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Office of Healthcare Inspections

VETERANS HEALTH ADMINISTRATION

Inspection of Southeast District 2 Vet Center Operations

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Abbreviations

HRSF	high risk suicide flag
MVC	mobile vet center
OIG	Office of Inspector General
RCS	Readjustment Counseling Service
VCD	Vet Center Director
VCIP	Vet Center Inspection Program
VHA	Veterans Health Administration



Report Overview

The VA Office of Inspector General (OIG) Vet Center Inspection Program (VCIP) conducts routine oversight of Readjustment Counseling Services (RCS) operations and delivery of care. Vet centers are community-based clinics that provide a wide range of psychosocial services to clients to support a successful transition from military to civilian life. This inspection focused on vet center operations in Southeast District 2 evaluating four review areas that influence service delivery and the quality of care within the district.¹

District review areas included

- leadership stability,
- morbidity and mortality reviews,
- high risk suicide flag (HRSF) SharePoint site, and
- consultation and safety plans.

The findings presented in this report are a snapshot of the selected zone and district's performance within the identified review areas at the time of the OIG inspection. The OIG findings should help district leaders identify areas of vulnerability or conditions that, if addressed, could improve safety and quality of care.

Inspection Results

Leadership Stability

There are no findings in the leadership stability review.

To evaluate district 2 leadership stability, the OIG reviewed position vacancies and distributed a questionnaire to clinical staff. District leaders worked together for approximately 14 months

¹ VHA Directive 1500(1), *Readjustment Counseling Service*, January 26, 2021, amended May 3, 2021, and VHA Directive 1500(2), *Readjustment Counseling Service*, January 26, 2021, amended December 21, 2021, were in effect during the OIG's inspection period. VHA Directive 1500(2) was amended and replaced two additional times by VHA Directive 1500(3), *Readjustment Counseling Service*, January 26, 2021, amended June 5, 2023, and by VHA Directive 1500(4), *Readjustment Counseling Service*, January 26, 2021, amended November 21, 2023. Unless otherwise specified, the requirements in the 2021 directives contain the same or similar language as the amended directives. Readjustment Counseling Service is divided into five districts. Each district consists of two to four zones. Each zone consists of multiple vet centers, ranging from 18–25 vet centers per zone; VHA Directive 1500(1), January 26, 2021, amended May 3, 2021. Vet centers provide "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 . . . readjustment counseling services are designed by law to be provided without a medical diagnosis." Therefore, those receiving readjustment services are not considered patients. To be consistent with RCS policy and terminology, the OIG refers to veterans receiving such services as *clients* in this report.

prior to the OIG inspection.² At the time of inspection there were five vet center director (VCD) vacancies across the district. The OIG distributed questionnaires to 209 clinical staff across the district to assess perceptions of central office and district leaders' knowledge of staff needs and responsiveness, Readjustment Counseling Service (RCS) suicide prevention and outreach activities, RCSNet, workplace culture, and workload.³ Results from the 173 returned questionnaires were shared with the District Director who reported being aware of concerns identified, including RCSNet functionality and workload. The OIG issued no recommendations for the leadership stability review.

Morbidity and Mortality Reviews

The OIG found leaders in both zones did not complete morbidity and mortality reviews within 30 days following notification of all active client completed suicides. Additionally, district leaders did not follow established tracking processes for evaluating morbidity and mortality reviews for serious suicide attempts. Further, the OIG found that leaders implemented different processes and used unclear criteria to determine when a morbidity and mortality review was required for serious suicide attempts.

The OIG evaluated timely completion of morbidity and mortality reviews for clients who died by suicide.⁴ RCS requires morbidity and mortality reviews within 30 days following notification of all active client completed suicides, homicides, and serious suicide attempts.⁵ Failure to complete timely reviews of deaths by suicide may delay the identification of actions, practices, and policies that might prevent similar outcomes. The OIG issued one recommendation related to morbidity and mortality reviews.

² For the purposes of this report, the term *district leaders* refers to the District Director, Deputy District Director, Associate District Director for Counseling, and Associate District Director for Administration. The zone Associate District Director for counseling position was vacated during the inspection and was not included in time spent working together.

³ Vet center services are recorded in RCSNet, a system of records that is only viewable by RCS staff. RCSNet's independence from VA medical facilities and Department of Defense's electronic health record system allows vet centers to maintain secure and confidential records that are not disclosed to VA medical facilities, VA clinics, or the Department of Defense without a veteran's signed release of information.

⁴ VHA Directive 1500(2). Morbidity and mortality reviews are conducted collaboratively between vet centers and VA medical facilities to evaluate the facts of events and clinical services provided, identify opportunities for improvement and best practices, and determine if any alternative actions may have resulted in a different outcome.

⁵ The OIG evaluated morbidity and mortality review completion from October 1, 2021, through September 30, 2022, based on applicable directives during that time frame. On November 21, 2023, RCS published VHA Directive 1500(4), which changed requirements for mortality and morbidity reviews; specifically, reviews are only required for completed suicides, and the time allowed for completion was extended from 30 to 120 days.

High Risk Suicide Flag SharePoint Site

The OIG found that vet center staff across both zones were noncompliant with timely documentation in RCSNet and staff noted concerns with the accuracy of information in and utilization of the HRSF SharePoint site.

The HRSF SharePoint site review included zone-wide evaluations of electronic records.⁶ VCDs have access to review the HRSF SharePoint site monthly to identify clients who currently receive or have received vet center services in the past 12 months (HRSF SharePoint list). Vet center staff determine if client contact is needed, and when appropriate, complete follow-up. The VCD ensures client contacts and outcomes are documented in RCSNet and the HRSF SharePoint site within five business days of receiving the HRSF SharePoint list. The HRSF SharePoint site is part of a national process that ensures clients are not “falling between cracks” and allows for vet center staff to follow up with clients who are at risk based on clinical needs.

The OIG issued one recommendation related to the HRSF electronic records review to the District Director, and one recommendation related to HRSF SharePoint site functionality to the RCS Chief Officer.

Incidental Finding

The OIG found that some VCDs and a zone 1 district leader were using the Veterans Health Administration (VHA) Notice of Privacy Practices as authorization to discuss clients on the HRSF SharePoint site with VA medical facility staff, which is in direct violation of RCS policy regarding confidentiality requirements for clients who are not at imminent risk.⁷

RCS policy requires a voluntary written Release of Information form to be completed prior to vet center staff engaging in care coordination with support VA medical facility staff, unless there is a threat of imminent danger. Coordinating clients' care with a VA medical facility without a completed Release of Information form could cause a breach in client confidentiality.

The OIG issued one recommendation to the District Director related to confidentiality.

⁶ On May 11, 2020, RCS implemented an HRSF SharePoint site containing names of RCS clients who also receive services at a VA medical facility and have a high risk for suicide flag. According to RCS leaders, in June 2021, the SharePoint site was expanded to include Recovery Engagement and Coordination for Health-Veterans Enhanced Treatment (REACH VET) data. VA's REACH VET is a predictive analytics program developed to determine veterans who have a higher risk for suicide.

⁷ VHA, *Notice of Privacy Practices*, September 30, 2019, “This notice describes how medical information about you may be used or disclosed and how you can get access to your information.” VHA Directive 1500(2) requires a voluntary written Release of Information form to be completed prior to engaging in care coordination with a support VA medical facility, unless there is a threat of imminent danger.

Consultation and Safety Plans

The OIG found that vet center staff in both zones were noncompliant with seeking consultation and completing and providing safety plans to clients.

The consultation and safety plan review included zone-wide evaluations of electronic records.⁸ RCS requires vet center counselors to seek and document consultation with the VCD, associate district director for counseling, external clinical consultant, or other support VA medical facility mental health professional, develop a safety plan in conjunction with the client, and provide a copy to the client.⁹ The OIG evaluated client records to determine if consultation occurred and RCS counselors completed and provided safety plans to clients determined to be at intermediate or high suicide risk levels in either acute, chronic, or both categories.¹⁰

Clinical support, including consultation, exists to improve veteran access to care for needs that go beyond the services that vet centers provide. Failure to complete safety plans and provide a copy to clients may contribute to clients being less prepared to effectively cope during suicidal crises.

