

READJUSTMENT COUNSELING SERVICE

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes operating procedures for the Department of Veterans Affairs (VA) Readjustment Counseling Service (RCS).

2. SUMMARY OF MAJOR CHANGES: This revised directive provides standards for all RCS staff pertaining to the management of RCS. This directive further clarifies the organizational scope of RCS, its readjustment counseling and administrative procedures.

a. This directive contains an amendment, dated May 3, 2021, to align eligibility requirements with Public Law 116-176 (see paragraphs 4.a. and 9.c.).

b. This directive contains an amendment, dated December 30, 2021, to align eligibility and assessment requirements with the 2021 National Defense Authorization Act, 38 U.S.C. § 1712A and 38 C.F.R. § 17.2000 (see paragraphs 2.b.-c., 4.a.(3), 5.c.(3), 9.b.(2) and 9.c.(3) in the body of the directive and paragraphs 1.b., 4.f. and 5 in Appendix A).

c. This directive contains an amendment, dated June 5, 2023, to align eligibility requirements with P.L. 117-328, div. V, title IV §§ 402 and 403, December 29, 2022 (see paragraphs 2.c., 4.a.(4) and (6), 4.b.(3), 8.f., 9.b., 9.c.(4)-(5), Appendix A paragraph 8.a., Appendix E paragraph 2.p. and Appendix H).

d. Amendment, dated November 21, 2023, updates:

(1) Mortality and Morbidity process and procedures in paragraphs 5, 9, 16, 17, and Appendix F.

(2) Peer Review process located in paragraph 5.f.(5).

e. Amendment dated March 3, 2025 changes language from “gender” to “sex” to comply with EO 14168.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The Office of the Chief Readjustment Counseling Officer (10RCS) is responsible for the content of this directive. Questions may be directed to 202-461-6525.

5. RESCISSIONS: VHA Directive 1500, Readjustment Counseling Service (RCS) Vet Center Program, dated September 8, 2010; and VHA Handbook, 1500.01 Readjustment Counseling Service (RCS) Vet Center Program, dated September 8, 2010, are

rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of January 2026. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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

/s/ Richard A. Stone, M.D.
Acting Under Secretary for Health

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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READJUSTMENT COUNSELING SERVICE

1. PURPOSE

This Veterans Health Administration (VHA) directive provides policy for the readjustment counseling services and administrative practices of the Readjustment Counseling Service (RCS). This directive specifies the essential features of readjustment counseling, and the role of Vet Centers as the service delivery sites for readjustment counseling. **AUTHORITY:** Title 38 United States Code (U.S.C.) §§ 1712A, 1782, 1783; Title 38 Code of Regulations (C.F.R.) 17.2000.

2. BACKGROUND

a. Pursuant to 38 U.S.C. § 1712A, the Department of Veterans Affairs (VA) RCS is authorized to provide, upon request, psychosocial counseling designed to assist eligible individuals in overcoming barriers to achieving a successful readjustment. Direct readjustment counseling is available in three modalities: individual, group, and family. The full scope of readjustment services available at Vet Centers also includes community outreach to promote access and referral services to coordinate care between the Vet Centers, VA medical facilities, and other community providers.

b. Readjustment counseling is a unique VHA service delivered by readjustment counselors who focus on counseling interventions for psychological and psychosocial readjustment problems related to specific types of military service and deployment stressors such as combat theater trauma, military sexual trauma or other military service-related traumas, without requiring a medical diagnosis. This service is enhanced by the presence of Veteran staff on Vet Center teams. Because readjustment counseling services are designed by law to be provided without a medical diagnosis those receiving readjustment services are not considered patients, and they are neither subject to VA medical eligibility nor required to be recorded in the VA medical record.

c. Eligibility for readjustment counseling, per the provisions of 38 U.S.C. § 1712A, includes Veterans and Service members who served in a combat theater, inclusive of members of the National Guard and reserve components, and Veterans and Service members who served outside the theater of combat operations but provided supportive services to combatants. Additionally, per the provisions of 38 U.S.C. § 1712A certain Veterans or Service members who served on active service in response to domestic emergencies and members of the reserve component who have a behavioral health condition or psychological trauma may be eligible for readjustment counseling. Any Veteran or Service member pursuing a course of education using covered education benefits is also eligible for readjustment counseling under 38 U.S.C. § 1712A. VA also has discretionary authority per P. L. 116-283 section 762 to provide readjustment counseling to certain reservists that are not otherwise eligible for Vet Center services. VA is authorized to provide readjustment counseling services for family members of eligible individuals as needed to aid in their readjustment to civilian life or to continued military service. Per the provisions of 38 U.S.C. § 1720D, VA is also authorized to provide military sexual trauma (MST) counseling at Vet Centers to Veterans and Service

members who experienced sexual assault or harassment while serving on active military duty in any theater of service. Finally, VA may provide bereavement services at Vet Centers for eligible family members and caregivers who were actively receiving counseling and other services described in § 1782 at the time of the Veteran's death if the death was unexpected or occurred while the Veteran was receiving hospice or similar care, and, per § 1783, to immediate family members, including parents, of Service members who died in the line of duty not due to the person's own misconduct. 38 U.S.C. § 1712A also authorizes VA to provide counseling services to family members of Veterans or Service members who died by suicide, to assist them in coping with the effects of suicide. Services authorized at VA Vet Centers are further discussed in paragraphs 4 and 8 below. The Vet Centers are also authorized to provide referral for services outside of VA for individuals who do not meet Vet Center eligibility requirements solely because the individual was discharged under dishonorable conditions from active military, naval, or air service.

d. Per the authorizing legislation, VA is also authorized to provide related mental health services to eligible individuals on an outpatient basis, if those services are determined to be essential to their readjustment. Per 38 C.F.R. 17.37(i), eligible individuals may receive readjustment counseling and related mental health treatment without enrolling in the VA health care system. Likewise, eligibility for necessary VA mental health treatment to aid in the readjustment of eligible individuals is not conditional on an adjudicated war-time related service-connected condition.

3. POLICY

Per the provisions of law, it is VHA policy to provide readjustment counseling and related mental health services, upon request, to eligible Veterans and Service members to assist Veterans, Service members, and their families to achieve a successful readjustment to civilian life or to continued military service.

4. ELIGIBILITY FOR VET CENTER READJUSTMENT COUNSELING SERVICES

a. **Readjustment Counseling.** The following categories of individuals are eligible for the receipt of readjustment counseling:

(1) A Veteran or a member of the Armed Forces, including a member of a reserve component of the Armed Forces ("Service member") who:

(a) Served on active duty in a theater of combat operations or in an area at a time during which hostilities occurred; or

(b) Served on active duty in response to a national emergency or major disaster declared by the President; or

(c) Served on active duty in the National Guard of a State under orders of the chief executive of that State in response to a disaster or civil disorder in such State; or

(d) Provided direct emergency medical or mental health care or mortuary services to the casualties of combat operations or hostilities, while at the time located outside of the combat theater or area of hostilities; or

(e) Engaged in combat with an enemy of the United States or against an opposing military force in a theater of combat operations or an area at a time during which hostilities occurred in that area by remotely controlling an unmanned aerial vehicle, whether or not the physical location of the individual was in the theater of combat operations or in the area. Individuals who remotely control unmanned aerial vehicles include, but are not limited to, those who pilot the unmanned aerial vehicle and individuals who are crew members of the unmanned aerial vehicle and participate in combat related missions. Such crew members include, but are not limited to, intelligence analysts or weapons specialists who control the cameras, engage the weapon systems as well as the individuals who are directly responsible for the mission of the unmanned aerial vehicle.

(2) Current or former members of the Coast Guard who participated in a drug interdiction operation, regardless of the location.

(3) Current members of the Reserve Component assigned to a military reserve command in a drilling status, to include Active Reserves, who have a behavioral health condition or psychological trauma that is related to the individual's military service and has an adverse effect on their ability to have a desired quality of life or hinders their adjustment to civilian life. Per this eligibility, the term Active Reserves means members of the Army Reserve, Army National Guard, Air Force Reserve, Air National Guard, U.S. Navy Reserve Full-Time Support, U.S. Marine Corps Active Reserve, and U.S. Coast Guard Reserve Program Administrator personnel assigned to provide full-time support to National Guard and Reserve commands for the purpose of leading, organizing, administering, recruiting, instructing, or training the reserve component. The term drilling status means the obligation of certain reservists assigned to a military reserve unit to participate in periodic unit training on a part-time basis, as well as annual unit training.

(4) Any Veteran or Service member pursuing a course of education using covered educational assistance benefits, who has a readjustment counseling need that is related to the individual's military service and hinders the individual's adjustment to civilian life, ongoing military service, or educational settings. As stated in paragraph 4.b.(3) of this directive, this eligibility is limited to the specific periods of time during which the Veteran or Service member is utilizing covered educational assistance benefits. Covered educational assistance benefits include:

(a) Post-9/11 GI Bill (Chapter 33).

(b) Montgomery GI Bill – Active Duty (MGIB-AD/Chapter 30).

(c) Montgomery GI Bill – Selected Reserve (MGIB-SR/Chapter 1606, Title 10).

(d) Reserve Educational Assistance Program (REAP/Chapter 1607, Title 10).

(e) Veterans' Education Assistance Program (VEAP/Chapter 32).

(f) Veterans Readiness and Employment (VR&E/Chapter 31).

(g) Section 116, Harry W. Colmery Veterans Educational Assistance Act.

(h) Section 8006, American Rescue Plan Act of 2021.

(5) An individual who received readjustment counseling before January 2, 2013. This provision refers specifically to any Veteran who served during the Vietnam era, but not within the combat theater, and who accessed readjustment counseling before enactment of the National Defense Authorization Act for Fiscal Year 2013, section 727, (C), (iv).

(6) An individual who is an eligible family member. For purposes of this directive, family member includes, but is not limited to, the spouse, parent, child, stepfamily member, extended family member, and any individual who lives with the eligible individual that is identified as a loved one.

(a) Family readjustment counseling is contingent upon there being a problem identified that is related to the eligible individual's readjustment and active involvement in the counseling with family members.

(b) Family members of individuals eligible for Vet Center services solely via the use of covered educational benefits may participate in family readjustment counseling as described in paragraph 4.a.(6)(a). However, in the event of educational benefits being transferred to a dependent child or spouse, the family member utilizing these educational benefits may not receive Vet Center services independent of the eligible Veteran or Service member.

(c) Family bereavement counseling is authorized under circumstances of the death of the eligible individual while in active military service, of the Veteran client's death while in receipt of VA services or of a Service member's or Veteran's death by suicide. See paragraph 8.f. for further details regarding eligibility for bereavement counseling for surviving family members.

(7) Upon request for readjustment counseling a Veteran with Honorable or less than honorable discharge from active military, navel or air service who served on active duty and was discharged under conditions, which were other than dishonorable. Any individual who has been discharged under dishonorable conditions from active military, naval, or air service may be provided the following services:

(a) Referral services to assist the non-eligible individual to obtain needed mental health care and services from sources outside of VA; and

(b) Guidance regarding the individual's right to apply to the appropriate military department for case review and possible discharge upgrade.

(c) RCS may provide assistance to ineligible individuals during the referral process for those seeking to upgrade their discharge characterization.

b. Additional Features of Vet Center Eligibility.

(1) To be eligible for readjustment counseling, eligible individuals are not required to be enrolled in the VA health care system. Neither are they required to have an adjudicated service-connected disability for war-related injuries nor have other adjudicated service-connected disabilities.

(2) All readjustment counseling services available at Vet Centers are provided at no charge to eligible individuals.

(3) With the exception of Veterans or Service members whose eligibility is based solely on the use of covered educational assistance benefits, all readjustment counseling services available at Vet Centers are provided without time limitation.

(a) Eligibility under paragraph 4.a.(4) of this directive related to Veterans and Service members pursuing a course of education using covered educational assistance benefits will terminate when the Veteran or Service member discontinues use of the covered educational benefits. Use of covered educational assistance benefits can be intermittent and spread out over the course of several years.

(b) To account for this and ensure eligible individuals do not have an abrupt discontinuation of services, the following considerations apply specifically for Veterans and Service members receiving readjustment counseling under this eligibility:

1. Individuals may continue readjustment counseling services during covered breaks between semesters, or other equivalent breaks depending on the type of education being pursued, where an eligible individual is enrolled in a covered educational program both preceding and following said break (e.g., winter break). Covered breaks are no more than 4 weeks in duration.

2. At the onset of the provision of readjustment counseling services, Vet Center staff ensure individuals have an understanding that eligibility under this category terminates upon discontinuation of the covered educational benefit (e.g., graduation, certificate completion, withdrawal from educational program, expiration/exhaustion of benefits). Transition planning and subsequent services and resources must be discussed and built into the individual's service plan to ensure a seamless transition upon separation from readjustment counseling.

3. Services may be provided for up to 180 days following the discontinuation of eligibility based on educational benefits to ensure that transition planning is completed and services do not end abruptly. Individuals may also continue to receive services while choosing to pause academic enrollment, as long as the period without official eligibility does not exceed 180 days.

(4) Although Congress authorized readjustment counseling to be provided without a

medical diagnosis, the scope of readjustment includes a spectrum of readjustment problems to include psychological problems such as Post-Traumatic Stress Disorder (PTSD), anxiety, depression, and substance abuse, as well as non-medical psychosocial problems related to employment and family readjustment. See 38 C.F.R. 17.2000(d) for the scope of readjustment counseling services.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

- (1) Ensuring overall VHA compliance with this directive.
- (2) Ensuring RCS has the resources and support to deliver services to eligible individuals, and their families.
- (3) Approving the opening of a new Vet Center Outstation.

b. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary of 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.
- (3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

c. **Chief Readjustment Counseling Officer.** The Chief Readjustment Counseling Officer reports directly to the Under Secretary for Health and is responsible for:

- (1) Stewarding all RCS assets to include Vet Centers, Mobile Vet Centers, the Vet Center Call Center, and the RCS Contract for Fee (CFF) program through strategic planning activities and resource management with senior level VA officials.
- (2) Ensuring appropriate coordination of readjustment counseling services with other VA service functions.
- (3) Serving as the primary policy expert for VHA on readjustment counseling issues related to combat and deployment stressors and military service-related trauma.
- (4) Maintaining direct line authority over all RCS staff.
- (5) Working in coordination with the RCS Consolidated Human Resources Management Office (CHRMO) to ensure that accurate position description and classification, recruitment and selection of staff, staff performance appraisals, and appropriate credentialing for all employees occurs in a manner consistent with standards set by VA Handbook 5005/17, Staffing, dated June 15, 2006.

(6) Providing leadership and direct supervision to the six RCS national officers each in charge of heading one of the six national RCS service lines.

(a) Deputy Chief Officer, RCS Program Office. The Deputy Chief Officer, RCS Program Office is responsible for the oversight of all RCS readjustment counseling services provided and the development and implementation of all RCS national counseling service policies. This individual also serves as the Chief Training Officer within RCS.

(b) RCS Chief Financial Officer. The RCS Chief Financial Officer, in coordination with the RCS District Directors, is responsible for ensuring the efficient use of specific purpose budgeted funds in compliance with governing authorities and practices that are consistent with the mission of RCS. The RCS Capital Asset Manager, located in the Office of the RCS Chief Financial Officer, is responsible for oversight of all RCS leased space. **NOTE:** *As with all other Capital Asset Managers assigned within the VHA VISNs, the RCS Capital Asset Manager is responsible for planning and overseeing all RCS capital assets within the jurisdiction of the policies and protocols of VA's Office of Real Property. For the actual implementation of leases the RCS Capital Asset Manager will coordinate with a VA Contracting Officer for execution in accordance with the provisions of 38 U.S.C. § 8103.*

(c) RCS Operations Officer. The RCS Operations Officer is responsible for the day-to-day operations, through direct supervision of the five RCS District Directors, and the management of the Vet Center Call Center.

(d) RCS National Service Support Officer. The RCS National Service Support (NSS) Officer is responsible for maintenance and oversight of the RCS System of Records and all service data collection and management.

(e) RCS Communications Officer. The RCS Communications Officer is responsible for all internal and external communication functions, including development and implementation of consistent RCS "branding."

(f) RCS Strategy and Analysis Officer. The RCS Strategy and Analysis Officer is responsible for RCS strategic planning functions; market analysis and forecasting functions to support planning, policy, and budget decisions; legislative analysis and congressional actions; readjustment of Veterans Federal Advisory Committee oversight; and systems redesign activities.

(7) Reporting directly to the Under Secretary for Health for oversight of all Vet Centers organized into five Districts, Mobile Vet Centers (MVCs), Vet Center Outstations, Community Access Points (CAP), the Vet Center Call Center, and the RCS contract for fee program.

d. Veterans Integrated Services Network Director. The VISN Director is responsible for ensuring that a support VA medical facility is aligned laterally with every Vet Center for providing supportive administration and clinical collaboration to better serve eligible individuals. See paragraph 6.j. for a detailed account of collaborative

functions established by VHA as policy to support Vet Center service functions.

e. **RCS District Directors.** RCS comprises five districts, further divided into 14 zones originally planned for alignment with the MyVA Five Regions. There are no operational issues related to the juxtaposition of RCS District and VISN boundaries. The clinical and administrative collaborative service functions established by VHA policy are elaborated in paragraph 6.j. below. RCS District Directors are integral to the RCS senior leadership team and perform significant strategic planning and oversight. The RCS District Directors report directly to the RCS Operations Officer. RCS District Directors are responsible for Vet Center readjustment counseling, administrative, and contracting operations in their respective districts, to include recruiting, hiring, and supervising district Vet Center staff and subordinate district office leadership teams, including but not limited to:

(1) Ensuring the efficient use of budgeted funds in compliance with governing authorities and practices and that are consistent with the mission of RCS, in coordination with the RCS Chief Financial Officer.

(2) Overseeing the productivity of Vet Centers and ensuring that Vet Centers successfully adhere to workload standards, in coordination with the RCS NSS Officer.

(3) Ensuring the effective collection and use of customer feedback to improve Vet Center services, in coordination with the RCS NSS Officer.

(4) Planning and implementing face-to-face and other technological methodologies for Vet Center mission specific training conferences for all Vet Center staff within their respective districts. Training conferences are planned and implemented in coordination with VHA Employee Education Services (EES) and the Chief Readjustment Counseling Officer. **NOTE:** See paragraph 20 of this directive for more detailed information regarding training requirements.

(5) Recruitment of Vet Center positions to ensure that the staffing at every Vet Center in their respective districts has the professional expertise for providing individual and group readjustment counseling to all eligible individuals, family readjustment counseling, MST counseling, and bereavement counseling. For additional information see paragraph 12.a.

f. **RCS Deputy District Director.** The RCS Deputy District Director for each zone reports directly to the RCS District Director and is responsible for:

(1) Overseeing all Vet Centers within their zone, including direct supervision of the Vet Center Directors.

(2) Ensuring the appropriate and effective utilization of the MVCs assigned to their area of responsibility and to ensure all appropriate maintenance is completed on each MVC.

(3) Ensuring that all RCS Vet Center annual quality site visits within their jurisdiction,

both administrative and counseling, are completed and remediated as specified in paragraph 6.b. of this directive. Deputy District Directors are also responsible for ensuring that Vet Centers with CFF programs receive an annual oversight review of the contract program operations per the provisions of paragraph 8.h. of this directive.

(4) Ensuring that the Morbidity and Mortality (M&M) Quality Review is conducted for all RCS client suicides. The completed report is submitted per the provisions of paragraph 16.c. of this directive. The Deputy District Director is responsible for approving M&M board membership and ensuring that collaborative relations are established with the support VA medical facility for assignment of a VA psychiatrist, or other qualified VA mental health professional, to serve on the board as specified in paragraph 16.c.

(5) Ensuring that a Peer Review is completed as determined by the outcome of the Self-Directed Violence (SDV) Classification System Clinical Tool developed by the Rocky Mountain Mental Illness Research Education Clinical Center (MIRECC), available here: https://www.mirecc.va.gov/visn19/docs/Clinical_tool.pdf. A Peer review should be initiated when the Self-Directed Violence (SDV) Classification System Clinical Tool classifies the behavior as "suicide attempt, with or without injury."

