

DEPARTMENT OF VETERANS AFFAIRS (VA)

Response to the Advisory Committee on the Readjustment of Veterans

March 2023 Recommendations

RECOMMENDATION 1.

Strategic Area: Recommend VA increase the total number of VA Liaisons and station them in Military Treatment Facilities (MTF).

Recommendation 1: The Committee recommends the following:

- (a) Recommend VA streamline the process between National VA Liaisons and MTF in referring Service Members and Veterans to Vet Centers. There are only 40 VA Liaisons serving more than 700 MTFs and medical centers.
- (b) Recommend VA work with the Defense Health Agency (DHA) to institute a pilot program for DHA active/reserve healthcare professionals to transition into VA healthcare professionals on the civilian side.
- (c) Recommend VA institute a quarterly meeting between DHA and VA Readjustment Counseling Services (RCS) to discuss staffing, hiring and best practices, not to be delegated any lower than the DHA Deputy Assistant Director for Health Care Operations and include the Chief Officer RCS from the Veterans Health Administration (VHA).

VA Response Recommendation 1 Part A: Concur in Principle.

VA Actions to Implement: Transitioning Service members benefit from this individualized, coordinated transition of health care between Department of Defense (DOD) and VA during the vulnerable time when there is an elevation in risk factors such as suicide and homelessness. In addition, Service members have a better transition experience with this coordinated transition of care.

Additional funding is required to increase the number of VA Liaisons for Healthcare. Post-9/11 Transition Care Management (TCM) will work with Patient Care Service (PCS) and VHA Finance to develop a plan to incrementally expand the VA Liaisons over the next 5 years.

DOD will need to concur with adding additional VA Liaisons stationed at MTFs and ensure a systemic approach to proactively refer transitioning service members to VA Liaisons.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10P4C (Kathleen Dinegar)	N/A	1. Develop a proposal for an incremental increase in VA Liaisons for Healthcare 2. Collaborate with DOD: a. on placement and number of additional VA Liaisons for Healthcare b. <u>in</u> the development of a systemic process to refer all transitioning service members to VA Liaisons for Healthcare 3. Collaborate with VA PCS and VHA Finance to secure permanent funding	N/A	Ongoing	10P4C (Kathleen Dinegar)

VA Response Recommendation 1 Part B: Concur in Principle.

VA Actions to Implement: VA has not determined a pilot is necessary as several efforts are already underway to target transitioning military members for mission critical and difficult to fill positions by using the data contained in the Veterans Affairs/Department of Defense Identity Repository (VADIR) database. The VADIR is a product provided by DOD to VA that includes military occupational and contact information for military Service members separating from the Armed Forces over the next 12 calendar months. VA uses this information to create listservs and conduct direct email outreach campaigns to inform and promote careers at VA.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
106A (Russell Peal)	N/A	<u>TBD</u>	N/A	Ongoing	106A (Russ Peal)

VA Response Recommendation 1 Part C: Concur in Principle.

VA Actions to Implement: RCS agrees a stronger relationship with the DHA may help improve an understanding for best practices as it pertains to recruitment and retention strategies for clinical positions; however, we recognize both agencies are likely recruiting for the same mental health professionals. RCS looks forward to working with DOD to determine the nature of such a partnership.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	N/A	1. Reach out to VA/DOD Liaison to determine best approach and any predetermined points of contact within DHA to begin conversations with. 2. Engage and request informational meeting to ensure awareness of both agency missions and hiring strategies. 3. Determine next steps for how both agencies can collaborate in the future.	N/A	Ongoing	Chief Readjustment Counseling Officer (10RCS)

RECOMMENDATION 2.

Strategic Area: Readjustment Counseling Service (RCS) needs to increase collaboration, integration and participation, that is, with local and State VSOs, State and Local Governments and Reserve Component Leadership (National Guard and Reserve).

Recommendation 2: Recommend RCS identify key stakeholder relationships nationally and locally that empower outreach services, enhances collaboration and increases services to existing eligible Veteran populations and Veterans newly identified under the Vet Center Eligibility Expansion Act.

- (a) Recommend RCS identify institutions or organizations where Memorandum of Understandings (MOU) need to be amended and or put in place. It is recommended RCS establish an MOU with State/Territory/D.C. State Veteran Offices.
- (b) Recommend Secretary of VA through the Undersecretary of Health supports RCS in identifying, prioritizing and formalizing local. State and national Veteran Organization relationships that align with the RCS vision and mission towards serving Veterans to better understand the return on investment of those partnerships.
- (c) Recommend RCS identify appointed women Veteran State coordinators or representatives to develop networks, attend local women-focused events and enhance women Veteran services.
- (d) Recommend RCS measure success through increased leads, contacts and outreach events, which can increase staffing models and justifications within the Vet Centers.