The OIG issued three recommendations to the District Director.

Conclusion

The OIG conducted an inspection across four review areas and issued a total of seven recommendations for improvement to the District Director and one to the RCS Chief Officer. Most recommendations targeted requirements designed to reduce the risk of suicide for RCS clients and in combination demonstrate implementation failures of suicide prevention strategies. The number of recommendations should not be used as a gauge for overall quality of care within the district. The intent is for RCS and district leaders to use these recommendations as a road map to help improve operations and clinical care. The recommendations address systems issues, as well as other less-critical findings that, if left unattended, may interfere with the delivery of quality care.

⁸ Counselors, along with clients, develop safety plans outlining coping techniques and sources of support for clients to use either before or during a suicidal crisis. The intent of the plan is to provide a prioritized and predetermined list of interventions clients can use to help lower their risk of suicidal behavior.

⁹ VHA Directive 1500(2).

¹⁰ VHA Directive 1500(2). Suicide risk assessments are divided into two interrelated categories—acute and chronic—and counselors determine a self-harm level of low, intermediate, or high for both categories.

Comments

The RCS Chief Officer and District Director concurred with the recommendations and provided an acceptable action plan (see appendixes E and F). The OIG will follow up on the planned actions until they are completed.

A handwritten signature in black ink that reads "John D. Daigh, Jr., M.D." The signature is written in a cursive style.

JOHN D. DAIGH, JR., M.D.
Assistant Inspector General
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Introduction

The VA Office of Inspector General (OIG) Vet Center Inspection Program (VCIP) conducts routine oversight of Readjustment Counseling Services (RCS) operations and delivery of care. RCS is an autonomous organizational element within the Veterans Health Administration (VHA) and has authority and oversight of vet centers and all related provisions of readjustment counseling services.¹ (See [appendix A](#) for RCS background information.) Vet centers are community-based clinics that provide a wide range of psychosocial services to clients to support a successful transition from military to civilian life.²

¹ VHA Directive 1500(1), *Readjustment Counseling Service*, January 26, 2021, amended May 3, 2021, and VHA Directive 1500(2), *Readjustment Counseling Service*, January 26, 2021, amended December 21, 2021, were in effect during the OIG’s inspection period. VHA Directive 1500(2) was amended and replaced two additional times by VHA Directive 1500(3), *Readjustment Counseling Service*, January 26, 2021, amended June 5, 2023, and by VHA Directive 1500(4), *Readjustment Counseling Service*, January 26, 2021, amended November 21, 2023. Unless otherwise specified, the requirements in the 2021 directives contain the same or similar language as the amended directives.

² VHA Directive 1500(2). Vet centers provide “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. . . readjustment counseling services are designed by law to be provided without a medical diagnosis.” Therefore, those receiving readjustment services are not considered patients. To be consistent with RCS policy and terminology, the OIG refers to veterans receiving readjustment services as *clients* in this report.

Scope and Methodology

The OIG randomly selected Southeast District 2 for inspection and examined RCS leadership stability and key operations from October 1, 2021, through September 30, 2022. This report evaluates four review areas that influence service delivery and the quality of client care within the district. District review areas included

- a. leadership stability,
- b. morbidity and mortality reviews,
- c. high risk suicide flag (HRSF) SharePoint site, and
- d. consultation and safety plans.³

On February 27, 2023, the OIG announced the inspection to RCS leaders, and conducted virtual visits from March 27, 2023, through April 6, 2023.⁴ The OIG interviewed district leaders, reviewed RCS practices and policies, conducted electronic record reviews, and distributed a questionnaire to all district 2 clinical staff.⁵ The questionnaire consisted of 17 items and collected both quantitative and qualitative data in the following areas: RCS Central Office and district leaders knowledge and responsiveness; suicide prevention; outreach; RCSNet; workload; and

³ The OIG evaluated morbidity and mortality review completion from October 1, 2021, through September 30, 2022, based on applicable directives during that time frame requiring completion of morbidity and mortality reviews within 30 days of notification of all active client completed suicides, homicides, and serious suicide attempts. On November 21, 2023, RCS published VHA Directive 1500(4), which changed requirements for mortality and morbidity reviews, specifically that reviews are only required for completed suicides and extending the time frame for completion from 30 to 120 days. Morbidity and mortality reviews are conducted collaboratively between the vet center and a VA medical facility to evaluate the facts of the event and clinical services provided, identify opportunities for improvement and best practices, and determine if any alternative actions may have resulted in a different outcome. On May 11, 2020, RCS implemented an HRSF SharePoint site containing names of RCS clients who also receive services at a VA medical facility and have a high risk for suicide flag. According to RCS leaders, on June 2021, the SharePoint site was expanded to include Recovery Engagement and Coordination for Health-Veterans Enhanced Treatment (REACH VET) data. VA's REACH VET is a predictive analytics program developed to determine veterans who have a higher risk for suicide.

⁴ Prior to the district inspection, the OIG conducted on-site and virtual inspections of six vet centers in each zone in district 2 from October 25, 2022, through December 15, 2022. The vet center inspections generally examined operations from October 1, 2021, through September 30, 2022, and were focused on suicide prevention; consultation, supervision, and training; outreach; and environment of care. For full details of these reviews, see VA OIG, *Inspection of Select Vet Centers in Southeast District 2 Zone 1*, Report No. 22-03939-142, April 18, 2024; and VA OIG, *Inspection of Select Vet Centers in Southeast District 2 Zone 2*, Report No. 22-03940-143, April 18, 2024.

⁵ For the purposes of this report, the term *district leaders* refers to a combination of two or more of the following: the District Director, Deputy District Director, Associate District Director for Counseling, and Associate District Director for Administration. In the absence of current VA, VHA, or RCS policy, the OIG considered previous guidance to be in effect until superseded by an updated or recertified directive, handbook, or other policy document on the same or similar issue(s).

workplace culture, including psychological safety, diversity, and inclusion.⁶ The last item on the questionnaire used qualitative methodology to collect data by allowing vet center clinical staff to provide additional comments.

The OIG findings are a snapshot of a districts' performance within identified focus areas. Although it is difficult to quantify the risk of adverse impact to clients served at vet centers, the OIG recommendations should help district leaders identify areas of vulnerability or conditions that, if addressed, could improve safety and quality of care.

Oversight authority to review the programs and operations of VA medical facilities is authorized by the Inspector General Act of 1978, as amended, 5 U.S.C. §§ 401–424. The OIG reviews available evidence within a specified scope and methodology and makes recommendations to VA leaders if warranted. Findings and recommendations do not define a standard of care or establish legal liability.

The OIG conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

District 2 Overview

The following section provides an overview of district client demographics (see figure 1), including district and zone service area characteristics such as successes, challenges, and mobile vet center (MVC) use.⁷ See [appendix B](#) for the district profile and organizational structure.

⁶ VHA Directive 1500(2). Vet center services are recorded in RCSNet, a system of records that is only viewable by RCS staff. RCSNet's independence from VA medical facilities and Department of Defense's electronic health record system allows vet centers to maintain secure and confidential records that are not disclosed to VA medical facilities, VA clinics, or the Department of Defense without a veteran's signed release of information.

⁷ VHA Directive 1500(2). MVCs are mobile vehicles equipped "to provide direct readjustment counseling, outreach and access to other VA services for eligible individuals in communities that are distant from existing services."