(6) Coordinating and approving all Memoranda of Understanding (MOU) in place within their zone jurisdiction.

(7) Approving of an alternate Vet Center readjustment counseling staff supervisor, as outlined in paragraph 16.a.

(8) Ensuring that a licensed mental health professional from a non-impacted Vet Center is scheduled to provide onsite debriefing following crisis events, as stated in paragraph 19.e.(1).

(9) For all completed suicides of Vet Center active cases, taking steps to ensure that every attempt is made to obtain a copy of the Coroner's Report documenting the individual's death as a suicide. For additional information see paragraph 19.e.(2).

(10) The RCS Deputy District Directors will also ensure that their designated Associate District Directors for Counseling (ADD/Cs) supervise Vet Center actions to coordinate, as appropriate, with the Vet Center External Clinical Consultant and the VA medical facility Suicide Prevention Coordinator, to develop a fully coordinated summary of the eligible individual course of VA care and suicide.

(11) Deputy District Directors will designate Vet Center Directors with responsibility for managing contract programs as the VA Contracting Officer's Representative (COR) with responsibility for CFF oversight. For additional information see paragraph 8.h.

g. **Associate District Director for Counseling.** The ADD/C reports directly to the RCS Deputy District Director and is responsible for:

(1) Conducting all remote and on-site Vet Center counseling service quality reviews

within their zone, as specified in paragraph 6.b. of this directive.

(2) Providing guidance for all readjustment counseling service matters within their zone.

(3) Following approval of the board membership by the Deputy District Director, the assigned ADD/C board chair will conduct the M&M Review and prepare the report as outlined in paragraph 16.c.(4). M&M Reviews are 38 U.S.C. § 5705 protected quality reviews and must be conducted for all Vet Center completed suicides. See Appendix F below for further discussion of the procedures for conducting the M&M review.

NOTE: Site visits will be conducted, either on-site or remotely by the ADD/C or the Associate District Director for Administration (ADD/A), contingent upon the focus of the review. Every Vet Center will receive an onsite readjustment counseling site visit at least every other year, or biannually. Vet Centers managing a CFF program must also have a CFF annual site visit. For additional guidance see paragraphs 6.b. and 16.b.

h. **Associate District Director for Administration.** The ADD/A reports directly to the RCS Deputy District Director and is responsible for:

(1) Conducting all remote and onsite Vet Center administrative quality reviews within their zone, as specified in paragraph 6.b of this directive. Vet Centers managing a CFF program must also have a CFF annual site visit.

(2) Providing guidance for all administrative matters within their zone.

i. **Vet Center Director.** The Vet Center Director reports directly to the Deputy District Director and is responsible for all Vet Center operations, including but not limited to:

(1) Conducting ongoing team building exercises to promote the cohesive functioning of a small interdisciplinary team.

(2) Conducting administrative and fiscal operations, including execution of the annual Vet Center budget.

(3) Ensuring the development and execution of the Vet Center Outreach Plan.

(4) Providing individual supervision to all Vet Center staff, counselors, outreach workers, and office managers on an ongoing basis.

(5) Effectively using telehealth and ensuring that telehealth related equipment is operating properly.

(6) Overseeing the implementation and execution of the CFF Program.

(7) Maintaining effective staffing of Vet Center Community Access Points (CAP) and Outstations. See paragraph 6.f. for additional information.

(8) Developing a remediation plan and timeline for all deficiencies identified by an ADD/C or ADD/A during annual quality reviews as specified in paragraph 6.b. of this directive.

(9) Selecting strategic sites for new and relocating Vet Centers, CAPS and Outstations contingent upon the approval of the Deputy District Director.

(10) With RCS Deputy District Directors, extending the reach of their Vet Center facilities into underserved areas within their respective Veterans Service Areas (VSA). See paragraph 6.f. for additional information.

(11) Ensuring that a written strategic outreach plan is developed annually by the Vet Center Outreach Staff, and that it is tailored to the demographic distributions and sociocultural orientations of its assigned VSA.

(12) Ensuring that a Log-a-Crisis is initiated for all crisis events prior to Close of Business (COB) on the day of notification and that the event narrative is fully complete within 48 hours or two business days of notification of the event. For additional information see paragraphs 6.k. and 19.b.

(13) As part of bereavement counseling, ensuring that an attempt to contact the immediate family member is made no later than 24-48 hours (workdays) after receiving the referral. For additional information see paragraph 8.f.

(14) In conjunction with the ADD/A, preparing all required documentation to relocate, expand, or renegotiate an RCS lease within timeframes set by VHA Contracting Service. For additional information see paragraph 13.b.

(15) Ensuring monthly reviews of 10 percent of the active counseling records for each full-time counselor to ensure compliance with Vet Center readjustment counseling guidance and procedures. Cases are randomly selected from the roster of open cases for each counselor, with priority given to cases that have not been reviewed during the preceding year. The outcomes of the reviews are maintained in RCSNet and reviewed by the ADD/Cs during annual Vet Center reviews. For additional information see paragraph 16.a.

(16) Maintaining an active caseload, within the parameters of RCS productivity standards for Directors, for the provision of readjustment counseling services to eligible individuals.

j. **Vet Center Counselor.** The Vet Center counselor reports to the Vet Center Director and is responsible for the provision of all readjustment counseling: individual, group, and family; and for making referrals and providing follow-up care coordination. Moreover, the Vet Center counselor is responsible for:

(1) Conducting a suitability assessment prior to initiating family and marital readjustment counselling. See paragraph 8.c. for additional information.

(2) Confirming that a family member's presenting problem is clearly linked to the eligible individual's readjustment problems, and the severity of the problem, as manifest in any family member, is one that can be addressed by Vet Center professionals acting within the scope of the Vet Center readjustment mission. For additional information see paragraph 8.c.

(3) Obtaining permission for release of information from the eligible individual, and if the individual voluntarily consents, obtaining a signed authorization for release of information prior to engaging in any referrals to other providers, VA and non-VA, or engaging in any follow-up care collaboration. For additional information see paragraph 15.b.

(4) Contacting the referring facility provider to complete the referral process and to establish a mutually agreeable schedule for periodic case review, collaboration, and coordination. For additional information see paragraph 15.b.(2) and Appendix A, RCS Documentation Requirements.

(5) Making timely referrals to mental health providers at the support VA medical facility for eligible individuals assessed to have probable complex or severe psychiatric diagnoses. Referrals for mental health services in support of the individual's readjustment counseling service needs must be completed no later than two business days following the individual's visit.

(6) Ensuring that shared eligible individuals who are assessed to be at high-risk (i.e., pose a risk of danger to self or others) are referred to their mental health providers for needed medical care (assuming this is the outcome of the Vet Center counselor's consultation with the VA medical facility external clinical consultant) and for directly and personally contacting their individuals assigned mental health providers. For additional information see 15.b.(e).

(7) Completing a readjustment counseling service plan by the end of the fifth session (unless this is contraindicated due to extenuating circumstances, which should be explained in a progress note). Vet Center readjustment counseling service plans are developed in direct contact with the eligible individual and are reviewed with the person throughout development. Further procedural guidance regarding all aspects of Vet Center readjustment counseling service case documentation is provided in Appendix A.

(8) Coordinating care with outside providers, specifically:

(a) Being proactive in explaining to the eligible individual benefits of having a properly executed Release of Information (ROI) on file.

(b) Sharing counseling service plan information with external partners when professionally appropriate and authorized by the individual.

(c) Periodically reviewing external VA medical facility treatment documentation (Electronic Health Record) as professionally indicated and documenting such reviews in the Vet Center individual's file.

k. **Vet Center Outreach Specialist.** The Vet Center Outreach Specialist reports to the Vet Center Director and is responsible for working in the community to overcome barriers to readjustment counseling and to establish supportive services through creating face-to-face connections with eligible individuals and their families. Vet Center outreach workers also engage with other community leaders and service providers to provide information about available services, thereby increasing access to care.

(1) Under the supervision of the Vet Center Director, Vet Center Outreach staff are responsible for the development of a written strategic outreach plan that is tailored to the demographic distributions and sociocultural orientations of its assigned VSA.

(2) Vet Center Outreach Staff are responsible for documenting all outreach contacts in RCSNet within 7 business days of the Vet Center outreach event.

(3) Vet Center Outreach Staff facilitate access to readjustment counseling by providing first level assistance and expediting referrals to Vet Center counselors as indicated by individual need.

l. **Vet Center Office Manager.** The Vet Center Office Manager, in close association with the Vet Center Director, is responsible for providing direct assistance on all administrative functions, including financial and human resource operations, staff timekeeping, Vet Center facility management, and General Service Administration (GSA) vehicle and credit card management. Additionally, the Office Manager plays a significant role in greeting new eligible individuals and families and welcoming them to the Vet Center.

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

(1) Ensuring the full range of Vet Center administrative support services for engineering, safety, security, interior design, privacy compliance, suicide prevention coordination, and fleet management. This includes assignment of a VA facility staff to provide support to the Vet Center as a VA Administrative Liaison.

(2) Ensuring clinical coordination with specific attention to appointing a support VA medical facility mental health professional as Clinical Liaison.

n. **Support VA Medical Facility, Administrative Liaison.** The support VA medical facility Administrative Liaison, who is assigned by the VA medical facility Director in coordination with the Vet Center Director, is responsible for assisting the Vet Center with acquisition, engineering service, transit benefits for commuters, the general post funds and fleet management for GSA vehicle support.

o. **Support VA Medical Facility, Clinical Liaison.** The support VA medical facility is aligned laterally with every Vet Center for providing clinical collaboration to better serve eligible individuals. The support VA medical facility Clinical Liaison is assigned by the VA medical facility Director in coordination with the Vet Center Director, and is responsible for:

(1) Assisting Vet Centers in making referrals and coordinating services for eligible individuals whose care is shared with the support VA medical facility.

(2) Coordinating suicide prevention activities in conjunction with the VA medical facility Suicide Prevention Coordinator.

(3) Assisting Vet Centers in conducting M&M reviews for Vet Center individual suicides by providing a staff psychiatrist or other licensed mental health professional designee, from within or outside the VA medical facility, to participate on the M&M quality review board as a member. See Appendix F of this directive for more information.

p. **Support VA Medical Facility, External Clinical Consultant.** Every Vet Center will also have a VA mental health professional assigned by the support VA medical facility Director, in conjunction with the Vet Center Director, to function as the External Clinical Consultant. The External Clinical Consultant may be the same official as the Clinical Liaison depending on the logistical contingencies at the support VA medical facility. External clinical consultants must be VHA mental health professionals who are independently licensed and have completed the VA credentialing process. The External Clinical Consultant is responsible for providing Vet Center counseling staff with professional consultation concerning the mental health care and services necessary to fully support readjustment of eligible individuals. Consultation must occur through regularly scheduled peer case presentations onsite at the Vet Center or via telehealth (at least 4 hours monthly). In situations where the VA medical facility is unable to provide an external consultant due to local staffing logistics, the Vet Center will be authorized to seek such services from the private sector. Individual case consultations are entered into the Veteran's file as non-visit progress notes and therefore are not considered a formal Quality Assurance document under 38 U.S.C. § 5705.

6. READJUSTMENT COUNSELING SERVICE ADMINISTRATIVE OPERATIONS

The following are the primary operational components required to deliver readjustment counseling that is accountable to all domains of value: access, quality, quantity, customer feedback, and cost.

a. **RCS Operation Plan.** As referenced in paragraph 5.c.(6)(f), the RCS Policy and Planning Officer maintains the RCS National Operations Plan and provides quarterly progress updates on the identified strategies.

b. **Vet Center Annual Quality Reviews.** Annual site visits, both counseling and administrative, are required for all Vet Centers to ensure staff compliance with RCS policy and procedures for the administration and provision of readjustment counseling. Site visits will be conducted either on-site or remotely by the ADD/A or the ADD/C contingent upon the focus of the review. Every Vet Center will receive an on-site review every other year, or biannually. RCS annual quality reviews, on-site and remote, are conducted according to a detailed site visit protocol that includes all relevant counseling and administrative quality performance indicators and outcome measures. Vet Centers

managing a Contract for Fee (CFF) program must also have a CFF annual site visit. The Counseling Site Visit Protocol is available for review in paragraph 22 of this directive. Site visit deficiencies are closely monitored by the ADD/C and ADD/A and are subject to definitive timelines for remediation.

(1) RCS Vet Center Directors, in coordination with their site visiting ADD/Cs and ADD/As, must develop a remediation plan for all deficiencies identified during annual reviews no later than 30 days after the approved date of the review. The timelines for remediating deficiencies shall not exceed 60 days from the date of the remediation plan. Site visit findings that the ADD/C or ADD/A deem detrimental to the safe and effective delivery of services must be addressed on an emergent basis.

(2) RCS District Directors are responsible for ensuring that all RCS Vet Center site visit reports within their jurisdiction are completed and the findings remediated within the 60-day timeline and that cumulative data reports of the outcomes are submitted quarterly to the RCS Deputy Chief Officer.

c. Vet Center Privacy Compliance and Management of Protected Health Information. Vet Center individual records are electronically maintained in the computerized RCSNet database managed by the RCS NSS. As indicated in the RCS System of Records (64VA10RCS) published in the Federal Register Vol. 81, No. 109, June 7, 2016, RCS servers are securely maintained by the VA Office of Information and Technology (OI&T) accessible only by RCS personnel with limited access based on legitimate need to know. In addition, RCS privacy compliance with respect to personally identifiable information (PII) and protected health information (PHI) is also subject to the provisions of VHA Directive 1605.01, Privacy and Release of Information, dated August 31, 2016.

d. Vet Center Facility Site Selection. The Vet Center Directors, in conjunction with their RCS Deputy District Directors, are responsible for mission-appropriate site selections for new and relocating Vet Centers. Access to, and suitability for, the provision of readjustment counseling requires strategic attention to relevant community variables pertaining to the demographic distribution of all eligible individuals throughout the VSA, community economic affiliations and sociocultural orientations, and logistical conditions affecting local transportation. Contracting and leasing support are acquired through VA Contracting Officers and the support VA medical facilities respectively.

e. Vet Center Appearance and Community-Based Culture. Vet Center Directors and RCS Deputy District Directors must coordinate for ensuring that the Vet Center presents an appearance that is inviting to local eligible individuals by conveying a sense of security, ownership, and appreciation for military service. By design, the Vet Center interior decor resonates with an eligible individual's' military experience through display of military artwork and memorabilia. The Vet Center's relaxed, non-institutional culture is also planned to represent the local community and enables eligible individuals to feel at home among members of their own culture.

f. **Extending the Vet Center Facility.** Vet Center Directors and RCS Deputy District Directors are also responsible for extending the reach of their Vet Center facilities into underserved areas within their respective VSAs through targeted outreach and the creation of CAPS. CAPs are initially located in donated space in underserved communities until increase in workload suggests a more permanent service site is required. A CAP location and workload review is conducted quarterly by the Deputy District Director and submitted to the RCS Operations Officer through the District Director. **Note:** *When a private-sector entity donates or provides space or access to space gratis, that gratuitous transfer constitutes a gift that the Secretary or his delegates may accept to benefit the agency under 38 U.S.C. § 8301. However, the use of space needs to be memorialized through a revocable license and the entire arrangement should be recorded in a Memorandum of Agreement (MOA) to delineate terms and expectations.*

g. **Vet Center Staffing Composition.** Vet Center staff consist of a mix of licensed and non-licensed employees. Vet Center Directors, in close coordination with Deputy District Directors, are responsible for achieving Veteran staff representation on Vet Center teams to the extent feasible. The minimum number of full-time employee equivalents (FTEE) authorized for a Vet Center is four (Vet Center Director, Counselor, Outreach Program Specialist, Office Manager). RCS Districts are able to waive this requirement through the approval from the RCS Chief Officer to promote ease of access and coordination of other community services not directly available via readjustment counseling. To this end, Vet Centers are authorized to provide on-site accommodations for additional auxiliary community service providers such as Veterans Service Officers, Department of Labor (DOL) Veterans employment and Veterans Justice Outreach (VJO) staff representatives, and other relevant community partners.

h. **Vet Center Outreach Plan.** Vet Center outreach staff, under the supervision of the Vet Center Director, must ensure that a written strategic outreach plan is developed that is tailored to the demographic distributions and sociocultural orientations of its assigned VSA. Vet Center outreach plans will target specific locations and events, and will include direct contact with all eligible individuals and family members for the purpose of: providing information about available services; initiating and maintaining contact with other local service providers and civic leaders; promoting advocacy for local eligible individuals; and building referral networks to establish working partnerships with other community providers, VA and non-VA. Outreach plans will also incorporate strategic coordination with MVC operations. **NOTE:** *See Appendix B for the components of a strategic outreach plan applicable to all Vet Centers. Vet Center Directors will ensure that Outreach Plans are updated annually.*

i. **Vet Center Community Partnerships.** To be effective Vet Center staff will establish a local identity as a site providing advocacy and service delivery for eligible individuals. Active partnerships with other community service providers, both VA and non-VA, will be developed to support bilateral referral networks for a fully coordinated response to the entire spectrum of the readjustment service needs of local eligible individuals. When appropriate, Vet Center Directors may initiate a Memorandum of Understanding (MOU) with community partners, VA or non-VA. MOUs must be

coordinated and approved by the RCS Deputy District Director.

j. **Vet Center Collaboration with VA Medical Facilities.** As referenced above in paragraph 5.n and 5.o. of this directive, Vet Centers will promote collaborative partnerships with their support VA medical facilities to better serve eligible Veterans through referral and coordination of services as required. Vet Centers will also rely on their support VA medical facilities for support with security, interior design logistics, OI&T, acquisition, engineering service, and fleet management for GSA vehicle support. To ensure effective operational integrity in this regard, all Vet Centers will have both an administrative and a clinical liaison official assigned from the staff of their support VA medical facility, as well as a qualified external clinical consultant. Three priorities of specific value for readjustment counseling oversight have been identified for Vet Center collaboration with VA medical facilities, all three of which have been incorporated as criteria for Vet Center counseling quality reviews:

(1) To reinforce the partnership between the Vet Center and the support VA medical facility, to better serve eligible Veterans accessing services at both facilities, and to fully support critical incident response and suicide prevention, a licensed Vet Center staff member will be assigned to participate on all VA Medical Center Mental Health Councils.

(2) A qualified mental health professional will be assigned from the VA support medical facility as an External Clinical Consultant at every Vet Center to provide at a minimum four hours per month of consultation for clinically complex cases.

(3) A VHA psychiatrist will be made available to participate as a panel member on all M&M quality reviews conducted for Vet Center individual client suicides. **NOTE:** *However, should a psychiatrist not be available, another VA medical facility licensed mental health professional may be utilized, inclusive of any of the four licensed VHA hybrid 38 mental health professions: social worker, psychologist, licensed mental health professional counselor, and licensed marriage and family therapist.*

(4) A Root Cause Analysis (RCA) is a quality improvement procedure for reviewing suicide completions of Veteran patients in VA medical facilities. For enrolled Veterans currently receiving care and treatment at a VA medical facility and a Vet Center, Vet Center staff should be included in the RCA investigation and receive notification of the relevant outcomes of the RCA report.

k. **Readjustment Counseling Crisis Event Reporting.** The reporting of client crisis events, for severe and unrelenting suicidal ideation, attempts and completions, are required according to the timelines specified below. The established mechanism for client crisis event reporting is through the Log-a-Crisis application in RCSNet. The Vet Center Director will be responsible for taking steps as necessary to ensure that a Log-a-Crisis is initiated for all crisis events prior to COB on the day of notification and that the event narrative is fully complete within 48 hours or two calendar days of notification of the event. **NOTE:** *See paragraph 19 for details related to client crisis event reporting.*

I. **Administrative Crisis Event Reporting.** Administrative crisis events are submitted via VA Form 119, Report of Contact (ROC), available at: <https://vaww.va.gov/vaforms/va/pdf/VA119.pdf>, per the same 48-hour deadline as required for submission of client counseling critical events via the Log-a-Crisis application in RCSNet as referenced in paragraph 6.k. **NOTE:** *This is an internal VA website that is not available to the public.* A critical event includes, but is not limited to, circumstances, natural or manmade, that impair the integrity of Vet Center administrative operations and/or threatens a fatal or unexpected emergent outcome putting staff and clientele at risk. Administrative ROCs are submitted via email using the RCS line of authority as described in paragraph 5.

