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Office of Audits and Evaluations

VETERANS HEALTH ADMINISTRATION

A Hiring Initiative to Expand Substance Use Disorder Treatment Needed Stronger Coordination, Planning, and Oversight

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Executive Summary

Since fiscal year (FY) 2022, VA has requested additional funding for the Office of Mental Health and Suicide Prevention within the Veterans Health Administration (VHA) to increase veterans' access to substance use disorder treatment. VHA noted in its 2022 budget request that less than 30 percent of the approximately 520,000 veterans in VHA with substance use disorder diagnoses received care specific to this disorder in the prior year.¹ The mental health support section of the Office of Mental Health and Suicide Prevention (referred to in this report as “the program office”) developed an expansion program using FY 2022 funds to improve veterans' access to evidence-based substance use disorder treatment within nonspecialty care settings (such as primary care and general mental health clinics).² Because such an expansion requires employing additional qualified staff, the program office created a hiring initiative, which was the expansion's largest budget component.³

Under this hiring initiative, VHA expected medical centers to hire 90 percent of approved staff by the end of FY 2022. These personnel included nurses, physicians, social workers, case managers, rehabilitation counselors, and peer specialists.

The VA Office of Inspector General (OIG) conducted this review to assess how well medical centers met the FY 2022 hiring goal for the substance use disorder expansion. The review team also examined FY 2023 expenditures and related hirings since VA will continue its efforts to fund the hiring initiative through at least FY 2025.

What the Review Found

In FY 2022 the program office received \$96 million in specific purpose funds for medical centers to hire for the substance use disorder treatment expansion initiative. Medical centers were expected to hire 90 percent of the 1,180 approved positions before the end of September 2022. However, by that deadline, medical centers had only hired 310 staff (about 26 percent of

¹ VA 2022 Congressional Budget Submission, vol. 2, *Medical Programs and Information Technology Programs*, June 1, 2021.

² As of February 2024, VHA is in the process of separating the mental health services and suicide prevention offices as part of its optimization plan. Evidenced-based treatment integrates the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. “Evidenced-based Practice in Psychology” (web page), American Psychological Association, accessed December 12, 2023, <https://www.apa.org/practice/resources/evidence/>.

³ In FY 2022, the expansion also included \$52 million in two other accounts (medical support and compliance and medical facilities) for a total of \$156 million. The hiring initiative that is the focus of this report was funded under a third medical services account that also included training and other efforts beyond the scope of this review. For more background information, see appendix A. Dollar amounts in the report are rounded consistent with guidance in the *Office of Audits and Evaluation Policy Handbook*, March 28, 2022 (not publicly available).

approved positions) and spent approximately \$8 million of the funds intended to support the hiring initiative.

The OIG determined that among the reasons that VHA did not meet its FY 2022 hiring goal was VHA did not have effective guidelines and processes in place to ensure the effective coordination and planning of the substance use disorder hiring initiative. VHA did not clearly communicate hiring priorities to Veterans Integrated Service Networks and medical centers, define and assign roles and responsibilities for implementation and oversight, and generally ensure accountability for the achievement of the initiative's hiring goals.

Due to the lack of clarity around their respective roles, leaders at multiple levels of VHA did not coordinate enough to achieve initiative goals. In FY 2023, VHA distributed an additional \$171 million in specific purpose funds to the program office for the initiative, for a two-year total of \$267 million. By the end of FY 2023, medical centers had only hired a total of 837 people over the two fiscal years (65 percent of approved positions rather than the 90 percent goal established for the first year).⁴ VHA spent \$97 million in total to expand staffing (plus \$14 million in FY 2023 that medical centers retained for other purposes).⁵ The OIG determined that in FYs 2022 and 2023, a total of \$156 million in available funds was not used to hire staff, indicating an ongoing problem with achieving the hiring goal. The program office either spent those unused funds on other allowable substance use disorder program purposes that did not expand staffing (\$54 million) or returned the funds to the VHA finance office (\$102 million).⁶

Historically, VHA has faced hiring delays due to circumstances beyond its control, such as recruitment challenges in rural and high-cost areas, lack of interested qualified candidates, and competing priorities. For those reasons, it is critical for VHA to minimize hiring delays that are attributable to internal obstacles to better position its medical centers to meet national hiring goals. The OIG determined VHA needs to establish clearer lines of authority and accountability for its hiring initiatives as well as detailed guidance during the planning stages that emphasizes ongoing coordination and oversight. It must also make certain that goals are achievable and closely monitor progress on initiatives to help ensure corrective actions are taken for successful implementation.

⁴ In FY 2023, the program office approved 106 more staff, for a cumulative total of 1,286 approved positions; 837 hired staff is about 65 percent of this combined total.

⁵ Information regarding the \$14 million retained for other purposes has been referred by the OIG to VHA for further examination to ensure compliance with governing law and policy.

⁶ VA Financial Policies and Procedures, "Reprogramming of Funds," in vol. 2, *Various Appropriations Law Related Topics* (August 2014), chap. 7; VHA Office of Finance, *FY 2022 Specific Purpose Funding Instructions*, February 17, 2022 (not publicly accessible). This guidance allows spending of specific purpose funds within the same designated program and requires remaining funds to be sent to the finance office.

Medical Centers Did Not Meet the Initiative Hiring Goal, and Unused Funds Were Returned to the Finance Office

The program office wanted medical centers to fill initiative positions as quickly as possible to achieve the initiative goal. Interviews and other information gathered for the review revealed that in addition to an aggressive hiring goal, medical facility leads experienced challenges such as a lack of qualified candidates in certain areas and the need to fill vacancies while also hiring for five other behavioral health initiatives. The OIG team determined that inadequate planning and the lack of detailed time lines affected medical centers' ability to announce positions with sufficient time for candidates to apply. As a result, facility leads—who were generally the hiring managers at medical centers—often did not take the steps needed to hire staff quickly enough to meet the initiative's hiring goals.

The OIG further analyzed hiring data and placed medical centers into either a lower-performing or a higher-performing group.⁷ The team more closely examined three lower-performing medical centers that filled only three of their 27 total approved positions.⁸ These medical centers did not start recruiting for 13 of the 24 unfilled positions before the end of FY 2022.⁹ The facility leads at these medical centers did not start developing the recruitment packages as soon as the positions were approved and had not submitted the recruitment packages to the human resources department within one month of a March 2022 memorandum directing them to hire immediately.¹⁰ The OIG acknowledges that in addition to not developing or submitting recruitment packages, positions may have remained unfilled for other reasons, such as an inadequate candidate pool. The team's review of a single higher-performing medical center that filled four of its 14 approved positions indicated that it mitigated problems and filled its positions before the end of the fiscal year in part because it had initiated its recruitment actions as soon as the positions were approved.

⁷ See appendix B for additional details on the categories and appendix C for substance use disorder hiring initiative information for each facility.

⁸ The percentage only represents the total number of filled positions at the three reviewed medical centers in the lower-performing group.

⁹ One facility lead attempted to hire two of the 24 positions but was unsuccessful and had to reannounce these positions.

¹⁰ A position was considered "not recruited" if it was not posted on USAJOBS in FY 2022 and no other efforts were made to actively recruit, such as outreach at job fairs or through professional contacts. The team counted recruitment actions as delayed if the leads did not submit their packages to human resources within one month of a March memorandum's guidance to hire immediately because the leads already had about three months to work on the packages—from December 2021 when the positions were approved. VHA assistant under secretary for health for clinical services, "Required Monitoring of Positions Funded by the Office of Mental Health and Suicide Prevention," memorandum to Veterans Integrated Service Network (VISN) directors, VISN chief medical officers, VISN chief financial officers, VISN human resource officers, and VISN chief mental health officers, March 15, 2022.

VHA Offices Involved in the Initiative Did Not Ensure Effective Coordination, Planning, and Oversight

VHA did not effectively coordinate and plan its behavioral health national hiring initiatives, including how to prioritize them. The OIG did not find any indications that the VHA senior leaders in place at the initiative's start who oversee the program office and medical centers had met during the planning phase to assign staff roles and responsibilities at each management level or establish mechanisms to help medical centers quickly announce and fill approved positions.¹¹ Further, as mentioned above, VHA senior leaders did not establish the priority the medical centers should give the hiring for this substance use disorder initiative relative to the other five concurrent behavioral health hiring efforts, or assess its feasibility given competing demands.¹² The operations office, led by an assistant under secretary for health, oversees the regional offices and medical centers but did not adequately communicate the urgency for the medical centers to hire and expend the respective fiscal year appropriations. The planning guidance from the clinical services office simply stated that hiring should be done "expeditiously."¹³

The OIG team found the program office's guidance to VA medical centers, in turn, discussed general oversight and implementation but lacked some key information about the targets related to "expeditiously" hiring for the initiative. Program office staff told the review team that they did not provide detailed instructions for implementing the initiative because they believed this should be determined by medical center leaders. Further, the program office stated its role in implementing the initiative was limited to establishing the strategy for the initiative and setting the overall time lines for the hirings. Thus, the program office did not prescribe roles for medical center staff and deferred to local expertise to identify and align the hirings with their medical centers' needs to accomplish the initiative's strategic goal. As a result, the guidance issued by the program office did not establish deadlines for the completion of recruitment packages needed to initiate hirings.

¹¹ The OIG team interviewed program officials and reviewed all the emails the program office provided related to the initiative from July 2020 through November 2021. The team did not interview the assistant under secretaries for health for clinical services and for operations in place during the initial planning and coordination of the initiative because they left VA by the start of this review. The program office reports to clinical services, which is led by the assistant under secretary for health for clinical services.

¹² Additional VHA behavioral health hiring initiatives underway during FY 2022 included two initiatives focused on suicide prevention (Suicide Prevention 2.0 and Suicide Prevention Demonstration Projects) and three initiatives within behavioral health (Peer Specialists in Patient Aligned Care Teams, Behavioral Health Interdisciplinary Program Care Coordinator, and Primary Care Mental Health Integration Care Manager).

¹³ VHA assistant under secretary for health for clinical services, "Implementation of Substance Use Disorders Program Fiscal Year 2022 Priorities," memorandum to VISN directors, VISN chief medical officers, and VISN chief mental health officers, October 4, 2021. While the program office did not define "expeditiously," the memo implied that the medical centers were to progress at a pace to meet the hiring goal by the end of the fiscal year. The memo states medical centers "will be required to document the status of positions monthly and to monitor hiring efforts to ensure that funding is utilized as intended and that new staff are onboarded expeditiously."

In sum, the implementation lacked effective oversight at every level. The clinical services office that oversees the program office did not increase coordination with the operations office after receiving information that the pace of hiring indicated the initiative would not reach its goal. Job descriptions for Veterans Integrated Service Network regional representatives—who oversee medical centers for VHA’s 18 regional areas—generally state that they will monitor and oversee initiatives and notify leaders of issues. During the review period, these regional representatives held routine meetings with the behavioral health staff of their medical centers on general operational issues and to provide updates on national initiatives. However, regional representatives did not ensure facility leads progressed at a pace to meet the hiring goal.

The OIG team determined that the higher-performing facility it examined hired more staff because the facility lead started preparing the required hiring documents before the program office approved the positions so they could announce positions quickly. This facility also held routine meetings with its respective regional human resources department every two weeks to discuss the status of each position. In contrast, the facility leads at the lower-performing facilities generally did not initiate recruitment actions until after the program office directed them in March 2022 to hire immediately—and in some cases still did not start recruiting some positions before the fiscal year ended. The review team noted the lower-performing facilities did not have effective oversight mechanisms to identify and help assist when their leads did not develop recruitment packages in time to both announce and fill positions before the end of the fiscal year.

What the OIG Recommended

The OIG made three recommendations to the under secretary for health. These included instructing the finance office to review the \$14 million retained by medical centers to ensure funds were or will be spent in accordance with VA policies or federal laws, strengthen controls over designated specific purpose funds so that regional staff can ensure these funds are used for the intended purpose, and account for all distributed funds. The OIG also recommended the appropriate VHA officials at all levels—the program office, regional offices, and medical centers—coordinate and clearly define roles and responsibilities to achieve the substance use disorder hiring initiative’s goal and ensure regional and facility staff monitor progress and address challenges in filling positions.

VA Comments and OIG Response

The under secretary for health concurred with the three recommendations. The VHA finance office will review the funds retained by the medical centers and use this review to strengthen specific purpose fund controls. The finance office will also ask the assistant under secretary for health for operations to submit guidance for the use of specific purpose funding at medical centers for a clearance review to ensure consistency with VA financial policy and financial system limitations.

Additionally, VHA will create an integrated project team to define roles and responsibilities for planning, implementing, and monitoring the substance use disorder hiring initiative, and to develop guidance that can be applied to future national hiring initiatives.

The OIG will monitor the implementation of the recommendations until all stated actions are documented as completed. Appendix D provides the full text of the under secretary's comments.



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Abbreviations

AUSH	assistant under secretary for health
FY	fiscal year
OIG	Office of Inspector General
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network



Introduction

In response to rising overdose rates in the United States and the national drug initiatives to combat them, as well as to address congressional mandates and changes in VA policy, VA requested additional funding for the Office of Mental Health and Suicide Prevention within the Veterans Health Administration (VHA) to address substance use disorder treatment gaps within VHA.¹⁴ This report refers to the mental health support section of this office as “the program office.”¹⁵

VHA noted in its 2022 budget request that less than 30 percent of the approximately 520,000 veterans in VHA with substance use disorder diagnoses received related specialty care in 2020, the most recent data available at the start of this review.¹⁶ To complement this specialty care, the program office developed an expansion program for fiscal year (FY) 2022 to increase veterans’ access to evidence-based substance use disorder treatment within nonspecialty care settings.¹⁷ Employing sufficient staff was a critical component to improving veterans’ access, so the program office developed a hiring initiative for this expansion.

The hiring initiative reflects VA’s efforts not only to enhance access to care for substance use disorders but also to support employment opportunities for veterans in recovery. The program office intended to increase staffing in five areas (depicted in table 1). See appendix A for position requirements within the five program areas.

¹⁴ For statistics on drug overdoses, see e.g., “Provisional Drug Overdose Death Counts” (web page), National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention, accessed April 18, 2023, www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm#print. Federal requirements and initiatives include Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of 2018, Pub. L. No. 115-271, 132 Stat. 3894 (2018), Jason Simcakoski Memorial and Promise Act, Pub. L. No. 114-198, §§ 901-915, 130 Stat. 755 (2016); Office of National Drug Control Policy, *National Treatment Plan for Substance Use Disorder 2020*, February 2020; Office of National Drug Control Policy, *The Biden-Harris Administration’s Statement of Drug Policy Priorities for Year One*, April 1, 2021. See also, VA 2022 Congressional Budget Submission, vol. 2, *Medical Programs and Information Technology Programs*, June 1, 2021.

¹⁵ As of February 2024, VHA has been in the process of separating the mental health services and suicide prevention offices as part of its optimization plan.

