



STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

**Close to Home: Supporting Vet Centers in Meeting the Needs of
Veterans and Military Personnel**

for

2nd SESSION of the 117th CONGRESS

before the

**HOUSE COMMITTEE ON VETERANS' AFFAIRS,
SUBCOMMITTEE ON HEALTH**

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Presented by

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EXECUTIVE SUMMARY

VA's Readjustment Counseling Service (RCS) is the office within the Department of Veterans Affairs (VA) Health Administration (VHA) that oversees Vet Centers. Vet Centers provide a unique complement of counseling and support services delivered through community-based facilities. Congress established Vet Centers on June 13, 1979. At the time, Vietnam-era veterans were not accessing VA services in the same manner as their World War II and Korean peers. Congress recognized these veterans were experiencing significant readjustment problems when they returned home and needed counseling and support services to help ease their transition from military to civilian life.

Vet Centers have evolved over the years, and Congress has expanded eligibility to veterans who served during other periods of armed conflict or operations. Vet Centers have earned the reputation of being one of the "best kept secrets" in VA. Today, these centers offer a wide range of social and psychosocial services, including professional readjustment counseling to eligible veterans, active duty servicemembers, members of the National Guard and reserve components, and their families.

In 2003, VA expanded Vet Center bereavement counseling services to surviving parents, spouses, children, and siblings of servicemembers who die of any cause while on active duty, to include federally activated Reserve and Guard personnel. More recent legislation further extends eligibility to reserve component members of the armed forces who served on active service in response to a national emergency or major disaster declared by the president, or for the National Guard under state orders; an individual in the Coast Guard who participated in a drug interdiction operation; and any member of a reserve component who has a behavioral condition or psychological trauma.

After almost 43 years of service to veterans, these community-based centers continue to grow in scope and value to meet the demands of those they serve. VA has done an exceptional job in promoting and expanding Vet Center capacity to meet the increasing demand for vital services in a way that honors and respects those who serve or have served — not treating veterans as patients in the VA health system, but recognizing them as individuals with unique experiences in service. VA recognized the importance of delivering services in a community setting that included a supportive environment where individuals feel safe and are welcomed — a community they can call their own.

The following statement outlines MOAA's assessment of current Vet Center capacity and recommendations for ensuring servicemembers, veterans and their families continue to get excellent care at Vet Centers.

MOAA's Position: We are very supportive of the Vet Center mission and urge Congress and VA to continue its ongoing analysis and oversight of RCS and Vet Center operations, and to make the requisite investment needed to successfully execute current and future demands.

CHAIRWOMAN BROWNLEY AND RANKING MEMBER BERGMAN, and members of the Subcommittee, on behalf of the Military Officers Association of America (MOAA), thank you for the opportunity to present our views on the Department of Veterans Affairs Readjustment Counseling Service (RCS) and how Vet Centers are supporting our servicemembers, veterans and their families.

MOAA does not receive any grants or contracts from the federal government.

VET CENTER VALUE

MOAA is grateful for the subcommittee's interest in holding this important hearing to gain more insight on how best to support Vet Centers in meeting the needs of veterans and servicemembers now and in the future.

Congress has long been a staunch advocate for readjustment counseling services delivered through the Vet Centers. MOAA members and veterans very much appreciate congressional attention given in recent years to advancing new legislation expanding Vet Center services:

- **Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019** (Public Law No. 116-171, Oct. 17, 2020)¹ — Authorizes RCS to provide scholarships to individuals who work toward mental health degrees and seek employment at Vet Centers. Requires a certain number of years of service post-graduation.
- **Vet Center Eligibility Expansion Act** (Public Law No. 116-176, Oct. 20, 2020)² — Opens eligibility to:
 - Reserve component members of the armed forces who served on active service in response to a national emergency or major disaster declared by the president, or for the National Guard under state orders.
 - Any individual who participated in a drug interdiction operation as a member of the Coast Guard, regardless of the location of operation.
- **William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021** (Public Law No. 116-283, Jan. 1, 2021)³ — VA, in consultation with the Secretary of Defense, may extend Vet Center eligibility to any member of the reserve components of the armed forces who has a behavioral health condition or psychological trauma.
- **Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020** (Public Law No. 116-315, Jan. 5, 2021)⁴

¹ [Text - S.785 - 116th Congress \(2019-2020\): Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 | Congress.gov | Library of Congress](#)

² [Text - H.R.1812 - 116th Congress \(2019-2020\): Vet Center Eligibility Expansion Act | Congress.gov | Library of Congress](#)

³ [Text - H.R.6395 - 116th Congress \(2019-2020\): William M. \(Mac\) Thornberry National Defense Authorization Act for Fiscal Year 2021 | Congress.gov | Library of Congress](#)

⁴ [Text - H.R.7105 - 116th Congress \(2019-2020\): Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 | Congress.gov | Library of Congress](#)

- Creates a retreat program for all Vet Center-eligible veterans and family members to augment the readjustment counseling they are receiving.
- Requires VA and RCS to implement a two-year pilot program assessing the feasibility and advisability of providing child care assistance to veterans receiving Vet Center services.

