US DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF INSPECTOR GENERAL

Office of Healthcare Inspections

VETERANS HEALTH ADMINISTRATION

Inadequate Governance Structure and Identification of Chief Mental Health Officers' Responsibilities

National Review | 23-02350-95 | March 31, 2025

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Executive Summary

The VA Office of Inspector General (OIG) conducted a review to evaluate the governance structure and responsibilities related to the Veterans Integrated Service Network (VISN) Chief Mental Health Officer (CMHO) role. In 1995, the Veterans Health Administration (VHA) established VISNs—networks of medical centers, outpatient clinics, and vet centers defined by specified geographic regions—intended to centralize oversight, align resources, and enhance patient access to care.[1] Since 2015, VHA has been organized into 18 VISNs.

The OIG reviewed VHA written policy related to the oversight of mental health services, VISN organizational charts, and CMHO performance plans and functional statements. The 18 CMHOs, their direct supervisors, and 108 of 143 (76 percent) facility mental health leads completed OIG surveys that evaluated CMHO responsibilities, communication processes, supervisory structure, and authority.

In January 2023, VHA reported the development of a required "standardized VISN core organizational chart" (standardized chart). After review of this chart, the OIG was unable to determine the reporting structure related to CMHOs and requested further data. Review of the additional data revealed a lack of standardization and inaccuracies within the VISN-provided organizational charts. The absence of consistent information regarding organizational governance structure and staffing may result in inequities in resources and insufficient oversight of VISN and facility mental health staff and services.

The OIG found that the CMHO functional statements provided by VHA leaders varied in format and content and did not consistently align with CMHO performance plan expectations. While most functional statements included policy development, implementation, and oversight responsibilities, less than half of the performance plans included corresponding elements that would assess individual performance. In contrast, while most performance plans included elements related to effective use of resources and budget oversight, fewer than half of the functional statements included these as CMHO responsibilities.

When asked about standardization of position descriptions, the Executive Director, Healthcare Operations Center told the OIG that VHA's goal is to standardize and allow for "minor changes based on the size" of a VISN. The OIG acknowledges the importance of flexibility in the CMHO role based on unique VISN needs; however, the OIG would expect the inclusion of critical responsibilities to be identified consistently in the CMHO functional statements and performance plans across VISNs in the enterprise. The OIG concluded that the lack of standardized role

[1] "Veterans Integrated Services Networks (VISNs)," VHA, accessed January 8, 2025, https://www.va.gov/HEALTH/visns.asp.

responsibilities and performance plan alignment may limit the effectiveness and consistency of CMHOs' involvement in critical facility mental health performance improvement initiatives.

While the OIG found that CMHOs expressed understanding of their oversight responsibilities of outpatient mental health services, mental health residential rehabilitation treatment programs, and primary care mental health integration services, 11 of 18 CMHOs described lack of authority as a major barrier to effectively overseeing and implementing actions for facility-level mental health services. All 18 CMHOs also reported monitoring facility action plans related to compliance and performance deficiencies. However, 15 reported challenges in monitoring and addressing the action plans, with the most frequently reported barrier being the lack of authority to enforce plans.[2] Additionally, in interviews with the OIG, the 18 CMHOs confirmed that there was not a single source of policy or guidance that defined their responsibilities.

During interviews, both the Office of Mental Health and Office of Suicide Prevention leaders suggested that standardization of the CMHO position description would be helpful in increasing the effectiveness of the role. Ten of the 18 CMHO direct supervisors indicated that clearer VHA policy and guidance on CMHO authority to fulfill responsibilities would enhance the effectiveness of the role to ensure facility-level compliance with mental health initiatives and staffing. The OIG concluded that without standardized role definition and oversight authority, CMHOs are limited in their ability to effectively address facility mental health and suicide prevention program performance deficiencies.

The OIG made five recommendations to the Under Secretary for Health related to clarifying VISN staffing requirements; using the standardized chart; standardizing and aligning of CMHO functional statements and performance plans; and defining CMHO authority.[3]

VA Comments

The Acting Under Secretary for Health concurred with recommendations 2–5 and concurred in principle with recommendation 1. Acceptable action plans were provided (see appendix D). The OIG will follow up on the planned actions until they are completed.

JULIE KROVIAK, MD
Principal Deputy Assistant Inspector General,
in the role of Acting Assistant Inspector General,
for Healthcare Inspections

[2] Two CMHOs denied challenges in monitoring action plans and one CMHO did not report specific challenges.

[3] The recommendations addressed to the Under Secretary for Health are directed to anyone in an acting status or performing the delegable duties of the position.

Contents

Abbreviations

CMHO	Chief Mental Health Officer
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
GAO	Government Accountability Office
MH ICC	Mental Health Integrated Clinical Community
OIG	Office of Inspector General
OMH	Office of Mental Health
OMHSP	Office of Mental Health and Suicide Prevention
OSP	Office of Suicide Prevention
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Introduction

The VA Office of Inspector General (OIG) conducted a review to evaluate the governance structure and responsibilities related to the Veterans Integrated Service Network (VISN) Chief Mental Health Officer (CMHO) role.[1]

Background

In 1995, the Veterans Health Administration (VHA) organized 173 independent medical centers and over 400 clinics into 22 VISNs, networks defined by specified geographic regions comprised of the medical centers, outpatient clinics, and vet centers.[2] VHA established VISNs to centralize planning, budgeting, and oversight; align resources; enhance patient access to care; and "better meet local health care needs."[3] Over time, VISN staffing and the range of VISN functions have increased.[4]

In 2002, VHA merged VISNs 13 and 14 to create VISN 23 (see figure 1).[5] Then in 2015, VHA initiated a VISN realignment that included decreasing the number of VISNs to 18, which remains in place as of January 2025 (see figure 2).[6]

[1] VHA documents refer to the CMHO position by a variety of titles, including mental health professional, mental health clinician, and chief mental health lead. For purposes of this report, the OIG will refer to this VISN-level role as CMHO.

[2] "Transforming Government: The Revitalization of the Veterans Health Administration," 2000 Presidential Transition Series, The Business of Government, June 2000, accessed June 27, 2024, https://www.businessofgovernment.org/sites/default/files/TransformingVHA.pdf. "Vet Centers are community-based counseling centers that provide a wide range of social and psychological services" to veterans, service members, and their families. "Vet Centers (Readjustment Counseling)," accessed September 20, 2024, https://www.vetcenter.va.gov/.

[3] "Veterans Integrated Services Networks (VISNs)," VHA, accessed January 8, 2025, https://www.va.gov/HEALTH/visns.asp.

[4] *Hearing on The Curious Case of the VISN Takeover: Assessing VA's Governance Structure, Before the Committee on Veterans' Affairs, U.S. House of Representatives, 115th Cong.* (May 22, 2018) (statement of David P. Roe, Chairman).

[5] GAO, *VA Health Care: Processes to Evaluate, Implement, and Monitor Organizational Structure Changes Needed,* GAO-16-803, September 2016, accessed August 3, 2022, https://www.gao.gov/products/gao-16-803.

[6] Veterans Integrated Services Networks (VISNs)," VHA.

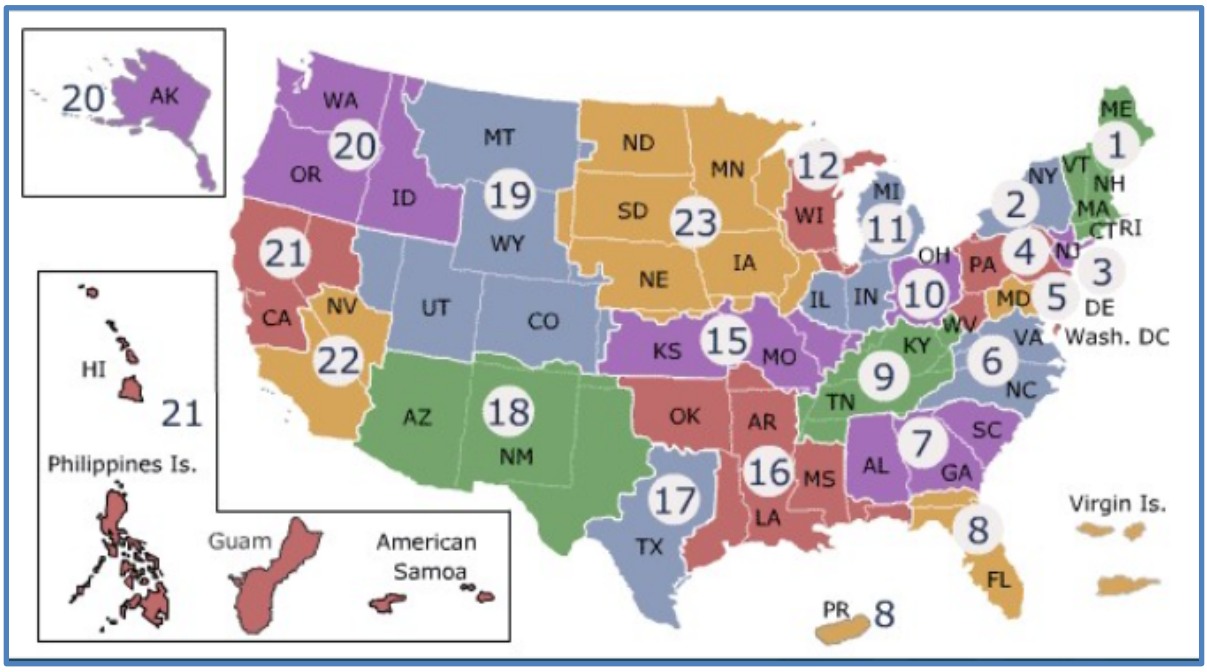

Figure 1. *2002 VISN map.*
Source: Min J. Joo, Todd A. Lee, and Kevin B. Weiss, "Geographic Variation in Chronic Obstructive Pulmonary Disease Exacerbation Rates," Society of General Internal Medicine, no. 22 (September 15, 2007): 1560-1565, https://doi.org/10.1007/s11606-007-0354-6.