7. VET CENTER PROGRAM ELEMENTS

a. **Readjustment Counseling Service.** RCS is an autonomous organizational element in VHA with direct line authority for the administration of all RCS service delivery assets: Vet Centers, MVCs, the Vet Center Call Center, and the RCS CFF program; and the provision of all readjustment counseling services. Readjustment counseling is a psychosocial counseling service designed to assist eligible individuals in overcoming barriers to achieving a successful readjustment to civilian life or continuing military life. Direct readjustment counseling is available in three modalities: individual, group, and family readjustment counseling. The full scope of readjustment services available at Vet Centers also includes community outreach to promote access and referral services to coordinate care provided between the Vet Centers, VA medical facilities, and other community providers.

b. **Vet Center.** Vet Centers are community-based facilities located in leased space outside of, and apart from VA medical facilities, in easily accessible locations. Vet Centers are relatively small service units staffed by multidisciplinary teams. The staffing for all Vet Centers includes a Director, an Office Manager, one or more Counselors, and an Outreach Program Specialist. The establishment of new Vet Centers requires the approval of the Secretary of Veterans Affairs. For details regarding RCS leased space see the note in paragraph 5.c.(6)(b) above.

c. **Vet Center Veterans Service Area.** Each Vet Center has an assigned Vet Center VSA and is responsible for developing a comprehensive plan for providing direct readjustment counseling, outreach, and referral services for that region. Collectively the VSAs account for every county in the country and U.S. territories.

d. **Vet Center Outstation.** Vet Center Outstations are in communities distant from an existing Vet Center, but that do not meet the criteria for the establishment of a fully staffed Vet Center. They are in leased space and staffed full time by a small team of at least one counselor under the supervision of the nearest Vet Center Director. Vet Center Outstations are typically established when the demand for services at a CAP justifies service delivery on a full-time basis by at least one counselor. The establishment of Vet Center Outstations requires Under Secretary for Health approval. For details regarding RCS leased space see the note in paragraph 5.c.(6)(b) above.

e. **Mobile Vet Center.** RCS maintains a fleet of Mobile Vet Centers (MVCs). These large mobile vehicles have space for confidential counseling that are used to provide direct readjustment counseling, outreach and access to other VA services for eligible individuals in communities that are distant from existing services. Maintained by a Vet Center, each MVC is assigned a VSA that is larger than the host Vet Center, ensuring coverage of the entire continental United States, Hawaii, and US Territories.

f. **Vet Center Call Center.** RCS oversees the Vet Center Call Center, which is a 24-hour, 7-day-a-week confidential support line for eligible individuals and their families to call and talk about their military experience and transition home. **NOTE:** *The Vet Center Call Center number is 1-877-WAR-VETS or 1-877-927-8387.* In addition to readjustment support, callers are provided relevant information about available services and a direct referral to the nearest Vet Center as requested. Staffed by Veterans and family members of Veterans, the Vet Center Call Center also has the capacity to seamlessly transfer callers to VHA crisis line staff as indicated by the emergent needs of the caller. **NOTE:** *For more information on VHA's Veterans Crisis Line, see VHA Directive 1503, Operations of the Veterans Crisis Line Contact Center, dated May 31, 2017.*

g. **Vet Center Contract for Fee Program.** The Vet Center CFF Program utilizes contract service providers to provide readjustment counseling to eligible individuals and their families in communities distant from established Vet Centers. The CFF is managed by the nearest Vet Center and overseen by the Vet Center Director. The authorization for the CFF program is found in 38 U.S.C. § 1712(e)(3) and states that contracting authority for readjustment counseling and related mental health services is authorized for any fiscal year only to the extent and amounts that are provided for in the Appropriations Act.

h. **Community Access Point.** A CAP is located at a site of an established Vet Center community partner that, pursuant to a no-cost arrangement with RCS, permits a traveling Vet Center counselor to provide readjustment counseling on its premises on a regular recurring basis contingent upon local need (anywhere from once a month to several times per week). The no-cost arrangement for this purpose should be a revocable license granted from the community partner to VA, prepared through and in accordance with the policies and protocols of VA's Office of Real Property. See note in paragraph 6.f. above for details of legal documentation required for VA's acceptance of gifts from a private sector donor.

8. VET CENTER SERVICES

a. **Community Outreach Services.** Vet Center outreach is the primary service function designed to engage eligible individuals face-to-face in the community to inform them and their families of available services and to assist them in overcoming unnecessary barriers to the provision of readjustment counseling (facilitate access to services). Readjustment counseling often begins with the initial contact by the outreach worker, and a basic dichotomy must be bridged to keep this in perspective, that between the Vet Center, the professional site for counseling services, and the

community, or the culture of the local eligible population. The most critical function of outreach is to initiate the first step in establishing a therapeutic alliance with the eligible individual by bridging the divide between professional and local cultural orientations.

b. **Readjustment Counseling (Individual and Group)**. Readjustment counseling is both a professional non-medical counseling service and a means for engaging eligible individuals in a collegial therapeutic context that is less stigmatizing than a formal medical environment. The success of the Vet Center service model relies on the team's ability to establish a culture of kinship with the local eligible individuals, but in no way implies a relaxation of the professional counseling standards or ethical boundaries between the counselor and the eligible individual and their family members. To the extent feasible, readjustment services are provided in an environment that communicates respect for the eligible individual's service, familiarity with military experience, and appreciation for the individuals need for confidentiality. The focus of the relationship covers multiple therapeutic means for addressing the eligible individual's military-related traumatic experiences and problematic homecoming experiences, to include psychosocial assessment, cognitive restructuring, re-visiting traumatic memories, behavioral rehearsal, task-oriented problem solving, and philosophical examination of war-altered attitudes regarding life and death. Vet Center readjustment counseling is a continuum of care inclusive of psychological, psychosocial and socio-economic readjustment counseling. Many eligible individuals who initially present with socio-economic concerns may in time reveal psychological trauma as the therapeutic relationship develops with their assigned counselors. Within the limits of individual safety and professional ethics, Vet Center leadership will encourage innovative thinking in tailoring the provision of group readjustment counseling, considering their local population.

c. **Family and Marital Readjustment Counseling**. Prior to initiating family readjustment counseling, Vet Center counselors must confirm: (1) that a presenting problem inclusive of family relationship problems is clearly linked to the eligible individual's military related problems and post military readjustment, and (2) that the severity of the problem, as manifest in any family member, is one that can be addressed by Vet Center professionals acting within the scope of the Vet Center readjustment mission (again, a non-medical counseling service). The Vet Center facility and mission is not designed to address general mental health problems not linked to the eligible individual's readjustment, or mental health conditions of incapacitating severity even if there is a link to the eligible individual's post-military functioning. In addition, the participating individual must be actively involved in any Vet Center service plan for providing family readjustment counseling.

d. **Referral Services**. Following the psychosocial assessment, Vet Centers will make referrals for eligible individuals as professionally indicated to other VA health care providers as part of the readjustment counseling service mission. Vet Centers will actively coordinate referrals to other service providers, both VA and non-VA, as necessary to address the eligible individual's readjustment needs. Current regulation authorizes Vet Centers, upon request, to provide referrals for individuals who are not eligible for readjustment counseling solely because they were discharged under

dishonorable conditions from active military, air, or naval service. Pursuant to 38 C.F.R. 17.2000(c), referrals are authorized (1) to assist such individuals in obtaining mental health care and services from sources outside VA; (2) to advise such individuals concerning their rights to apply to appropriate military sources for review of their discharge or release from service; and/or (3) to VA benefits for eligibility determination under 38 C.F.R. 3.12. Active duty Service members should be referred to Department of Defense (DoD) for any required medical care.

e. **Telehealth.** All RCS Vet Centers and Mobile Vet Centers maintain telehealth equipment to be utilized for direct services, case consultation, case management, supervision, and referral. Vet Center Directors, as specified in paragraph 5.i., are responsible for the effective use of telehealth and to ensure the equipment is operating properly.

f. **Bereavement Counseling.** Per the cross reference in the law between 38 U.S.C. §§ 1712A and 1783, (a), (b) and (c), Vet Centers are authorized to provide bereavement counseling as follows. Section 1783 (a) authorizes Vet Centers to provide bereavement services to family members and the Veteran's caregiver if the family members or caregiver (as defined by 38 U.S.C. § 1720G) were in active receipt of VA mental health services authorized by 38 U.S.C. §1782, at the time of the Veteran's death which was unexpected or occurred while the veteran was participating in a VA hospice program (or a similar program). Section 1783 (b) authorizes counseling services to the immediate family members, including parents, of a Service member who dies while serving in the active military in the line of duty and not due to the person's own misconduct. Section 1783 (c) specifically identifies the Vet Centers as sites authorized for the provision of bereavement counseling. Additionally, Vet Centers are authorized to provide counseling to the surviving family members of a Veteran or Service member who died by suicide, to assist in their coping with the effects of the suicide. Therefore, bereavement services are defined within Vet Centers as any counseling provided to family members of: (a) a Service member who dies while serving on active duty and not due to the individual's own misconduct, (b) a Veteran who dies while in receipt of Vet Center, VA mental health, VA hospice or similar program services or (c) a Service member or Veteran who dies by suicide.

(1) A Vet Center may receive a referral for bereavement services from any RCS office, national, district or other Vet Center; and directly from Casualty Assistance Officers (CAO), the Tragedy Assistance Program for Survivors (TAPS), Survivor Outreach Services (SOS), VA medical facilities, Community-Based Outpatient Clinics (CBOCs), and from family members (although only immediate members qualify for the benefit).

(2) The Vet Center Director must ensure that an attempt to contact the immediate family member is made within 24 hours, but no later than 48 hours (workdays), after receiving the referral. All family contacts (initial and follow-up) will need to be made by a Vet Center counselor.

(3) For all substantive contacts with immediate family members, Vet Center

counselors will document the encounter on a counseling visit progress note. With reference to bereavement counseling only, the clinician will enter Direct Service time in RCSNet under the bereavement tab which removes the requirement for the Service member's Social Security Number or for taking the military history. The record, however, is opened under the Veteran or Service member's name.

g. **Military Sexual Trauma-Related Counseling.** As defined in 38 C.F.R. § 17.2000(d) readjustment counseling also includes military sexual trauma counseling and referral. This authority derives from VA's mandate in 38 U.S.C. § 1720D(a)(1) to operate a program to provide eligible individuals with counseling and care and services determined to be needed to overcome psychological trauma, which in the judgment of a mental health professional employed by VA, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the eligible individual was serving on active duty, active duty for training, or inactive duty training in the Reserve or National Guard. Within the VA system, this experience of sexual trauma is commonly referred to as Military Sexual Trauma (MST), as defined by VHA Directive 1115, Military Sexual Trauma (MST) Program, dated May 8, 2018. Under 38 U.S.C. § 1720D(a)(2), as implemented by VA, active duty Service members may also receive MST-related counseling through VA's Vet Centers without the need for a referral from the Department of Defense (DoD).

h. **Contract for Fee Services.** Readjustment counseling is also provided by contracted service providers through the RCS CFF Program. The determination of need for a readjustment counseling CFF Program is made by the Vet Center Director, as indicated in paragraph 5.i.(6) of this directive. The primary criterion for consideration is the level of unmet need among the eligible individual population in an area where existing Vet Centers are not capable of furnishing needed services due to geographical distances. Contracting with private sector providers is under the authority of the Contracting Officer (CO) at the local VA medical facility. The CO has full responsibility for soliciting and receiving offers resulting from the applicable solicitation. Vet Center Directors with responsibility for managing contract programs will be designated by the Deputy District Director as the VA COR with responsibility for CFF oversight. The Vet Center COR has responsibility for local oversight of contract program counseling and administrative operations, including (but not limited to):

(1) The initial referrals to a contract provider will be for up to three visits for psychosocial assessment, brief counseling, and development of a service plan. The solicitation shall address this issue in detail.

(2) If additional visits are indicated upon completion of the three initial visits, the Vet Center COR, or other authorized ordering official, shall obtain from the contract provider a readjustment counseling service plan documenting the need for continuing readjustment counseling. Contract provider psychosocial assessments and counseling plans shall adhere to the standard protocols used at Vet Centers. The solicitation shall address this issue in detail.

(3) To assure quality counseling oversight of case progress, additional blocks of up

to 15 sessions may be authorized contingent upon the counselor's judgment as documented in the contractor's updated service plans. Updated service plans shall be submitted upon the completion of each block of 15 sessions, and subject to evaluation and approval by the COR, or other authorized ordering officials, prior to further authorization.

(4) CORs, or other authorized ordering officials, working in coordination with the RCS Office of Finance and CO, are responsible for full and effective utilization of their contract program budget to provide readjustment counseling services to eligible individuals.

(5) RCS Deputy District Directors are responsible for all contract program operations administered by Vet Centers within their respective areas of responsibility, and for supervising Vet Center Directors functioning as CORs. RCS Deputy District Directors, or their ADD/A and ADD/C designees, are responsible for conducting annual quality reviews of readjustment counseling and administrative contract program operations at every Vet Center with a contract program in their respective zones. Contract program quality site reviews at Vet Centers are conducted using standardized protocols available for review as referenced in paragraph 6.b. of this directive.

(6) RCS CFF are awarded for one year, with two one-year automatic renewals, as justified by contractor performance and continuing service needs among local eligible individuals. Following a three-year period of operation for any contract program, prospective area providers, including any of the providers previously under contract, would be required to respond to a new solicitation for offers administered by the local VA CO.

9. VET CENTER INTAKE PROCEDURES

a. General Information.

(1) The RCS counselor's documentation of the psychosocial assessment is to be an integrated product from two perspectives: the individual's perception of currently challenging life stressors and the Vet Center counselor's professional perspectives. Integral to helping individuals overcome barriers to readjustment counseling services and establishing a therapeutic relationship is the counselor's ability to converse in language familiar to the individuals. The process of completing the psychosocial assessment is viewed as a collegial exercise having positive consequences for building the therapeutic relationship. The Vet Centers are also authorized to provide psychosocial assessment and referral for services outside of VA for individuals not eligible for readjustment counseling due to their presenting with a dishonorable discharge from active military service. **NOTE:** See paragraph 10 below for more in-depth discussion of the RCS psychosocial assessment.

(2) **Risk Assessment at Intake.** The Risk assessment must be completed and entered at the first counseling encounter into the official individual file in RCSNet, and to complete additional Risk Assessments on subsequent visits contingent upon the

counselor's judgment. For individuals assessed to be from intermediate to high risk, the Vet Center counselors will develop a Safety Plan in conjunction with the individual that identifies the specific stressors and plans for maintaining safety. **NOTE:** See paragraph 17.b. below for more information regarding RCS Risk Assessment procedures.

(3) **Warwick-Edinburgh Mental Health Well-Being Scale at Intake.** The short 7-item or 14-item Warwick-Edinburgh Mental Health Well-Being Scale (WEMWBS) will be completed by all eligible individuals at the first counseling encounter and entered into the official individual file in RCSNet by the Vet Center counselor. The WEMWBS will be completed at intake, and at the next visit in close proximity to 90 days after the intake, and thereafter will be administered during revision to service plans at approximately 180 days or as considered to be professionally appropriate. It may be administered more frequently, based on the judgment of the counselor.

b. **Information Provided to the Eligible Individual at Intake.** Vet Center counselors will use the intake process for discussing additional administrative topics with new eligible individuals as outlined below. These discussions collectively inform the individual about the scope of Vet Center services, access to these services, conditions governing referral for other needed VA services, and the specific confidentiality conditions of the Vet Center separate System of Records (SOR). During intake Vet Center counselors will conduct a face-to-face discussion with all Vet Center new clients to ensure their agreement with the conditions of receipt and documentation of readjustment counseling. Upon completion, eligible individuals will be asked to confirm their general consent to receive these services by signing the Vet Center Intake Information Protocol. **NOTE:** See Appendix G for the Intake Protocol appropriate for use in informing new eligible individuals during Vet Center intake, with the exception of individuals for whom eligibility is based solely upon the use of covered educational assistance benefits. For individuals in this eligibility category, Appendix H provides a modified consent form for the initiation of services. Key information provided to eligible individuals at intake includes:

(1) The Vet Center's individual confidentiality provisions, as stated in the RCS SOR (64VA10RCS) documented in the Federal Register, are reviewed to ensure they are clearly understood by the client. The RCS SOR is maintained independently from any other VA or DoD medical records and establishes a protected individual file maintained in the individual's name. **NOTE:** See Appendix A, paragraph 1 for additional information about SOR and terms of confidentiality.

(2) Services provided at a Vet Center to an eligible individual's family member are not documented in a separate record for the family member, but rather included in the eligible individual's official readjustment counseling file, to which the eligible individual has first party right of access. It is essential that family members are informed of this provision. Counselors should at a minimum document the discussion of the Vet Center SOR with participating family members to prevent any future misunderstandings. Otherwise, family members may believe that they are receiving services under a separate eligibility and would have a separate counseling file and/or receive counseling services beyond those in aid of the eligible individual's readjustment, or those services

provided to assist in their coping with their Service member's combat deployment or other qualifying deployment or activation.

(3) Vet Center policies on release of confidential information are more restrictive than those articulated in the Privacy Act authorizing release of information internally within VA based on a VA staff member's need to know. Specifically, per 38 C.F.R. 17.2000(e), RCS will not disclose such records without either the eligible individual's voluntary, signed authorization, or a specific exception permitting their release as articulated in the routine uses included in the Vet Center SOR (64VA10RCS). Vet Center counselors will consult the local RCS Privacy Officer for any questions about these exceptions to ensure the proper release of information. **NOTE:** See Appendix A, paragraph 1(a) for a more inclusive discussion of permissive disclosures of the Vet Center individual file.

(4) Scope of the Vet Center service mission and the conditions under which referrals to other service providers, VA and non-VA, are made. This includes referrals of eligible Veterans to VA medical facilities for readjustment-related outpatient mental health services as authorized under 38 U.S.C. § 1712A(b)(1).

c. Verifying Eligibility.

(1) Verification of the individual's eligibility for Vet Center services must be recorded. Specifically, proof of eligibility for RCS, or efforts to obtain such proof, is to be documented in the individuals record and is also to be recorded on the RCS Veteran Information Form (VIF). Verification of eligibility for Vet Center services consists of a DoD Form 214, Certificate of Release or Discharge from Active Duty, containing notations of service in a designated theater of combat operations, in other locations in direct support of combat operations, in response to a national emergency or major disaster declared by the President, or in a drug interdiction operation as a member of the Coast Guard. An example of a completed mock DoD Form 214 for general reference is available for review on the hyperlink in the References, paragraph 22. In lieu of the DoD Form 214 a temporary verifier like a Hospital Inquiry (HINQ) or a copy of a signed request for military records will suffice until the DoD Form 214 is received. In the absence of these and for active Service members or members of the Coast Guard, eligibility for service may also be established through alternative documentation of service such as receipt of award(s) or decoration(s) for service, military orders, and/or receipt of hostile-fire pay. For further detail as to establishing eligibility without a DoD Form 214, see 38 C.F.R. 17.2000(b) **NOTE:** For additional information regarding eligibility verification please see <http://vaww.vetcenter.va.gov/eligibility/>. This is an internal VA website that is not available to the public.

(2) An individual's eligibility for counseling that is needed to overcome psychological trauma resulting from sexual trauma under 38 U.S.C. § 1720D (commonly referred to as Military Sexual Trauma) also requires verification of military service via the DoD Form 214, but proof of service in a combat theater, or in support of combat operations, is not required for this eligible cohort.

(3) A member of the reserve component's eligibility for readjustment counseling that is needed to address a behavioral health condition or psychological trauma that is related to the individual's military service and has an adverse effect on their ability to have a desired quality of life or hinders their adjustment to civilian life requires proof of the individual's current reserve status as a member assigned to a military reserve command in a drilling status, to include Active Reserves.

