Committee on the Readjustment of Veterans  
March 29-30, 2017  
Strategic Meeting Summary

Summary of Primary VHA Presenters and Strategic Topics Discussed

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<th>Day 1: Wednesday, March 29, 2017</th>
<th>Topics of Presentation</th>
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<td>Introductory Presentations and Discussions: Chaired by Cathleen Lewandowski, Committee Chair and Charles M. Flora, Committee DFO.</td>
<td>1. Review of 2-Day Meeting Agenda.</td>
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<td>2. Review of Committee’s 18th Annual Report. The report was submitted to VA in February 2017 and has been posted on the FACA website for public review as of March 15, 2017. The report is currently undergoing review by relevant VHA program offices as required for generating VA’s official response to the Committee’s nine (9) recommendations. Following VHA review and response, the report will be submitted to the leadership of the Senate and house Committees on Veterans Affairs as required by law.</td>
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<td>As contextual background for discussing the 18th annual report, the Committee also reviewed its two previous annual report submissions (Reports #16 and #17) which have been submitted to Congress with VA responses as of December 12, 2014 and May 13, 2016 respectively.</td>
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<td>The strategic issue for the Committee’s attention in this regard being that recommendations contained in the 18th annual report required VA to revisit some of the recommendations contained in the earlier reports.</td>
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<td>3. To provide full appreciation for the organizational modifications within VA resulting from the myVA Transformation Plan of June 5, 2015, the Committee reviewed the current VHA and RCS organization charts. VHA organizational features of significance for post war readjustment:</td>
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a. Bifurcation of VHA Mental Health into separate offices for operations and policy.

b. Establishment of a separate office of Suicide Prevention located external to both Mental Health Operations and Policy.

c. RCS removed from under VHA Policy and Services to a position of direct report to the Under Secretary for Health while maintaining direct line authority for the Vet Centers.

d. Transformation of RCS from 7 regions to 5 districts and 14 zones, each zone each having operational responsibility for no more 18 to 25 Vet Centers, thereby promoting more effective oversight via reduced span of control. Also, noted were several efficiency innovations to include centralized RCS Fiscal and HR offices.

Presentation by Mrs. Margret Kabat, LCSW, National Director for Caregivers Support Program, on behalf of Michael T. Kilmer, LCSW, Chief Consultant for Care Management and Social Work. (CMSW)

Ms. Kabat’s presentation included review of the current roster of VHA Social Work Services, including Caregiver Support, Transitioning Services for Veterans, Fisher House, Programs for Intimate Partner Violence, Outreach to Rural Veterans and those living in remote areas.

Although long established VHA policy promoted strong collaborative alliances between Social Work and Readjustment Counseling Services, the Committee’s view was that renewed attention needs to be applied to identify the full implications for combat theater Veteran readjustment within Social Work, and the reinforcement of corresponding lines for strategic collaboration between social work and readjustment counseling.

Annually prescribed presentation by Mr. Jeffrey Moragne, Director of the Advisory Committee Management Office (ACMO)

a. Federal Advisory Committee Act (FACA) 101 annual Briefing
b. Review of the New Committee Member’s Orientation Handbook

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<th>Annually prescribed briefing by Ms. Carol L. Borden, OGC</th>
<th>Annual FACA Ethics Training</th>
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<td>Strategic Committee Planning Discussions: Chaired by Cathleen Lewandowski, Committee Chair and Charles M. Flora, Committee DFO.</td>
<td>As background for developing a Committee Strategic Plan, the previously submitted Committee Annual Operations Plan for 2017 was reviewed in detail. The proposed Committee Strategic Plan would provide the primary provisions to be included in the Annual Operations Plan for 2018. Of note is the fact that the basic provisions of the 18th Annual Report were extracted from the 2017 Annual Operations Plan, demonstrating the strategic interaction between the two. It is to be anticipated that the Committee’s work on its strategic report will provide a blueprint for the next annual report.</td>
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The following perspectives and proposals for further action were formulated and discussed:

a. Value of a brief Veteran’s Quality of Life Assessment tool for use at Vet Centers. Note: This would need to be evaluated within the context of pending new RCS policy documents.

b. The Committee discussed several core focal topics as part of an operations plan for encompassing the full range of direct service needs (bio-psycho-social) for post combat theater readjustment: Mental Health, Medical Healthcare, Education, Employment, Housing, Family and Adaptive Spiritual/Existential Belief Systems.

c. Although the Committee’s focus over the two previous reports was primarily on the integrity of the readjustment counseling as provided at the RCS Vet Centers, the Committee noted the current need for an expanded scope of attention to identify the readjustment implications for the full range of
VHA/VBA service lines.

d. Expanding the scope VA service lines of potential for Veterans’ readjustment reintroduces the absolute imperative for effective collaboration and ease of access through warm handoffs between service providers in different domains of VA’s organizational charts.

d. From this perspective, the Committee members proposed contacting a sample of RCS district directors and a sample of VA chiefs of psychiatry to determine locations exhibiting ‘Best Practice’ examples of collaboration for better serving combat theater Veterans.

e. Improved collaboration between RCS Vet Centers and VA mental health is of continuing value for ensuring the appropriate integration of services for the full spectrum of war-related readjustment problems, from specialized mental health services for neuro-psychological injuries, to psychotherapy for psychological trauma, to psychosocial counseling for problems related to family and work readjustment.

f. Service lines outside of VA with important readjustment implications were also identified to better coordinate socioeconomic and legal readjustment service needs: Veterans Court and the DOL Veterans Employment Program.

g. Lethality assessment and suicide prevention were identified as core services for continuous attention across all particular readjustment issues throughout the Veterans’ continuum of care.

h. In line with the Committee’s 9th recommendation on its 18th annual report requesting VA to revisit its previously communicated overly restrictive position for managing student intern placements at Vet
Centers, the Committee requested that the DFO make contact with the head of VHA’s Office of Academic Affiliations (OAA) and CMSW to discuss the value of a more liberal and flexible policy for social work internship placements at Vet Centers. Neither service could attend on such short notice, but OAA responded via email that they were providing a substantive response to the Committee’s recommendation to be submitted to Congress as part of VA’s response. The Committee’s position being that social work placements are of value for recruiting combat theater Veterans into the Vet Center program and for providing them with a meaningful path for readjustment.