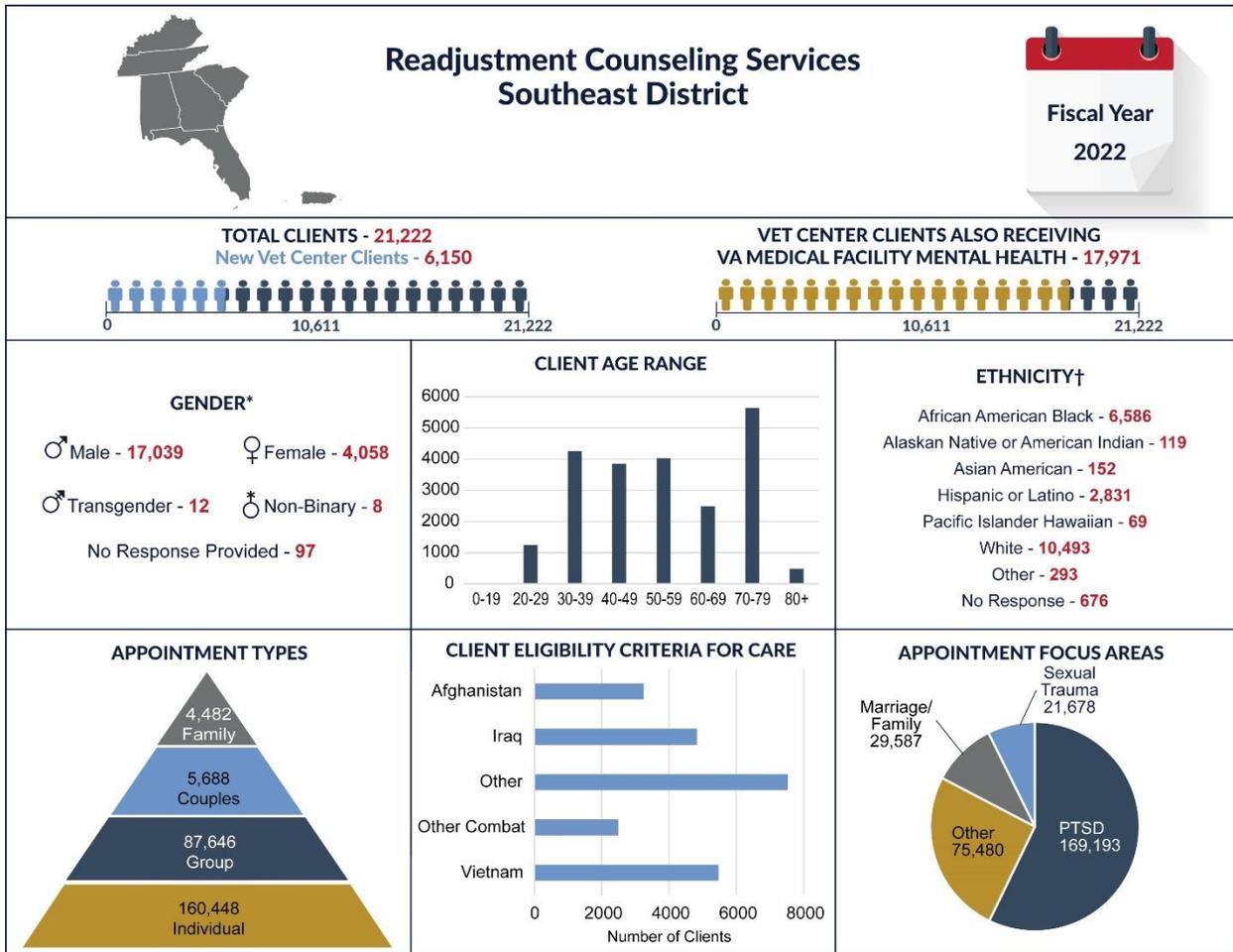


Figure 1. Client demographics across Southeast District 2 during fiscal year 2022 which spans October 1, 2021, through September 30, 2022.

Source: OIG created graphic utilizing RCS demographic data.

* The RCS Clinical Program and Training Analyst reported that gender is self-reported by RCS clients.

† The RCS Clinical Program and Training Analyst reported that ethnicity is self-reported, however RCSNet functionality allows for the selection of only one ethnicity category per client.

‡ Client eligibility criteria for care “Other” refers to all non-combat eligibility criteria.

Service Area Characteristics

District: The District Director stated that district 2 has some of the largest zones in RCS and encompasses Puerto Rico. The District Director reported that the district is particularly good at connecting culturally with the local communities. Underscoring diversity and cultural competence, the District Director shared that efforts are working to increase psychological safety among staff, evidenced by the district’s high All Employee Survey results. Although not unique to the district, the District Director reported great difficulty finding and hiring staff, noting lower salaries, a desire for virtual work, and an impending shortage of mental health professionals.

Zone 1: The Deputy District Director described zone 1 as large with 25 vet centers spanning several states including Alabama, Georgia, South Carolina, Kentucky, and Florida. The zone's topography includes coastline, farmlands, and mountains, and the population is described as diverse and consisting of multigenerational families. The Deputy District Director rolled out an initiative with all the vet center directors (VCDs) in the zone to develop a Client Community Service Board that meets quarterly with the goal of having the vet centers be the hub for veteran related services in the community. The Deputy District Director reported difficulties related to the large number of staff and subsequent workload, including having 28 direct reports and 129 second level staff in multiple time zones.

The Deputy District Director stated that one of the bigger challenges in fiscal year 2022 was the 100-year flood that occurred in south central Kentucky.⁸ The flooded area was veteran dense and comprised of multigenerational families; hundreds of people lost everything. Memphis and Lexington Vet Centers deployed MVCs to the affected area and the Deputy District Director reported Federal Emergency Management Agency (FEMA) praised RCS for their support during the recovery.⁹ MVCs have been utilized within the zone for disaster responses, including the Pulse nightclub shooting and hurricanes such as Michael.¹⁰ Zone MVCs have also been used in partnership with VA medical facilities to provide flu shots to veterans living in rural areas. Although MVCs support the mission of RCS, the Deputy District Director noted that they were no longer being used to provide readjustment counseling. In addition to a decrease in MVC counseling demands due to the increase in virtual services, the Deputy District Director reported that MVCs were costly to maintain, and that the older MVCs were not dependable to establish counseling locations. The Deputy District Director reported not having the ability to assess if MVCs were being utilized efficiently due to not having access to sufficient data coupled with inaccurate MVC tracking information in RCSNet.

Zone 2: Consisting of 24 vet centers spanning Florida and Puerto Rico, zone 2 also has outstations in Saint Thomas and Saint Croix.¹¹ The Deputy District Director described the zone as unique and versatile with an indigenous population and cultural differences. The zone contains densely populated areas such as the Florida Keys, locations with military bases such as Tampa and Jacksonville, and many rural regions. The Deputy District Director indicated that during the

⁸ A fiscal year is a 12-month period that the federal government uses for accounting purposes running from October 1 through September 30.

⁹ FEMA is a federal agency that assists people before, during, and after a disaster, accessed June 14, 2023, <https://www.fema.gov/about>.

¹⁰ The Pulse nightclub shooting occurred in Orlando, Florida, on June 12, 2016, and resulted in 49 deaths. It is considered the deadliest attack on the LGBTQ community in modern U.S. history, accessed June 22, 2023, <https://www.orangecountyfl.net/BoardofCommissioners/Pulse.aspx>; Hurricane Michael (2018) is an example of devastating hurricanes to hit the mainland of the United States, accessed June 22, 2023, <https://www.weather.gov/mob/michael>.

¹¹ Vet center outstations promote additional points of access for clients and are aligned under the nearest vet center. Outstations are distant from established vet centers, and while not having the same staffing requirements, outstations have at least one full-time counselor.

COVID-19 pandemic, outreach was a challenge due to high transmission rates throughout Florida.¹² To ensure successful outreach continued, leaders established goals for vet centers that did not have an MVC. Transitioning out of the COVID-19 pandemic has also been a challenge for the zone with clients wanting face-to-face encounters and some staff remaining virtual.

The Deputy District Director discussed challenges related to hurricanes, particularly in Puerto Rico. The MVC was deployed for disasters such as the Surfside Condominiums collapse in Miami; hurricanes; and VA clinic closures, specifically in Ponce, Puerto Rico, where the MVC was used as a clinic while staff awaited relocation.¹³ The Deputy District Director stated MVCs are now being used to advertise vet center services in rural areas, serve as community access points, and provide outreach in addition to emergency management. The Deputy District Director noted that MVCs are still being used to provide readjustment counseling; however, their primary use is outreach. Additionally, the Deputy District Director reported challenges related to MVCs, including a lack of drivers and need for repairs.

Inspection Results

Leadership Stability Review

There were no findings in the leadership stability review.