(4) Eligibility under paragraph 4.a.(4) of this directive related to Veterans and Service members pursuing a course of education using covered educational assistance benefits must be verified by the Veterans Benefits Administration (VBA) certificate of eligibility for the covered education benefits, along with a class/program schedule from the educational institution to show current enrollment for GI Bill Programs. For Veteran Readiness and Employment (VR&E) Chapter 31 programs, proof of eligibility consists of a VBA certificate of eligibility along with a plan of service for the VR&E program. In addition, all individuals utilizing this eligibility must provide proof of enrollment from the educational institution (e.g., a class or program schedule), for each academic period during which they access Vet Center services. As such, eligibility verification and documentation will occur repeatedly throughout an episode of care, as the eligible individual transitions from one academic period to the next.

(5) For individuals seeking bereavement counseling related to the death of a Veteran or Service member, documentation is gathered related to the Veteran's or Service member's military service and to their death, whenever possible.

(a) Proof of a Service member's death while serving in the active military, naval, or air service in the line of duty and under circumstances not due to the person's own misconduct is required for Vet Center bereavement services to be furnished to the member's surviving family members. Documentation of the Service member's death for this purpose can be submitted via DoD Form 1300, Report of Casualty.

(b) Proof of a Veteran's or Service member's military service (e.g., DoD Form 214), along with documentation of the individual's death (e.g., published obituary, death certificate) is required. Documentation does not need to identify the cause of death. If eligibility for services is tied to the Veteran's receipt of Vet Center services, VA hospice or similar care at the time of death, verification of those services is also required.

d. **Veteran Information File.** The Veteran Information File (VIF) provides the basic identifying information which must be completed and recorded in the individual's file by authorized Vet Center staff to include Vet Center Directors, Counselors, Vet Center Outreach Program Specialists (VOPS), and Office Managers as authorized by the Vet Center Director. The Veteran Information Form is used to collect basic identifying information required for opening a new record. It has been revised to separately record eligibility for all eligible individuals. The VIFs provide a count of the total individuals seen for readjustment counseling. As such, the VIF database in RCSNet is a primary source from which national program workload outcomes are derived, and which can be accessed nationally, regionally, and by Vet Center for oversight purposes.

10. PSYCHOSOCIAL ASSESSMENT

The psychosocial assessment is to be performed by licensed staff authorized to conduct readjustment counseling. Psychosocial assessments conducted by non-licensed readjustment counselors must be overseen and approved by a licensed independent counselor. It consists of the Vet Center counselor's evaluation of the eligible individual's pre-military developmental and social history, military history, war-related readjustment problems, and current level of functioning. It includes, but is not limited to, evaluating psychological, social, vocational, educational, and family readjustment patterns. Completion of this assessment is a core professional task that sets the stage for successful readjustment counseling outcomes. The process requires empathic attention and effective interviewing skills, which reinforce the therapeutic alliance, help in assembling background information relevant to the presenting problem, and permit appropriate interventions as the situation warrants.

a. The components of the psychosocial assessment require narrative documentation in conjunction with specific item screening protocols.

b. For eligible individuals returning to the Vet Center for readjustment counseling following 90 days of inactivity, the assigned Vet Center counselor will conduct an addendum to the previous psychosocial assessment inclusive of a review of the previous readjustment problems and case conclusions reported, with the addition of any new readjustment problems as presented by the eligible individual. To ensure a complete and thorough counseling record of readjustment counseling services provided, addendums to existing psychosocial assessments will not remove any previously recorded information, but only record newly emerged case findings and service plans.

c. Psychosocial assessment and at least a preliminary service plan is completed within the first five visits unless contraindicated due to extenuating circumstances, (which should be explained in a progress note). The individual's risk for self-harm and harm to others must also be assessed and documented at the first visit and routinely thereafter as professionally indicated. See paragraph 17 for additional information regarding procedures for suicide risk assessment.

d. Psychosocial assessments are conducted through face-to-face interviews. Additionally, Vet Center counselors will not administer their assessments in a didactic or rote fashion, but rather in a relaxed conversational manner responsive to the Veteran's needs.

e. If, at any point in the intake or assessment process, the Vet Center counselor suspects or detects evidence of a mental health problem(s) requiring medical attention to facilitate the eligible Veteran's successful readjustment, the Vet Center counselor will notify the Vet Center Director to maintain appropriate intra-team coordination and initiate referral procedures to the support VA medical facility for mental health evaluation and follow-up care as indicated. Should assistance be needed in making such referrals, the Vet Center Director will engage the assistance of the assigned VA Clinical Liaison.

NOTE: *Due to the Vet Center confidentiality provisions, all such referrals between Vet*

Centers and VA medical facility providers will require a signed ROI for follow-up case coordination. Vet Center referrals will be made through personal contact with the identified provider and with a personal follow-up with the assigned provider to ensure the referred Veteran accessed the services intended. Additionally, all such referrals and follow-up contacts will be documented in the eligible Veteran's file. Vet Center counselors will ensure that eligible Veterans are informed of, and consent to providing a signed ROI to facilitate referrals and follow-up case coordination.

f. Vet Center counselors will inform current Service members at intake regarding the emergent care services available to them through DoD, and of the desirability for them to voluntarily sign a release authorizing the Vet Center to make a referral and to participate in coordinating their services. Service members experiencing a medical or mental health emergency, who decline authorizing such a referral, should be referred to the nearest emergency medical department for evaluation and treatment.

11. PROVISION OF CULTURALLY COMPETENT OUTREACH AND READJUSTMENT COUNSELING

Effective delivery of readjustment counseling requires sociocultural tailoring of the Readjustment Counseling Service Plan (RCSP) by Vet Center counselors to more accurately focus on the service needs of eligible individuals. Sociocultural mapping is also required by VOPS when developing the Vet Center Outreach Plan to more accurately focus their outreach activities throughout the community at large. **NOTE:** See *Appendices A and B for the details of RCS individual service plans and community outreach plans respectively*. The following items listed below are the primary dimensions of sociocultural competence for Vet Center purposes.

a. Domains of Knowledge Required for Vet Center Cultural Competence.

(1) **Military Culture, Experience, Combat and Non-combat.** Veterans' or Service members' branch of service, rank, military training, specific combat theaters, non-combat theater assignments from where combat support services were provided, and military awards and decorations received. **NOTE:** See *Appendix C for a list of primary military service variables*.

(2) **Sociocultural Variables.** Sex, ethnic, socioeconomic, and cultural orientations.

(3) **Geographic and Demographic Distributions.** Significant conditions specific to the geographical area and demographic distribution of the local eligible populations.

b. Vet Center Activities Required to ensure Culturally Competent Service Delivery. The following activities are the responsibility of the Vet Center Director with strategic input from the Vet Center outreach workers and counselors.

(1) Mapping of the sociocultural variables of the local community: configurations of local groups, attitudes, roles, and institutions.

(2) Mapping the geographical characteristics and demographic distributions of the local population concentrations where eligible individuals may reside.

(3) Maintaining a strategic Vet Center outreach plan that incorporates sociocultural, geographic and demographic information specific to the Vet Center's VSA.

(4) Tailoring the outreach conducted and direct readjustment counseling services provided to promote maximum contact with local eligible individual's representative of all sex and ethnic cultural affiliations, class and occupational statuses, generational levels, and specific combat theater experiences.

12. VET CENTER DIRECT SERVICE STAFFING

RCS Deputy District Directors are responsible for recruitment of Vet Center positions that strive to give strategic attention to the full scope of licensed and non-licensed applicants. Vet Centers are staffed by small multi-disciplinary teams consisting of at least a Director, an Office Manager, at least one Counselor, and an Outreach Specialist (four FTEE). The team of service providers consists of a variable mix of licensed mental health professionals, other master's level professionally trained counselors, and non-licensed outreach workers and office managers. To maximize the service delivery capacity of a small multi-disciplinary team, RCS selecting officials are responsible for engaging in a wide scope of recruitment to identify the most qualified pool of applicants to provide a staffing mix of Veteran status, sex, and ethnic representation, and professional training specific to the needs of the local eligible population.

a. RCS District Directors are responsible for collaborating with the responsible VA Human Resource Office to ensure that all new Vet Center hires follow the provisions of VA handbook 5005/17.

b. RCS District Directors are responsible for ensuring that the staffing at every Vet Center in their respective districts has the professional expertise for providing combat theater trauma counseling, readjustment counseling related to military support of combat operations outside of the combat theater, family readjustment counseling, MST counseling, and bereavement counseling.

13. VET CENTER PHYSICAL SETTING AND LOCATION

a. **Vet Center Location.** Vet Centers are established in the community to promote and facilitate ease of access to readjustment counseling for eligible individuals and their families. Contingent upon the Vet Center VSA, its geographic limits, and Veteran population concentrations, the Vet Center will establish strategically located CAPs to extend readjustment counseling to eligible individuals living at a distance from the Vet Center. As specified above in paragraphs 5.e. and 5.f., RCS Deputy District Directors are responsible for coordinating with Vet Center Directors to extend the reach of their Vet Center facilities into underserved areas through targeted outreach and the development of CAPs as indicated geographically and demographically. Similar factors should be considered as appropriate and feasible, to ensure ease of access for eligible Service members. At a minimum, Vet Centers must:

(1) Ensure convenient location with easy access to community locations via all modes of local transportation: public transportation, privately owned vehicle, and pedestrian.

(2) Ensure the availability of parking, to include spaces reserved for disabled individuals.

(3) Ensure availability of readjustment counseling in, or near, the individual's home community, and, where necessary, by establishing convenient community access points in areas located at some distance from the existing Vet Center.

(4) Ensure available space for informal social interaction among family members and camaraderie among fellow eligible individuals.

(5) Reinforce eligible individuals' pride in military service through display of Veteran memorabilia that promotes a therapeutic link between them and their personal military and homecoming experiences.

(6) 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.

b. **Leasing.** All Vet Centers and Vet Center Outstations are in leased space outside of VA campuses. Vet Center Directors in conjunction with the ADD/A are responsible for preparing all required documentation to relocate, expand, or renegotiate an RCS lease within timeframes set by RCS Capital Asset Manager and VHA Contracting Service. See note in paragraph 5.c.(6)(b) above for details regarding RCS leased space.

c. **General Services Administration Vehicle(s).** Each Vet Center is authorized at least one GSA Vehicle for outreach and other support functions. Additional vehicles are authorized on a case-by-case basis. All operations of GSA vehicles are in accordance with VA regulations and guidelines governing the use of GSA vehicles, VA Directive 0637, VA Vehicle Fleet Management Program, dated May 10, 2013. ***NOTE: These provisions for managing GSA vehicles are separate from the guidelines for managing RCS Mobile Vet Centers.***

d. **Vet Center Access Expansion.** 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 CAP. 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 that meets the definition of a Vet Center in paragraph 7 of this directive. For this purpose, RCS Leadership must submit a written request for Secretarial approval that is required for establishing permanent new Vet Centers. See note in paragraph 5.c.(6)(b) above for details regarding RCS leased space.

14. VET CENTER COMMUNITY AFFILIATIONS

To fully support eligible individual's readjustment into work, family, and community, Vet Center Directors will be responsible for ensuring the establishment of adjunct community affiliations extending beyond the walls of the Vet Center facility and located at strategic points in the surrounding communities. Contingent upon the geographic and demographic characteristics of the local eligible community, Vet Center community relationships will include the following:

(a) Educating community stakeholders, at both the local and State level, regarding eligible individuals' war-related service needs, other military-related service needs and available VA services.

(b) Promoting advocacy for eligible individuals before local community civic officials and service providers by communicating the value of our eligible individual's contributions to country through military service.

(c) Establishing local referral networks among non-VA community providers, especially for services not available at local VA medical facilities. Bi-lateral referrals between Vet Centers and other community providers will also require active case follow-up and coordination of services by Vet Center counselors. Due to the Vet Center confidentiality provisions, all such referrals between Vet Centers and VA medical facility providers will require a signed ROI for follow-up case coordination.

(d) Promoting community partnerships at the local and State level for collegial participation in specific events and programs, such as Veterans Justice Outreach, Veterans Court, homeless stand downs, job fairs, and university programs supportive of Veterans' educational and career advancement.

(e) Promoting Vet Center staff participation in eligible individual national ceremonies as commemorated on Memorial and Veterans Day.

(f) Promoting eligible individuals' participation in local community cultural events as a means of assisting them transition from active military to civilian Veteran status.

15. VET CENTER AND VA MEDICAL FACILITY CLINICAL COLLABORATION

a. Vet Centers promote collaborative partnerships with VA medical facilities to better serve Veterans by complementing the provision of non-medical readjustment counseling with supportive health care liaisons as clinically indicated and authorized.

(1) Every Vet Center is aligned with a support VA medical facility for supportive clinical assistance with eligible Veterans whose service needs go beyond the scope of

readjustment counseling and to coordinate services when the eligible individual is being seen for both VA healthcare and readjustment counseling. Clinical support includes case consultation, collaboration, referrals, and follow-up coordination of services. Shared eligible Veterans include both those referred to the VA medical facility to receive related mental health services, on an out-patient basis, that are deemed necessary for the Veteran's successful readjustment; those enrolled in the VA health care system (or exempt from the enrollment requirement but eligible for VA's medical benefit package) and otherwise eligible for more complex medical or mental health services from the VA medical facility; and those referred to VA medical facilities as mental health emergencies under 38 U.S.C. § 1784.

(a) To ensure effective collaboration, all Vet Centers are required to have a clinical liaison from the support VA medical facility. **NOTE:** *For information on clinical liaison and external clinical consultant responsibilities and staffing requirements see responsibilities paragraphs 5.o. and 5.p. of this directive.*

(b) Per the provisions of VHA Handbook 1160.01, each VA medical facility is required to establish a Mental Health Executive Council to further promote quality services, suicide prevention and coordination of care. As further specified in the handbook, facilities are encouraged to include representation from RCS Vet Centers. The Office of the Inspector General underscored the need for Vet Center representation on these Councils in its Report No. 08-02589-171, Healthcare Inspection: Readjustment Counseling Service Vet Center Report, dated July 20, 2009. Designated Vet Center staff will be responsible for actively participating as full contributing members of VHA Mental Health Councils.

b. Referrals and Collaboration.

(1) Vet Center care coordination with the support VA medical facility for referral processes is subject to the full knowledge and documented approval of the shared eligible Veteran. Consistent with 38 C.F.R. 17.2000(e), Vet Center counselors must first obtain a signed authorization for release of information (ROI) from the eligible Veteran prior to engaging in any care coordination. Vet Center counselors will proactively request eligible Veteran clients to execute a signed authorization for Vet Center release of the Veteran's counseling information as indicated to promote early and ongoing coordination of services, should it later be needed and desired by the Veteran. **NOTE:** *For detailed procedural guidance in executing an ROI, the reader is referred to Appendix A, paragraph 2.a.(4). The release of information from Vet Center records to VBA is likewise subject to these requirements and procedures.*

(2) Case referrals, collaboration, and coordination discussed in the preceding paragraph require working collegial partnerships and mutual trust between Vet Center counselors and VA health care providers at the support VA medical facility. Vet Center counselors and health care providers at the support VA medical facility, primarily those from primary care, mental health, and social work, are responsible for establishing working collegial partnerships and operating with mutual trust and respect, when

performing the type of referrals, collaboration, and coordination discussed in the preceding paragraph.

(a) In the case of shared eligible Veterans who have provided the required releases and need care from the support VA medical facility, the Vet Center counselor will initiate the collaboration.

(b) For all shared eligible Veterans who are referred initially to the Vet Center by the support VA medical facility, the Vet Center counselor is responsible for contacting the referring facility provider to complete the referral process and to establish a mutually agreeable schedule for periodic case review, collaboration, and coordination. Ongoing case coordination with VA providers is contingent upon the eligible Veteran's voluntary signed authorization.

(c) For better collaboration and coordination between the Vet Centers and support VA medical facilities, local Vet Center counselors and mental health providers at the facility are strongly encouraged to participate, to the extent feasible, in reciprocal training events and briefing opportunities such as regarding suicide prevention, domestic violence, substance abuse, homelessness, and other mental health related sessions.

(d) Vet Center staff are responsible for making timely referrals to mental health providers at the support VA medical facility for eligible Veterans assessed to have probable complex or severe psychiatric diagnoses. Referrals for VA mental health services in support of the individual's readjustment needs must be completed no more than two business days following the visit the referral was discussed with the eligible Veteran.

(e) Vet Center counselors are responsible for ensuring that eligible Veterans assessed to be at high-risk (i.e., pose a risk of danger to self or others) are referred to the support VA medical facility for mental health evaluation and follow-up care as clinically indicated. Counselors will also seek consultation with their VA medical facility External Clinical Consultant as necessary for assistance in processing high risk referrals. Vet Center counselors will follow-up sequentially with their referrals by personally contacting VA mental health to inform them the referral was made and subsequently to ensure the referred Veteran is accessing the needed care. Additionally, if a shared eligible Veteran is at risk for suicide and so referred to the facility, the Vet Center counselor must contact the support VA medical facility's Suicide Prevention Coordinator to ensure that enhanced care delivery procedures for suicide prevention are in effect. See paragraph 17 below for a discussion of Suicide Risk Assessment procedures and the implementation of Vet Center Safety Plans.

16. QUALITY OF CARE AND OVERSIGHT

a. **Vet Center Director Supervision.** In most cases, the Vet Center Director is a qualified VHA mental health professional and functions as the readjustment counseling supervisor for all counseling staff on a regular and ongoing basis. In those rare

circumstances where the Vet Center Director is not a licensed mental health professional in one of the four licensed occupations, one of the counselors on staff so licensed and credentialed will be assigned to assist the Director with the counseling supervision of staff. Approval for such an alternate Vet Center counseling staff supervisor will be executed by the Deputy District Director. **Note:** *The four licensed mental health professional counselors referenced above include social workers, psychologists, licensed mental health professional counselors, and licensed marriage and family therapist.*

(1) Vet Center Directors must ensure monthly peer reviews of 10 percent of the active counseling records for each full-time counselor to ensure compliance with Vet Center readjustment counseling guidance and procedures. The Vet Center Director will randomly select cases from each counselor's active records prioritizing cases that have not been reviewed in the last year. Review outcomes are maintained electronically in RCSNet and reviewed annually for compliance by the ADD/Cs during their counseling site visits. The only restriction to this requirement for Vet Center Director counseling record reviews is that Vet Center Directors may not review the records of eligible individuals under their own care. These records must be subject to review by another Vet Center Director, or by a licensed provider from a neighboring Vet Center, not under the Vet Center Director's supervision.

(2) Record reviews go beyond the necessary recording of the presence or absence of basic required information. The Vet Center Director must also conduct a professional evaluation of the individual file for thoroughness, accuracy and professional efficacy of case presentation, planning and case recording.

(3) The Vet Center Director must share findings and trends with the counselor under review. Vet Center Directors are also encouraged to make full use of group case presentations to promote peer-to-peer professional learning among participating Vet Center counselors.

b. Annual Readjustment Counseling Quality Reviews.

(1) As referenced in paragraph 6.b. above, counseling oversight by the Associate District Director for Counseling (ADD/C) will be conducted annually, either onsite or remotely. Every Vet Center will receive an onsite counseling site visit at least every other year, or biannually. Annual site visits, both onsite and remote, will be conducted in accordance with established protocols covering all relevant areas of Vet Center readjustment counseling services. The site visit protocols include staff interviews, direct observation of Vet Center daily operations, aggregate data reports accessible via the RCS NSS, and assessment check list items covering all relevant Vet Center service mission functions. Counseling site visit protocols are available for review as referenced in paragraph 6.b. above. Completed clinical site visit protocols are not considered formal Quality Assurance protected documents under 38 U.S.C. § 5705.

(2) Vet Center Directors in coordination with the ADD/C must develop a remediation plan to address all identified deficiencies within 30 days of receipt of the site visit report.

Remediation plans will specify plans for resolving all identified deficiencies within the required 60-day timeline. Site visit findings that are deemed detrimental to individual safety and effective service delivery, must be addressed immediately as emergent critical events.

