



US DEPARTMENT OF VETERANS AFFAIRS OFFICE OF INSPECTOR GENERAL

Office of Healthcare Inspections

VETERANS HEALTH ADMINISTRATION

Inspection of Midwest District 3 Vet Center Operations



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Report Overview

The purpose of the VA Office of Inspector General (OIG) Vet Center Inspection Program is to provide a focused evaluation of organizational risk, and the quality of care delivered at vet centers. 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, which was conducted from March 24 through April 9, 2025, focused on vet center operations in Midwest District 3 (district 3), evaluating three 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, and
- the high risk suicide flag (HRSF) SharePoint site.

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 are intended to help district leaders identify areas of vulnerability or conditions that could improve safety and quality of care.

Inspection Results

Leadership Stability

The OIG found Deputy District Directors and Associate District Directors for Counseling provided coverage for counterparts within other zones due to extended absences throughout the district, which limited their ability to provide effective oversight to the field.

¹ Veterans Health Administration (VHA) Directive 1500(3), *Readjustment Counseling Service*, January 26, 2021, amended June 5, 2023, was in effect during part of the OIG's inspection period. It was replaced by VHA Directive 1500(4), *Readjustment Counseling Service*, January 26, 2021, amended November 21, 2023. This directive was replaced by VHA Directive 1500(5), *Readjustment Counseling Service*, January 26, 2021, amended March 3, 2025. Unless otherwise specified, the requirements in the directives contain the same or similar language. As a result, the OIG references VHA Directive 1500(4) throughout this report; Readjustment Counseling Service is divided into five districts. Each district consists of two to four zones and 16–24 vet centers per zone; Readjustment counseling is provided by vet center counselors to assist with “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 vet center policy and terminology, the OIG refers to veterans receiving such services as *clients* in this report.

To evaluate district 3 leadership stability, the OIG reviewed position vacancies and distributed a questionnaire to vet center directors (VCDs) and counselors. At the time of the inspection, the OIG identified 8 of 54 (15 percent) VCD positions were vacant, including one for one year, three for six months or more, and one that remained open across the district.

The OIG distributed questionnaires to all 239 district VCDs and counselors to assess perceptions of central office and district leaders' knowledge of staff needs and responsiveness, Readjustment Counseling Service (RCS) suicide prevention activities, RCSNet, workplace culture, and workload.² The OIG team shared the results from the 215 (90 percent) returned questionnaires with the District Director, who categorized most of the responses as positive. The District Director was aware of the staff's RCSNet concerns and reported on the organization's continued efforts to improve the system. The District Director also identified the importance of conducting leadership rounds to promote communication with frontline vet center staff, which aligns with principles of a high reliability organization.³ The OIG made no recommendations related to leadership stability.

However, in January 2023, the OIG made a recommendation related to district leaders' oversight of clinical quality review deficiency resolution in the district 3 zone 3 inspection report, which remains open as of August 4, 2025.⁴ The District Director attributed the ongoing open recommendation to delays in the RCS-wide implementation of a new quality review requirement and remediation plans written by district leaders with goals that lack clear metrics and indicators of success. The OIG will continue to monitor the open recommendation until resolved.

² VHA Directive 1500 (4). 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.

³ VHA, *High Reliability Organization (HRO) Reference Guide*, September 2024. "VHA's Journey to High Reliability is a long-term commitment to Veterans and our workforce to continuously improve and advance toward Zero Harm across VHA, drawing on lessons learned from other industries, other health systems, and all areas of VHA." Leader rounding is a VHA foundational High Reliability Organization practice.

⁴ VA OIG, [Vet Center Inspection of Midwest District 3 Zone 3 and Selected Vet Centers](#), Report No. 21-03232-37, January 12, 2023; VHA Directive 1500 (4). Administrative and clinical quality reviews are conducted on an annual basis to ensure staff compliance with RCS policy and procedures.

Morbidity and Mortality Reviews

The OIG reviewed zones with deaths by suicide. During the review period, zone 1 did not have any deaths by suicide. The OIG found zones 2 and 3 compliant with completing timely (within 120 days) morbidity and mortality reviews of active client completed suicides.⁵ However, the OIG found that Deputy District Directors for zones 2 and 3 did not ensure morbidity and mortality reviews had the required RCS panel members. Further, the District Director and the zone 2 Deputy District Director did not ensure a completed morbidity and mortality review report included all required components in zone 2.

Lack of oversight from district leaders and failure to complete thorough independent reviews of deaths by suicide may affect the identification and communication of actions, practices, and policies that prevent similar outcomes.

The OIG issued one recommendation related to morbidity and mortality reviews.

High Risk Suicide Flag SharePoint Site

The OIG found that all zones in district 3 were noncompliant with requirements to document high risk client contact and outcome in RCSNet within five business days. In addition, consistent with prior OIG findings, district leaders reported that a lack of policy and unclear guidance from RCS central office contributed to confusion related to how to disposition clients in the HRSF SharePoint site and subsequent RCSNet documentation.

RCS guidance describes the HRSF SharePoint site as part of a national process that ensures clients on the list are not overlooked and allows vet center staff to follow up with clients who are at risk based on clinical concerns.

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

Conclusion

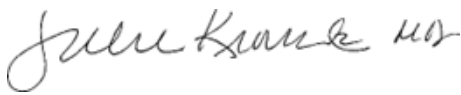
The OIG conducted an inspection across three review areas and issued two recommendations for improvement to the District Director and one recommendation to the RCS Chief Officer. Most recommendations targeted requirements designed to reduce the suicide risk of RCS clients and

⁵ VHA Directive 1500(3). 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. VHA Directive 1500(3) was in place during part of the OIG inspection review period. On November 21, 2023, RCS amended and published VHA Directive 1500(4), *Readjustment Counseling Service*, which changed the requirements for morbidity and mortality reviews; specifically, reviews are required for suicide completions only (homicide completion requirement removed) and the time frame was extended from 30 days to 120 days. During the review period, all crisis events occurred after November 21, 2023; therefore, all morbidity and mortality reviews were due within 120 days.

demonstrate implementation of suicide prevention strategies. The number of recommendations should not be used as a gauge for overall quality of care within the district. The recommendations are intended for RCS and district leaders to use as a road map to help improve operations and clinical care. The recommendations address systems issues that if left unattended may interfere with the delivery of quality care.

VA Comments and OIG Response

The Chief Readjustment Counseling Officer and District Director concurred with the recommendations and provided acceptable action plans (see appendixes D and E). The OIG will follow up on the planned actions until they are completed.



