US DEPARTMENT OF VETERANS AFFAIRS
**OFFICE OF INSPECTOR GENERAL**

Office of Healthcare Inspections

## VETERANS HEALTH ADMINISTRATION

# Inspection of Continental District 4 Vet Center Operations


| VCIP Report | 22-04109-238 | August 27, 2024 |
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# Report Overview

The VA Office of Inspector General (OIG) Vet Center Inspection Program's (VCIP) purpose is to provide a focused evaluation of organizational risk and the quality of care delivered at vet centers. Vet centers are community-based clinics that provide a wide range of psychosocial services to clients to support a successful transition from military to civilian life. This inspection focused on vet center operations in Continental District 4 (district 4), evaluating four review areas that influence service delivery and the quality of care within the district.[1]

District review areas included

- leadership stability,
- morbidity and mortality reviews,
- high risk suicide flag (HRSF) SharePoint site, and
- safety plans.

The findings presented in this report are a snapshot of the selected zone and district's performance within the identified review areas at the time of the OIG inspection. The OIG findings are intended to help district leaders identify areas of vulnerability or conditions that, if addressed, could improve safety and quality of care.

## Inspection Results

### Leadership Stability

There were no findings in the leadership stability review.

To evaluate district 4 leadership stability, the OIG reviewed position vacancies and distributed a questionnaire to clinical staff. District leaders worked together for more than three years prior to the OIG inspection.[2] At the time of inspection, 7 of 46 (15 percent) vet center director (VCD)

[1] VHA Directive 1500(1), *Readjustment Counseling Service*, January 26, 2021, amended May 3, 2021, and VHA Directive 1500(2), *Readjustment Counseling Service*, January 26, 2021, amended December 30, 2021, were in effect during the OIG's inspection period. VHA Directive 1500(2) was amended and replaced two additional times by VHA Directive 1500(3), *Readjustment Counseling Service*, January 26, 2021, amended June 5, 2023, and by VHA Directive 1500(4), *Readjustment Counseling Service*, January 26, 2021, amended November 21, 2023. Unless otherwise specified, the requirements in the 2021 directives contain the same or similar language as the amended directives. Readjustment Counseling Service is divided into five districts. Each district consists of two to four zones and 18–26 vet centers per zone; Vet centers provide "counseling interventions for psychological and psychosocial readjustment problems related to specific types of military deployment stressors." Readjustment counseling services are "designed by law to be provided without a medical diagnosis." Therefore, those receiving readjustment services are not considered patients. To be consistent with vet center policy and terminology, the OIG refers to veterans receiving such services as *clients* in this report.

[2] For the purposes of this report, the term *district leaders* refers to the District Director, Deputy District Director, and Associate District Director for Counseling.

positions were vacant across the district. The OIG distributed questionnaires to all 181 district clinical staff to assess perceptions of central office and district leaders' knowledge of staff needs and responsiveness, Readjustment Counseling Service (RCS) suicide prevention and outreach activities, RCSNet, workplace culture, and workload.[3] The OIG shared the results from the 138 (76 percent) returned questionnaires with the District Director who reported familiarity with the RCSNet concerns and reported workload was an issue. The OIG made no recommendations for the leadership stability review.

## Morbidity and Mortality Reviews

The OIG found zone 1 noncompliant with completing timely morbidity and mortality reviews. Inconsistent with the requirements at the time of the review, district 4 zone leaders implemented a peer review process for all suicide attempts instead of the required morbidity and mortality reviews for serious suicide attempts.[4]

The OIG evaluated timely completion of morbidity and mortality reviews for clients who died by suicide. RCS requires morbidity and mortality reviews within 30 days following notification of all active client completed suicides, homicides, and serious suicide attempts. Although the morbidity and mortality reports reviewed during the OIG inspection were completed within the new 120-day requirement, the reviews were not completed within 30 days as required during the review period in which they were completed.[5]

Failure to review completed suicides timely may delay opportunities to review actions, practices, and policies that may have altered the outcome of the event. The OIG issued one recommendation related to morbidity and mortality reviews.

## High Risk Suicide Flag SharePoint Site

The OIG was unable to conduct the HRSF SharePoint site review due to concerns with data accuracy because of duplication, inaccuracies, or missing data values. The OIG brought these

[3] RCSNet is the record system in which RCS staff document client services. RCSNet is only viewable by RCS staff to allow vet centers to maintain secure and confidential records that are not disclosed to VA medical facilities, VA clinics, or the Department of Defense without a veteran's signed release of information.

[4] RCS-CLI-020, *Readjustment Counseling Service (RCS) Peer Review*, November 24, 2023. A peer review is conducted by an independently licensed vet center director not involved in the care being reviewed. The reviewer documents stressors and contributing events that occurred before the crisis and prior to vet center staff's response, and then recommends "best practices, quality improvement, and identified areas of training."

[5] VHA Directive 1500(2). Morbidity and mortality reviews are conducted collaboratively between the vet center and a VA medical facility to evaluate the facts of the event and clinical services provided, identify opportunities for improvement and best practices, and determine if any alternative actions may have resulted in a different outcome. The OIG evaluated morbidity and mortality review completion from October 1, 2021, through September 30, 2022, based on applicable directives during that time frame. On November 21, 2023, RCS published VHA Directive 1500(4) which changed requirements for mortality and morbidity reviews; specifically, reviews are only required for completed suicides and the time frame for completion was extended from 30 to 120 days.

concerns to the attention of the RCS Chief Officer in early 2023 and continues communication with RCS leaders regarding the matter.[6]

RCS requires VCDs to review the HRSF SharePoint site monthly to identify clients who receive or have received vet center services in the past 12 months. Vet center staff determine if client contact is needed, and as appropriate, complete follow-up. The VCD ensures client contacts and outcomes are documented in RCSNet and the HRSF SharePoint site within five business days of receiving the HRSF SharePoint list.[7]

RCS guidance describes the HRSF SharePoint site as part of a national process that ensures clients on the list are not overlooked and allows for vet center staff to follow up with clients who are at risk based on clinical concerns.

In April 2024, the OIG made a recommendation to the RCS Chief Officer related to HRSF SharePoint site functionality. As of April 24, 2024, the HRSF SharePoint site functionality recommendation remained open; therefore, the OIG will continue to monitor the progress to closure and not make a new recommendation.[8]

## Safety Plans

The OIG found that vet center staff in both zones did not consistently complete and provide safety plans as required.[9]

The safety plan review included zone-wide evaluations of RCSNet client records. The OIG evaluated whether staff completed safety plans for clients determined to be at intermediate or high suicide risk levels by RCS counselors.[10] RCS requires vet center counselors to develop a safety plan in collaboration with, and provide a copy to, the client.[11]

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[6] VA OIG, *Inspection of Southeast District 2 Vet Center Operations*, Report No. 22-03941-144, April 18, 2024.

[7] On May 11, 2020, RCS implemented an HRSF SharePoint site containing names of RCS clients who also receive services at a VA medical facility and are assigned a high risk for suicide flag. According to RCS leaders, in June 2021, the SharePoint site was expanded to include Recovery Engagement and Coordination for Health-Veterans Enhanced Treatment (REACH VET) data. VA's REACH VET is a predictive analytics program developed to determine veterans who have a higher risk for suicide.