(3) Deputy District Directors are responsible to ensure that all site visit reports are completed within 30 days of the counseling oversight review, and findings are remediated within the specified time periods.

(4) RCS District Directors are responsible for oversight of Vet Center site visit completions within their respective Districts. The protocol for the Annual counseling Site Visit Report is available electronically in RCSNet.

c. Morbidity and Mortality Review.

(1) RCS Deputy District Directors will ensure that the M&M review is conducted for all Vet Center active case suicides, according to the standards set forth in Appendix F of this directive. For shared clients being seen at both the VAMC and Vet Center see paragraph 6.j.(4) of this Directive.

(2) RCS Deputy District Directors will coordinate with a colleague Deputy District Director for the assignment of an ADD/C from the neighboring zone to chair the board and conduct the M&M Review.

(3) The assigned ADD/C will contact the VA Clinical Liaison from the support VA medical facility, and other appropriate VA officials, for securing the assistance of a VA staff psychiatrist, or other licensed VA mental health professional designee to participate as a board member, as stated in paragraph 5.f.(4).

(4) An M&M review will be completed and reported using the standards set forth in Appendix F of this directive within 120 days of notification by the Vet Center Director of the eligible individual's suicide. Delays in this timeline must be reported to the Deputy Chief Officer. The VA assigned Clinical Liaison will also be advised regarding any delays in coordinating the assignment preferably of a VA staff psychiatrist to the M&M panel. Adding a VHA psychiatrist to the panel will also reinforce the established VHA policy for an active collaboration between the RCS Vet Centers and VHA mental health. However, should a psychiatrist not be available, another VA medical facility licensed mental health professional may be utilized, inclusive of any of the four licensed VHA mental health professions. The designated ADD/C will act as chair of the board and be responsible for preparing the report. Completed M&M reviews, and all associated background materials used in preparation, are considered quality assurance documents, per the provisions of 38 U.S.C. § 5705 and VHA Directive 2008-077, Quality Management (QM) and Patient Safety Activities that can Generate Confidential Documents, dated November 7, 2008; RCS completed M&M reviews are considered quality assurance documents and will be electronically stored in the RCS NSS national servers. Access will be password protected and limited to only those program officials with a need to know.

(5) Requirements for conducting and reporting M&M quality reviews are specified in Appendix F. Additionally, the M&M Review Summary Sheet must be attached to the front of all M&M reports. See paragraph 22, for a hyperlink to review the RCS M&M Report Protocol inclusive of summary sheet and required data elements.

17. RISK ASSESSMENT AND MANAGEMENT OF SUICIDE IN VET CENTERS

a. **Risk Assessment**. An integral component of the Vet Center intake assessment is a risk assessment for individuals at potential risk for harm to self.

b. **Management of Eligible Individuals Assessed at Risk for Harm to Self**. The following guidance must be in place at every Vet Center to ensure for the assessment and management of individuals assessed to be at risk for suicide. The procedures for Vet Center case documentation of actual critical events is discussed below in paragraph 19.

(1) Vet Center counselors will assess all individuals for risk of suicide on the first counseling visit and record the assessment in the electronic record system and subsequently counseling thereafter as professionally indicated during follow-up counseling visits. For all individuals assessed as intermediate to high risk for self-harm, the assigned Vet Center counselor will develop an individualized Safety Plan for that individual. The Safety Plan protocol is located in RCSNet and will be developed in direct interaction with the individual and will specifically identify the safety/coping strategies identified by the individual. A copy of the completed Safety Plan will be provided to the individual and retained in the electronic record. The Safety Plan protocol and procedural guidance for its completion are available for review on the hyperlink in paragraph 22.

(2) Suicide risk is subdivided into two interrelated categories: Acute and Chronic. The variables used to differentiate acute from chronic risk are similar in both circumstances, but their symptoms are unique in **persistence** and **intensity**. The core variables to consider when assigning acute and chronic levels of risk should include **risk indicators** such as intensity of suicidal ideation and intent, environmental **risk factors** such as psychosocial instability, personal **warning signs** such as emotional distress or behavioral acting out, and **protective factors** such as environmental support or coping skills that are available to the individual to maintain safety, either independently or with external assistance.

(a) **Acute Risk**. Acute suicide risk refers to an estimation of risk in the next few hours to days and one's ability to independently maintain safety during that timeframe. Factors to consider in making this determination include: presence and nature of recent suicidal ideation or behavior, environmental and psychosocial stressors, and any other factors that might have resulted in acutely elevated risk in the past. Additionally, protective factors, such as reasons for living, should be considered.

(b) **Chronic Risk**. Chronic risk refers to an estimation of risk over a longer period of time (days to weeks and beyond). In making a determination about the level of chronic risk, one considers the presence of persistent suicidal ideation, chronic mental health

conditions and psychosocial stressors, previous suicide attempts, and maladaptive coping skills. These factors are considered in the context of long-term protective factors, such as strong social support and ability to utilize coping skills.

(3) Counselors will use the following criteria when determining the level of risk for suicide. **NOTE:** *The criteria and timelines below are guidelines for case application and are not intended to replace the counselor's judgment.*

(a) Low Suicide Risk.

1. Acute. Potential existence of suicidal ideation without intent, plan or preparatory behaviors. Typically, presents as an individual with adequate psychosocial support and ability to independently maintain safety.

2. Chronic. Typically, the absence of suicidal ideation or fleeting suicidal ideation during periods of stress. Typically has adequate psychosocial functioning, social support, positive reasons for living, and capacity to independently maintain safety.

(b) Intermediate Suicide Risk.

1. Acute. The presence of suicidal ideation without intent, plan and/or preparatory behaviors. Typically presents with positive reasons for living and can generally maintain safety independently. A safety plan is developed to support the individual's coping decisions during times of stress.

2. Chronic. May present with persistent suicidal ideation, there are no recent previous attempts, escalation of chronic risk factors such as deterioration of health or loss of psychosocial stability, balanced by currently adequate external protective factors for maintaining safety and a positive outlook on life. A safety plan is developed to support the individual's coping decisions during times of stress with consistent counseling services to provide ongoing support.

(c) High Suicide Risk.

1. Acute. Suicidal ideation with intent, plan, preparatory behaviors and/or possible previous attempts. Loss of psychosocial support and positive reasons for living. Inability to maintain safety without external support. A safety plan is developed. This individual will likely require hospitalization. Under such conditions Veterans will be referred to their support VA medical facility and Service Members to an appropriate DoD facility. Referrals for follow-up medical care will adhere to the confidentiality procedures for referral and case collaboration as provided in paragraph 15 of this directive.

2. Chronic. Chronic suicidal ideation, history of previous attempts, presence of severe and/or persistent chronic risk factors adversely impacting health, emotional confidence, ability to cope, and reasons for living. Typically requires ongoing external support, to manage arising biopsychosocial stressors. A safety plan is developed to support the individual's coping decisions during times of stress with consistent counseling services to provide ongoing support.

(4) Vet Center risk assessments will be conducted via a face-to-face interview whenever possible and will incorporate collateral information as deemed appropriate by the Vet Center counselor. To ensure a fully informed judgment as to the individual's intermediate or high-risk assessment, Vet Center counselors will make their assessments in conjunction with all other case specific data compiled from the psychosocial assessment and the military history.

(5) Vet Center counselors will document individual risk assessments in the RCSNet individual intake procedural section. The data elements outlined in RCSNet for this purpose are consistent with those in paragraph 17 of this directive. Vet Center counselors will identify individuals at risk of suicidal behavior and use counseling sessions to focus on anticipating stressors and building coping skills.

(6) For individuals assessed to be at Intermediate to High-Risk either acute, chronic, or both:

(a) The Vet Center counselor will seek consultation on the case through the Vet Center Director, ADD/C, VA assigned External Clinical Consultant, and/or other VHA mental health professionals to include the Suicide Prevention Coordinator at the support VA medical facility.

(b) A Safety Plan will be developed in conjunction with the individual and will focus on all relevant coping strategies.

(7) Vet Center counselors will maintain regular weekly contact with mental health staff at the VA medical facility regarding the status of shared individuals referred there for inpatient hospitalization (individual release of information is necessary).

(a) Vet Center counselors will maintain regular weekly contact with inpatient mental health staff at the support VA medical facility, or non-VA hospital, to plan follow-up readjustment counseling for individuals being discharged from inpatient programs. Vet Center counselors will ensure that eligible individuals will have access to a face-to-face visit with a Vet Center or VA facility staff counselor scheduled within 7 days of discharge from an inpatient program, for any known admissions.

(b) Vet Center counselors will document all crisis events, interventions, case consultations and current readjustment counseling service plans (RCSP) in the individual's file.

(c) In the case of a missed appointment by an individual who has been assessed as Intermediate to High-Risk either acute, chronic, or both, follow-up telephone calls will be made by Vet Center counselors within one hour of the scheduled appointment, and periodically thereafter until the individual has been re-contacted, and/or until some responsible party has been contacted who can reliably confirm the individual's status.

NOTE: This may include a review of the Electronic Health Record (EHR) that reveals the individual is hospitalized, or an individual's confidant has been identified with a release of information confirming the status of the person.

c. **High-Risk Case Recording.**

(1) Vet Center counselors will document their risk assessment that an individual poses a high-risk of suicide in a progress note in the individual's file. This documentation will include a current risk assessment and any referrals made to, and consultations received from, the Vet Center Director and/or the External Clinical Consultant, and any outcomes derived from these actions.

(2) To promote effective case coordination, Vet Center providers will report all acute high-risk cases to the VA medical facility Suicide Prevention Coordinator. Such coordination typically requires a signed ROI from the client. However, to ensure the client's safety, high-acute risk for suicide where there is an imminent danger for self-harm likely requiring hospitalization, does not require the ROI. Chronic high-risk cases should be coordinated with the Suicide Prevention Coordinator based the clinician's assessment of total risk and imminence of danger to self.

(3) Vet Center providers will collaborate with external providers, VA and non-VA, to ensure coordination of care for all individuals considered to have any level of risk.

d. **Conducting the Mortality and Morbidity Review.** RCS District Directors will ensure that a M&M Review is conducted for all known Vet Center individual suicides . ***NOTE: For additional information on the procedures for conducting and documenting the M&M Reviews see the guidance in paragraph 16.c. and Appendix F of this directive.***

18. VET CENTER STAFF-CLIENT INTERACTIONS

a. **Background.** The RCS Vet Center staff support the principles that underlie voluntary consent for sharing information and making referrals. These include demonstrating respect and fairness in interacting with individuals receiving Vet Center services and the goal of providing benefits and avoiding harm. Within these perspectives, staff must comply with standards of conduct that are consistent with both the Standards of Ethical Conduct for Employees of the Executive Branch (Standards of Conduct), see 5 C.F.R. part 2635, Standards of Ethical Conduct for Employees of the Executive Branch, and existing codes of ethics for relevant professional occupational groups such as the American Psychological Association (APA), the National Association of Social Workers (NASW), the American Association of Marriage and Family Therapists (AAMFT), the National Board of Certified Counselors (NBCC), or the American Counseling Association (ACA). Additionally, RCS has developed Vet Center specific restrictions that exceed such Standards of Conduct and professional codes of ethics, where Vet Center direct service providers are urged to adhere to RCS restrictions in the interests of eligible individuals and the integrity of the Vet Center mission. Vet Center direct service providers must not engage in personal relationships with current or former individuals whom they have seen for psychological counseling or psychotherapy, and refrain from personal relationships with individuals receiving counseling from other counselors. For the purposes of clarifying RCS-specific restrictions, 'personal relationships' are those involving sexual or financial exchanges, as well as any personal relationship that is not directly related to the eligible individual's

formal service plan. Specific examples of such personal relationships with those we serve include:

(1) Sexual relationship with an individual, the individual's spouse or other member of the eligible individual's family.

(2) Business relationships with individuals such as hiring them to perform home repairs or car repairs.

(3) Entering into any type of business partnership with eligible individuals for mutual financial gain.

(4) Entering into real-estate transactions with eligible individuals either as a sales representative or rental agent.

(5) Offering eligible individuals housing, free or for rent, in the counselor's home.

(6) To protect the efficacy of the Vet Center staff-client therapeutic relationship, Vet Center staff should refrain from divulging the following information to Vet Center eligible individuals:

(a) Information regarding intra-staff affairs. Similarly, staff should not discuss the personal affairs of other staff members with eligible individuals currently or formerly under Vet Center care.

(b) Information regarding personal views about Vet Center operations not relevant to the counseling services being provided to the eligible individual.

(c) Information regarding the staff member's supervisory evaluation (in general or specifically), relationship with their supervisor, personal views about the counselor's job role, or other aspects of the staff member's personal employment status.

(d) Staff should not express personal political views about specific combat theaters (Vietnam, Lebanon, Grenada, Panama, the Gulf War, Bosnia, Afghanistan, or Iraq) and related matters of public policy to clients. **NOTE:** See Appendix C for a complete list of military service variables of impact on eligible individuals' subsequent health and readjustment.

(e) Staff should refrain from discussing personal religious or spiritual views with individuals; direct service providers may, however, consider the eligible individual's religious and spiritual views or endeavors to the extent that they are central to the therapeutic readjustment goals and that their discussion promises possible favorable outcomes.

19. VET CENTER READJUSTMENT COUNSELING CRISIS EVENT RESPONSE

a. **Counseling Crisis Events.** Suicide ideation (with inability to maintain safety), suicide attempt, and suicide completion.

b. **Log-a-Crisis.** The Log-a-Crisis application for reporting all client crisis events involving Vet Center eligible individuals is located within RCSNet. The Vet Center Director will be responsible for taking steps as necessary to ensure that a Log-a-Crisis is initiated for all crisis events prior to Close of Business (COB) on the day of notification and the event narrative is fully complete within 48 hours or two business days of notification of the event. The Log-A-Crisis application in RCSNet consists of two data protocols that must be completed by the Vet Center Director or the assigned counselor: Initial Counseling Crisis Event Alert and Crisis Report of Contact (ROC).

c. **Initial Counseling Crisis Event Alert.** The Log-a-Crisis entry will generate the Initial Counseling Crisis Event Alert. As the Initial Counseling Crisis Event Alert contains no specific eligible individual identifiers, email reports will be automatically generated by RCSNet and submitted to RCS District Directors and the RCS Deputy Chief Officer. The RCS District Director receives all Initial Counseling Crisis Event Alerts initiated by the Vet Centers within their respective districts. The RCS Deputy Chief Officer is in receipt of all Initial Crisis Alerts for serious suicide attempts and completions from all Vet Centers on a national basis.

d. **Counseling Crisis Event Recording.** Vet Center Directors will ensure that the assigned Vet Center counselor completes the Clinical Crisis Report of Contact documenting the clinical critical event in the RCS Log-A-Crisis application maintained by NSS. Additionally, all follow-up counseling sessions are to be documented in the RCSNet individual file as a visit or non-visit progress note, as appropriate. **NOTE:** *For additional information see paragraph 6.i.*

e. **Vet Center Counseling Crisis Event Case Management.**

(1) Immediately following the Vet Center Director's notification of the suicide, homicide, or serious suicide attempt of an individual whose last Vet Center contact is within 90 day of the crisis event, the RCS Deputy District Directors, or their designated ADD/C, will ensure that a licensed mental health professional from a non-impacted Vet Center is scheduled to provide onsite critical incident debriefing and support for the host Vet Center, within 72 hours following the notification. RCS Deputy District Directors, or the designated ADD/C, will provide same day notice to host Vet Center Directors regarding the scheduled debriefing.

(2) For all suicides of individuals whose last Vet Center contact is within 90 days of the crisis event, it is the responsibility of the Vet Center Director to ensure that their support VA medical facility Clinical Liaison and the Suicide Prevention Coordinator have been notified by telephone and follow-up encrypted email as soon as the Vet Center provider learned of the suicide.

(3) In addition, for all suicides described in the preceding paragraph, the RCS Deputy District Director will take steps to ensure that every attempt is made to obtain a copy of the Coroner's Report documenting the individual's death as a suicide. However, failure to obtain the Coroner's Report should not delay plans for conducting the M&M Review, if in the judgment of the Vet Center staff and District leadership, it is believed

that the review would add value to RCS suicide prevention measures. When indicated for quality assurance values, consideration should be given to conducting an M&M Review for suicides that occur up to a year following the eligible individual's last visit to the Vet Center.

(4) For suicides of Veterans whose care is shared with a VA medical facility, RCS Deputy District Directors will take steps to ensure that Vet Center Directors consult the EHR for counseling case notations of allied VA medical facility service providers such as mental health. The latter documentation will include any official report in the EHR specifically pertaining to and documenting the Veteran's suicide. The RCS Deputy District Directors will also ensure that their designated ADD/Cs supervise Vet Center actions to coordinate, as appropriate, with the Vet Center External Clinical Consultant and the VA medical facility Suicide Prevention Coordinator, to develop a fully coordinated summary of the deceased's course of VA care and suicide.

(5) In the event of an eligible individual's suicide on Vet Center property, the Vet Center Director will consult with the designated local VA medical facility liaisons for relevant Guidance for Action Following a Suicide on a VA Campus.

20. TRAINING

As noted in paragraph 5.e. of this directive, the RCS District Directors are responsible, with the approval of the RCS Chief Officer or delegate, for planning and implementing annual training specific to the duty assignments of each Vet Center staff position. Planned training will include the full range of available applications including face-to-face training conferences coordinated through VHA Employee Education Service (EES), district specific video conferencing, VHA Evidence Based Psychotherapy (EBP) training, online training through VHA Talent Management Service (TMS), and other online courses approved by VHA for employee training such as offered through the National Center for PTSD. Training content will specifically focus on all background knowledge and skill sets required for Vet Center staff to perform their assigned duties, both readjustment counseling and administrative.

21. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created in this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison. The document links provided below require an access request be sent to VHAECHRCSNET_Helpdesk@va.gov.

22. REFERENCES

- a. P. L. 116-283 section 762.
- b. 38 U.S.C. § 1712A.