¹⁶ For this report, specialty care refers to treatment provided specifically for substance use disorders that is not provided in primary care or general mental health clinics. VA used these data to support and justify the funding request for this initiative in the VA 2022 Congressional Budget Submission, vol. 2. The team did not perform any work to verify or validate these data.

¹⁷ Evidenced-based treatment integrates the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. “Evidenced-based Practice in Psychology” (web page), American Psychological Association, accessed December 12, 2023, <https://www.apa.org/practice/resources/evidence/>.

Table 1. Hiring Initiative Program Areas and Expected Improvements

Description of program area		Expected improvements
Stepped care	Providers treat substance use disorders outside of specialty care, such as in primary clinics and through telehealth.	Increase access to treatment in settings where veterans already receive medical care.
Residential rehabilitation access	Clinical staff provide services for veterans experiencing multiple or severe conditions such as mental illness and substance use disorders.	Increase access to treatment to support admission within 48 hours of the referral.
Supported employment	Rehabilitation counselors conduct case management for veterans seeking or maintaining permanent employment in the community.*	Expand access to employment and improve outcomes for those in recovery.
Supported services	Case managers assist very-low-income veterans experiencing substance use disorders and homelessness or who are at risk of homelessness.	Provide access to and increase engagement in treatment for this high-risk population.
Peer support	Peer specialists are veterans actively engaged in substance use disorder recovery who have been trained to help other veterans.	Increase treatment engagement and retention and reduce addictive substance use.

Sources: VA OIG analysis of initiative guidance (planning memo), FY 2022 Congressional Budget Justification, National Treatment Plan for Substance Use Disorder 2020, interviews with program office staff.

** Prior to FY 2022, supported employment was available to veterans diagnosed with a serious mental illness, such as schizophrenia or bipolar disorder. While veterans with substance use disorders were not excluded from supported employment programs, substance use alone did not independently qualify a veteran for these case management services.*

As part of this hiring initiative, VHA medical centers were expected to hire 90 percent of the approved staff by the end of FY 2022. The VA Office of Inspector General (OIG) conducted this review to assess how well medical centers met the FY 2022 hiring goal for the substance use disorder expansion.

Hiring Processes for National Initiatives

VHA can use a centralized approach when it needs to hire staff for a national initiative, in which the program office works with VHA’s Office of Workforce Management and Consulting (workforce management) to create position descriptions and announcements. Workforce management posts the vacancy announcements on the USAJOBS website to match qualified applicants to open positions available at multiple medical center locations.¹⁸ Medical centers nationwide can then receive a referral list of qualified candidates interested in their location,

¹⁸ USAJOBS is the federal government’s employment website at www.usajobs.gov/.

thereby avoiding the need for regional Veterans Integrated Service Network (VISN) human resources offices to conduct their own recruitment efforts.¹⁹ VISN human resources offices can, in addition to using a centralized approach, conduct their own recruitment efforts to increase the number of applicants.

The program office used only a regional approach for this initiative that placed the responsibility for hiring staff on individual VISNs and medical centers.²⁰ The program office reported that a regional approach had certain advantages; for example, hiring managers could customize position descriptions to meet their local needs, and applicants could contact local hiring managers for additional information. Further, the program office stated it was following the general hiring process outlined in VA policy, which requires hiring managers to work with regional human resources staff to identify eligibility requirements.²¹ Typically, the hiring managers write descriptions for their desired positions, and the local resource committee (which includes medical center leaders) approves the positions. The hiring managers then prepare a recruitment package with position information and required documents (such as interview questions, position descriptions, and a summary of any needed specialized experience) and complete a checklist with information such as position approval date, duty location, relocation incentives, and the names of members of the selection committee and interview panel.

When the recruitment package, which includes the completed checklist, is approved by the hiring manager's supervisor, the manager submits it to VISN human resources to start recruiting. VISN human resources staff review it, approve it, and post the announcement on USAJOBS.

VISN human resources staff then review each applicant's information and develop a referral list to identify who will be selected for an interview. If instead the hiring manager determines that none of the referred applicants are a good fit, they may reevaluate the recruitment package and revise it to offer incentives. After the hiring manager's supervisor approves the changes, the manager resubmits the recruitment package to VISN human resources personnel, who then reannounce the position in hopes of attracting different applicants. VISN human resources staff onboard selected candidates.²² Figure 1 depicts this regional hiring approach.

¹⁹ VHA divides the United States into 18 regional networks, known as VISNs, which manage day-to-day functions of medical centers and provide administrative and clinical oversight. "VISNs map" (web page), VA, accessed May 1, 2024, www.va.gov/HEALTH/visns.asp.

²⁰ For specifics concerning the substance use disorder hiring initiative and its use of the regional approach, see the section titled "Initiative Funding and Launch."

²¹ VA Handbook 5005/148, *Staffing*, October 15, 2021.

²² The review team did not evaluate the onboarding process because most positions did not make it to this step during the review period. See "What the OIG Did" section for additional information.



Figure 1. VHA regional hiring process.

Source: VA OIG analysis of the process in VHA, *Time to Hire (T2H) Implementation Guidebook 2.0*, September 2020.

VHA’s Specific Purpose Funding Process

The President’s budget submitted to Congress often includes specific dollar amounts to carry out programs and related initiatives proposed by VHA in its budget request. If these purposes are not explicitly stated in the final appropriations law that is enacted, they are not binding on VA.²³ Rather, the funds are available for any purpose for which the appropriation can be used.²⁴ VA health care is primarily funded in four appropriation accounts.²⁵ VHA designates funds from the relevant account to accomplish the intended initiative through what it calls “specific purpose funds.”²⁶ The finance office instructs medical centers to return unused funds to the appropriate program office at specified times, at which time the program office determines if it can use the funds in other ways that still support the purpose for which the funds were received.²⁷ VHA’s financial policy and specific purpose funding instructions allow the program office to use these

²³ Government Accountability Office, “Availability of Appropriations: Amount,” chap. 6 in *Principles of Federal Appropriations Law*, 3rd ed., vol. 2, February 2006, [www.gao.gov/assets/2019-11/202819.pdf](http://www.gao.gov/assets/2019/11/202819.pdf).

²⁴ 31 U.S.C. § 1301, Application(a). Appropriated funds “shall be applied only to the objects for which the appropriations were made except as otherwise provided by law.”

²⁵ Appropriation accounts are fund accounts that can be used for several activities or projects. The medical services account, for example, funds healthcare services provided to eligible veterans and the salaries of staff who provide these services.

²⁶ The program office is required to use specific purpose funds for a discrete purpose, such as within the substance use disorder program, and the funds cannot be realigned to another office or for a different purpose without the approval of the Office of the Chief Financial Officer.

²⁷ Another VA financial policy gives department heads and program directors authority to make those adjustments within their available funds if it does not represent a significant departure from the spending program approved in the President’s Budget. VA Financial Policies and Procedures, “Reprogramming of Funds,” in vol. 2, *Various Appropriations Law Related Topics* (August 2014), chap. 7.

funds as long as the purpose remains within the designated program and the same account.²⁸ If the program office still cannot spend all of the specific purpose funds within the fiscal year, the office is then expected to return the remaining amount to VHA’s finance office. Figure 2 breaks down these steps from the initial request through the end of the fiscal year.

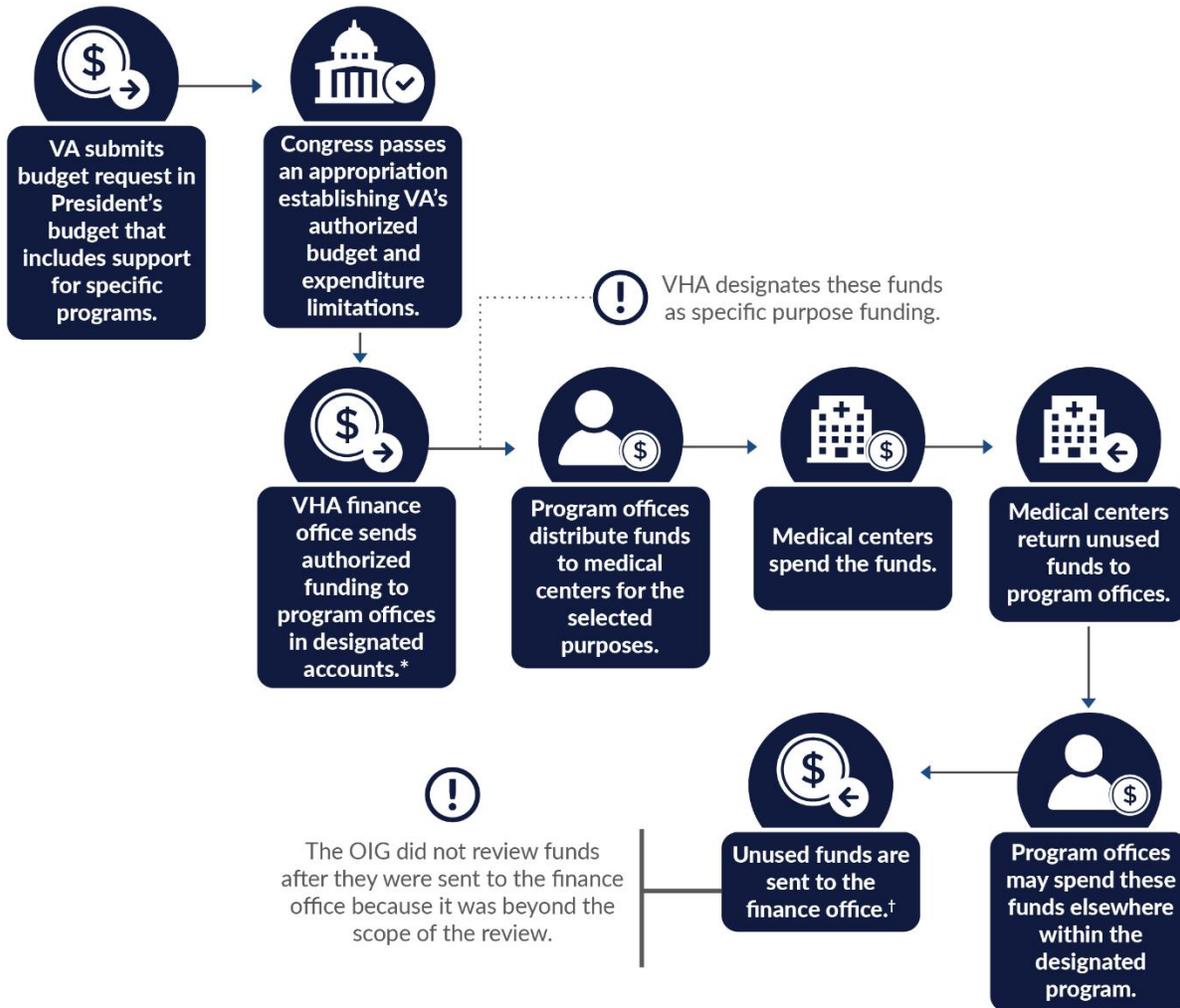


Figure 2. VHA’s specific purpose funding process for initiatives.

Source: OIG analysis of VA financial policies and VHA instructions.

* The finance office may distribute these funds by quarter rather than all at once.

²⁸ VA Financial Policies and Procedures, “Reprogramming of Funds,” in vol. 2, *Various Appropriations Law Related Topics* (August 2014), chap. 7; VHA Office of Finance, *FY 2022 Specific Purpose Funding Instructions*, February 17, 2022 (not publicly accessible). VA may shift funds within an account to use them for purposes other than those contemplated at the time of the appropriation, as long as the use is consistent with applicable purpose restrictions. VA Financial Policy, “VA’s Budget Cycle and Fund Symbols,” in vol. 2, *Appropriations, Funds, and Related Information* (August 11, 2022), chap. 2. There were no additional restrictions in the relevant appropriation for this specific hiring initiative.

† According to the finance office, when it receives unused funds, it reviews the type of funds and any limitations and coordinates with VHA leaders to ensure funds are used within each account as required by law.

Initiative Funding and Launch

As part of VA's FY 2022 budget submission, VHA requested \$104 million from the medical services account for the substance use disorder expansion; this request was in addition to the allocation model amount that funds the overall program every year.²⁹ According to VA's budget submission, VHA planned to use these specific purpose funds to expand access to substance use disorder treatment and respond to increasing drug usage, expand job opportunities for recovering veterans, and support continuing education and training for VHA staff to ensure veterans have continuous access to treatment.³⁰

Of the \$104 million requested and received for the expansion, the finance office confirmed the program office would receive \$96 million to hire additional staff for the initiative.³¹ For this report, the OIG team focused on the hiring initiative within the medical services account because it was the expansion's largest budget component.³² The finance office distributed these specific purpose funds to the responsible program office. Figure 3 shows key events, including guidance issued to VISNs and medical centers. For this report, the OIG team considered July 2020 to November 2021, when medical centers requested positions, the planning phase. The period when the program office approved the majority of the positions, December 2021 through the end of the fiscal year in September 2022, was designated the implementation phase.

²⁹ At the beginning of each fiscal year, VHA distributes funding to VISN offices using the Veterans Equitable Resource Allocation model. This model uses historical patient workload to determine the amount each VISN office receives. In the FY 2022 Congressional Budget Submission, VHA used the budget authority granted by the American Rescue Plan Act to fund the substance use disorder expansion. VA requested funds primarily from the medical services account (where they were received) to expand its substance use disorder program. VA 2022 Congressional Budget Submission, vol. 2; American Rescue Plan Act of 2021, Pub. L. No. 117-2, 135 Stat. 4 (2021); Consolidated Appropriation Act of 2022, Pub. L. No 117-103, 136 Stat. 49 (2022) § 254. For related VA challenges, see Government Accountability Office, *Veterans Health Care: VA Needs to Improve Its Allocation and Monitoring of Funding*, GAO-19-670, September 23, 2019.

³⁰ VA 2022 Congressional Budget Submission, vol. 2.

³¹ The remaining \$8 million was intended for education and training, travel, contracts, and other support for the expansion in FY 2022.

³² In FY 2022, the expansion also included \$52 million in two other accounts (medical support and compliance and medical facilities) for a total of \$156 million. For this review, the team focused on only the hiring initiative within the medical services account and did not review the other areas addressed by the remaining \$8 million in medical services funding, such as training.

