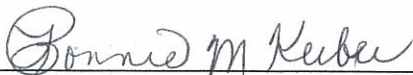


MEMORANDUM OF UNDERSTANDING

The following constitutes an Agreement between the Department of Veterans Affairs, Veterans Health Administration (VHA) and the American Federation of Government Employees, AFL-CIO, National Veterans Affairs Council #53 (NVAC) concerning VHA Mental Health Initiatives.

1. The parties agree to henceforth to refer to Mental Health Initiatives as the "Mental Health Access."
2. A copy of the June 1, 2007 guidance memorandum from the VA Deputy Under Secretary for Health for Operations and Management, which lists some options that the Department may use to enhance mental health care access to meet the needs of veterans and their families, is attached to this MOU for informational purposes.
3. The parties understand that the general goals of the Mental Health Access Memorandum are to enhance mental health care access and capacity within VHA for veterans. The parties understand that the Department may meet these goals by, but not limited to, utilizing existing personnel, hiring additional personnel, and/or by using fee-basis service, as necessary.
4. No bargaining unit employees in mental health service will be downgraded or lose their jobs as a result of the use of fee-basis mental health services in connection with the Mental Health Access Memorandum.
5. Appropriate local bargaining shall take place at individual facilities and may include substantive bargaining that does not conflict with this negotiated MOU.
6. This MOU shall be in accordance with the collective bargaining agreement, laws and regulations in affect at the signing of this MOU.
7. Bargaining unit employees in mental health services may volunteer to provide coverage of mental health access services at their duty station.
8. The appropriate management official shall provide a copy of this MOU to the Local Union President upon their receipt.


For VHA in the Department

2-7-08
Date


For National VA Council #53

02-07-08
Date

**Department of
Veterans Affairs**

Memorandum

Date: JUN 01 2007

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Mental Health Initiatives

To: Network Director (10N1-23)

1. The purpose of this memo is to communicate some recent Mental Health initiatives which will enhance the capacity of mental health services, and facilitate access to high quality services. These initiatives serve to reinforce the priorities established by the VHA Comprehensive Mental Health Strategic Plan. Recently, these priorities were re-emphasized by Secretary Nicholson in a 12 Point Plan.
2. The Secretary's 12-point plan contains initiatives that pertain to VBA, Readjustment Counseling Centers and VHA. Attached are the initiatives that pertain to VHA. Please note that it is expected that you comply with this new guidance by the deliverable dates included in the attachment.
3. To assist facilities in implementing these requirements within the designated time frames, a series of phone calls is being scheduled. Staff of the Office of Mental Health Services will be available to provide information, discuss local challenges, and provide specific consultation. The initial calls are scheduled for June 8, 3pm; June 18, 3pm; and June 19, 2pm (all EDT) on the VANTS line at 1-800-767-1750, code #21675. Additional calls will be scheduled as needed.
4. Should you require further information, please contact Odette Levesque at Odette.levesque@va.gov or Dr. Ira Katz at ira.katz@va.gov.



William F. Feeley, MSW, FACHE

Attachment:

Mental Health Initiatives

1. To accomplish these initiatives, VHA will implement the following:

a. Veterans requesting or referred for mental health and/or substance abuse treatment will receive an initial evaluation within 24 hours.

Goals of the initial evaluation:

- 1) Determine the urgency of need for care.
- 2) Identify the appropriate setting for subsequent evaluations and treatment.
- 3) Arrange for treatment, as appropriate.
- 4) Provide veterans with the name and contact information for a mental health professional that they can contact, even before they begin treatment if they have questions or concerns, as well as instructions about accessing emergency services, as needed.
- 5) Respond to the patient's questions or concerns and facilitate engagement in care.

Process:

- 1) This requirement will apply to Community Based Outpatient Clinics as well as to Medical Centers.
- 2) This evaluation will be conducted by a mental health professional or, when appropriate, a primary care provider.
- 3) The evaluation should be conducted on a face-to-face basis, by telemental health, or by telephone.
- 4) Follow-up will occur within a maximum of 14 days to allow a full diagnostic and treatment-planning evaluation, and the initiation of appropriate care.
- 5) When necessary, VISNs, medical centers, and clinics may utilize fee-basis or contracting to implement this requirement.
- 6) Implementation of this requirement should be conducted in such a manner that it does not compromise the continuity of care for established patients.

Timeframe:

- a. These procedures must be implemented by August 1, 2007.
- b. If patient's presentation when requesting or being referred for mental health treatment indicates the possibility of an emergent mental health problem, an assessment of emergent needs should be conducted immediately and appropriate intervention initiated.**
- c. Follow-up must be completed on all patients in mental health and substance abuse treatment who miss appointments, including newly-presenting patients.**

Goals of this follow-up are to:

- 1) Conduct evaluations to identify veterans whose mental health condition presents a danger to themselves or others.
- 2) Address problems or dissatisfactions in the care provided with VA.
- 3) Answer questions or concerns about the veteran's mental health condition or the treatment provided and reinforce the importance of continued care and the effectiveness of treatment.

Process

- 1) Patients who miss scheduled mental health or substance abuse appointments will be contacted in most cases by any staff member. However, if the patient has a CPRS alert, as identified in (2) below, a qualified mental health provider will make the contact.
- 2) VHA will establish CPRS alerts to identify patients who should be considered at risk (e.g., those at risk for suicide or violence) if they miss scheduled mental health appointments.
- 3) Follow-up is not necessary when veterans cancel appointments for specific causes.
- 4) Follow-up will be by telephone in most cases. At least three attempts should be made to reach the patient and documented in the patient's medical record. If contact is unsuccessful with patients with a CPRS alert, local law enforcement should be contacted.

Timeframe:

- 1) These procedures should be implemented by August 1, 2007.

d. On a temporary basis, VISNs, medical centers, and clinics may utilize Mental Health Initiative funding to support fee-basis of necessary mental health services that they are unable to provide.

Goals:

- 1) Fee-basis for mental health care should be considered an interim measure to address barriers that may exist to timely hiring of mental health professionals.
- 2) It is anticipated that when recruitment and hiring for authorized staff is completed, the need for fee-basis care will be eliminated or substantially reduced.

Timeframe:

- 1) This authorization is effective immediately.

e. Medical Centers will enhance access and capacity for mental health services by operating clinics beyond normal business hours.

Goals:

- 1) To increase access and capacity for mental health appointments.

Process:

- 1) Initial health/substance abuse clinics will operate at least one evening per week. Extended hours should be considered on other days as well, including weekends. Hours made available should be planned based on the needs of veterans and their families.
- 2) Staffing during extended hours will include both professional and clerical or support staff.

Timeframe:

- 1) This requirement will be implemented by August 1, 2007, consistent with applicable Human Resources requirements.

f. Emergency Departments must have mental health coverage on a 24/7 basis. Urgent care centers must have mental health coverage during their hours of operation.

Goals:

- 1) Ensure mental health coverage in emergency department and urgent care settings.

Process:

- 1) Medical centers with a complexity level of 1A must provide on-site coverage during the hours from 7 AM to 11 PM, at a minimum.
- 2) All other complexity levels, and complexity level 1A medical centers during the hours of 11PM to 7AM, may provide coverage on site or on call.
- 3) Facilities that use on-call coverage must establish and enforce a standard for the time allowed for staff to arrive at the facility to conduct on-site evaluations and treatment, when needed.
- 4) Facilities may consider telemental health arrangements for coverage.

Timeframe:

- 1) These procedures should be implemented by August 1, 2007.