

DEPARTMENT OF VETERANS AFFAIRS (VA)

ADVISORY COMMITTEE ON THE READJUSTMENT OF VETERANS

March 21, 2022

Twenty-Second Annual Report

- I. **The Committee and its Mandate:** In compliance with the provisions of P.L. 104-262, section 333, this is the annual report of the VA Advisory Committee on the Readjustment of Veterans to the Secretary of Veterans Affairs. The Advisory Committee on the Readjustment of Veterans is mandated to do the following:
 - Assemble and review information relating to the needs of Veterans in readjusting to civilian life.
 - Provide information related to the nature of psychological problems arising from service in the armed forces.
 - Provide an assessment of the effectiveness of the policies, organizational structures and services of VA in assisting Veterans in readjusting to civilian life.
 - Provide advice on the most appropriate means of responding to the readjustment needs of Veterans in the future.
 - In carrying out these activities, the Committee shall take into consideration the needs of Veterans who have served in a combat theater of operations.
- II. **Committee's Mission Statement:** To promote the effectiveness and adequacy of VA programs, to include the availability, ease of access, quality and consumer satisfaction with delivery of services designed to meet the readjustment needs of America's war Veterans, by providing consumer-based recommendations to the Secretary of Veterans Affairs.
- III. **Committee's Scope:** The Committee functions as an external body of Veteran consumer representatives charged with assessing the quality of VA services for Veterans' Post-war readjustment. As such, the Committee is responsible for formulating recommendations that are focused on service delivery outcomes evaluated in terms of primary domains of value: access to care, technical quality (to ensure the visiting Committee's members have the clinical credentials to make such an assessment) and customer satisfaction. VA organizational structures and program policies are appropriate subjects for the Committee's evaluations to the extent that they potentially affect the quality of Veterans service outcomes.

IV. **Committee's Methodological Objectives:**

- i. To conduct meetings, to review and evaluate formal presentations by program officials, document program coverage, workload data, program policy guidance, program standards of care and clinical guidelines.
- ii. To conduct meetings to review and evaluate the results of scientific research regarding the frequency and dynamic manifestations of posttraumatic stress disorder (PTSD) and other war-related readjustment problems.
- iii. To conduct meetings to review pending legislation that pertains to Veterans services.
- iv. To conduct field visits to VA facilities to observe and directly review the provisions and coordination of services, to engage in discussions with VA program officials and service providers and to engage in discussions with Veteran clients where clinically appropriate.

V. **Committee Membership:** In accordance with the Committee's charter, the Committee shall consist of not more than 18 members who are from a wide variety of geographic areas and ethnic backgrounds, individuals from Veterans Service Organizations, individuals with combat experience and women Veterans.

VI. **Committee Activities and Focus Areas: 2021 – 2022:** The Committee on the Readjustment of Veterans conducted a 1-day administrative meeting via WEBEX March 22, 2021, due to COVID-19 travel restrictions. At this time, they met with the following: members of VA leadership, Veterans Health Administration program officials having implications for the readjustment of Veterans and Active-Duty Service Members, as well as other VA Staff to include the following:

- Richard Barbato, Designated Federal Officer;
- Kevin Swallow, Alternate Designated Federal Officer;
- Mathew Newman, Acting Planning and Policy Officer Readjustment Counseling Service (RCS);
- Mike Fisher, Chief Officer VA RCS; and
- Jeffrey Moragne, Director VA Advisory Committee Management Office.

The meeting yielded the following to allow the team to effectively serve combat theater Veterans and Service members:

- Reviewed and approved the 21st Annual Report of the Advisory Committee on the Readjustment of Veterans;
- Report forwarded to Secretary;
- Received training on rules and regulation for Federal Advisory Committee Act procedures and expectations; and
- Received Special Government Employee Ethics Training.