To evaluate district 2 leadership stability, the OIG reviewed position vacancies and distributed a questionnaire to clinical staff.¹⁴ The OIG found district leaders in both zones had been working together for approximately 14 months prior to the inspection, except for the zone 2 Associate District Director for Administration. The zone 2 associate district director for counseling position was vacated during the inspection. At the time of the inspection, the OIG identified five vacant VCD positions, three of which had been vacant for at least 2 months.

¹² “A pneumonia of unknown cause detected in Wuhan, China, was first reported to the World Health Organization (WHO) Country Office in China on 31 December 2019. The virus was later named ‘SARS-CoV-2’ and the disease it causes named ‘coronavirus disease 2019’ (abbreviated ‘COVID-19’).” *VHA – OEM, COVID-19 Response Plan, Incident-specific Annex to the VHA High Consequence Infection (HCI) Base Plan, Version 1.6*, March 23, 2020.

¹³ “On June 24, 2021, Champlain Towers South, a 12-floor condominium in Surfside, Florida, partially collapsed... The collapse happened suddenly and has resulted in mass casualties,” accessed August 22, 2023, <https://www.nist.gov/disaster-failure-studies/champlain-towers-south-collapse-ncst-investigation/background>.

¹⁴ To evaluate RCS leadership stability, the OIG evaluated vacancies and coverage for District Director, Deputy District Director, Associate District Director for Counseling, Associate District Director for Administration, and VCD positions. Additionally, the OIG distributed a questionnaire to all district 2 clinical staff to evaluate perceptions about RCS Central Office and district leadership; organizational priorities; workload; and workplace culture, including psychological safety, diversity, and inclusion. Of the 209 questionnaires distributed, the OIG received 173 responses.

Leadership Stability Review Results

[Appendix C](#) provides a detailed overview of district leader and VCD position stability.

District Leadership Positions: The District Director reported the zone 2 Associate District Director for Counseling retired during this OIG inspection, and an acting Associate District Director for Counseling was assigned.

VCD Positions: District leaders reported 4 of 25 zone 1 vet centers and 9 of 24 zone 2 vet centers had vacant VCD positions in the 12 months prior to the OIG inspection. VCD positions were vacant for up to 7 months, with staff serving in acting VCD roles during vacancies. The District Director reported that the time to hire was a concern for district leaders and attributed hiring challenges to noncompetitive salaries. The district proposed a pilot staffing program that would provide staff who are able to travel to cover district vacancies.

Vet Center Clinical Staff Questionnaire Response

The OIG distributed questionnaires to district clinical staff to assess perception of RCS Central Office and district leaders' knowledge and responsiveness to staff needs, RCS suicide prevention and outreach activities, RCSNet, workplace culture, and workload. Figure 2 shows an overview of the average percentage of staff who responded that they disagree, agree, or remained neutral when asked specific questions within each topic area. For additional details and data related to the questionnaire, see [appendix D](#).

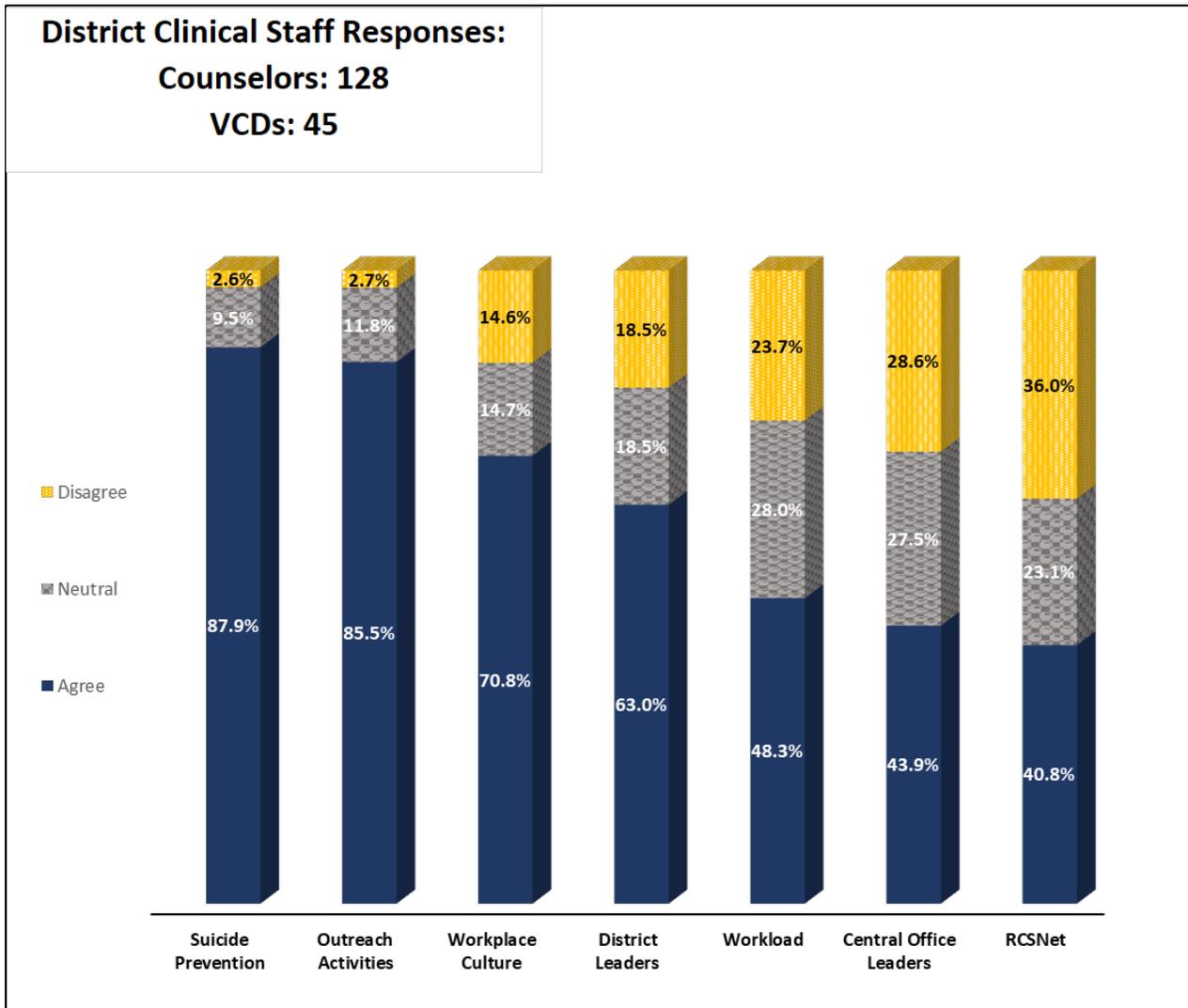


Figure 2. Clinical staff questionnaire average percent response grouped by topic. Agree responses refer to generally positive perceptions and disagree responses refer to generally negative perceptions by respondents to the questions asked in each topic area.

Source: OIG analysis of VCIP questionnaire results.

The OIG team shared the results of the clinical staff questionnaire with the District Director, who reported being familiar with the concerns identified. The District Director stated that RCS Central Office leaders were aware of RCSNet issues and continued to make improvements to the system. The District Director stated that workload concerns can be addressed if supported by data and communicated with district leaders. District leaders attempt to minimize unnecessary or outdated processes and utilize productivity data to support additional resources if needed. The District Director attributed the concerns related to RCS Central Office to the staff’s belief that VCDs and counselors were promised promotional opportunities that were not delivered. This issue has been acknowledged but has not yet been addressed by RCS Central Office.

The District Director reported RCS Central Office leaders' awareness of staffing challenges and concerns identified in the questionnaire. The District Director noted a positive relationship between district and RCS Central Office leaders, finding them approachable, responsive, and receptive to ideas.

A culture of ownership supported by open communication increases employee engagement and meaningfully informs organizational policies. Sustained leadership stabilizes an organization, strengthens its health and performance, and drives transformation initiatives.

The OIG made no recommendations related to leadership stability.