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<th>Charles M. Flora, DFO</th>
<th>Presentation of certificates of appointment to the three new Committee members.</th>
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**Day 2: Thursday, March 30, 2017**

**Michael W. Fisher, Chief Readjustment Counseling Officer Supported by the Cadre of 4 newly Appointed RCS District Directors**

The Committee met with the Chief Readjustment Counseling Officer and the newly appointed RCS senior leadership cadre via teleconference for a status report on RCS policy, operations and services.

**Dr. Harold Kudler, M.D., Chief Consultant, MH Services and David Carroll, PHD, Director, MH Operations**

Drs. Kudler and Carroll provided a current picture of VA mental health policy and operations inclusive of a strategic discussion of readjustment implications VA mental health and avenues for effective collaboration with other VA service lines.

**VA Readjustment Committee Membership Strategic Planning Discussion with a View to Report #19**

See Attachment for the beginning stages in the development of a Readjustment Committee Strategic Plan.

**1530: Meeting Adjourned**
Background Perspective: The conceptual focus of Veteran’s readjustment is the nexus between the Veteran’s combat experience and his/her current life adjustment.

Purpose: The purpose is three-fold and includes the following perspectives:

1. To identify the full scope of combat-theater experiences (bio-psycho-social) that may contribute to a post-war readjustment problem,

2. To articulate the full scope of Veteran’s post combat-theater readjustment problems (bio-psycho-social) that may present in the Veteran’s family, work and general community adjustment, and

3. To map the alignment of the full scope of post-war readjustment problems (bio-psycho-social) with the full range of relevant VA (VHA/VBA) and non-VA service functions. The latter would include legal service through Veterans Court and employment assistance through such agencies as the DoL Veterans Employment Services.

Scope: The population of Veterans under consideration for this purpose includes all of those exposed to combat theater, or combat theater related, stressors. In addition to those who served directly in the combat theater, this includes those who served in support roles such as graves registration, emergency medical care, and/or as areal drone crew operators whose service was in support of combat operations, but whose duty assignments were located outside the combat theater per se.

Responsibilities: In compliance with its charter and associated mission statement, the Committee will craft thoughtful recommendations to advise the Department of Veteran Affairs regarding the provision of VA of benefits, healthcare and readjustment counseling services as indicated to assist combat-theater Veterans in the readjustment to civilian life. In this regard the Committee will establish feedback and accountability loops for conducting ongoing assessments of the degree of successful implementation for those recommendations approved for action by VA and provide assessments to the SECVA via subsequent recommendations.

In pursuit of this objective the Committee will engage in the following actions:

1. Conduct Washington DC based meetings to compile factual information from:

   a. Published texts: peer reviewed research reports, other published professional articles and books, news articles, and novels by and about combat Veterans.

c. Washington DC based meetings will also be used as a source for additional information through the testimony of VA leaders and service providers, other relevant federal service providers, healthcare research scientists, VSO representatives, and staff representatives from the Senate and House Committees on Veterans Affairs.

2. Conduct field meetings to compile information regarding Veterans’ service needs and barriers to access from the direct testimony of local Veterans, VA patients and non-VA patients, local VA service providers and program managers, community leaders and service providers, local Congressional staff representatives, and local VSO representatives. Committee field visits would also include visiting VA facilities (VA medical centers and Vet Centers) to assess access to care functions related to strategic location and manner of staff/Veteran client interaction.

3. Establish small committee work groups to interview a representative sample of targeted VA professional service providers to identify high functioning sites of exemplary collaboration. Currently identified targets include VA chiefs of psychiatry and RCS Vet Center leadership (District and Vet Center). The anticipated outcome of such data collection will be to identify examples of ‘Best Practices’ to promote via the Committee report to the SECVA and Congress.

4. Small Committee work groups will also be considered to assess collaboration between VA (Veterans Justice Outreach) and Veterans Court.

5. The Committee plans to continue its focus on the following two strategic topics for further discussion at future meetings:

a. **Veteran Suicide Prevention.** In this regard, the Committee will invite relevant speakers to provide a status report on VHA’s Suicide Prevention; State of the Art Breakthrough (SOTAB) at their next meeting. The Committee notes that the RCS Chief Officer and national mental health leadership are participants in this effort.

b. **Social Work Student Internship Placements at Vet Centers:** Committee ongoing assessment of the value of MSW (and other mental health professions) student intern placements at Vet Centers for VA staff recruitment outcomes and combat theater student educational readjustment gains.

c. **Vet Center/MIRECC Collaboration Advantages:** Committee plans to study the readjustment implications of a closer working alliance between VHA’s system of Mental Illness Research Education and Clinical Centers (MIRECC) and the Readjustment Counseling Service (RCS) Vet Centers.