The Committee on the Readjustment of Veterans conducted a 3-day virtual WebEx meeting on October 18 – 20, 2021. The Committee had the opportunity to engage with VA senior officials and leadership on programs having implications for the Readjustment of Veterans and Service members. Even with our current COVID-19 constraints we were able to meet virtually. The Committee also had other VA Staff along with the following public and private attendees:

- Richard Barbato, Designated Federal Officer;
- Mathew Newman, Planning and Policy Officer, RCS;
- Michael Fisher, Chief Officer, RCS;
- Jessica Schiefer, Communications Officer, RCS;
- James Wartski, Veterans Experience Office;
- Paula P. Schnurr, Executive Director, VA Office of Mental Health and Suicide Prevention, National Center for PTSD;
- David Carroll, Executive Director Office of Mental Health and Suicide Prevention;
- Carla Hill, Transition Assistance Program Curriculum Program Analyst;
- Joseph Geraci, Transitioning Servicemember/Veterans and Suicide Prevention Center;
- Maureen Elias, Paralyzed Veterans of America, Associate Legislative Director;
- Ellen Milhiser, Editor, Synopsis;
- Adam Treece, American Legion National Office of Employment & Education; and
- Sidath Viranga Panangala, Specialist in Veterans Policy, Team lead Veterans Health and Benefits Issues, Congressional Research Service.

The meeting yielded the following conclusions of value effectively serving combat theater Veterans and Service members:

- RCS needs to expand its collaborative partnerships at the same time allow for expanded social media in order to get the RCS word out.
- RCS needs to engage the Department of Defense members as they start their entry process vice after the crisis; education up front is the key to success.
- RCS needs a have a larger footprint in the Transition Assistant Program (TAP) courses provided to exiting service members. The small section does not cover the services provided by RCS.
- RCS needs a collaboration with the States and Territories in order to reach those transitioning. The best place for this collaboration is through the National Association of State Directors of Veterans Affairs they provide services to all transitioning members.
- RCS needs to view its office furniture to ensure all facilities are standard and offer inviting space for those served.
- RCS is doing a wonderful job mitigating the Council for Accreditation of Counseling and Related Education Programs certification issue.
- RCS should continue to use the VA Maintaining Internal Systems and

Strengthening Integrated Outside Networks Act of 2018 to ensure all Veterans receive the same quality of care no matter the location.

The Committee on the Readjustment of Veterans conducted a 3-day virtual WebEx meeting on February 8 – 10, 2022. The Committee had the opportunity to engage with VA senior officials and leadership on programs having implications for the Readjustment of Veterans and Service members. Even with our current COVID-19 constraints we were able to meet virtually with the staff at the Vet Center located at Jacksonville, North Carolina and the VA Medical Center, Fayetteville, North Carolina. The Committee also had other VA Staff along with the following public and private attendees:

- Richard Barbato, Designated Federal Officer;
- Mathew Newman, Planning & Policy Officer, RCS;
- Michael Fisher, Chief Officer, RCS;
- Mandy Tepfer, Veterans Experience Office;
- Edward McEvoy, National Outreach Specialist;
- Christopher O'Brian, Director, Jacksonville Vet Center;
- Kshendra Paul, VA National Center for Veteran Analysis and Statistics; and
- Daniel Ducker, Executive Director, Fayetteville VA Coastal Healthcare System.

The meeting yielded the following conclusions of value effectively serving combat theater Veterans and Service members:

- RCS should continue to get the word out about their locations in conjunction with the community they are located.
- RCS needs to view the size of each facility. Jacksonville Vet Center was outstanding but not all facilities are sized to the Veterans and family needs. Outstations also need to be reviewed as well to allow for support group access as well.
- RCS needs to determine how each person learns about RCS. The issue is most are finding out by word of mouth. This is outstanding but some could be living next door to the facility and not know they are there.
- RCS needs to establish if each Vet Center is in the correct location. Through time veteran populations have shifted. The Vet Centers need to ensure they are located close to Veteran Population.
- RCS needs to develop data models that reflect local Veteran population and match outreach efforts to these models.
- RCS should continue to promote the development of partnerships with non-VA organizations that focus on both the legal programs and educational readjustment needs of Veterans; Veterans Court and Community legal Service, TAP and other programs that support the transition of our Veteran population.

