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VETERANS HEALTH ADMINISTRATION

Inspection of North Atlantic District 1 Vet Center Operations

Vet Center Inspection	24-02172-253	August 21, 2026

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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. On September 8, 2025, the OIG announced a district-wide inspection to Readjustment Counseling Service (RCS) leaders and conducted virtual interviews from October 6 through December 3, 2025. This inspection focused on vet center operations in North Atlantic District 1 (district 1), evaluating three review areas that influence service delivery and the quality of client care within the district.[1] The OIG examined RCS leadership stability and key operations from October 1, 2023, through September 30, 2024. In addition, the OIG collected and reviewed information from the months prior to the inspection related to staff vacancies and high risk suicide flag (HRSF) SharePoint site activity. The OIG team requested updated information from district leaders in May 2026.

District review areas included

- leadership stability and staff perceptions of RCS operations,
- morbidity and mortality reviews, and
- the HRSF SharePoint site.

Review of Leadership Stability and Staff Perceptions of RCS Operations

To evaluate district 1 leadership stability and staff perceptions of RCS operations, the OIG reviewed position vacancies and distributed a questionnaire to vet center directors (VCDs) and counselors. The OIG found one Deputy District Director and two Associate District Directors for

[1] VHA Directive 1500(3), *Readjustment Counseling Service*, January 26, 2021, amended June 5, 2023, was in place during part of the OIG's inspection review period. On November 21, 2023, it was replaced by VHA Directive 1500(4), *Readjustment Counseling Service*, January 26, 2021, amended November 21, 2023. This directive was then replaced on March 3, 2025, 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; RCS is divided into five districts. Each district consists of two to four zones and 16–26 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. Due to a government shutdown and furlough, the review team ceased work from October 20 through November 13, 2025.

Administration provided coverage for other zones due to extended staff absences, which limited the ability to provide effective oversight. The OIG identified 19 VCD vacancies in the 12 months prior to the OIG inspection.

The OIG distributed questionnaires to 338 district VCDs and counselors to assess perceptions of central office and district leaders' knowledge of staff needs and responsiveness, RCS suicide prevention activities, RCSNet (a system of records that is only viewable by RCS staff), workplace culture, and workload.[2] The OIG team shared the results from the 281 (83 percent) returned questionnaires with the District Director, who confirmed alignment with prior staff feedback.

Morbidity and Mortality Reviews

Veterans Health Administration (VHA) Directive 1500(4), *Readjustment Counseling Service,* requires morbidity and mortality reviews to be completed within 120 days following notification of any active client completed suicides. District leaders completed reviews for all five clients who died by suicide from October 1, 2023, through September 30, 2024, but three were not completed within 120 days. The OIG learned during interviews that three district leaders did not notify the RCS Deputy Chief Officer of these delays as required. Additionally, the OIG found that staff did not ensure that two morbidity and mortality review reports completed in zones 2 and 3 contained all required components per VHA Directive 1500(4).[3] Further, RCS central office staff did not distribute morbidity and mortality review report lessons learned nationally across RCS to support suicide prevention efforts as required.

The OIG issued two recommendations to the District Director related to morbidity and mortality reviews and one recommendation to the RCS Chief Officer related to the national distribution of morbidity and mortality review lessons learned.

High Risk Suicide Flag SharePoint Site

The OIG found that all zones in district 1 were noncompliant with documenting contact and outcome information in RCSNet within five business days for clients determined to be at high risk for suicide, as outlined in the RCS Suicide Prevention Program, *"High-Risk Suicide Flag*

[2] VHA Directive 1500(4). RCSNet's independence from VA medical facilities and the 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] The zone 3 Deputy District Director served in an acting capacity for zone 2 and signed the zone 2 review during the inspection period. At the time of the OIG inspection, the zone 2 Deputy District Director had been on military leave since fall 2025, is expected to return in spring 2026, and was not interviewed. The Deputy District Director for zone 3 was assigned to provide zone 2 coverage during this time frame. For this report, the acting zone 2 Deputy District Director will be referred to as the zone 2 and 3 Deputy District Director.

Frequently Asked Questions (FAQ)."[4] Consistent with prior OIG findings, the OIG found ongoing issues with a lack of policy and unclear guidance from the RCS Office of Policy and Oversight about how to disposition clients in the HRSF SharePoint site and subsequent RCSNet documentation. In addition, the OIG found the HRSF SharePoint site had been inaccessible to staff since June 2025. According to the RCS Deputy Chief Officer, the site itself remains functional, but the Microsoft Power Apps platform used by RCS to document client follow-up has not worked since June 2025.[5] The RCS Deputy Chief Officer explained a solution is being developed to integrate with RCSNet, with a pilot expected in the second quarter of fiscal year 2026.

The OIG issued one recommendation to the District Director concerning HRSF SharePoint-related RCSNet documentation requirements and one recommendation to the RCS Chief Officer related to HRSF SharePoint site functionality.

Conclusion

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

The OIG will monitor implementation and focus its oversight efforts on the effectiveness and efficiencies of programs and services that improve the health and welfare of veterans and their families.

VA Comments and OIG Response

The RCS Chief Officer and District Director concurred with the recommendations and provided action plans (see appendixes D and F). The RCS Chief Officer provided plans to distribute morbidity and mortality review lessons learned nationally across RCS and implement a solution

[4] RCS, Memorandum RCS-CLI-006, *High Risk Suicide Flag Outreach*, April 27, 2020; RCS, *Suicide Prevention Program Frequently Asked Questions (FAQ)*.

[5] "Power Apps is a suite of apps, services, connectors, and a data platform" used to create custom business apps. It enables organizations to turn manual processes into digital, automated processes that can be accessed through a browser or mobile device. Power Apps can connect to many data sources, including SharePoint, via standard and custom connectors. "What is Power Apps?," Microsoft, accessed January 20, 2026, https://learn.microsoft.com/en-us/power-apps/powerapps-overview.

to address individuals identified on the High Risk for Suicide list. The District Director provided plans to (1) monitor compliance with the implemented morbidity and mortality tracker; (2) ensure that all morbidity and mortality review components are addressed and all warranted recommendations are included; and (3) improve compliance with HRSF SharePoint-related RCSNet documentation requirements. Based on information provided, the OIG considers all recommendations open to allow time for the submission of evidence of compliance and will follow up on the planned actions until they are completed.

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Contents

Abbreviations

HRSF	high risk suicide flag
OIG	Office of Inspector General
RCS	Readjustment Counseling Service
VCD	vet center director
VHA	Veterans Health Administration

Introduction

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 VA Office of Inspector General (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.

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, as defined in VHA Directive 1500(4), *Readjustment Counseling Service*; see appendix A for RCS background information.[1] Vet centers are community-based facilities that provide a wide range of psychosocial services to clients to support a successful transition from military to civilian life.[2]

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.

Scope and Methodology

The OIG randomly selected North Atlantic District 1 (district 1) 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 and staff perceptions of RCS operations,

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*, amended November 21, 2023. This directive was replaced by VHA Directive 1500(5), *Readjustment Counseling Service*, amended March 3, 2025. Unless otherwise specified, the requirements in the directives contain the same or similar language. Therefore, as of November 21, 2023, all aspects of the review will reference VHA Directive 1500(4). 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."; 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). "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 September 8, 2025, the OIG announced the inspection to RCS leaders and conducted virtual interviews from October 6 through December 3, 2025.[4] The OIG interviewed district leaders, reviewed RCS practices and policies, conducted electronic record reviews, and distributed a questionnaire to district 1 clinical staff.[5] The OIG examined RCS leadership stability and key operations from October 1, 2023, through September 30, 2024. In addition, the OIG collected and reviewed information from the months prior to the inspection related to staff vacancies and HRSF SharePoint site activity. The OIG team requested updated information related to staffing, training, and the HRSF SharePoint site from district leaders in May 2026.