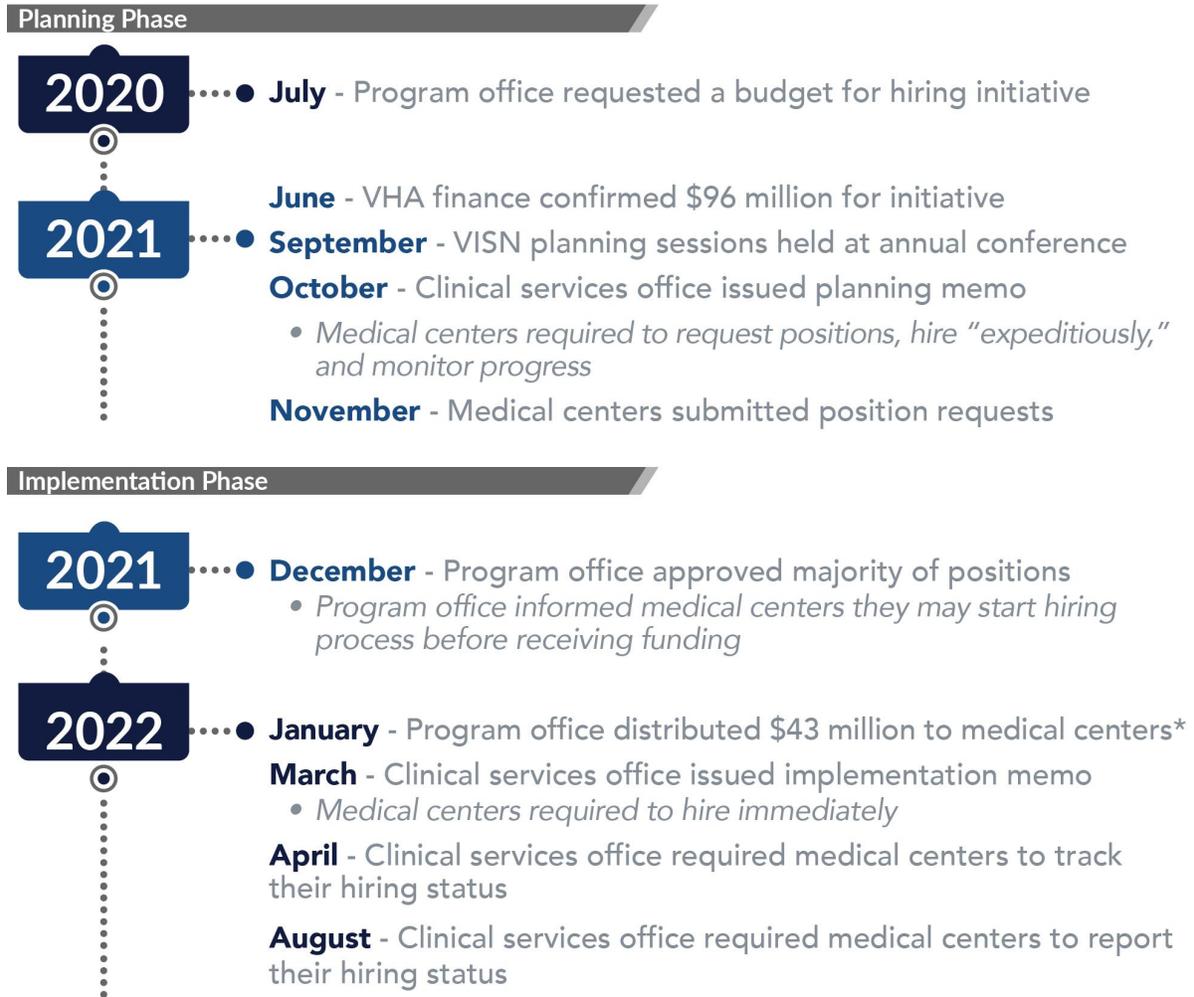


Figure 3. Time line for planning and implementation of the hiring initiative.

Source: Program office guidance and emails; interviews with program office staff.

* In May 2022, the program office received the remaining \$53 million but did not distribute these funds to medical centers.

According to the program office, the national mental health director for substance use disorders (the initiative director) managed the budget for the hiring effort. Further, the initiative director and assigned staff developed the strategy for its implementation; communicated to the VISNs and medical centers the hiring expectations, such as time frames; and tracked the hirings.

The program office began final preparations to roll out the hiring initiative in September 2021, around the time of the annual VHA substance use disorder conference. Before the conference started, the program office sent an email to the VISNs requesting that they identify the staffing needs of the medical centers in their region and any internal obstacles to implementing the hiring initiative. During the conference, the program office arranged for breakout sessions by VISN and

expected the medical center staff in attendance to begin using the planning template the program office provided to start identifying needed positions and any obstacles to hiring.

Program office leaders reported to the Office of the Assistant Under Secretary for Health (AUSH) for Clinical Services. The clinical services office formally launched the initiative in an October 2021 planning memorandum, which required each medical center to expand its substance use disorder program staff by a minimum of five and allowed medical centers to request additional staff based on local priorities.³³ The program office required medical centers to request and receive approval for the initiative positions before implementing the general regional hiring process discussed previously. The medical centers could request approval and funding for up to 15 position types, such as peer specialists, social workers, and nurses.³⁴

Requests to approve the additional staff positions were required within 30 days of the AUSH for clinical services' planning memo, or no later than November 3, 2021. During this period, facility leads—in addition to their regular duties and responsibilities—typically worked with medical center leaders and other staff to develop the position requests, which were then approved by medical center directors and submitted to the program office through the VISN representatives. The program office reviewed and approved the majority of the 1,180 staff positions identified for hiring by the medical centers in December 2021 and notified medical centers that they could start hiring.³⁵ Medical centers were expected to hire 90 percent of the staff (referred to as the hiring goal) by September 30, 2022, the end of FY 2022.

In January 2022 the program office received the initial \$43 million of the \$96 million in funding for the initiative and distributed that amount to medical centers.³⁶ By March 2022, the program office developed a hiring database to allow VISNs and medical centers to track hiring and progress in filling the approved positions. Also in March, the AUSH for clinical services issued a second memorandum (the implementation memo) directing the medical centers to remove local obstacles—specifically the local committee's approval of recruitment packages—to

³³ VHA AUSH for clinical services, "Implementation of Substance Use Disorders Program Fiscal Year 2022 Priorities," memorandum (planning memo) to VISN directors, VISN chief medical officers, and VISN chief mental health officers, October 4, 2021. For the purposes of this report, "medical center" refers to the medical center and any clinics that report to it. See appendix B for more information on the review's scope and methodology.

³⁴ See appendix A for a full list of positions.

³⁵ VHA Office of Mental Health and Suicide Prevention, "FY 2022 All Funded Substance Use Disorder Positions List," Excel spreadsheet, accessed on September 29, 2022 (not publicly accessible). The program office approved positions in FY 2022 in three groups: 1,014 positions in December 2021; 141 in February 2022; and 25 in March 2022, for a total of 1,180 approved positions.

³⁶ Medical centers received funding for salaries based on the number of approved positions. VHA AUSH for clinical services, "Implementation of Substance Use Disorders Program Fiscal Year 2022 Priorities," memorandum (planning memo).

“immediately” hire staff and to start using the database by April 2022.³⁷ The two memoranda issued by the AUSH for clinical services (the planning memo and the implementation memo) and information the program office provided during national behavioral health meetings and initiative meetings served as the primary planning and implementation guidance for the hiring initiative. The program office received the remaining \$53 million for the initiative by May 2022 but did not distribute the additional funds to medical centers because the program office’s financial reports showed that medical centers had not yet spent the funds distributed to them in January. According to program officials, they wanted to be prudent with the funds and ensure medical centers could successfully hire before they distributed additional funding. As a result, those funds were not distributed by the end of the fiscal year and were subject to return. In August 2022, the AUSH for clinical services required VISNs to report the status of hiring at medical centers and reiterated that VISNs needed to track their medical centers’ monthly progress.³⁸

VHA Governance Structure and Responsibilities

To assess the hiring initiative and those involved in its planning and implementation, the OIG team identified the offices that worked together to coordinate the hiring of new personnel for the initiative. Figure 4 provides an overview of VHA’s governance structure and relationships among these various entities.

³⁷ VHA AUSH for clinical services, “Required Monitoring of Positions Funded by the Office of Mental Health and Suicide Prevention,” memorandum (implementation memo) to VISN directors, VISN chief medical officers, VISN chief financial officers, VISN human resource officers, and VISN chief mental health officers, March 15, 2022.

³⁸ VHA AUSH for clinical services, “Status of Substance Use Disorder Positions Funded by the Office of Mental Health and Suicide Prevention,” memorandum to VISN directors, VISN chief medical officers, VISN chief financial officers, and VISN chief mental health officers, August 1, 2022.

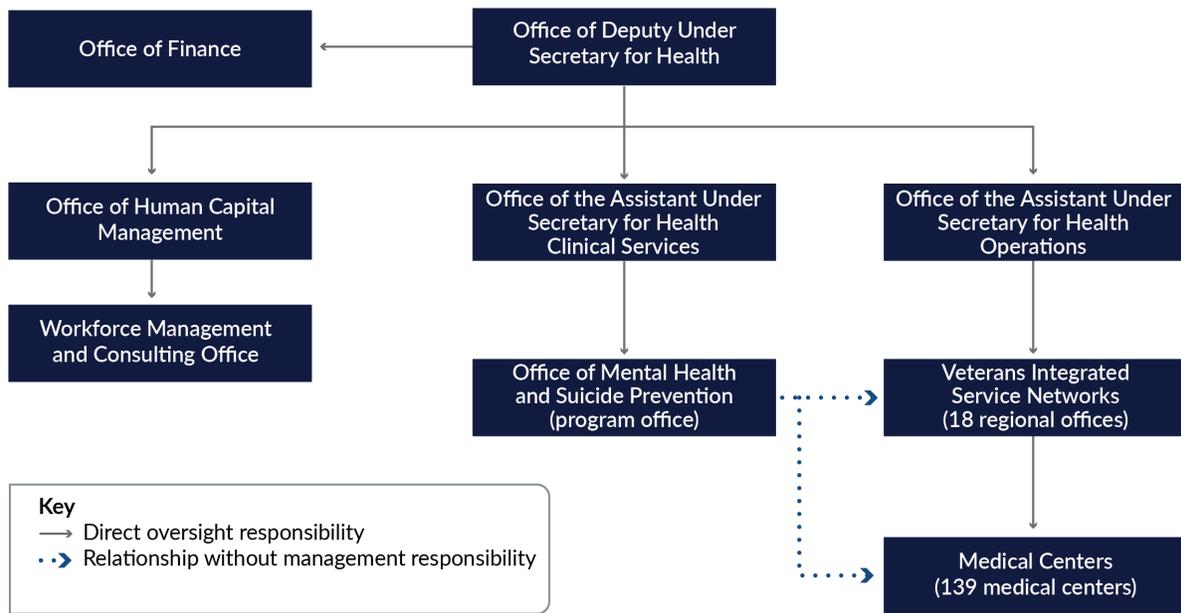


Figure 4. Organization of VHA entities associated with the initiative as of February 8, 2024.
 Source: VA OIG analysis.

Office of Finance

The finance office manages policy and oversees budget development and spending for all VHA programs. The finance office distributed the initiative’s specific purpose funds, which were identified in the President’s budget, to the program office.³⁹ Further, the finance office developed and distributed status reports to track the funds.

Office of Deputy Under Secretary for Health

The deputy under secretary for health is responsible for leading VHA’s clinical policies and programs. The office oversees numerous VHA areas, including the three most relevant to this initiative: human capital management, clinical services, and operations.⁴⁰

Office of Human Capital Management

This office helps to develop, recruit, and retain VHA’s workforce. It manages personnel issues and supports the integration of policy, operations, and oversight in areas including human resources, training, education, and professional development. Human capital management

³⁹ VHA Office of Finance, *FY 2022 Specific Purpose Funding Instructions*.

⁴⁰ Additional areas include community care; discovery, education, and affiliate networks; health informatics; healthcare transformation; patient care services; quality and patient safety; and support.

oversees three suboffices, one of which is the workforce management and consulting office that was engaged in implementing the hiring initiative.

Workforce Management and Consulting Office

Personnel from the workforce management office provide policy, operational guidance, and oversight for VHA's human resources needs. The office collaborates with other VHA offices or programs to assist with different issues and promote best practices for hiring. For the hiring initiative, the program office staff could reach out to workforce management personnel to discuss and finalize the development of national standardized position descriptions, functional statements, and national job announcements.⁴¹

Office of the AUSH for Clinical Services

The clinical services office oversees eight areas, including primary care, specialty care, homelessness, surgery, and the mental health and suicide prevention program.⁴² Each area has a program office that works to improve the quality of its respective care. The clinical services office issued the two guidance memoranda that the mental health program office personnel developed for the initiative in October 2021 and March 2022.

Office of Mental Health and Suicide Prevention

Under the clinical services office, the Office of Mental Health and Suicide Prevention provides policy and implementation guidance, oversight, and management of these behavioral health services. The initiative director and the staff within the program office's mental health section planned and implemented this hiring effort.⁴³ The program office planned to pay for the first few years of salaries for the new staff with the specific purpose funds approved by the finance office. The program office expected that, a few years into the initiative, the medical centers' substance use treatment workload would grow due to the addition of the new staff, and therefore VHA's funding allocation model would provide VISNs with larger apportionments of the budget to cover the increased services at the medical centers.⁴⁴

⁴¹ A position description (for nonmedical positions) or functional statement (for medical positions) is required as part of the recruitment package for a position. For this report, "position description" refers to either a position description or functional statement, as they serve the same purpose for recruitment.

⁴² The three remaining areas are dentistry, spinal cord injuries and disorders, and diagnostics. VA Office of Enterprise Integration, *2021 VA Functional Organization Manual: Description of Organization Structure, Missions, Functions, Tasks, and Authorities*, vol. 1, *Administrations*, September 30, 2021.

⁴³ The substance use disorder division within the program office has two staff members: the national mental health director for substance use disorders (the initiative director) and deputy director for substance use disorders. The other four staff supporting the initiative are assigned to other program office divisions.

⁴⁴ At the beginning of each fiscal year, VHA uses historical patient workloads to distribute funding to VISN offices using the Veterans Equitable Resource Allocation model. Government Accountability Office, *Veterans Health Care: VA Needs to Improve Its Allocation and Monitoring of Funding*.

The program office does not directly oversee VISNs (as shown in figure 4 and described more fully in the “Operations” section). However, it routinely relies on VISN chief mental health officers (referred to as VISN representatives) to communicate information to medical centers and to address local program issues. Thus, during planning for this initiative, the program office communicated primarily with VISN representatives rather than directly coordinating with medical centers. The program office met with VISN representatives and their supervisors (VISN chief medical officers) to brief them on upcoming efforts, explain anticipated requirements, and emphasize that funding would need to be spent as soon as possible after medical centers received it. The program office also directed VISN representatives to work with their medical center behavioral health staff to develop a plan to hire staff for the approved positions.

Office of the AUSH for Operations

The operations office oversees VHA’s 18 regional VISNs and several other offices supporting operations, including access to care and emergency management. The operations office is also responsible for ensuring VHA policies are executed at VISNs and their respective medical centers.⁴⁵

Veterans Integrated Service Networks

Each VISN has a director responsible for the overall coordination and oversight of administrative and clinical activities at medical centers in the region.⁴⁶ The dedicated VISN representative generally coordinates behavioral health programs with their respective program office, the VISN chief medical officer (VISN representative’s supervisor), and medical centers.⁴⁷ Each VISN representative oversees and advises medical centers on behavioral health programs and directs information and concerns to their supervisory VISN chief medical officer and the VISN director. They are also required to help the program office and medical center staff successfully implement behavioral health initiatives, such as this hiring initiative. VISN representatives served as the primary points of contact for this initiative and were required to review their medical centers’ hiring data to ensure accuracy and submit that information to the program office monthly.⁴⁸ Finally, the VISN chief financial officers are expected to ensure specific purposes funds, such as those designated for the substance use disorder hiring initiative, are used for the intended purpose and to monitor the medical centers’ funding allocations for the initiatives.