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Contents

Report Overview	i
Abbreviations	vi
Introduction.....	1
Scope and Methodology	1
District 3 Overview and Service Area Characteristics	3
Inspection Results	5
Leadership Stability Review	5
Morbidity and Mortality Reviews.....	8
HRSF SharePoint Site Review.....	11
Appendix A: RCS Background.....	14
Appendix B: District 3 Profile and Organizational Structure	16
Appendix C: District Leader and VCD Position Stability	19
Appendix D: RCS Chief Readjustment Counseling Officer Memorandum	23
Appendix E: RCS Midwest District 3 Director Memorandum.....	25
OIG Contact and Staff Acknowledgments	28
Report Distribution	29

Abbreviations

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



Introduction

The VA Office of Inspector General (OIG) Vet Center Inspection Program staff conduct routine oversight of Readjustment Counseling Service (RCS) operations and delivery of care. RCS is an autonomous organizational element in the Veterans Health Administration (VHA) with authority and oversight of vet centers and all related provisions of readjustment counseling services, see [appendix A](#) for RCS background information.¹ 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

Scope and Methodology

The OIG randomly selected Midwest District 3 (district 3) for inspection. This inspection evaluates three 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, and

¹ VHA Directive 1500(3), *Readjustment Counseling Service*, January 26, 2021, amended June 5, 2023, was in effect during part of the OIG's inspection period. It was replaced by VHA Directive 1500(4), *Readjustment Counseling Service*, January 26, 2021, amended November 21, 2023. This directive was replaced by VHA Directive 1500(5), *Readjustment Counseling Service*, January 26, 2021, amended March 3, 2025. Unless otherwise specified, the requirements in the directives contain the same or similar language. As a result, the OIG references VHA Directive 1500(4) throughout this report. Readjustment counseling is provided by vet center counselors to assist with "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."; The underlined terms are hyperlinks to additional information. To return from the linked information, press and hold the "alt" and "left arrow" keys together.

² VHA Directive 1500(4). Vet centers provide "counseling interventions for psychological and psychosocial readjustment problems related to specific types of military service and deployment stressors." "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.

c. high risk suicide flag (HRSF) SharePoint site.³

On February 24, 2025, the OIG announced the inspection to RCS leaders and conducted virtual interviews from March 24 through April 9, 2025.⁴ The OIG interviewed district leaders, reviewed RCS practices and policies, conducted electronic record reviews, and distributed a questionnaire to all district 3 clinical staff.⁵ The OIG examined RCS leadership stability and key operations from October 1, 2023, through September 30, 2024.

The OIG findings are a snapshot of a district's 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 are intended to help district leaders identify areas of vulnerability or conditions that 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.

³ The OIG evaluated morbidity and mortality reviews completed from October 1, 2023, through September 30, 2024, based on applicable directives during that time frame which required 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, VHA Directive 1500(4) was amended and published, changing requirements for morbidity and mortality reviews; specifically, requiring reviews only 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 a 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, the SharePoint site was expanded in June 2021 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 inspections of four vet centers in each zone in district 3 from October 21, 2024, through February 6, 2025. The vet center inspections generally examined operations from October 1, 2023, through September 30, 2024, 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 Midwest District 3 Zone 1](#), Report No. 24-00393-180, August 5, 2025; VA OIG, [Inspection of Select Vet Centers in Midwest District 3 Zone 2](#), Report No. 24-00394-122, May 27, 2025; and [Inspection of Select Vet Centers in Midwest District 3 Zone 3](#), Report No. 24-00395-179, August 5, 2025.

⁵ For the purposes of this report, the term *district leaders* refer to a combination of two or more of the following: the District Director, Deputy District Director, and Associate District Director for Counseling. 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).

District 3 Overview and Service Area Characteristics

The following table provides an overview of district 3 deputy district directors identified zone-specific highlights and challenges during October 1, 2023, through September 30, 2024. See [appendix B](#) for the district client demographics, district profile, and organizational structure.

Table 1. District 3 Overview

Zone	Deputy District Director Identified Highlights	Deputy District Director Identified Challenges
Zone 1	The Cincinnati Vet Center staff received the 2024 Vet Center Excellence in Customer Experience Award.*	The Deputy District Director was indefinitely detailed away from the district. The Deputy District Directors from zones 2 and 3 provided coverage for all operational activities.
Zone 2	Zone leaders filled all vacant vet center director (VCD) positions using recruitment incentives for hard-to-recruit locations.	Zone leaders covered an additional 8–10 vet centers in zone 1 for an extended duration because of staff absences. This extra coverage led to staffing difficulties and reduced oversight of the vet centers.
Zone 3	In collaboration with VA's Veterans Experience Office, zone leaders provided three mobile vet centers (MVCs) for outreach at the Sturgis Motorcycle Rally.†	The Deputy District Director covered an additional eight vet centers from zone 1. The zone was without an associate district director for counseling and administrative assistant for most of the fiscal year and required assistance from other zones to complete site inspections.

Source: OIG interviews with district 3 zone 1 Acting Deputy District Director and zone 2, and 3 Deputy District Director.

*Vet Center Excellence in Customer Experience Award recognizes facilities that consistently deliver exceptional customer experiences, "Exceptional Experience Awards," CX Symposium, accessed April 2, 2025, <https://dvagov.sharepoint.com/sites/VACOVEO/CX%20Symposium/SitePages/Home.aspx#exceptional-experience-awards>. (This site is not publicly accessible.)

†The Sturgis Motorcycle Rally occurs every August in South Dakota and "is one of, if not 'the' largest gatherings of motorcycle enthusiasts in the world." "Sturgis The Official Website of the Sturgis Motorcycle Rally, *The Story of the City of Sturgis Motorcycle Rally*," accessed May 22, 2025, <https://www.sturgismotorcyclerrally.com/history/>.

Deputy District Directors reported utilizing MVCs for outreach events, counseling, reaching rural areas for services, and responding to natural disasters.⁶ MVCs were used for clinical services an average of 3.46 percent of the time across all three zones, with the exception of one vet center that was unable to provide this data. The following figure depicts the location of all district 3 vet centers, those inspected by the OIG, and available MVCs.

⁶ VHA Directive 1500(4). 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."