[8] VA OIG, *Inspection of Southeast District 2 Vet Center Operations*.

[9] VHA Directive 1500(2). Suicide risk assessments are divided into two interrelated categories—acute and chronic and counselors determine a self-harm level of low, intermediate, or high for both categories. Counselors, in conjunction with clients, develop safety plans outlining coping techniques and sources of support for clients to use either before or during a suicidal crisis; VHA Directive 1160.07, *Suicide Prevention Program,* May 24, 2021. The intent of safety plans is to provide a prioritized and predetermined list of interventions clients can use to help lower their risk of suicidal behavior.

[10] VHA Directive 1500(2). Suicide risk assessments are divided into two interrelated categories—acute and chronic—and counselors determine a self-harm level of low, intermediate, or high for both categories.

[11] VHA Directive 1500(2).

Failure to complete a safety plan and provide a copy to the client may contribute to the client being less prepared to effectively cope before and during suicidal crises. The OIG issued two recommendations to the District Director.

## Conclusion

The OIG conducted an inspection across four review areas and issued three recommendations for improvement to the District Director. Most recommendations targeted requirements designed to reduce the suicide risk of RCS clients and, in combination, demonstrate implementation of suicide prevention strategies. The number of recommendations should not be used as a gauge for overall quality of care within the district. The intent is for RCS and district leaders to use these recommendations as a road map to help improve operations and clinical care. The recommendations address systems issues, as well as other less-critical findings that, if left unattended, may interfere with the delivery of quality care.

## VA Comments and OIG Response

The Chief Readjustment Counseling Officer and District Director concurred with the recommendations and provided an acceptable action plan (see appendixes E and F). The OIG will follow up on the planned actions until they are completed.

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# Contents

# Abbreviations

| | |
|---|---|
| HRSF | high risk suicide flag |
| MVC | mobile vet center |
| OIG | Office of Inspector General |
| RCS | Readjustment Counseling Service |
| VCD | Vet Center Director |
| VCIP | Vet Center Inspection Program |
| VHA | Veterans Health Administration |

# Introduction

The VA Office of Inspector General (OIG) Vet Center Inspection Program (VCIP) conducts routine oversight of Readjustment Counseling Service (RCS) operations and delivery of care. RCS is an autonomous organizational element of the Veterans Health Administration (VHA) with authority and oversight of vet centers and all related provisions of readjustment counseling services. See appendix A for RCS background information.[1] Vet centers are community-based clinics that provide a wide range of psychosocial services to clients to support a successful transition from military to civilian life.[2]

# Scope and Methodology

The OIG randomly selected Continental District 4 (district 4) for inspection and examined RCS leadership stability and key operations from October 1, 2021, through September 30, 2022. This report evaluates four review areas that influence service delivery and the quality of client care within the district. District review areas included

a. leadership stability,

b. morbidity and mortality reviews,

c. high risk suicide flag (HRSF) SharePoint site, and

[1] VHA Directive 1500(1), *Readjustment Counseling Service*, January 26, 2021, amended May 3, 2021, and VHA Directive 1500(2), *Readjustment Counseling Service*, January 26, 2021, amended December 30, 2021, were in effect during the OIG's inspection period. VHA Directive 1500(2) was amended and replaced two additional times by VHA Directive 1500(3), *Readjustment Counseling Service*, January 26, 2021, amended June 5, 2023, and by VHA Directive 1500(4), *Readjustment Counseling Service*, January 26, 2021, amended November 21, 2023. Unless otherwise specified, the requirements in the 2021 directives contain the same or similar language as the amended directives. As a result, the OIG references VHA Directive 1500(2) throughout this report. Readjustment counseling is provided by vet center counselors to assist with "psychological and psychosocial readjustment problems related to specific types of military service and deployment stressors such as combat theater trauma, military sexual trauma, or other military service-related traumas." The underlined terms are hyperlinks to additional information. To return from the linked information, press and hold the "alt" and "left arrow" keys together.

[2] VHA Directive 1500(2). Vet centers provide "counseling interventions for psychological and psychosocial readjustment problems related to specific types of military deployment stressors." Readjustment counseling services are "designed by law to be provided without a medical diagnosis." Therefore, those receiving readjustment services are not considered patients. To be consistent with RCS policy and terminology, the OIG refers to veterans receiving readjustment services as *clients* in this report.

d. safety plans.[3]

On August 14, 2023, the OIG announced the inspection to RCS leaders, and conducted virtual visits from September 11 through 21, 2023.[4] The OIG interviewed district leaders, reviewed RCS practices and policies, conducted electronic record reviews, and distributed a questionnaire to all district 4 clinical staff.[5]

The OIG findings are a snapshot of a districts' performance within identified focus areas. Although it is difficult to quantify the risk of adverse impact to clients served at vet centers, the OIG recommendations are intended to help district leaders identify areas of vulnerability or conditions that, if addressed, could improve safety and quality of care.

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

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

[3] The OIG evaluated morbidity and mortality review completion from October 1, 2021, through September 30, 2022, based on applicable directives during that time frame requiring completion of morbidity and mortality reviews within 30 days of notification of all active client completed suicides, homicides, and serious suicide attempts. On November 21, 2023, VHA Directive 1500(4) was published, changing requirements for mortality and morbidity reviews, specifically that reviews are only required for completed suicides and extending the time frame for completion from 30 to 120 days. Morbidity and mortality reviews are conducted collaboratively between the vet center and a VA medical facility to evaluate the facts of the event and clinical services provided, identify opportunities for improvement and best practices, and determine if any alternative actions may have resulted in a different outcome. On May 11, 2020, RCS implemented an HRSF SharePoint site containing names of RCS clients who also receive services at a VA medical facility and have a high risk for suicide flag. According to RCS leaders, in June 2021, the SharePoint site was expanded to include Recovery Engagement and Coordination for Health-Veterans Enhanced Treatment (REACH VET) data. VA's REACH VET is a predictive analytics program developed to determine veterans who have a higher risk for suicide.

[4] Prior to the district inspection, the OIG conducted on-site and virtual inspections of six vet centers in each zone in district 4 from June 5, 2023, through July 13, 2023. The vet center inspections generally examined operations from October 1, 2021, through September 30, 2022, and were focused on suicide prevention; consultation, supervision, and training; outreach; and environment of care. For full details of these reviews, see VA OIG, *Inspection of Select Vet Centers in Continental District 4 Zone 1*, Report No. 22-04107-236, August 27, 2024, and VA OIG, *Inspection of Select Vet Centers in Continental District 4 Zone 2*, Report No. 22-04108-235, August 27, 2024.

[5] For the purposes of this report, the term *district leaders* refers to a combination of two or more of the following: the District Director, Deputy District Director, and Associate District Director for Counseling. In the absence of current VA, VHA, or RCS policy, the OIG considered previous guidance to be in effect until superseded by an updated or recertified directive, handbook, or other policy document on the same or similar issue(s).

# District 4 Overview

The following section provides an overview of district client demographics (see figure 1), including district and zone service area characteristics such as successes, challenges, and mobile vet center (MVC) use.[6] See appendix B for the district profile and organizational structure.