- c. 38 U.S.C. § 1782.
- d. 38 U.S.C. § 1783.
- e. 38 U.S.C. § 1784.
- f. 38 C.F.R. § 17.2000.
- g. 38 C.F.R. § 17.37.
- h. VA Handbook 5005/17, Staffing, dated June 15, 2006.
- i. VA OIG Report No. 08-02589-171, Healthcare Inspection: Readjustment Counseling Service Vet Center Report, July 20, 2009.
- j. Federal Register, Vol. 81, Number 36655, June 7, 2016. Department of Veterans Affairs, Privacy Act of 1974; System of Records, (64VA10RCS).
- k. VHA Directive 1115, Military Sexual Trauma (MST) Program, dated May 08, 2018.
- l. VHA Directive 1199, Reporting Cases of Abuse and Neglect, dated November 28, 2017.
- m. VHA Directive 1500, Readjustment Counseling Service (RCS) Vet Center Program, September 8, 2010.
- n. VHA Directive 1503, Operations of the Veterans Crisis Line Contact Center, dated May 31, 2017.
- o. VHA Directive 1605.01, Privacy and Release of Information, dated August 31, 2016.
- p. VHA Directive 7815 – Acquisition of Real Property by Lease and by Assignment from General Services Administration, dated January 20, 20112.
- q. VA Form 119, Report of Contact (ROC), available at: <https://vaww.va.gov/vaforms/va/pdf/VA119.pdf>. **NOTE:** *This is an internal VA website that is not available to the public.*
- r. VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information available at: <https://www.va.gov/vaforms/medical/pdf/VHA%20Form%2010-5345%20Fill-revision.pdf>.
- s. ORP Policy on Revocable Licenses for VA Use on Non-Federal Space or Land, dated September 13, 2019.
- t. RCS Site Visit Protocols, available at: <https://dvagov.sharepoint.com/sites/VHARCS/Shared%20Documents/Forms/AllItems.aspx?csf=1&web=1&e=KVNS7V&cid=008f1a06%2D6a8c%2D4f88%2Db92a%2Df0a35a6>

[e6321&FolderCTID=0x012000AFCEC737EF433744BDE502E6C3E3C789&id=%2Fsite%2FVHARCS%2FShared%20Documents%2FDirective%201500%2FDirective%201500%20Support%20Documents&viewid=599ac490%2Da0b0%2D4353%2D8c15%2Dfc0ea55225d0](https://dvagov.sharepoint.com/sites/VHARCS/Shared%20Documents%2FDirective%201500%2FDirective%201500%20Support%20Documents&viewid=599ac490%2Da0b0%2D4353%2D8c15%2Dfc0ea55225d0). **NOTE:** This is an internal VA website that is not available to the public. To view this document, please send an access request to VHAECHRCNET_Helpdesk@va.gov.

u. Mortality and Morbidity Report Protocol, available at:
<https://dvagov.sharepoint.com/sites/VHARCS/Shared%20Documents/Forms/AllItems.aspx?csf=1&web=1&e=KVNS7V&cid=008f1a06%2D6a8c%2D4f88%2Db92a%2Df0a35a6e6321&FolderCTID=0x012000AFCEC737EF433744BDE502E6C3E3C789&id=%2Fsite%2FVHARCS%2FShared%20Documents%2FDirective%201500%2FDirective%201500%20Support%20Documents&viewid=599ac490%2Da0b0%2D4353%2D8c15%2Dfc0ea55225d0>. **NOTE:** This is an internal VA website that is not available to the public. To view this document, please send an access request to VHAECHRCNET_Helpdesk@va.gov.

v. RCS Safety Plan, available at:
[https://dvagov.sharepoint.com/sites/vharcs/shared%20documents/directive%201500/directive%201500%20support%20documents/rcs%20safety%20plan\(2\).pdf](https://dvagov.sharepoint.com/sites/vharcs/shared%20documents/directive%201500/directive%201500%20support%20documents/rcs%20safety%20plan(2).pdf). **NOTE:** This is an internal VA website that is not available to the public. To view this document, please send an access request to VHAECHRCNET_Helpdesk@va.gov.

w. Vet Center Customer Feedback, available at:
https://dvagov.sharepoint.com/:w:/r/sites/VHARCS/_layouts/15/Doc.aspx?sourcedoc=%7B21D114AE-661C-4C41-92AA-F3553A66B3E6%7D&file=Customer%20Feedback%20Letter%20and%20Questions%20Memo%201-10-19.doc&wdLOR=cB18B102D-64C2-4690-A201-F5C91B04A5BA&action=default&mobileredirect=true. **NOTE:** This is an internal VA website that is not available to the public. To view this document, please send an access request to VHAECHRCNET_Helpdesk@va.gov.

READJUSTMENT COUNSELING SERVICE DOCUMENTATION REQUIREMENTS**1. READJUSTMENT COUNSELING SERVICE SYSTEM OF RECORDS AND INDIVIDUAL CONFIDENTIALITY**

a. The Vet Center System of Records (SOR) (64VA10RCS) is published at 81 Federal Register (FR) 36655 (June 7, 2016). In addition, Title 38 Code of Federal Regulations (C.F.R.) 17.2000(e), requires that Vet Center records be independent from Department of Veterans Affairs (VA) or Department of Defense (DoD) medical records and not be disclosed without the eligible individual's voluntarily signed authorization, or under the conditions of a permissive disclosure. Permissive disclosures of information include those in response to a court order, the duty to warn under Tarasoff regarding harm to self or others, disclosures associated with the reporting of cases of abuse and neglect (pursuant to the terms of Veterans Health Administration (VHA) Directive 1199, Reporting Cases of Abuse and Neglect, dated November 28, 2017), or disclosures made pursuant to standing orders from recognized law enforcement agencies to disclose certain information about high-risk patients determined by VA mental health professionals to pose an imminent safety risk to self or others.

b. Family members are not considered to be primary recipients of Vet Center services separate and apart from the related eligible individual, because they have no eligibility for Vet Center services outside of services needed for the effective readjustment of the eligible individual. For family members of Service members who are deployed to combat theaters, or other qualifying deployments or activations, their Vet Center services are limited to what is needed to help them cope with the deployment or activation, and as such, linked to the Service member's military service and experience. While family members are entitled to the same confidentiality protections afforded under Title 38 C.F.R. 17.2000(e), there is not a separate SOR from the eligible individual. Readjustment counseling provided to family members will be placed in the eligible individual's record. Vet Center staff will ensure that family members are informed regarding these record-keeping procedures and that family members understand that the eligible individual will have access to the individual record. (This is typically referred to as the Veteran's "first party right of access," as discussed in VHA Directive 1605.01, Privacy and Release of Information, dated August 31, 2016). These provisions do not apply to family members eligible for bereavement services at a Vet Center. Eligibility for bereavement services is through separate authority from readjustment counseling per se, and the bereavement services provided are documented separately in RCSNet.

2. VET CENTER ANCILLARY RECORDS

a. The following elements of information are related to an active Vet Center individual but are not directly related to the individual's provision of readjustment counseling services. However, this information is subject to record-keeping procedures by Vet Centers.

(1) Submission of any written correspondence to individuals must be documented. This includes any written communication between the individual and the Vet Center, such as follow-up letters of a non-counseling case related nature and/or invitations to special Vet Center events.

(2) **Completed Mortality and Morbidity Quality Reviews.** Pursuant to the provisions of paragraph 16, Mortality and Morbidly (M&M) reviews will be conducted for all Vet Center eligible individual completed suicides. These documents are 38 United States Code (U.S.C.) § 5705 protected quality assurance documents. As such, completed M&M Review reports are maintained in a secure electronic environment not identifiable as an individual file or a Privacy Act file of any kind. These documents are accessible by Readjustment Counseling Service (RCS) staff on a need to know basis for quality assurance purposes.

(3) **Eligibility Documents.** Documents used to temporarily verify eligibility until the DD Form-214 is obtained. Such documents may include Hospital Inquiry (HINQ), Electronic Health Record (EHR) notes, record of hostile fire pay and/or combat action awards, etc.

(4) **Release of Information.**

(a) The Vet Center supports prompt and open communication of readjustment counseling information with VA medical facility and other community providers by obtaining a voluntary written Release of Information (ROI) form from the eligible individual as required for client confidentiality. **NOTE:** For more information see VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information, dated December 6, 2020, available at: <https://www.va.gov/vaforms/medical/pdf/VHA%20Form%2010-5345%20Fill-revision.pdf>.

(b) VA-authorized ROI forms should be completed per instructions and kept on file until replaced by an updated ROI. ROI documents are to be voluntarily signed by the individual, include an expiration date, and should be executed face-to-face if possible. Execution of an ROI by the individual is not, however, a condition of receiving readjustment counseling services. Should the eligible individual not wish for their readjustment counseling case to be discussed with their treating medical providers or coordinated with such care, the Vet Center counselor will not seek to execute a ROI and will note the eligible individual's preference in the individual file.

(c) Consistent with the terms outlined in paragraph 15 in the body of this directive, to promote effective collaboration for all eligible Veterans whose care is also being provided through a VA medical facility, the counselor should clearly explain the benefits of such collaboration and coordination and be proactive in seeking the Veteran's voluntarily signed authorization to promote early and ongoing coordination of care, as clinically indicated for VA health care services.

(d) When an ROI request is executed external to the Vet Center, such as by an outside agency, the individual should be contacted and informed that the written request

was received by the Vet Center formally requesting copies of their individual file. Communicating with the individual is necessary so that the desires of the individual are accurately reflected. Additionally, externally executed ROI requests may require consultation with area Chief Counsel for legal review of the request to ensure that any release of information is legally sound and appropriate. **NOTE:** *The referral of eligible individuals between different Vet Centers does not require execution of an ROI.*

(e) Individual confidentiality is strictly maintained through the Vet Center SOR which limits any release of an individual file without the written authorization of the individual and as consistent with the provisions outlined in the SOR and with applicable law. This information is communicated to every active individual during intake.

(f) Vet Center counselors should attempt to anticipate early in the eligible individual's assessment what types of ROI authorizations that may be in the best interest of the individual. A ROI is not required for the transfer of information or records between Vet Centers. Common ROI authorizations include, but are not limited to:

1. Coordination with the State, Federal, or local agencies.
2. Coordination with VBA benefits services and/or VHA health care.
3. Coordination with specific non-VA community providers.
4. Coordination with the Department of Labor Veterans Employment Services.
5. Coordination with community partners such as Veteran Service Organizations.

(5) **Report of Contact.** Vet Center Directors will use a VA-authorized Report of Contact (ROC) (VA Form 119, SEP 1997 (R)) to report administrative counseling case events and/or other non-critical interactions with a currently active Vet Center eligible individual. Counseling crisis ROCs are maintained in the RCSNet Log-A-Crisis report, and all counseling follow-up is documented in the eligible individual's file as a visit or non-visit progress note as indicated.

3. READJUSTMENT COUNSELING SERVICES

Readjustment counseling requires attention to both the eligible individual's military-related psychological readjustment needs, and their current psychosocial adjustment needs as a member of a family, an employee, and a member of the local community. The following overview of the components of the Vet Center service mission will be expanded below.

a. **Psychosocial Assessment.** Vet Center staff do not provide medical diagnoses. Rather, they conduct a psychosocial assessment, which is a holistic evaluation that covers the entire scope of the eligible individual's current psychosocial functioning and related readjustment service needs (including their psychological, family, social, employment and career development needs). The assessment includes screening for risk of harm to self or others, traumatic brain injury, and psychological readjustment

problems frequently associated with traumatic military experience such as Post-Traumatic Stress Disorder (PTSD), substance use, anxiety and depression.

b. **Military History.** As a service, readjustment counseling is grounded in the eligible individual's military experience. It is of critical necessity that the Vet Center counselor's psychosocial assessment and readjustment counseling service plan (RCSP) for these individuals be strategically linked to a comprehensive military history. The military history is designed to gather longitudinal information about the individual's entire scope of military experience. This information includes entry into the military, military training, combat assignments, combat support operations, the defining features of the combat theater, traumatic events, homecoming experiences, and military-related changes in beliefs, attitudes and overall psychosocial adjustment. The military history is the counseling tool effectively linking their military experience to all phases of life-cycle adjustment and post-military readjustment. Specific guidelines for recording the eligible individual's military history in the counseling record are provided in Appendix D.

c. **Psychosocial Focus Areas.** Following completion of the psychosocial assessment and military history, Vet Center counselors are responsible for identifying the configuration of readjustment problems, coded as psychosocial focus areas (PSFA) that are relevant to the Vet Center counselor's development of the eligible individual's readjustment counseling service plan (RCSP). Historically, the individual Vet Center psychosocial focus areas are a continuum of military-related readjustment problems (psychological, social, economic). Psychosocial focus areas do not include medical diagnoses, but are intended to be descriptive.

d. The PSFA for Military Sexual Trauma (MST)-related counseling, authorized by 38 U.S.C. § 1720D, an authority separate and distinct from 38 U.S.C. § 1712A; and bereavement counseling, authorized by 38 U.S.C. § 1783 in connection with 38 U.S.C. § 1712A, were later added following legislative authority. With particular reference to MST counseling, VHA recognized that Vet Centers provide a suitable alternative therapeutic setting for these sensitive cases, and because such trauma associated cases align naturally with the core Vet Center service mission. The list of all Vet Center psychosocial focus areas can be accessed in Appendix E.

e. **Readjustment Counseling Service Plans.** RCSPs will avoid medical terminology and specific reference to psychiatric diagnoses due to the stigma that may be experienced by many eligible individuals when diagnosed with a medical or psychiatric disorder. Vet Center counselors develop RCSPs collaboratively with the eligible individual, and they take into consideration the full spectrum of the readjustment issues presented during the psychosocial assessment and military history portions of their assessments. They will specifically reference only those focus areas mutually discussed and agreed upon between the eligible individual and the Vet Center counselor. RCS PSFAs should be stated in language familiar to the individual which is more accurately reflective of their stated counseling goals.

(1) Vet Center RCSPs will make no distinction between psychosocial and socioeconomic cases. Such distinctions are artificial and dilute the strength of Vet Center readjustment services provided to eligible individuals.

(2) A single RCSP is developed for every eligible individual, which is subject to revision contingent upon significant case movement during the course of their readjustment counseling. Each plan will reflect the configuration of PSFAs introduced by the individual during the intake interviews and subsequent counseling visits. Each plan also reflects the full composite of readjustment counseling modalities being provided (e.g., individual, group, and family counseling).

(3) Family readjustment counseling may be provided upon request from the eligible individual, spouse and/or other identified family member if such counseling is determined to be essential to the effective post-combat readjustment of the eligible individual. However, before family readjustment counseling can occur, the counselor must discuss its provision with the eligible individual for agreement regarding its inclusion in their readjustment counseling service plan.

(a) Inclusion of family readjustment counseling into the eligible individual's RCSP must be explicitly documented in the counseling record as a specific readjustment problem commensurate with the eligible individual's specific readjustment goals.

(b) Family members will be advised that family counseling notes will be placed in the eligible individual's record. Family members will be further advised that under normal circumstances the eligible individual will have first party right of access to the individual record, this will be documented in the record. Family members of an eligible individual may be seen without the eligible individual being present when indicated for case-specific purposes that are integral to the eligible individual's overall RCSP. Under no circumstances will a member of an eligible individual's family be seen for extended periods without the eligible individual being present and/or without a RCSP that includes the eligible individual's active participation.

4. DOCUMENTATION REQUIREMENTS FOR INTAKE AND PSYCHOSOCIAL ASSESSMENT

A psychosocial assessment by the Vet Center counselor consists of the following components:

a. **Pre-Military Social and Developmental History.** Documentation of the eligible individual's pre-military life cycle experiences are necessary to provide a picture of the eligible individual's pre-military adjustment patterns. To this end, counselors should be familiar with the individual's family of origin experiences and the socio-economic cultural orientations of the local community. Significant for the development of a full psychosocial assessment is the documentation of how these experiences interacted with their entry into the military, subsequent military experiences, and post military homecoming.

b. **Military History.** The military history is a pivotal part of the psychosocial assessment linking the eligible individual's pre-military social history and current patterns of readjustment in family, work and community to identifiable psychological traumatic military experiences. Documenting the eligible individual's military history is mandatory, and a Vet Center psychosocial assessment is not complete without it. The assessment is also designed to be a living document that is continually updated throughout the receipt of readjustment counseling services as new military-related stressors may emerge at various points in the delivery of services. Every entry into the military history section will be dated and protected from any revision or deletion by the counselor when new entries are added. For this purpose, counselors should be familiar with the recommended major topic groupings listed in Appendix D for inclusion in the military history, both brief and comprehensive.

c. **Post-Military Adjustment.** Post-military adjustment encompasses the eligible individual's pattern of current social adjustment to family, work and the local community at large. These patterns also include any post-military changes in attitudes and behavior to include anger, isolation, and/or previously uncharacteristic dependency, lack of initiative and confidence, or angry acting out. Also included here are possible spiritual changes beliefs about life, death, and overall world view. Vet Center counselors are therapeutically responsible for linking their eligible individual's current adjustment patterns to their unresolved military experiences as an integral component of the readjustment counseling plan.

d. Psychosocial Intake Assessments for Specific Conditions Related to the Eligible Individual's Readjustment.

(1) **Suicide Risk Assessment.** As specified in paragraph 9.a.(2) above, Vet Center counselors will assess all eligible individuals for potential self-harm on the first visit of the intake process and during follow-up counseling visits as indicated by procedural guidance or the counselor's judgment. In cases of intermediate to high-risk assessment, Vet Center counselors will follow the Vet Center counseling crisis response procedures set forth in paragraph 17 in the body of this directive. In addition, Vet Center counselors will include a brief statement in the counseling file documenting their rationale for making the risk assessment entered.

(2) **Warwick-Edinburg Mental Well-Being Scale.** As specified in paragraph 9.a.(3) above, the Warwick-Edinburg Well-Being Scale (WEMWBS) will be completed for all eligible individuals on the first visit at intake and entered into the official client file in RCSNet by the Vet Center counselor. The WEMWBS will be completed again on a subsequent visit in close proximity to 90 days following intake. Thereafter, the WEMWBS will be at a minimum re-administered at the point of service plan renewal, every 180 days, and/or as indicated by the counselor's judgement. The WEMWBS may be administered more frequently as indicated to support the counseling work.

(3) **Traumatic Brain Injury Risk Assessment.** Vet Center counselors will conduct a Traumatic Brain Injury (TBI) risk assessment. Vet Center counselors will seek clinical consultation and possible referral for any case considered to present significant TBI risk

factors. **NOTE:** All referrals and case consultations regarding an eligible individual's possible TBI will be documented as a non-visit progress note in their counseling file.

(4) **Post-Traumatic Stress Disorder Assessment.** Assessment for PTSD symptoms is included in the psychosocial assessment as PTSD is a primary risk factor following exposure to military-related traumatic stressors. Vet Center counselors will assess for PTSD symptoms as part of the intake assessment. Empirical evidence has demonstrated that anxiety, depression, and substance use frequently co-occur in individuals with PTSD. Therefore, as professionally indicated, Vet Center Counselors should complete assessments for one or more of these three mental health disorders at intake within the first five visits. If at any point in the mental health assessment process, the Vet Center counselor suspects or detects evidence of serious mental health conditions not appropriate for Vet Center services, the Vet Center counselor will seek immediate professional consultation from the support medical facility VA assigned Clinical Liaison or External Clinical Consultant.

e. Coordination of Readjustment Counseling with other VA-Administered Benefits and Healthcare Services.

(1) Integral to the Vet Center psychosocial assessment is case-specific detection of the entire range of the eligible individual's current readjustment service needs (to include psychological, social, and economic needs). To support this service goal, Vet Center counselors are also to establish and document whether the eligible individual is accessing any other VA services and, if so, which one(s). Additionally, Vet Center counselors must also determine whether an eligible Veteran requires referral to a VA medical facility for readjustment counseling related outpatient mental health services (as described in 38 U.S.C. § 1712A(b)(1) and as discussed above). Counselors are to prepare a brief written summary of the eligible Veteran's counseling status and health history as needed to coordinate, to the extent feasible, the provision of readjustment counseling with authorized outpatient VA mental health services. To receive needed hospital care and other medical services identified during the assessment, the Veteran individual must however be eligible under other applicable legal authorities to receive these services.

(2) For eligible Veterans who receive their medical care through VA and who wish RCS to coordinate their readjustment counseling with their care, or who are accessing benefits administered by the Veterans Benefits Administration (VBA) and seek for RCS to coordinate these efforts, they must consent to release of their Vet Center information for this stated purpose by signing a ROI. Once the required release is obtained, the Vet Center counselor is to contact the identified VA providers and offices to initiate plans for case coordination and periodic monitoring checks. More specifically, Vet Center counselors are to document the following information in their counseling record:

(a) The VA services being accessed;

(b) The other VA service providers by name, profession and site location;

(c) Medications currently being prescribed for any physical and/or behavioral health conditions; and

(d) A brief survey of the Veteran's mental health and medical history, as well as previous treatments received.

f. **Vet Center Counselor's Assessment.** The outcome of the psychosocial assessment is the Vet Center counselor's written professional counseling evaluation of the eligible individual's post-combat or military service-related readjustment problems. The Vet Center counselor's case formulation of the eligible individual's current readjustment problems will expand upon the Veteran's or Service member's presenting problem(s), as recorded at intake, by providing the following information:

(1) The specific development of all PSFAs relevant to the eligible individual's post-war readjustment, as specifically identified by the Vet Center counselor in collaboration with the individual. The Vet Center counselor will also include an estimate of the relative severity of the PSFAs. The PSFAs are a generic continuum of war-related readjustment problem codes ranging from psychological to psychosocial to socio-economic. See Appendix E for the list of the RCS PSFAs, or problem codes.

(2) The specific psychological manifestation of the eligible individual's readjustment problems in thought, emotion, and behavior.

(3) The eligible individual's level of psychosocial adjustment in family, work, and other community roles.

(4) Evidence of any other more abstract readjustment issues manifest in war-altered attitudes, beliefs or general worldview.

(5) Linkage of the eligible individual's readjustment problems to the pre-military developmental history, the primary traumas of war, and the secondary traumas of problematic homecoming experiences.