⁴⁵ The current AUSHs for clinical services and operations assumed their roles on January 2, 2022, when initiative implementation was already underway.

⁴⁶ VA Office of Enterprise Integration, *2021 VA Functional Organization Manual: Description of Organization Structure, Missions, Functions, Tasks, and Authorities*, vol. 1, *Administrations*, September 30, 2021.

⁴⁷ VISN representatives are VISN employees, not medical center employees.

⁴⁸ Office of Mental Health and Suicide Prevention, *Mental Health Specific Purpose Staffing Database: User Guide*, January 26, 2022.

Medical Centers

Every VA medical center falls within a VISN. Medical center directors oversee the management, operation, and administration of their medical centers, including their implementation of the substance use disorder program. The medical center director is responsible for providing the support and resources to ensure the program meets its goals.⁴⁹

After receiving the planning memo from the program office for the related hiring initiative, medical centers formalized their staffing requests and appointed staff to act as facility leads. Based on site visit interviews, the OIG team learned that medical centers generally appointed their behavioral health managers as the leads and in some cases added staff to assist the leads in implementing the hiring initiative. Based on a review of the selected facilities' documentation, to include emails and meeting minutes, the facility leads took from one week to a couple of months to complete recruitment packages and submit them to VISN human resources.⁵⁰

At the time of this review, medical center directors relied on the lead's supervisors and managers, such as chiefs of staff, to help oversee the initiative. Medical centers were responsible for monitoring their hiring progress and for ensuring they hired "expeditiously."⁵¹ The behavioral health staff were required to provide monthly hiring updates starting in April 2022.⁵²

⁴⁹ VHA Handbook 1160.04, *VHA Programs for Veterans with Substance Use Disorders*, March 7, 2012.

⁵⁰ The review team did not evaluate the implementation process after leads provided the packages to human resources and the positions were announced. See the "What the OIG Did" section for additional information.

⁵¹ VHA AUSH for clinical services, "Implementation of Substance Use Disorders Program Fiscal Year 2022 Priorities," memorandum (planning memo). While the program office did not define "expeditiously," the memo implied that the medical centers were to progress at a pace to meet the hiring goal by the end of the fiscal year. The memo states medical centers "will be required to document the status of positions monthly and to monitor hiring efforts to ensure that funding is utilized as intended and that new staff are onboarded expeditiously."

⁵² Mental Health Special Purpose Staffing Database, *User Guide*.

Results and Recommendations

Finding: Stronger Planning, Coordination, and Oversight Would Have Helped VHA Meet Its Substance Use Disorder Hiring Goals

As previously stated, in FY 2022 the program office received \$96 million in specific purpose funds for medical centers to hire behavioral health staff. Medical centers were expected to hire 90 percent of the 1,180 approved positions before the end of September 2022. However, by that deadline, medical centers had only hired 310 staff (about 26 percent of approved positions) and spent approximately \$8 million of the funds intended to support the hiring initiative.

The OIG determined that VHA did not meet its FY 2022 hiring goal because VHA did not have effective guidelines and processes in place to ensure the effective coordination and planning of the substance use disorder hiring initiative. VHA did not clearly communicate hiring priorities to VISNs and medical centers, define and assign roles and responsibilities for implementation and oversight, or generally ensure accountability for the achievement of the initiative's hiring goals. As a result, leaders at multiple levels of VHA did not accept responsibility for the achievement of the initiative's hiring goals.

Although the focus of the OIG's review was on whether the hiring goals were achieved in FY 2022, the review team also examined FY 2023 hiring as well as funding to help determine whether the challenges persisted. In FY 2023, VHA distributed an additional \$171 million in specific purpose funds to the program office for the initiative, for a two-year total of \$267 million. By the end of FY 2023, medical centers had only hired a total of 837 people for the cumulative 1,286 approved positions in two fiscal years (65 percent rather than the 90-percent goal established for the first year) and spent \$97 million in total to expand staffing (plus \$14 million in FY 2023 medical centers retained for other purposes).⁵³ The OIG determined that in this two-year period, a total of \$156 million was not used to hire staff, indicating a lingering problem in achieving the hiring initiative goal. The program office either spent those unused funds on other substance use disorder purposes that did not expand staffing or returned the funds to the finance office. While both are allowed actions, they did not expand substance use disorder staffing, which was the intent of the initiative.⁵⁴

VHA has historically faced delays in hiring due to obstacles beyond its control, such as recruitment challenges in rural and high-cost areas, lack of interested qualified candidates, and

⁵³ In FY 2023, the program office approved 106 more positions, for a cumulative total of 1,286 approved positions; 837 hired staff is about 65 percent of this combined total.

⁵⁴ VA Financial Policies and Procedures, "Reprogramming of Funds," in vol. 2, *Various Appropriations Law Related Topics* (August 2014), chap. 7; VHA Office of Finance, *FY 2022 Specific Purpose Funding Instructions*, February 17, 2022 (not publicly accessible). This guidance allows spending of specific purpose funds within the same designated program and requires remaining funds to be sent to the finance office.

competing priorities. After analyzing two years of hiring and funding data for this initiative, the OIG determined that VHA fell significantly short of achieving its own hiring goal; therefore, it is critical for VHA to minimize hiring delays within its control to better position itself and its medical centers to more efficiently meet national hiring goals.

The OIG determined VHA has the opportunity to establish more effective intraorganizational roles and responsibilities and guidelines for the planning, coordination, and oversight of national hiring initiatives to help ensure goals are achievable and provide monitoring for successful implementation with clear accountability for each office's or facility's role. If the issues identified in this report are not addressed and the program office receives the full \$465 million requested to continue the initiative in FYs 2024 and 2025, VA again risks having specific purpose funds, intended for the hiring of behavioral health staff, used for other substance use disorder program needs, retained and used by medical centers for unspecified purposes, or returned to the finance office.⁵⁵

This finding is based on the following determinations:

- Medical centers did not meet the initiative hiring goal, and unused funds were returned to the finance office.
- VHA offices involved in the initiative did not ensure effective coordination, planning, and oversight.

What the OIG Did

The review team analyzed national hiring data for the 1,180 approved initiative positions at 139 medical centers to evaluate the hiring status of these positions and determine if medical centers met the initiative's 90 percent hiring goal by the end of FY 2022 (September 30, 2022).

The team interviewed VHA leaders, including the AUSHs for clinical services and for operations, and officials from workforce management, the finance office, and the program office. The interviews focused on the initiative's planning (July 2020 to November 2021) and implementation (December 2021 to September 2022) as well as communications regarding its oversight and monitoring. To understand how VISNs and medical centers managed the initiative, the OIG team statistically selected four medical centers for review in different VISNs based on the percentage of approved positions they hired from October 1, 2021, to September 30, 2022

⁵⁵ VHA AUSH for clinical services/chief medical officer, "Informational: Fiscal Year (FY) 2024 Substance Use Disorder (SUD) Position Requests," memorandum to VISN directors, October 27, 2023; US Department of Veterans Affairs FY 2024 Budget Submission, *Medical Programs*, vol. 2, March 2023. VA's FY 2024 budget submission includes requests for an additional \$465 million in funding to continue the hiring initiative in FYs 2024 and 2025.

(the review period).⁵⁶ Table 2 shows the selected medical centers (and the VISN to which they are assigned) and number of approved positions that were filled. The OIG review team used the national hiring data to group medical centers into three hiring categories: higher-performing, lower-performing, and no hires. Because the statistical analysis showed that the lower-performing group and the no-hires group did not have material differences, the review team combined them as the “lower-performing” group for this report.⁵⁷ The statistical analysis showed the higher-performing group was materially different from the lower-performing group. Appendix B provides additional details on the statistical analysis and medical center selection methodology.

Table 2. Overview of Selected Medical Centers’ Hiring Initiative Information for FY 2022

Medical center	Approved positions	Positions filled	Percent of positions filled	Performance category (higher, lower, no hires)
VA North Florida/South Georgia Veterans Health System	14	4	29%	Higher
VA Long Beach Healthcare System	10	1	10%	Lower
VA West Texas Healthcare System	9	1	11%	Lower
Tomah VA Health Care System	8	0	0%	no hires*

Source: VA OIG statistician’s analysis of data obtained from the hiring database on October 19, 2022, covering FY 2022 (October 1, 2021–September 30, 2022).

** The OIG statistician found no difference between the lower-performing medical centers strata and the no-hires strata.*

For the selected medical centers, the team interviewed and obtained documentation from VISN representatives and medical center directors, medical facility leads, facility administrative staff, and human resources staff who assisted with the hiring for this initiative. The team used this information to better understand the time lines, challenges, and effectiveness of the initiative’s implementation at medical centers. The review team did not evaluate the implementation process after facility leads provided the packages to human resources and the positions were posted

⁵⁶ Other factors considered in selecting medical centers to review included the number of staff approved for a medical center to hire, VISN oversight, complexity of services offered by the medical center and its clinics, and their rurality.

⁵⁷ The OIG statistician applied Tukey’s studentized range test to the lower-performing medical centers strata and the no-hires strata and found no difference. See appendix B for details on the categories used and their differences.

because the team’s initial assessment indicated that the human resources process did not substantially affect whether staff at the lower-performing medical centers were hired in FY 2022.⁵⁸

Although outside the scope of the initial review, the team also obtained FY 2023 information, such as national hiring data and funding information, to determine if medical centers met the initiative’s 90 percent hiring goal by the end of FY 2023 (September 30, 2023). The team also analyzed the amount of funding that was used at the medical centers and program office or was returned to the finance office. Appendix B provides additional details on the review’s scope and methodology.

Medical Centers Did Not Meet the Initiative Hiring Goal, and Unused Funds Were Returned to the Finance Office

Given the documented increases in overdoses and the prevalence of substance use disorder diagnoses among veterans served by VHA, an aggressive goal was set for all medical centers to fill 90 percent of approved positions by the end of FY 2022 to increase veterans’ access to care.⁵⁹ The program office wanted medical centers to fill targeted positions as quickly as possible to achieve the initiative goal.

The AUSH for clinical services communicated to the VISN directors and representatives the expectation that medical centers would meet the hiring goal by filling 1,062 of the approved positions before the end of FY 2022.⁶⁰ Interviews with medical center staff at the reviewed medical centers disclosed that in addition to this aggressive goal, they had to contend with challenges such as a lack of candidates in certain areas, delays in onboarding staff after they were selected, and the need to hire staff to fill behavioral health vacancies and be responsive to other hiring initiatives. As a result, facility leads often could not take the necessary steps to better position their medical centers to hire staff quickly and meet the initiative’s hiring goals.

⁵⁸ At the end of March 2022, VHA’s national average number of days to hire staff after human resources received recruitment packages was approximately three months. VHA, Time to Hire (T2H) data, October 1, 2021, to March 31, 2022 (not publicly accessible). If medical facility leads had followed the program office’s guidance to hire immediately in March 2022, the leads could have submitted packages to their human resources department before June, and human resources still may have been able to hire the staff before the end of the fiscal year. However, the review team noted that the leads at the VA West Texas Healthcare System and Tomah VA Health Care System did not provide their regional human resources departments with needed documentation to start recruiting for 15 of their combined 17 positions by the end of the fiscal year.

⁵⁹ Substance use disorders often involve the misuse of multiple substances. VHA analyzed amphetamine, cannabis, cocaine, and alcohol use disorders to determine if diagnosis rates increased among veterans within VHA. “Provisional Drug Overdose Death Counts” (web page), Centers for Disease Control and Prevention; VA 2022 Congressional Budget Submission, vol. 2.

⁶⁰ Ninety percent of the 1,180 approved positions at medical centers nationwide is 1,062.

The review team determined that medical centers had only filled 310 of the approved positions (about 26 percent) by the end of FY 2022. While none of the medical centers met the hiring goal for that fiscal year, seven of them were just one position short.⁶¹ Figure 5 shows the number of positions for which medical centers hired during the review period.

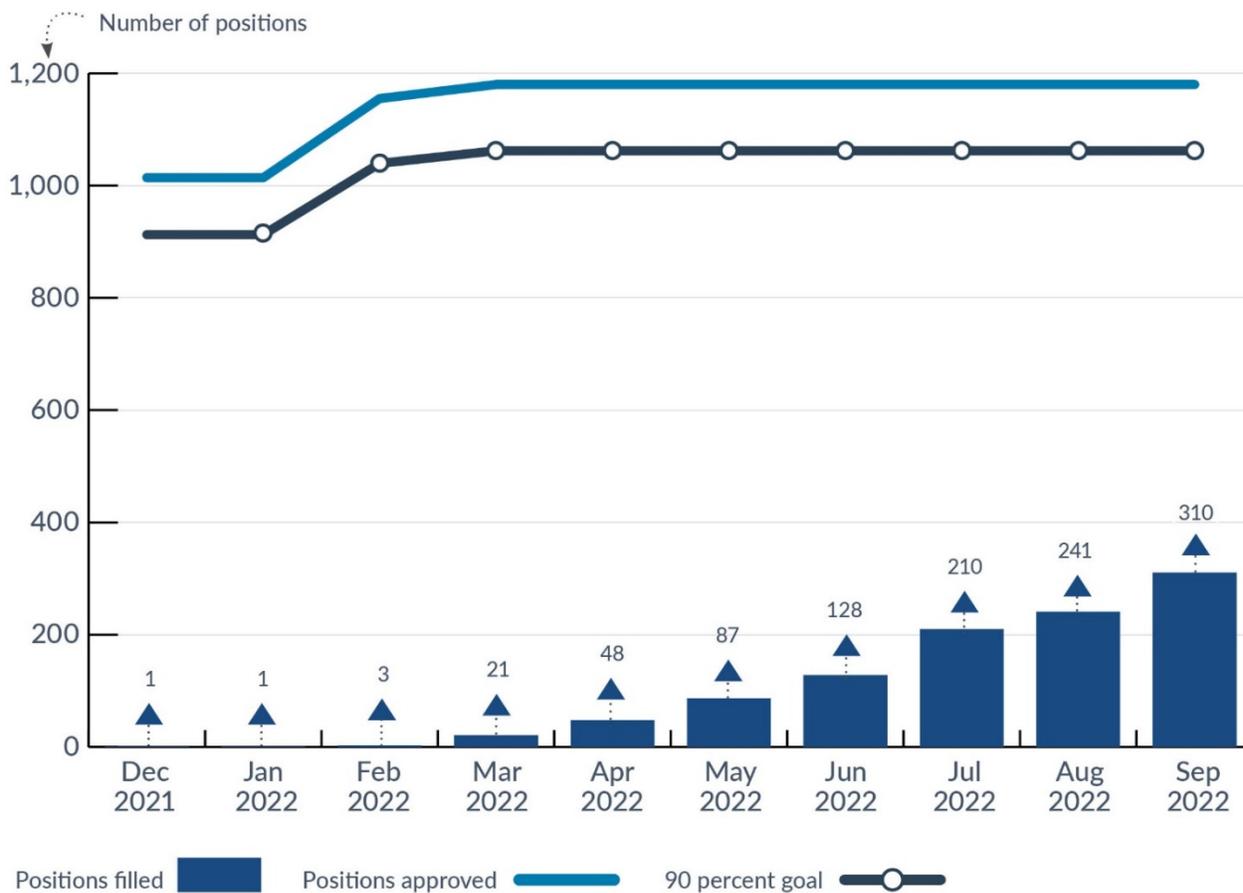


Figure 5. FY 2022 hiring initiative positions filled, December 1, 2021, to September 30, 2022.

