August 23, 2018

The Honorable Robert Wilkie
Secretary of Veterans Affairs
810 Vermont Ave., N.W.
Washington, D.C. 20420

Subject: Licensed Professional Mental Health Counselors and Marriage and Family Therapists

Dear Mr. Secretary:

Congratulations on your appointment to Secretary of the Department of Veterans Affairs! Your service to this country is to be commended, as is your commitment to improving the lives of our nation’s veterans.

The National Board for Certified Counselors (NBCC) and American Association for Marriage and Family Therapy (AAMFT) are writing in furtherance of that objective. NBCC is the national credentialing organization for the counseling profession, representing over 180,000 licensed mental health counselors in the United States. AAMFT represents the interests of over 65,000 licensed marriage and family therapists (MFTs).

NBCC and AAMFT are very concerned with the limited access to mental health and addiction services for many veterans. The VA has consistently reported a workforce shortage of mental health professionals over the past several years, particularly in rural and underserved areas. The VA has the capacity to make significant progress in this area, but bureaucratic obstinacy has precluded taking advantage of the most obvious and available solution—employing more mental health counselors and marriage and family therapists.

The 245,000 licensed professional mental health counselors (LPMHCs) and marriage and family therapists (MFTs) in the U.S. are identified by the VA as core mental health professions, serving as clinical staff in VAMCs and Vet Centers. Sadly, the VA employs fewer than 300 of them.

Congress has been urging the VA to expand employment and training opportunities for LPMHCs and MFTs since passage of legislation in 2006 that granted the professions eligibility to serve as VA providers. Unfortunately, bureaucratic intransigence and inflexibility has stalled any meaningful progress. Consequently, Congress has had to intervene numerous times, most recently in a June 2018 subcommittee report (115-269) to the FY19 Military Construction, Veterans Affairs and Related Agencies bill, S. 3024:

**Licensed Professional Mental Health Counselors and Marriage and Family Therapists—The Committee directs VA to work with the Office of Personnel Management [OPM] to create an Occupational Series for Licensed Professional Mental Health Counselors [LPMHCs] and Marriage and Family Therapists [MFTs]. The Committee also directs VA to create a staffing plan for LPMHCs and MFTs to fill open positions and assess LPMHC and MFT shortages.**

NBCC and AAMFT are requesting a meeting with you to discuss this legislation and steps to increasing integration of LPMHCs and MFTs in the VA.
The history of this issue provides critical context for the legislation and the need for greater investment from VA leadership.

Since President Bush signed legislation in 2006 making LPMHCs and MFTs eligible VA providers, the VA has shown little investment in implementing the law. It took the VA four years to create qualification standards for these professions, and that occurred only after Congress intervened in 2009 because the VA had taken no action.

The VA’s effort to hire LPMHCs and MFTs has moved at a similar pace. The VA committed to hiring 1,600 new mental health professionals in 2012 and ended up hiring over 5,000 because of turnover in the years following. In fact, the VA has been in a constant state of hiring for mental health professionals since that time with little success. Significantly, Secretary Robert A. McDonald reported a loss of 45 mental health professionals in 2017, when the VA’s goal was an increase of 1,000.

The problem has been that the VA has taken no material steps to facilitate the hiring of LPMHCs and MFTs. Despite assurances that the VA is doing everything in its power, the pace of hiring declined for LPMHCs from FY15 to FY16 from 72 to 62 and barely increased for MFTs from 15 to 24 (the latest numbers provided by VA).

Our best estimates indicate that the VA employs fewer than 300 of these professionals, despite employing over 10,000 social workers and psychologists. The problem is not a lack of interest from LPMHCs and MFTs, but rather limited job postings for these professions. A search of federal VA jobs in August 2018 showed only 19 LPMHC and 10 MFT postings, compared to 209 social worker and 187 psychologist positions. These numbers are consistent with our routine tracking of job postings.

*To put this all in context, LPMHCs and MFTs comprise 40 percent of the independent practice mental health workforce outside the VA. But in the VA, they comprise less than 1 percent of the mental health workforce and 7 percent of the job postings.*

VA staff will say that hiring decisions are made by the local facilities and there is no way to influence their postings. This drastically understates the issue and fails to take into consideration policy decisions made by the VA. There are a number of actions the VA can, and should, take that would increase LPMHC and MFT hiring. Congress and other stakeholders have been encouraging these steps for years. Unfortunately, the VA has demonstrated a reluctance to move forward with these ideas or offer any of its own:

- **Prioritize a federal Occupational Series for LPMHCs and MFTs from the Office of Personnel Management (OPM)**—In 2011, VA Assistant Secretary for Human Resources and Administration John Sepulveda submitted a letter to OPM requesting the creation of Occupational Series for LPMHCs and MFTs. In 2015, OPM contacted the VA to begin the development process, and the VA indicated that the series was not a priority. The VA submits an annual list of priorities to OPM, and OPM has indicated that it will not begin the development process until the VA includes this item on the list.