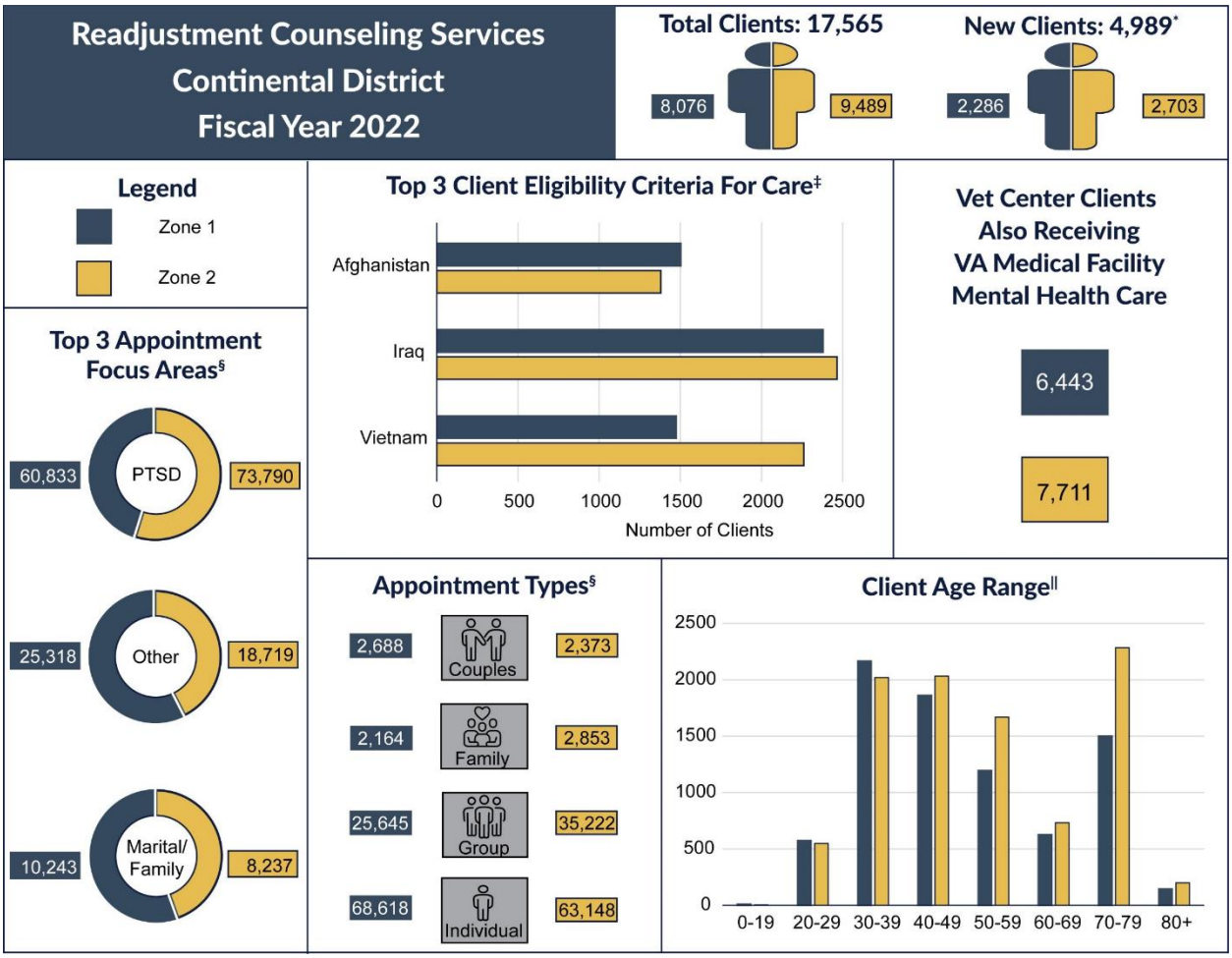


***Figure 1***. *Client demographics across Continental District 4 during fiscal year 2022 (October 1, 2021, through September 30, 2022). Figures may not be exact replications of approximate percentages.*
*Source: OIG created graphic utilizing RCSNet demographic data.*
*Note: RCSNet is the record system in which RCS staff document client services. RCSNet is only viewable by RCS staff to allow vet centers to maintain secure and confidential records that are not disclosed to VA medical facilities, VA clinics, or the Department of Defense without a veteran's signed release of information.*
**New clients are a subset of total clients.*
*‡Top 3 Client Eligibility Criteria for Care represents the three most common circumstances for vet center service eligibility among vet center clients. For additional information on eligible categories see Appendix A.*
*§Clients may be represented in more than one category.*
*‖OIG calculated client age using RCSNet data and the client's age on the last day of fiscal year 2022.*

[6] VHA Directive 1500(2). MVCs are mobile vehicles equipped "to provide direct readjustment counseling, outreach and access to other VA services for eligible individuals in communities that are distant from existing services."

## Service Area Characteristics

*District:* District 4 includes a large geographical area covering nine states. The District Director reported difficulty hiring and retaining staff, noting lower salaries and lack of promotion potential. Highlighting a focus on innovation, the District Director reported implementing a trial of virtual reality therapy techniques in both zones.[7]

*Zone 1:* The zone has 23 vet centers across Colorado, Montana, Oklahoma, Texas, Utah, and Wyoming. The Deputy District Director described the geographical landscape as vast and diverse, encompassing rural, tribal, and urban areas. The zone topography includes grasslands, black hills, flat plains, and mountains. The population of the zone is unique due to large Indigenous and Hispanic populations.

The Deputy District Director stated that, due to the size of the zone, reaching underserved rural populations was the most significant challenge. The Deputy District Director also reported vet center staff improved the availability of services by connecting veterans in rural areas to counselors who provided virtual mental health care. Additionally, the Deputy District Director reported utilizing MVCs to assist clients in registering for VA services, providing clinical care, and outreaching to underserved populations.

*Zone 2:* The zone has 23 vet centers across Arkansas, Louisiana, Mississippi, and Texas. The Deputy District Director described the geographical landscape as a combination of rural and urban areas. The zone topography varies from lowlands and highlands to plains.

The Deputy District Director reported an increase in position vacancies during fiscal year 2022 and noted that vet center director (VCD) vacancies increased workload for district leaders and acting VCDs, causing staff to feel overwhelmed and hindering communication.

[7] Jessica L. Maples-Keller, Brian E. Bunnell, Sae-Jin Kim, and Barbara O. Rothbaum, "The Use of Virtual Reality Technology in the Treatment of Anxiety and Other Psychiatric Disorders," *Harvard Review of Psychiatry*, 25(3) (May/June 2017), accessed March 27, 2024, https://journals.lww.com/hrpjournal/fulltext/2017/05000/the_use_of_virtual_reality_technology_in_the.3.aspx. Virtual reality is an interactive parallel reality that simulates real-world experiences in a controlled environment. Virtual reality therapies use simulations to provide exposure-based intervention for treatment of psychiatric disorders.

# Inspection Results

## Leadership Stability Review

The leadership stability review had no findings.

To evaluate district 4 leadership stability, the OIG reviewed position vacancies and distributed a questionnaire to clinical staff.[8] The District Director reported district leaders worked together for more than three years prior to the inspection and a new zone 2 Associate District Director for Counseling started during the inspection. The OIG identified seven VCD vacancies at the time of the inspection; one was vacant for more than two years.