VII. Resulting from its activities and deliberations over the last year, the Committee has identified the following strategic areas for formal presentation as recommendations in, the Committee's 22nd Annual Report:

1. Need all Vet Centers to be reflected in a National Virtual Map and states/territories resource guide.

Recommends improving location access to all Veterans and families:

- i. States and Territories through the National Association of Veterans Affairs (NASDVA) shall add to their Memorandum of Agreement (MOA) with the VA standardized interactive maps to their web pages reflecting Vet Centers in each of their coverage areas.
- ii. VA needs to engage all National Veterans Service Organization and education centers across the Nation to place interactive maps on their web pages.
- iii. A subcommittee will need to be formed to monitor the progress of the formation of a National Template. This will set the National Standard and assist RCS to ensure standardization.
- iv. The Veterans Resource Guide needs to be provided by VA in its current downloadable applications through smart device application stores.

Background and rationale: Implementation of a national resource guide for those seeking assistance at our Vet centers is key to reaching those in crisis and for those who just need assistance. Coronavirus Disease 2019 (COVID-19) protocols set the stage for internet delivery of services and RCS needs to step into 2022 with the systems needed to reach those we serve. With implementing a national minimum standard of all state Veterans resource guides, no matter where the Veteran or family member is located, each location would provide the same look and interoperability. This Veterans guide will be advertised through many options: the internet, social media, state/territory partners and early in the Service member's military life cycle during TAP, Demobilization events, military family events, counseling and deployment wellness checks.

2. Vet Centers need to establish an advertisement/information technology program to advertise all readjustment services provided by RCS.

Recommend each Vet Center:

- i. Increase advertisements across the Nation through local and electronic media:
 1. Preferential Paid advertisement printed and local media sources.
 2. Through Facebook, google search engines or similar programs.
- ii. Develop a VA Smart app that will allow the Veterans and families to use their current location and instantaneously see the closest RCS service location.

Background and rationale: Vet Centers are not advertising nationally, nor do they have information technology applications that reflect location or services provided. There is access through VA.gov but this is arguing that the Veterans

must know about RCS before the search. Vet Centers are found by word of mouth and constantly the Veterans tell each other that Vet Centers are the best well-kept secret of all as we have Veterans living within minutes of their local Vet Center and don't know of its close location.

3. Vet Centers need to establish a minimum after-hours policy allowing for alternate office hours that cover evenings and weekends:

Recommendation:

- i. Vet Centers need to develop a local plan to establish after-hours support to include weekend services either through established hours or on call protocol.
- ii. Stagger RCS work weeks to establish flexible hours supporting those who served.
- iii. Change the normal business hours of operation by October 1, 2022.

Background and rationale: Today our Vet Centers have followed a normal business model in the establishment of hours they are open. Some Vet Centers do have extended hours, but this is the exception not the norm. In order to build trust with those we serve, a new model of service needs to be established outside of normal operations. Expanding hours would directly impact those we serve and enable those in need the ability to receive needed services. With adding evening and weekend coverage, Veterans and their families would have access to needed services before a crisis vice in the crisis.

4. RCS needs to establish minimum space model for Vet Centers and out Stations that is relational to the number of Veterans in an area.

Recommend that RCS develop a minimum standard that allows each Vet Center to provide enhanced counseling and programs that support the Veterans served. At the same time, evaluate the locations to ensure the Vet Center is located in an area where the Veterans and their families live.

Background and rational: RCS provides services all across the Nation and many times our Veteran populations are moving from one location to another. The reason for the moves could be for employment, education, or life in a new location. This move provides new opportunities for RCS to establish facilities in areas that can serve. RCS needs to ensure it has a proper space model established that will allows for all the programs they provide.

DEPARTMENT OF VETERANS AFFAIRS (VA)

RESPONSE TO THE ADVISORY COMMITTEE ON THE READJUSTMENT OF VETERANS

MARCH 2022 RECOMMENDATIONS

Recommendation 1.

Strategic Area: Need all Vet Centers to be reflected in a National Virtual Map and states/territories resource guide.

