

MILITARY SEXUAL TRAUMA MANDATORY TRAINING REQUIREMENTS

1. SUMMARY OF MAJOR CHANGES:

a. Amendment dated March 7, 2025, changes language from “gender” to “sex” to comply with EO 14168.

b. As published July 15, 2024, this directive:

(1) Updated responsibilities for the Assistant Under Secretary for Health for Clinical Services; Assistant Under Secretary for Health for Operations; Executive Director, Office of Mental Health; Veterans Health Administration (VHA) Chief Learning Officer, Institute for Learning, Education and Development; VHA Chief Academic Affiliations Officer; Chief Officer, Readjustment Counseling Service; Veterans Integrated Services Network (VISN) Director; Department of Veterans Affairs (VA) medical facility Director; and VA mental health providers; adds responsibilities for VISN Designated Learning Officers (DLOs); VA medical facility Chief mental health Lead; VA medical facility DLOs; VA medical facility service-level officials accountable for primary care; and VA medical facility specified Patient Aligned Care Team (PACT) teamlet members; and removed responsibilities for VA medical facility military sexual trauma (MST) Coordinators in paragraph 2.

(2) Revised requirements for compliance with the mandatory training requirement in accordance with 38 U.S.C. § 1720D(d) in paragraphs 2 and 5.

(3) Added information on the waiver process in paragraph 3 and policy support in paragraph 4.

(4) Relocated training information to paragraph 5, removes reference to local assignment of the trainings, and updates primary care staff training requirements to specified PACT teamlet members.

(5) Updated definitions for mental health provider and MST; and adds PACT teamlet definition in paragraph 8.

2. RELATED ISSUES: VHA Directive 1115(1), Military Sexual Trauma (MST) Program, dated May 8, 2018; VHA Directive 1160.01, Uniform Mental Health Services in VHA Medical Points of Service, dated April 27, 2023.

3. POLICY OWNER: The Office of Mental Health (11MH) is responsible for the content of this directive. Questions may be addressed to the VHA 11 Mental Health Action Group at vha11mentalhealthactions@va.gov.

4. RESCISSIONS: VHA Directive 1115.01(1), Military Sexual Trauma (MST) Mandatory Training and Reporting Requirements for VHA Mental Health and Primary Care Providers, dated April 14, 2017, is rescinded.**RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of July 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

/s/ Erica M. Scavella, MD, FACP, FACHE
Assistant Under Secretary for Health
for Clinical Services/CMO

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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MILITARY SEXUAL TRAUMA MANDATORY TRAINING REQUIREMENTS

1. POLICY

It is Veterans Health Administration (VHA) policy that all mental health providers and specified Patient Aligned Care Teams (PACTs) teamlet members as defined in paragraph 2.o.who are appointed or utilized on a full-time, part-time, intermittent, consultant, attending, without compensation, on-station fee-basis, on-station contract, or on-station sharing agreement basis must complete their respective military sexual trauma (MST) mandatory training requirements provided in paragraph 5. **AUTHORITY:** 38 U.S.C. §§ 1720D and 7301(b).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Clinical Services.** The Assistant Under Secretary for Health for Clinical Services is responsible for supporting the Office of Mental Health (OMH) with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer is responsible for supporting the implementation of this directive with Patient Care Services program offices and providing clinical practice oversight and support as appropriate.

d. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors in resolving implementation and compliance challenges in all Department of Veterans Affairs (VA) medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

e. **Executive Director, Office of Mental Health.** The Executive Director, OMH is responsible for:

(1) Providing oversight for VISN and VA medical facility implementation of this directive and collaborating with VHA Clinical Services and Operations and VISN leadership to ensure corrective action is taken when non-compliance is identified.

(2) Ensuring that OMH develops and updates content for training programs used to fulfill MST mandatory training requirements for full-time, transitory, part-time, and

intermittent mental health providers and specified PACT teamlet members; and that OMH collaborates with the VHA Chief Learning Officer, Institute for Learning, Education and Development (ILEAD), to manage and modify those training programs.

(3) Ensuring that OMH collaborates with the VHA Chief Academic Affiliations Officer to provide content for inclusion in the courses used to fulfill MST mandatory training requirements for health professions trainees (HPTs).

f. VHA Chief Learning Officer, Institute for Learning, Education and Development. The Chief Learning Officer, ILEAD is responsible for:

(1) Producing MST training program modules in collaboration with OMH.

(2) Implementing and maintaining the web-based MST training programs in VA Talent Management System (TMS).

(3) Developing and managing training assignments to encompass the full-time mental health providers and specified PACT teamlet members required to complete MST mandatory training. See paragraph 5 for training assignment information.

(4) Providing OMH with MST mandatory training compliance reports from TMS for staff assigned courses sufficient to meet the reporting provisions of 38 U.S.C. § 1720D when requested.

g. VHA Chief Academic Affiliations Officer. The VHA Chief Academic Affiliations Officer is responsible for:

(1) Ensuring that HPTs complete their MST mandatory training requirements by completing the VHA Mandatory Training for Trainees (MTT) and an annual MTT refresher course. See <https://www.va.gov/oa/mandatory-training.asp>.