VA Response Recommendation 2 Part A: Concur in Principle.

VA Actions to Implement: Vet Centers will continue to collaborate, integrate and participate with local and State Veteran Service Organizations (VSOs), State and local government and Reserve component leadership. Vet Centers work with local VSOs on a regular basis and desired outcomes of the partnership are based on the needs of the local Veteran and Service member population. Vet Centers also will engage with local National Guard and Reserve Components to provide direct outreach, counseling and referral services. If they experience barriers to doing so, teams will continue to elevate the matter to their District leadership for further action.

At a national level, RCS will continue to host quarterly, national VSO briefings, frequently participate in VA’s monthly VSO communicator calls as well as serve as an active member of the VA/DOD Innovation, Prevention and Outreach Committee.

This action has led to increased promotion of Vet Centers in the Disabled American Veterans (DAV) magazine, Veterans of Foreign Wars magazine, American Gold Star Mothers newsletter, the American Legion Podcast and speaking engagements and outreach opportunities at national conferences including but not limited to Student Veterans of America, Vietnam Veterans of America, DAV, Fleet Reserve Association, Special Forces Convention and Military Influencers Conference.

RCS also will make further concerted efforts to strengthen relationships with the National Association of State Directors of VA, participating in annual and mid-winter conferences and proactively scheduling meetings with State directors when the Chief Officer or Deputy Chief Officer and respective District leadership are conducting business in the area. District leaders and Vet Center teams will continue to communicate and engage state directors as appropriate.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	N/A	1. Vet Centers to continue to collaborate, integrate and participate with local and State VSOs, State and local government and Reserve component leadership. 2. Outcomes of the partnerships will be determined based on the needs of the local Veteran and Service member population. 3. Vet Centers will continue to engage with local National Guard and Reserve	N/A	Ongoing	Chief Readjustment Counseling Officer (10RCS)

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
		<p>Components to provide direct outreach, counseling and referral services.</p> <p>4. RCS central office will continue to host quarterly VSO briefings and regularly participate in VSO communicator briefings.</p> <p>5. RCS central office will continue relationship with NASDVA as well as State directors individually as appropriate.</p>			

VA Response Recommendation 2 Part B: Concur in Principle.

VA Actions to Implement: RCS establishes and maintains a multitude of Memorandum of Understandings (MOU) or Memorandums of Agreement (MOA) depending on the nature of the relationship. Locally, Vet Centers establish Revocable Licenses with local organizations who provide donated space for Vet Center staff to operate from, and MOAs in instances where a community partner would work from one of our Vet Centers, including using our office space or conducting therapeutic activities to our clients. Nationally, MOUs are established with other government entities or when the establishment of a national partnership would be more effective than local agreements. RCS agrees a regular process and discussion for what partnerships should be prioritized and formalized should take place; however, it is not yet determined if State, territory and DC Veteran Offices are the most beneficial for the goals of the organization.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)		<p>1. Evaluate current MOUs/MOAs and determine what gaps exist at a national level.</p> <p>2. Engage with partners as necessary to begin discussion of formalizing partnerships.</p> <p>3. Continue to promote existing MOUs/MOAs to Vet Center teams and encourage the establishment of local MOUs and MOAs for local partnerships.</p>	N/A	Ongoing	Chief Readjustment Counseling Officer (10RCS)

VA Response Recommendation 2 Part C: Concur.

VA Actions to Implement: RCS agrees identifying and prioritizing partnerships to cultivate at the local, State and national level will further assist the organization in accomplishing its goals. Partnerships at the national level will be determined and communicated through a national outreach plan to be disseminated to Vet Centers, through their respective districts, at the beginning of the fiscal year.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)		<ol style="list-style-type: none"> 1. Evaluate current partnerships and any existing gaps or areas for strengthening. 2. Include identified partnerships and organizations in national outreach plan for potential cascading locally. 	Ongoing	Ongoing	Chief Readjustment Counseling Officer (10RCS)

VA Response Recommendation 2 Part D: Concur.

VA Actions to Implement: RCS will encourage Districts to lead in identifying State Women Veterans Coordinators, if present, and ensure local Vet Center outreach specialists and Vet Center Directors are aware of their respective point of contact. These points of contact will be kept informed of Vet Center activities and engaged with to further the Vet Center mission as it pertains to targeting women Veterans. RCS is confident in the outreach and awareness efforts currently being facilitated to target women Veterans, recognizing the steady increase in women Veterans and Service members seeking Vet Center services over the past few years.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)		<ol style="list-style-type: none"> 1. RCS to communicate to districts the importance of identifying each state and territory women Veteran coordinator. 2. Districts to ensure Vet Centers are aware of and are including the appropriate POC into their communication with external stakeholders and identify opportunities for collaboration and dissemination of outreach material. 	Ongoing	Ongoing	Chief Readjustment Counseling Officer (10RCS)

VA Response Recommendation 2 Part E: Concur.