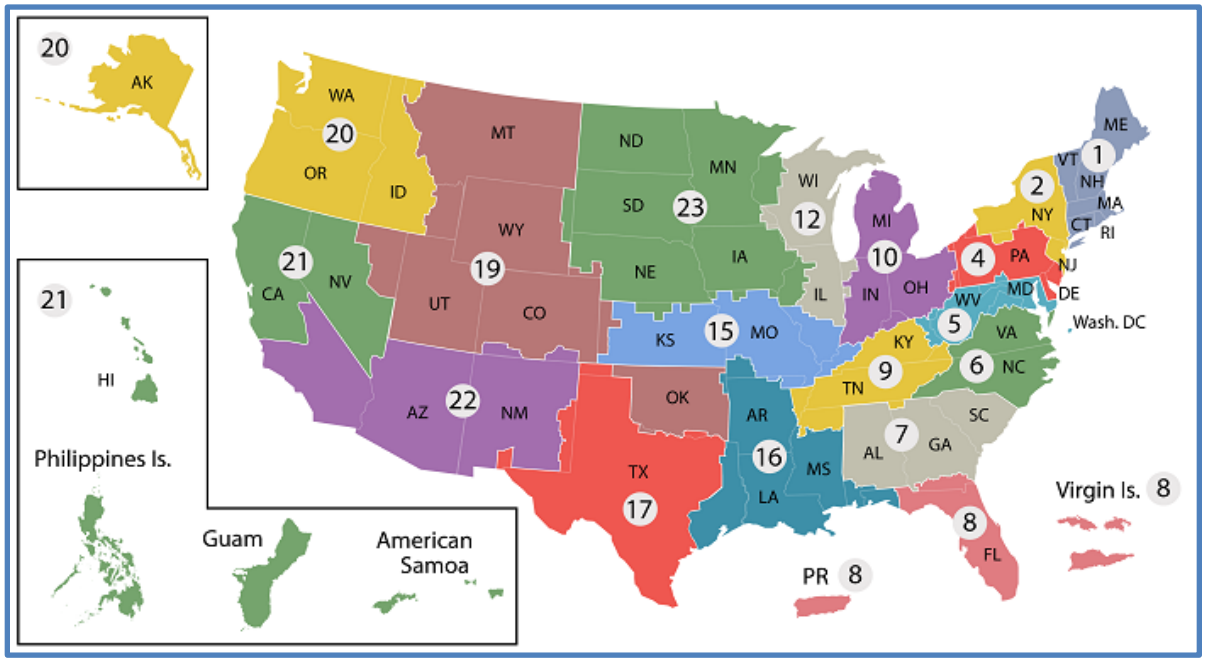

Figure 2. *2024 VISN map.*
Source: "Veterans Integrated Services Networks (VISNs)," VHA, accessed January 8, 2025, *https://www.va.gov/HEALTH/visns.asp*.

In 2019, the Government Accountability Office (GAO) reported that, "According to VHA, each VISN is part of a regional consortium" and each of four consortia is comprised of several VISNs within a geographic area. The consortium is intended to foster collaboration and enhance healthcare delivery by discussing common needs, sharing resources and best practices, and conducting program reviews.[7] The four geographic regions represented by the consortium include the Western States Network Consortium (WSNC), the Midwest Consortium (MidCon), the Southern States Network Consortium (SSNC), and the VA Northeast Consortium (VANEC) (see figure 3).[8]

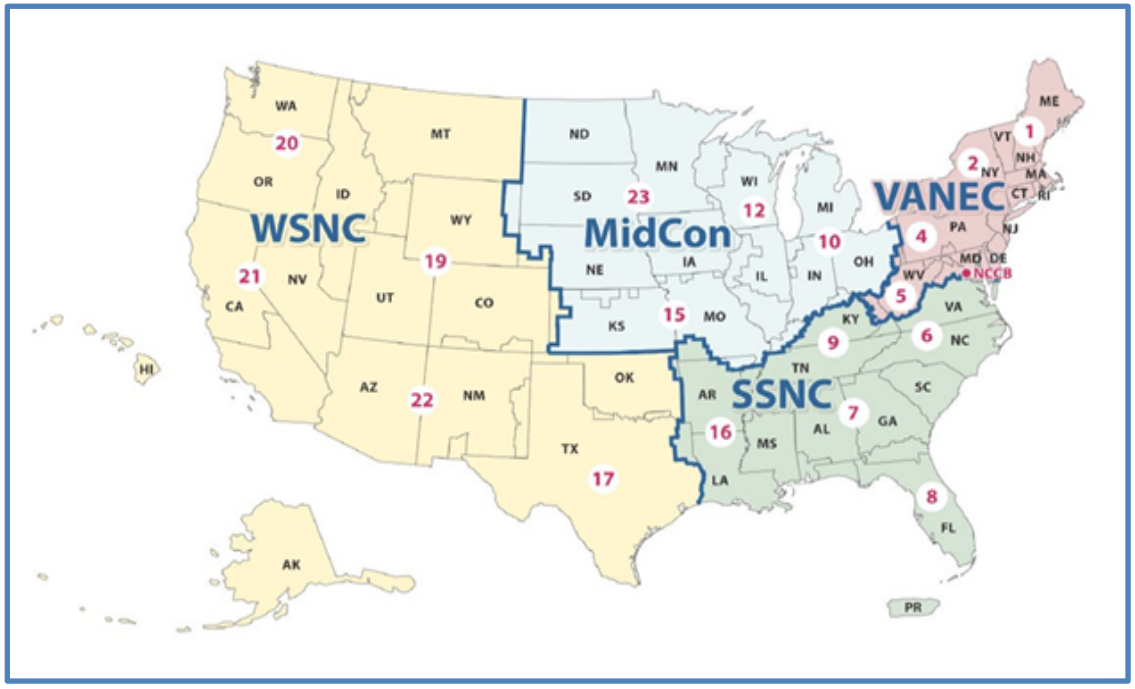

Figure 3. *VHA network consortia.*
Source: VA Office of Mental Health. The OIG did not independently validate the map provided by VA Office of Mental Health.

Prior Congressional Hearings

A May 2018 congressional hearing focused on "the role of VISNs in veterans' health care," and the concern "that the current VISN structure is leading to unclear roles and responsibilities at the

[7] GAO, *Regional Networks Need Improved Oversight and Clearly Defined Roles and Responsibilities,* GAO-19-462, June 19, 2019, accessed August 3, 2022, https://www.gao.gov/assets/700/699969.pdf; A consortium is a group "formed to undertake an enterprise beyond the resources of any one member." Consortia is more than one consortium. *Merriam-Webster.com Dictionary,* "consortium," accessed September 20, 2024, https://www.merriam-webster.com/dictionary/consortium; VHA Directive 1006.04(2), *Clinical Contact Centers,* May 16, 2022, amended November 9, 2023.

[8] GAO, *Pandemic Underscores Urgent Need to Modernize Supply Chain,* GAO-21-280, June 2021, accessed September 6, 2024, https://www.gao.gov/assets/720/714996.pdf.

highest levels of VA management."[9] The VHA Executive in Charge responded that a systematic review of the VISNs was undertaken to "create a plan to improve VISN oversight, accountability, performance, and strengthen lines of communication and clarify roles and responsibilities."[10] Congressional representatives noted a request, six months earlier, for a GAO "review of the role and responsibilities of the VISNs."[11]

In a June 2024 congressional hearing, the VA OIG testified that the VISN structure did not ensure accountability and lacked clearly defined roles and standardized responsibilities, which could lead to deficient engagement with facility leaders and inconsistent oversight.[12]

Prior GAO Reports

In June 2019, GAO reported that VHA lacked "a comprehensive policy to define VISN roles and responsibilities" and that

> The lack of clearly defined roles and responsibilities at the VISN level makes it difficult for VHA to develop an effective oversight process that ensures adequate monitoring of VISN activities.

GAO recommended that VHA, "clearly defines VISN roles and responsibilities for managing and overseeing medical centers." VA concurred in principle with the GAO recommendation and responded that written policy and guidance "will resolve GAO's concerns with respect to clarification of VISN oversight roles and responsibilities" by November 2019.[13] In September 2019, the GAO reported "weaknesses in VHA's processes for allocating funds" to VISNs and medical centers and recommended that VHA require VISNs to "develop and submit approaches

[9] *Hearing on The Curious Case of the VISN Takeover: Assessing VA's Governance Structure*, *Before the Committee on Veterans' Affairs, U.S. House of Representatives, 115th Cong*. (May 22, 2018) (statements of David P. Roe, Chairman, Committee on Veterans' Affairs, U.S. House of Representatives, and Julia Brownley, Acting Ranking Member).