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.

[3] The OIG evaluated morbidity and mortality reviews completed from October 1, 2023, through September 30, 2024. VHA Directive 1500(3) was in place during part of the OIG inspection review period. On November 21, 2023, it was replaced by 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. Morbidity and mortality reviews are clinician lead quality reviews 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, 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] Work was suspended from October 20, 2025, to November 13, 2025, due to the government shutdown and furlough. Prior to the district inspection, the OIG conducted on-site inspections of three vet centers in each zone in district 1 from June 9, 2025, through July 24, 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 North Atlantic District 1 Zone 1*, Report No. 25-00369-98, March 31, 2026; VA OIG, *Inspection of Select Vet Centers in North Atlantic District 1 Zone 2,* Report No. 25-00371-97, March 31, 2026; VA OIG, *Inspection of Select Vet Centers in North Atlantic District 1 Zone 3,* Report No. 25-00372-96, March 31, 2026; and VA OIG, *Inspection of Select Vet Centers in North Atlantic District 1 Zone 4,* Report No. 25-00373-95, March 31, 2026.

[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).

District 1 Overview and Service Area Characteristics

The following figure depicts the location of all district 1 vet centers, those inspected by the OIG, and available mobile vet centers.

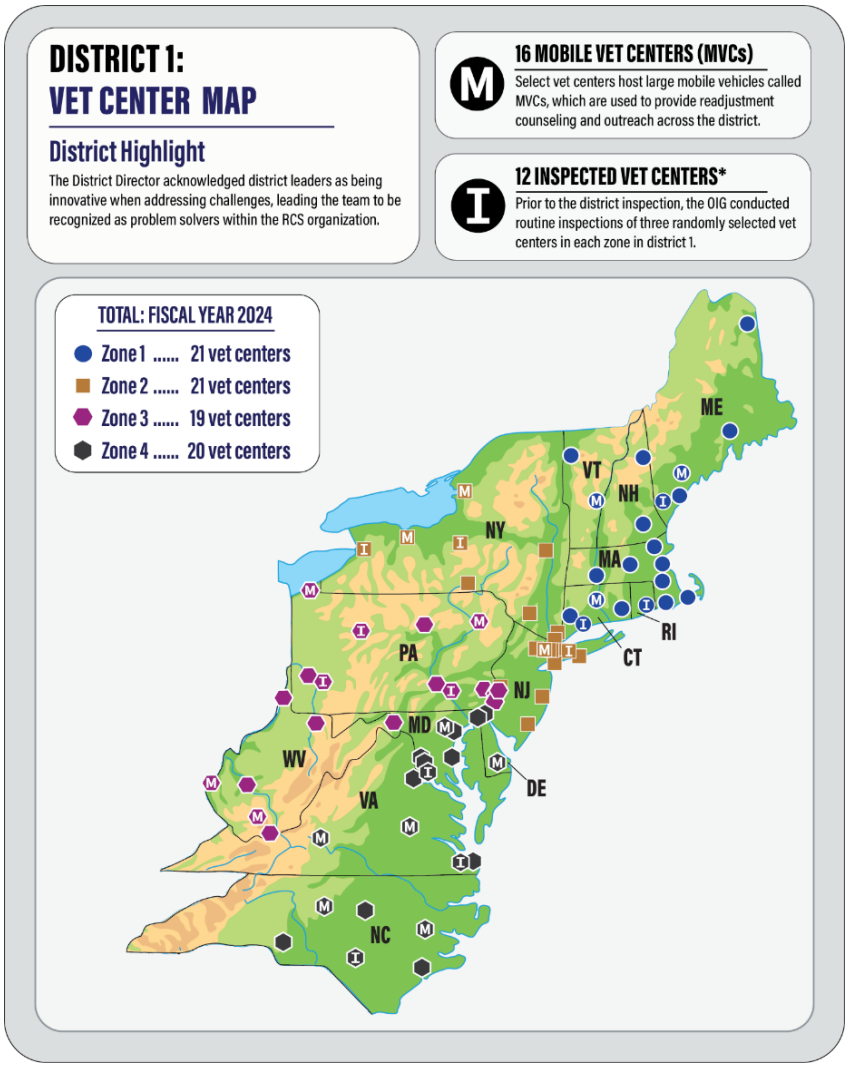

Figure 1. *Map of North Atlantic District 1 vet centers, sites inspected by the OIG, and mobile vet center assignments.*
Source: OIG using RCS vet center data and documentation, including the district 1 organizational chart; VA OIG, Inspection of Select Vet Centers in North Atlantic District 1 Zone 1, Report No. 25-00369-98; Inspection of Select Vet Centers in North Atlantic District 1 Zone 2, Report No. 25-00371-97; Inspection of Select Vet Centers in North Atlantic District 1 Zone 3, Report No. 25-00372-96; and Inspection of Select Vet Centers in North Atlantic District 1 Zone 4, Report No. 25-00373-95.
Note: Fiscal year 2024 is from October 1, 2023, through September 30, 2024.
**OIG-inspected vet centers: Providence, Rhode Island; New Haven, Connecticut; Sanford, Maine; Buffalo, Syracuse, and Nassau, New York; White Oak, DuBois, and Lancaster, Pennsylvania; Chesapeake, Virginia; Prince George's County, Maryland; Fayetteville, North Carolina. The zone 4 total does not include the newly approved Fredericksburg Vet Center. District leaders are securing leased space for the new center.*

As directed by VHA Directive 1500(4), mobile vet centers are used to provide counseling, outreach, and access to VHA services. In district 1, mobile vet centers were used for clinical services an average of 17.84 percent of the time across all four zones.

The following table provides an overview of district 1 district leaders' 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 1 Overview

Zone	District Leader Identified Highlights	District Leader Identified Challenges
Zone 1	Staff attended the VA/Department of Defense Suicide Prevention Conference and gained resources and best practices, which were later shared with other VCDs during a zone VCD Summit.*	VCDs and program support staff covered vet center vacant positions amid staffing shortages and recruitment delays.
Zone 2	District leaders and VCDs completed relocation and construction projects at three vet centers.	The delayed rollout of the new Clinical Site Visit form resulted in increased pressure on district leaders to complete site visits within the required time frame and reduced availability to staff in the field.
Zone 3	The White Oak Vet Center was honored with a mayoral proclamation in recognition of its 2nd Annual Galentine's Day celebration.	The Deputy District Director covered 20 vet centers in zone 2, which limited the ability to perform oversight.
Zone 4	District leaders initiated the process of creating a new vet center in Fredericksburg, Virginia.	Vet center support staff shortages hindered outreach efforts and administrative operations.

Source: OIG interviews and document requests with district 1 District Director, zone 2 Acting Deputy District Director and zone 1, 3, and 4 Deputy District Directors.