VA Actions to Implement: In concert with the Government Accountability Office recommendation to establish measures to evaluate successful outreach, RCS is already conducting work on this through its Stakeholder Relations Council. Efforts are underway to plan and implement a pilot to test these measures.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)		<ol style="list-style-type: none"> 1. Continue Stakeholder Relations Council work on evaluating effective outreach, determining what measurements to be evaluated. 2. Identify pilot sites to test assumptions and propose measures. 3. Evaluate findings of pilot sites and adjust as necessary. 4. Determine if dashboard may be available through RCS Net for outreach specialists to evaluate effective outreach criteria. 5. Continue to monitor and adjust as needed. 	Ongoing	Ongoing	Chief Readjustment Counseling Officer (10RCS)

RECOMMENDATION 3.

Strategic Area: Recommend Readjustment Counseling Service (RCS) establish liaisons within each State, territory, DC Joint Force Headquarters (JFHQ) to better serve National Guard and Reserve Service members. This action will increase services to transitioning Reserve Component Service members and those who were activated due to a national emergency or major disaster declared by the President or responded to a disaster or civil disorder in a State.

Recommendation 3:

- (a) RCS liaison will participate in Yellow Ribbon Events, collaborate with Reserve Component Family Readiness entities and Integrated Primary Prevention staff officers.

- (b) RCS liaison will assist transitioning Service members with connecting to appropriate Vet Center services.
- (c) It is recommended RCS establish an MOU with the National Guard Bureau (NGB) authorizing the use of JFHQ office space, building access and integration with State, Territory and DC National Guard Leadership.
- (d) Recommended RCS measure success by the increased number of Reserve Component Service members who received RCS assistance/services.

VA Response Recommendation 3 Part A: Concur.

VA Actions to Implement: Vet Center outreach specialists collaborate with Reserve and National Guard units in their Veteran service area and regularly conduct outreach at Yellow Ribbon events. These efforts, specific to the National Guard, are supported by the national MOU between VA RCS and the National Guard Bureau. Vet Center team members will continue to serve as a liaison, in building trust, informing individuals of available services, getting them connected to care and making any referrals necessary.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	N/A	1. Vet Centers to continue to identify local reserve units and their respective family readiness entities and integrated primary prevention points of contact. 2. Participate in events, making appropriate connections and referrals. 3. Document efforts in RCSNet for reporting and tracking purposes.	Ongoing	Ongoing	Chief Readjustment Counseling Officer (10RCS)

VA Response Recommendation 3 Part B: Concur.

VA Actions to Implement: RCS has been working a project, following previous recommendations from the GAO, to obtain DOD contact lists of transitioning service members and establishing a process and platform that will allow outreach specialists to prioritize and outreach to Service members.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	N/A	1. Continue efforts to work with VA contractor to framework the platform and its features. 2. Determine process for data pull and frequency and communication medium	Ongoing	Ongoing	Chief Readjustment Counseling Officer (10RCS)

VA Response Recommendation 3 Part C: Concur in Principle.

VA Actions to Implement: RCS currently maintains a MOU with the National Guard Bureau, signed by both parties in 2019. This empowers local teams to evaluate the needs of their community and work the local units to determine the best ways to inform members of the guard of available services. It also empowers teams on the ground to determine where and how best to deliver these counseling and referral services. If a community access point is deemed appropriate and beneficial, Vet Center Directors can work with their partners to establish formal agreements, providing them with donated space to operate from. These spaces take into consideration the continued need of operating separately from other VA, DOD or military health facilities to remain separate and sustain a high level of trust and confidentiality among those the Vet Center serves. RCS is not confident that having space close to or connected with National Guard leadership communicates that separation and high level of privacy.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	N/A	1. Continue to communicate the importance of RCS' relationship with the National Guard Bureau. 2. Local Vet Center teams to identify optimal ways to deliver Vet Center services to members and identify opportunities to reduce barriers to care.	None	N/A	Chief Readjustment Counseling Officer (10RCS)

VA Response Recommendation 3 Part D: Concur in Principle.

VA Actions to Implement: While RCS can measure the change between the number of reservists coming in for services each fiscal year, it is not determined that this particularly measures success. The organization will ~~however~~ continue to examine outreach efforts, Veteran Signals (customer feedback) data regarding reservists and other survey and anecdotal information to determine whether a potential increase in the number of reservists coming in for services can be attributed to efforts. Such efforts also

may be shared organizationally as promising practices so others may glean from the success of certain locations, regions or efforts.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	N/A	1. Review and analyze the change in reservists coming in for Vet Center services over the fiscal years. 2. Review other data points available to the organization to make the most informed analysis of what efforts are working and areas for improvement.	None	N/A	Chief Readjustment Counseling Officer (10RCS)

RECOMMENDATION 4.