[10] *Hearing on The Curious Case of the VISN Takeover: Assessing VA's Governance Structure*, *Before the Committee on Veterans' Affairs, U.S. House of Representatives, 115th Cong*. (May 22, 2018) (statement of Carolyn Clancy, M.D., Executive in Charge, Veterans Health Administration).

[11] *Hearing on The Curious Case of the VISN Takeover: Assessing VA's Governance Structure*, *Before the Committee on Veterans' Affairs, U.S. House of Representatives, 115th Cong*. (May 22, 2018) (statement of Julia Brownley, Acting Ranking Member, Committee on Veterans' Affairs, U.S. House of Representatives); The GAO is a congressional, non-partisan organization providing federal agencies fact-based information for efficiency and to save the government money. "About GAO," U.S. Government Accountability Office, accessed June 3, 2024, https://www.gao.gov/about.

[12] *Hearing on The Continuity of Care: Assessing the Structure of VA's Healthcare Network, Before the Subcommittee on Health, Committee on Veterans' Affairs,* (June 26, 2024) (statement of Julie Kroviak, MD, Principal Deputy Assistant Inspector General, Office of Healthcare Inspections, VA Office of Inspector General).

[13] GAO, *Regional Networks Need Improved Oversight and Clearly Defined Roles and Responsibilities*.

to improve efficiency at medical centers with declining workload that received adjusted funding levels."[14]

In June 2024, the GAO reported that the recommendations remained open and noted that VHA planned "to publish a directive by December 2024 that includes the roles and responsibilities of VISNs" and "has reported taking steps to address" the requirement for VISNs to oversee medical center funding efficiencies.[15]

Prior OIG Reports

In 15 reports published between January 1, 2019, and October 24, 2024, the OIG made 22 recommendations related to VISN oversight, monitoring, or compliance within mental health programs (see appendix A).[16] As of November 12, 2024, 12 of the 22 recommendations have been closed.

In VHA's responses to the recommendations, VISN leaders, including the CMHO, were identified as responsible for oversight or monitoring of processes such as care coordination for high risk for suicide patients; mandatory employee suicide risk training; access to residential treatment; environment of care; and facility-level operations, including staffing, hiring and retention of qualified candidates.

Scope and Methodology

The OIG initiated the national review on December 13, 2023, to evaluate the role and responsibilities of the VISN CMHO, including the fulfillment of VHA-specified duties, and governance and communication processes.

The OIG reviewed VHA policies and procedures, directives, and guidelines related to the oversight of mental health services. The OIG also reviewed 18 VISN organizational charts, CMHO performance plan templates, and 49 CMHO functional statements.[17]

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[14] GAO, *Veterans Health Care: VA Needs to Improve Its Allocation and Monitoring of Funding,* GAO-19-670, September 2019, accessed July 5, 2024, https://www.gao.gov/assets/d19670.pdf.

[15] GAO, *VHA Is Taking Steps but Has Not Completed Implementing Priority Recommendations to Improve Its Oversight of Regional Networks*, GAO-24-107641, June 26, 2024, accessed July 5, 2024, https://www.gao.gov/products/gao-24-107641.

[16] The OIG conducted a search of reports between January 1, 2019, and October 24, 2024, and found reports with VISN-level mental health-related recommendations published from October 10, 2019, through September 26, 2024.

[17] A functional statement is the official statement of the major duties and responsibilities and supervisory controls assigned by management to a position. VA Handbook 5003, *Position Classification, Job Grading, and Position Management*, April 15, 2002; VISNs provided one or more versions of a functional statement corresponding to each eligible discipline such as psychologist or social worker, resulting in a total of 49 functional statements; A VA employee's performance plan includes critical and non-critical performance elements and is the template used for performance review and evaluation. VA Directive 5013/4, *Performance Management Systems*, August 9, 2024.

The OIG distributed surveys to the 18 CMHOs, the 18 direct supervisors of each CMHO, and 143 VHA facility mental health leads.[18] The surveys included questions regarding CMHO responsibilities, communication processes, supervisory structure, and CMHO authority to fulfill those responsibilities. The OIG received completed surveys from the 18 CMHOs, the direct supervisors, and 108 of 143 (76 percent) facility mental health leads. In addition, the OIG conducted interviews with the 18 CMHOs, leaders from the Office of Mental Health (OMH), the Office of Suicide Prevention (OSP), and the Operations Program Office (Operations).[19] Following the initial survey, the OIG distributed a supplemental survey to the 18 CMHOs that asked about 15 select responsibilities identified in VHA written policy or guidance (see appendix C).

In the absence of current VA or VHA policy, the OIG considered previous guidance to be in effect until superseded by an updated or recertified directive, handbook, or other policy document on the same or similar issue(s).

Oversight authority to review the programs and operations of VA medical facilities is authorized by the Inspector General Act of 1978, as amended, 5 U.S.C. §§ 401–424. The OIG reviews available evidence within a specified scope and methodology and makes recommendations to VA leaders, if warranted. Findings and recommendations do not define a standard of care or establish legal liability.

The OIG conducted the review in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

[18] The OIG identified the 143 facility mental health leads in a VHA OMH directory of "Points of Contact in the Field." VHA OMH SharePoint, https://dvagov.sharepoint.com/sites/VACOMentalHealth/SitePages/Point-of-Contact.aspx, accessed February 14, 2024. (This site is not publicly accessible.)

[19] As of April 2024, the Office of Mental Health and Suicide Prevention (OMHSP) reorganized into the OMH and the OSP. For purposes of this report, the OIG will refer to OMHSP, OMH, and OSP based on the context of the information.

Inspection Results

This review highlights that the VISN organizational structure lacked clearly defined roles and standardized responsibilities and did not ensure accountability, as the OIG attested at the June 2024 congressional hearing.[20] The OIG concluded that the VISN organizational structure did not support effective and efficient decision-making or strategic direction provision in the implementation of VHA mental health policies and strategies.

The OIG found that VHA leaders provided inconsistent information about, and did not ensure the use of, a required "standardized VISN core organizational chart" (standardized chart). The absence of consistent information regarding organizational governance structure and staffing may result in inequities in resources and oversight of VISN and facility mental health staff and services.

The OIG found that VHA leaders did not provide standardized CMHO role responsibilities or align role responsibilities with the performance plan, which may contribute to CMHOs' variance in role definition, duty execution, and identification of opportunities in which VISN-level engagement would be critical to facility mental health performance improvement initiatives. The OIG also found that, in general, CMHOs expressed understanding of their oversight responsibilities but confirmed a lack of authority to ensure adherence to VHA policies. The OIG concluded that without standardized role definition and oversight authority, CMHOs are limited in their ability to effectively address facility mental health and suicide prevention program performance deficiencies, and accountability for oversight is unclear.

1. VISN and CMHO Governance

VHA defines governance as the process by which leadership "makes decisions, provides strategic direction and maintains accountability in a transparent and collaborative manner." VISN leaders are "responsible for implementing VHA policies and strategies."[21]

OMH and OSP are responsible for the development and implementation of mental health and suicide prevention policy, respectively, and Operations provides oversight of the VISNs,

[20] Julie Kroviak, MD, statement before the House Subcommittee on Health.

[21] VHA Directive 1217.01(2), *VHA Central Office Governance Board,* September 10, 2021, amended January 18, 2024.

including the CMHO.[22] Each VISN is led by a Director (VISN Director) who is responsible for coordinating and overseeing administrative and clinical activities at medical facilities in the VISN and "designating VISN-level positions within the mental health continuum of care with assigned protected time to accomplish their duties as outlined in all VHA mental health directives."[23]

VISN Directors report to the Chief Operating Officer and supervise VISN-level leaders, including a Chief Medical Officer (CMO) and Chief Nursing Officer (CNO), and the facility directors within the VISN (see figure 4).[24] Facility directors oversee facility "planning, organizing, directing, coordinating, controlling, reviewing, evaluating, and improving medical, administrative, and supporting operations."[25]

[22] VHA Directive 1160.01, *Uniform Mental Health Services in VHA Medical Points of Service,* April 27, 2023; Facility Mental Health Leads include Service Chiefs, Chiefs or Associate Chiefs of Staff for mental or behavioral health or care lines; Division Manager or Associate Director of mental health programs; or Mental Health Site Director; VHA Operations is comprised of Business Operations, VA Center for Development and Civic Engagement, Emergency Management, Healthcare Operations Center, Member Services, Support Staff, and the 18 VISNs. "VHA Program Offices," VHA, accessed June 27, 2024, https://vaww.va.gov/health/programs.asp. (This site is not publicly accessible.); VA OIG, *Improved Oversight Is Needed to Correct VISN-Identified Deficiencies in Medical Facilities' Supply Chain Management*, Report No. 23-02123-202, September 12, 2024.

[23] VHA Directive 1160.01.