** "Thank you for your interest in the VA/DOD Suicide Prevention Conference!," U.S Department of Veterans Affairs, accessed November 20, 2025, https://department.va.gov/suicide-prevention-conference/.*

Inspection Results

Leadership Stability and Staff Perceptions of RCS Operations Review

To evaluate district 1 leadership stability and staff perceptions, the OIG reviewed position vacancies across the district and distributed a questionnaire to clinical staff.[6] Appendix C provides a detailed overview of district leaders and vet center director (VCD) position stability.

District Leader Positions

At the time of the OIG inspection, the District Director had been in the position for just under six years. In September 2025, a district staff member reported the zone 2 Deputy District Director went on extended military leave. The zone 3 Deputy District Director covered zone 2, in addition to zone 3, significantly increasing oversight responsibilities. The Deputy District Director noted this additional coverage made it extremely difficult to provide adequate oversight.

Three Associate District Directors for Counseling were hired within the 12 months prior to the OIG inspection. A district staff member stated from December 2024 through July 2025, the Associate District Director for Administration positions in zones 1 and 2 required coverage due to extended absences. The zones 3 and 4 Associate District Directors for Administration provided coverage until staff were detailed to the positions. As of May 2026, the zone 1 Associate District Director for Administration remained on extended military leave.

Vet Center Director Positions

The OIG identified 19 VCD vacancies in the 12 months prior to the inspection, including 1 vacancy that lasted for more than 2 years, 1 that lasted for more than 1 year, and 6 that lasted for 6–12 months. The 19 VCD vacancies included 3 of 21 (14 percent) in zone 1; 5 of 21 (24 percent) in zone 2; 5 of 19 (26 percent) in zone 3; and 6 of 20 (30 percent) in zone 4. According to the District Director, when VCD positions are vacant, other VCDs cover vacancies in addition to their assigned vet center, affecting the VCD's ability to provide quality oversight. The District Director reported hiring challenges, including candidates declining offers requiring repeat postings for the same positions, and a limited number of qualified applicants.

At the conclusion of the inspection, four VCD positions remained vacant; however, in May 2026, the OIG team was informed that all four vacancies had been filled.

[6] To evaluate RCS leadership stability the OIG evaluated vacancies and coverage for the District Director, Deputy District Director, Associate District Director for Counseling, Associate District Director for Administration, and VCD positions.

Vet Center Director and Counselor Questionnaire Response

The OIG distributed 338 questionnaires and received 281 (83 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.[7] See table 2 for specific questions and data related to district 1 participant responses.

Table 2. District 1 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.	33%	39%	28%
RCS central office leaders are responsive to the needs of vet centers and their staff.	30%	39%	32%
District Leaders	Agree	Neutral	Disagree
Policy changes and new requirements are communicated effectively to vet center clinicians.	40%	32%	28%
District leaders are knowledgeable about the needs of vet centers and their staff.	42%	35%	22%
District leaders are responsive to the needs of vet centers and their staff.	40%	35%	25%
Organizational Assessment	Agree	Neutral	Disagree
Suicide Prevention			
Suicide prevention is a top priority for RCS.	88%	9%	3%
RCS provides clinicians with the necessary tools for effective suicide prevention (for example, risk assessment, high risk for suicide SharePoint site, external clinical consultant).	72%	20%	8%
RCSNet			
RCSNet is an effective electronic records management system that meets:			
Clinical care needs	25%	30%	45%
Documentation needs	26%	29%	46%
Oversight needs (for example, accurate tracking of timeliness and documentation requirements, identification of high-risk clients)	20%	21%	59%

[7] 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.

Workplace Culture	Agree	Neutral	Disagree
I am encouraged to offer ideas and ask questions to my leaders.	60%	22%	17%
I am encouraged to bring concerns regarding vet center practices to my leaders.	59%	24%	17%
My leaders take action when concerns regarding vet center practices are brought to their attention.	44%	35%	21%
I am supported by my leaders during times of crisis.	64%	22%	13%
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).	40%	32%	28%
I feel my caseload is manageable.	45%	29%	26%

Source: OIG VCD and counselor questionnaire.
Note: The OIG distributed questionnaires to district VCDs and counselors on September 15, 2025, for completion by October 3, 2025. Of the 338 staff who were provided questionnaires, 281 provided responses. Due to rounding, some percent totals do not equal 100.

The OIG team shared the questionnaire results with the District Director, who confirmed the feedback was consistent with prior staff input from district-wide calls. The District Director acknowledged staff concerns regarding unmanageable workloads driven by staffing shortages, high caseloads, and RCSNet inefficiencies. The District Director stated uncertainty related to budget and potential agency reorganization hindered efforts to fill positions, requiring district leaders to prioritize hiring based on vet center client demand. The OIG also shared the results with the RCS Deputy Chief Officer, who reported being unsure how to further address concerns regarding central office's knowledge and responsiveness to the needs of vet centers and their staff, as there were multiple feedback mechanisms in place promoting communication with all staff.

Open District 1 Recommendations from Prior Reports

In May 2023, the OIG issued recommendations in the district 1 zones 3 and 4 inspection reports, focusing on district leaders' oversight of internal clinical quality review deficiency resolution, clinical consultation for shared clients at high risk for suicide, and compliance with confidentiality requirements when coordinating with the supporting VA medical facility. As of May 18, 2026, five of these recommendations remained open.[8] The District Director attributed the remaining open recommendations to a lack of consistent supporting evidence for recommendation closure, staff's limited understanding of care coordination requirements for clients at high risk for suicide, and improper use and inaccurate completion of release of

[8] VA OIG, *Vet Center Inspection of North Atlantic District 1 Zone 3 and Selected Vet Centers*, Report No. 21-03233-122, May 25, 2023, and VA OIG, *Vet Center Inspection of North Atlantic District 1 Zone 4 and Selected Vet Centers*, Report No. 21-03269-123, May 25, 2023.

information forms. In fiscal years 2025 and 2026, leaders conducted training for clinical staff to address these challenges. The OIG will continue to monitor the open recommendations until resolved.

Morbidity and Mortality Reviews

VHA Directive 1500(4) Requirements

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. Further, all delays in morbidity and mortality review completion are reported to the Deputy Chief Officer. Additionally, lessons learned from morbidity and mortality reviews are required to be shared nationally across RCS to support suicide prevention efforts[.[9]

The OIG reviewed electronic client records and pertinent documents and interviewed district leaders to determine compliance with morbidity and mortality requirements. In a review of RCS documentation, the OIG found five clients who died by suicide from October 1, 2023, through September 30, 2024, all of whom had morbidity and mortality reviews completed by district leaders. Table 3 provides an overview of timeliness of completion for those reviews.

Table 3. Zone 1, 2, 3, and 4 Morbidity and Mortality Review Completion Timeliness

October 1, 2023–September 30, 2024

Criteria for Morbidity and Mortality Review Required Within 120 days	Reviews Completed Within 120 days for Zone 1	Reviews Completed Within 120 days for Zone 2	Reviews Completed Within 120 days for Zone 3	Reviews Completed Within 120 days for Zone 4
Suicide Completions	1 of 2	0 of 1	0 of 1	1 of 1

Source: OIG analysis of RCS district 1 documentation.

The former zone 2 Associate District Director for Counseling reported an oversight in tracking timeliness as a reason for delays in morbidity and mortality review completion.[10] The zone 2 and 3 Deputy District Director signed one review in each zone that was not completed within 120 days. The Deputy District Director reported relying on the Associate District Directors for

[9] VHA Directive 1500(4), *Readjustment Counseling Service*. During the review period, all crisis events occurred after November 21, 2023; therefore, all morbidity and mortality reviews were due within 120 days.