### Leadership Stability Review Results

Appendix C provides a detailed overview of district leader and VCD position stability.

*District Leadership Positions:* Prior to the OIG inspection, the zone 2 Associate District Director for Counseling was promoted to the zone 2 Deputy District Director position. After a two-month vacancy, the Associate District Director for Counseling position was filled the first day of the OIG inspection.

*VCD Positions:* At the time of inspection, 7 of 46 (15 percent) VCD positions were vacant across the district. The District Director reported 9 of 23 (39 percent) zone 1 vet centers and 5 of 23 (22 percent) zone 2 vet centers had vacant VCD positions in the 12 months prior to the OIG inspection. The District Director identified certain vet center locations as difficult to staff and attributed hiring challenges to an inability to offer competitive staff salaries, despite utilizing retention, relocation, and recruitment incentives. According to the District Director, the zone 1 Deputy District Director preferred to provide direct coverage for VCD vacancies within the zone while acting VCDs covered zone 2 VCD vacancies.

### Vet Center Clinical Staff Questionnaire Response

The OIG distributed 181 questionnaires and received 138 (76 percent) responses from district clinical staff to assess perception of RCS central office and district leaders' knowledge and responsiveness to staff needs, RCS suicide prevention and outreach activities, RCSNet, workplace culture, and workload.[9] Figure 2 shows an overview of the average percentage of staff who disagreed, agreed, or remained neutral when asked specific questions within each topic area. For additional details and data related to the questionnaire, see appendix D.

[8] To evaluate RCS leadership stability, the OIG evaluated vacancies and coverage for District Director, Deputy District Director, Associate District Director for Counseling, and VCD positions.

[9] Vet center services are recorded in RCSNet, a system of records that is only viewable by RCS staff. RCSNet's independence from VA medical facilities and Department of Defense's electronic health record system allows vet centers to maintain secure and confidential records that are not disclosed to VA medical facilities, VA clinics, or the Department of Defense without a veteran's signed release of information.

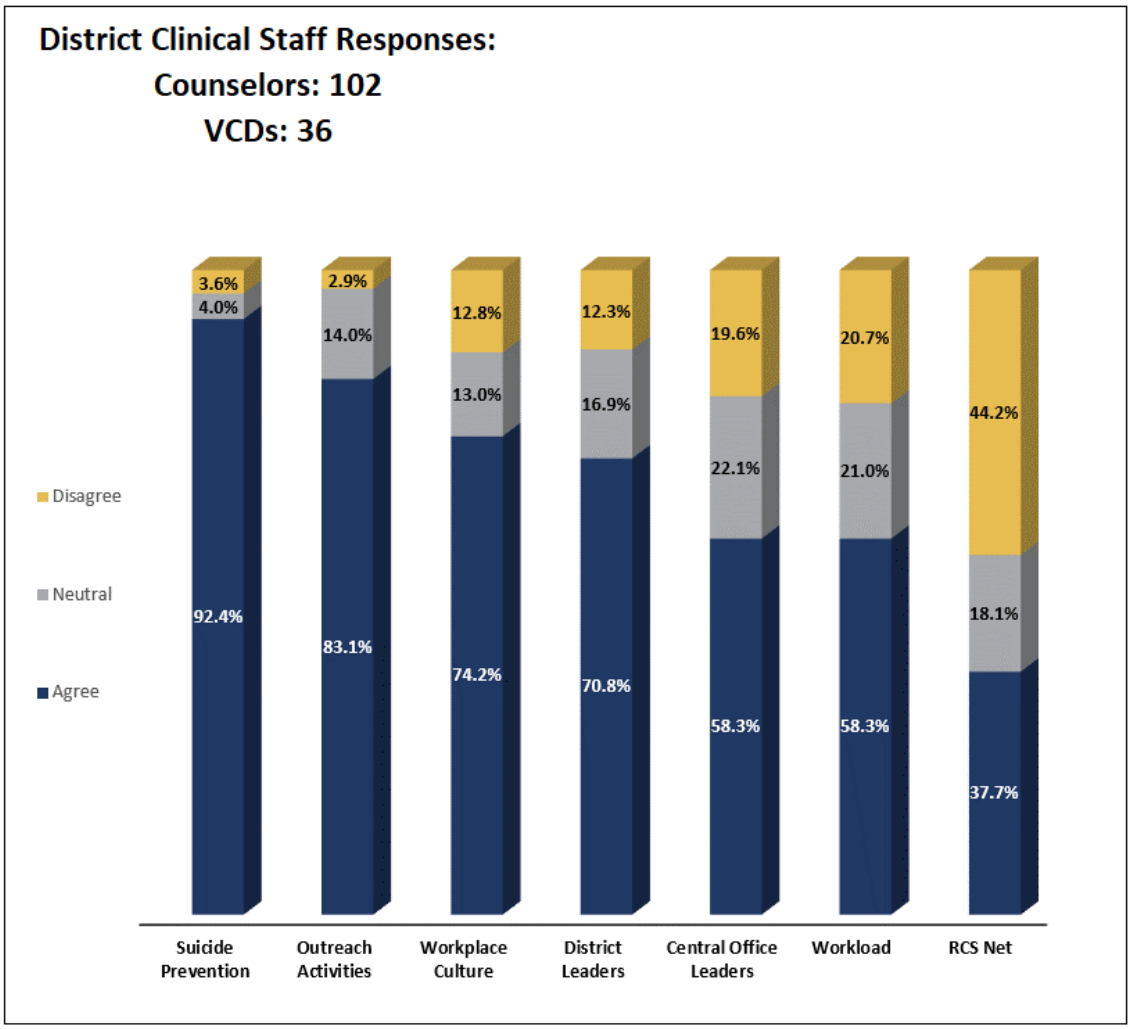


***Figure 2***. *Clinical staff questionnaire response results grouped by topic. Agree responses refer to generally positive perceptions and disagree responses refer to generally negative perceptions by respondents to the questions asked in each topic area.*
*Source: OIG analysis of VCIP questionnaire results.*

The OIG team shared the clinical staff questionnaire results with the District Director, who reported familiarity with the RCSNet concerns and reported workload was an issue.

A culture of ownership supported by open communication increases employee engagement and meaningfully informs organizational policies. Stable leadership reinforces an organization's health and performance and drives transformation initiatives.

The OIG made no recommendations related to leadership stability.

## Morbidity and Mortality Reviews

**RCS Requirement**

Morbidity and mortality reviews must be conducted within 30 days following notification of all active client completed suicides, homicides, and serious suicide attempts. Morbidity and mortality reviews are conducted collaboratively between the vet center and a VA medical facility to evaluate the facts of the event and clinical services provided, identify opportunities for improvement and best practices, and determine whether any alternative actions may have resulted in a different outcome.[10]

The OIG found zone 1 leaders did not complete morbidity and mortality reviews within 30 days following notification of all active client completed suicides.

### Morbidity and Mortality Review Findings

The OIG reviewed electronic records and pertinent documents, and interviewed zone leaders to determine compliance with morbidity and mortality review requirements. District leaders completed morbidity and mortality reviews for all client deaths by suicide; however, not within the required time frame.[11] Table 1 provides an overview of timeliness of completed morbidity and mortality reviews for suicide completions from October 1, 2021, through September 30, 2022.