The historic contributions of Vet Centers over the last four decades have been remarkable, and the value of these services has spawned advances in legislation and policy since 1991 to further meet the needs of veterans. The need for readjustment counseling services has never been greater. As domestic and global diplomacy and military operations and conflicts become ever more complex and uncertain, Vet Centers have proven their value and worth over time. In modern times, Congress has passed legislation to expand and improve these vital services.

Readjustment counseling service uses multiple venues and assets to meet veterans', servicemembers', and families' needs within a given community. RCS assets include:

- 300 Vet Centers — VA brick-and-mortar storefront facilities in the community.
- 23 Vet Center Outstations — VA-leased spaces in Vet Center catchment areas where there is a growing demand for services. Over time, outstations may convert to full service when demand is such to require a center.
- Over 1,000 Center Community Access Points — Community-donated spaces for part-time services where VA staff support is minimal. These may be spaces on college campuses, within businesses, etc. Should demand increase in the community, VA may convert to leased spaces to meet requirements.
- 83 Mobile Vet Centers — VA maintains a fleet of vehicles to provide outreach and services to veterans and families geographically distant from VA services. These are an extension of the brick-and-mortar centers. These units also support demobilization activities at military bases and National Guard and reserve locations, and provide services during national emergencies and disasters.

Like many veteran service organizations (VSOs), MOAA members and veterans, and their families, tout the positive, life-saving services delivered through the Vet Centers. The stories of the help and hope offered through Vet Centers resonate with so many who have used these services.

One veteran caregiver shared the following:

“I was at my wit’s end trying to manage my son’s medical care through VA. It is a full-time job caring for my son who is 100% disabled from being wounded in Iraq. His traumatic brain injury and post-traumatic stress disorder, and severe bouts of depression, are severe requiring 24-hour care. The significant stress started negatively impacting my own health. The VA medical center helped me connect to a Vet Center in my community — it was the best thing I could have done for the two of us. I was grateful to be able to talk with someone who understood what I was going through. The coping skills I learned have helped me better manage my stressors and be a better mom and caregiver for my son.”

During the COVID-19 pandemic, Vet Centers and their mobile units have played a critical role in our nation’s response efforts and in helping to support veterans.

In the early days of the pandemic, the Secretary of VA and Vet Center staff recognized the value of their support in fighting the crisis:

“While all Americans are being instructed to limit their contact with others, our duty to protect the nation’s Veterans has not ended,” said VA Secretary Robert Wilkie. “Our Vet Center staff will help ensure we keep in contact with those Veterans who need our care and attention and help reduce the anxiety some may be experiencing during this unique national emergency...”

“In times like this it’s important to stand shoulder to shoulder with our local communities, support their local needs and ensure them they are not alone in navigating this crisis,” said Brooklyn Vet Center Director Gabe Botero, who volunteered for five days in New York City.

Vet Centers value privacy, acceptance, and trust. Information shared with counselors and staff is confidential and not disclosed outside of the center without documented approval signed by the veteran. When veterans walk into a Vet Center for help, they are greeted by staff who care and have their best interest in mind — 70% of whom have served themselves.

According to RCS, over 90% of veterans surveyed trust Vet Centers and have indicated their quality of life benefitted from the services. The unique bonds developed between veterans and families with their counselor, along with the social activities offered through the centers, help foster trust, healing, and a sense of community where individuals do not feel alone.

VET CENTER CHALLENGES

While Vet Centers' value is well supported and acknowledged by Congress and VSOs, the centers face a number of challenges today and into the future.

The following list summarizes these challenges:

VET CENTER OPERATIONS

Staffing and Productivity

The Government Accountability Office (GAO) studied Vet Center productivity and staffing and released a report⁵ in September 2020 identifying problems with RCS' staffing model and its expectations for assessing counselor productivity.

At the time, the amount of mental health services provided in Vet Centers was growing. VA indicated a 90% increase in veterans receiving mental health care during fiscal years 2006 to 2019 — more than three times the rate for all VA health care services.

Prior to the study, RCS had taken steps to quantify and consistently assess center operations and staff productivity. RCS had also centralized its human resource functions to improve staffing and personnel management.

The staffing model RCS used targeted the number of visits with clients and time spent with clients, but it did not consider input from Vet Center counselors or productivity data from directors who also saw clients.