[10] The former zone 2 Associate District Director for Counseling, now in RCS Quality Assurance, was in the position during the review period.

Counseling to track timeliness due to competing job priorities.[11] Additionally, the zone 1 Deputy District Director and zone 4 Associate District Director for Counseling were either hired before or after the review was completed and could not provide reasons for the delays.[12]

The District Director attributed delays in morbidity and mortality reviews to district leaders' workload demands and challenges securing a supporting VA medical facility clinician for panel participation. The District Director reported staff are completing timely reviews after implementing a quality review tracker in October 2024. However, the OIG reviewed 4 of the 10 morbidity and mortality reviews provided from the new tracker and found that 2 of the 4 exceeded the 120-day time frame—one finalized at 124 days and another at 195 days.

Morbidity and Mortality Review Components

Per VHA Directive 1500(4), 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] Each report should include introductory information, date of report, "vet center veteran information form number, marital status, employment status, 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 variables, brief family and social history, military history, readjustment counseling service plan," counseling case summary, conclusions, and recommendations.[14]

The OIG found the two morbidity and mortality review reports completed in zones 2 and 3 did not have one or more of the following key components: readjustment counseling service plan details, mode of death, discussion of possible relationship to military-related stressors, military history section, and the district director signature. District leaders reported a lack of formal morbidity and mortality review training, including required template components and its oversight, as a reason for noncompliance. The District Director acknowledged reviewing all reports for components required by VHA Directive 1500(4) before signing but could not explain missing components, except the missing signature, which was due to using an outdated template lacking a signature line.

[11] The zone 3 Deputy District Director served in acting capacity for zone 2 and signed the zone 2 reviews during the inspection period. The zone 2 Deputy District Director has been on extended military leave since fall 2025 and was expected to return in spring 2026. For this report, the acting zone 2 Deputy District Director will be referred to as the zone 2 and 3 Deputy District Director.

[12] The zone 4 Associate District Director for Counseling was originally hired for zone 5 on March 23, 2025, then transferred to zone 4 on August 15, 2025. The zone 1 Deputy District Director position was filled on March 10, 2025.

[13] VHA Directive 1500(4).

[14] VHA Directive 1500(4).

Morbidity and Mortality Review Delays

VHA Directive 1500(4), requires that all delays in morbidity and mortality review completion be reported to the Deputy Chief Officer.

The OIG team learned during interviews that zones 1, 2, and 3 district leaders did not report morbidity and mortality review completion delays to the Deputy Chief Officer as required. Additionally, the Deputy Chief Officer (acting Operations Officer), stated that the RCS Quality Assurance team, responsible for monitoring the timeliness of reviews, did not notify the Deputy Chief Officer of delays.

The former zone 1 Associate District Director for Counseling, who is now part of the RCS Quality Assurance team responsible for providing oversight of reviews, reported the Deputy Chief Officer was not notified of delays due to an unintentional oversight, and the district leaders reported being unaware of the requirement to notify the Deputy Chief Officer of delays.

Morbidity and Mortality Review Recommendations

VHA Directive 1500(4) requires that morbidity and mortality reviews include recommendations for alternative courses of action to better ensure client safety.

The OIG determined that recommendations were warranted yet not made for one of the two zone 1 morbidity and mortality reviews. Documentation in RCSNet showed vet center staff did not increase the client's suicide risk level despite worsening depressive symptoms, legal issues, financial stressors, physical pain, and social and occupational stressors, including job loss and suicidal ideation with preparatory behaviors.

The former zone 1 Associate District Director for Counseling, who is now part of the RCS Quality Assurance team responsible for reviewing morbidity and mortality reviews, mistakenly stated recommendations were not needed since the former VCD and counselor who provided these services were no longer employed by RCS. Additionally, the zone 1 Deputy District Director indicated that increasing the client's suicide risk level would not have resulted in alternate care and, therefore, recommendations were not made. However, upon a second review at the request of the OIG, the District Director acknowledged a recommendation should have been made but could not explain why it was omitted, nor why it was missed during the initial review.

Morbidity and Mortality Review Lessons Learned

VHA Directive 1500(4) requires that lessons learned from morbidity and mortality reviews be shared nationally across RCS to support suicide prevention efforts.

Through interviews, the OIG found that lessons learned and best practices were not being disseminated by RCS central office to vet centers nationally. The Deputy Chief Officer confirmed the absence of a structured national process for morbidity and mortality review

analysis and distribution and indicated dissemination of lessons learned and best practices was an area for improvement.

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

Morbidity and Mortality Review Recommendations

Recommendation 1

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

Recommendation 2

The District Director ensures district leaders are aware of the Readjustment Counseling Service policy requirements to provide oversight of morbidity and mortality review completion, including all review components, the appropriateness of recommendations, and reporting delays to the Deputy Chief Officer.

Recommendation 3

The Readjustment Counseling Service Chief Officer ensures morbidity and mortality review lessons learned are distributed nationally across Readjustment Counseling Service to support suicide prevention efforts.

High Risk Suicide Flag SharePoint Site Review

RCS Memorandum RCS-CLI-006, *High Risk Suicide Flag Outreach* Requirements

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]

On May 21, 2025, the OIG verified that previously identified functionality and accuracy issues with the HRSF SharePoint had been resolved; therefore, the OIG reviewed all clients with a contact and outcome entered into the HRSF SharePoint site from each zone from April through June 2025. The OIG completed electronic record reviews to determine compliance with the RCS

[15] RCS Memorandum RCS-CLI-006, *High Risk Suicide Flag Outreach*, April 27, 2020; RCS, *Suicide Prevention Program Frequently Asked Questions (FAQ)*.

suicide prevention protocol requirements for documentation of client contact and outcome in RCSNet within five business days of receiving the HRSF SharePoint site list.

The OIG determined that all zones in district 1 were noncompliant with requirements to document client contact and outcome in RCSNet within five business days. Table 4 summarizes HRSF SharePoint site contacts, outcomes, and related RCSNet documentation compliance results for all four zones in district 1.

Table 4. Compliance of HRSF SharePoint Site related RCSNet Documentation April –June 2025

Review Topic	Zone 1 (17 Clients)	Zone 2 (15 Clients)	Zone 3 (28 Clients)	Zone 4 (26 Clients)
RCSNet Documentation of Client Contact and Outcomes	31%	67%	64%	42%
RCSNet Documentation Within Five Days	29%	67%	64%	42%

Source: OIG analysis of district 1 zones 1, 2, 3, and 4 HRSF SharePoint site contacts and outcomes and related RCSNet electronic record reviews.

The District Director reported not providing oversight of HRSF SharePoint site dispositioning or documentation within RCSNet, instead relying on the deputy district directors to address HRSF oversight issues.

In alignment with findings in previous OIG reports, district 1 leaders identified a lack of policy and unclear guidance from the RCS Office of Policy and Oversight contributed to confusion about how to disposition clients in the HRSF SharePoint site and document in RCSNet. They also noted a lack of training and limited understanding of HRSF SharePoint site processes.

District leaders reported not reviewing RCSNet documentation and HRSF SharePoint site dispositions for alignment. District leaders shared that RCS Office of Policy and Oversight staff facilitate bi-weekly calls with district leaders to provide guidance; however, district leaders reported the calls were ineffective and written information was difficult to locate.

