan, fact-based information to help the government save money and work more efficiently,” accessed August 18, 2022, <https://www.gao.gov/about>. GAO, *Managing Risks and Improving VA Health Care* states, “We have made 112 recommendations related to this area of concern [ambiguous policies and inconsistent processes] since 2010. As of December 2020, 37 recommendations remained open,” accessed August 18, 2022, <https://prod.drupal.gaotest.org/highrisk/managing-risks-and-improving-va-health-care>.

²⁴ GAO, *Featured Topic: High Risk List*, accessed September 6, 2022, [High Risk List | U.S. GAO](https://www.gao.gov/featured-topics/high-risk-list).

²⁵ GAO, *Priority Open Recommendations: Department of Veterans Affairs*, GAO-19-358SP, March 28, 2019.

²⁶ VHA, *Review of VHA Operational Memoranda*, VHA Notice 2022-10, August 24, 2022.

²⁷ VHA Notice 2022-10.

are often wrongly believed to be a form of VHA policy by staff and oversight bodies.²⁸ Additionally, operational memoranda may contradict existing policies and “are not subjected to the same level of institutional review or scrutiny as VHA national policy and do not have the same level of authority.”²⁹ Continued provider reliance on or unfamiliarity with operational memoranda in lieu of policies may create a disconnect between outdated policies and current expectations, creating confusion that can negatively impact care to veterans. Though the OIG recognizes the steps VHA has taken toward policy improvements, such as the update to VHA Directive 0999, key mental health policies continue to remain outdated.³⁰

Despite being outdated since September 2013 [VHA Handbook 1160.01(1)] and September 2018 (VHA Handbook 1160.06), the OIG has not seen meaningful progress for recertification as required.³¹ In July 2022, VHA officials provided the OIG with draft versions of VHA Handbooks 1160.01(1) and 1160.06. In October 2022, VHA officials informed the OIG that both draft handbooks were in different stages of VHA’s recertification process, noting 1160.01(1) was further along than 1160.06. VHA officials informed the OIG that both policy drafts have projected publication dates in fiscal year 2023, but specific dates were not identified. Given the critical importance of these handbooks, and that VHA officials informed the OIG that some revisions were not completed within the anticipated time frames, the OIG felt it appropriate to issue this Management Advisory Memorandum. As described above, mental health care evolves and changes over time, and policies that remain outdated for many years may impact staff awareness of requirements, which impacts the delivery of quality clinical care and patient safety.

Requested Action

The OIG requests the Under Secretary for Health ensure that the mental health policies listed below are published in as expeditious a time period as possible.

- VHA Handbook 1160.01(1), *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, amended November 16, 2015.
- VHA Handbook 1160.06, *Inpatient Mental Health Services*, September 16, 2013.³²

²⁸ VHA Notice 2022-10.

²⁹ VHA Notice 2022-10.

³⁰ VHA Directive 0999.

³¹ VHA Handbook 1160.01(1). VHA Handbook 1160.06.

³² VHA Handbook 1160.01(1). VHA Handbook 1160.06.

VHA Response

The Under Secretary for Health reported updates to both policies have been drafted and VHA plans to move them into the approval process within the next few months. VHA's goal for publication is September 2023. The full text of the Under Secretary for Health's response is included in appendix A.

OIG Response

VHA Handbook 1160.01(1) and VHA Handbook 1160.06 have been outdated for almost 10 and five years, respectively. Given the significance of these Handbooks to quality healthcare, the OIG would hope for greater urgency on these required recertifications. To ensure VHA provides sufficient attention to the publication of these handbooks, the OIG will continue to follow-up on a periodic basis with VHA for a status of completion.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General
for Healthcare Inspections

Appendix A: Office of the Under Secretary for Health Memorandum

Department of Veterans Affairs Memorandum

Date: April 5, 2023

From: Under Secretary for Health (10)

Subj: OIG Management Advisory Memorandum, Outdated Mental Health Policies Should Be Published Expediently (2023-00739-HI-1350) (VIEWS 09835324)

To: Director, Office of Healthcare Inspections (54MH00)

Thank you for sharing your concerns about the recertification of two Veterans Health Administration (VHA) mental health policies. Updates to both policies have been drafted. VHA will move both policies into the approval process within the next few months. For purposes of ensuring all stakeholders have an opportunity to provide input on changes to national policy VHA requires a comprehensive series of thorough reviews. In addition to review by VHA leadership, legal counsel, subject matter experts and users, VHA includes up to 3 months for unions to provide input. Once cleared by all parties VHA will expediently publish the policies. VHA's goal for publication is September 2023.

(Original signed by:)

Shereef Elnahal, M.D., MBA

OIG Contact and Staff Acknowledgments

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