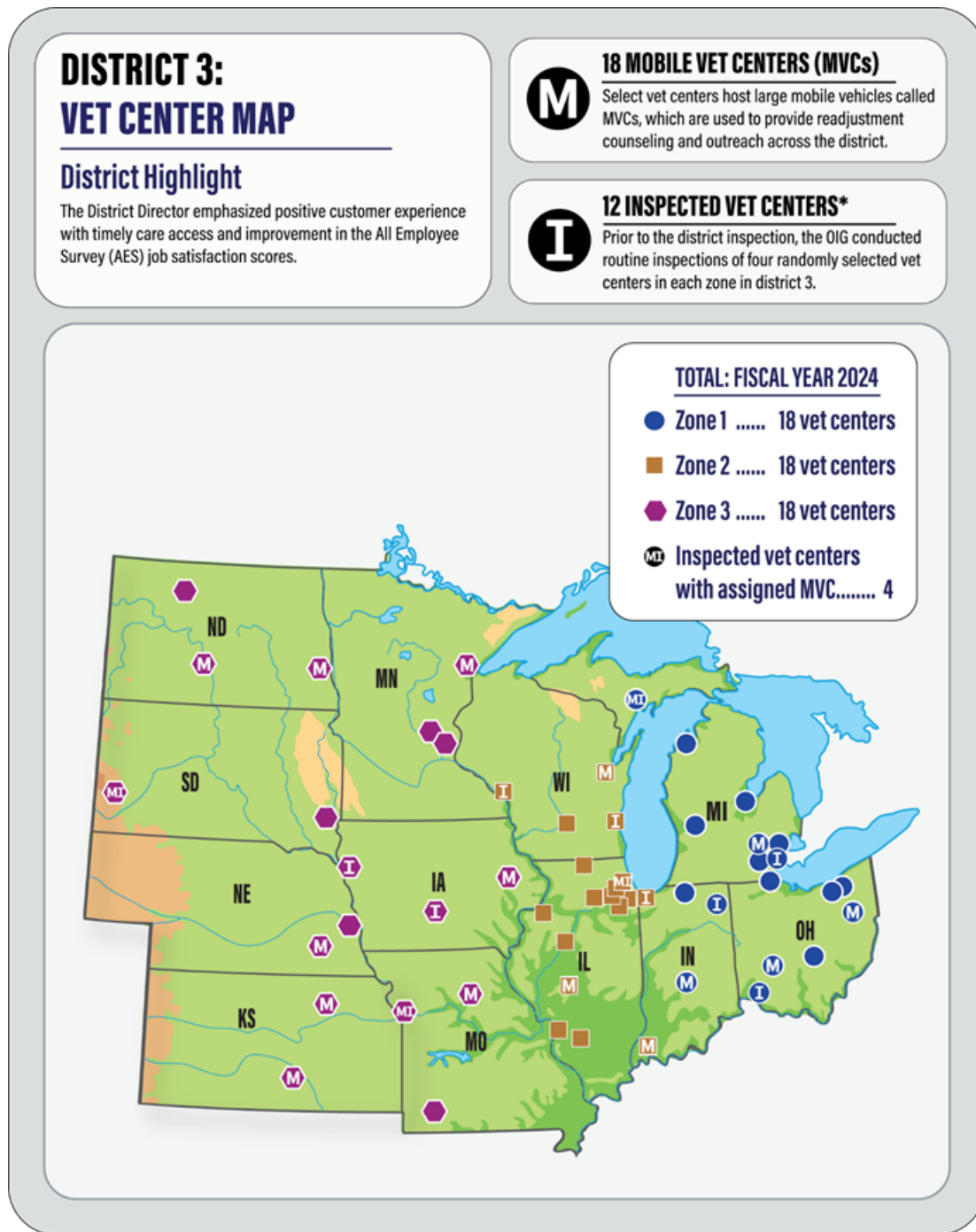


Figure 1. Map of Midwest District 3 vet centers, sites inspected by the OIG, and MVC assignments.
Source: OIG using RCS vet center data. VA OIG, [Inspection of Select Vet Centers in Midwest District 3 Zone 1](#), Report No. 24-00393-180, August 5, 2025; [Inspection of Select Vet Centers in Midwest District 3 Zone 2](#), Report No. 24-00394-122, May 27, 2025; and [Inspection of Select Vet Centers in Midwest District 3 Zone 3](#), Report No. 24-00395-179, August 5, 2025.
Note: Fiscal year 2024 is from October 1, 2023, through September 30, 2024.

**OIG-inspected vet centers: Evanston, Illinois; Fort Wayne and Gary Area, Indiana; Sioux City and Des Moines, Iowa; Detroit and Escanaba, Michigan; Kansas City, Missouri; Cincinnati, Ohio; Rapid City, South Dakota, LaCrosse and Milwaukee, Wisconsin.*

Inspection Results

Leadership Stability Review

The OIG found Deputy District Directors and Associate District Directors for Counseling covering their respective positions in other zones due to extended absences within the district, limiting their ability to provide effective oversight to the field. During the virtual interviews, district leaders cited eight VCD vacancies, including a vacancy of one year and three vacancies of six months or more.

Leadership Stability Review Results

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

District Leader Positions

At the time of the OIG inspection, the District Director had been in the position for 17 months. All three deputy district directors were hired more than 12 months prior to the inspection. However, the District Director reported that the zone 1 Deputy District Director remained on a detail that began July 11, 2022, and required coverage from five different district leaders at various times.

From February 18, 2022, through January 10, 2025, the zone 3 Associate District Director for Counseling position required coverage due to an extended absence. The zones 1 and 2 Associate Directors for Counseling provided coverage until a detail was established. The position was filled on April 6, 2025.

The zone 2 Associate District Director for Administration departed the position on December 31, 2024. The District Director reported an inability to fill the position due to a hiring freeze and as a result, district leaders continued to work in dual roles.

The OIG found the extended coverage provided by the Deputy District Directors and Associate District Directors for Counseling may have contributed to the morbidity and mortality and HRSF findings in this report.

VCD Positions

At the time of the inspection, 8 of 54 (15 percent) VCD positions were vacant, and one remained open across the district, including 4 VCD positions for six months or more. The 8 VCD vacancies included 2 of 18 (11 percent) in zone 1, 4 of 18 (22 percent) in zone 2, and 2 of 18 (11 percent) in zone 3. According to the District Director, when VCD positions are vacant, other VCDs cover vacancies in addition to their assigned position, affecting vet center staff's ability to have timely access to a supervisor. The District Director also discussed hiring challenges, including the need to announce VCD positions again due to low applicant response rates and selected candidates declining offers. In addition, there have been delays in reposting positions because the VCD functional statement had to be updated to reflect a reclassification of the positions to a higher pay grade.⁷

At the time of the inspection, one VCD position was vacant. The District Director attributed the lack of vacancies to attending weekly meetings focused on recruitment priorities and fostering a strong relationship with human resources to successfully expedite the hiring process. The District Director also emphasized the importance of retaining VCDs, which is aided by the conversion of the VCD position to a higher pay grade and the positive reputation of the vet centers.

Vet Center VCD and Counselor Questionnaire Response

The OIG distributed 239 questionnaires and received 215 (90 percent) responses from district VCDs and counselors to assess perceptions of RCS central office and district leaders' knowledge and responsiveness to staff needs, RCSNet, RCS suicide prevention activities, workload, and workplace culture.⁸ See Table 2 for specific questions and data related to District 3 participant responses.