Recommendation 1: The Committee recommends the following:

- i. States and Territories through the National Association of Veterans Affairs (NASDVA) shall add to their Memorandum of Agreement (MOA) with the VA standardized interactive maps to their web pages reflecting Vet Centers in each of their coverage areas.
- ii. VA needs to engage all National Veterans Service Organizations (VSO) and education centers across the Nation to place interactive maps on their web pages.
- iii. A Subcommittee will need to be formed to monitor the progress of the formation of a National Temple. This will set the National Standard and assist Readjustment Counseling Service (RCS) to ensure standardization.
- iv. The Veterans Resource Guide needs to be provided by the VA in its current downloadable applications through smart device application stores.

Background and rationale: Background and rationale: Implementation of a national resource guide for those seeking assistance at our Vet centers is key to reaching those in crisis and for those who just need assistance. COVID-19 protocols set the stage for internet delivery of services and RCS needs to step into 2022 with the systems needed to reach those we serve. With implementing a national minimum standard of all state Veterans resource guides, no matter where the Veteran or family member is located, each location would provide the same look and interoperability. This Veterans guide will be advertised through many options: the internet, social media, and state/territory partners and early in the Service members military life cycle, during the Transition Assistance Program, Demobilization events, military family events, counseling and deployment wellness checks.

VA Response PART 1: Concur.

VA Actions to Implement: VA concurs that a Vet Center facility locator should be referenced and utilized on partner websites to increase awareness of Vet Centers and their locality in relationship to the communities they are in. VA will continue its efforts to improve and enhance the use of the VA Facility locator tool, or the single source of

truth, for all information related to Vet Centers, their operating hours, associated websites, contact information and more. VA plans to continue to improve the delivery of information on the VA Facility Locator by soon incorporating satellite locations into this VA.gov tool. This will allow Veterans, Service members and their families to search by zip code and in addition to finding local Vet Centers near them will also be able to learn of the services offered at satellite locations, including Vet Center Outstations and Community Access Points. This new system and tool will feed from local Vet Center websites as this year-long initiative continues to be trained and implemented, ensuring the most up-to-date information in a digital format.

RCS will continue to partner with the National Association of State Directors of Veterans Affairs (NASDVA) and other stakeholders to offer QR codes, links and other guides to promote the use of the VA facility locator in finding the nearest Vet Center, but also having direct access to that respective Vet Center website.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	N/A	<ol style="list-style-type: none"> 1. RCS will continue to work with District offices and Vet Centers to ensure appropriate information is readily available on Vet Center’s individual websites and that all locations have their own Vet Center website to maintain up-to-date information. (As of June 28, 2022, RCS is nearly 60% complete in training, drafting and publishing all 300 Vet Center websites). 2. RCS will ensure all satellite locations, including Vet Center outstations and community access points are included in the Vet Center’s website and additional locations. 3. RCS will concurrently reach out to NASDVA and other stakeholders to respectively request Vet Center information as well as links to VA’s facility locator is included to increase awareness not only of 	N/A	Ongoing	Chief Readjustment Counseling Officer (10RCS)

		locations, but also of the services provided.			
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VA Response PART 2: Concur in Principle.

VA Actions to Implement: VA concurs in principle that there is benefit to RCS working with its community partners to request that not only Vet Center locator information is provided on their websites, but also information on the available services found at a Vet Center to increase awareness of services and reduce or dispel misconceptions or barriers to seeking services. While RCS will work with community partners in this initiative, RCS is unable to mandate what is included in external to VA websites.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	N/A	<ol style="list-style-type: none"> RCS will continue to work with District offices and Vet Centers to ensure appropriate information is readily available on Vet Center’s individual websites and that all locations have their own Vet Center website to maintain up-to-date information. (As of June 28, 2022, RCS is nearly 60% complete in training, drafting and publishing all 300 Vet Center websites). RCS will ensure all satellite locations, including Vet Center outstations and community access points are included in the Vet Center’s website and additional locations. RCS will concurrently reach out to national VSOs to respectively request Vet Center information as well as links to the VA’s facility locator is included to increase awareness not only of locations, but also of the services provided. 	N/A	Ongoing	Chief Readjustment Counseling Officer (10RCS)

VA Response PART 3: Non-Concur.