Strategic Area: Recommend VA portion of the Transition Assistance Program (TAP) be modernized (for all components including the National Guard and Reserve) to move from quantity of material covered to quality of individual service. Considering the number of Veterans failing to thrive after discharge, awareness of and access to Vet Centers must be reviewed in the course of service and especially during discharge to ensure there are no data gaps.

Recommendation 4:

- (a) Recommend TAP videos and resource materials be updated annually.
- (b) Recommend TAP overseas courses receive the same level of support and meet the same standards as it does stateside.
- (c) Recommendations prior to attending the TAP:
 - i. Provide an up-to-date pre-execution checklist that is form fillable for TAP intake, appointments and follow-ups.
 - ii. Use modernized condensed videos for required pre-viewing of certain modules to allow time for customization and one-on-one appointment scheduling at the in-person TAP course.
 - iii. Establish mandatory “push data reviews with DOD” for the VA Solid Start Program (to include National Guard and Reserve).

- (d) Recommendations during the TAP course:
- i. Develop and implement Frequently Asked Questions (FAQ) documents by each agency to be compiled and handed out in one folder at the TAP as well as being available online.
 - ii. One-on-one appointments to be set at the TAP for each Service member attending (including optional partner participation) with key representatives (VA enrollment representative and Vet Center representative). If a Service member is ineligible for VA services, the representative, using the national resource guide, at a minimum, can connect them with their incoming local “resource alliance” point of contact in their chosen State of preference.
 - iii. Further customize TAP since mandatory modules were covered prior with quality videos to the need of the Service members. Allow Service members to elect to attend a TAP break-out (school/certificates, trades, employment, entrepreneurial, women).
 - iv. Further establish an in-person women TAP option to cover women-specific concerns, along with a women resource guide to be shared at TAP.
 - v. Have the VA Women’s Center create a Women Veterans National Mentoring Model (review Sisters in Arms and other mentoring models), that can follow-up with the women-specific TAP breakout attendees.
- (e) Recommend VA conduct an individual follow-up similar to the Disabled TAP model after completion of the TAP course. VA also should report the percentage of completed individual follow-ups from the TAP attendance in an annual report.

VA Response Recommendation 4 Part A: Concur.

VA Actions to Implement: VA concurs with this recommendation. As defined in 10 U.S.C. § 1144, TAP is an interagency effort administered by Department of Labor (DOL) Veterans’ Employment and Training Service, DOD, the Department of Education, the Department of Homeland Security (DHS), VA, the Small Business Administration (SBA), and the Office of Personnel Management (OPM). TAP is designed to help more than 200,000 transitioning Service members annually to plan their pre- and post-transition. In partnership with the TAP interagency governance members, VA takes a comprehensive approach, ensuring TAP is a tailored program that evolves with the changing needs of transitioning Service members (active duty and Reserve component). Accordingly, the VA Benefits and Services course is updated annually based on an analysis of participant evaluation data, subject matter expert reviews, legislation, policy and a comprehensive review of the content to include videos and other training aids used in the course. Moreover, in September 2020, the Joint Executive Committee approved the

concept of an enhanced individualized Statement of Benefits at discharge. The Enhanced Statement of Benefits will provide transitioning Service members and/or recently separated Veterans with personalized information about their specific benefits and services statement, based on their input and in one centralized application. The Transition Assistance Program Executive Council approved the implementation plan in March 2021, and we are currently in the program development phase.

As such, VA will continue the annual review and update of VA Benefits and Services curriculum and provide additional information to the Advisory Committee after the Enhanced Statement of Benefits has been implemented.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
VBACO OTED (Christina Zais)	N/A	1. Continue the annual review and update of VA Benefits and Services curriculum. 2. Provide additional information to the Advisory Committee after the Enhanced Statement of Benefits has been implemented.		Ongoing	VBACO OTED (Christina Zais)

VA Response Recommendation 4 Part B: Concur.

VA Actions to Implement: VA concurs with this recommendation. The VA Benefits and Services course is delivered by Benefits Advisors who are trained facilitators. They work at over 300 military installations worldwide, and their level of support is consistent across the program. Moreover, the course currently has a 97.3% satisfaction rating for in-person delivery. In addition to delivering the course worldwide, VA Benefits Advisors conduct One-On-One Assistance sessions with Service members to explain VA benefits and services and connect them with resources. VA will continue to provide worldwide support and seek opportunities for improvement by conducting site visits and quality assurance evaluations.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
VBACO OTED (Christina Zais)	N/A	1. Continue to provide worldwide support and seek opportunities for improvement by conducting site visits and quality assurance evaluations.	N/A	Ongoing	VBACO OTED (Christina Zais)

VA Response Recommendation 4 Part C: Non-Concur.