[24] GAO, *Veterans Health Administration: Regional Networks Need Improvement, Oversight, and Clearly Defined Roles and Responsibilities,* GAO-19-462, June 2019, accessed August 3, 2022, https://www.gao.gov/assets/700/699969.pdf; National Academies of Sciences, Engineering, and Medicine, 2018, *Evaluation of the Department of Veterans Affairs Mental Health Services*, Washington, DC: The National Academies Press, https://doi.org/10.17226/24915; The Network Director may also supervise additional VISN leaders and support staff.

[25] "Title 38 Functional Statement, Executive Director, Medical Center," VA SharePoint, accessed July 15, 2024, https://dvagov.sharepoint.com/sites/vhav16/HR/VISN%2016%20All%20Facility%20PD%20Library/Forms/AllItems.aspx?id=%2Fsites%2Fvhav16%2FHR%2FVISN%2016%20All%20Facility%20PD%20Library%2FLittle%20Rock%2FDirector%27s%20Office%2FMedical%20Center%20Director%20%2D%20Functional%20Statement%2Epdf&parent=%2Fsites%2Fvhav16%2FHR%2FVISN%2016%20All%20Facility%20PD%20Library%2FLittle%20Rock%2FDirector%27s%20Office. (This site is not publicly accessible.)

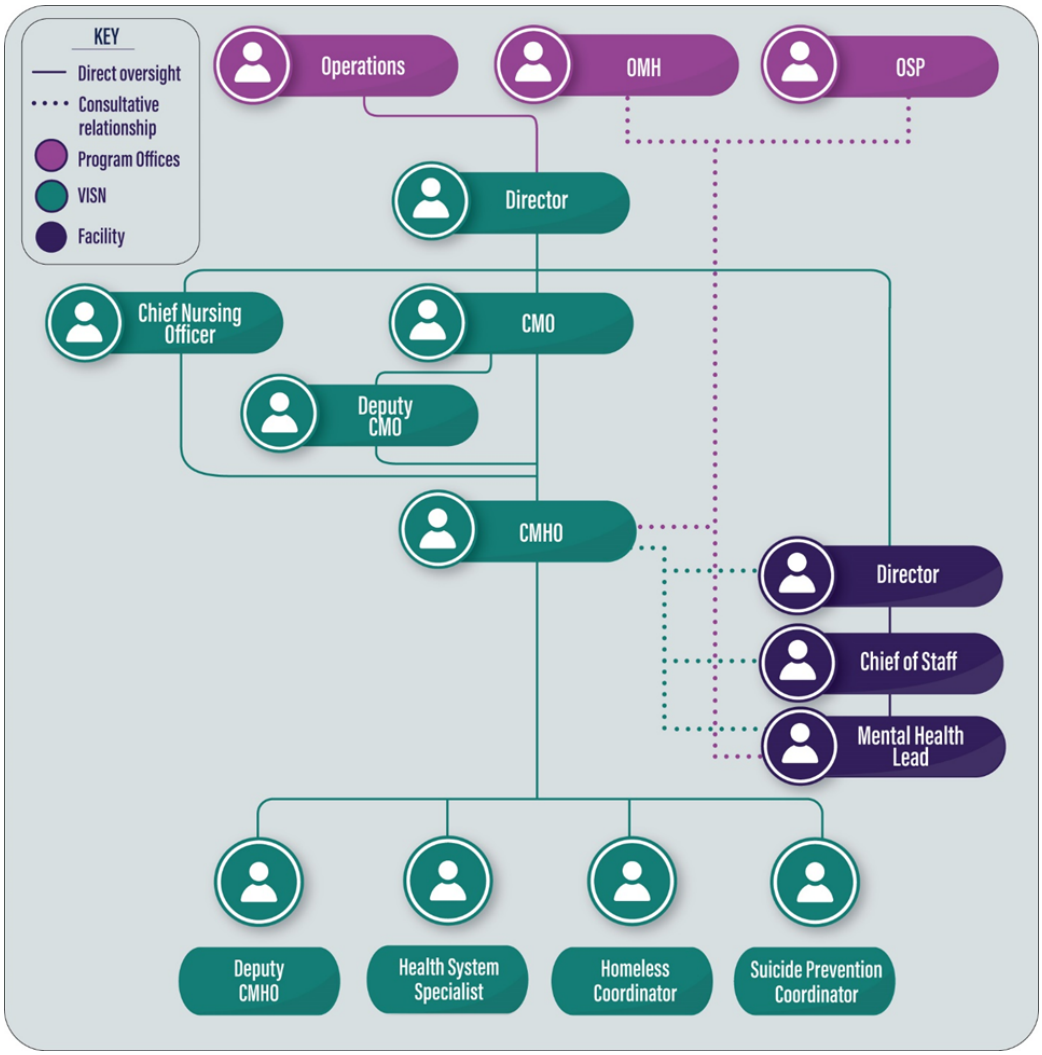

Figure 4. *VISN organizational structure.*
Source: OIG analysis of VHA interview data, organizational charts, and memoranda.
Note: VISN Directors determine to whom the CMHO reports and which staff report to the CMHO.

Since 2008, VHA has required that each VISN "include a mental health professional as a member of its principal decision-making body."[26] In April 2023, VHA required the mental health professional, known as the CMHO, to provide "oversight and support" to all VHA points of service "within the VISN in their implementation, organization, direction, coordination, evaluation, review and improvement of operations of mental health services."[27] The VISN

[26] VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics,* September 11, 2008.
[27] VHA Directive 1160.01.

CMHO is a required VISN mental health position that must be fulfilled with a dedicated full-time employee and cannot be fulfilled as a collateral duty.[28]

Inconsistencies in Organizational Structure, Staffing, and Governance

A functional or role-based organizational structure has centralized leadership with "clearly defined roles, job functions, chains of command and decision-making authority" that promotes clear expectations and accountability.[29]

In August 2021, the VISN Organizational Structure Workgroup (Workgroup), tasked with evaluating VISN staffing levels and making recommendations to "improve the effectiveness" of VHA governance, reviewed the 18 VISN organizational charts. In April 2022, the Workgroup made 15 staffing and organizational structure recommendations "to address oversight concerns, align organizational chart to reflect strategic priorities, and develop consistent processes."[30] The VISN Directors approved the recommendations, which included establishing VISN core staffing requirements and using the standardized chart with position alignment at the discretion of VISN Directors.[31]

As of January 2023, VHA closed the recommendations and documented the development of the required standardized chart that noted the assignment of required and discretionary positions. The OIG found that the standardized chart and accompanying memo identified a total of 75 VISN positions; however, a different number of required and discretionary positions was provided. Specifically, the organizational chart listed 45 required and 30 discretionary positions while the memo stated 48 required and 27 discretionary positions. Failure to provide consistent staffing requirements likely contributes to VISN leadership's inadequate understanding of priority positions and lack of standardization.

The VISN Directors were provided with an "Example" standardized chart, which included a required "Mental Health Clinician" position, known as the CMHO, with three required direct reports identified as: "Homelessness," "Suicide Prevention," and a Health System Specialist. Although VHA allows VISN Director discretion regarding reporting structure, the standardized

[28] VHA Directive 1160.01. OMH maintains a resource page that identifies facility and VISN required and recommended mental health staff positions.

[29] "7 Organizational Structure Types (With Examples)," Forbes Advisor, accessed October 29, 2024, https://www.forbes.com/advisor/business/organizational-structure/#:~:text=%EE%80%80A%20functional%E2%80%94or%20role-based%E2%80%94structure%EE%80%81%20is.

[30] Assistant Under Secretary for Health for Operations, "Veterans Integrated Service Network (VISN) Organizational Structure," memorandum to VISN Directors (10N1-23), April 28, 2022.

[31] Assistant Under Secretary for Health for Operations, "Veterans Integrated Service Network (VISN) Organizational Structure," memorandum.

chart example identified the CMHO as reporting directly to the CMO.[32] The Deputy Director, Homeless Program Office concurred with the Operations requirement for a VISN-level Homeless Coordinator position, which is included in Homeless Program Office policy.[33] Operations identified suicide prevention as a required position. However, VHA policy specifies that the CMHO must serve as or designate a VISN-level suicide prevention program representative.[34] The Executive Director, OSP clarified that it is a VISN and not an OSP decision to establish a VISN-level suicide prevention program position. The Executive Director, OMH suggested that the homeless and suicide prevention roles and administrative support should report to the CMHO to support the workload associated with these "critical programs."

The OIG found that in the 18 VHA-provided VISN organizational charts, VISN leaders did not consistently utilize the standardized chart and used a variety of titles to represent the CMHO role.[35] The OIG was unable to determine the reporting structure related to CMHOs and requested that VHA provide CMHOs' direct supervisors and direct report information. Review of the additional information revealed a lack of standardization and inaccuracies within the VHA-provided organizational charts. VHA-provided information indicated that 16 CMHOs reported directly to the CMO, one reported to the Deputy CMO, and another reported to the CNO. [36]

Based on VHA-provided organizational charts, homeless and suicide prevention program staff reported directly to the CMHO in 13 VISNs.[37] However, the OIG was unable to decipher the reporting structure of homeless and suicide prevention staff based on VHA Workforce Management and Consulting Office staff documentation because the list provided included employees' disciplines rather than roles. While organizational charts indicated that administrative support staff reported to the CMHO in six VISNs, information from the VHA Workforce Management and Consulting Office identified that administrative support staff reported to 11 CMHOs.