VA Actions to Implement: VA does not concur with the Committees recommendation that a subcommittee be formed to monitor the progress of the formation of a National Templet. This is out-of-scope of the advisory committee’s responsibility and would require further clarification or recommendations.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	N/A	1. None.	N/A	N/A	Chief Readjustment Counseling Officer (10RCS)

VA Response PART 4: Concur in Principle.

VA Actions to Implement: VA concurs in principle with this recommendation. The Veterans Resource guide recommended by the advisory committee mirrors that of VA’s Veteran Experience Office [“VA Welcome Kit.”](#) This welcome kit features quick reference tools for a multitude of VA benefits and services and is available online through VA.gov. These quick reference guides are currently accessible through a mobile device on VA.gov, as data demonstrate that more than 50% of visitors to VA.gov utilize the website through a mobile device. This resource guide is maintained by VA’s Veteran Experience Office but contributed to by all VA administrations and a multitude of national programs, benefits and services, including Vet Center information.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	N/A	1. RCS will promote the VA Welcome Kit for Vet Centers to utilize, reference and refer Veterans, Service members and their families.	N/A	Ongoing	Chief Readjustment Counseling Officer (10RCS)

Recommendation 2.

Strategic Area: Vet Centers need to establish an advertisement/information technology (IT) program to advertise all readjustment services provided by RCS.

Recommendation 2: Recommend each Vet Center does the following:

- i. Increase advertisements across the Nation through local and electronic media:
 - a. Preferential Paid advertisement printed and local media sources; and
 - b. Through Facebook, google search engines or similar programs.
- ii. Develop a VA Smart app that will allow the Veterans and families to use their current

location and instantaneously see the closest RCS service location.

Background and rationale: Vet Centers are not advertising nationally, nor do they have IT applications that reflect location or services provided. There is access through VA.gov but this is arguing that the Veterans must know about RCS before the search. Vet Centers are found by word of mouth and constantly the Veterans tell each other that Vet Centers are the best well-kept secret of all as we have Veterans living within minutes of their local Vet Center and don't know of its close location.

VA Response PART 1: Concur.

VA Actions to Implement: VA concurs that Vet Centers would benefit from an advertising and marketing plan that incorporates paid and non-paid advertising; however, the means and methods of doing so will be dependent on rigorous study and research-backed findings.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	N/A	<ol style="list-style-type: none"> 1. RCS will progress in finalizing a statement of work, publishing a request for proposals through VA's Integrated Healthcare Transformation (IHT) Indefinite Delivery, Indefinite Quantity (IDIQ) contract for support in internal and external communications. The contract will first evaluate the levels of awareness of Vet Centers among those eligible for services, and then through option years may develop a plan to improve awareness and address any barriers to seeking care. 2. RCS may work with the contractor for the IHT IDIQ contract to execute on plans developed, including paid and non-paid media marketing and advertising, Media spend plans and associated purchasing will account for available resources, strategic marketing and prioritize areas where a high Veteran or Service member population exists but low utilization remains. 	N/A	Ongoing	Chief Readjustment Counseling Officer (10RCS)

VA Response Part 2: Concur in Principle.