According to RCSs "High Risk Suicide Flag Outreach" memorandum, 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 of suicide based on clinical concerns.[16]

[16] Chief Officer, RCS, "High Risk Suicide Flag Outreach," memorandum to all vet center staff, April 27, 2020.

In October 2025, the OIG made a recommendation to the RCS Chief Officer related to the development of written guidance for HRSF SharePoint disposition and related RCSNet documentation.[17] As of June 1, 2026, the HRSF SharePoint policy recommendation remained open; therefore, the OIG will continue to monitor the progress to closure and not make a new recommendation.

Additionally, in early 2023, the OIG identified concerns with the accuracy and functionality of the HRSF SharePoint site and issued one recommendation to the RCS Chief Officer, which was closed in July 2025.[18]

During this inspection, the OIG found that as of June 2025, the HRSF SharePoint site was not accessible to staff. District leaders stated the issue was circumvented by the RCS Office of Policy and Oversight staff emailing district leaders a monthly HRSF SharePoint site client spreadsheet, which district leaders then forwarded to VCDs for dispositioning. After VCDs from each zone enter client disposition data, district leaders consolidate and submit the finalized spreadsheet to the RCS Office of Policy and Oversight.

The RCS Deputy Chief Officer stated that while the HRSF SharePoint site remained functional, the Microsoft Power Apps platform used by RCS to disposition clients had not operated as intended since June 2025.[19] RCS reverted to a manual process using spreadsheets, which became time-consuming for the RCS Office of Policy and Oversight and the National Service Support Center.[20] The RCS Deputy Chief Officer explained a solution is being developed that would integrate with RCSNet and would be piloted. As of May 20, 2026, RCS continues using the manual process.

The lack of access to the HRSF SharePoint site and reliance on a manual, multi-step process to share high risk for suicide client information could lead to errors or missed interventions.

[17] VA OIG, *Inspection of Midwest District 3 Vet Center Operations*, Report No. 24-00392-240, October 14, 2025.

[18] VA OIG, *Inspection of Southeast District 2 Vet Center Operations*, Report No. 22-03941-144, April 18, 2024.

[19] "Power Apps is a suite of apps, services, connectors, and a data platform" used to create custom business apps. It enables organizations to turn manual processes into digital, automated processes that can be accessed through a browser or mobile device. Power Apps can connect to many data sources, including SharePoint, via standard and custom connectors. "What is Power Apps?," Microsoft, accessed January 20, 2026, https://learn.microsoft.com/en-us/power-apps/powerapps-overview.

[20] *Readjustment Counseling Service Guidelines and Instructions for Vet Center Administration*, November 2010. The RCS National Service Support Center maintains the national electronic data base of data collected and analyzed for program evaluation and development.

HRSF SharePoint Site Review Recommendations

Recommendation 4

The District Director identifies reasons for noncompliance with HRSF SharePoint-related RCSNet documentation requirements, ensures requirements are met, and monitors compliance.

Recommendation 5

The Readjustment Counseling Service Chief Officer ensures implementation of a planned solution to address the high risk suicide flag SharePoint site malfunction and ensures data accuracy and functionality as intended.

Conclusion

The OIG conducted an inspection across three review areas and issued three recommendations for improvement to the District Director and two recommendations to the RCS Chief Officer related to completion and oversight of morbidity and mortality reviews for client deaths by suicide, national distribution of lessons learned from morbidity and mortality reviews, HRSF SharePoint-related RCSNet documentation requirements, and the accuracy and functioning of the HRSF SharePoint site.

The RCS Chief Officer and District Director concurred with the recommendations and provided action plans. The RCS Chief Officer provided plans to distribute morbidity and mortality review lessons learned nationally across RCS and implement a solution to address individuals identified on the High Risk for Suicide list. The District Director provided plans to (1) monitor compliance with the implemented morbidity and mortality tracker; (2) ensure that all morbidity and mortality review components are addressed and all warranted recommendations are included; and (3) improve compliance with HRSF SharePoint-related RCSNet documentation requirements. Based on information provided, the OIG considers all recommendations open to allow time for the submission of evidence of compliance and will follow up on the planned actions until they are completed.

The OIG will monitor implementation and focus its oversight efforts on the effectiveness and efficiencies of programs and services that improve the health and welfare of veterans and their families.

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.[21]

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.[22] 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.[23]

In fiscal year 2024, RCS provided counseling services to more than 110,000 clients totaling more than 1.2 million visits.[24]

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.[25] 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.[26]

RCS Leadership Organizational Structure

In May 2015, the VA Federal 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

[21] "Vet Centers (Readjustment Counseling): Who We Are," VA, accessed April 24, 2026, https://www.vetcenter.va.gov/About_US.asp; "Vet Center (Readjustment Counseling): Vet Center Services," https://www.vetcenter.va.gov/VETCENTER/Vet_Center_Services.asp, accessed April 24, 2026; 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."

[22] "Vet Centers (Readjustment Counseling): Who We Are," VA; VHA Directive 1500(4).

[23] VHA Directive 1500(4); Care and Readiness Enhancement for Reservists Act of 2020, Public Law 116-283, 134 Stat. 3724, January 1, 2021.

[24] "Vet Centers (Readjustment Counseling)," VA, accessed May 1, 2025, https://www.vetcenter.va.gov.

[25] VHA Directive 1500(4).

[26] VHA Directive 1500(4).

services within VHA." The realignment resulted in RCS creating a new position for a district director and implementation of organizational transformations in fiscal year 2016.[27]

RCS is aligned under the VA Under Secretary for Health and, as of September 2024, has governance of 303 vet centers, 87 mobile vet centers, and 22 outstations spanning 5 districts, in addition to the Vet Center Call Center.[28] 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. As of September 2024, each district is divided into two to four zones, with each zone encompassing 16–26 vet centers.[29] Deputy district directors supervise zone associate district directors for counseling and associate district directors for administration. The associate district director for counseling is responsible for providing guidance for all RCS matters and conducting both counseling quality reviews and morbidity and mortality reviews. 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.[30]

[27] 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. (The information had been removed when the website was accessed on April 21, 2026.)

[28] 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.

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

[30] VHA Directive 1500(4).