VA Actions to Implement: VA non-concurs with this recommendation. Every Service member begins TAP with a DOD Initial Counseling, initiated no later than 365 days prior to separation or retirement. During the individualized one-on-one session with a specifically trained TAP Counselor, Service members complete a personal self-assessment, begin the development of their Individual Transition Plan and initiate the “Service Member Pre-Separation /Transition Counseling and Career Readiness Standards e-Form for Service members Separating, Retiring, Released from Active Duty (REFRAD),” more commonly referred to as the DD Form 2648. Based on the self-assessment and counseling, the TAP counselor assigns the Service member to a transition tier level that determines the necessary individualized level of support, which may include appointments and warm handovers. The given tier also determines the amount of assistance a Service member requires to meet Career Readiness Standards established by DOD. As such, this recommendation appears duplicative of procedures already in place.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
VBACO OTED (Christina Zais)	N/A	1. None.	N/A	None	VBACO OTED (Christina Zais)

VA Response Recommendation 4 Part D: Concur in Principle.

VA Actions to Implement: The Women’s Health Transition Training (WHTT) was developed, piloted and deployed by VHA in collaboration with DOD to address women-specific concerns. The WHTT assists Service women and women Veterans in learning about women's health care services, including mental health and military sexual trauma. They also learn about eligibility requirements, how to connect with other women Veterans through women-specific networks, programs post-service and how to find local VA facilities and points of contact for additional support. WHTT is an online, self-paced Women's Health Transition Training available for Service women and women Veterans to take any time, any place at TAPevents.mil/courses. A participant guide is available online to download, <https://www.va.gov/womenvet/docs/whtt/VAwhttParticipantHandbook.pdf>. This course is not a substitute for TAP and is an optional course that can be taken in addition to the VA TAP.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
VBACO OTED (Christina Zais)	N/A	1. As defined in 10 U.S.C. § 1144, TAP is an interagency effort by DOL VETS, DOD, the Department		Ongoing	VBACO OTED (Christina Zais)

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
		of Education (ED), DHS, VA, SBA and OPM to support the approximately 200,000 men and women leaving the US military each year. This program is standardized to provide all transitioning Service members with the resources available to meet individual needs across the military to civilian readiness pathway. VA TAP will continue to monitor and evaluate alternative methods of approach.			

VA Response Recommendation 4 Part E: Concur in Principle.

VA Actions to Implement: VA TAP supports efforts from the VA Women’s Center and Center for Women Veterans to develop a program that connects WHTT participants interested in follow-up.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
VBACO OTED (Christina Zais)	N/A	1. VA TAP will continue dialogue with the VA Women’s Center to explore programming for interested WHTT participants		Ongoing	VBACO OTED (Christina Zais)

RECOMMENDATION 5.

Strategic Area: Recommend DOD and VA collaborate quarterly on all data pushes to ensure all data is transferred to the VA Solid Start Program.

Recommendation 5:

- (a) The National Guard and Reserve should get an additional review to ensure all data is pushed to this program due to the extended eligibility for counseling to Vet Centers. VA should review data pushes quarterly to the VA Solid Start Program and report the gaps to DOD (especially with the National Guard, Reserves and Overseas units).

- (b) DOD should consider an additional code outside of Priority Veterans with existing behavioral health appointments in the VA Solid Start Program. The commands should identify those they determine VA should call as Early Alert Veterans to VA. Commands know who they are concerned about, but this function currently does not exist. Veterans who need help often do not seek behavioral health appointments prior to discharge. Universities use early alert systems where professors can identify students who might need to be on this early alert (grades, lack of housing, food shortage, etc.). To reduce suicides, commands need to assist VA and identify those who might need an additional follow-up call in the VA Solid Start Program.
- (c) Test a pilot-data set that includes a Veteran Early Start identification to the VA Solid Start Program.
- (d) Have the VA Women’s Center beta-test a women’s mentoring model that can follow-up with the women-specific TAP breakout attendees as well as those identified as priority on the VA Solid Start Program.

VA Response Recommendation 5 Part A: Concur.

VA Actions to Implement: VA concurs and will continue existing collaboration efforts with DOD to approve and refine the data provided by DOD to support the VA Solid Start Program and will implement a quarterly collaboration effort into the existing process. Further, VA will coordinate with the Veterans Experience Office to schedule recurring quarterly collaboration sessions with DOD.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
VBACO OTED (Regina Yount)	N/A	1. Coordinate with the Veterans Experience Office to schedule recurring quarterly collaboration sessions with DOD.		Ongoing	VBACO OTED (Regina Yount)

VA Response Recommendation 5 Part B: Concur.