Sources: Program office hiring database and VA OIG analysis.

Note: Because the program office did not approve any positions before December 2021, no positions were filled in October or November 2021.

A detailed analysis of the hiring database information also revealed that the 74 medical centers in the lower-performing group filled only 72 of the 666 approved positions (about 11 percent) for those facilities before the end of FY 2022.⁶² In contrast, the 65 medical centers in the higher-performing group filled 238 of their 514 approved positions (about 46 percent). The team reviewed three lower-performing medical centers that filled only three of their 27 total approved

⁶¹ Any medical center with nine or fewer approved positions needed to hire for all approved positions to meet the 90 percent goal. For hiring initiative information by medical center, see appendix C.

⁶² See appendix B for additional details on the categories.

positions (about 11 percent).⁶³ These medical centers did not start recruiting for 13 of the 24 unfilled positions before the end of the fiscal year and delayed initiating recruitment packages for nine of those positions as well.⁶⁴ The hiring actions for these positions were in process before the end of the fiscal year, but the leads at these medical centers neither started developing the recruitment packages as soon as the positions were approved nor submitted the recruitment packages to the human resources department within one month of the direction to hire immediately.⁶⁵ These facility leads submitted the recruitment packages one month or more after receiving the direction to hire immediately through just before the end of the fiscal year. The OIG acknowledges that in addition to not developing or submitting recruitment packages, positions may have remained unfilled for other reasons, such as lack of qualified applicants. The team's review of a single higher-performing medical center that filled four of its 14 approved positions (about 29 percent) indicated that it was successful in filling its positions before the end of the fiscal year in part because it had initiated its recruitment actions as soon as the positions were approved.⁶⁶

Finally, medical centers spent \$8 million to hire the 310 behavioral health staff for the initiative in FY 2022, leaving \$88 million of the \$96 million designated for the hiring initiative unspent for that purpose.⁶⁷ The program office decided to use \$35 million of those funds to provide transportation to clinical appointments and groceries for eligible veterans with substance use disorders (allowed uses of funds based on VHA's guidance) and returned \$53 million to the finance office.⁶⁸

Additional Funding in FY 2023

As mentioned earlier, the program office received \$171 million in FY 2023 for the hiring initiative and distributed these funds to medical centers to hire staff. The review team obtained

⁶³ The percentage only represents the total number of filled positions at the three reviewed medical centers in the lower-performing group.

⁶⁴ One facility lead attempted to hire two of the 24 positions but was unsuccessful and had to reannounce these positions.

⁶⁵ The OIG team considered a position "not recruited" if it was not posted on USAJOBS in FY 2022 and no other efforts were made to actively recruit, such as attempts to hire directly from job fairs or through professional contacts. For the purposes of this review, the team counted recruitment actions as delayed if the leads did not submit recruitment packages to human resources within one month of the implementation memo's guidance to hire immediately (issued in March 2022) because the leads already had about three months—from December 2021 when the positions were approved—to work on the packages.

⁶⁶ The percentage represents only the percentage of filled positions at the one reviewed higher-performing medical center.

⁶⁷ Because these 310 staff were hired throughout the year, the \$8 million spent does not represent their full salaries.

⁶⁸ VHA Office of Finance, *FY 2022 Specific Purpose Funding Instructions* (not publicly accessible). The medical centers returned the funds to the finance office at the end of FY 2022 as directed in the funding instructions. The positions authorized in 2022 could, however, continue to be filled in 2023, along with any new positions authorized with funding available for that fiscal year.

updated data for FY 2023 that show the program office approved 106 more staff, for a cumulative total 1,286 approved positions. The OIG team determined that 16 of the 139 medical centers met the hiring goal in FY 2023, and 48 were one position away from meeting the 90 percent hiring goal. During FY 2023, VHA's data showed medical centers filled 527 positions. With the 310 hired in 2022, the hires for these two fiscal years totaled 837 of the 1,286 approved positions (65 percent).

The medical centers made significant progress in filling approved initiative positions during FY 2023 and spent a total of \$103 million of the additional \$171 million in funding that was targeted for hiring.⁶⁹ A small portion of the hiring funding was intended to pay the ongoing salaries of the staff hired in FY 2022, and the rest was to be used to cover the salaries of any additional staff hired in FY 2023.⁷⁰ Figure 6 outlines how the funds were actually spent for FY 2023.

⁶⁹ In November 2022, the program office required medical centers to fill 90 percent of all initiative positions by the end of FY 2023 and did not make any substantive changes to program implementation. VHA AUSH for clinical services, "Fiscal Year (FY) 2023 Substance Use Disorder (SUD) Budget Allocation," memorandum to VISN directors, VISN chief mental health officers, and medical center directors, November 29, 2022.

⁷⁰ In March 2022, VHA submitted its budget request of \$171 million for FY 2023. At that point in the budgeting process, appropriators may have expected that medical centers would hire 90 percent of the approved positions, or 1,062 people, by the end of FY 2022. However, medical centers only hired 310 by the end of that fiscal year.

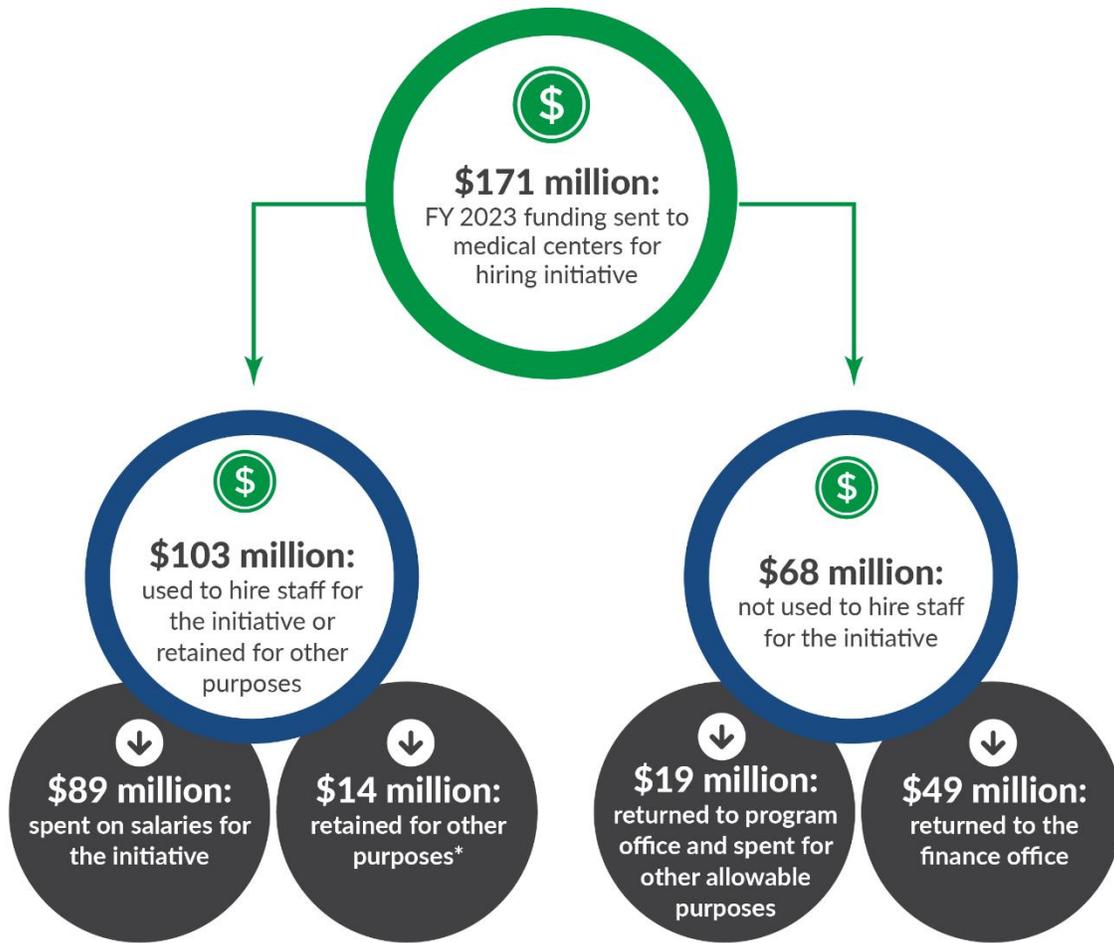


Figure 6. Breakdown of FY 2023 spending.

Source: VA OIG analysis of data obtained from the financial management system as of June 1, 2023, covering FY 2023 (October 1, 2022, to September 30, 2023).

* Information for the \$14 million retained for other purposes has been referred to VHA for further examination as described in this section.

Of the \$103 million spent by medical facilities in FY 2023, about \$89 million was actually spent on hiring and the new and ongoing salaries. Sixty-seven facilities, however, retained about \$14 million for what appear to be purposes unrelated to salaries for staff hired.⁷¹ However, the team could not readily locate information about what the medical centers spent these funds on. The program office told the review team it was unaware the medical centers had kept funds for other purposes and assumed any funds the medical centers did not return had been used to hire staff for the initiative. The team did not pursue additional information related to these funds because this work exceeded the project’s scope. However, the VISN chief financial officers are

⁷¹ The review team obtained a report showing the medical centers had retained \$14 million categorized for other purposes, but information about the amounts spent and what the funds were spent on was not readily available.

responsible for ensuring their medical centers use specific purpose funds for the intended purpose.⁷² Further, the finance office is responsible for overseeing the use of VHA funds to ensure they comply with applicable policies and federal laws.⁷³ Accordingly, the team developed recommendations for the finance office to review the \$14 million retained by medical facilities to determine if the funds complied (or will comply) with financial policies and laws, and to strengthen controls to ensure specific purposes funds are accounted for and spent properly.⁷⁴

At the end of FY 2023, the medical centers also sent \$68 million in unused funds back to the program office; the program office applied these funds toward other allowable substance use disorder areas or returned the remaining amount to the finance office.

Summary of Hiring Initiative Results after Two Years

In FYs 2022 and 2023, the program office received \$267 million (\$96 million for FY 2022 and the \$171 million for FY 2023) in specific purpose funds for the hiring initiative, but the medical centers only spent \$97 million on staffing over the two years (\$8 million for FY 2022 and \$89 million for FY 2023), and \$14 million was retained by the medical centers and specified for other purposes in 2023, as described above. The remaining \$156 million was used for other permitted purposes by the program office or returned to the finance office over these two fiscal years. Figure 7 shows the disposition of the hiring initiative funds over two fiscal years.

⁷² VHA Office of Finance, *FY 2022 Specific Purpose Funding Instructions* (not publicly accessible).

⁷³ VA Office of Enterprise Integration, *2021 VA Functional Organization Manual: Description of Organization Structure, Missions, Functions, Tasks, and Authorities*, vol. 1, *Administrations*, September 30, 2021.

⁷⁴ 31 U.S.C. § 1301(a). This law states, “Appropriations shall be applied only to the objects for which the appropriations were made except as otherwise provided by law.”

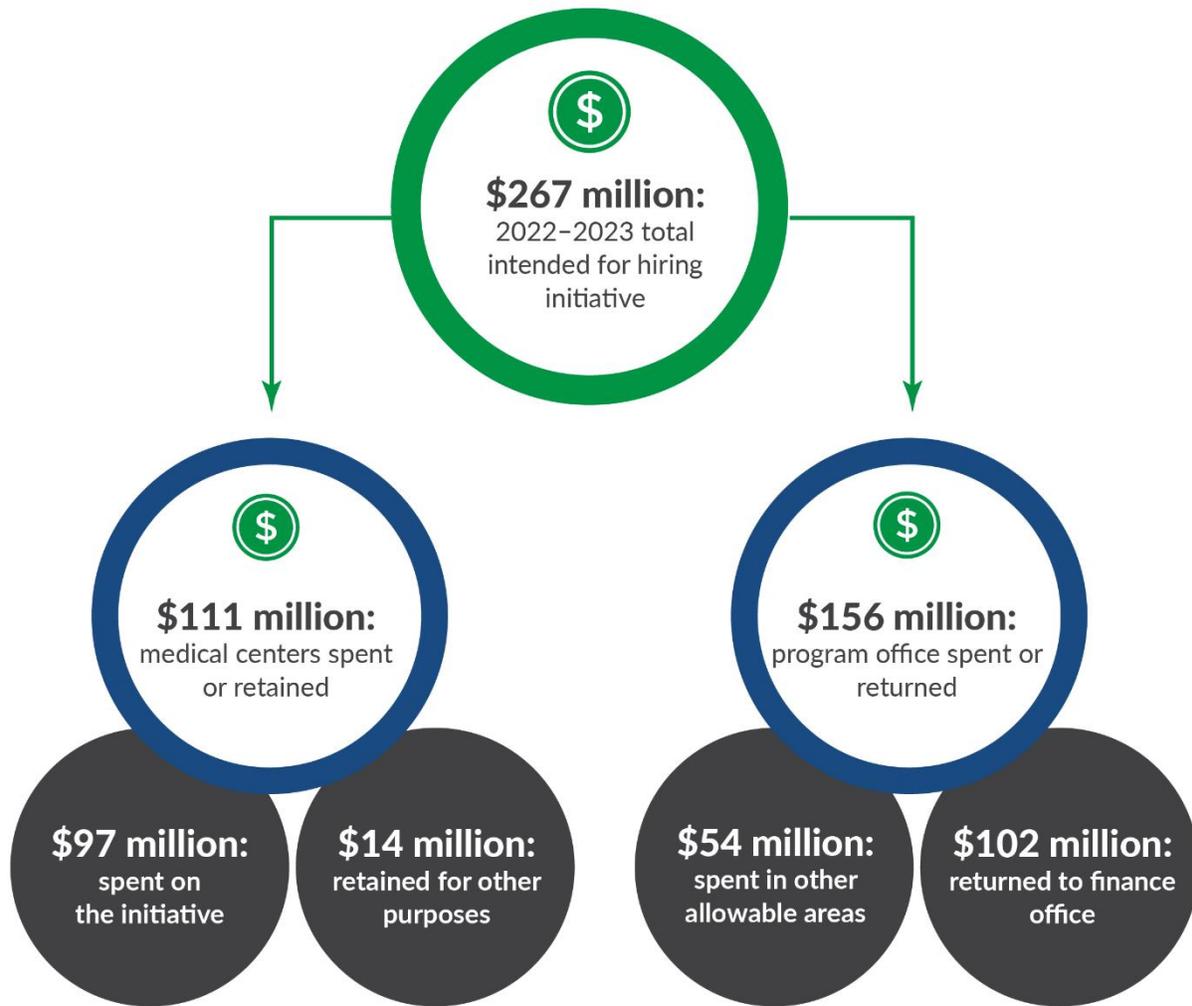


Figure 7. Breakdown of funds spent, retained, or returned in FYs 2022 and 2023.