Table 2. District 3 VCD and Counselor Questionnaire Responses

RCS Central Office Leaders	Agree	Neutral	Disagree
RCS central office leaders are knowledgeable about the needs of vet centers and their staff.	55%	33%	12%
RCS central office leaders are responsive to the needs of vet centers and their staff.	50%	34%	16%
District Leaders	Agree	Neutral	Disagree
Policy changes and new requirements are communicated effectively to vet center clinicians.	56%	30%	14%

⁷ VA Handbook 5003, *Position Classification, Job Grading, and Position Management*, March 14, 2016. "The functional statement is the official statement of the major duties and responsibilities assigned by management to a position. Supervisors and/or managers are responsible for the ongoing accuracy of functional statements."

⁸ VHA Directive 1500(4). 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.

District leaders are knowledgeable about the needs of vet centers and their staff.	65%	27%	8%
District leaders are responsive to the needs of vet centers and their staff.	64%	27%	9%
Organizational Assessment	Agree	Neutral	Disagree
Suicide Prevention			
Suicide prevention is a top priority for RCS.	95%	3%	1%
RCS provides clinicians with the necessary tools for effective suicide prevention (for example, risk assessment, high risk for suicide SharePoint site, external clinical consultant).	81%	16%	3%
RCSNet			
RCSNet is an effective electronic records management system that meets			
Clinical care needs	41%	27%	33%
Documentation needs	40%	27%	34%
Oversight needs (for example, accurate tracking of timeliness and documentation requirements, identification of high risk clients)	35%	29%	36%
Workplace Culture	Agree	Neutral	Disagree
I am encouraged to offer ideas and ask questions to my leaders.	78%	13%	8%
I am encouraged to bring concerns regarding vet center practices to my leaders.	80%	12%	8%
My leaders take action when concerns regarding vet center practices are brought to their attention.	67%	20%	13%
I am supported by my leaders during times of crisis.	80%	13%	8%
Workload	Agree	Neutral	Disagree
I have enough time in a given week to complete all clinical documentation as required (for example, intake assessment, treatment plans, progress notes).	58%	27%	15%
I feel my caseload is manageable.	69%	20%	11%

Source: OIG VCD and counselor questionnaire.

Note: The OIG distributed questionnaires to all district VCDs and counselors on February 24, 2025, for completion by March 8, 2025. Of the 239 questionnaires distributed to staff, 215 provided responses. Due to rounding some percent totals do not equal 100.

The OIG team shared the questionnaire results with the District Director, who categorized most of the responses as positive. The District Director was aware of staff concerns with RCSNet and reported on the organization's continued efforts to improve the system. The District Director also

identified the importance of conducting leadership rounds to promote communication with frontline vet center staff, which aligns with principles of a high reliability organization.⁹

A culture of ownership supported by open communication increases employee engagement and meaningfully informs organizational policies. Stable leadership reinforces an organization's health and performance and drives transformational initiatives. Long-term dependence on district leaders to perform in dual roles over extended periods may affect quality of care and client safety at vet centers because of leaders' competing demands.

The OIG made no recommendations related to leadership stability.

However, in January 2023, the OIG made a recommendation related to district leaders' oversight of clinical quality review deficiency resolution in a district 3 zone 3 inspection report. As of August 4, 2025, the recommendation remains open.¹⁰ The District Director attributed the ongoing open recommendation to delays in the RCS-wide implementation of a new site visit protocol. The Director also discussed how district leaders have historically written remediation plans with goals that lack clear metrics and indicators of success, thereby producing insufficient evidence for timely recommendation closure. The District Director reported implementing a new remediation plan process to assist in closing open recommendations in fiscal year 2024. The OIG will continue to monitor the open recommendations until resolved.

Morbidity and Mortality Reviews

RCS Requirement

Morbidity and mortality reviews must be conducted within 120 days following notification of all active client completed suicides. 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.

⁹ VHA High Reliability Organization (HRO) Reference Guide, September 2024. "VHA's Journey to High Reliability is a long-term commitment to Veterans and our workforce to continuously improve and advance toward Zero Harm across VHA, drawing on lessons learned from other industries, other health systems, and all areas of VHA." Leader rounding is a VHA foundational High Reliability Organization practice.

¹⁰ VA OIG, [Vet Center Inspection of Midwest District 3 Zone 3 and Selected Vet Centers](#); VHA Directive 1500 (4). Administrative and clinical quality reviews are conducted on an annual basis to ensure staff compliance with RCS policy and procedures.

The OIG found district leaders completed a total of three morbidity and mortality reviews within 120 days following notification of suicides. However, the OIG found noncompliance with morbidity and mortality process and completion requirements for zones 2 and 3. During the review period, zone 1 did not have any deaths by suicide.

Morbidity and Mortality Review Findings

The OIG reviewed electronic client records and pertinent documents and interviewed zone leaders to determine compliance with morbidity and mortality requirements. Zones 2 and 3 leaders completed timely morbidity and mortality reviews for suicide completions from October 1, 2023, through September 30, 2024.

Additional Findings

Zones 2 and 3 Morbidity and Mortality Reviews Lacked Required Panel Members

RCS requires morbidity and mortality review panels have a minimum of three licensed mental health professionals, one supporting VA medical facility representative, and two RCS representatives from a vet center where the client did not receive services.¹¹ An Associate District Director for Counseling from a neighboring zone serves as the chair of the review board and the Deputy District Director approves the assigned representatives.¹²

Deputy District Directors for zones 2 and 3 did not ensure morbidity and mortality reviews had the required RCS panel members. The OIG found all three completed morbidity and mortality reviews only had one RCS representative from another vet center on the panel.

The Associate District Director for Counseling for zone 1, who assembled the panels and completed all three morbidity and mortality reviews, reported misunderstanding the policy requiring two RCS representatives.

The zones 2 and 3 Deputy District Directors and District Director signed the morbidity and mortality reports as oversight officials. However, the District Director reported focusing on timeliness and communicating lessons learned rather than panel composition and the zone 2 Deputy District Director reported focusing on report content and recommendations, not the panel composition. The zone 3 Deputy District Director acknowledged reviewing and signing the report but was unaware of the panel requirement.

¹¹ VHA Directive 1500(4). Each vet center aligns with a VA medical facility to ensure access to clinical services and coordination of care for shared clients.

¹² VHA Directive 1500(4). Staff from the vet center where the client was receiving services are not part of the panel “due to the personal emotional impact of an eligible individual’s suicide on the members of a close-knit small service delivery team.”

District leaders also reported a lack of formal morbidity and mortality review training and extended coverage needed for a Deputy District Director and an Associate District Director for Counseling led to more responsibility being delegated to the Associate District Director for Counseling.