VA Actions to Implement: VA agrees there are benefits with expanding the definition of Priority Veteran within the VA Solid Start program to allow more Veterans to receive priority contact under the program. VA will share this recommendation with DOD for their consideration.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
VBACO OTED (Regina Yount)	N/A	1. VA will share the recommendation with DOD for review and consideration.		Ongoing	VBACO OTED (Regina Yount)

VA Response Recommendation 5 Part C: Concur

VA Actions to Implement: If DOD determines Recommendation 5, Part 2, is appropriate, and agrees a pilot of the expanded data set is needed, VA Solid Start can support this effort. VA will share the recommendation with DOD for review and consideration.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
VBACO OTED (Regina Yount)	N/A	1. VA will share the recommendation with DOD for review and consideration		Ongoing	VBACO OTED (Regina Yount)

VA Response Recommendation 5 Part D: Non-Concur.

VA Actions to Implement: The Center for Women Veterans (CWV) does not have the resources to implement a Women Veterans Mentoring Program as currently structured. If the beta-test program is to be implemented, CWV will need funding to obtain a Program Manager to lead the initiative and funding for contractor support or detailee as a Data Analyst to collect the data elements in support of the Mentoring Program. The current CWV budget does not support obtaining additional full time equivalents (FTEs). If VA is to pursue this program in support of the many Women Veterans, allocation of an FTE in the OSVA budget will need to be resourced and funded.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
00W (Lourdes Tiglao)	N/A	None.		N/A	00W (Lourdes Tiglao)

RECOMMENDATION 6.

Strategic Area: Recommend improvement and expansion of access to treatment and vital services for rural area Veterans while augmenting services to area Vet Centers (Readjustment Counseling Service).

Recommendation 6:

- (a) Recommend expanding mobile care team (Mobile Medical Unit and Mobile Vet Center) footprints from outreach to clinical and support services.
- (b) Recommend prioritizing care by acuity, suicide and military sexual trauma (MST) cases and not through exclusionary processes.

- (c) Recommend assessing and referring all Veterans in real time with special attention to rural areas. RCS will identify dense population areas of Veterans not currently accessing services to decrease the gap between the number of Veterans identified and the number of Veterans enrolled.

VA Response Recommendation 6 Part A: Concur in Principle.

VA Actions to Implement: Modernization and expansion of the fleet is a top priority for RCS and included three new Mobile Vet Centers (MVCs) delivered during FY 2022. RCS awarded a contract in FY 2022 for an additional 11 MVCs (both expansion and replacement of older units) and 1 Sprinter van MVC concept, which was delivered in FY 2023 for Puerto Rico. Each MVC includes confidential counseling space for direct service provision and a state-of-the-art satellite communications package that includes fully encrypted teleconferencing equipment, access to all relevant VA information technology systems and connectivity to emergency response systems.

VHA Directive 1154, Mobile Medical Unit (MMU) Program, published on July 26, 2017, established a management framework for the MMU Program and the reporting requirements for the MVC Program. VA uses the term MMU rather than “Mobile Medical Center (MMC)” to establish a clear distinction and reduce possible confusion with brick-and-mortar VA medical centers, so henceforth the term “MMU” will be used.

VHA will focus on maintaining the current fleet of MMUs. The MMUs are geographically dispersed and operate under the VHA Office of Patient Care Services, Office of Rural Health, the Veterans Integrated Services Network and Medical Center operations. The decision to expand or increase capabilities will be determined case-by-case and in response to the identified local needs and available resources. We are beginning discussions on whether to retire or modernize MMUs at the end of their lifecycle.

We continue developing, maintaining and deploying standardized MMU medical equipment kits to ensure consistent and uniform support of mobile and temporary medical operations during disaster deployments.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (MVC) (Michael Fisher)	N/A	1. RCS will Expand Mercedes Sprinter Van Concept in FY 23 to include 6 new vans. 2. VA will continue developing, maintaining, and deploying standardized MMU medical equipment kits to ensure consistent and uniform	Contract completed by July 2023, Delivery during summer 2024	Ongoing	10RCS (MVC) (Michael Fisher) Kevin Swallow, Deputy Operations Officer, Readjustment Counseling Service (10RCS)

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
		support of mobile and temporary medical operations during disaster deployments.			

VA Response Recommendation 6 Part B: Concur in Principle.

VA Actions to Implement: Collectively, RCS services are designed to assist eligible Veterans and members of the Armed Forces in resolving their readjustment concerns to attain a satisfying post-military social and economic level of functioning. Paramount to the achievement of this mission is a clinical understanding of the experience and psychological aftermath of military service-related trauma and a social understanding of the Veteran and local community and its resources. Vet Center staff guide these Veterans and members of the Armed Forces and their families through various challenges that often occur after individuals deploy and/or return from combat deployment and other stressful military experiences. Many of these services are delivered by staff who are combat-theater Veterans, thereby fostering an empathic connection to the client. Assessing for acuity related to suicide and MST are fundamental components of the RCS intake and screening process; however, these are only two of multiple presenting issues/eligibilities RCS is mandated by statute to include in the provision of readjustment counseling. RCS will continue to assess for expansion of services to ensure ability to meet demand for all eligible populations and does not intend to institute any exclusionary processes.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	N/A	1. RCS will continue to assess for expansion of services to ensure ability to meet demand for all eligible populations to include services in rural areas.		Ongoing	10RCS (Michael Fisher) Matthew Newman, Strategy and Analysis Officer, Readjustment Counseling Service (10RCS)

VA Response Recommendation 6 Part C: Concur in Principle.