[10] VHA Directive 1500(2) was in place at the time of the OIG inspection. On November 21, 2023, RCS published VHA Directive 1500(4), *Readjustment Counseling Service,* which changed the requirements for morbidity and mortality reviews; specifically, reviews are no longer required for serious suicide attempts and the time frame for completion was extended from 30 days to 120 days.

[11] During the OIG review period, no completed homicides were identified. In the VA OIG, *Vet Center Inspection of Southeast District 2 Zone 2 and Selected Vet Centers*, Report number 20-02014-270, September 30, 2021, report the OIG made a recommendation regarding completion of morbidity and mortality reviews for serious suicide attempts. The OIG review period for this inspection included time when VHA was developing an action plan to respond to the 2021 recommendation; therefore, serious suicide attempts morbidity and mortality timeliness was not addressed in this report.

**Table 1. Zone 1 and 2 Morbidity and Mortality Review Completion Timeliness October 1, 2021–September 30, 2022**

| Criteria for Morbidity and Mortality Completion | Zone 1 | Zone 2 |
|---|---|---|
| Suicide Completions | Three of five morbidity and mortality reviews were completed within 30 days of notification | The one morbidity and mortality review was completed within 30 days of notification |

*Source: OIG analysis of RCS district 4 zones 1 and 2 documentation.*

One district leader reported morbidity and mortality reviews were not completed within 30 days of notification due to difficulty identifying a VA medical facility provider to participate on the review panel and coordinating a meeting time when all panel members were available.

Additionally, district leaders reported implementing a process where a vet center counselor completed peer reviews for all suicide attempts unless there was a strong reason, such as high lethality, to complete a morbidity and mortality review.[12] District leaders stated peer reviews are in-depth chart reviews conducted to identify best practices, lessons learned, and areas for improvement. District leaders reported implementing the peer review process in anticipation of national changes and RCS-wide implementation; however, morbidity and mortality reviews were required for all serious suicide attempts during the OIG review period, resulting in district leaders not following the active RCS policy at the time.[13]

On November 21, 2023, RCS leaders updated the directive to eliminate the requirement for a morbidity and mortality review for serious suicide attempts and require morbidity and mortality reviews be completed within 120 (rather than 30) days.[14] Although all morbidity and mortality reviews evaluated during the OIG inspection were completed within the new 120-day requirement, the reviews were not completed within 30 days as required during the review time frame.

Failure to complete timely reviews of deaths by suicide may delay the identification of actions, practices, and policies that might prevent similar outcomes.

[12] RCS-CLI-020, *Readjustment Counseling Service (RCS) Peer Review*, November 24, 2023. A peer review is conducted by an independently licensed vet center director. The reviewer documents stressors and contributing events that occurred before the crisis and prior to vet center's response, and then recommends "best practices, quality improvement, and identified areas of training." District leaders described implementation of a peer review process prior to publication of the memo. As such, there are differences between district leaders reported peer review process and the guidance outlined in the memo.

[13] VHA Directive 1500(2).

[14] VHA Directive 1500(4). The OIG evaluated morbidity and mortality review completion from October 1, 2021, through September 30, 2022, based on applicable directives during that time frame.

## Morbidity and Mortality Review Recommendation

### *Recommendation 1*

The District Director monitors compliance with leaders' completion of morbidity and mortality reviews for client deaths by suicide, including timeliness, as required.

## HRSF SharePoint Site Review

**RCS Requirement**

VCDs have access to review the HRSF SharePoint site monthly to identify clients who receive or have received vet center services in the past 12 months. Vet center staff determine if client contact is needed, and if appropriate, complete the follow-up. The VCD ensures client contacts and outcomes are documented in RCSNet and the HRSF SharePoint site within five business days of receiving the HRSF SharePoint list.[15]

In early 2023, the OIG identified problems with the HRSF SharePoint site and issued the following recommendation to the RCS Chief Officer:

> The Readjustment Counseling Service Chief Officer ensures the HRSF SharePoint site functions as intended and includes accurate data.[16]

Despite continued communication with RCS, data concerns persisted because of duplication, inaccuracies, or missing data; therefore, the OIG was unable to evaluate the HRSF SharePoint site dispositions in this review.

The OIG communicated these concerns to RCS leaders who reported an HRSF SharePoint site redesign was in process to address identified issues (see table 2).

[15] RCS Policy Memoranda RCS-CLI-006, *High Risk Suicide Flag Outreach*, April 27, 2020.

[16] VA OIG, *Inspection of Southeast District 2 Vet Center Operations*.

**Table 2. Communication of HRSF SharePoint Site Concerns Timeline**

| Date | Concern |
|---|---|
| May 2023 | The OIG initiated correspondence with RCS central office leaders to discuss HRSF SharePoint site concerns |
| June 2023 | RCS leaders notified the OIG that the identified concerns were addressed |
| June 2023 | The OIG identified ongoing concerns with data accuracy and notified RCS leaders |
| July 2023 | RCS leaders notified the OIG that a review and redesign of the HRSF SharePoint site was in process |
| August 2023 | RCS leaders notified the OIG that data issues were resolved, though data prior to 2021 was unable to be corrected |
| August 2023 | The OIG continued to identify errors in HRSF SharePoint site data after 2021 |
| September 2023 | The OIG was unable to access HRSF SharePoint site data at inspection time because of data inaccuracies |

*Source: Summary of OIG electronic communications with RCS leaders.*

The HRSF SharePoint site is part of a national process that ensures clients are not overlooked, and allows for vet center staff to follow up with clients who are at risk based on clinical concerns.

As of April 24, 2024, the HRSF SharePoint site functionality recommendation remained open; therefore, the OIG will continue to monitor the progress to closure and not make a new recommendation.

## Safety Plan Review

**RCS Requirement**

Vet center counselors are required to complete a suicide risk assessment at the initial counseling visit. For clients assessed at intermediate or high risk for suicide in either acute, chronic, or both categories, counselors must develop an individualized safety plan in collaboration with the client and provide the client a copy.[17]

The OIG found that vet center counselors in neither zone consistently completed nor provided safety plans to clients assessed at intermediate or high risk for suicide, in either acute, chronic, or both categories, as required.

[17] VHA Directive 1500(2). Suicide risk assessments are divided into two interrelated categories—acute and chronic—and counselors determine a self-harm level of low, intermediate, or high for both categories. Counselors, in conjunction with clients, develop safety plans outlining coping techniques and sources of support for clients to use either before or during a suicidal crisis; VHA Directive 1160.07, *Suicide Prevention Program,* May 24, 2021. The intent of the plan is to provide a prioritized and predetermined list of interventions the client can use to help lower their risk of suicidal behavior.