Morbidity and Mortality Reviews

RCS Requirement

Morbidity and mortality reviews must be conducted within 30 days following notification of all active client completed suicides, homicides, and serious suicide attempts. Morbidity and mortality reviews are conducted collaboratively between the impacted vet center and relevant VA medical facility to evaluate the facts of an event and clinical services provided, identify opportunities for improvement and best practices, and determine if any alternative actions may have resulted in a different outcome.¹⁵

The OIG found both zone leaders did not complete morbidity and mortality reviews within 30 days following notification of all active client completed suicides. Additionally, the OIG found that both zones lacked a standardized process for reviewing serious suicide attempts.

Morbidity and Mortality Review Findings

The OIG reviewed electronic records, pertinent documents, and interviewed zone leaders to determine compliance with morbidity and mortality requirements. Morbidity and mortality reviews were completed for all client deaths by suicide.¹⁶ Table 1 provides an overview of

¹⁵ VHA Directive 1500(2). On November 21, 2023, RCS published VHA Directive 1500(4), *Readjustment Counseling Service*, which changed the requirements for morbidity and mortality reviews, specifically that reviews are no longer required for serious suicide attempts and extending the time frame for completion from 30 days to 120 days.

¹⁶ During the OIG review period, no completed homicides were identified. In a 2021 report (VA OIG, [Vet Center Inspection of Southeast District 2 Zone 2 and Selected Vet Centers](#), Report number 20-02014-270, September 30, 2021), the OIG made a recommendation regarding completion of morbidity and mortality reviews for serious suicide attempts. The OIG review period for this inspection included time when VHA was developing an action plan to respond to the 2021 recommendation; therefore, serious suicide attempts morbidity and mortality timeliness was not addressed in this report.

timeliness of completed morbidity and mortality reviews for suicide completions from October 1, 2021, through September 30, 2022.

**Table 1: Zone 1 and 2 Morbidity and Mortality Review Completion Timeliness
October 1, 2021–September 30, 2022**

Criteria for Morbidity and Mortality Completion	Zone 1	Zone 2
Suicide Completions	Two of three morbidity and mortality reviews completed within 30 days of notification	One of two morbidity and mortality reviews completed within 30 days of notification

Source: *OIG analysis of RCS district 2 zones 1 and 2 documentation.*

The District Director reported that morbidity and mortality reviews were not completed within 30 days of notification due to district staff absences and vacancies. The District Director acknowledged that processes were “person dependent” and new processes were being developed to ensure that reviews are completed regardless of absences and vacancies.

In January 2023, the OIG recommended that the RCS Chief Officer define “serious suicide attempt” and establish required criteria and a standardized process for morbidity and mortality reviews.¹⁷ The OIG found that district leaders did not follow established tracking processes for evaluating morbidity and mortality reviews for serious suicide attempts. Further, the OIG found that leaders implemented different processes and unclear criteria to determine when a morbidity and mortality review was required for serious suicide attempts. Leaders implementation of inconsistent processes and unclear criteria may have resulted in incomplete understanding of critical factors that contributed to clients’ serious suicide attempts and failure to identify suicide prevention strategy improvement.

On November 21, 2023, RCS leaders eliminated the requirement for a morbidity and mortality review for serious suicide attempts and required that morbidity and mortality reviews be completed within 120 (rather than 30) days. All morbidity and mortality reviews evaluated during this inspection were compliant based on the updated 120-day requirement.

Failure to complete timely reviews of deaths by suicide may delay the identification of actions, practices, and policies that might prevent similar outcomes.

Due to the lack of a process and adherence to previously required timelines, the OIG issued one recommendation related to morbidity and mortality reviews to the District Director.

¹⁷ VA OIG, [Vet Center Inspection of Midwest District 3 Zone 1 and Selected Vet Centers](#), Report No. 21-03231-38, January 19, 2023.

Morbidity and Mortality Review Recommendation

Recommendation 1

The District Director monitors compliance with leaders' completion of morbidity and mortality reviews for client deaths by suicide, including timeliness, as required.

Concur

Nonconcur

Target date for completion: Completed.

Director Comments

District 2 was not consistently completing morbidity and mortality reviews within the required timeframe. District 2 took immediate action, hired for vacant positions, and trained additional staff members to be able to complete morbidity and mortality reviews. The district office team adds these reviews to the agenda for morning huddle each day and tracks each from beginning to completion. District 2 is now compliant for timely completion of morbidity and mortality reviews for client deaths by suicide.

OIG Comments

The OIG considers this recommendation open to allow time for the submission of documentation to support closure.

HRSF SharePoint Site Review

RCS Requirement

VCDs have access to review the HRSF SharePoint site monthly to identify clients who receive or have received vet center services in the past 12 months. Vet center staff determine if client contact is needed, and if appropriate, complete the follow-up. The VCD ensures documentation of client contacts and outcomes in RCSNet and the HRSF SharePoint site within five business days of receiving the HRSF SharePoint list.

The OIG found vet center staff across both zones were noncompliant with timely documentation in RCSNet. The OIG also found concerns with HRSF SharePoint site accuracy and utilization. The OIG identified one incidental finding related to client confidentiality in zone 1.

HRSF SharePoint Site Review Findings

The OIG identified 50 clients from each zone listed on the HRSF SharePoint site from October 1, 2021, through September 30, 2022, and completed electronic record reviews to determine compliance with the following RCS suicide prevention protocol requirements:

- Documentation of client contact and disposition in the HRSF SharePoint site
- Documentation of client contact and outcome in RCSNet
- Documentation in RCSNet within five business days of receiving the HRSF SharePoint site list

The OIG determined that both zones 1 and 2 were noncompliant with requirements to document client contact and outcome of client follow-up in RCSNet within five business days. Both the Associate District Director for Counseling for zone 1 and Deputy District Director for zone 2 reported belief that documentation in the HRSF SharePoint site was an extension of the client record, thus documentation in RCSNet was not necessary. The Associate District Director for Counseling for zone 1 further stated that documentation expectations are not outlined in RCS policy or directive, despite RCS leaders providing expectations in training and guidance documents.

Table 2 provides an overview of HRSF SharePoint site compliance results for both zones in district 2.

Table 2: Zone 1 and 2 HRSF SharePoint Site and RCSNet Documentation Results Summary October 1, 2021–September 30, 2022

Review Topic	Zone 1		Zone 2	
	Estimated Compliance (%)	Confidence Interval	Estimated Compliance (%)	Confidence Interval
HRSF SharePoint Site Documentation of Client Contact and Disposition	92	(84,98)	100	N/A
RCSNet Documentation of Client Contact and Outcomes	46	(31,60)	48	(34,62)
RCSNet and HRSF SharePoint Site Documentation Within Five Days	30	(18,42)	24	(12,36)

Source: *OIG analysis of district 2 zones 1 and 2 electronic record reviews.*

Note: *A confidence interval is a range of estimates, computed based on a statistical sample, for an unknown true value. The 95% confidence level indicates that among confidence intervals computed from all possible samples with the same sample size and the study design, the true value would have been covered by the confidence intervals 95 percent of the time.*

District leaders spoke of VCDs reporting challenges with the HRSF SharePoint site such as client names not being removed from the site after entering the final outcome, re-appearing on the site after disposition, or not being on the HRSF SharePoint site even though the support VA medical facility flagged the client as high risk for suicide.

The Associate District Director for Counseling for zone 1 stated that the HRSF SharePoint site can be problematic and challenging and reported receiving multiple contacts daily by VCDs reporting the system was not recording responses properly. The acting Associate District Director for Counseling for zone 2 also reported the HRSF SharePoint site would not always save the VCD’s selected disposition, so in an effort to remove the client from the site, some VCDs used any disposition that would save, regardless if it was an accurate reflection of the situation. Through this inspection, the District Director became aware of the challenges with the HRSF SharePoint site, and the lack of clear guidance related to process and documentation. The District Director raised the concerns to RCS Central Office leaders who were working on a solution.

The HRSF SharePoint site is part of a national process that ensures clients are not “falling between cracks” and allows for vet center staff to follow up with clients who are at risk based on clinical needs.

The OIG issued one recommendation related to the HRSF electronic record reviews to the District Director, and one recommendation related to HRSF SharePoint site functionality to the RCS Chief Officer.