Source: VA OIG review team's analysis. Data were obtained from the financial management system as of June 1, 2023, covering FY 2022 (October 1, 2021, to September 30, 2022) and FY 2023 (October 1, 2022, to September 30, 2023).

VA's FY 2024 budget submission disclosed that VHA plans to continue the hiring initiative beyond FY 2023. VA requested an additional \$228 million for VHA in specific purpose funds for FY 2024 and \$237 million for FY 2025; an estimated 90 percent was expected to be used to fund hired staff and to continue hiring to reach the initial goal of 1,286 positions.⁷⁵ With this anticipated funding, VHA could meet the initiative's hiring goal by the end of FY 2024, about two years later than originally planned. However, if the medical centers do not make the goal and

⁷⁵ VA 2024 Congressional Budget Submission, vol. 2. The OIG only has information on requested hires through FY 2024, but the program office told the review team that it intends to continue expanding positions through FY 2025; therefore, some of this funding could be used to hire positions in addition to the FY 2023 total of 1,286.

VHA does not address hiring delays and challenges, the program office will again return a significant amount of unused funds at the end of FY 2024.

The OIG acknowledges that factors beyond the medical centers' control, such as recruitment challenges in some rural regions or a low number of candidates with necessary experience within an area, may have contributed to the medical centers' lack of hiring during the review period. For example, the VA Long Beach Healthcare System hiring manager selected a behavioral health nurse who applied for the position in March 2022. The applicant was offered the position in May 2022 but declined to accept in June 2022. The hiring manager told the review team that the other applicants who applied after the March announcement did not have the needed experience. The manager said she offered these applicants additional training for substance use disorder treatment, but they declined. Ultimately, the manager selected a new applicant recruited through a hiring fair in July 2022 but could not complete the hiring until January 2023—three months after the review period and 10 months after the March 2022 announcement.⁷⁶

Despite the many recruitment challenges beyond VHA's control, the OIG team determined inadequate planning and oversight in VHA affected medical centers' ability to announce positions with sufficient time for candidates to apply. The following sections discuss weaknesses in coordination, development, and oversight for VHA national hiring initiatives that significantly contributed to the medical centers' hiring difficulties.

VHA Offices Involved in the Initiative Did Not Ensure Effective Coordination, Planning, and Oversight

At the time the program office launched the substance use disorder initiative, clinical services also had five other active behavioral health initiatives in progress that required medical centers to hire additional staff.⁷⁷ VHA lacked guidelines to help effectively coordinate and plan national hiring initiatives, including how to communicate hiring priorities. The OIG acknowledges the challenges that hiring for multiple initiatives creates for VHA planners and for hiring managers at medical centers. Although the program office developed the national strategy and guidance for the hiring initiative, the program office stated that, consistent with the regional hiring process in VA policy, the VISNs and medical centers were completely responsible for achieving the initiative's hiring goals.⁷⁸ At the same time, the VHA offices involved could have improved

⁷⁶ Some facility leads recruited through job fairs or professional contacts. For the reviewed positions at the four medical centers, the team did not generally find delays in the announcement of the positions after human resources personnel received the recruitment packages, but there may have been delays in the selection and onboarding of some applicants.

⁷⁷ Additional VHA behavioral health hiring initiatives underway during FY 2022 included two initiatives focused on suicide prevention (Suicide Prevention 2.0 and Suicide Prevention Demonstration Projects) and three initiatives within behavioral health (Peer Specialists in Patient Aligned Care Teams, Behavioral Health Interdisciplinary Program Care Coordinator, and Primary Care Mental Health Integration Care Manager).

⁷⁸ VA Handbook 5005/148, *Staffing*, October 15, 2021.

coordination and planning before the implementation phase. Furthermore, the implementation lacked effective oversight at every level. The following sections outline identified deficiencies within the offices involved in each of the three stages of coordination, planning, and implementation.

Missed Opportunities to Improve Coordination between AUSHs

The OIG team did not find any indications the AUSHs who were in place at the initiative's start had met during the planning phase to discuss it, assign staff roles and responsibilities at each management level to support it, or establish mechanisms to help medical centers quickly announce and fill approved positions.⁷⁹ The team also did not find any indications that the AUSHs set the priority the medical centers should give the hiring for this initiative relative to the other five or that the AUSHs discussed with leaders involved in the other initiatives whether the substance use disorder initiative's goal was feasible in light of the other hiring initiatives. The planning memo the medical centers received only stated that hiring should be done "expeditiously." The operations office did not communicate urgency for hiring at the medical centers beyond what was in the planning memo. The AUSH for operations (in the position since January 2, 2022, when implementation was already underway) suggested that VISNs and medical centers may not have prioritized the initiative because the guidance came from the AUSH for clinical services instead of the AUSH for operations, to whom they report. The AUSH for clinical services, who also assumed the position January 2, 2022, suggested that more coordination between the program office, the clinical services office, and other key offices during the planning phase would have benefited the initiative.

Program Office and Workforce Management Coordination

The program office reached out to workforce management officials when it planned the initiative. Program office communications focused on using initiative funding to hire additional workforce management staff but not on other ways to expedite hiring processes at the medical centers. The program office offered to provide workforce management with specific purpose funds for FY 2022 to hire temporary staff to help medical centers hire for the initiative. Workforce management leaders declined, citing concerns about the temporary nature of the funding. Workforce management officials indicated in interviews with the review team that their office could have developed centralized position descriptions and national job announcements, as it had done in the past for other VHA hiring initiatives, if the program office had requested

⁷⁹ The review team interviewed program officials and reviewed all the emails the program office provided related to the initiative from July 2020 through November 2021. The team did not interview the clinical services and operations AUSHs in place during the initial planning and coordination of the initiative because they had left VA by the start of this review. The program office reports to clinical services, which is led by the AUSH for clinical services. See figure 4 presented earlier on VHA governance.

them.⁸⁰ Centralized descriptions for behavioral health positions and national announcements could have reduced the time needed to develop individual recruitment packages and local announcements, allowing facility leads to focus on interviewing and selecting applicants. However, there was no indication that workforce management officials who met with the program office during the initiative’s planning ever shared this information with the program office. Program office staff told the review team that they were unaware this centralized recruitment service was available even after they communicated with workforce management staff between November and December 2021.⁸¹

Position Approvals and Onboarding Planning

The AUSH for clinical services relied on the program office to set the time line for this national hiring initiative. The finance office notified the program office in June 2021 that the initiative’s funding was approved. About four months later, in early November 2021 (which was two months into the fiscal year), the program office required medical centers to request positions. Program office officials indicated this requirement was delayed because they were assisting medical centers in their responses to the COVID-19 Delta variant surge in the summer.⁸²

In December 2021, the program office approved most (1,014) of the 1,180 positions and informed the medical centers they “may” start the hiring process. The medical centers then did not receive the funding for the positions until January 2022. Some medical center staff did not understand the urgency of the hiring initiative and did not immediately initiate hiring actions, thus contributing to the lower-than-intended number of staff hired before the close of the fiscal year. Although the program office believed it had clearly communicated to the VISNs and medical centers the urgency to hire staff when it approved the positions for the initiative in December 2021, the program office did not directly tell the medical centers to immediately start hiring until the middle of March 2022, just over six months into FY 2022. For example, as previously noted, medical centers hired a total of 310 staff by the end of the fiscal year. In October and November 2022 (the first two months of FY 2023), medical centers hired a total of 126 staff who were already in the process of being hired before FY 2022 ended, bringing the

⁸⁰ As previously discussed, VHA may post a national job announcement on USAJOBS for positions approved at multiple medical center locations from centralized position descriptions. VA human resources can then send a referral list to medical centers nationwide of qualified candidates interested in their location, thereby avoiding several steps in the VISN human resources process.

⁸¹ The program office did post examples of position descriptions on the initiative’s resources intranet site so leads could adapt them for their local needs.

⁸² The B.1.617.2 “Delta” variant became the dominant variant of COVID-19 in June 2021 and sparked a third wave of infections during the summer of 2021. “CDC Museum COVID-19 Timeline,” David J. Sencer Centers for Disease Control and Prevention Museum, accessed May 22, 2023, <https://www.cdc.gov/museum/timeline/covid19.html>.

total hires for the initiative to 436 staff. As mentioned previously, had the AUSHs set the priority for this hiring initiative, the medical centers may have understood the urgency of initiating the hiring actions at the time the positions were approved, and some or all of these October and November hires may have completed onboarding before the end of FY 2022.

According to the facility leads the team interviewed, the substance use disorder treatment initiative also added to their workload because they were working to fill several behavioral health vacancies at their medical centers and positions for the other five hiring initiatives noted previously. The leads were expected to continue their routine clinical duties and responsibilities while also preparing detailed recruitment packages, which their medical center leaders then had to approve before submitting them to their respective VISN human resources staff. At the four reviewed medical centers, leads took from a few weeks to several months to prepare recruitment packages, and human resources personnel serving the medical centers took an average of about four months to hire once they received a completed recruitment package. Given these time frames for medical centers to create recruitment packages and for human resources to complete onboarding, earlier position approval would have translated into more time for medical centers and human resources to carry out the hiring actions.

While discussing the time line of the hiring initiative's implementation with the OIG team, the AUSH of operations opined that future VHA hiring initiatives should have a plan in place to begin implementation at the start of the fiscal year when possible.

Key Elements Missing from Guidance to Improve Oversight

VHA provided formal guidance for the initiative in a planning memo, implementation memo, and a hiring database user guide, with additional direction provided in emails and meetings. However, based on the lack of immediate action in many medical centers' hiring efforts during the first year of the initiative, the VISNs and medical centers would have benefited from more comprehensive information from the program office, which they could have used to oversee the hiring initiative.

The review team found the program office's guidance to VA medical centers discussed general oversight and implementation but lacked some key information about the targets related to "expeditiously" hiring for the initiative. Program office staff told the review team that they did not provide detailed instructions for implementing the initiative because they believed this should be determined by medical center leaders, without specifying which individuals were responsible or setting parameters on time lines. As a result, the guidance did not establish deadlines for the completion of recruitment packages needed to initiate hiring.

The program office did not task VISN and medical center directors with setting time lines and milestones because it did not have the authority to directly assign responsibilities to offices that report to the AUSH of operations. Program office officials related that they did not feel they needed to assign these responsibilities to VISN and medical center directors or provide detailed,

prescriptive implementation guidance because VISN representatives are generally responsible for overseeing the implementation of behavioral health initiatives at medical centers. Program office officials also stated that their role in implementing the initiative was limited to establishing the strategy for the initiative and setting the overall time lines for the hirings. Thus, the program office did not prescribe roles for medical center staff and deferred to local expertise to identify and align the hirings with their facilities' needs to accomplish the initiative's strategic goal.

The program office engaged VISN representatives at the start of the initiative, in accordance with the standard process at the time, and asked the representatives to work with their medical centers to develop the local hiring plans. Thus, the program office assumed that when it directed VISN representatives to use the hiring database to monitor their medical centers' hiring progress, the representatives would also take responsibility and appropriate action if their medical centers did not make acceptable progress.⁸³

The review team found that medical center directors were aware of the initiative; however, the hiring initiative data indicate that, in general, directors did not actively ensure their medical centers were meeting the hiring goals. VISN representatives generally monitored their medical centers' hiring for all the behavioral health initiatives, including this initiative, as the program office directed. However, VISN representatives did not always notify their VISN director if medical centers did not provide the recruitment packages needed to announce the positions. VISN representatives told the review team they felt it was the VISN director's responsibility to make certain that the goals were achieved.

The review team determined that VISN representatives and directors did not always follow through on their oversight of medical centers; for example, the VISN representatives at the four reviewed medical centers suggested that additional direction could have helped them proactively work with medical centers to meet the hiring goals. This includes better identifying internal and external obstacles to hiring and then addressing those impediments within VA's control.

The AUSH for operations, who assumed the position after the initiative had already begun, told the review team the guidance should have been more prescriptive and should have assigned responsibility to specific individuals to ensure accountability.

Lack of Corrective Actions by Clinical Services

The clinical services office did not take actions with the operations office to improve oversight or take remedial actions after the pace of hiring data indicated the initiative would not reach its goal. In April 2022, the program office and VISN representatives became aware from the data in the hiring database that many medical centers had made little to no progress in hiring. The program office noticed that some medical centers were still writing position descriptions and had

⁸³ VHA AUSH for clinical services, "Required Monitoring of Positions Funded by the Office of Mental Health and Suicide Prevention," memorandum (implementation memo).

yet to announce the jobs. For example, one of the medical centers reviewed had only announced one of its nine approved positions on USAJOBS by April. The facility lead responsible for filling these positions stated it took him a long time to prepare the recruitment packages for these positions because he was also working to fill other behavioral health positions at the medical center while still performing his usual assigned duties.

The program office staff did not reach out to VISN representatives to address the delays, but they alerted the AUSH for clinical services in June 2022, the month the program office considered the data reliable enough to report, that the medical centers were hiring for the initiative at a slower-than-anticipated pace and estimated that \$50 million of the initiative's funds would not be spent by the end of the fiscal year.⁸⁴ The review team found no indications the clinical services office discussed these hiring delays with the AUSH for operations. The AUSH for operations indicated that the AUSHs were not meeting regularly at that time but that she could have worked with her staff to prioritize the hiring if the clinical services office had informed her that medical centers were not making progress.

Lack of VISN Oversight at Medical Centers

Job descriptions for VISN representatives generally state that they will monitor and oversee initiatives and notify leaders of issues. They are also required to assist with the “successful performance” of mental health initiatives, though that phrase is not defined.⁸⁵ Based on the OIG's review, most VISN representatives effectively communicated initiative information to the facility leads. However, at the reviewed sites, VISN representatives did not take steps to ensure the leads developed the implementation plans the program office requested. Without specific implementation plans, most of the leads at the reviewed medical centers followed their local hiring processes and did not expedite the hiring process for approved positions. Further, VISN representatives did not ensure leads progressed at a pace to meet the hiring goal.⁸⁶

Starting in April 2022, the four VISN representatives for the OIG-reviewed facilities transmitted monthly their medical centers' information in the hiring database to the program office. VISN representatives disclosed that they did not respond when the data indicated their medical centers were not hiring at a pace that would allow them to meet their hiring goals because these medical centers generally had numerous other behavioral health vacancies they were trying to hire for. During the review period, VISN representatives held routine meetings with the behavioral health

⁸⁴ As discussed in the section on how improved guidance would clarify coordinated roles, responsibilities, and time lines, the program office expected VISN representatives, who approved the national hiring database information, to provide oversight to the medical centers.