A Zone 2 Morbidity and Mortality Review Lacked Required Component

The Associate District Director for Counseling from a neighboring zone is responsible for morbidity and mortality review report preparation. The Deputy District Director must ensure morbidity and mortality reviews are completed and routed to the RCS Deputy Chief Officer.¹³ Morbidity and mortality review reports are required to include components such as introductory information, presenting problem, counseling case summary, conclusions, and recommendations.¹⁴

The Deputy District Director for zone 2 did not ensure that morbidity and mortality reviews contained all required components. Of the two morbidity and mortality reviews completed in zone 2, the OIG found one missing the introductory information.

The zone 1 Associate District Director for Counseling who completed the report and the Deputy District Director for zone 2 both reported the introduction section was missing due to an oversight, but indicated the information was still captured in the report.

Lack of oversight from district leaders and failure to complete thorough reviews of deaths by suicide may delay the identification and communication of actions, practices, and policies that might prevent similar outcomes.

¹³ VHA Directive 1500(4).

¹⁴ VHA Directive 1500(4). Morbidity and mortality reviews include introductory information, date of report, vet center veteran information form number, marital status, employment, education, date of suicide or harm to others with mode of death and military or current stressors, events immediately preceding suicide, presenting problem, counseling case variable, brief family and social history, military history, readjustment counseling service plan, counseling case summary, conclusions, and recommendations.

Morbidity and Mortality Review Recommendation

Recommendation 1

The District Director ensures district leaders follow the Readjustment Counseling Service policy requirements to provide oversight of morbidity and mortality review panel member assignments and report completion.

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 client contacts and outcomes are documented in RCSNet and the HRSF SharePoint site within five business days of receiving the HRSF SharePoint list.¹⁵

The OIG found vet center staff across all three zones were noncompliant with the completion of timely documentation in RCSNet. Consistent with prior OIG findings, the OIG also found continued concerns with HRSF SharePoint site accuracy and utilization attributed to a lack of policy and unclear guidance.

HRSF SharePoint Site Review Findings

The OIG identified all clients who were listed on the HRSF SharePoint site and had a documented contact and outcome from each zone from June 20, 2024, through September 30, 2024.¹⁶ The OIG completed electronic record reviews to determine compliance with the following RCS suicide prevention protocol requirements:

- 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 all zones in district 3 were noncompliant with requirements to document client contact and outcome in RCSNet within five business days. Table 3 provides an overview of HRSF SharePoint site compliance results for all three zones in district 3.

¹⁵ RCS Policy Memoranda RCS-CLI-006, *High Risk Suicide Flag Outreach*, April 27, 2020.

¹⁶ On June 20, 2024, RCS implemented a new methodology for information on the HRSF SharePoint site; therefore, the OIG review period for HRSF SharePoint site dispositions was June 20, 2024, through September 30, 2024.

Table 3. Estimated Compliance of HRSF SharePoint Site and RCSNet Documentation June 20, 2024–September 30, 2024

Review Topic	Zone 1*	Zone 2†	Zone 3§
RCSNet Documentation of Client Contact and Outcomes	45%	33%	61%
RCSNet and HRSF SharePoint Site Documentation Within Five Days	45%	30%	59%

Source: OIG analysis of district 3 zones 1, 2, and 3 electronic record reviews.

*Number of clients in the zone 1 review: 33

†Number of clients in the zone 2 review: 40

§Number of clients in the zone 3 review: 46

The District Director reported that Deputy District Directors have a managerial role in HRSF SharePoint site oversight, while Associate District Directors for Counseling provide clinical oversight of HRSF SharePoint site dispositions and associated documentation in RCSNet.

In alignment with findings in a previous OIG report, district 3 leaders identified a lack of policy and unclear guidance from RCS central office contributed to confusion related to how to disposition clients in the HRSF SharePoint site and subsequent RCSNet documentation, specifically:

- Lack of definitions of contact and follow-up options in the HRSF SharePoint site
- Lack of requirements related to HRSF documentation in RCSNet.¹⁷

District leaders shared that clarification from the RCS Office of Policy and Oversight was often delayed, inconsistent, and not provided in writing, which further contributed to the challenges in providing oversight and guidance to vet center staff. Additionally, district leaders reported that oversight of HRSF documentation in RCSNet was limited by district staff shortages because of competing job responsibilities and unclear role expectations.

The HRSF SharePoint site is part of a national process that ensures clients are not overlooked and allows vet center staff to follow up with clients who are at risk based on clinical concerns.

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

¹⁷ The HRSF SharePoint site client contact disposition options include successful; one, two, or three attempts made; not clinically indicated (for contact); or deceased. HRSF SharePoint follow-up options include scheduled appointment, referred to another vet center, VA medical center or community-based outpatient clinic, or community provider; client requests follow-up calls at later date, client declined services, client refused to speak, or other.

HRSF SharePoint Site Review Recommendations

Recommendation 2

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

Recommendation 3

The Readjustment Counseling Service Chief Officer considers developing an additional written policy for High Risk Suicide Flag SharePoint site disposition and related RCSNet documentation.

Appendix A: RCS Background

With the congressional establishment of vet centers in 1979, RCS provides a wide range of psychosocial services to eligible veterans, service members, and their families in the effort to improve the transition from military to civilian life.¹⁸

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.¹⁹ In 2022, eligibility expanded to allow reserve members of the Armed Forces with a behavioral health condition or psychological trauma to receive services from vet centers.²⁰

In fiscal year 2024, RCS provided counseling services to more than 110,000 clients totaling more than 1.2 million visits.²¹

Vet center services include individual, group, and family counseling for mental health conditions related to military sexual trauma, post-traumatic stress disorder, and other military-related concerns. Vet center staff assess and manage clients at risk for suicide, substance abuse, and other medical and mental health conditions.²² Vet center staff also provide 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.²³

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

¹⁸ “Vet Centers (Readjustment Counseling): Who We Are,” VA, accessed June 4, 2019, https://www.vetcenter.va.gov/About_US.asp; Mayo Clinic, “Post-traumatic stress disorder (PTSD),” accessed September 24, 2024, <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 caused by an extremely stressful or terrifying event—either being part of it or witnessing it. Symptoms may include flashbacks, nightmares, severe anxiety and, uncontrollable thoughts about the event.”

¹⁹ “Vet Centers (Readjustment Counseling): Who We Are,” VA; VHA Directive 1500(4).

²⁰ VHA Directive 1500 (4); William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021, Public Law 116-283, Sect. 762 (January 1, 2021).

²¹ “Vet Centers (Readjustment Counseling): Who We Are,” VA.

²² VHA Directive 1500 (4).