The OIG would expect all VISN leaders to use the standardized chart as developed in response to the GAO recommendation and required by VHA leaders. The absence of consistent information regarding organizational governance structure and staffing may result in inequities in resources and oversight of VISN and facility mental health staff and services.

[32] Assistant Under Secretary for Health for Operations, "Veterans Integrated Service Network (VISN) Organizational Structure," memorandum.

[33] VHA Directive 1501, *VHA Homeless Programs*, October 21, 2016.

[34] VHA Directive 1160.07, *Suicide Prevention Program,* May 24, 2021.

[35] One VISN organizational chart did not clearly represent a CMHO role.

[36] The VISN 22 CMHO is supervised by the CNO and the VISN 20 CMHO is supervised by the Deputy CMO.

[37] In VISN 6, the homeless and suicide prevention program staff were not assigned full time as required in the standardized chart.

Sufficient Communication Processes

The OIG determined that OMH leaders have established multiple avenues for communication with CMHOs, including the Mental Health Integrated Clinical Community (MH ICC). The Office of Mental Health and Suicide Prevention (OMHSP) governance functions are "informed by and coordinated with" Operations and include "setting policy; developing and disseminating best practices, clinical tools and resources; providing consultation and technical support; and monitoring information and advising leadership about key performance metrics."[38] The Assistant Under Secretary for Health for Operations provides oversight and manages "quality, compliance and risk for the VISNs and VA medical facilities, particularly through the VISN CMHOs." Additionally, the Assistant Under Secretary for Health for Clinical Services may delegate OMHSP governance functions to the National MH ICC.[39]

The National MH ICC aims to ensure communication across the required MH ICCs at the VISN and facility levels "to include identifying barriers, sharing lessons learned, highlighting emerging best practices, and reducing variations across VHA."[40] The National MH ICC is co-chaired by the Executive Director, OMH and a VISN Director and is comprised of 13 voting and nonvoting members. National MH ICC members include one voting OSP leader, a voting CMHO, and three nonvoting CMHOs, each representing a consortium. The Executive Director, OMH told the OIG that the 14 CMHOs who are not National MH ICC members can elevate agenda items through their CMHO consortium representative or directly to OMH.

As required by VHA policy, all 18 CMHOs confirmed chairing or co-chairing the VISN MH ICC.[41] When interviewed, most CMHOs reported that the goal of VISN MH ICC was to share and discuss policy or information from national program offices.

The Executive Director, OMH told the OIG that OMH leaders implemented additional procedures to encourage communication with CMHOs, including a weekly call in which leaders provide specific topic information and CMHOs have an opportunity to voice concerns. Another OMH leader described a CMHO-only internal site that allows CMHOs to provide input regarding mental health policies.

[38] VHA Directive 1160.01; VHA Directive 1217.01(2). The VHA Healthcare Delivery Council "is a key component" of VHA's governance board that provides oversight of "implementation, development and promotion of clinical innovations, standards, policy and guidance for clinical initiatives" throughout the VISNs.

[39] VHA Directive 1160.01.

[40] "Veterans Health Administration Governance, National Mental Health Integrated Clinical Community Committee Charter," VA, accessed August 6, 2024, https://dvagov.sharepoint.com/sites/VHAGovBoard/VHAGovBoardCharterDocs/HDC-MH.pdf. (This site is not publicly accessible.)

[41] VHA Directive 1160.01.

2. CMHO Responsibilities

The OIG found that 17 of 18 CMHOs reported being dedicated to the CMHO role full time and most had served in the role for more than one year (see figure 5).[42] At the time of the OIG interviews, the 18 CMHOs were composed of 12 psychologists, 4 psychiatrists, and 2 social workers.

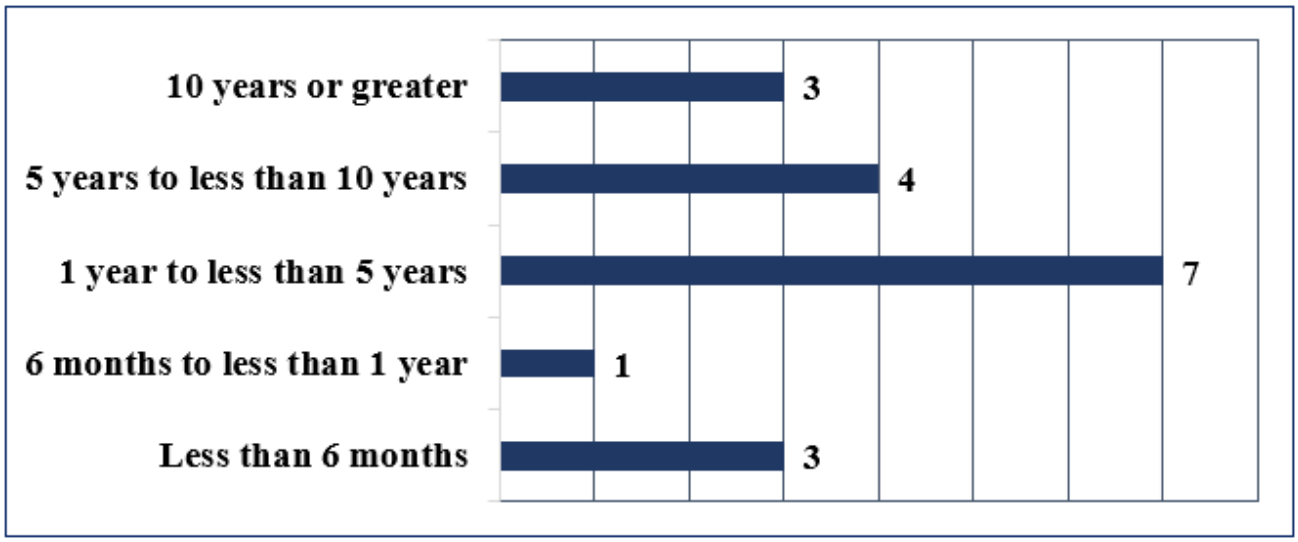

Figure 5. *Time in CMHO role.*
Source: OIG analysis of CMHO survey data.

Inadequate CMHO Functional Statements and Performance Plans

VA considers position descriptions to be essential for human resources functions, including hiring procedures and performance appraisal.[43] A VHA employee's performance plan, which includes critical and non-critical elements, is used for performance review and evaluation.[44] The OIG found that the CMHO functional statements provided by VHA leaders varied in format and content and did not consistently align with performance plan elements.

Most functional statements included

- monitoring performance metrics;
- collaborating with national, VISN, and facility leaders;

[42] The VISN 6 CMHO reported 80 percent of the position time is dedicated to the CMHO role and 20 percent is allocated to the provision of clinical services.

[43] Position descriptions include the major duties, responsibilities, and supervisory relationships of a position. A functional statement is the official description of the primary duties, responsibilities, and supervisory controls assigned by management to a position. For purposes of this report, the OIG considers these written descriptions interchangeable. VA Directive 5003, *Position Classification and Position Management*, August 22, 2022.

[44] VA Directive 5013/4.

- assisting facility leaders in addressing gaps or problems; and
- developing, implementing, and overseeing policies and directives.

The OIG found that over half of performance plans included elements related to the monitoring of performance metrics; collaboration with national, VISN, and facility leaders; and assisting facility leaders in addressing gaps. However, less than half of the performance plans included elements related to policy development, implementation, and oversight.

Fewer than half of the functional statements included

- supporting or ensuring effective use of resources,
- collaborating and overseeing budgetary decisions,
- participating in and overseeing mental health staff hiring,
- conducting site visits, and
- monitoring action plans.

However, most performance plans included elements related to effective use of resources and budget oversight but did not identify expectations regarding recruitment and hiring, site visits, or monitoring action plans to completion.

When asked about standardization of position descriptions, the Executive Director, Healthcare Operations Center told the OIG that VHA's goal is to standardize and allow for "minor changes based on the size of the VISN." The OIG acknowledges the importance of flexibility in the CMHO role based on unique VISN needs; however, the OIG would expect the inclusion of critical responsibilities, such as policy implementation and oversight, conducting site visits, ensuring effective use of resources, and monitoring action plans, to be identified consistently in the CMHO functional statements and performance plans across VISNs in the enterprise. The OIG concluded that the lack of standardized role responsibilities and performance plan alignment may contribute to CMHOs' variance in role definition, duty execution, and identification of opportunities in which VISN-level engagement would be critical to facility mental health performance improvement initiatives.

Deficiencies in Written Policy and Guidance Related to CMHO Oversight Responsibilities

Of the 48 VHA written policy and guidance documents related to mental health services, the OIG found specified CMHO responsibilities in 12 directives and 1 manual (see figure 6 for a summary and appendix B for full listing of summaries). An OSP leader told the OIG that the CMHOs' responsibilities are "ambiguous," and that CMHOs primarily provide "input and perspectives and feedback, and give you an ear to the ground, but in terms of actual policy implementation and oversight, not a lot of traction there." Both OMH and OSP leaders suggested

that standardization of the CMHO position description would be helpful in increasing the effectiveness of the role.