## Safety Plan Findings

To evaluate compliance with RCS safety plan requirements, the OIG conducted zone-wide evaluations of RCSNet client records. The review was conducted for 50 clients in zone 1 and 49 clients in zone 2 determined to be at intermediate or high suicide risk level to determine whether staff documented the following requirements in the record (see table 3):

- Completion of safety plan with all components
- Evidence the client received a copy of the safety plan

**Table 3. Estimated Safety Plan Compliance**
**October 1, 2021–September 30, 2022**

| Review Topic | Zone 1 | | Zone 2 | |
|---|---|---|---|---|
| | Estimated Compliance (Percent) | Confidence Interval | Estimated Compliance (Percent) | Confidence Interval |
| Completed Safety Plan | 35* | (20,52) | 41* | (23,59) |
| Safety Plan Provided to Client | 3* | (0,9) | 7* | (0,19) |

*Source: OIG analysis of district 4 zone 1 and 2 electronic record reviews.*
**Compliance rate statistically significant below the 90 percent benchmark.*
*Note: A confidence interval is a range of estimates, computed based on a statistical sample, for an unknown true value. The 95% confidence level indicates that among confidence intervals computed from all possible samples with the same sample size and the study design, the true value would have been covered by the confidence intervals 95 percent of the time.*

The OIG found that both zones were noncompliant with safety plan requirements. Leaders in both zones reported being unaware that the RCS policy contained a hyperlink to an internal document that provided instructions for completing safety plans.

The zone 1 Associate District Director for Counseling noted RCS policy did not identify where documentation of safety plans provided to clients should be located.

The zone 2 Deputy District Director reported district leaders were unaware that documentation of clients declining safety plans and counselors providing safety plan copies to clients was required.

Failure to complete a safety plan and provide a copy to the client could leave the client less prepared to effectively cope before and during suicidal crises.

The OIG issued two recommendations to the District Director related to the safety plan review.

## Safety Plan Review Recommendations

### *Recommendation 2*

The District Director determines reasons vet center counselors did not complete safety plan components for clients assessed at intermediate or high suicide risk level in either acute, chronic,

or both categories; ensures completion of safety plans for all active clients assesses at intermediate or high suicide risk levels; and monitors compliance across all zone vet centers.

### *Recommendation 3*

The District Director determines reasons staff did not document providing safety plans to clients, ensures that a safety plan was provided to all active clients assessed at intermediate or high suicide risk levels, and monitors compliance across all zone vet centers.

# Appendix A: RCS Background

Congress established vet centers in 1979 and RCS was one of the first organizations to address the psychological and social effects combat had on veterans before the American Psychiatric Association recognized posttraumatic stress disorder as an official diagnosis in 1980.[18]

While vet centers initially focused on serving Vietnam-era veterans, eligibility for vet center services has broadened over the years to include veterans of any combat theater, active-duty service members, National Guard members, and their families.[19] In 2022, eligibility expanded to allow reserve members of the Armed Forces with a behavioral health condition or psychological trauma to receive services from vet centers.[20]

From 1979 through 1985, vet centers served an estimated 305,000 clients. In fiscal year 2022, RCS provided counseling services to 286,907 clients totaling nearly 1.34 million visits and outreach contacts.[21]

Vet center services include individual, group, and family counseling for mental health conditions related to military sexual trauma, posttraumatic stress disorder, and other military-related concerns. Vet center staff assess and manage clients at risk for suicide, substance abuse, and other medical and mental health conditions.[22] Other services include bereavement support for families; referrals to the Veterans Benefits Administration; and screening and assessment for employment, outreach, and referral coordination with VA and non-VA providers.[23]

## RCS Leadership Organizational Structure

In May 2015, the Advisory Committee on the Readjustment of Veterans recommended RCS realign from seven regions to five districts based on the MyVA reorganization. The purpose of this change was, "To promote full and effective coordination of services within VHA." The

[18] VHA Directive 1500(2); Mayo Clinic, "Post-traumatic stress disorder (PTSD)," accessed December 10, 2020, https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967. "Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event—either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event."; VHA Handbook 1500.01, *Readjustment Counseling Service (RCS) Vet Center Program,* September 8, 2010; VA, "Vet Centers (Readjustment Counseling): Who We Are," accessed June 4, 2019, https://www.vetcenter.va.gov/About_US.asp.

[19] VHA Directive 1500(2).

[20] VHA Directive 1500(2); Public Law 116-283, January 1, 2021.

[21] General Accounting Office *Vietnam Veterans: A Profile of VA's Readjustment Counseling Program*, Report No. GAO/HRD-87-63, August 1987, accessed February 6, 2023, https://www.gao.gov/products/hrd-87-63.

[22] VHA Directive 1500(2).

[23] VHA Directive 1500(2).

realignment resulted in RCS creating a new position for a district director and implementation of organizational transformations in fiscal year 2016.[24]

RCS is aligned under the VA Under Secretary for Health and, as of April 2022, has governance of 300 vet centers, 83 MVCs, and 20 outstations spanning five districts, in addition to the Vet Center Call Center.[25] The RCS Chief Officer reports directly to the VA Under Secretary for Health and is responsible for strategic planning, coordinating readjustment counseling services with VA services, serving as a policy expert for readjustment counseling, being the direct line authority for all RCS staff, coordinating with human resources for hiring, and supervising six RCS national officers. The RCS Operations Officer, who reports to the RCS Chief Officer, is responsible for daily operations and providing supervision to the five district directors who oversee the districts.

## RCS District Organizational Structure

Each district is led by a district director, who oversees zone deputy district directors. Each district is divided into 2–4 zones, with each zone encompassing 18–26 vet centers.[26] The deputy district director supervises the zone associate district director for counseling and associate district director for administration. The associate district director for counseling is responsible for providing guidance for all RCS matters and conducting both counseling quality reviews and morbidity and mortality reviews within the zone. The associate district director for administration is responsible for providing guidance on administrative operations and conducting all administrative quality reviews within the assigned zone. VCDs report to deputy district directors and are responsible for the overall vet center operations including administrative and fiscal operations, execution of outreach plans, supervision of staff, and community relations.[27]

[24] VA, *Response to the Advisory Committee on the Readjustment of Veterans,* May 2015 Recommendations, accessed March 16, 2023, www.va.gov/ADVISORY?Reports/ReportofReadjustMay2016.pdf.

[25] VHA Directive 1500(2). The Vet Center Call Center, reached at 1-877-WAR-VETS or 1-877-927-8387, is a 24-hour per day, 7 days per week, confidential call center for veterans and their families to receive support regarding their military experience or any other readjustment issue.

[26] Total number of vet centers in each zone is based on most recent organization chart for each district.

[27] VHA Directive 1500(2).