(2) Collaborating with OMH to incorporate content into the courses used to fulfill MST mandatory training requirements for HPTs.

(3) Submitting (upon request) compliance data sufficient to meet the reporting provisions of 38 U.S.C. § 1720D(e) to OMH.

h. Chief Officer, Readjustment Counseling Service. The Chief Officer, Readjustment Counseling Service (RCS), through the RCS Regional Managers, is responsible for ensuring that mental health providers working in Vet Centers are assigned the mental health provider web-based MST training program in TMS via the nationally assigned curriculum and complete their MST mandatory training requirement.

i. Veterans Integrated Services Network Director. The VISN Director is responsible for ensuring that all VA medical facilities within the VISN comply with this directive and informing OMH and Operations leadership when barriers to compliance are identified.

j. **Veterans Integrated Services Network Designated Learning Officers.** VISN DLOs are responsible for:

(1) Ensuring that all VA medical facility mental health providers and specified PACT teamlet members within their VISN are assigned the appropriate web-based MST training program in TMS (see paragraph 5).

(2) Providing MST mandatory training compliance reports from TMS to the VISN Director upon request.

k. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring that all full-time VA medical facility mental health and specified PACT teamlet members are assigned and complete MST mandatory training by reviewing MST mandatory training compliance TMS reports provided by VA medical facility DLOs and ensuring corrective action is taken when non-compliance is identified in TMS reports.

(2) Collaborating with OMH and Operations to identify solutions or to request a temporary policy waiver for the MST mandatory training requirement when significant barriers to compliance exist (see paragraph 3).

l. **VA Medical Facility Chief Mental Health Lead.** The VA medical facility Chief Mental Health Lead is responsible for reviewing TMS reports to ensure compliance with MST mandatory training requirements for mental health providers.

m. **VA Medical Facility Service-Level Officials Accountable for Primary Care.** VA medical facility service-level officials accountable for primary care are responsible for reviewing TMS reports to ensure compliance with MST mandatory training requirements for specified PACT teamlet members.

n. **VA Medical Facility Designated Learning Officers.** VA medical facility DLOs are responsible for providing MST mandatory training compliance reports from TMS to VA medical facility Directors, VA medical facility Chief Mental Health Leads, and VA medical facility service-level officials accountable for primary care upon request.

o. **VA Medical Facility PACT Teamlet Members.** VA medical facility PACT teamlet members in the roles of Primary Care Provider (PCP), Registered Nurse Care Manager (RNCM), and Clinical Associate (CA) are responsible for completing MST mandatory training requirements within 90 days of entering their position and are referred to in this directive as specified PACT teamlet members. **NOTE:** *Contractors who are required to complete MST mandatory training requirements must self-enroll in TMS through Managed Self Enrollment.*

p. **VA Mental Health Providers.** VA mental health providers (see paragraph 8) are responsible for completing MST mandatory training requirements within 90 days of entering their position. **NOTE:** *Contractors who are required to complete MST*

mandatory training requirements must self-enroll in TMS through Managed Self Enrollment.

3. WAIVER PROCESS

a. OMH has established a process for accepting, approving and monitoring waiver requests in accordance with requirements in VHA Directive 1023, Waivers to VHA National Policy, dated March 5, 2024. If non-compliance is identified with all or part of this directive, the OMH process must be followed until a resolution to the non-compliance is made.

b. If non-compliance is identified and it is determined that it can be corrected within 30 days of identification, notification to the national point of contact (POC) for this directive is required via email. This notification, once acknowledged by the national POCs, will act as a temporary waiver expiring 30 days from acknowledgement. Information that must be in the notification includes:

- (1) Policy number and paragraph.
- (2) Reason for non-compliance.
- (3) Risk mitigation strategy until compliance is achieved.
- (4) Overall plan to resolve the noncompliance.

c. Non-compliance that is identified and determined to be uncorrectable within 30 days of identification or is not corrected within the temporary waiver timeframe must follow the OMH process to ensure the mitigation of the risk and meet the intent of this directive. This process is outlined on the SharePoint site

<https://dvagov.sharepoint.com/sites/VACOMentalHealth/SitePages/WAIVERS.aspx>.

NOTE: *This is an internal VA website that is not available to the public.*

4. POLICY SUPPORT

a. OMH is committed to providing additional support and guidance for implementation of this directive. This support includes a high-level overview page, a compliance checklist, national POCs and links to official policy, official related memos and Community of Practice pages.

b. Policy support pages have been created for each policy and topic on the OMH SharePoint site

<https://dvagov.sharepoint.com/sites/VACOMentalHealth/SitePages/MHPolicyResource.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

5. TRAINING

- a. The following trainings are required:

(1) Full-time mental health providers are required to complete one item in TMS Curriculum VHA-029 Military Sexual Trauma Mandatory Training for Mental Health Staff within 90 days of entering their initial full-time mental health provider position. Completion of this training program is a one-time requirement. **NOTE:** *This training requirement is assigned and managed at the VHA level.*