5. VET CENTER READJUSTMENT COUNSELING SERVICE PLANS

RCSPs specify the readjustment issues being addressed and the interventional plan for addressing them. RCSPs will avoid medical terminology and specific reference to psychiatric diagnoses due to the stigma that may be experienced by many Veterans and Service members if diagnosed with a medical or psychiatric disorder. RCSPs are to be developed collaboratively with the eligible individual, and they are to take into consideration the full spectrum of the readjustment issues presented during the psychosocial assessment and military history portions of their assessments. **NOTE:** *They will specifically reference only those PSFAs mutually discussed and agreed upon between the individual and the Vet Center counselor. RCS PSFAs should be translated into terminology specifically reflecting the individual's personal counseling goals.*

a. Vet Center counselors are to ensure their readjustment counseling service plans clearly reflect the findings of the psychosocial assessment concurred on by the eligible

individual and include all applicable readjustment counseling interventions that will be employed (individual, group, and family) and expected outcomes.

b. Vet Center counselors are to continually update the plans throughout the clinical history of the case, as appropriate, up until the point of closure. Like the procedures for the military history, every update to the RCSP will be dated and protected from subsequent revision or deletion by the counselor.

c. Vet Center counselors are to consider the development and updating of service plans as an interactive process that is conducted in conjunction with eligible individuals (and accurately reflects their input and point of view).

d. At all times there will be only one active plan for every eligible individual. The plan will include all current PSFAs and the relevant readjustment counseling interventions being planned (individual, group, and family).

e. Vet Center counselors will complete an individual's readjustment counseling service plan by the end of the fifth session (unless this is contraindicated due to extenuating circumstances, which should be explained in a progress note). Counselors need to update their plans in response to changing readjustment needs and conditions, but no later than every 180 days.

f. Vet Center counselors and the approving Vet Center Directors, or other designated approving official, must each sign the completed readjustment counseling service plan.

g. Vet Center readjustment counseling service plans must include the following components:

(1) **Psychosocial Focus Area(s).** All PSFA problem codes identified during the intake and psychosocial assessment that were subsequently discussed with the eligible individual. Problem codes identified by the counselor during assessment that are not acknowledged as problems by the eligible individual will not be included in the service plan.

(2) **Planned Intervention(s).**

(a) Identify all planned readjustment counseling interventions, including the specific modalities of readjustment counseling agreed upon by the counselor and the eligible individual.

(b) Identify all other psychosocial services (beyond direct readjustment counseling) needed to achieve the eligible individual's desired outcomes such as:

1. Agreed upon referrals to a VA, DoD, or a community provider for other needed services (again with the eligible individual's requisite authorization).

2. Case management services in coordination with other service providers.

3. Educational and/or advocacy activities within the community supportive of the Vet Center individual RCSP through interventions with various community agencies, and/or mediation of other complex community situations.

(c) Although not specifically required as part of the documentation for planned interventions, Vet Center counselors are encouraged to reference any standard psychotherapeutic methodologies deemed appropriate to attain expected readjustment counseling outcomes: cognitive behavioral therapy, prolonged exposure therapy, psychodynamic therapy, behavioral therapy applications, task centered social casework and/or family systems therapy.

(3) **Expected Outcomes.** Expected outcomes are to be developed by the Vet Center counselor in partnership with the eligible individual. For maximum effectiveness, expected outcomes should be translated into the eligible individual's terminology reflecting specific personal counseling goals clearly related to PSFAs identified. Again, expected outcomes should specifically reflect only those readjustment problems mutually discussed and agreed upon by the Vet Center counselor and the eligible individual. Planned interventions and expected outcomes are subject to periodic revision as dictated by changes in the eligible individual's circumstances and preferences.

6. DOCUMENTATION OF VET CENTER VISITS

Vet Center visits include any substantive, in-person or telephonic readjustment counseling provided to an eligible individual in a Vet Center, Outstation, Community Access Point (CAP), Mobile Vet Center, or other community readjustment counseling setting (to include RCS participation at a community outreach event). A substantive readjustment counseling visit captures services focused on case specific readjustment issues identified during the psychosocial assessment that are relied on to develop the eligible individual's RCSP.

a. **Recording Visits.** RCSNet does not have a scheduling tool, therefore Vet Center visits must be manually entered by Vet Center counselors, or other staff members as approved by the Vet Center Director. All scheduled visits (whether the individual showed or no-showed) must be entered and completed in the system within one working day of the scheduled visit. Vet Center visits correspond to the three types of direct readjustment counseling interventions: individual, group, and family. The Vet Center counselor is responsible for accurately entering basic visit information into the individual record in the order in which the visits occurred to preserve an accurate chronological record of services provided. Required visit information will include:

(1) PSFAs problem code(s) that describe the focus of the readjustment counseling provided during the visit.

(2) Type of counseling intervention (individual, group, family).

(3) Family member(s) who participated in the family counseling session, as this term is defined in paragraph 4.a.(3).

7. VET CENTER PROGRESS NOTES

a. **Vet Center Progress Notes.** Progress notes document the substance of Vet Center visits and must be entered by the Vet Center counselor into the individual record within two working days from date of the visit. Vet Center individual records contain two types of notes: visit progress notes and non-visit progress notes. Vet Center progress notes will include the time and date the note was entered. Readjustment counselors must use an addendum to make any subsequent changes and corrections to a progress note. The original text of the progress note is integral to the eligible individual's official record and must not be altered or destroyed.

b. **Use of the Description Assessment Plan Format.** The Description, Assessment, and Plan (DAP) format will be utilized for recording all visit and non-visit progress notes used to document substantive readjustment counseling services provided and significant counseling supportive activities such as case staffing, consultation and/or supervision.

(1) **Description.** Describes the counselor's subjective and objective observations regarding the visit's substantive case content.

(2) **Assessment.** Describes the counselor's estimation as to the individual's current case progress related to the psychosocial assessment and RCSP.

(3) **Plan.** Describes the counselor's plan for therapeutically alleviating the eligible individual's readjustment problems. The plan should reflect and build upon previous progress notes and be forward looking to the next scheduled appointment.

c. **Progress Notes.** A progress note contains the substantive counseling content that occurred during a face-to-face interview or counseling visit held in the Vet Center or at an alternate site. It must accurately record the relevant aspects of the visit with the eligible individual and address agreed-upon interventions and expected outcomes. All visit progress notes must be signed and dated by the counselor as well as indicate the visit type (individual, group, family).

(1) A progress note will be completed by the Vet Center counselor within two working days for every in-center visit and will document the eligible individuals service need(s) based on the psychosocial assessment and military history, therapeutic goals and interventions as reflected in the RCSP, and the type of readjustment counseling visit: individual, group, family.

(2) A progress note will be completed by the Vet Center counselor within two working days for all out-of-center visits conducted in the community or the eligible individual's home.

(3) A progress note will be completed and documented in the counseling record by the Vet Center counselor for all telephone interventions of substantive direct service content with eligible individuals.

d. **Non-Visit Progress Notes.** Vet Center staff must enter non-visit progress notes into the counseling record for the following:

(1) Routine appointment scheduling, notification of Vet Center special events.

(2) **Case Assignments.** The note will specify the Vet Center Director (or designee) making the case assignment, the assigned Vet Center provider, and the provider's professional qualifications vis-à-vis the readjustment needs of the eligible individual (and, as appropriate, their family).

(3) **Case Transfers.** This note is completed by the originating Vet Center provider and should explain the reason for the case transfer and document the means used to communicate to the eligible individual the reason for the transfer.

(4) **Case Staffing and Supervision.** Client case staffing and consultation require a non-visit progress note written in DAP format (see paragraph 7.b. of this appendix) indicating the participants, counseling issues discussed, and recommendations for continuing readjustment counseling.

(5) **External Counseling Case Consultation.** These notes include identification of all participants and are written in the DAP format.

(6) **Coordination of Care with Outside Providers.** It is the responsibility of the Vet Center counselor to:

(a) Be proactive in explaining to the eligible individual the benefits of having a properly executed ROI on file to support care coordination.

(b) To share readjustment counseling service plan information with external partners when authorized by, and appropriate to the needs of, the eligible individual; and

(c) To periodically review external VA medical facility treatment documentation (in the EHR) as clinically indicated for Vet Center readjustment counseling.

e. **Follow-up Contact for Missed Appointments.** It is the responsibility of the Vet Center counselor to make every effort to contact and re-engage any eligible individual who fails to show for a scheduled appointment, to assess their current psychosocial situation and the reason for missing the appointment. As professionally indicated, the Vet Center provider will also use the opportunity to reschedule the individual for a subsequent appointment.

(1) Follow-up for eligible individuals assessed at low risk is attempted by telephone or other electronic means no later than 24 hours (one workday) after the scheduled

appointment. If the eligible individual is not contacted, the counselor will follow-up as professionally indicated.

(2) In the case of a missed appointment for an eligible individual who has been assessed as intermediate to high-risk, follow-up telephone calls should be made within (1) hour of the scheduled appointment, and periodically thereafter until the individual has been re-contacted, and/or until some responsible party has been contacted who can reliably confirm their status. **NOTE:** *This may include a review of the EHR that reveals the eligible individual is hospitalized or contact with a confidant who has been identified with a release of information and confirms the status of the individual.*

8. CLOSING VET CENTER READJUSTMENT COUNSELING RECORDS

a. **Closing the Veteran Information File.** When all the interventions included in the RCSP have been completed, when eligibility status changes or when an eligible individual abandons readjustment counseling (as evidenced by the documentation of a reasonable sequence of unsuccessful attempts by Vet Center staff to re-engage the eligible individual by telephone and follow-up letters) the responsible Vet Center counselor is to close the case, documenting the basis for the closure and all the steps justifying this action. This documentation is to be entered as a non-visit progress note in their counseling record. This note must specifically include the readjustment counseling case summary, inclusive of the presenting readjustment problem(s), the configuration of PSFAs problem codes addressed, the general course of readjustment counseling via the planned interventions and expected outcomes, any referrals made, case consultations, the reasons for closing the case, and the counselor's assessment regarding the eligible individual's need for further readjustment counseling.

b. **Transferring the Case to Another Vet Center.** For eligible individuals relocating to a new area, Vet Center counselors will ensure a "warm-hand-off" to the receiving Vet Center through direct communication by the counselor with the staff at the receiving Vet Center. **NOTE:** *Referrals of eligible individuals between different Vet Centers do not require execution of an ROI.*

c. **Case Closing Follow-Up Procedures.**

(1) Assigned Vet Center counselors will send their eligible individuals a follow-up letter no later than 30 days after their last contact in which they will include an invitation for them to return to the Vet Center in the future, as needed.

(2) Vet Center counselors will close cases, consistent with the information stated above, in RCSNet within 90 days of the last contact. The Vet Center will send a final closing letter to the eligible individual, that includes an open invitation to return for services, as needed.

(3) The RCS National Service Support, the RCS service line responsible for customer service and satisfaction, will send a Veteran Satisfaction Survey to the eligible individual with instructions for completing the survey.

(4) The Vet Center Customer Feedback letter and protocol are available for review on the hyperlink in paragraph 22 in the body of the directive.

9. RE-OPENING VET CENTER READJUSTMENT COUNSELING RECORDS

a. For cases that have been inactive for less than 90 days when an eligible individual returns for additional readjustment counseling services, the Vet Center counselor will record the visit in a progress note using the DAP format. The note should include the following specific information:

(1) The eligible individual's reason for returning for Vet Center services, noting their current presenting readjustment problem(s).

(2) A summary of the most recent Vet Center experience.

(3) A summary of the eligible individual's activities since last seen at the Vet Center.

b. For cases that have been closed following 90 days of inactivity, the Vet Center counselor will reopen the case and update the previous psychosocial assessment with the current presenting readjustment problems and develop a new readjustment counseling service plan within the same time-line requirements that apply to a new case file. To preserve the integrity of the counseling case record, no deletions or changes to previous psychosocial assessments or service plans will be made. Per paragraph 7 of this appendix, all substantive contact with a Vet Center eligible individual will be documented with a progress note using the DAP format.

READJUSTMENT COUNSELING SERVICE VET CENTER OUTREACH PLAN

1. PURPOSE

To identify the primary objectives of Vet Center outreach and to identify the strategic components of a Vet Center Outreach Plan. Vet Center outreach services are the primary, but not exclusive, responsibility of Vet Center Outreach Program Specialists (VOPS). All Vet Center staff will maintain some responsibility for conducting outreach services contingent upon current need and staff skill level.

2. PRIMARY OUTREACH OBJECTIVE

The primary outreach objective is to conduct face-to-face outreach to contact, inform, engage, and bring local eligible individuals into the Vet Center for needed services. A second objective is to contact and inform strategically located community service providers to facilitate access to Vet Center readjustment counseling and other needed Department of Veterans Affairs (VA) services through referrals. Additional objectives include:

a. To increase visibility and utilization of Vet Center services for prospective eligible individuals through direct face-to-face communication of information regarding readjustment counseling eligibility, inclusion of family members, Vet Center convenient community-based locations, and Vet Center welcoming open door policy.

b. To establish community support and a partnership base by making personal contacts with all local and State government officials, and law enforcement and court officials to provide information regarding the availability of Vet Center services and to promote advocacy for all local eligible individuals as honored citizens who served the nation in the military.

c. To establish a local bilateral referral network by making personal contact with all relevant community healthcare and mental health service providers, VA and non-VA.

d. To establish a bilateral referral network to support the socioeconomic readjustment needs of the eligible population by making personal contact with all strategic local office representatives, including State and Federal government service programs: Veterans Benefits Administration (VBA), Department of Labor (DOL), Veterans Service Organizations (VSOs), State Directors of Veterans Affairs, etc.

e. To support and participate in local community outreach events, engaging with eligible individuals, and executing Vet Center referrals as the need presents.

f. To plan, coordinate and execute Vet Center sponsored social support events that are of value to the successful readjustment of all eligible individuals and their family members.

g. To communicate and reinforce the Vet Center welcoming atmosphere and therapeutic environment as a vital link in the local eligible community.

3. STRATEGIC COMPONENTS OF A READJUSTMENT COUNSELING SERVICE VET CENTER OUTREACH PLAN

The strategic components of a Vet Center outreach plan include:

a. Developing a strategic map of the Vet Center Veterans Service Area (VSA) identifying local eligible population concentrations.

b. Developing background information regarding the cultural orientations of the local eligible communities: ethnic, sex, occupational, generational, etc.

c. Identifying personal points of contact for all community service providers, both VA and non-VA, for establishing effective bilateral referrals.

d. Identifying all strategic VA medical facility partners to include the Clinical and Administrative Liaison, the External Clinical Consultant, the Suicide Prevention Coordinator, and the facility contact for Prevention and Management of Disruptive Behavior (PMDB).

e. Developing a strategic Vet Center outreach plan specific to the Vet Center VSA, documenting outreach targets, staff participants, and rotating staff schedules.

f. Documenting all Vet Center outreach events specifying the number of eligible individuals contacted and the number of referrals made to specified community providers.

g. Following-up on all referrals made by Vet Center outreach workers to validate that the eligible individual has connected with the intended service provider, and this will be documented in their RCSNet record as appropriate.

**PRIMARY MILITARY SERVICE LOCATIONS OF IMPACT ON THE ELIGIBLE
INDIVIDUAL'S SUBSEQUENT HEALTH AND READJUSTMENT**

**1. COMBAT THEATERS, MILITARY ASSIGNMENTS IN SUPPORT OF COMBAT
OPERATIONS, AND PEACE KEEPING DEPLOYMENTS**

a. This includes any location where U.S. Armed Forces were assigned in direct support of combat operations.

b. In addition, this includes any other location where armed hostilities occurred involving the U.S. Armed Forces.

2. VARIABLES OF COMPARISON ACROSS MILITARY SERVICES ASSIGNMENTS

a. Branch of Service.

b. Military Occupational Specialty (MOS), U.S. Navy Enlisted and Officer Classification Codes.

c. Military Campaign Medal Awarded.

d. Military Awards, Ribbons, Citations. **NOTE:** *This comparison will break out officers and enlisted as separate populations for comparison.*

e. Historical Source of the Engagement.

f. National Military Objectives and Strategies.

g. Type of Warfare and Rules of Engagement.

h. United Nations involvement.

i. United States public support.

j. Support of indigenous population.

k. Degree of Involvement of the National Guard and Reserve Forces.

l. Degree of Involvement of Special Operations Forces.

m. Adverse Medical Conditions.

n. Signature War-related Injuries and Traumas.

o. Geographical Boundaries and Conditions.

p. Ethnic-cultural and Life-style Orientation of Indigenous Population.

q. Environmental Exposures: Natural and Technological.

r. Environmental Hazards: Weather, Terrain, Flora, Fauna, Diseases, etc.

MILITARY HISTORY PROTOCOLS: BRIEF AND COMPREHENSIVE**1. BACKGROUND**

Vet Centers were specifically established as safe places where eligible individuals could re-visit and work through their troubling military experiences, especially the traumatic aspects of those experiences. It was understood that any eligible individual coming to a Vet Center for services, regardless of the stated purposes of the initial service request, may have military-related psychological trauma or Post-Traumatic Stress Disorder (PTSD), other psychosocial readjustment problem, or otherwise have a need to establish empathetic contact with a Vet Center counselor concerning their military experience. Some eligible individuals, including those with severe difficulties in functioning, or severe symptoms of PTSD or PTSD-related anxiety or depression, may have restricted conscious recall of their military experiences, may express a reluctance to discuss their experiences, or may express the view that those experiences have little or no connection with their present readjustment problems or life difficulties. Also, the need to establish empathetic contact with a Vet Center counselor concerning the military experience may be urgent, though unstated, in some instances. As with any standard instrument for professional counseling inquiry, the Vet Center counselor will rely on the counselor's judgment to honor any eligible individual's wish to not discuss their military experience.

2. BRIEF MILITARY HISTORY

a. Considering the foregoing, the standard practice at every Vet Center, for every eligible individual presenting for any type of services, will be to ask certain basic questions about their military service during the intake. These questions constitute a brief military history and should be documented accordingly in the counseling record. The specific topics covered may include (with adjustments as appropriate for the eligible individual):

- (1) Circumstance of the individual's entry into military service;
- (2) Military branch, rank and military occupational specialty (MOS);
- (3) Type of combat operations engaged in;
- (4) Exposure to enemy or friendly fire;
- (5) Any physical wounds sustained by the individual;
- (6) Any exposure to casualties, combat or civilian;
- (7) Any near misses;
- (8) Any combat buddies killed or seriously wounded;

(9) Circumstances and mode of exit from the combat theater;

(10) Circumstances of arrival back in United States;

(11) Location and type of military service experiences in support of combat operation; and

(12) Circumstances related to episodes of sexual assault and/or harassment experienced while serving on active military duty.

b. Fulfillment of the unique Vet Center mission requires that at least a brief military history be discussed as indicated with all eligible individuals coming to the Vet Center for the first time, and for eligible individuals returning for services after an extended interval and seeing a new staff service provider for the first time. This need is present and must be met, regardless of the type of services the individual is seeking.

c. The therapeutic significance of obtaining at least such a brief military history during the first session with an eligible individual conveys that the staff person is available for discussion about their military experience, and establishes the staff member's recognition that military experiences may be important to the individual's present-day difficulties regardless of appearances.

3. COMPREHENSIVE MILITARY HISTORY

For all eligible individuals, regardless of the type of services initially requested, the brief military history, collected during intake, should be expanded with a more detailed account of the individual's military experiences as new military-related experiences and stressors emerge in the following counseling sessions. The Comprehensive Military History is designed to gather information about their entire scope of military experience. This includes military training, assignments and operations, possible traumatic events to include military sexual trauma, homecoming, and post military reactions to, and beliefs about the military experience.