VA mental health staff has claimed that the absence of Occupational Series does not impede hiring, but VA staff from other departments have said otherwise. The Office of Academic Affiliations put in writing that the lack of an Occupational Series complicates participation of LPMHCs and MFTs in the trainee program, while other VA staff has stated that the omission impedes hiring in leadership positions that exceed the GS levels represented in the qualification standards. Congressional leaders and committees have repeatedly requested action on this issue over the past few years. The VA has failed to articulate a reason for not prioritizing the request, and its reluctance to act on this issue is difficult to reconcile with its stated commitment to increasing hiring.
Increase LPMHC and MFT participation in the VA internship program—The VA expanded the trainee internship program to LPMHCs and MFTs in 2015. The VA had repeatedly denied the request for inclusion of these professions until Congress directed it in the FY14 Military Construction, Veterans Affairs and Related Agencies appropriations report. The VA currently has 21 internship slots for LPMHCs and eight for MFTs, compared to 1,149 for psychologists and 1,033 for social workers (according to a 2017 National Academy of Sciences report). The limited participation of LPMHCs and MFTs is an illustration of the lack of commitment by VA that is exacerbated by policy decisions of the VA. The OAA requires two LPMHCs or MFTs in each facility for internships to be offered. Considering there are only 300 of these professionals employed by the VA, very few facilities met this requirement. Flexibility was granted to MFTs in 2016 because there are so few of them, but that flexibility was not extended to LPMHCs. The requirement is not consistent with supervision outside of the VA system and is not necessary for quality assurance.

The VA cites the internship program as the primary recruitment tool for the VA and the largest training program in the country. Seventy percent of psychologists hired by the VA came through the program. Significantly, the VA can avoid cumbersome hiring policies by employing trainees from the program. The VA’s failure to find ways to increase participation of LPMHCs and MFTs in this program is a significant barrier to growing the mental health workforce.

Provide LPMHC/MFT representation on Professional Standard Boards—The VA uses national, regional, and local professional standards boards to hire mental health professionals. The professional standards boards for psychologists and social workers are comprised solely of members from those professions. The LPMHC and MFT professional standards boards are comprised of LPMHC, MFTs, psychologists, and social workers. There may have been a need for additional professions when the hiring process began, but we are 12 years since passage of the law. There are ample numbers of LPMHCs and MFTs to fill the boards, and if there aren’t enough in the senior GS positions, that is another issue for the VA to explore. The VA needs to ensure the professional standards board for these professions are comprised solely of representatives from these professions.

Create LPMHC/MFT Liaison—The current liaison for LPMHCs and MFTs is a psychologist. She oversees all activities relating to these professions, including employment, qualification standards, professional standards boards, and specialty task forces. The VA indicates that professional identity is critical to professional development, which is why it is requiring two members from the same profession for supervision in the internship program. Why then does the VA designate a member from a different profession to oversee the work of LPMHCs and MFTs? It is time that the VA designates a liaison from each profession to represent the interests of those professions within the VA.

The issues highlighted above are only the most blatant examples of missed opportunities for the VA to increase the mental health workforce. There are countless lesser known policies, processes, and decisions that routinely hamper access to these behavioral health providers. The history of the issue and the current employment and trainee numbers speak for themselves. Progress for these professions has been made despite resistance from the VA, starting with implementation of the law and continuing with participation in the trainee program. To this day, the VA refuses to prioritize Occupational Series for LPMHCs and MFTs.

The VA claims it is doing everything it can to facilitate integration of LPMHCs and MFTs, but its actions say otherwise. The VA quickly and effectively credentialed and hired peer counselors in 2013. After President Obama issued an Executive Order in 2012, the VA hired over 800 Peer Specialists and Apprentices in less than a year. This
process included the creation of an Occupational Series and a commitment to having at least two Peer Specialists in every facility. These actions are in marked contrast to what the VA has done with LPMHCs and MFTs.

NBCC and AAMFT are writing this letter to request a meeting to discuss this issue. This process has gone on too long with little progress. The VA plan of education has failed. Bureaucratic intransigence and inertia have been too great to overcome. The VA needs to take affirmative steps to remove policy barriers that inhibit the hiring of LPMHCs and MFTs.

Most important, it is our nation’s veterans who suffer from this delay. We reiterate—there are 245,000 qualified LPMHCs and MFTs waiting to provide behavioral health services to needy veterans.

NBCC and AAMFT thank you for your consideration of this important issue. We look forward to your leadership and welcome the opportunity to partner with you to meet the needs of our veterans. Please contact David Bergman at 703-739-6208 / bergman@nbcc.org or David Connolly at 202-557-1728 / davidaconnollyjr@gmail.com with any questions or to set up a meeting.

Sincerely,

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Interim President and CEO
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