AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES
NATIONAL VETERANS AFFAIRS COUNCIL #53
Affiliated with the AFL - CIO
Mid-Term Bargaining Committee

Oscar L. Williams Jr., Chair	Bill Wetmore, Member	Willie Haywood, Member	Jeff Sladek, Member	Stephanie Starks, Member
2nd Exec. V-President	3rd Exec. V-President	6th Dist. Rep., NVAC	13th Dist. Rep., NVAC	National Rep., NVAC
29 Lake Street	2319 Alava Court	17705 Garden Blvd.	VAMC 3601 S. 6th Ave.	VAMC Philadelphia
Danville, IL 61832-6101	Waldorf, MD 20603	Cleveland, OH 44128	Tucson, AZ 85723	Philadelphia, PA 19104

September 4, 2013

Larry L. Bennett, Acting Deputy Assistant Secretary
Office of Labor Management Relations (LMR)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Subject: VHA Behavioral Health Interdisciplinary Program (BHIP) Team-Based Care

Dear Mr. Bennett:

In accordance with Article 47, Section 1 C., of the Master Agreement the National VA Council #53 is formally demand to bargain on VHA BHIP Team-Based Care implementation within the Department. Please provide the NVAC's Title 38 Mid-Term Bargaining Committee with all information and/or data related to this subject. The negotiations of this matter should normally begin no later than twenty (20) workdays after the Management Chief Negotiator in this matter receives our demand to bargain.

Please cease and desist any implementation until the bargaining obligation has been met. The Mid-Term Bargaining Committee may request a briefing over the cited subject above, before sending any proposals. If you have any questions please call me at (217) 554-4866.

Sincerely,

Oscar L. Williams, Jr.
Chairperson, Mid-Term Bargaining Committee
2nd Executive Vice President
National VA Council #53

cc: Alma L. Lee, President National VA Council #53
NVAC Executive Committee

AFGE: Good Government We Are Ready

Department of Veterans Affairs

Memorandum

Date: AUG 5 2013

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

Subj: General Mental Health Staffing Model Team Development: Behavioral Health Interdisciplinary Program (BHIP) Team-Based Care

To: Network Directors (10N1- 23)

1. As part of the Mental Health Action Plan submitted to the Senate Veterans Affairs' Committee in November 2011, the Veterans Health Administration (VHA) committed to developing an outpatient mental health staffing model to ensure consistency in general outpatient mental health staffing. This need was further validated by a system-wide review of mental health services throughout VHA. The model that was developed includes a specific staffing ratio per panel of Veterans in general outpatient mental health services and also incorporates team-based concepts, as promised. The purpose of this memorandum is to notify Veterans Integrated Service Networks (VISNs) of the requirement for every Department of Veterans Affairs (VA) healthcare system/medical center to implement at least one general mental health outpatient team, as defined by the mental health staffing model, within 2 months of the distribution date of this memo. These teams, also known as Behavioral Health Interdisciplinary Program (BHIP) teams, should contain the recommended number of team members, and each team will provide interdisciplinary care for an assigned panel of Veterans.

2. The model's clinical staffing ratio is as follows:

Total MH Clinician: Licensed Independent Providers (LIP)/Autonomous Providers	5.1-5.5
Admin. Clerical Support	0.5-1
Non-LIPs	1
Total FTEE	6.6 -7.5

The "Total Mental Health (MH) Clinician" Full Time Equivalent Employee (FTEE) category refers primarily to licensed independent providers (LIPs); e.g., those professionals recognized by the facility as LIPs in accordance with their bylaws (and state practice act), which always include physicians and osteopaths but may also include psychologists, licensed clinical social workers, and Advance Practice Nurses (APNs). Other professionals who practice autonomously such as physician assistants, clinical nurse specialists, licensed marriage and family therapists, licensed professional mental health counselors and certain PharmDs with residency and board certification in psychiatric pharmacy may be included in the LIP/Autonomous Provider category. The category of "Non-LIPs" refers to providers such as Registered Nurses (RNs), addiction

therapists, and peer specialist staff. The "Admin. Clerical Support" category is the administrative and/or clerical FTEE needed to support the MH providers on the team. In sum, each team of approximately 6.6-7.5 FTEE will be responsible for the MH care of 1,000 Veterans.

3. This preliminary model is being piloted in VISNs 1, 4, 17, and 22. BHIP teams with the above clinical staffing ratios have been launched. Teams leverage the expertise of individual members to provide recovery-oriented, evidence-based treatments for mental health issues presented by Veterans. Adjustments will be made to the model and team formation on an ongoing basis as new data are obtained.

4. The attachment provides a summary of the goals and potential benefits for Veterans and staff of the general mental health/BHIP team formation. Additional guidance regarding the details of the model and model implementation will be forthcoming on national conference calls. The Office of Mental Health Operations (OMHO) will set up technical assistance calls after the memo is distributed and will send call-in information, including dates, times, and Veterans Affairs National Telecommunications System (VANTS) line access codes for these calls to the VISN MH Liaisons. The purpose of these calls is to inform VISN and facility MH leadership and program managers about the model and team formation, and the same introductory material will be covered on each call. Participating in only one of these calls is necessary.

5. Organizing mental health providers into general mental health teams may represent a departure from traditional organization for some facilities, yet it provides an opportunity to advance the implementation of the comprehensive plan for VHA mental health care as outlined in the Handbook on Uniform Mental Health Services in VA Medical Centers and Clinics. OMHO and VISN Mental Health Liaisons will support facility mental health staff throughout this process.

6. Thank you for your continued efforts to improve access and quality of mental health services for our Nation's Veterans. Questions regarding this memorandum may be directed to Dr. Mary Schohn, Director, OMHO, via email at Mary.Schohn@va.gov, or Dr. Kendra Weaver, Senior Consultant for Mental Health Clinical Operations, OMHO, via email at Kendra.Weaver@va.gov.

William Schoenhard

William Schoenhard, FACHE

Attachment

Attachment A

Goals and Potential Benefits of General Mental Health Staffing Model and Behavioral Health Interdisciplinary Program (BHIP) Team Formation

Goals for the Model:	1) Build effective, interdisciplinary General Mental Health/BHIP teams who will provide the majority of mental health (MH) care necessary for a panel of assigned Veterans.
	2) Provide continuous access to ongoing recovery-oriented, evidence-based, mental health care for Veterans already receiving MH care and Veterans new to the system--consistent with the Handbook on Uniform Mental Health Services in VA Medical Centers and Clinics.
Potential Benefits for Veterans:	1) Collaborative teams assure continuity of care for Veterans, and Veterans do not become "lost" in the system.
	2) General MH (BHIP) teams promote Veteran-centered care—the right care, at the right time, every time.
	3) Robust clinical and administrative staffing, with providers practicing at the top of their licenses, improves access to care, including evidence-based treatments.
	4) Establishing well-defined mental health treatment goals promotes recovery and hope for Veterans.
Potential Benefits for Staff:	1) Having better defined panel sizes allows for more predictable workload.
	2) Team members support and provide coverage for other members.
	3) Well functioning teams draw upon the strengths and expertise of all team members, which promotes professional satisfaction.