Incidental Finding: Client Confidentiality

During the individual vet center inspections, the OIG became aware that some VCDs and a zone 1 district leader were using the VHA Notice of Privacy Practices as authorization to discuss clients on the HRSF SharePoint site with VA medical facility staff, which is in direct violation of RCS policy confidentiality requirements for clients who are not at imminent risk.¹⁸ RCS policy requires a voluntary written Release of Information form to be completed prior to engaging in care coordination with a client's support VA medical facility, unless there is a threat of imminent danger.

The OIG interviewed district leaders to determine reasons why VCDs and district leaders in zone 1 were not adhering to RCS policy. The Deputy District Director reported belief that the VHA Notice of Privacy Practices permitted collaboration between vet centers and the support VA medical facility for shared clients, whether at imminent risk or not.

The District Director reported recognizing the need for a release of information for all clients, yet also relied on VHA policies for privacy and release information as overarching guidance. The District Director stated that vet center staff do not have a blanket release to speak with VA medical facilities for all RCS clients on the HRSF SharePoint site but did believe RCS staff have the authority to coordinate care without a release of information for those clients as needed. The District Director acknowledged this practice may not be compliant with RCS policy but was also unaware of any RCS policy that would contradict this practice and reported compliance with the VHA policy.

Coordination of care with a VA medical facility without a release of information may have caused a breach in client confidentiality.

The OIG issued a recommendation to the District Director related to confidentiality.

HRSF SharePoint Site Review Recommendations

Recommendation 2

The District Director identifies reasons for noncompliance with timely documentation requirements of high-risk client contacts and outcomes in the electronic record and High Risk Suicide Flag SharePoint site, ensures requirements are met, and monitors compliance.

Concur

¹⁸ VHA, *Notice of Privacy Practices*, September 30, 2019, "This notice describes how medical information about you may be used or disclosed and how you can get access to your information."; VHA Directive 1500(2) requires a voluntary written Release of Information form to be completed prior to engaging in care coordination with the support VA medical facility, unless there is a threat of imminent danger.

Nonconcur

Target date for completion: September 30, 2024

Director Comments

District 2 was not consistently completing documentation in the electronic record and again in the High-Risk Suicide Flag (HRSF) SharePoint site. District 2 leadership developed and implemented a process to track and monitor compliance. District leadership provides the HRSF notification link to Vet Center Directors (VCD) each time it is updated and monitors all actions until completed. The VCDs track compliance locally and district leadership tracks every individual on the HRSF SharePoint and monitors each until completed and the outcome is documented. The district will continue to track and monitor compliance each time the HRSF is updated and monitor for ongoing compliance. The district also confirms compliance during the annual clinical site visit.

Recommendation 3

The Readjustment Counseling Service Chief Officer ensures the High Risk Suicide Flag SharePoint site functions as intended and includes accurate data.

Concur

Nonconcur

Target date for completion: August 30, 2024

Chief Officer Comments

The Readjustment Counseling Service Chief Officer will ensure that the RCS Office of Policy and Oversight and the RCS National Service Support data team collaborate to determine the cause for HRSF data discrepancy and confirm that the HRSF SharePoint site functions as intended with accurate data.

Recommendation 4

The District Director and zone leaders identify reasons for noncompliance, ensure Readjustment Counseling Service policy confidentiality requirements are followed when collaborating care with the support VA medical facility for shared clients at high risk for suicide, and monitor compliance across all zone vet centers.

Concur

Nonconcur

Target date for completion: September 30, 2024

Director Comments

District 2 staff were not consistently trained in following confidentiality requirements when consulting and coordinating care with the support VA medical center. District 2 provided initial training on this requirement and will provide additional training in Fiscal Year (FY) 2024 to District staff, VCDs and Readjustment Counselors on the confidentiality requirements for consultation and coordination of care with the support VA medical facility. The VCDs will track compliance locally and the district will continue to track and monitor compliance regularly throughout the year. The district also confirms compliance during the annual clinical site visit.

Consultation and Safety Plan Review

RCS Requirement

Vet center counselors are required to complete a suicide risk assessment at the initial counseling visit. For clients assessed at intermediate or high risk for suicide, counselors must

- (1) seek consultation with the VCD, associate district director for counseling, external clinical consultant, or other support VA medical facility mental health professional;
- (2) document the consultation in the client's electronic record; and
- (3) develop an individualized safety plan in conjunction with the client and provide a copy to the client.¹⁹

The OIG found that vet center staff in both zones 1 and 2 were noncompliant in seeking consultation, and completing and providing safety plans to clients assessed at intermediate or high risk for suicide, in either acute, chronic, or both categories.²⁰

Consultation and Safety Plan Findings

To evaluate compliance with RCS requirements for consultation and safety plan completion, the OIG conducted electronic record reviews for 50 clients from each zone determined to be at intermediate or high suicide risk level in either acute, chronic, or both categories, to ascertain if the following requirements were in the record (see table 3).²¹

¹⁹ VHA Directive 1500(2).

²⁰ Suicide risk assessments are divided into two interrelated categories—acute and chronic—and counselors determine a self-harm level of low, intermediate, or high for both categories. Counselors, along with clients, develop safety plans outlining coping techniques and sources of support for clients to use either before or during a suicidal crisis. The intent of the plan is to provide a prioritized and predetermined list of interventions the client can use to help lower their risk of suicidal behavior.

²¹ Two clients were excluded from the zone 1 sample.

- Documentation of consultation in RCSNet²²
- Completion of safety plan with all components
- Evidence that a copy of the safety plan was provided to the client

**Table 3. Estimated Compliance Rate for Consultation and Safety Plans
October 1, 2021–September 30, 2022**

Review Topic	Zone 1		Zone 2	
	Estimated Compliance (%)	Confidence Interval	Estimated Compliance (%)	Confidence Interval
Consultation within 30 days	38	(24,51)	48	(34,62)
Completed Safety Plans	45	(27,63)	60	(43,76)
Completed Safety Plans Provided to Client	7	(0,17)	20	(8,34)

Source: OIG analysis of district 2 zone 1 and 2 electronic record reviews.

Note: A confidence interval is a range of estimates, computed based on a statistical sample, for an unknown true value. The 95% confidence level indicates that among confidence intervals computed from all possible samples with the same sample size and the study design, the true value would have been covered by the confidence intervals 95 percent of the time.

Consultation

The OIG found that both zones were noncompliant with consultation requirements.

The Associate District Director for Counseling in zone 1 reported consultation should occur as soon as possible, but the current policy does not specifically outline when it should occur. The Associate District Director for Counseling also stated there were missed opportunities for documentation and follow-up. The acting Associate District Director for Counseling for zone 2 reported reasons that consultation was not completed included lack of VCD oversight, documentation, and training.

Clinical support, including consultation, exists to improve veteran access to care for needs that go beyond the services that vet centers provide.

The OIG issued one recommendation to the District Director related to consultation.

²² In the absence of RCS policy or guidance, the OIG utilized 30 days as the time frame for which consultation should occur after a client is determined to be at intermediate or high suicide risk in either acute, chronic, or both categories.

Safety Plans

The OIG found that both zones were noncompliant with all safety plan requirements.

The Associate District Director for Counseling for zone 1 spoke for both zones and reported reasons for identified deficiencies included not completing sections of safety plans, lack of documentation in the record when a client declined to complete a safety plan, and when staff provided the safety plan to the client.

Failure to complete a safety plan and provide a copy to the client could leave the client less prepared to effectively cope during suicidal crises.

The OIG issued two recommendations to the District Director related to safety plan electronic record reviews.

Consultation and Safety Plan Review Recommendations

Recommendation 5

The District Director identifies reasons for noncompliance with consultation requirements for clients who are assessed at intermediate or high suicide risk level in either acute, chronic, or both categories; ensures consultation requirements are met; and monitors compliance.

Concur

Nonconcur

Target date for completion: September 30, 2024

Director Comments

District 2 staff were not consistently trained on consultation requirements for clients assessed at intermediate or high risk. District 2 provided initial training on this requirement and will provide additional training in FY24 to VCDs and Readjustment Counselors on consultation requirements. The VCDs will track compliance locally and the district will continue to track and monitor compliance regularly throughout the year. The district also confirms compliance during the annual clinical site visit.