(2) Full-time PACT Teamlet members in the roles of PCP, RNCM, and CA are required to complete one item in TMS Curriculum VHA-032 Military Sexual Trauma Mandatory Training for Primary Care Staff within 90 days of their initial PACT assignment. Completion of this training program is a one-time requirement. **NOTE:** *This training requirement is assigned and managed at the VHA level.*

(3) Transitory clinical staff (i.e., HPTs, on-station fee basis, without compensation (WOC), part-time, and intermittent clinical staff) working in VHA points of service are required to complete alternate, consolidated training programs to fulfill national mandatory training requirements. HPTs complete the MTT and once a year MTT refresher course, whereas other transitory clinical staff members complete the course Mandatory Training for Transitory, Part-time and Intermittent Clinical Staff. These courses contain content on MST reviewed by OMH. VHA recognizes these courses as meeting the training requirements of 38 U.S.C. § 1720D(d).

b. To comply with MST mandatory training requirements, a staff member must have completed the assigned training program (or passed the test-out) in TMS or have time remaining until the assignment due date.

c. Additional information can be found on OMH's MST Policy Support SharePoint page at <https://dvagov.sharepoint.com/sites/VACOMentalHealth/SitePages/MST.aspx>. This page links to information on current course titles and descriptions, time requirements, available test-out options, and other training program information. **NOTE:** *This is an internal VA website that is not available to the public.*

6. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management can be addressed to the appropriate Records Officer.

7. BACKGROUND

a. The provisions of 38 U.S.C. § 1720D require VA to provide counseling, care and services to eligible Veterans to treat conditions, which in the judgment of a VA health care provider, resulted from an MST experience. VA may also provide MST-related care to current members of the Armed Forces (including the National Guard and Reserves), in consultation with the Department of Defense. 38 U.S.C. § 1720D requires VA to provide a consistent manner and level of training for health care professionals who provide care to individuals who experienced MST and report annually to Congress on:

(1) the number of mental health professionals, graduate medical education trainees and primary care providers certified as having completed training; (2) the amount and nature of the education provided and (3) the number of individuals who received MST-related care, disaggregated by military status (former vs. current Service member) and sex. ILEAD and the Office of Academic Affiliations (OAA) provide data to OMH to assist in meeting this annual reporting requirement (see paragraphs 2.e. and 2.f.).

b. As part of VA's implementation of these provisions, VHA Clinical Services' OMH developed MST mandatory training requirements (see paragraph 5), which can be completed via the TMS website (see <https://www.tms.va.gov/SecureAuth35/>). **NOTE:** *This is an internal VA website that is not available to the public.*

8. DEFINITIONS

a. **Mental Health Provider.** For the purposes of being subject to the training requirement in this directive, mental health providers are licensed professionals and HPTs who deliver mental health clinical care in accordance with their privileges, scope of practice, functional statement, and labor mapping to patients receiving care from VHA. Mental health providers include psychiatrists, psychologists, certified nurse practitioners, certified nurse specialists, physician assistants, marriage and family therapists, licensed professional mental health counselors, clinical pharmacist practitioners, and vocational rehabilitation counselors who provide mental health clinical care. All clinical social workers in VA, including those in primary care or other non-mental health clinics or services are also included under this definition. Different training requirements apply to full-time providers and transitory clinical staff (i.e., HPTs and other providers utilized on a part-time or intermittent basis). See paragraph 5 for the training requirements.

b. **Military Sexual Trauma.** Military Sexual Trauma refers to sexual assault or sexual harassment experienced during a period of military service. Sexual harassment is defined as unsolicited verbal or physical contact of a sexual nature which is threatening in character. **NOTE:** *For further information on policy for MST-related treatment services provided by VHA, see VHA Directive 1115(1), Military Sexual Trauma (MST) Program, dated May 8, 2018. See also 38 U.S.C. § 1720D.*

c. **Patient Aligned Care Team Teamlet.** A PACT teamlet consists of a PCP, RNCM, CA, and Administrative Associate. The PACT teamlet is the subset of Primary Care staff to which one entire panel of patients is assigned in the Patient Care Management Module. PACT teamlet members in the roles of PCP, RNCM, and CA are subject to the MST mandatory training requirement. See VHA Handbook 1101.10(2), Patient Aligned Care Team (PACT) Handbook, dated February 5, 2014.

9. REFERENCES

a. 38 U.S.C. §§ 1720D, 7301(b).

b. VHA Directive 1023, Waivers to VHA National Policy, dated March 5, 2024.

c. VHA Directive 1115(1), Military Sexual Trauma (MST) Program, dated May 8, 2018.

d. VHA Handbook 1101.10(2), Patient Aligned Care Team (PACT) Handbook, dated February 5, 2014.

e. VHA Mandatory Training for Trainees. <https://www.va.gov/oa/mandatory-training.asp>.

f. OMH MST Policy Support SharePoint. <https://dvagov.sharepoint.com/sites/VACOMentalHealth/SitePages/MST.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*