# Appendix B: District 4 Profile and Organizational Structure

**Table B.1. Fiscal Year 2022 District Profile***
**(October 1, 2021–September 30, 2022)**

| Profile Element | Zone 1 | | Zone 2 | |
|---|---|---|---|---|
| Total Budget Dollars‡ | $16,263,227.76 | | $13, 249,083.24 | |
| Total Clients | 7,884 | | 8,923 | |
| New Clients | 2,209 | | 2,560 | |
| Veteran Clients | 7,045 | | 8,214 | |
| Active-Duty Clients | 407 | | 336 | |
| Spouse/Family Clients | 1,092 | | 966 | |
| Bereavement Clients | 342 | | 378 | |
| **Position** | **Authorized** | **Filled** | **Authorized** | **Filled** |
| Total Full-time | 158 | 138 | 166 | 139 |
| District Director and District Administrative Staff* | 3 | 3 | N/A | N/A |
| Zone Leaders (Deputy District Director, Associate District Directors for Counseling and Administration) and Zone Administrative Staff | 4 | 4 | 4 | 4 |
| Vet Center Director | 23 | 21 | 23 | 18 |
| Clinical Staff | 82 | 69 | 91 | 82 |
| Vet Center Outreach Program Specialist | 24 | 22 | 25 | 20 |
| Vet Center Office Staff | 25 | 22 | 23 | 19 |
| Contract Providers | 3 | 3 | 0 | 0 |

*Source: RCS data from District 4.*
**District Director and Administrative staff work across both zones.*
*‡The larger total budget dollars for zone 1 compared to zone 2 is a result of lease actions that required tenant improvement funding and a greater number of MVCs, per the District Director.*
*Note: The OIG did not assess RCS data for accuracy or completeness.*

Figure B.1 depicts the district 4 organizational structure and the vet center locations the OIG inspected.

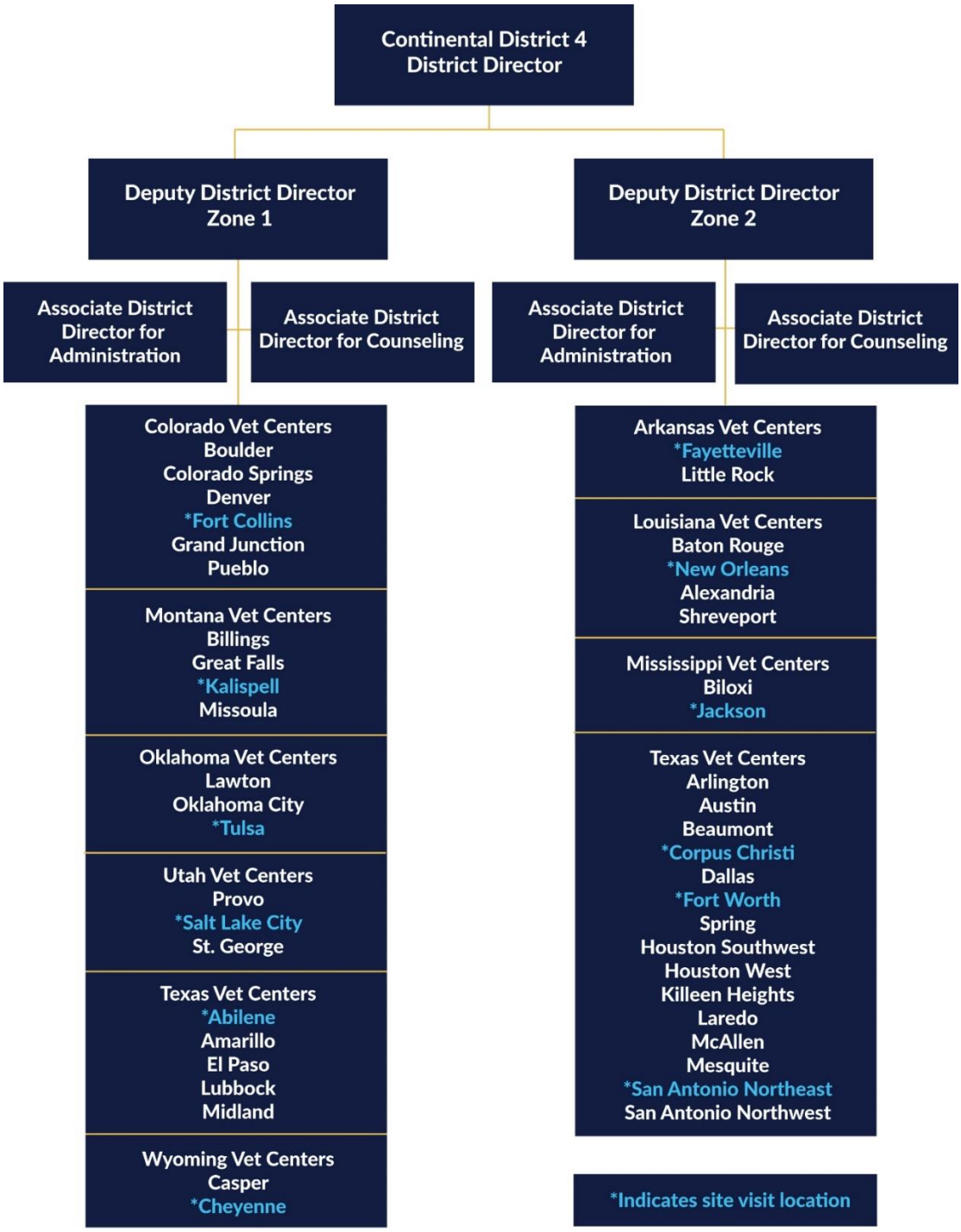


***Figure B.1.*** *RCS organizational district and zone structure.*
*Source: OIG-developed using analysis of RCS information.*
*Note: The OIG did not assess RCS data for accuracy or completeness.*

# Appendix C: District Leader and VCD Position Stability

### Table C.1. District Leadership Positions

| Position Title | Zone 1 Assignment Date* | Zone 2 Assignment Date* |
|---|---|---|
| District Director | August 20, 2018 | August 20, 2018 |
| Deputy District Director | January 8, 2017 | May 21, 2023‡ |
| Associate District Director for Counseling | June 23, 2019 | Vacant May 21, 2023, until September 11, 2023§ |
| Associate District Director for Administration | December 9, 2015 | September 2, 2018 |

*Source: OIG-developed using analysis of RCS information*

**Leadership position assignment dates as of August 18, 2023.*

*‡The Deputy District Director position was vacated on May 20, 2023, per the District Director.*

*§The new Associate District Director for Counseling for zone 2 began on September 11, 2023, per the District Director.*

### Table C.2. Zone 1 and 2 Vet Center Director Vacancy Status and Length

| Vet Center Location | Status of Vacancy | Length of Vacancy* |
|---|---|---|
| **Zone 1** | | |
| Cheyenne Vet Center | Vacant | 6 days |
| Denver Vet Center | Vacant | 2 months |
| Grand Junction Vet Center | Vacant | 1 month |
| Kalispell Vet Center | Filled April 9, 2023 | 3 months |
| Midland Vet Center | Filled September 11, 2022 | 5 months |
| Oklahoma Vet Center | Filled January 30, 2023 | 6 months |
| Provo Vet Center | Filled March 13, 2023 | 14 days |
| Pueblo Vet Center | Filled January 15, 2023 | 4 months |
| Salt Lake Vet Center | Vacant | 5 months |
| **Zone 2** | | |
| Corpus Christi | Filled March 6, 2023 | 2 years, 2 months |
| Dallas Vet Center | Vacant | 2 months |
| Little Rock Vet Center | Vacant | 17 days |
| Spring Vet Center | Filled December 4, 2022 | 10 months |
| Beaumont Vet Center | Vacant | 2 years, 3 months |