²³ VHA Directive 1500 (4).

realignment resulted in RCS creating a new position for a district director and implementation of organizational transformations in fiscal year 2016.²⁴

RCS is aligned under the VA Under Secretary for Health and, as of September 2024, has governance of 302 vet centers, 85 MVCs, and 22 outstations spanning 5 districts, in addition to the Vet Center Call Center.²⁵ 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 two to four zones, with each zone encompassing 16–24 vet centers.²⁶ 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 the zone. The associate district director for administration is responsible for providing guidance on administrative operations and conducting all administrative quality reviews within the assigned zone. VCDs report to deputy district directors and are responsible for the overall vet center operations including administrative and fiscal operations, execution of outreach plans, supervision of staff, and community relations.²⁷

²⁴ VA, *Response to the Advisory Committee on the Readjustment of Veterans*, May 2015 Recommendations, accessed March 16, 2023, <https://www.va.gov/ADVISORY/Reports/ReportofReadjustMay2016.pdf>. As of July 15, 2025, the VA, *Response to the Advisory Committee on the Readjustment of Veterans*, May 2015. Recommendations information accessed on March 16, 2023, has been removed from the U.S. Department of Veterans Affairs, Advisory Committee Management Office, Advisory Committee on the Readjustment of Veterans website.

²⁵ VHA Directive 1500(4) The Vet Center Call Center, reached at 1-877-WAR-VETS or 1-877-927-8387, is a 24-hour per day, 7-day per week, confidential call center for eligible individuals and their families to receive support regarding their military experience or any other readjustment issue.

²⁶ Total number of vet centers in each zone is based on most recent organization chart for each district.

²⁷ VHA Directive 1500(4).

Appendix B: District 3 Profile and Organizational Structure

Figure B.1 compares the district 3 client demographics across zones during fiscal year 2024.

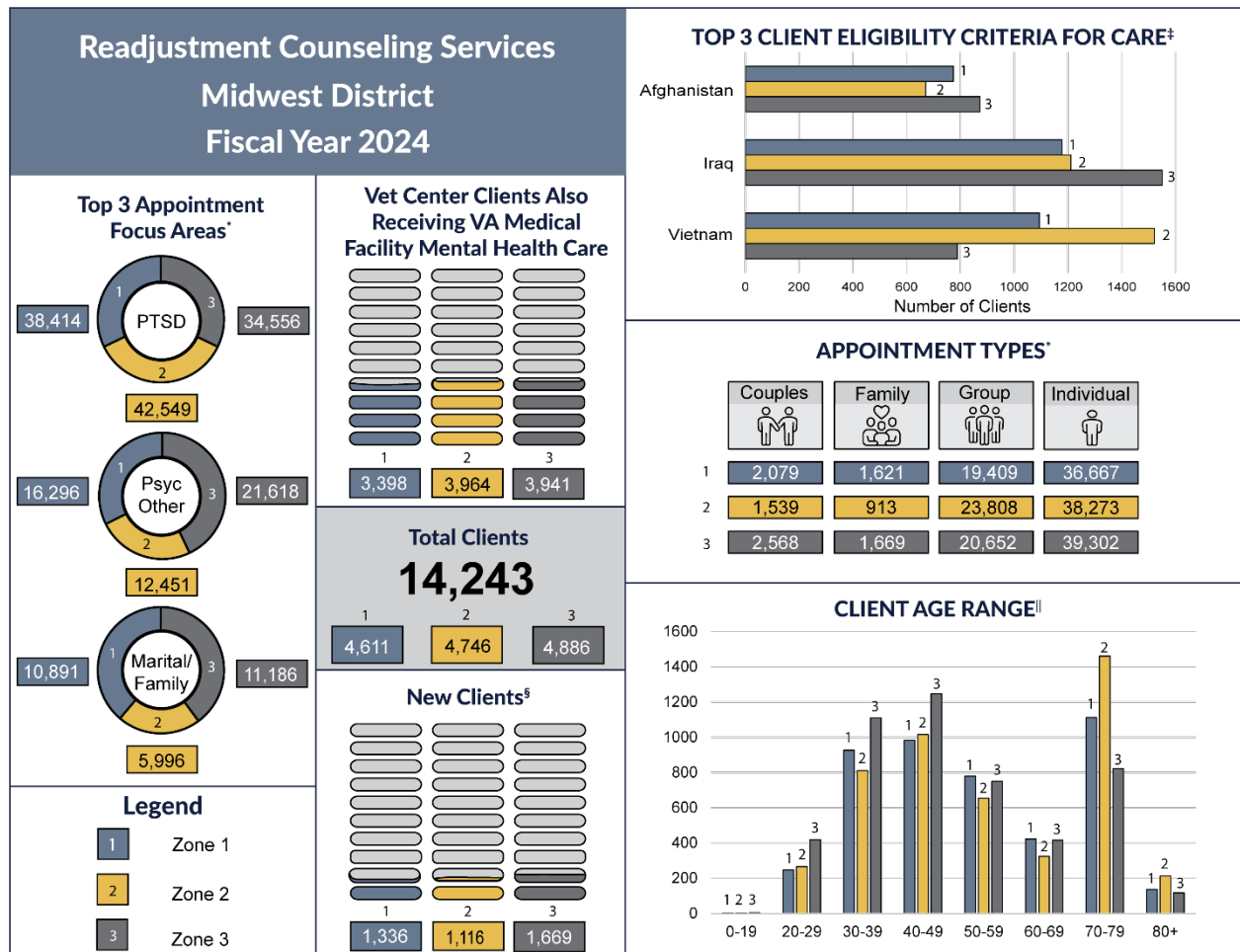


Figure B.1. Client demographics across Midwest District 3 during fiscal year 2024, which spans from October 1, 2023, through September 30, 2024. Figures may not be exact replications of approximate percentages and numbers.

Source: The OIG created the graphic utilizing RCSNet demographic data.

*Clients may be represented in more than one category.

[‡]Top 3 Client Eligibility Criteria for Care represents the three most common circumstances for vet center service eligibility among vet center clients. For additional information on eligible categories, see Appendix A.

[§]New clients are a subset of total clients.

^{||}The OIG calculated client age (as of the last day of fiscal year 2024 [September 30, 2024]) using RCS data.

Table B.1. Fiscal Year 2024 District Profile*
(October 1, 2023–September 30, 2024)

Profile Element	Zone 1		Zone 2		Zone 3	
Total Budget Dollars	\$17,064,498.92		\$19,006,167.92		\$18,444,532.89	
Total Clients	4,611		4,746		4,887	
New Clients	1,336		1,116		1,669	
Veteran Clients	4,445		4,558		4,660	
Active-Duty Clients	131		154		186	
Spouse/Family Clients	0		0		0	
Bereavement Clients	41		34		44	
Position ‡	Authorized	Filled	Authorized	Filled	Authorized	Filled
Total Full-time	122	104	132	113.5	121	120
District Director and District Administrative Staff*	4	4	NA	NA	NA	NA
Zone Leaders (Deputy District Director, Associate District Directors for Counseling and Administration) and Zone Administrative Staff	4	4	4	4	4	4
Vet Center Director	18	17	18	15	18	17
Clinical Staff	65	56	78	65	62	62
Vet Center Outreach Program Specialist	17	13	18	16	19	19
Vet Center Office Staff	18	14	18.5	18	18	18
Contract Providers	0	0	2	2	2	2

Source: RCS data from District 3.