VA Actions to Implement: VA concurs in principle with the Committee’s recommendation that Vet Centers’ location and services information should be readily available to Veterans, Service members and their families utilizing a mobile or digital device. Rather than developing a separate mobile app specific to Vet Center location finding, which would require additional funding, resources, time and routine application updates, RCS will work with VA program officers and managers of current VA apps to ensure Vet Center information, including VA’s facility locator, are included as resources on these apps. By utilizing existing VA mobile applications, such as the [Mindfulness Coach](#), [PTSD Coach](#), [PTSD Family Coach](#) and [Beyond MST](#) apps, which Veterans, Service members and their families already use, RCS will increase the effectiveness and likelihood of more individuals viewing Vet Center resource information. This will mimic work VA already has accomplished with the Marine Corps Reserve to bring Vet Center resources to active duty and the reserve components through an app called [USMCR Connect](#). USMCR Connect is a free mobile app that provides instantaneous access to personal, career, and behavioral health resources for Service members and their families. App users can directly connect with the Vet Center Call Center, find their closest Vet Center, and watch Vet Center promotional and testimonial videos.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	Office of Connected Health	1. RCS will identify and outreach to owners/developers of current VA mobile applications that align with the goals and mission of RCS to request their support in updating their applications with Vet Center resource information and links to VA facility locator where accurate and up-to-date information is stored on Vet Center physical addresses, including satellite locations.	Ongoing	Ongoing	Chief Readjustment Counseling Officer (10RCS)

Recommendation 3.

Strategic Area: Vet Centers need to establish a minimum after-hours policy allowing for alternate office hours that cover evenings and weekends.

Recommendation 3:

- i. Vet Centers need to develop a local plan to establish after-hours support to include weekend services either through established hours or on call protocol.
- ii. Stagger RCS work weeks to establish flexible hours supporting those who served.
- iii. Change the normal business hours of operation by October 1, 2022.

Background and rationale: Today our Vet Centers have followed a normal business model in the establishment of hours they are open. Some Vet Centers do have extended hours, but this is the exception not the norm. In order to build trust with those we serve, a new model of service needs to be established outside of normal operations. Expanding hours would directly impact those we serve and enable those in need the ability to receive needed services. With adding evening and weekend coverage, Veterans and their families would have access to needed services before a crisis vice in the crisis.

VA Response Part 1: Concur in Principle.

VA Actions to Implement: VA concurs in principle with the Committee's recommendation that Vet Centers offer non-traditional appointment schedules and after normal business hours to accommodate the schedules of Veterans, Service members and their family members. Vet Centers currently provides policy on this topic as outlined in VHA Directive 1500.

According to VHA Directive 1500 (2), Section 13, Subsection a (6) - Vet Center Physical Location and Setting, dated January 26, 2021, RCS is to "ensure all eligible individuals and their families have full access to readjustment counseling through regularly scheduled non-traditional Vet Center hours during the evening or on weekends that are planned in coordination with the needs of the local eligible community and the staffing capacity of the local Vet Center." Annually, each Vet Center has a separate Administrative Site Visit and Clinical Site Visit. As part of these annual site visits, non-traditional hours are assessed and reviewed to confirm non-traditional hours meet the community need for the unique Vet Center location.

Regularly scheduled non-traditional Vet Center hours, during evenings and weekends, are planned in coordination with the local eligible community and the staffing capacity of the Vet Center. This ensures that all eligible individuals and their families have full access to readjustment counseling during hours outside of a normal business day and allows for flexibility at each location based on client needs. During fiscal year (FY) 2021, 139,705 non-traditional visits were completed and during FY 2022, 79,544 non-traditional visits have been completed as of May 16, 2022.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	N/A	1. VA concurs in principle with the committee's recommendation that Vet	None	N/A	Chief Readjustment Counseling

		Centers offer non-traditional appointment schedules and after normal business hours to accommodate the schedules of Veterans, Service members and their family members. Vet Centers currently provides policy on this topic as outlined in VHA Directive 1500.			Officer (10RCS)
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VA Response Part 2: Concur in Principle.

VA Actions to Implement: VA concur in principle, per VHA Directive 1500 (2), Section 13, Subsection a (6) Vet Centers are given flexibility with staff hours to meet the local client need, to include staggering tours of duty, offering non-traditional hours and other accommodations as necessary.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	N/A	1.) None.	None	N/A	Chief Readjustment Counseling Officer (10RCS)

VA Response Part 3: Non-Concur.

VA Actions to Implement: VA does not concur with this recommendation. Vet Centers are given flexibility to establish business hours to meet local client need, to include staggering tours of duty, offering non-traditional hours and other accommodations as necessary.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	N/A	1.) None.	None	N/A	Chief Readjustment Counseling Officer (10RCS)

Recommendation 4.