Recommendation 6

The District Director identifies reasons for noncompliance; ensures clinical staff complete safety plans for clients who are assessed at intermediate or high suicide risk level in either acute, chronic, or both categories as required; and monitors compliance across all zone vet centers.

Concur

Nonconcur

Target date for completion: September 30, 2024

Director Comments

District 2 staff were not consistently completing all components of a complete safety plan as required. District 2 provided initial training on this requirement and will provide additional training in FY24 to VCDs and Readjustment Counselors on safety plan requirements. The VCDs will track compliance locally and the district will continue to track and monitor compliance regularly throughout the year. The district also confirms compliance during the annual clinical site visit.

Recommendation 7

The District Director identifies reasons for noncompliance, ensures clients are provided a copy of their completed safety plan as required, and monitors compliance across all zone vet centers.

Concur

Nonconcur

Target date for completion: September 30, 2024

Director Comments

District 2 staff were not consistently documenting that clients were provided a copy of the completed safety plan. District 2 provided initial training on this requirement and will provide additional training in FY24 to VCDs and Readjustment Counselors. The VCDs will track compliance locally and the district will continue to track and monitor compliance regularly throughout the year. The district also confirms compliance during the annual clinical site visit.

Appendix A: RCS Background

Congress established vet centers in 1979 and RCS was one of the first organizations to address the psychological and social effects combat had on veterans before the American Psychiatric Association recognized posttraumatic stress disorder as an official diagnosis in 1980.²³

While vet centers initially focused on serving Vietnam-era veterans, eligibility for vet center services has broadened over the years to include veterans of any combat theater, active duty service members, National Guard members, and their families.²⁴ In 2022, eligibility expanded to allow reserve members of the Armed Forces with a behavioral health or psychological trauma to receive services from vet centers.²⁵

From 1979 through 1985, vet centers served an estimated 305,000 clients. In fiscal year 2022, RCS provided counseling services to 286,907 clients totaling nearly 1.34 million visits and outreach contacts.²⁶

Vet center services include individual, group, and family counseling for mental health conditions related to military sexual trauma, posttraumatic stress disorder, and other military-related concerns. Vet center staff assess and coordinate care for clients at risk for suicide, substance abuse, and other medical and mental health conditions.²⁷ Other services include bereavement support for families; referrals to the Veterans Benefits Administration; and screening and assessment for employment, outreach, and referral coordination with VA and non-VA providers.²⁸

RCS Leadership Organizational Structure

In May 2015, the Advisory Committee on the Readjustment of Veterans recommended RCS realign from seven regions to five districts based on the MyVA reorganization. The purpose of this change was, “To promote full and effective coordination of services within VHA.” The

²³ Mayo Clinic, “Post-traumatic stress disorder (PTSD),” accessed December 10, 2020, <https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967>. “Post-traumatic stress disorder (PTSD) is a mental health condition that’s triggered by a terrifying event—either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.”; VHA Handbook 1500.01, *Readjustment Counseling Service (RCS) Vet Center Program*, September 8, 2010; “Vet Centers (Readjustment Counseling): Who We Are,” VA, accessed June 4, 2019, https://www.vetcenter.va.gov/About_US.asp.

²⁴ VHA Directive 1500(2).

²⁵ VHA Directive 1500(2); Public Law 116-283, January 1, 2021.

²⁶ Government Accountability Office *Vietnam Veterans: A Profile of VA’s Readjustment Counseling Program*, Report No. GAO/HRD-87-63, August 1987, accessed February 6, 2023, <https://www.gao.gov/products/hrd-87-63>.

²⁷ VHA Directive 1500(2).

²⁸ VHA Directive 1500(2).

realignment also called for RCS to create a new position for a district director and implement organizational transformations in fiscal year 2016.²⁹

RCS is aligned under the VA Under Secretary for Health and has governance of 300 vet centers, 83 MVCs, and 20 outstations spanning five districts, in addition to the Vet Center Call Center.³⁰ The RCS Chief Officer reports directly to the VA Under Secretary for Health and is responsible for strategic planning, coordinating readjustment counseling services with VA services, serving as a policy expert for readjustment counseling, being the direct line authority for all RCS staff, coordinating with human resources for hiring, and supervising six RCS national officers. The RCS Operations Officer, who reports to the RCS Chief Officer, is responsible for daily operations and providing supervision to the five district directors who oversee the districts.

RCS District Organizational Structure

Each district is led by a district director, who oversees zone deputy district directors. Each district is divided into 2–4 zones, with each zone encompassing 18–25 vet centers. Southeast District 2 has two zones; zone 1 has 25 vet centers and zone 2 has 24 vet centers. The deputy district director supervises the zone associate district director for counseling and associate district director for administration. The associate district director for counseling is responsible for providing guidance for all readjustment counseling service matters, and conducting both counseling quality reviews and morbidity and mortality reviews within zone. The associate district director for administration is responsible for providing guidance on administrative operations and conducting all administrative quality reviews within assigned zone. VCDs report to deputy district directors and are responsible for the overall “Vet Center operations including staff supervision, administrative and fiscal operations, outreach events, community relations, and clinical programs.”³¹

²⁹ VA. *Response to the Advisory Committee on the Readjustment of Veterans*, May 2015 Recommendations, accessed May 16, 2023, <https://www.va.gov/ADVISORY/Reports/ReportofReadjustMay2016.pdf>.

³⁰ VHA Directive 1500(2). The Vet Center Call Center, reached at 1-877-WAR-VETS or 1-877-927-8387, is a 24-hours per day, 7 days per week, confidential call center for eligible veterans and their families to receive support regarding their military experience or any other readjustment issue.

³¹ VHA, *Readjustment Counseling Service Guidelines and Instructions for Vet Center Administration*, November 23, 2010; VHA Directive 1500(2).

Appendix B: District 2 Profile and Organizational Structure

**Table B.1. Fiscal Year 2022 District Profile*
(October 1, 2021–September 30, 2022)**

Profile Element	Zone 1		Zone 2	
Total Budget Dollars	\$20,901,119.64		\$20,560,330.07	
Total Clients	11,983		9,239	
New Clients	3,732		3,021	
Veteran Clients	10,916		8,601	
Active Duty Clients	1,064		641	
Spouse/Family Clients	1,089		1,081	
Bereavement Clients	786		385	
Position	Authorized	Filled	Authorized	Filled
Total Full-time	185	168	163	144
District Director and District Administrative Staff*	3*	3*	N/A	N/A
Zone Leaders (Deputy District Director, Associate District Directors for Counseling and Administration) and Zone Administrative Staff	4	4	4	4
Vet Center Director	25	24	25	21
Clinical Staff	103	95	87	78
Vet Center Outreach Program Specialist‡	25	22	23	21
Vet Center Office Staff	25	20	24	20
Contract Providers	None			

Source: RCS Data from District 2.

** The three District Director and District Administrative staff authorized and filled positions work across both zones.*

Figure B.1 depicts the district 2 organizational structure and the vet center locations the OIG inspected.