VA Actions to Implement: RCS maintains a fleet of 84 MVCs to extend focused outreach, direct services and referral services to communities that do not meet the requirements for a “brick-and-mortar” Vet Center. In many instances, these communities are distant from existing services and are considered rural or highly rural.

RCS projects future readjustment counseling use through an experience-based utilization projection model and an anticipated demand-based projection model. The experience-based model uses historical utilization patterns to project future use, while the demand model uses program eligibility projections and average utilization rates to forecast demand. The difference between the two models highlights areas where eligible individuals may be over or under served and provides a data-informed process for RCS to identify areas for service analysis. As demand is not evenly distributed across the country, the model enables RCS to project demand for services and growth over 5 years at the zip code level to inform resourcing and outreach at existing sites as well as adding new Vet Center assets. All RCS staff have access to these models visualized within a geospatial platform and displayed as both projected demand and potential unmet demand 'heat maps.' These service projections are being refined annually and are used in planning processes for expansion and redistribution of RCS services and assets.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	N/A	1.Continue using Milliman data for future asset planning.		Ongoing	10RCS (Michael Fisher) Kevin Swallow, Deputy Operations Officer, Readjustment Counseling Service (10RCS)

RECOMMENDATION 7.

Strategic Area: Recommend Readjustment Counseling Service increase hiring and decrease staffing shortages within the Vet Center program (RCS).

Recommendation 7:

- (a) Recommend VA increase hiring within Readjustment Counseling Service (including expedited time to hire) by identifying critical needs and empowering Vet Center Directors (VCD) to hire personnel directly reducing the hiring time to enhance staff enrichment, reduce burnout and increase retention. Expand Voc-Rehab mandate to VHA and VBA by creating strategic partnerships with licensing boards. Expand the debt reduction program to address critical employment needs. Adjust staffing models to include Case Managers and Peer Support Specialists to conduct and expand group therapy.

- (b) Recommend VA improve the balance of pay/equity between Vet Center staff and Medical Center social workers. Medical Center personnel appear to have higher pay and better chances for advancement.
- (c) Recommend Vet Center Directors (VCD) administer and create MOUs with strategic partners to address burnout by hiring term staff (admin and clinical). Administrative examples include office managers and Peer Support Specialists for group facilitation, vocational rehabilitation personnel and outreach personnel. Clinical examples include clinically qualified staff such as licensed professional mental health counselors, licensed independent clinical social workers, and licensed marriage and family therapists.

VA Response Recommendation 7 Part A: Concur in Principle/Non-concurs.

VA Actions to Implement: VA concurs in principle on the Direct hiring authority and expansion of educational debt reduction programs; however, VA non-concurs on the Creation of Case Managers and Peer Support Specialists.

RCS has used a multi-faceted approach for recruitment and onboarding efforts for adding exceptional, qualified staff, to include:

- Improving Efficiency & Incentives: Strategic hiring practices using incentives and non-competitive hiring practices.
- Expanded and maximized recruitment efforts through a specialized human resources team, in 2022, who focused on support for recruitment up until selection.
- Outreach: Connecting with local university professional education programs to develop partnerships in sharing about vacancy opportunities, in addition to, leveraging the expertise of outreach staff to broadly share about vacancies.
- Training: Developed a repository of tools and expanded training for hiring managers on best practices for effective recruitment efforts to include resources for direct hiring authority.
- The STRONG Veterans Act, Section 102: Expansion of Vet Center Workforce, requires VA to hire additional 50 FTE employees for Vet Centers “to bolster the workforce and expand mental health resources to Veterans, members of the armed forces and families.” The implementation of this legislation is on track to be completed by December 29, 2023.
- RCS routinely meets with Human Resources to identify and problem solve challenges related to time to hire. Direct hiring authority is used frequently throughout the organization to expedite time to hire for all hybrid 38 positions.