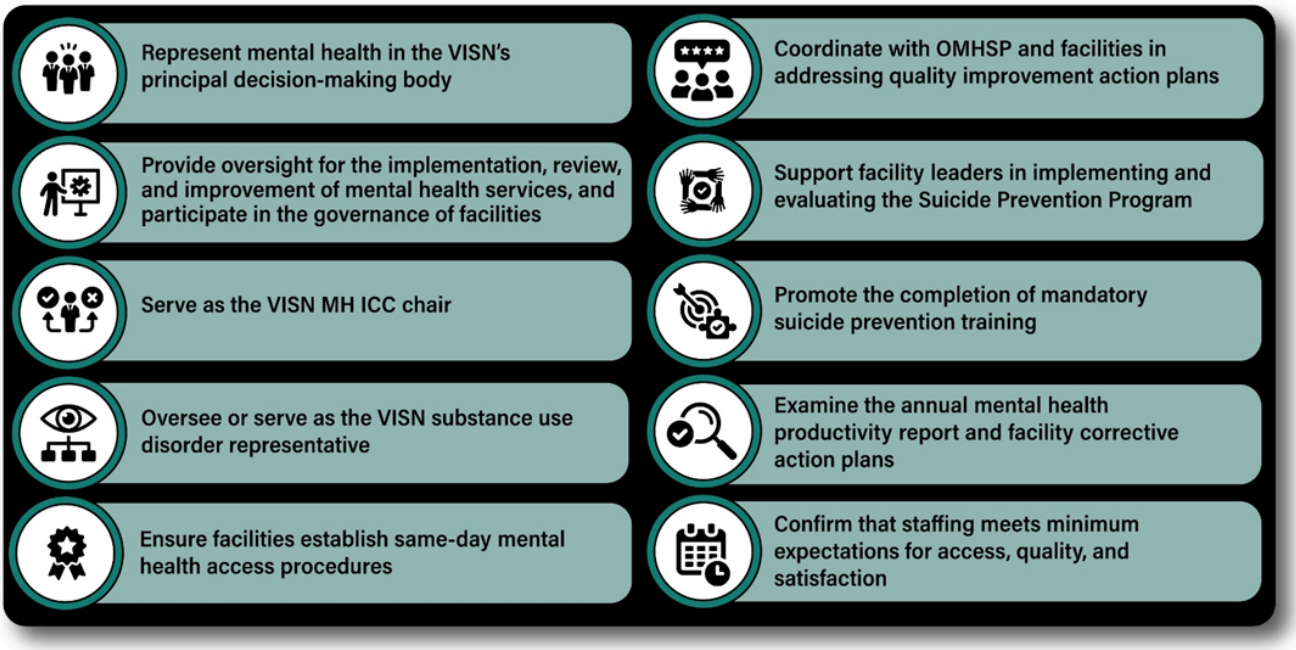

Figure 6. *Select CMHO responsibilities identified in VHA written policy or guidance.*
Source: OIG analysis of VHA written policy or guidance.

In interviews with the OIG, the 18 CMHOs confirmed that there was not a single source of policy or guidance that defined CMHO responsibilities. In addition to the available written policy and guidance, CMHOs explained that supervisors, other CMHOs, the CMHO functional statement, and meetings and calls with OMH and OSP also provide direction about the role. Although OMH and Operations leaders acknowledged that CMHOs did not receive standardized training, most CMHOs reported receiving training related to specific responsibilities and perceived the training as adequate to fulfill these responsibilities.

The OIG surveyed the 18 CMHOs and CMHO direct supervisors about 15 select responsibilities, identified in VHA written policy or guidance (see appendix C). The 18 CMHOs identified the same 7 of the 15 specified responsibilities as CMHO role responsibilities. All 18 CMHO direct supervisors identified 4 of those same 7 responsibilities as CMHO role responsibilities (see figure 7).

Responsibility	CMHO	Supervisor
Collaborating with facility leaders to develop action plans related to facility performance metric deficiencies.	✓	✓
Providing subject matter expertise to facility leaders and staff.	✓	✓
Serving as liaison between national program offices and facility leaders and staff.	✓	✓
Conducting facility site visits to monitor mental health performance and policy compliance.	✓	✓
Providing oversight of facility-level implementation of VHA directives and policies.	✓	
Monitoring VHA mental health performance indicators and metrics.	✓	
Monitoring progress of action plans related to facility performance metric deficiencies.	✓	

Figure 7. *CMHO responsibilities identified by the CMHO and CMHO supervisors.*
Source: OIG analysis of survey data.

In the initial survey, all CMHOs reported providing oversight of outpatient mental health services, mental health residential rehabilitation treatment programs, and primary care mental health integration services. Most CMHOs reported providing oversight of additional mental health programs, such as services related to post-traumatic stress disorder, substance use disorder, inpatient mental health, and suicide prevention. However, in interviews and supplemental surveys, 11 of 18 CMHOs described lack of authority as a major barrier to effectively overseeing and implementing actions for facility-level mental health services in the VISN (see figures 8 and 9).

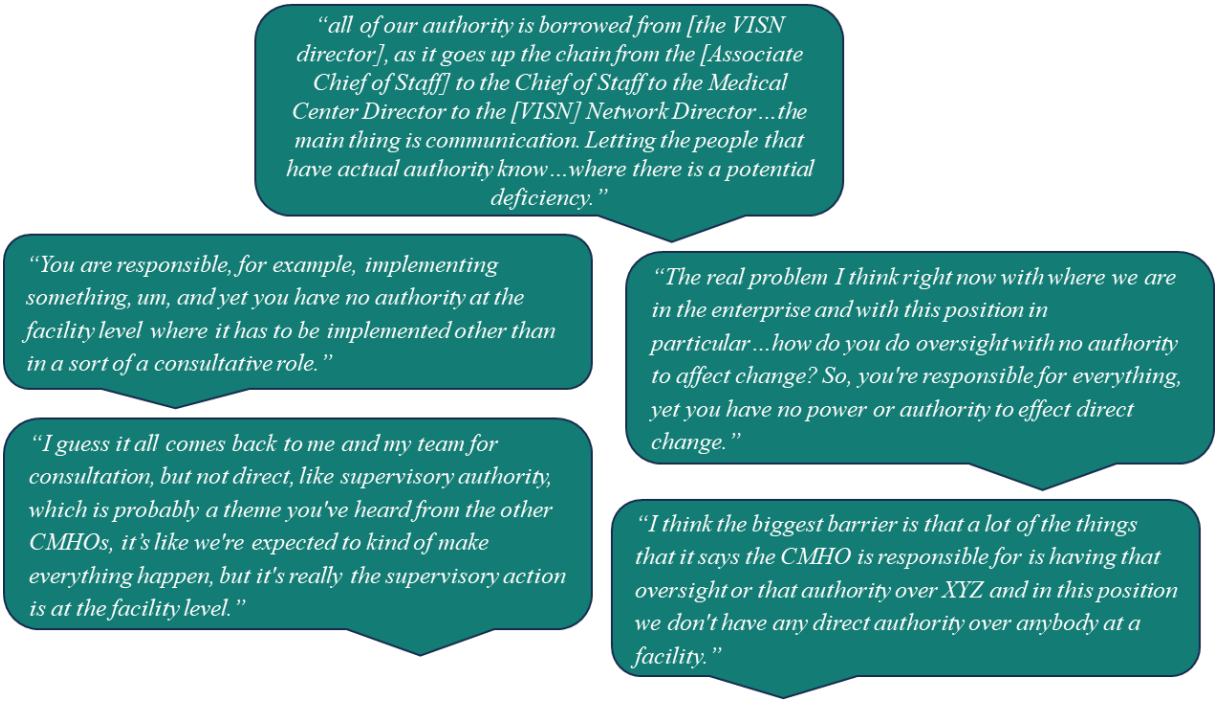

Figure 8: *CMHO interview statements regarding authority.*
Source: CMHO interviews.