*District Director and Administrative staff work across all zones.

‡Position information provided as of September 30, 2024.

Figure B.2 depicts the district 3 organizational structure and the vet center locations the OIG inspected.

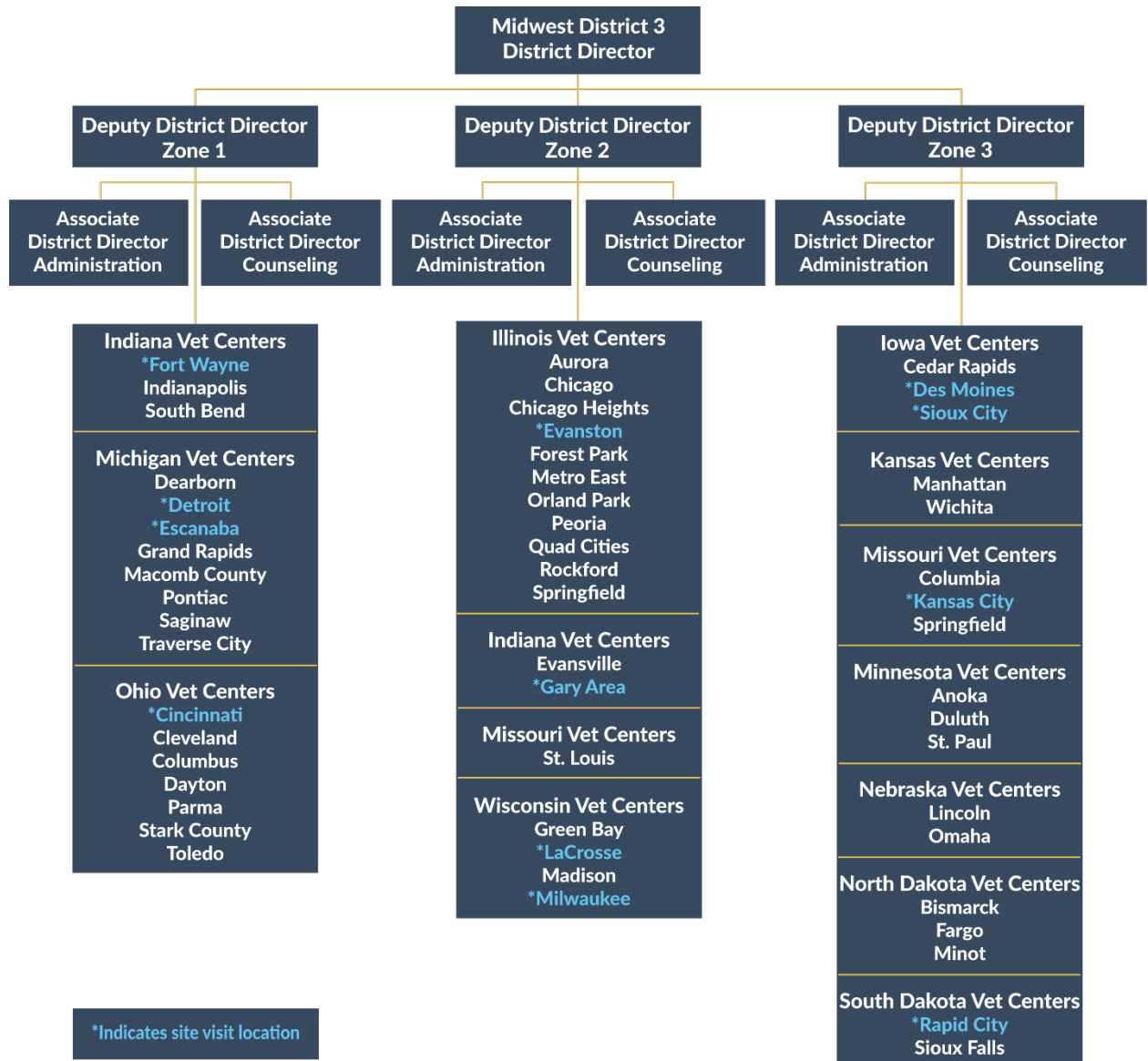


Figure B.2. RCS organizational district and zone structure.

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*	Zone 3 Assignment Date*
District Director	October 23, 2023		
Deputy District Director	Vacant [‡]	July 30, 2023	July 30, 2023
Associate District Director for Counseling	November 7, 2021	May 22, 2022	April 6, 2025 [§]
Associate District Director for Administration	September 16, 2018	Vacant	October 9, 2022

Source: OIG-developed using analysis of RCS information.

*Leadership position assignment dates as of March 7, 2025.

[‡] The District Director reported the Deputy District Director for Zone 1 had been on an assigned detail since July 11, 2022, which resulted in five staff members being assigned to provide coverage from July 11, 2022–April 13, 2025. The position is currently vacant. During the coverage period, the Deputy District Director for Zone 2 was the only Deputy District Director in the entire district for 30 days.

[§] The Acting Deputy District Director shared that the Associate District Director for Counseling for Zone 3 had been on an extended absence since February 18, 2022, and vacated the position on January 10, 2025. The Associate District Directors for Counseling for Zones 1 and 2 split coverage of the Zone 3 position from February 18, 2022, through October 19, 2024, when a detail was assigned to the Zone 3 position on October 20, 2024. The position was filled on April 6, 2025.

^{||} The Associate District Director for Administration position for Zone 2 has been vacant since December 31, 2024.