READJUSTMENT COUNSELING SERVICE PSYCHOSOCIAL FOCUS AREAS**1. BACKGROUND**

The Readjustment Counseling Service (RCS) Psychosocial Focus Areas (PSFAs) are assessment tools used by Vet Center counselors for conducting eligible individuals' psychosocial assessments and for developing their readjustment counseling service plans. Collectively they represent a generic continuum of military-related readjustment problems that include psychological, psychosocial, and socioeconomic service needs. The individual PSFAs are not mutually exclusive, nor do they represent equivalent logical categories. For example, Post-Traumatic Stress Disorder (PTSD) is a psychiatric diagnosis while 'homelessness' is a socioeconomic status whose causes may include anyone of several psychiatric diagnoses, or none-at-all. Therefore, the PSFAs usually occur in clusters during any eligible individual's Vet Center readjustment counseling visits, and they may tend to modify in focus throughout the course of the eligible individual's counseling. The problem areas are also used to identify the dominant focal point(s) of a Vet Center visit: whether individual, family, and/or group. The psychosocial focus areas for Military Sexual Trauma (MST) and Bereavement represent service augmentations subsequently added to Vet Center services based upon the therapeutic suitability of the Vet Center setting and affinities to the original Vet Center service mission. Historically, the Vet Center PSFAs were derived from epidemiological research findings conducted among the Vietnam combat Veteran population.

2. LIST OF SPECIFIC RCS PSFAS WITH DEFINITIONS

a. **PTSD**. Majority of psychosocial evidence consistent with the diagnostic criteria required for the diagnosis of PTSD per the latest edition of American Psychiatric Association's (APA) Diagnostic and Statistical Manual (DSM).

b. **Sub diagnostic-PTSD**. Psychosocial evidence of a traumatic stressor and some of the symptoms consistent with what is referred to as PTSD in the latest edition of the DSM.

c. **Drug/Alcohol**. Evidence from eligible individual's report and/or the counselor's assessment that substance use is a problem in the eligible individual's readjustment. There is no requirement to meet DSM diagnostic criteria for substance use and/or abuse.

d. **Marriage/Family**. Evidence from the eligible individual's report and/or the counselor's assessment that their readjustment problems are implicated in the family relationship context and where family readjustment counseling is professionally indicated.

e. **Psych-Other**. Other psychological problems and disorders usually addressed when the eligible individual's care is being shared with Department of Veterans Affairs

(VA) medical facility mental health. Specific disorders tend to be those conditions such as anxiety and depression which are frequently co-morbid with PTSD.

f. **Employment.** Evidence from the eligible individual's report and/or the counselor's assessment that lack of income and/or meaningful employment is an obstacle to the individual's successful readjustment. Lack of adequate employment may also be interfering with the eligible individual's ability to address the unresolved traumatic experiences.

g. **Education/Career.** Evidence from the eligible individual's testimony and/or the counselor's interview that lack of education for preferred career goals is impeding their readjustment. Lack of adequate education may also be interfering with their ability to address unresolved traumatic military experiences.

h. **Benefits.** Evidence from the eligible individual's report and/or the counselor's assessment that assistance with VA benefits would provide them with rightly deserved compensation and enable them to address other less tangible readjustment problems related to their military experience.

i. **Basic Needs.** Evidence from the eligible individual's report and/or the counselor's interview that the individual is facing critical problems related to adequate housing and income maintenance which will need to be addressed prior to working on other psychosocial readjustment problems.

j. **Medical.** Refers to medical problems for which the eligible individual is currently receiving care at the VA medical facility and/or medical problems presented by them in interview with the Vet Center counselor for which they will need a referral to the shared VA medical facility. In either case the Vet Center counselor will coordinate the eligible individual's care with the shared VA medical facility and coordinate the treatment of their medical issues with the Vet Center's course of readjustment counseling.

k. **Legal.** Refers to legal problems which, in the judgment of the Vet Center counselor, are related to the eligible individual's readjustment problems. Such legal issues may also require the Vet Center counselor to collaborate with community partners such as the Veterans Justice Outreach (VJO) program and/or Veterans Court.

l. **Homelessness.** Within the same general socioeconomic category as 'Basic Needs', 'Homelessness' represents a more severe loss of the eligible individual's means for economic self-reliance which requires responsive assistance to avoid the more permanent dissolution of ending up on the street. As expected, any unresolved psychosocial war trauma the eligible individual may have will undoubtedly be exacerbated by a condition of total homelessness.

m. **Other.** Any other readjustment problem affecting the eligible individual's current living situation as presented by them and/or identified by the Vet Center counselor's psychosocial assessment.

n. **Crisis**. Refers to critical incidents in the eligible individual's life situation that puts at risk his/her own life and possibly the lives of others in their environment.

o. **Sexual Trauma**. Refers to a military-related traumatic sexual assault, battery or harassment experience (as described in 38 United States Code (U.S.C.) § 1720D) highly likely to result in PTSD, other related psychiatric diagnoses, residual psychosocial problems, and/or medical conditions.

p. **Bereavement**. Bereavement services are specifically for the immediate family members, including parents, of: a) Service members killed in line of duty, whether or not the Service member's death was a result of combat, under circumstances not due to the person's own misconduct; b) Veterans who were actively receiving counseling and other services described in 38 U.S.C. § 1782 at the time of the Veteran's death if the death was unexpected or occurred while the Veteran was receiving hospice or similar care; or c) Veterans or Service members who died by suicide. The services provided include everything from supportive decision making during a time of stress to psychotherapy for grief and loss.

READJUSTMENT COUNSELING SERVICE MORTALITY AND MORBIDITY REVIEWS

1. PURPOSE

To state requirements and procedures for conducting and reporting Mortality and Morbidity Reviews (M&M).

2. SCOPE

The procedures specified below are applicable to all Readjustment Counseling Service (RCS) district management and Vet Center staff with counseling oversight responsibilities.

3. INFORMATION

a. A formal M&M Review, using the Report Protocol, as outlined below in paragraph 3.d.(8) will be conducted on all cases of suicide of active Vet Center eligible individuals.

b. For reporting purposes, an active individual is one whose last Vet Center contact is within 90 days of the crisis event. However, when indicated for quality assurance values, consideration should be given to conducting an M&M Review for suicides that occur up to a year following the eligible individual's last visit to the Vet Center.

c. M&M Reviews should be conducted collaboratively between the Vet Center and the support Department of Veterans Affairs (VA) medical facility. The prototype review board should be composed of a minimum of three persons, with one representative from the VA support facility and two representatives from RCS. Typically, the RCS representatives will be a Vet Center Director or counselor from another neighboring Vet Center, and the Associate District Director for Counseling (ADD/C) from a neighboring zone having no line authority for the host Vet Center, who will function as the M&M Review Board Chair. In all cases, RCS M&M Review board representation will be composed of licensed mental health professionals under approval by the RCS Deputy District Director. Preferably the one member of the board from the support VA medical facility should be a psychiatrist. Adding a VA psychiatrist to the board will also reinforce the established VA policy for an active collaboration between the RCS Vet Centers and VHA mental health. However, should a psychiatrist not be available, another VA medical facility licensed mental health professional may be utilized, inclusive of any of the five licensed VHA hybrid 38 mental health professions on staff at VA medical facilities. At the RCS Deputy District Director's discretion, additional members beyond the mandatory three may be appointed to the board. Vet Center mental health professionals appointed to these boards should not have participated in any cases where they had professional responsibility for the deceased, or, in the case of the ADD/C, line authority for onsite counseling evaluation of the host Vet Center.

NOTE: *The M&M review will not be performed by staff members from the Vet Center facility where the eligible individual was receiving services. This is due to the personal emotional impact of an eligible individual's suicide on the members of a close-knit small service delivery team.*

d. The M&M Review is conducted to improve quality of healthcare in the following ways:

(1) To establish a factual account of the services provided by the Vet Center in relation to military history, psychosocial assessment, and current life adjustments to include stressors and possible precipitating events.

(2) To determine if the readjustment counseling provided was indicated and effectively performed.

(3) To determine, from the advantageous position of hindsight, whether alternative and/or additional staff interventions might have altered the outcome.

(4) To assess the adequacy of current policies and practices within RCS regarding their efficacy for maximizing individual safety while promoting therapeutic recovery and rehabilitation.

(5) To identify staff actions that were appropriately and effectively performed and so can serve as examples of best practices for Vet Center quality assurance purposes. Best practice examples for lessons learned may include both practices that were successfully applied, as well as those not utilized that could have produced a different outcome.

(6) To provide a forum for the involved staff members to share their thoughts, concerns, reflections, feelings and insights concerning the incident.

(7) As stipulated above in the main body of this directive (paragraph 16. c. (4)), an M&M Review should be conducted no later than 120 days following notification of the Vet Center Director of the eligible individual's probable cause of death by suicide. It should be performed in accord with logistical plans worked out locally between the Vet Center and the VA medical facility.

(8) The reporting protocol for submission of the completed MMQR report will be as follows:

(a) Introductory Information.

(b) Date of Report.

(c) Eligible Individual's Vet Center Veteran Information Form (VIF) Number.

(d) Marital Status.

(e) Employment Status.

(f) Education.

(g) Date of Suicide or harm to others inclusive of the mode of death and possible relationship to military-related stressors and/or current readjustment problems.

(h) Events Immediately Preceding Suicide.

(i) Presenting Problem.

(j) Counseling Case Variables.

(k) Brief Family and Social History.

(l) Military History.

(m) Readjustment Counseling Service Plan.

1. Note #1. Include discussion of intra-team case coordination for cases being seen by more than one Vet Center counselor.

2. Note #2. Include discussion of collaboration procedures for cases whose care was shared with a VA medical facility inclusive of a Community-Based Outpatient Clinic (CBOC) provider(s).

(n) Counseling Case Summary. Summary presentation of the eligible individual's psychosocial readjustment picture including relevant elements of social and military history, current configuration of psychosocial circumstances, their dynamic and the precipitating stressor(s).

(o) Conclusions.

(p) Recommendations.

(9) The ADD/C from a neighboring zone, or alternate designee approved by the RCS Deputy District Director, will chair the board and be responsible for preparing the report.

(10) Upon completion, a copy of the M&M Review report will be sent to the RCS Deputy Chief Officer through the RCS District Director. The report will provide an account of the care provided to the eligible individual, an assessment of all actions taken by Vet Center staff, and any recommendations for alternative courses of action to better ensure eligible individuals' safety. M&M Review outcomes are presented to the Vet Center for lessons learned, and the recommendations section which includes no personally identifying health information is shared throughout the RCS District and nationally as appropriate for suicide prevention purposes.

(11) The findings articulated in completed M&M Review reports will be critically reviewed by the ADD/Cs on an ongoing quarterly basis for developing a Suicide Prevention Best Practices summary for national distribution to all Vet Center Directors.

(12) The “*Mortality and Morbidity Review Cover Sheet*”, so labeled, will be attached to the front of all M&M Review reports and will prominently feature the following statement: “*This document and information included therein are created by the Department of Veterans Affairs (VA) as part of a medical quality assurance program, per 38 U.S.C. § 5705, and may not be disclosed to any person or entity except as provided by law, regulation and VA policy.*”

GENERAL CONSENT TO RECEIVE REQUESTED READJUSTMENT COUNSELING AT A VET CENTER

1. VETERAN AND SERVICE MEMBER INDIVIDUAL COUNSELING RECORD

Confidentiality. As a Vet Center eligible individual your counseling record is confidential and is releasable only with your signed consent. If you would like a copy of your record, you can request it from the Vet Center Director. Upon your request you may review your record at any time. The following exceptions are included among authorized releases:

- a. The Vet Center is obligated to release your counseling record in response to a court order from a judge of the court.
- b. The Vet Center has a duty to warn others under Tarasoff, and to notify law enforcement authorities, if you threaten imminent harm to another person, or to yourself.
- c. The Vet Center is mandated to report instances of abuse or neglect of children, the elderly or other vulnerable individuals, to designated local authorities (pursuant to VHA Directive 1199, Reporting Cases of Abuse and Neglect, dated November 28, 2017).
- d. Pursuant to standing orders from recognized law enforcement agencies, the Vet Center is authorized to disclose certain information about high-risk clients determined by VA mental health professionals to pose an imminent safety risk to self or others.
- e. Per instruction from the Department of Justice the Vet Center will report any uses of child pornography.

2. FAMILY READJUSTMENT COUNSELING

- a. As a Vet Center eligible individual, it may be helpful to include your loved ones in your counseling sessions if indicated for your successful readjustment. For the receipt of family readjustment counseling, such individuals can include: a parent; a spouse; a child; a stepfamily member; an extended family member; or a person who lives with you but is not your relative.
- b. Your personal loved ones cannot access the counseling record without your signed consent. Therefore, should you want your loved ones to have access to the counseling record, your counselor will assist you to sign the consent.
- c. However, in circumstances where it is legally permissible to release information to a participating family member, your record may be redacted to exclude any information not directly related to the care and services delivered to the requesting entity.

d. If you are the family member of a deployed Service member, your Vet Center counselor will explain the limits of the counseling services available to you and your right to access the counseling record based solely on your Service member's signed consent. Your counselor will also assist you to inform your deployed Service member about the need for a signed consent for your access to the record and about the counseling services available to them upon their return from their current duty assignment in a combat theater.

e. Vet Centers often coordinate services and receive referrals from the Department of Defense (DoD) for currently serving or transitioning Service members for which they request confirmation that you made it into care. If you signed a release of information with the inTransition Program, our Vet Centers will acknowledge having contacted you but will not share any additional counseling case information without an additional release of information from you authorizing such case specific information sharing.

NOTE: For additional information see the inTransition Program's website at: <https://www.pdhealth.mil/department-defense-intransition-program>.

3. VET CENTER ACCESS TO SERVICES

a. Your eligibility for readjustment counseling is life-long, enabling you to request readjustment counseling for as long as you need. Additionally, once you have completed a course of readjustment counseling, you may return for additional sessions should new readjustment problems arise at any point in your life.

b. You are encouraged to participate with your Vet Center counselor in the development of your readjustment counseling service plan.

c. You may at any time ask your counselor for a revision to your service plan as relevant to your current readjustment needs.

d. Should you feel that your counselor is not sufficiently addressing your readjustment needs, you may request assignment to a new counselor.

e. You are welcome to visit the Vet Center at your convenience whether or not you have an appointment. The Vet Center is always open to eligible individuals for relaxation over a cup of coffee and/or for socializing with other eligible individual colleagues and family members.

f. Should you ever feel the need to speak to a counselor on an emergent basis, you are welcome to come to the Vet Center without a scheduled appointment. If this is your first visit to a Vet Center, a Vet Center counselor will meet with you to assess your situation and will arrange a follow-up appointment consistent with your needs.

4. VET CENTER REFERRAL SERVICES (FOR THOSE ELIGIBLE FOR READJUSTMENT COUNSELING)

a. Contingent upon your readjustment counseling service plan, as developed by you and your counselor, your counselor can refer you to other services based on your

preference. In such cases, your counselor will assist you to sign the consent authorizing your counselor to coordinate your care with the other provider(s).

b. If you were referred to the Vet Center by another community provider, and should you wish to sign a release so authorizing, your counselor will contact your referral source to confirm your arrival at the Vet Center and provide ongoing care coordination as needed.

5. VET CENTER CALL CENTER

Should you feel the need to talk to a trained counselor at any time RCS operates a 24-hour Vet Center Call Center staffed by other Veterans accessible at 1-877-927-8387.

a. Callers have access to trained clinicians at any time of the day or night.

b. Callers can be transferred to, or have their contact information transferred to, the Vet Center nearest to their home community.

6. ELIGIBLE VETERAN AND SERVICE MEMBER RESPONSIBILITIES

a. When at the Vet Center, you should attempt to interact with Vet Center staff members, other eligible individuals and their family members with civility and respect.

b. Should you have to cancel an appointment, your assistance in notifying us on a timely basis is helpful. We will reschedule you for another appointment as needed. Should you need to cancel an appointment after regular business hours, you can call the Vet Center Call Center at 1-877-WARVETS as referenced above.

Veteran/Service member Signature

**GENERAL CONSENT TO RECEIVE REQUESTED READJUSTMENT COUNSELING
AT A VET CENTER FOR INDIVIDUALS ELIGIBLE VIA USE OF EDUCATIONAL
ASSISTANCE BENEFITS**

1. VETERAN AND SERVICE MEMBER INDIVIDUAL COUNSELING RECORD

Confidentiality. As a Vet Center eligible individual your counseling record is confidential and is releasable only with your signed consent. If you would like a copy of your record, you can request it from the Vet Center Director. Upon your request you may review your record at any time. The following exceptions are included among authorized releases:

- a. The Vet Center is obligated to release your counseling record in response to a court order from a judge of the court.
- b. The Vet Center has a duty to warn others under Tarasoff, and to notify law enforcement authorities, if you threaten imminent harm to another person, or to yourself.
- c. The Vet Center is mandated to report instances of abuse or neglect of children, the elderly or other vulnerable individuals, to designated local authorities (pursuant to VHA Directive 1199, Reporting Cases of Abuse and Neglect, dated November 28, 2017).
- d. Pursuant to standing orders from recognized law enforcement agencies, the Vet Center is authorized to disclose certain information about high-risk clients determined by VA mental health professionals to pose an imminent safety risk to self or others.
- e. Per instruction from the Department of Justice the Vet Center will report any uses of child pornography.

2. FAMILY READJUSTMENT COUNSELING

- a. As a Vet Center eligible individual, it may be helpful to include your loved ones in your counseling sessions if indicated for your successful readjustment. For the receipt of family readjustment counseling, such individuals can include: a parent; a spouse; a child; a stepfamily member; an extended family member; or a person who lives with you but is not your relative.
- b. Your personal loved ones cannot access the counseling record without your signed consent. Therefore, should you want your loved ones to have access to the counseling record, your counselor will assist you to sign the consent.
- c. However, in circumstances where it is legally permissible to release information to a participating family member, your record may be redacted to exclude any information not directly related to the care and services delivered to the requesting entity.

d. If you are the family member of a deployed Service member, your Vet Center counselor will explain the limits of the counseling services available to you and your right to access the counseling record based solely on your Service member's signed consent. Your counselor will also assist you to inform your deployed Service member about the need for a signed consent for your access to the record and about the counseling services available to them upon their return from their current duty assignment in a combat theater.

e. Vet Centers often coordinate services and receive referrals from the Department of Defense (DoD) for currently serving or transitioning Service members for which they request confirmation that you made it into care. If you signed a release of information with the inTransition Program, our Vet Centers will acknowledge having contacted you but will not share any additional counseling case information without an additional release of information from you authorizing such case specific information sharing.

NOTE: For additional information see the inTransition Program's website at: <https://www.pdhealth.mil/department-defense-intransition-program>.

3. VET CENTER ACCESS TO SERVICES

a. Your eligibility for readjustment counseling is connected to your current eligibility for and use of specific educational assistance benefits. You may receive readjustment counseling at any point during your active use of these benefits, including during regular breaks in your educational program (e.g., winter break) that are no more than 4 weeks in duration. When your use of those educational benefits ends (e.g., due to the completion of your education program, exhaustion or expiration of benefits or changes to your eligibility for the education benefits), your eligibility for Vet Center readjustment counseling will also conclude.

b. In preparation for the conclusion of your readjustment counseling, your counselor will work with you to develop a plan for transitioning your care. Your readjustment counseling services may be extended for up to 180 days past the end of your eligibility, in order to ensure a smooth transition and minimal disruption to your care.

c. You are encouraged to participate with your Vet Center counselor in the development of your readjustment counseling service plan.

d. You may at any time ask your counselor for a revision to your service plan as relevant to your current readjustment needs.

e. Should you feel that your counselor is not sufficiently addressing your readjustment needs, you may request assignment to a new counselor.

f. You are welcome to visit the Vet Center at your convenience whether or not you have an appointment. The Vet Center is always open to eligible individuals for relaxation over a cup of coffee and/or for socializing with other eligible individual colleagues and family members.

g. Should you ever feel the need to speak to a counselor on an emergent basis, you

are welcome to come to the Vet Center without a scheduled appointment. If this is your first visit to a Vet Center, a Vet Center counselor will meet with you to assess your situation and will arrange a follow-up appointment consistent with your needs.

4. VET CENTER REFERRAL SERVICES (FOR THOSE ELIGIBLE FOR READJUSTMENT COUNSELING)

a. Contingent upon your readjustment counseling service plan, as developed by you and your counselor, your counselor can refer you to other services based on your preference. In such cases, your counselor will assist you to sign the consent authorizing your counselor to coordinate your care with the other provider(s).

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Veteran/Service member Signature