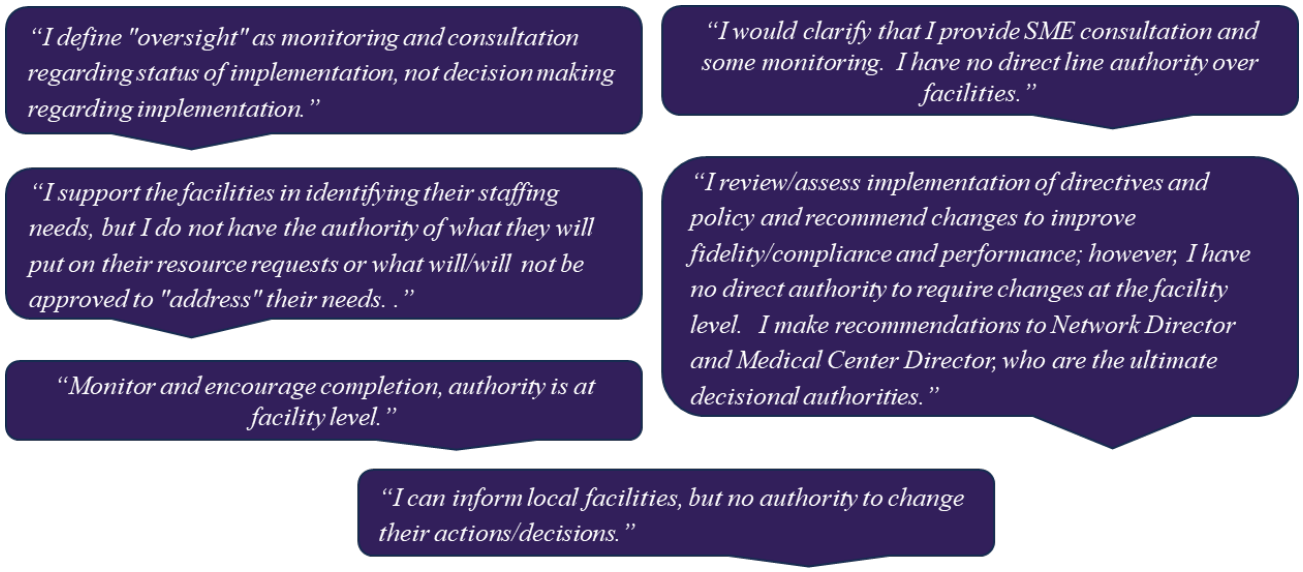

Figure 9: *CMHO survey statements regarding authority.*
Source: CMHO surveys.

All 18 CMHOs reported monitoring facility action plans related to compliance and performance deficiencies. However, 15 CMHOs reported challenges in monitoring and addressing the action plans, with the most frequently reported barrier a lack of authority to enforce plans.[45]

Of the facility mental health leads surveyed, 106 of 108 (98 percent) recognized CMHOs as the primary VISN point of contact for mental health program oversight, and 97 (90 percent) reported that the CMHO provided mental health policy development and implementation guidance. Over half of facility mental health leads reported that CMHOs provide oversight of compliance with mental health directives, performance metrics, quality improvement and corrective action plans, and inpatient and residential bed census.

The Executive Director, OSP noted that CMHOs have "seemingly little leverage at the local level," are limited in effecting policy or operational implementation, and serve as "an advisory council that can give input and perspectives and feedback . . . but in terms of actual policy implementation and oversight, not a lot of traction there." The OSP leader also described the CMHOs' role as a "link" between the national program offices, the VISN, and the facilities as "ambiguous."

The Deputy Executive Director, OMH acknowledged that CMHOs are also limited in holding leaders accountable "beyond simply reporting . . . that it is out of compliance." The Deputy Executive Director, OMH stated that when a facility is not compliant with a mental health policy, it would be shared with facility and VISN leaders, including the CMHOs. In addition, when the noncompliance is critical or impacting patient care, OMH leaders would have a "direct conversation with the CMHOs, that is in oversight over that particular facility" and communicate with facility leaders.

About half of CMHO direct supervisors indicated that improving coordination between VHA program offices, VISNs, and facilities, and clearer VHA guidance on CMHO authority to fulfill responsibilities, would enhance the effectiveness of the role to ensure facility-level compliance with mental health initiatives and staffing.

The OIG found that, in general, CMHOs expressed adequate training in conducting oversight of mental health programs but confirmed a lack of authority to ensure adherence to VHA policies. The OIG concluded that without standardized role definition and oversight authority, CMHOs are limited in their ability to effectively address facility mental health and suicide prevention program performance deficiencies.

[45] Two CMHOs denied challenges in monitoring action plans and one CMHO did not report specific challenges.

Conclusion

In January 2023, VHA reported the development of a required standardized chart to outline each VISN's organizational structure. The OIG found that the standardized chart identified 45 required and 30 discretionary positions while the accompanying memo identified 48 required and 27 discretionary positions. Failure to provide consistent staffing requirements likely contributes to VISN leaders' inadequate understanding of priority positions and lack of standardization.

Additionally, as of December 2023, VISN leaders did not consistently utilize the standardized chart and used a variety of titles to represent the CMHO role. Review of VHA-provided data revealed a lack of standardization and inaccuracies within the VISN-provided organizational charts. The absence of consistent information regarding organizational governance structure and staffing may result in inequities in resources and oversight of VISN and facility mental health staff and services.

The OIG determined that OMH leaders established multiple avenues to facilitate communication with CMHOs, including the MH ICC. All 18 CMHOs confirmed chairing or co-chairing the VISN MH ICC, as required.

The CMHO functional statements provided by VHA leaders varied in format and content and did not consistently align with performance plan elements. The Executive Director, Healthcare Operations Center told the OIG that VHA's goal is to standardize and allow for "minor changes based on the size" of the VISN. While flexibility based on unique VISN needs is important, the OIG would expect the inclusion of critical responsibilities to be identified consistently in both CMHO functional statements and performance plans.

Although CMHOs expressed understanding of their oversight responsibilities, they confirmed a lack of authority to ensure adherence to VHA policies. All CMHOs reported providing oversight of specific mental health programs and services; however, half of the CMHOs described lack of authority as a major barrier to effectively overseeing and implementing actions for facility-level mental health services. Both OMH and OSP leaders suggested that standardization of the CMHO position description would be helpful in increasing the effectiveness of the role.

The OIG made five recommendations to the Under Secretary for Health.[46]

[46] The recommendations addressed to the Under Secretary for Health are directed to anyone in an acting status or performing the delegable duties of the position.

Recommendations 1–5

1. The Under Secretary for Health clarifies Veterans Integrated Service Network staffing requirements, including mandatory and discretionary positions.

2. The Under Secretary for Health ensures the use of the standardized Veterans Integrated Service Network core organizational chart to promote clarity of the Chief Mental Health Officer position and reporting structure.

3. The Under Secretary for Health considers standardization of the Veterans Integrated Service Network Chief Mental Health Officer functional statement to reflect role responsibilities.

4. The Under Secretary for Health ensures the alignment of the Veterans Integrated Service Network Chief Mental Health Officer performance plan with the functional statement.

5. The Under Secretary for Health defines the Veterans Integrated Service Network Chief Mental Health Officer role authority to enhance governance efficiency and effectiveness of mental health services.

Appendix A: OIG Reports from October 2019 through September 2024 with VISN-Level Recommendations

OIG Reports	Publication Date
Comprehensive Healthcare Inspection Summary Report Fiscal Year 2018	October 10, 2019
Manipulation of Radiology Reports and Leadership Failures in the Medical Imaging Service at the Clement J Zablocki VA Medical Center, Milwaukee, Wisconsin	April 29, 2020
Financial Management Practices Can Be Improved to Promote the Efficient Use of Financial Resources	September 2, 2020
Comprehensive Healthcare Inspection Summary Report: Evaluation of Mental Health in Veterans Health Administration Facilities, Fiscal Year 2020	February 17, 2022
Suicide Prevention Coordinators Need Improved Training, Guidance, and Oversight	June 6, 2022
Comprehensive Healthcare Inspection Summary Report: Evaluation of Mental Health in Veterans Health Administration Facilities, Fiscal Year 2021	October 20, 2022
Deficiencies in Lethal Means Safety Training, Firearms Access Assessment, and Safety Planning for Patients with Suicidal Behaviors by Firearm	November 17, 2022
Inadequate Supervision of a Mental Health Provider and Improper Records Management for a Female Patient at the VA Greater Los Angeles Health Care System in California	January 24, 2023
Noncompliance with Community Care Referrals for Substance Abuse Residential Treatment at the VA North Texas Health Care System	January 31, 2023
Leaders at the VA Eastern Colorado Health Care System in Aurora Created an Environment That Undermined the Culture of Safety	June 24, 2024
Noncompliance with Suicide Prevention Policies at the Overton Brooks VA Medical Center in Shreveport, Louisiana	July 10, 2024
Insufficient Mental Health Treatment and Access to Care for a Patient and Review of Administrative Actions in Veterans Integrated Service Network 10	July 31, 2024
A Hiring Initiative to Expand Substance Use Disorder Treatment Needed Stronger Coordination, Planning, and Oversight	September 4, 2024
Improved Oversight Is Needed to Correct VISN-Identified Deficiencies in Medical Facilities' Supply Chain Management	September 12, 2024
Mental Health Inspection of the VA Augusta Health Care System in Georgia	September 26, 2024

Source: OIG analysis of prior OIG publications.

Appendix B: Summary of CMHO Responsibilities in VHA Written Policy and Guidance

VHA Policy	CMHO Responsibility
Directive 1050.01[47]	• May serve as VISN Quality and Patient Safety Committee member
Directive 1160[48]	• Collaborate with OMHSP and the Serious Mental Illness Treatment Resource and Evaluation Center in addressing issues identified in the monthly report related to implementation of the program for re-engaging patients with serious mental illness in VA care • Communicate issues related to the implementation of program for veterans with serious mental illness to the VISN Director
Directive 1160.01[49]	• Support implementation of the directive at VA facilities in their respective VISN • Provide oversight and assistance in the implementation, review, and improvement of mental health services • Conduct site visits • Ensure facilities have mental health same-day access service standard operating procedures • Work with other VISN staff in ensuring VA facilities provide quality mental health services • Assist facility mental health leadership in ensuring that oversight of clinical practice is completed by the same discipline when possible • Serve as the VISN MH ICC chair • Ensure that VA services are coordinated with local and state community mental health resources (recommended task for CMHOs)
Directive 1160.04[50]	• Oversee or serve as the VISN substance use disorder representative • Assist in the oversight of facility substance use disorder clinical programs
Directive 1160.05[51]	• Ensure that VA facilities have local procedures for selection of appropriate participants for training in evidence-based psychotherapies and psychosocial interventions

[47] VHA Directive 1050.01, *VHA Quality and Patient Safety Programs*, March 24, 2023.