⁸⁵ The OIG team reviewed VISN representatives' job descriptions for the selected medical centers.

⁸⁶ The OIG team reviewed the associated VISN for each of the four selected medical centers. The team interviewed each VISN representative and obtained documentation to understand the implementation time lines, challenges, and the status of hiring for the initiative.

staff of their medical centers to discuss general operational issues affecting their medical centers and to provide updates on national initiatives. They discussed the lack of hiring during these meetings, but the VISN representatives did not follow up by thoroughly reviewing positions to see whether facility leads had initiated hiring or try to assess the delays the medical centers were experiencing to determine if additional actions were warranted.

For example, the VISN representative overseeing one of the lower-performing medical centers held general meetings, to include in April 2022, with the VISN leads, including the lead at this medical center for this initiative. However, from April to June 2022 this medical center's data indicated it had not started recruiting any of its eight approved positions. Based on the team's review of meeting minutes, emails, and interviews, the representative did not work with the lead to resolve any problems that might be preventing the lead from initiating recruitment before the end of FY 2022. The representative stated that he was working with the lead to add recruitment incentives and increase salaries for all behavioral health positions, but these actions do not facilitate quicker position postings.

VISN representatives stated that they had numerous general discussions with VISN and medical center leaders about the difficulties in hiring behavioral health staff. However, the initiative's guidance did not specify the VISN representatives' roles and responsibilities, and VISN representatives did not consider it their responsibility to follow up with medical centers that experienced significant hiring delays. VISN representatives contended that this responsibility belonged to medical center directors. As a result, VISN representatives did not reach out to VISN directors or medical center directors specifically about delays in filling the approved positions.

Limited Facility-Level Oversight and Engagement

During planning and implementation, the program office provided VISN representatives with guidance via meetings, memos, emails, and phone calls prompting them to "expeditiously" begin hiring before eventually directing medical centers to hire "immediately in March 2022."⁸⁷ The OIG team found that VISN representatives generally conveyed all the program office's information to the leads at the medical centers. The examples presented in this section are from the on-site or virtual site visits the OIG team conducted at the four statistically selected medical centers. Their successes and challenges help shine a light on how the medical centers in the higher-performing and lower-performing groups differed in confronting hiring obstacles without the benefit of stronger direction and oversight. Generally, the facility lead at the reviewed medical center in the higher-performing group was more proactive than those at the

⁸⁷ VHA AUSH for clinical services, "Required Monitoring of Positions Funded by the Office of Mental Health and Suicide Prevention," memorandum (implementation memo); VHA AUSH for clinical services, "Implementation of Substance Use Disorders Program Fiscal Year 2022 Priorities," memorandum (planning memo); Mental Health Special Purpose Staffing Database, *User Guide*.

lower-performing medical centers, which may have been a contributing factor to the facility's success in hiring more positions for the initiative.

The review team determined that one medical center in the higher-performing group, which had 14 positions to fill, hired four positions, were onboarding another five staff, and were preparing to repost or had already posted five positions on USAJOBS at the end of FY 2022. For most of this medical center's requested positions, the lead began preparing the recruitment packages before the program office approved the positions and submitted them for local approval two weeks after the program office approved the positions.⁸⁸ By initiating the process early, this lead positioned human resources personnel to announce three of the initiative's positions on USAJOBS within one month of the program office's approval of the positions. The review team also found that this lead routinely met with the VISN human resources department throughout the hiring process to discuss the progress for each of the initiative's approved positions. This medical center's leaders told the review team it expected all behavioral health leads to hold these types of meetings with human resources at least every two weeks.

In contrast, the leads at the three lower-performing medical centers generally did not initiate recruitment actions until after the program office directed them in March 2022 to hire immediately—and in some cases still did not start recruiting some positions before the fiscal year ended. At these medical centers, the leads did not always prepare the recruitment packages promptly or actively work to fill the approved positions. For example, in February 2022 the program office notified the lead at one of the reviewed medical centers that it had approved the medical center's request for a social worker position. However, the lead confirmed he did not notify the medical center's social services chief of the approved position until September 2022, the final month of the fiscal year and seven months after it was approved.

The review team noted the lower-performing medical centers did not have effective oversight mechanisms to identify and help assist when their leads did not develop recruitment packages in time to both announce and fill positions before the end of the fiscal year. Behavioral health managers typically were assigned as leads and were expected to develop the recruitment packages and implement the initiative in addition to their regular responsibilities. These leads were not required to routinely meet with their respective VISN human resources personnel or their supervisors to discuss hiring progress or the pace of preparing the recruitment packages, as compared to the biweekly meetings held at the higher-performing medical center. Moreover, neither these leads nor their supervisors had to report their progress to medical center leaders. The leads at the lower-performing medical centers only had to record their progress in the hiring database, which VISN representatives had to certify was accurate.

⁸⁸ Because this medical center started the process early, it was able to obtain local committee approval, even though the program office later directed medical centers to eliminate this step to streamline the process.

In some cases, greater oversight and engagement from facility leaders could have reinforced the leads' sense of urgency and the need to hire. For example, the lead at one of the lower-performing facilities reported not fully appreciating the urgency of the initiative because medical center leaders did not convey that the approved positions should be expedited. Further, the medical center director still required local committee approval for the positions even after the program office had directed the medical centers to remove this barrier. Consequently, the lead did not provide position requests to the local committee for the center's eight positions until April 2022, and these positions were not approved by the local committee until May 2022, four months after receiving program office approval and two months after the implementation memo required medical centers to hire immediately. Only two positions had completed recruitment packages and were announced on USAJOBS during FY 2022, in June and July, leaving the medical center roughly three to four months to recruit and hire the candidates before the end of the fiscal year. The medical center director acknowledged misunderstanding the initiative and, in hindsight, should have been more proactive. The lead's delayed action and the general lack of oversight and support contributed to the medical center not filling any approved positions before the end of the fiscal year.

The program office believed it had communicated the urgency and importance of this hiring initiative in its guidance. That said, the leads at the lower-performing reviewed sites—like the VISN representatives discussed in the previous section—viewed the initiative as one among several ongoing behavioral health hiring initiatives. It was uncertain to what extent this initiative was competing with all other behavioral health hiring or whether it warranted a higher priority, making the delays more understandable. Some leads also admitted they misunderstood some of the initiative's requirements and implementation processes or were unaware of resources to assist them. One lead said she developed eight descriptions from scratch because she did not know examples were posted on the program office's internal site.

Conclusion

VHA launched the substance use disorder hiring initiative in FY 2022 to help expand veterans' access to treatment. However, VHA did not meet its hiring goal to fill 90 percent of the initiative's approved positions by the end of that fiscal year—and still had not achieved the goal by the end of FY 2023. The medical centers had used just \$97 million of the \$267 million available for hiring by the end of that two-year period. Of the remaining \$170 million, the medical centers retained about \$14 million for purposes that were unclear at the time of the OIG's review. The OIG has advised VHA to determine how these funds were used to ensure compliance with VA policy and law. That means that \$54 million was used for other substance use program allowable purposes, and the \$102 million in unspent funds was returned to the finance office.

The OIG identified several organizational and administrative weaknesses that hindered VHA's ability to achieve its hiring goal—a goal that may have been unrealistic given competing

behavioral health hiring initiatives and other challenges. VHA senior leaders (including the AUSHs for clinical services and operations as well as workforce management officials) did not adequately coordinate to ensure VISNs and medical center leaders worked together to meet the goals and requirements of this large-scale hiring initiative. At the regional and local levels, VISN leaders relied on their own representatives; VISN representatives relied on medical center directors; directors relied on the managers of facility leads; and these managers relied on the facility leads to fulfill the requirements of the initiative. As a result, the initiative suffered from a cascading lack of sufficient engagement and oversight. Unclear roles and responsibilities contributed to a lack of accountability for achieving the initiative's goals.

VHA has historically faced delays in hiring or staffing shortages due to obstacles beyond its control, such as recruitment challenges in rural and high-cost areas, lack of interested or qualified candidates, and competing priorities such as the COVID-19 pandemic or other unanticipated demands on its medical facility staff. Thus, it is critical for VHA to minimize hiring delays within its control so that it can better position its offices and medical centers to efficiently meet national hiring goals. Strengthening controls would improve VHA's chances of successfully using any funding available in FYs 2024 and 2025 to expand substance use disorder staffing, and it may help VHA effectively implement other national hiring initiatives in the future.

Recommendations 1–3

The OIG made three recommendations to the under secretary for health:

1. Instruct the Office of Finance to review the \$14 million retained by the medical centers to ensure these funds were, or will be, spent in accordance with all applicable VA policies and federal laws.
2. Require the Office of Finance to strengthen controls over designated specific purpose funds so that Veterans Integrated Service Network chief financial officers can account for all the distributed funds and make certain that the funds are used for the intended purpose.
3. Define the roles and responsibilities of the appropriate assistant under secretaries, program office staff, and regional and medical center staff in the implementation and monitoring of the substance use disorder hiring initiative and ensure the relative priority of the initiative is communicated; hiring progress is monitored; possible hiring challenges are addressed to the extent possible; and actions are taken as needed to meet the goals of the hiring initiative.

VA Management Comments

The under secretary for health concurred with all three recommendations and provided an action plan for each with all having a targeted completion date of July 31, 2025. Appendix D provides the full text of the under secretary's comments.

In response to recommendation 1, the VHA finance office will review the initiative funds retained by the medical centers and use the information from that review to strengthen controls associated with designated specific purpose funds.

For recommendation 2, the finance office will request the Office of the AUSH for Operations to submit any program office guidance documents governing the use of specific purpose funding at medical centers for finance office staff clearance to ensure funding requirements comply with VA financial policy and system limitations. Through the clearance review process, the finance office will share any revisions to the guidance with the respective program office before distribution.

To address recommendation 3, VHA will create an integrated project team with representation from assistant under secretaries, program offices, and field staff. This team will be charged with “defining roles and responsibilities for planning, implementing, and monitoring the substance use disorder hiring initiative” as well as “developing guidance that can be applied to future national hiring initiatives.”

OIG Response

The corrective measures in VHA's action plans appear responsive to the recommendations. The OIG will monitor implementation of these proposed actions and will close the recommendations when VA provides sufficient evidence that the actions are completed.

Appendix A: Background

In total, the fiscal year (FY) 2022 substance use disorder hiring initiative with the Veterans Health Administration (VHA) required a minimum of five positions per medical center, which could be filled at the medical center or at one of the clinics that reports to it; three positions per Veterans Integrated Service Network (VISN), which could be assigned to medical centers within the VISN; and two positions per residential substance use disorder treatment program at medical centers that had these programs. Table A.1 highlights the requirements of the initiative’s five program areas. The program office allowed flexibility in position types for most of the designated areas to allow medical centers to adapt to local conditions.

Table A.1. FY 2022 Substance Use Disorder Hiring Initiative Requirements

Program area	Number of positions	Position types supported
Stepped care	Two per medical center; two per VISN	Registered nurses, nurse practitioners, physician assistants, clinical pharmacy specialists, medical doctors, doctors of osteopathy, social workers, psychologists, addiction therapists, licensed professional mental health counselors, and marriage and family therapists
Residential rehabilitation access	Two per residential substance use disorder treatment program	Registered nurses, licensed practical nurses, nurse practitioners, physician assistants, and social workers
Supported employment	One per VISN*	Rehabilitation counselors
Supported services	One per medical center	Case managers (typically social workers)
Peer support	Two per medical center†	Peer specialists (trained veterans actively engaged in substance use disorder recovery)

Sources: Planning memo, correspondence with program office staff.

** In FY 2022, the initiative included a requirement to hire one supported employment specialist in each VISN, with the goal of expanding the program to each medical center in the following year.*

† The program office allowed medical centers to meet this requirement by requesting a total of at least two full-time positions or two full-time equivalents. The term “full-time equivalent” expresses employment as a function of hours worked rather than by the number of individual employees. For example, the requirement for two full-time equivalents could be met by four positions employed for half-time hours.

Appendix B: Scope and Methodology

Scope

The review team conducted its work from November 2022 through May 2024 to assess how well medical centers met the fiscal year (FY) 2022 hiring goal. The review focused on the FY 2022 funding of \$96 million across five staffing program areas to hire 1,180 mental health professionals for substance use disorder treatment at 139 medical centers.

Methodology

To gain an understanding of the initiative, the review team identified and reviewed applicable laws, regulations, VA policies, and guidance related to the initiative. The team also interviewed program office managers to evaluate initiative implementation, including communication of guidance requirements for medical centers to hire staff as well as oversight and monitoring of the initiative.

The review team collaborated with a VA Office of Inspector General (OIG) statistician to establish the universe of 139 medical centers approved for initiative positions for FY 2022 (October 1, 2021, through September 30, 2022) and to assess and analyze national data from the program office's hiring database.⁸⁹ The program office approved positions and distributed funds to medical centers.⁹⁰ Although the Veterans Health Administration (VHA) identifies 141 medical centers within its facility complexity model, the program office only included 139 centers that were approved for funding according to the program office list. To stay consistent with the program office's model, the review team used the 139 medical centers in its assessment of national data and to statistically sample medical centers for site visits. The review team sampled medical centers because the program office awarded the initiative funds to them to administer. However, the team conducted interviews covering positions at related outpatient clinics that administratively report to the selected medical centers.

The review team, in collaboration with the statistician, divided the 139 medical centers into three strata based on each center's percentage of approved positions hired over the review period (see table B.1).⁹¹ Other factors that contributed to the medical center sample selection include

⁸⁹ The data are stored on the program office initiative SharePoint site, which is not publicly accessible.

⁹⁰ VHA Facility Complexity Model, as of October 2020. For the purposes of this report, "medical center" refers to the medical center and any clinics that report to it. The model categorizes medical facilities based on patient population, clinical services offered, educational and research missions, and administrative complexity. Complexity levels include 1a, 1b, 1c, 2, or 3, with level 1a facilities being the most complex and level 3 facilities being the least complex.

⁹¹ The review team considered a position filled or hiring completed if the position status was "filled/on board" or reported a target start date prior to the end of the fiscal year (September 30, 2022).

number of positions awarded, the associated Veterans Integrated Service Networks (VISNs), complexity of the center and its clinics, and rurality of the center and its clinics.

Table B.1. Performance Strata

Description	Number of medical centers	Positions approved	Positions filled	Percent of positions filled	Stratum based on percent of positions filled
Higher-performing medical centers	65	514	238	46%	Above average
Lower-performing medical centers	46	450	71	16%	Below average, but not zero
Medical centers with no hires	28	216	0	0%	No hires
Total	139	1,180	309*	26%	—

Source: VA OIG statistician’s stratified population. Data were obtained from the hiring database on October 19, 2022, covering data from FY 2022 (October 1, 2021, to September 30, 2022).