Table C.2. Zone 1, 2, and 3 Vet Center Director Positions Hiring Status and Vacancy Length from March 7, 2024, Through March 7, 2025

Vet Center Location	Date Position Filled	Length of Vacancy
Zone 1		
Dearborn Vet Center	January 10, 2016	NA
Detroit Vet Center	September 29, 2019	NA
Grand Rapids Vet Center	August 13, 2023	NA
Fort Wayne Vet Center	December 24, 2017	NA
Indianapolis Vet Center	September 27, 2020	NA
Saginaw Vet Center	January 3, 2021	NA
Escanaba Vet Center	March 4, 2018	NA
Macomb County Vet Center	December 29, 2024	8 months
Pontiac Vet Center	September 11, 2022	NA
South Bend Vet Center	December 4, 2022	NA
Traverse City Vet Center	September 11, 2022	NA
Cincinnati Vet Center	November 8, 2020	NA
Cleveland Vet Center	September 16, 2018	NA
Parma Vet Center	March 27, 2022	NA
Columbus Vet Center	November 20, 2022	NA
Dayton Vet Center	October 8, 2023	NA
Toledo Vet Center	January 15, 2023	NA
Stark County Vet Center	June 30, 2024	3 months

Vet Center Location	Status of Vacancy	Length of Vacancy
Zone 2		
Chicago Heights Vet Center	December 29, 2024	2 months
Chicago Vet Center	September 10, 2023	NA
Forest Park Vet Center	June 20, 2021	NA
Gary Area Vet Center	August 18, 2019	NA
St. Louis Vet Center	December 15, 2024	6 months
Milwaukee Vet Center	June 16, 2024	2 months
Peoria Vet Center	February 13, 2014	NA
Evansville Vet Center	October 10, 2021	NA
Madison Vet Center	January 10, 2016	NA
Evanston Vet Center	December 15, 2024	4 months
Springfield Vet Center	July 30, 2023	NA
Metro East Vet Center	October 28, 2018	NA
Quad Cities Vet Center	October 18, 2015	NA
Orland Park Vet Center	December 14, 2015	NA
Aurora Vet Center	September 12, 2021	NA
Green Bay Vet Center	December 14, 2015	NA
LaCrosse Vet Center	July 4, 2021	NA
Rockford Vet Center	April 10, 2022	NA

Vet Center Location	Status of Vacancy	Length of Vacancy
Zone 3		
Minot Vet Center	February 26, 2023	NA
Des Moines Vet Center	December 14, 2015	NA
Fargo Vet Center	September 11, 2022	NA
Kansas City Vet Center	February 18, 2018	NA
St. Paul Vet Center	June 7, 2020	NA
Rapid City Vet Center	August 1, 2021	NA
Omaha Vet Center	September 1, 2019	NA
Sioux Falls Vet Center	December 4, 2022	NA
Wichita Vet Center	October 15, 2017	NA
Lincoln Vet Center	September 29, 2019	NA
Sioux City Vet Center	February 25, 2024	NA
Duluth Vet Center	March 26, 2023	NA
Cedar Rapids Vet Center	June 2, 2024	1 year
Manhattan Vet Center	January 10, 2016	NA
Anoka Vet Center	March 3, 2019	NA
Columbia Vet Center	September 4, 2018	NA
Bismarck Vet Center	Vacant	6 months
Springfield Vet Center	January 10, 2016	NA

Source: OIG-developed using analysis of RCS information.

Appendix D: RCS Chief Readjustment Counseling Officer Memorandum

Department of Veterans Affairs Memorandum

Date: September 12, 2025

From: Chief Officer, Readjustment Counseling Service (10RCS)

Subj: Inspection of Midwest District 3 Vet Center Operations

To: Director, Office of Healthcare Inspections, Vet Center Inspection Program (VC00)
Director, GAO/OIG Accountability Liaison (VHA 10B GOAL)

1. Thank you for the opportunity to review and comment on the Office of Inspector General (OIG) draft report, Inspection of Midwest District 3 Operations. I have reviewed the recommendations and submitted action plans to address all the findings in the report.
2. Should you require any additional information, please contact Readjustment Counseling Service.

(Original signed by:)

Michael Fisher

[OIG comment: The OIG received the above memorandum from VHA on September 12, 2025.]

Chief Officer Response

Recommendation 3

The Readjustment Counseling Service Chief Officer considers developing an additional written policy for High Risk Suicide Flag SharePoint disposition and related RCSNet documentation.

☒ Concur

☐ Nonconcur

Target date for completion: March 2026

Chief Officer Comments

Readjustment Counseling Service will review HRSF procedures and consider developing additional written guidance for HRSF SharePoint site disposition and related RCSNet documentation.

Appendix E: RCS Midwest District 3 Director Memorandum

Department of Veterans Affairs Memorandum

Date: September 11, 2025

From: District Director, Midwest District 3 (RCS3)

Subj: Inspection of Midwest District 3 Vet Center Operations

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

1. Thank you for the opportunity to review and comment on the Office of Inspector General (OIG) draft report, Inspection of Midwest District 3 Operations.
2. I have reviewed the draft report and am working with the Midwest District 3 leadership team and Vet Center Directors (VCD) to implement a plan of correction and sustainment for all recommendations. District leaders and VCDs took action to begin resolving concerns identified during the inspection and will continue to monitor until there is sufficient evidence to demonstrate compliance with all findings. I am requesting closure of recommendation 1 as District 3 Vet Center Operations is now compliant with the panel member requirements for the Morbidity and Mortality review process. District leaders have amended their tracking process related to panel requirements based on further review and understanding of agency policy.
3. Please express my thanks to the team for their professionalism and assistance in our continuing efforts to improve the care we provide to our Veterans.

(Original signed by:)

Joseph Dudley

[OIG comment: The OIG received the above memorandum from VHA on September 12, 2025.]

District Director Response

Recommendation 1

The District Director ensures district leaders follow the Readjustment Counseling Service policy requirements to provide oversight of morbidity and mortality review panel member assignments and report completion.

☒ Concur

☐ Nonconcur

Target date for completion: Request Closure.

Director Comments

In Fiscal Year 2024, Midwest District 3 did not achieve full compliance with including all required panel members in the Morbidity and Mortality review process. District leadership reviewed policy requirements to provide oversight of morbidity and mortality review procedures. One Morbidity and Mortality review was completed within District 3, fiscal year to date. The completed Morbidity and Mortality review is compliant with policy requirements. District leaders have implemented processes to ensure compliance through the enhancement of trackers utilized by leadership to include details related to timeliness and panelist pre-approval. District leadership will verify sustained compliance through review of trackers for timeliness, thoroughness, and participation in the identified panelist pre-approval process.

OIG Comments

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

Recommendation 2

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

☒ Concur

☐ Nonconcur

Target date for completion: March 2026

Director Comments

During Fiscal Year 2024, Midwest District 3 Vet Centers were not consistently compliant with documentation within the High-Risk Suicide Flag (HRSF) SharePoint site and associated documentation required within RCSNet. Reasons for non-compliance included a lack of clarity in procedural guidance and District oversight procedures. District 3 leadership will further review available guidance related to the HRSF list and seek clarity, if needed. Vet Center Directors (VCDs) continue to disposition HRSF list entries each month. VCDs will track compliance locally on an ongoing basis via the disposition process, as well as associated chart reviews of all high-risk cases that were present on the list. District leadership will verify sustained compliance through a monthly review of completed high-risk entries.

OIG Contact and Staff Acknowledgments

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