Appendix B: District 1 Profile and Organizational Structure

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

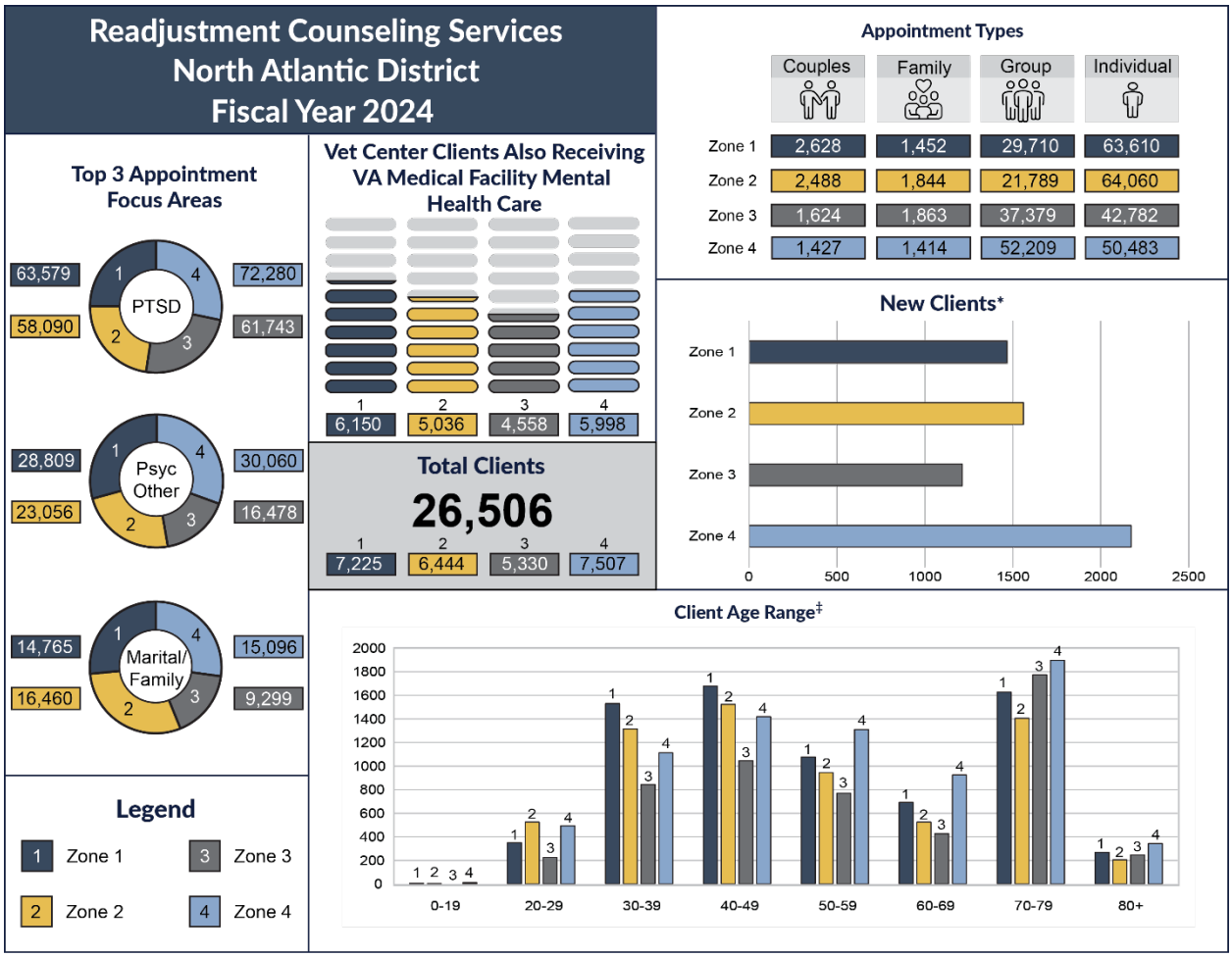

Figure B.1. *Client demographics across North Atlantic District 1 during fiscal year 2024, which spans October 1, 2023, through September 30, 2024. Figures may not be exact replications of approximate percentages and numbers.*
Source: The OIG created the graphic utilizing RCSNet demographic data that included Corporate Data Warehouse information.
**New clients are a subset of total clients.*
‡The OIG calculated client age using RCS data and is the client's age on the last day of fiscal year 2024 (September 30, 2024).

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

Profile Element	Zone 1		Zone 2		Zone 3		Zone 4	
Total Budget Dollars	$22,124,550.80		$22,330,898.82		$14,990,243.92		$18,507,323.43	
Total Clients	7,228		6,444		5,333		7,499	
New Clients	2,405		2,234		1,712		2,748	
Veteran Clients	6,972		5,934		5,189		7,020	
Active-Duty Clients	202		446		96		400	
Spouse/Family Clients	799		741		781		772	
Bereavement Clients	54		64		48		79	
Position ‡	**Authorized**	**Filled**	**Authorized**	**Filled**	**Authorized**	**Filled**	**Authorized**	**Filled**
Total Full-Time	169	133	158	143	134	114	159	131
District Director and District Administrative Staff*	4	4	NA	NA	NA	NA	NA	NA
Zone Leaders (Deputy District Director, Associate District Directors for Counseling and Administration), and Zone Administrative Staff	4	3	4	4	4	4	4	4
Vet Center Director	21	18	21	20	19	18	21	18
Clinical Staff	104	81	92	82	72	61	92	75
Vet Center Outreach Specialist	19	16	20	18	18	15	21	18
Vet Center Office Staff	21	15	21	19	21	16	21	16
Contract Providers	0	0	0	0	0	0	0	0

Source: RCS data from District 1.

**District Director and Administrative staff work across all zones and are not included in the total authorized and filled positions.*

‡Position information provided as of June 12, 2025.

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

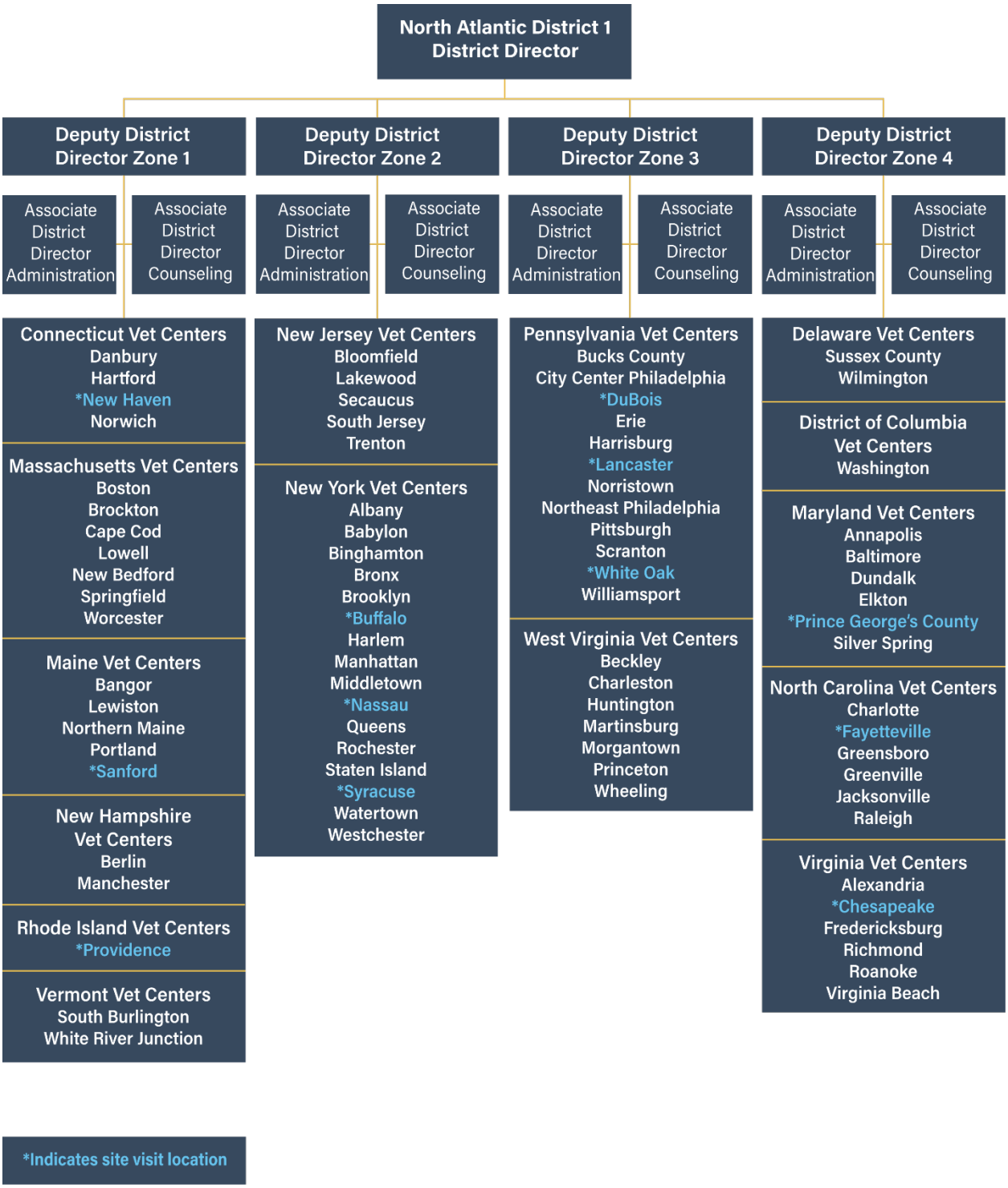

Figure B.2. *RCS organizational district and zone structure.*
Source: OIG-developed using analysis of RCS information.