Strategic Area: RCS needs to establish minimum space model for Vet Centers and out Stations that is relational to the number of Veterans in an area.

Recommendation 4: Recommend that RCS develop a minimum standard that allows each Vet Center to provide enhanced counseling and programs that support the Veterans served. At the same time evaluate the locations to ensure the Vet Center is located in an area where the Veterans and their families live.

Background and rationale: RCS provide services all across the Nation and many times our Veteran populations are moving from one location to another. The reason for the moves could be for employment, education, or life in a new location. This move provides new opportunities for RCS to establish facilities in areas that can serve. RCS needs to ensure it has a proper space model established that will allow for all the programs they provide.

VA Response: Concur in Principle.

VA Actions to Implement: VA concurs in principle with this recommendation. RCS has already established a tool to determine the appropriate Vet Center space, to accommodate staffing needs. As facilities come due for lease renewal evaluation is conducted to ensure appropriate space allocation. Vet Centers operate in leased spaces and the sites are chosen to maximize access to care for the greatest number of Veterans in the Veteran Service Area. The Vet Center spaces are in centralized locations with access to public transportation to remain accessible and assist in improving access to care. Space preference is to be located on the ground, first floor with direct access to natural light. Locations should not be in close proximity to gun stores, pawn shops, adult entertainment clubs, liquor stores, medical (or otherwise) marijuana distributors or methadone clinics. The spaces are approximately 600 square feet per staff member. Each Vet Center must have private sound-proof office space for each counselor to conduct confidential counseling, a large and small multipurpose group therapy room, family therapy room, supply and storage rooms, telecommunication data closet, staff lounge breakroom and a waiting area that is comfortable for Veterans and family members. The interior appearance conveys a welcoming and safe environment to include the display of military artwork and/or memorabilia.

The decision to expand RCS Vet Center service availability is based on a demand model that considers utilization rates and service needs. RCS service expansion begins with the piloting of service provision through a Vet Center Community Access Point. As services progress, Vet Center district leadership will assess the level of increase or decrease in the demand for services. If service provision increases to a point that requires a counselor(s) to be in that community permanently, RCS leadership will initiate procedures for seeking approval from the Under Secretary for Health for a Vet Center Outstation. This approval also allows RCS to explore leasing opportunities for a permanent location in that community. As demand for services at Vet Center Outstations increase requiring more resources, such as additional staff and space, RCS Leadership will consider establishing a new fully staffed facility in leased space.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS (Michael Fisher)	N/A	1. RCS will continue to place Vet Centers in leased spaces and sites chosen to maximize access to care for the greatest number of Veterans in the Veteran Service Area. Vet Center spaces are situated in centralized locations with access to public transportation to remain accessible and assist in improving access to care.	N/A	Ongoing	Chief Readjustment Counseling Officer (10RCS)

Advisory Committee Membership
(with identifying Information and location of combat theater service)

Verdie A. Bowen, Sr., MSgt., USAF (Retired)

Chair, VA Advisory Committee on the Readjustment of Veterans Alaska
U.S. Air Force
Iraq, Bosnia

Erin Cook, M.Ed.

Akwesasne Mohawk Indian Reservation
U.S. Army
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Jessica K. Dunn, MBA

U.S. Army, LTC
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David Duren, Ph.D.

Massachusetts
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Afghanistan

Michael Embrich, M.A.

New Jersey
U.S. Navy
Afghanistan, Iraq

Thomas Hall, Ph.D.

Kansas
U.S. Army
Afghanistan, Iraq

Jara Monetatchi, A.S.

Oklahoma
U.S. Army
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Joseph Anderson, LTG, USA (Retired)

Maryland
U.S. Army
Kosovo, Albania, Panama, Iraq, Afghanistan

Greg Orto, CSM, USA (Retired)

Virginia

U.S. Army

Somalia, Iraq

Terry Schow

Utah

U.S. Army

Vietnam