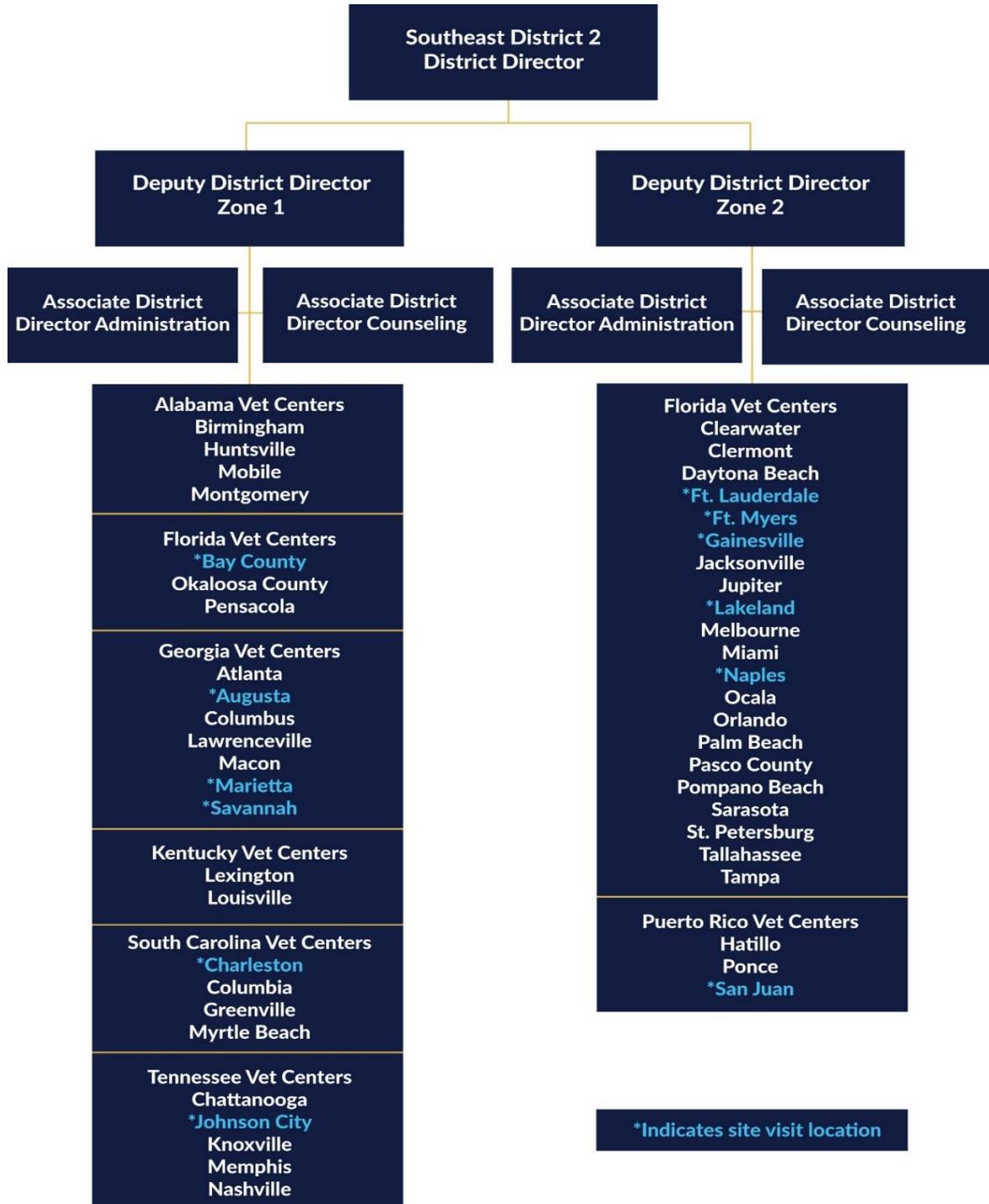


Figure B.1. RCS organizational district and zone structure.

Source: OIG developed using analysis of RCS information.

Note: The OIG did not assess RCS data for accuracy or completeness.

Appendix C: District Leader and VCD Position Stability

Table C.1. District Leadership Positions

Position Title	Zone 1 Assignment Date*	Zone 2 Assignment Date*
District Director	December 5, 2021	December 5, 2021
Deputy District Director	January 27, 2012	December 5, 2021
Associate District Director for Counseling	May 26, 2019	September 1, 2013 (vacant as of March 31, 2023)
Associate District Director for Administration	October 1, 2017	January 30, 2022

Source: OIG developed using analysis of RCS information.

*Leadership position assignment dates as of April 3, 2023.

Table C.2. Zone 1 and 2 Vet Center Director Vacancy Status and Length

Vet Center Location	Status of Vacancy	Length of Vacancy* (as of April 3, 2023)
Zone 1		
Lawrenceville Vet Center	Vacant	3 months
Memphis Vet Center	Vacant	2 months
Okaloosa Vet Center	Vacant	1 week
Knoxville Vet Center	Filled January 17, 2023	6 months
Zone 2		
Miami Vet Center	Filled July 5, 2022	2 months
Ft. Lauderdale Vet Center	Filled December 18, 2022	7 months
Orlando Vet Center	Filled October 23, 2022	2 months
Sarasota Vet Center	Filled April 24, 2022	1 month
Jupiter Vet Center	Vacant	3 months
Pasco Vet Center	Filled December 4, 2022	5 months
Lakeland Vet Center	Filled October 9, 2022	2.5 months
Ocala Vet Center	Vacant	3 days
Naples Vet Center	Filled April 24, 2022	3 months

Source: OIG developed using analysis of RCS information.

*Vacancies reported from April 3, 2022, through April 3, 2023.

Appendix D: Clinical Questionnaire Survey Responses

Table D.1: District 2 Questionnaire Responses

RCS Central Office Leaders	Agree	Neutral	Disagree
1. RCS central office leaders are knowledgeable about the needs of vet centers and their staff	46%	26%	28%
2. RCS central office leaders are responsive to the needs of vet centers and their staff	42%	29%	30%
District Leaders	Agree	Neutral	Disagree
3. Policy changes and new requirements are communicated effectively to vet center clinicians	68%	15%	17%
4. District leaders are knowledgeable about the needs of vet centers and their staff	64%	18%	18%
5. District leaders are responsive to the needs of vet centers and their staff	57%	23%	21%
Organizational Assessment	Agree	Neutral	Disagree
Suicide Prevention			
6. Suicide prevention is a top priority for RCS	92%	7%	1%
7. RCS provides clinicians with the necessary tools for effective suicide prevention	84%	12%	4%
Outreach Activities			
8. Vet center outreach activities promote contact with the local eligible veterans with varying:			
• Genders	87%	12%	1%
• Backgrounds	86%	12%	3%
• Ethnic cultural affiliations	84%	12%	4%
RCSNet			
9. RCSNet is an effective electronic records management system that meets:			
• Clinical care needs	43%	23%	34%
• Documentation needs	41%	23%	36%
• Oversight needs	39%	24%	38%
Workplace Culture	Agree	Neutral	Disagree
10. I feel my unique background and identity are valued	69%	15%	16%
11. I am encouraged to offer ideas and ask questions to my leaders	75%	12%	13%
12. I am encouraged to bring concerns regarding vet center practices to my leaders	71%	15%	15%
13. My leaders take action when concerns regarding vet center practices are brought to their attention	62%	20%	18%
14. I am supported by my leaders during times of crisis	77%	13%	10%

Workload	Agree	Neutral	Disagree
15. I have enough time in a given week to complete all clinical documentation as required	46%	27%	27%
16. I feel my caseload is manageable	50%	29%	21%
17. Additional Comments:			

Source: *OIG survey sent to district clinical staff.*

Appendix E: RCS Chief Readjustment Counseling Officer Memorandum

Department of Veterans Affairs Memorandum

Date: March 4, 2024

From: Chief Readjustment Counseling Officer, RCS (VHA 10 RCS Action)

Subj: Inspection of Southeast District 2 Vet Center Operations

To: Office of the Under Secretary for Health (10N)
Director, GAO/OIG Accountability Liaison (VHA 10B GOAL Action)

1. Thank you for the opportunity to review and comment on the Office of Inspector General (OIG) draft report, Inspection of Southeast District 2 Vet Center Operations. I have reviewed the recommendations and submit action plans to address all findings in the report.

(Original signed by:)

Michael Fisher
Chief Officer, Readjustment Counseling Service

Appendix F: RCS Southeast District 2 Director Memorandum

Department of Veterans Affairs Memorandum

Date: March 5, 2024

From: Joseph Dudley, Director, Southeast District 2 (RCS2)

Subj: Inspection of Southeast District 2 Vet Center Operations

To: Chief Readjustment Counseling Officer, RCS (VHA 10 RCS Action)
Director, GAO/OIG Accountability Liaison (VHA 10B GOAL Action)

1. Thank you for the opportunity to review and comment on the Office of Inspector General (OIG) draft report, Inspection of Southeast District 2 Vet Center Operations.
2. I reviewed the draft report and request closure of recommendation one. District 2 took immediate action to create and implement successful solutions that have resulted in compliance with the timely completion of morbidity and mortality reviews for client deaths by suicide.
3. Please express my thanks to the team for their professionalism and assistance to us in our continuing efforts to improve the care we provide to our Veterans.

(Original signed by:)

Joseph Dudley
District Director

OIG Contact and Staff Acknowledgments

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