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*	Zone 4 Assignment Date*
District Director	December 9, 2019			
Deputy District Director	March 10, 2024	July 15, 2024‡	January 5, 2017	September 12, 2021
Associate District Director for Counseling	October 6, 2024	October 6, 2024	July 23, 2018	August 15, 2025§
Associate District Director for Administration	August 9, 2022‖	May 11, 2020#	October 21, 2021	June 16, 2024

Source: OIG-developed using analysis of RCS information with updates noted below provided by the RCS program analyst.

**Leadership position assignment dates as of September 30, 2025.*

‡The Deputy District Director for zone 2 had been on military leave since September 22, 2025, and was expected to return in May 2026. The Deputy District Director for zone 3 was assigned to provide coverage during this time frame.

§The Associate District Director for Counseling for zone 4 became the acting Associate District Director for Counseling for zone 4 on June 29, 2025, and was officially transferred to the zone 4 position on August 15, 2025.

‖The Associate District Director for Administration for zone 1 was on leave and subsequent military leave since April 11, 2025, and was expected to return from military leave on July 11, 2026. The Associate District Directors for Administration for zones 3 and 4 split coverage of the zone 1 position from April 11, 2025, through July 18, 2025, when a detail was assigned to the zone 1 position on July 18, 2025.

#The Associate District Director for Administration for zone 2 was on extended leave from December 11, 2024, through January 21, 2025, and again February 24 to July 14, 2025. During these periods, the Associate District Directors for Administration for zones 3 and 4 shared coverage of the zone 2 position from December 11, 2024, through January 21, 2025, and again February 24 to March 24, 2025, until a detail was assigned March 24 to July 18, 2025.

Table C.2. Zone 1, 2, 3, and 4 Vet Center Director Positions Hiring Status and Vacancy Length from September 30, 2024, through December 3, 2025

Vet Center Location	Date Position Filled	Length of Vacancy
Zone 1		
Boston Vet Center	September 14, 2020	NA
Springfield Vet Center	July 9, 2019	NA
Brockton Vet Center	October 6, 2025	1 month*
Manchester Vet Center	October 20, 2025	2 months*
Providence Vet Center	June 18, 2023	NA
Portland Vet Center	September 9, 2024	NA
New Haven Vet Center	January 12, 2025	1 year, 3 months
Hartford Vet Center	June 6, 2023	NA
South Burlington Vet Center	June 17, 2012	NA
Northern Maine Vet Center	February 26, 2023	NA
Bangor Vet Center	January 31, 2022	NA
White River Junction Vet Center	December 23, 2019	NA
Lowell Vet Center	January 7, 2019	NA
Worcester Vet Center	December 26, 2018	NA
Norwich Vet Center	September 13, 2020	NA
New Bedford Vet Center	July 30, 2023	NA
Lewiston Vet Center	December 27, 2015	NA
Sanford Vet Center	August 12, 2024	NA
Berlin Vet Center	January 27, 2022	NA
Cape Code Vet Center	September 11, 2023	NA
Danbury Vet Center	December 5, 2022	NA

Vet Center Location	Date Position Filled	Length of Vacancy
Zone 2		
Secaucus Vet Center	February 10, 2025	7 months
Brooklyn Vet Center	October 20, 2022	NA
Manhattan Vet Center	April 30, 2018	NA
Buffalo Vet Center	August 31, 2020	NA
Queens Vet Center	November 12, 2017	NA
Bronx Vet Center	April 6, 2014	NA
Albany Vet Center	May 1, 2007	NA
Bloomfield Vet Center	July 10, 2006	NA
Trenton Vet Center	June 1, 2025	3 months
Babylon Vet Center	February 26, 2024	NA
Westchester Vet Center	May 10, 2020	NA
Rochester Vet Center	June 16, 2025	3 months
Syracuse Vet Center	February 4, 2018	NA
Staten Island Vet Center	April 21, 2025	9 months
Harlem Vet Center	June 18, 2023	NA
Watertown Vet Center	August 31, 2020	NA
Binghamton Vet Center	November 20, 2022	NA
Nassau Vet Center	December 31, 2023	NA
Middletown Vet Center	October 12, 2020	NA
Lakewood Vet Center	June 30, 2024	NA
South Jersey Vet Center	November 18, 2024	5 months

Vet Center Location	Date Position Filled	Length of Vacancy
Zone 3		
Huntington Vet Center	October 22, 2015	NA
City Center Philadelphia Vet Center	June 2, 2024	NA
Pittsburgh Vet Center	June 14, 2015	NA
Williamsport Vet Center	February 11, 2024	NA
Morgantown Vet Center	Vacant	7 months*
Harrisburg Vet Center	February 26, 2023	NA
Northeast Philadelphia Vet Center	August 5, 2019	NA
White Oak Vet Center	September 12, 2022	NA
Erie Vet Center	January 12, 2025	2 months
Charleston Vet Center	January 26, 2025	2 years, 2 months
Martinsburg Vet Center	May 19, 2024	NA
DuBois Vet Center	August 15, 2022	NA
Scranton Vet Center	October 25, 2021	NA
Beckley Vet Center	April 21, 2025	3 months
Princeton Vet Center	February 4, 2018	NA
Wheeling Vet Center	May 19, 2024	NA
Bucks County Vet Center	February 14, 2020	NA
Norristown Vet Center	December 1, 2025	8 months*
Lancaster Vet Center	February 13, 2022	NA

Vet Center Location	Date Position Filled	Length of Vacancy
Zone 4		
Baltimore Vet Center	February 26, 2024	NA
Chesapeake Vet Center	February 15, 2022	NA
Elkton Vet Center	January 4, 2009	NA
Silver Spring Vet Center	Vacant	2 months[§]
Washington DC Vet Center	February 26, 2024	NA
Wilmington Vet Center	February 23, 2025	2 months
Richmond Vet Center	Vacant	8 months[§]
Roanoke Vet Center	August 26, 2024	NA
Alexandria Vet Center	March 23, 2023	NA
Annapolis Vet Center	April 16, 2018	NA
Dundalk Vet Center	August 26, 2024	NA
Prince George's County Vet Center	November 8, 2020	NA
Virginia Beach Vet Center	January 4, 2009	NA
Sussex Vet Center	Vacant	1 month[§]
Fredericksburg Vet Center	February 23, 2025[‡]	NA
Fayetteville Vet Center	November 8, 2020	NA
Charlotte Vet Center	April 12, 2020	NA
Greenville Vet Center	June 7, 2020	NA
Greensboro Vet Center	January 3, 2022	NA
Raleigh Vet Center	September 8, 2025	11 months
Jacksonville Vet Center	April 20, 2025	7 months

Source: OIG-developed using analysis of RCS information.