[48] VHA Directive 1160, *Re-Engaging Veterans with Targeted Serious Mental Illnesses in Treatment*, February 7, 2018.

[49] VHA Directive 1160.01.

[50] VHA Directive 1160.04, *VHA Programs for Veterans with Substance Use Disorders*, December 8, 2022.

[51] VHA Directive 1160.05, *Evidence-Based Psychotherapies and Psychosocial Interventions for Mental and Behavioral Health Conditions*, June 2, 2021.

VHA Policy	CMHO Responsibility
	• Create processes to achieve routine use of evidence-based psychotherapies and psychosocial interventions to support maximum patient reach
Directive 1160.07[52]	For the Suicide Prevention Program, the CMHO will • serve as or designate a point of contact to be the VISN representative. • support facility leaders in implementation and evaluation. • respond to questions or concerns from facilities. • promote mandatory training of health care providers. • communicate field information, including performance and staffing, to the Executive Director, OMHSP.
Directive 1160.08(1)[53]	• Participate in reviews of Orders of Behavioral Restriction as requested by the VISN Director[54]
Directive 1160.09[55]	If delegated by the VISN Director, will: • ensure "that VISN staff and regional and state level community stakeholders have awareness of current grantees in the VISN and future grant opportunities." • oversee and guide VA facility leaders on implementation of clinical coordination procedures between VA and grantees
Directive 1161[56]	• Examine the annual mental health productivity report and facility corrective action plans • Submit a corrective action plan to the VISN Director for VA facilities not meeting productivity objectives, as requested • Confirm that staffing meets minimum expectations for access, quality, and satisfaction
Directive 1162.02[57]	• Ensure all VISN mental health residential rehabilitation treatment programs (residential programs) are engaged in program evaluation and data collection • Act as a liaison between OMHSP, VISN, and facility leadership • Review VHA policy and processes information and follow-up actions for implementation

[52] VHA Directive 1160.07.

[53] VHA Directive 1160.08(1), *VHA Workplace Violence Prevention Program*, August 23, 2021, amended February 22, 2022.

[54] VHA Directive 1160.08(1). An order of behavioral restriction is part of a behavioral threat management plan that includes a restriction on the "time, place, and/or manner of the provision of a patient's medical care" intended to "enable the provision of safe health care to a patient who otherwise poses a threat to the health care milieu."

[55] VHA Directive 1160.09, *Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program*, August 19, 2022.

[56] VHA Directive 1161, *Productivity and Staffing in Clinical Encounters for Mental Health Providers*, April 28, 2020.

[57] VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*, July 15, 2019.

VHA Policy	CMHO Responsibility
	• Annually revise the VISN residential program Strategic Access Plan to ensure timely access to residential services and that services meet patients' needs • Ensure that the residential program collaborates with the VISN homeless coordinator to incorporate homeless services • Report residential program significant adverse events or changes, including staffing or number of beds, to the residential program National Director
Directive 1163[58]	• Support Psychosocial Rehabilitation and Recovery Services data collection, if requested • Ensure that facility mental health leaders receive guidance on Psychosocial Rehabilitation and Recovery Services • Communicate with OMHSP and Psychosocial Rehabilitation and Recovery Services leaders regarding the effects of anticipated changes in policy on field-based programs • Consult with OMHSP before program changes that could impact patient access to Psychosocial Rehabilitation and Recovery Services • Develop processes to identify VISN-level points of contact for the local recovery coordinators, peer specialists, peer specialist supervisors, and Compensated Work Therapy program managers • Ensure designation of a VISN Supported Employment mentor-trainer • Verify that the peer support program points of contact possess a minimum of two years of experience as a VHA peer specialist or peer specialist supervisor and with fully satisfactory performance on the last two performance reviews, as well as leadership skills and intermediate to expert communication and group facilitation skills
Directive 1163.07[59]	• Ensure that facility mental health leaders receive the Services for Veterans Experiencing Early Psychosis directive • Support the Serious Mental Illness Treatment Resource and Evaluation Center in clinical data collection, if requested
VA Functional Organization Manual[60]	• Coordinate with OMHSP and facilities in addressing quality improvement action plans

Source: OIG analysis of VA and VHA written policy and guidance related to mental health.

[58] VHA Directive 1163, *Psychosocial Rehabilitation and Recovery Services*, August 13, 2019.

[59] VHA Directive 1163.07, *Services for Veterans Experiencing Early Psychosis*, October 7, 2020.

[60] VA Functional Organization Manual, Version 7.0, "Volume 1: Administrations," September 2021.

Appendix C: 15 Select Responsibilities Included in CMHO and CMHO Supervisor Surveys

Figure C.1. *Select responsibilities included in CMHO and CMHO supervisor surveys.*
Source: OIG review of VA and VHA written policy and guidance.

Appendix D: Office of the Under Secretary for Health Memorandum

Department of Veterans Affairs Memorandum

Date: March 19, 2025

From: Acting Under Secretary for Health (10)

Subj: Healthcare Inspection—Inadequate Governance Structure and Identification of Chief Mental Health Officers' Responsibilities

To: Director, Office of Healthcare Inspections (54)

1. Thank you for the opportunity to review and comment on OIG's draft report on Inadequate Governance Structure and Identification of Chief Mental Health Officers' Responsibilities. The Veterans Health Administration (VHA) concurs with the recommendations made to the Under Secretary for Health and provides an action plan in the attachment.

2. Comments regarding the contents of this memorandum may be directed to the GAO OIG Accountability Liaison Office at vacovha10oicoig@va.gov.

(Original signed by:)

Steven Lieberman, M.D., MBA, FACHE

[OIG comment: The OIG received the above memorandum from VHA on March 20, 2025.]

Office of the Under Secretary for Health Response

VETERANS HEALTH ADMINISTRATION (VHA)
Action Plan

Inadequate Governance Structure and Identification of Chief Mental Health Officers' Responsibilities
(OIG Project Number 2023-02350-HI-1372)

Recommendation 1: The Under Secretary for Health clarifies Veterans Integrated Service Network staffing requirements, including mandatory and discretionary positions.

VHA Comments: Concur in Principle. The Veterans Integrated Service Network (VISN) Organizational Structure Workgroup (VOSWG), co-chaired by two Network Directors, will clarify VISN staffing requirements by developing a VISN core staffing requirements (VCSR) document for VHA Chief Operating Officer (COO) approval and publication by September 2025. VHA Workforce Management and Consulting (WMC), in partnership with COO, will monitor compliance through an annual review process. VHA concurs with recommendation one in principle as the VISN staffing requirements will focus on core positions and not discretionary.

Target Completion Date: September 2025

Recommendation 2: The Under Secretary for Health ensures the use of the standardized Veterans Integrated Service Network core organizational chart to promote clarity of the Chief Mental Health Officer position and reporting structure.

VHA Comments: Concur. VHA Office of Mental Health (OMH) will publish guidance by September 2025 to promote clarity of the Chief Mental Health Officer (CMHO) position title and reporting structure in collaboration with key stakeholders. VHA Workforce Management and Consulting, in partnership with COO, will monitor compliance through an annual review process.

Target Completion Date: September 2025

Recommendation 3: The Under Secretary for Health considers standardization of the Veterans Integrated Service Network Chief Mental Health Officer functional statement to reflect role responsibilities.

VHA Comments: Concur. Office of Mental Health will draft a national standardized functional statement for all appropriate mental health disciplines in the VISN CMHO role. Once a set of national standardized functional statements are created by OMH, Human Capital Management will perform a technical review.

Target Completion Date: June 2025

Recommendation 4: The Under Secretary for Health ensures the alignment of the Veterans Integrated Service Network Chief Mental Health Officer performance plan with the functional statement.

VHA Comments: Concur. Office of Mental Health will recommend standard performance elements aligned with functional statement. COO will request Networks to align Chief Mental Health Officer performance with updated functional statements.

Target Completion Date: June 2025

Recommendation 5: The Under Secretary for Health defines the Veterans Integrated Service Network Chief Mental Health Officer role authority to enhance governance efficiency and effectiveness of mental health services.

VHA Comments: Concur. Defined in Directive 1217, the Chief Mental Health Officer operates under the authority of the Network Director, Level of Authority-3 and Level of Authority 4. The Span of Control includes the VISN Region, and the functions include Governance and Management. COO will request Network Directors to align Chief MH Officers to the VISN Chief Medical Officer based on the updated functional statement.

Target Completion Date: June 2025

OIG Contact and Staff Acknowledgments

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