** The team confirmed one of the reviewed medical centers filled a position before the end of FY 2022 that was not included on the October 19, 2022, hiring report. The team used the reported data for the 309 positions to select the review strata but used 310 throughout the report to refer to the total number of filled positions for FY 2022.*

After the sample was selected, because statistical analysis showed that the lower-performing medical centers strata and the no-hires strata did not have material differences, the review team combined them as the “lower-performing group” for discussion in this report.⁹² Additional statistical analysis did show the higher-performing group was materially different from the lower-performing group.

Site Visits

To examine how VHA implemented the initiative, the team conducted four site visits from November 14, 2022, to January 11, 2023, at the following selected medical centers:

- VA North Florida/South Georgia Veterans Health System (VISN 8)
- Tomah VA Health Care System (VISN 12)
- VA West Texas VA Healthcare System (VISN 17)
- VA Long Beach Healthcare System (VISN 22)

⁹² The OIG statistician applied Tukey’s studentized range test to the lower-performing medical centers strata and the no-hires strata and found no difference.

The OIG team statistically selected these four medical centers. They represented different VISNs and had varying percentages of approved positions. Other considerations included complexity of services offered by the medical center and its clinics and their rurality. The team also interviewed and obtained documentation from local leads, behavioral health managers, human resources staff, fiscal staff, VISN representatives, and medical center directors to understand the implementation time lines, challenges, and the status of hiring for the initiative. The team analyzed the documentation received to assess recruitment efforts for all 41 approved positions at these sites. For each of these positions, the review team determined if leads actively recruited for the position in FY 2022, such as through a job announcement on USAJOBS or other efforts, including at job fairs or through professional contacts.⁹³ For positions that were actively recruited, the review team also assessed whether leads had delayed recruitment actions by not sending required documents to the human resources division until after April 15, 2022, one month after the implementation memo required medical centers to hire immediately.

The review team also obtained FY 2023 (October 1, 2022, to September 30, 2023) national hiring data and funding information. The team analyzed the data to determine if medical centers met the initiative's 90 percent hiring goal by the end of FY 2023 and analyzed the amount of funding that was used at the medical centers, program office, and returned to the finance office. The review team also reviewed FY 2024 budget submission and FY 2025 budget estimate to determine the amount of funding VHA had planned to request in these fiscal years.

Fraud Assessment

The team exercised due diligence in staying alert to any fraud indicators and did not identify any instances of fraud or potential fraud during this review.

Data Reliability

The review team relied on computer-processed data obtained from VA's financial management system provided by the OIG's Data Modeling Group. To determine the reliability of this data, the team performed tests to determine if there were any errors, including missing data attributes, calculation errors, duplicate records, alphabetic or numeric characters in incorrect fields, or illogical relationships among data elements.⁹⁴ Furthermore, the review team ensured that the financial data, including the amount awarded to the medical centers, amount spent by the medical centers, and amount returned to the program office matched the selected medical centers local records and program office's financial reports.

⁹³ USAJOBS is the federal government's employment website at www.usajobs.gov/.

⁹⁴ Government Accountability Office, *Assessing Data Reliability*, GAO-20-283G, December 2019.

The review team did not identify any data issues, and the team concluded that the specific purpose funding financial data were sufficient and reliable to support the review's objective and conclusions.⁹⁵

Data Validation

To mitigate and manage data risk, the review team conducted validation testing on the initiative data stored on the program office's SharePoint site and extracted by the review team.⁹⁶

For data validation, the team reviewed a statistical sample of 21 positions for the four statistically selected medical centers. The review team verified data within the sample by comparing and matching to human resources documentation, such as recruitment applications and awards, and other documentation regarding hiring status. For each sample, the review team ensured

- the position was approved by the program office for the appropriate medical center;
- the position was part of the initiative; and
- the position status was accurate, such as developing position description, interviewing applicants, target start date established, or position filled/on board.

The review team concluded that the national data extracted from the program office's SharePoint site were reliable, accurate, and complete.

Government Standards

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

⁹⁵ The team's initial testing did not identify data issues that would prevent the team from achieving the review's objective.

⁹⁶ The validation test was intended to identify errors in the national results data and to determine their significance to affect the review.

Appendix C: Overview of Substance Use Disorder Hiring Initiative Information by Medical Center

Table C.1 shows an overview of the substance use disorder hiring information by each medical center location at the end of fiscal year (FY) 2022, organized by lowest to highest percent of approved positions hired.

Table C.1. Overview of Medical Center FY 2022 Substance Use Disorder Hiring Initiative Information

Medical center location	Number of approved positions	Number of positions needed to meet 90 percent goal*	Number of positions hired	Percent of approved positions hired [†]
Albuquerque, NM	9	9	0	0%
Altoona, PA	11	10	0	0%
Augusta, ME	6	6	0	0%
Beckley, WV	6	6	0	0%
Biloxi, MS	11	10	0	0%
Birmingham, AL	7	7	0	0%
Bronx, NY	5	5	0	0%
Charleston, SC	7	7	0	0%
Columbia, SC	9	9	0	0%
Dayton, OH	7	7	0	0%
Dublin, GA	0	0	0	0%
Durham, NC	9	9	0	0%
Fort Meade, SD	9	9	0	0%
Hampton, VA	11	10	0	0%
Indianapolis, IN	6	6	0	0%
Iowa City, IA	6	6	0	0%
Iron Mountain, MI	7	7	0	0%
Martinsburg, WV	7	7	0	0%
Montgomery, AL	10	9	0	0%
Omaha, NE	5	5	0	0%
Philadelphia, PA	8	8	0	0%
Prescott, AZ	7	7	0	0%

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Medical center location	Number of approved positions	Number of positions needed to meet 90 percent goal*	Number of positions hired	Percent of approved positions hired [†]
Richmond, VA	8	8	0	0%
Salisbury, NC	12	11	0	0%
Shreveport, LA	7	7	0	0%
Tomah, WI	8	8	0	0%
Walla Walla, WA	9	9	0	0%
West Palm Beach, FL	9	9	0	0%
Pineville, LA	28	26	1	4%
Orlando, FL	14	13	1	7%
Boston, MA	11	10	1	9%
Coatesville, PA	11	10	1	9%
Houston, TX	11	10	1	9%
West Haven, CT	11	10	1	9%
Augusta, GA	10	9	1	10%
Seattle, WA	31	28	3	10%
Big Spring, TX	9	9	1	11%
Fresno, CA	8	8	1	13%
Amarillo, TX	7	7	1	14%
Cincinnati, OH	7	7	1	14%
Columbus, OH	7	7	1	14%
Dallas, TX	14	13	2	14%
Fort Harrison, MT	7	7	1	14%
Louisville, KY	7	7	1	14%
Salem, VA	7	7	1	14%
Chicago, IL	13	12	2	15%
Decatur, GA	12	11	2	17%
Miami, FL	12	11	2	17%
Muskogee, OK	6	6	1	17%
Poplar Bluff, MO	6	6	1	17%
Roseburg, OR	6	6	1	17%
San Juan, PR	6	6	1	17%
Temple, TX	6	6	1	17%

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Medical center location	Number of approved positions	Number of positions needed to meet 90 percent goal*	Number of positions hired	Percent of approved positions hired†
Wilmington, DE	6	6	1	17%
Portland, OR	11	10	2	18%
El Paso, TX	5	5	1	20%
Fayetteville, AR	5	5	1	20%
Jackson, MS	5	5	1	20%
Long Beach, CA	10	9	2	20%
Mather, CA	5	5	1	20%
New York, NY	10	9	2	20%
Tampa, FL	10	9	2	20%
Detroit, MI	14	13	3	21%
Nashville, TN	9	9	2	22%
San Francisco, CA	9	9	2	22%
San Antonio, TX	13	12	3	23%
Anchorage, AK	12	11	3	25%
Cheyenne, WY	8	8	2	25%
East Orange, NJ	8	8	2	25%
Northport, NY	8	8	2	25%
Phoenix, AZ	8	8	2	25%
Washington, DC	8	8	2	25%
White River Junction, VT	8	8	2	25%
Memphis, TN	11	10	3	27%
Butler, PA	7	7	2	29%
Gainesville, FL	14	13	4	29%
Manchester, NH	7	7	2	29%
New Orleans, LA	7	7	2	29%
Providence, RI	7	7	2	29%
Spokane, WA	7	7	2	29%
Topeka, KS	7	7	2	29%
Baltimore, MD	10	9	3	30%
Los Angeles, CA	10	9	3	30%
White City, OR	10	9	3	30%

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Medical center location	Number of approved positions	Number of positions needed to meet 90 percent goal*	Number of positions hired	Percent of approved positions hired†
Bay Pines, FL	13	12	4	31%
Battle Creek, MI	9	9	3	33%
Clarksburg, WV	9	9	3	33%
Cleveland, OH	12	11	4	33%
Grand Junction, CO	3	3	1	33%
Pittsburgh, PA	12	11	4	33%
Salt Lake City, UT	12	11	4	33%
St. Cloud, MN	9	9	3	33%
Syracuse, NY	3	3	1	33%
Leeds, MA	11	10	4	36%
Boise, ID	8	8	3	38%
Marion, IN	8	8	3	38%
North Chicago, IL	8	8	3	38%
St. Louis, MO	13	12	5	38%
Aurora, CO	5	5	2	40%
Kansas City, MO	5	5	2	40%
Mountain Home, TN	5	5	2	40%
Reno, NV	5	5	2	40%
Wilkes-Barre, PA	10	9	4	40%
Des Moines, IA	7	7	3	43%
Saginaw, MI	9	9	4	44%
San Diego, CA	9	9	4	44%
Tuscaloosa, AL	9	9	4	44%
Palo Alto, CA	13	12	6	46%
Bedford, MA	6	6	3	50%
Chillicothe, OH	8	8	4	50%
Columbia, MO	6	6	3	50%
Fayetteville, NC	6	6	3	50%
Hines, IL	10	9	5	50%
Oklahoma City, OK	6	6	3	50%
Sacramento, CA	6	6	3	50%

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Medical center location	Number of approved positions	Number of positions needed to meet 90 percent goal*	Number of positions hired	Percent of approved positions hired†
Sheridan, WY	6	6	3	50%
Wichita, KS	8	8	4	50%
North Las Vegas, NV	11	10	6	55%
Little Rock, AR	9	9	5	56%
Danville, IL	7	7	4	57%
Finger Lakes, NY	7	7	4	57%
Honolulu, HI	7	7	4	57%
Huntington, WV	7	7	4	57%
Loma Linda, CA	7	7	4	57%
Buffalo, NY	10	9	6	60%
Erie, PA	5	5	3	60%
Minneapolis, MN	10	9	6	60%
Albany, NY	8	8	5	63%
Ann Arbor, MI	8	8	5	63%
Asheville, NC	8	8	5	63%
Tucson, AZ	8	8	5	63%
Lebanon, PA	7	7	5	71%
Milwaukee, WI‡	4	4	3	75%
Fargo, ND‡	5	5	4	80%
Harlingen, TX‡	5	5	4	80%
Lexington, KY‡	5	5	4	80%
Madison, WI‡	7	7	6	86%
Montrose, NY‡	7	7	6	86%

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Medical center location	Number of approved positions	Number of positions needed to meet 90 percent goal*	Number of positions hired	Percent of approved positions hired [†]
Sioux Falls, SD [‡]	7	7	6	86%
Total	1,180	1,136[§]	310	26%

Source: VA OIG analysis of VHA available data as of September 30, 2022, and site work analysis.

* Because positions can only be counted in whole numbers, these numbers are rounded up to the nearest whole number. Any medical center with nine or fewer approved positions needed to hire all approved positions in order to meet the 90 percent goal.

[†] These percentages are also rounded to the nearest whole number.

[‡] These medical centers were one position away from meeting the 90 percent hiring goal and one position away from hiring all approved positions.

[§] The 1,136 total number of positions, is the total of all positions that would need to be filled to meet the 90 percent goal at each medical center.

^{||} The team confirmed one of the reviewed medical centers filled a position before the end of FY 2022 that was not included on the October 19, 2022, hiring report. The team used the reported data for the 309 positions to select the review strata but used 310 throughout the report to refer to the total number of filled positions for FY 2022.

Appendix D: VA Management Comments, Under Secretary for Health

Department of Veterans Affairs Memorandum

Date: July 3, 2024

From: Under Secretary for Health (10)

Subj: Office of Inspector General (OIG) Draft Report, Review of VHA's Substance Use Disorder (SUD) Program (VIEWS 11841875)

To: Assistant Inspector General for Audits and Evaluations (52)

1. Thank you for the opportunity to review and comment on OIG's draft report on Veterans Health Administration's (VHA's) substance use disorder (SUD) Program. The VHA is committed to ensuring that funds are spent in accordance with all applicable VA policies and federal laws.
2. VHA concurs with recommendations 1-3 made to the Under Secretary for Health and provides an action plan in the attachment.

The OIG removed point of contact information prior to publication.

(Original signed by)

Shereef Elnahal M.D., MBA

Attachment

VETERANS HEALTH ADMINISTRATION (VHA)

Action Plan

**OIG Draft Report, Hiring Initiative to Expand Substance Use Disorder Treatment Needed Stronger
Coordination, Planning, and Oversight**

(OIG Project Number 2022-03672-AE-0155)

Recommendation 1. Instruct the Office of Finance to review the \$14 million retained by the medical centers to ensure these funds were, or will be, spent in accordance with all applicable VA policies and federal laws.

VHA Comments: Concur

VHA Office of Finance will review the monies retained by the medical centers and utilize the outcomes of that review to better inform the efforts to support strengthening the controls associated with designated specific purpose funds.

Status: In Progress Target Completion Date: July 31, 2025

Recommendation 2. Require the Office of Finance to strengthen controls over designated specific purpose funds so that Veteran Integrated Service Network chief financial officers can account for all the distributed funds and make certain that the funds are used for the intended purpose.

VHA Comments: Concur

VHA Office of Finance will request that the VHA AUSH for Operations submit any program office guidance documents governing the execution of specific purpose funding in the field through the VHA Office of Finance for clearance to ensure funding requirements are consistent with VA financial policy and financial system limitations. Through the clearance review, VHA Office of Finance will communicate any revisions to the guidance with the owning program office prior to distribution.

Status: In Progress Target Completion Date: July 31, 2025

Recommendation 3. Define the roles and responsibilities of the appropriate assistant under secretaries, program office staff, and regional and medical center staff in the implementation and monitoring of the substance use disorder hiring initiative and ensure the relative priority of the initiative is communicated; hiring progress is monitored; possible hiring challenges are addressed to the extent possible, and actions are taken as needed to meet the goals of the hiring initiative.

VHA Comments: Concur

Workforce Management and Consulting (WMC) and the office of the Assistant Under Secretary for Clinical Services (CS) will co-lead an integrated project team (IPT) with representation from assistant under secretaries, program offices, and field staff. The charge for this IPT will include defining roles and

responsibilities for planning, implementing, and monitoring the substance use disorder hiring initiative and developing guidance that can be applied to future national hiring initiatives.

Status: In Progress Target Completion Date: July 31, 2025

For accessibility, the original format of this appendix has been modified to comply with Section 508 of the Rehabilitation Act of 1973, as amended.

OIG Contact and Staff Acknowledgments

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