The Education Debt Reduction Program (EDRP) is a student loan reimbursement program aimed at recruiting and retaining Hybrid Title 38 (HT38) employees in challenging locations. These employees must have student loans eligible for repayment. RCS has received permission to designate all HT38 positions at Vet Center locations as difficult to recruit, retain and are critical needs for the organization. In the current fiscal year (FY 2023), RCS has been granted 50 EDRP allocations by the Education Loan Repayment Services office. Moreover, any psychologist within VA can apply for EDRP without it being counted against the allocated number of allocations. In addition to EDRP, RCS also makes use of the Student Loan Repayment Program (SLRP) to provide loan repayment assistance to eligible Hybrid Title 38 and Title 5 employees. In FY 2023, RCS has allocated funds to retain 35 recipients with eligible student loans.

VA established a Vet Center Scholarship Program to assist individuals pursuing graduate degrees in psychology, social work, marriage and family therapy or mental health counseling. The scholarship provides funding to cover up to 2 years of graduate studies for individuals pursuing these degrees. Upon completion of their degrees, these mental health professionals will then serve full time for 6 years at 1 of VA's 300 Vet Centers across the country, specifically, in underserved areas and in States with a per-capita population of more than 5% Veterans. These scholarships will help VA ensure all Veterans, Service members and their families, including those in historically underserved areas, have access to Vet Centers with highly qualified, trained and compassionate staff. As of June 23, 2023, in collaboration with the VA Scholarship and Clinical Education office, RCS has awarded a total of 21 Scholarships for Fall 2023.

RCS disagrees with creating Case Managers and Peer Support Specialists within Vet Centers. These duties are included in current Vet Center functional statements and position descriptions and would be redundant in nature.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	N/A	<p>1. RCS to request a 10% increase of additional allotments for EDRP and provide a 10% increase of allotments for SLRP in FY 2024.</p> <p>2. Continue using Vet Center Scholarship Program for eligible employees.</p>	None	N/A	<p>Chief Readjustment Counseling Officer (10RCS)</p> <p>Kevin Swallow, Deputy Operations Officer, Readjustment Counseling Service (10RCS)</p> <p>Pedro Ortiz, Deputy Chief Officer, Readjustment Counseling Service (10RCS)</p>

VA Response Recommendation 7 Part B: Concur in Principle.

VA Actions to Implement: In April 2022, RCS conducted an analysis into programs that are available in making RCS salary more competitive with other Federal and non-Federal employers. Through this analysis, RCS identified several occupations in various locations that were eligible for connection to existing VA Special Salary Rates (SSRs) as outlined in Section 1b of VA Directive 5007, Pay Administration. SSRs may be authorized when higher non-Federal rates of pay in the local labor market area causing significant problems in recruiting or retaining well qualified health-care personnel. SSRs also may be authorized when recruitment or retention problems are anticipated due to high non-Federal rates of pay in the community. After reviewing existing SSRs for all Hybrid Title 38 occupations RCS employs (Social Workers, Psychologists, Marriage and Family Therapists, and Licensed Professional Counselors), RCS determined there were 83 existing SSRs across the country that could be used. Of those available, 54 were for Psychologists, 29 for Social Workers and there were no existing SSRs for Licensed Professional Counselors or Marriage and Family Therapists. RCS continues to analyze other locations and occupations where SSRs may be beneficial and eligible for new SSRs.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	N/A	<p>1. Continue to monitor and link Medical Center SSRs to RCS staff.</p> <p>2. District Offices to conduct salary studies as needed to determine if additional SSRs are necessary to compete with both public and private sector pay.</p>	None	N/A	<p>Chief Readjustment Counseling Officer (10RCS)</p> <p>Kevin Swallow, Deputy Operations Officer, Readjustment Counseling Service (10RCS)</p>

VA Response Recommendation 7 Part C: Concur in Principle.

VA Actions to Implement: RCS currently is implementing High Reliability Organization principles that directly affect organizational challenges such as burnout. In addition, the RCS team is studying the root causes of burnout at Vet Centers to determine and improve future projects that can be undertaken to alleviate symptoms of burnout and improve consistency in processes across the organization. The focus is on how different administrative tasks (both required and localized) along with variations in processes impact workload and contribute to symptoms of burnout.

RCS continually evaluates the productivity and current FTE employee levels (FTEE) of each Vet Center to ensure proper staffing and launched a Light Electronic Action Framework site on June 22, 2022, which allows for any RCS employee to request additional assets, including new FTEE.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
<p>10RCS (Michael Fisher)</p> <p>Pedro Ortiz, Deputy Chief Officer, Readjustment Counseling Service</p>	N/A	<p>1. Continue implementation of HRO across organization.</p> <p>2. Continue study on the root causes of burnout.</p>	None	N/A	<p>Chief Readjustment Counseling Officer (10RCS)</p> <p>Pedro Ortiz, Deputy Chief Officer, Readjustment Counseling</p>

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
(10RCS) Matthew Newman, Strategy and Analysis Officer, Readjustment Counseling Service (10RCS)					Service (10RCS) Matthew Newman, Strategy and Analysis Officer, Readjustment Counseling Service (10RCS)