[*]*This position was filled after September 9, 2025; therefore, vacancy calculations include time beyond that date.*

[§]*Vacancy calculation as of December 3, 2025.*

[‡]*According to the Deputy District Director, the Fredericksburg Vet Center, a newly approved facility, is currently staffed by a VCD and one counselor. District leaders and the VCD are working to secure a leased location for the new center.*

Appendix D: RCS Chief Readjustment Counseling Officer Memorandum

Department of Veterans Affairs Memorandum

Date: July 8, 2026

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

Subj: Inspection of North Atlantic District 1 Vet Center Operations

To: Director, Office of Healthcare Inspections, Vet Center Inspection Program (VC00)
Chief Integrity and Compliance Officer (10OIC)

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

(*Original signed by*:)

Dr. Colleen Richardson
Chief Officer, Readjustment Counseling Service (10RCS)

[OIG comment: The OIG received the above memorandum from VHA on July 21, 2026.]

Chief Officer Response

Recommendation 3

The Readjustment Counseling Service Chief Officer ensures morbidity and mortality review lessons learned are distributed nationally across Readjustment Counseling Service to support suicide prevention efforts.

_X__Concur

____Nonconcur

Target date for completion: December 2026

Chief Officer Comments

Readjustment Counseling Service (RCS) acknowledges the importance of nationally distributing lessons learned from morbidity and mortality reviews to strengthen suicide prevention efforts. RCS will develop a standardized approach to facilitate the distribution and implementation of lessons learned from morbidity and mortality reviews across the enterprise. The estimated timeframe to initiate the approach is the first quarter of fiscal year 2027.

Recommendation 5

The Readjustment Counseling Service Chief Officer ensures implementation of a planned solution to address the high risk suicide flag SharePoint site malfunction and ensures data accuracy and functionality as intended.

_X__Concur

____Nonconcur

Target date for completion: December 2026

Chief Officer Comments

RCS concurs with the need to implement a solution to address individuals identified on the High Risk for Suicide list. The High-Risk Suicide Flag SharePoint site is functioning properly. However, the Power App associated with the site, which is used to action (Veteran Information Form) VIFs, is currently not operational. As a result, VIFs are not uploaded to the SharePoint site and are actioned via a manual process (an Excel spreadsheet). RCS is actively working on establishing an updated process for receiving and documenting the disposition of High-Risk Suicide Flag/REACH-VET individuals within RCS' electronic health record system. This will streamline the current process. Once development is complete, District leadership will disseminate and implement the guidance, ensure that staff are informed and trained on the updated requirements, incorporate the finalized criteria into local procedures, and monitor the

timely and accurate actioning of VIFs to support suicide prevention efforts across all Vet Centers. Compliance checks will be completed monthly by the ADDC [Associate District Directors for Counseling].

Appendix E: RCS North Atlantic District 1 Director Memorandum

Department of Veterans Affairs Memorandum

Date: July 8, 2026

From: Director District 1, North Atlantic District (RCS1)

Subj: Inspection of North Atlantic District 1 Vet Center Operations

To: Chief Readjustment Counseling Officer, RCS (10RCS)
Chief Integrity and Compliance Officer (10OIC)

Thank you for the opportunity to review and comment on the Office of Inspector General (OIG) draft report, Inspection of North Atlantic District 1 Operations.

I have reviewed the draft report and am working with the North Atlantic District 1 leadership team and Vet Center Directors (VCD), when appropriate, to implement a plan of correction and sustainment for all recommendations. District leaders 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.

Please express my thanks to the team for their professionalism and assistance in our continuing efforts to improve the care we provide for our Veterans.

(*Original signed by*:)

Joanne Boyle
District Director

[OIG comment: The OIG received the above memorandum from VHA on July 21, 2026.]

District Director Response

Recommendation 1

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

_X__Concur

____Nonconcur

Target date for completion: May 2026

Director Comments

District leadership identified inconsistent completion of morbidity and mortality (M&M) reviews within the required timeframe. To address this, an M&M tracker was implemented in October 2025, and the Associate District Director for Counseling reviews it weekly during the district staff meeting with the District Director. This tracker ensures that M&M reviews for client deaths by suicide are completed from the date of crisis notification to the date the M&M report is uploaded to the national SharePoint, in compliance with the 120-day requirement. Since implementation, all four required M&M reviews have been completed within the designated timeframe. District 1 leadership will continue to use the M&M tracker to monitor ongoing compliance and ensure all requirements are met within the 120-day timeframe.

OIG Comments

The OIG considers this recommendation open to allow time for the submission of documentation demonstrating sustained compliance of morbidity and mortality review completion.

Recommendation 2

The District Director ensures district leaders are aware of the Readjustment Counseling Service policy requirements to provide oversight of morbidity and mortality review completion, including all review components, the appropriateness of recommendations, and reporting delays to the Deputy Chief Officer.

_X__Concur

____Nonconcur

Target date for completion: December 2026

Director Comments

District leadership identified gaps in the completion of morbidity and mortality (M&M) reviews, specifically related to the use of the current template, appropriateness of recommendations, and reporting delays to Deputy Chief Officer. In response, the district leadership team reviewed the RCS policy requirements for M&M reviews outlined in VHA Directive 1500(5). The District Director provided guidance that staff must use the link included in VHA Directive 1500(5) to access the RCS National SharePoint Site Internal, which houses the most current Mortality and Morbidity Report Protocol. The district's tracking system was subsequently revised to ensure the correct template is used prior to report submission. The tracker is reviewed weekly during the district's staff meeting. If, during this review, a delay in the timeline is identified, the District Director will notify the Deputy Chief Officer of delays via email to the Office of Policy & Oversight email group. Prior to the report being signed, a consultation will occur in which the report is reviewed by District Director, the Deputy District Director, and assigned Associate District Director for Counseling to ensure that all components are addressed and all warranted recommendations are included.

Recommendation 4

The District Director identifies reasons for noncompliance with HRSF SharePoint-related RCSNet documentation requirements, ensures requirements are met, and monitors compliance.

__X__Concur

____Nonconcur

Target date for completion: 2026

Director Comments

District leadership has taken steps to improve compliance with HRSF SharePoint-related RCSNet documentation requirements. Challenges contributing to noncompliance include inaccurate completion of the HRSF Excel list, creation of non-visit progress notes in RCSnet that do not align with entries on the HRSF Excel list, and inconsistent adherence to the required 5-business day processing timeframe. To address these issues and ensure requirements are met, Associate District Directors for Counseling (ADDC) have implemented daily chart reviews to verify timely action and accurate documentation, which will continue from the list's release date through completion. When a concern is identified, the ADDC immediately notifies the Vet Center Director directly via email, copying the Deputy District Director, and instructs the Vet Center Director to take corrective action or update the documentation as required.

Compliance measures will be calculated by the District Program Analyst once the list has been completed. The numerator will be defined as the number of Veterans' charts correctly documented within the required timeframe, and the denominator as the total number of Veterans

identified on the HRSF list. The District Program Analyst will report compliance data in the District 1 Monthly Quality Assurance meeting.

OIG Contact and Staff Acknowledgments

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