*Source: OIG-developed using analysis of RCS information.*

**Vacancies reported during August 18, 2022, through August 18, 2023.*

# Appendix D: Clinical Questionnaire Survey Responses

**Table D.1. District 4 Questionnaire Responses**

| RCS Central Office Leaders | Agree | Neutral | Disagree |
|---|---|---|---|
| 1. RCS central office leaders are knowledgeable about the needs of vet centers and their staff | 61% | 21% | 18% |
| 2. RCS central office leaders are responsive to the needs of vet centers and their staff | 56% | 23% | 21% |
| **District Leaders** | **Agree** | **Neutral** | **Disagree** |
| 3. Policy changes and new requirements are communicated effectively to vet center clinicians | 70% | 15% | 15% |
| 4. District leaders are knowledgeable about the needs of vet centers and their staff | 74% | 17% | 9% |
| 5. District leaders are responsive to the needs of vet centers and their staff | 68% | 20% | 12% |
| **Organizational Assessment** | **Agree** | **Neutral** | **Disagree** |
| **Suicide Prevention** | | | |
| 6. Suicide prevention is a top priority for RCS | 94% | 4% | 2% |
| 7. RCS provides clinicians with the necessary tools for effective suicide prevention | 91% | 4% | 5% |
| **Outreach Activities** | | | |
| 8. Vet center outreach activities promote contact with the local eligible veterans with varying: | | | |
| • Genders | 83% | 15% | 3% |
| • Backgrounds | 85% | 13% | 2% |
| • Ethnic cultural affiliations | 82% | 15% | 4% |
| **RCSNet** | | | |
| 9. RCSNet is an effective electronic records management system that meets: | | | |
| • Clinical care needs | 41% | 18% | 41% |
| • Documentation needs | 40% | 16% | 44% |
| • Oversight needs | 32% | 20% | 48% |
| **Workplace Culture** | **Agree** | **Neutral** | **Disagree** |
| 10. I feel my unique background and identity are valued | 75% | 13% | 12% |
| 11. I am encouraged to offer ideas and ask questions to my leaders | 78% | 11% | 11% |
| 12. I am encouraged to bring concerns regarding vet center practices to my leaders | 71% | 14% | 15% |
| 13. My leaders take action when concerns regarding vet center practices are brought to their attention | 69% | 17% | 15% |
| 14. I am supported by my leaders during times of crisis | 78% | 11% | 11% |

| Workload | Agree | Neutral | Disagree |
|---|---|---|---|
| **15. I have enough time in a given week to complete all clinical documentation as required** | 60% | 19% | 21% |
| **16. I feel my caseload is manageable** | 57% | 23% | 20% |

*Source: OIG clinical questionnaire survey.*
*Note: The OIG distributed questionnaires to all district clinical staff on August 14, 2023, for completion by August 25, 2023. Of the 181 staff that received the questionnaire, 138 provided responses.*

# Appendix E: RCS Chief Readjustment Counseling Officer Memorandum

## Department of Veterans Affairs Memorandum

Date: June 27, 2024

From: Chief Readjustment Counseling Officer, RCS (VHA 10 RCS Action)

Subj: Inspection of Continental District 4 Vet Center Operations

To: Director, Office of Healthcare Inspections, Vet Center Inspection Program (VC00)
Director, GAO/OIG Accountability Liaison (VHA 10B GOAL Action)

1. Thank you for the opportunity to review and comment on the Office of Inspector General (OIG) draft report, Inspection of Select Vet Centers in Continental District 4 Vet Center Operations. I have reviewed the recommendations and submit action plans to address all findings in the report.

(*Original signed by*:)

Michael Fisher
Chief Officer, Readjustment Counseling Service

[OIG comment: The OIG received the above memorandum from VHA on June 27, 2024.]

# Appendix F: RCS Continental District 4 Director Memorandum

## Department of Veterans Affairs Memorandum

Date: June 27, 2024

From: Carrie Crownover, Continental District 4 (RCS4)

Subj: Inspection of Select Vet Centers in Continental District 4 Vet Center Operations

To: Chief Readjustment Counseling Officer, RCS (VHA 10 RCS Action)
Director, GAO/OIG Accountability Liaison (VHA 10B GOAL Action)

1. Thank you for the opportunity to review and comment on the Office of Inspector General (OIG) draft report, Vet Centers Inspection Program-District 4.

2. I reviewed the draft report and request closure of all recommendations. District leaders and Vet Center Directors took action to resolve concerns identified during the District 4 inspection. Specific actions taken are in the attachments including evidence of compliance over at least a ninety-day period. District leaders also made it a point of emphasis to confirm and validate compliance during annual clinical and administrative site visits.

3. Please express my thanks to the team for their professionalism and assistance to us in our continuing efforts to improve the care we provide to our Veterans.

*(Original signed by:)*

Carrie Crownover
District Director

[OIG comment: The OIG received the above memorandum from VHA on June 27, 2024.]

# District Director Response

## Recommendation 1

The District Director monitors compliance with leaders' completion of morbidity and mortality reviews for client deaths by suicide, including timeliness, as required.

_X _Concur

____Nonconcur

Target date for completion: Requesting Closure

### Director Comments

District leadership was not consistently completing morbidity and mortality (M&M) reviews in a timely manner. In November 2023, VHA Directive 1500(4) was updated and stated an M&M review will be completed within 120 days of notification by the Vet Center Director (VCD) of the eligible individual's suicide. District leadership developed a tracker for monitoring compliance. During FY24, District 4 had two events where a Vet Center client died by suicide, and both were completed within the prescribed timeline.

### OIG Comments

The OIG considers this recommendation open to allow time for the submission of documentation to support closure.

## Recommendation 2

The District Director determines reasons vet center counselors did not complete safety plan components for clients assessed at intermediate or high suicide risk level in either acute, chronic, or both categories; ensures completion of safety plans for all active clients assesses at intermediate or high suicide risk levels; and monitors compliance across all zone vet centers.

_X _Concur

____Nonconcur

Target date for completion: Requesting Closure

### Director Comments

Vet Center counselors were not consistently completing all components of a safety plan for clients assessed at intermediate or high suicide risk level. Zone leadership provided education to VCDs and counselors, as well as ongoing reminders to meet this requirement. District 4 has developed a monthly compliance tracker for all intermediate or high suicide risk levels. Leadership verified safety plan completion and logged the compliance into the tracker. The

district office has provided the last three months, demonstrating the district has maintained 90% or above compliance.

### OIG Comments

The OIG considers this recommendation open to allow time for the submission of documentation to support closure.

## Recommendation 3

The District Director determines reasons staff did not document providing safety plans to clients, ensures that a safety plan was provided to all active clients assessed at intermediate or high suicide risk levels, and monitors compliance across all zone vet centers.

_X _Concur

____Nonconcur

Target date for completion: Requesting Closure

### Director Comments

Vet Center counselors were not consistently documenting a copy of the safety plan was provided to all active clients assessed at intermediate or high suicide risk level. Zone leadership provided education to VCDs and counselors, as well as ongoing reminders to meet this requirement. District 4 has developed a monthly compliance tracker for all intermediate or high suicide risk levels. Leadership verified documentation of providing a copy of the safety plan to the client and logged the compliance into the tracker. The district office has provided the last three months, demonstrating the district has maintained 90% or above compliance.

### OIG Comments

The OIG considers this recommendation open to allow time for the submission of documentation to support closure.

# OIG Contact and Staff Acknowledgments

| | |
|---|---|
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