According to the report, "Counselors at several select Vet Centers expressed concerns about the productivity expectations. Specifically, counselors reported: (1) incentives to change their work practices (e.g., change the length or frequency of appointments or hold more group counseling sessions) some of which they said may negatively affect client care; and (2) confusion regarding how productivity is expected to be calculated (e.g., unsure of how many client visits a counselor was expected to have or how various aspects of work were to be factored into productivity calculations)."

GAO concluded RCS' current practice could prevent Vet Centers from responding to changing client needs. Given the shortage of mental health staff and the growing demand for services, it is critical for Vet Centers to have the appropriate level of staffing to meet veterans' needs.

⁵ VA Vet Centers: Evaluations Needed of Expectations for Counselor Productivity and Centers' Staffing | U.S. GAO (<https://www.gao.gov/products/gao-20-652>)

Clinical and Administrative Processes

A year after the GAO audit, the VA Office of the Inspector General (OIG) published its first three Vet Center Inspection Program reports⁶ focused on the processes used in the centers to promote quality of care. Going forward, VA OIG will be inspecting all Vet Centers on a regular cycle and will change its inspection focus each year to help Vet Centers identify areas of vulnerability and improve safety and quality of care.

RCS is made up of five districts, with each district further divided into zones. The three districts the VA OIG inspected reflected a cross section of Vet Centers across the country. Its review focused on six areas impacting quality client care and service delivery: leadership and organizational risks; quality reviews; COVID-19 response; suicide prevention; consultation, supervision, and training; and environment of care.

Several common discrepancies emerged during the inspections in all three districts:

- **Quality Review**
 - Noncompliance in completing clinical and administrative reviews of remediation plans in resolving site deficiencies. Remediation plans outline how sites will ensure resolution of identified deficiencies.
 - Noncompliance in completing critical incident quality reviews for death by suicide and active clients with serious suicide attempts. VA requires mortality and morbidity reviews for all known Vet Center suicides and serious attempts.
- **Suicide Prevention**
 - Unable to provide evidence of the list of clients with an increased predictive risk for suicide or the required flagged high risk for suicide list from VA's Office of Mental Health and Suicide Prevention (OMHSP). The office is responsible for sharing a monthly list with RCS so Vet Centers can identify clients who are receiving counseling services and better coordinate with VA medical facilities.
 - Lacked a standardized communication process of collaboration with VA medical center suicide prevention coordinators. A memorandum of understanding between OMHSP and RCS outlines shared responsibilities between the two offices.
- **Consultation, Supervision, and Training**
 - Noncompliance in meeting the requirement to provide at least four hours of external clinical consultation per month.
 - Noncompliance in meeting the requirement to provide one hour a week of supervision to clinical staff and audit of electronic client records.
 - Noncompliance in meeting training requirements.

⁶ [Vet Centers - va.gov/oig Search Results \(usa.gov\)](https://www.va.gov/oig/Search/Results.aspx?search=Vet%20Centers)

Coordination of Care and Services

MOAA continues to hear from veterans who are not familiar with Vet Centers or the services they provide. Typically, we hear veterans learn about the centers when they try to get an appointment through a VA Medical Center or by word of mouth from another veteran.

Here is one female Army veteran's story when seeking mental health care at a VA medical facility:

I was in bad shape coming back in 2008 from a two-year deployment in Iraq. I tried early on after my deployment to get care through the Army and VA with no luck. Finally, a few years later after leaving service I was able to get a mental health appointment at VA. But all VA wanted to do was to prescribe medication and send me to a Vet Center because they were too busy to help me. I did not want medication and I did not know what or how to contact the Vet Center. I just knew I needed help and wanted VA to acknowledge my painful experiences during my deployment.

This issue was a topic of discussion at an October 2021 meeting of the VA Committee on the Readjustment of Veterans. The committee discussed the importance of rebranding, indicating that veterans need to know about the existence and location of these centers before they use them.

Other issues highlighted during the committee meeting included:

- Greater communication and outreach with the Veterans Benefit Administration and with VSOs to provide information to veterans when they are applying for disability compensation, education and home loans, and other key access points to help educate veterans on the role of the centers and how to connect with them.
- VHA staff acknowledged that all Vet Centers and VA medical clinics do offer appointments during nontraditional hours (before 8:30 a.m., after 4:30 p.m., and on weekends or holidays), but access to this type of care remains limited.
- RCS Chief Officer Michael Fisher highlighted recent changes in law expanding Vet Center eligibility mentioned earlier in this statement. In his presentation, he voiced concerns over the possibility of “expanding the aperture” beyond what the centers could actually manage.

MOAA appreciates RCS' recent initiatives in developing a communication structure and strategy for promoting the mission of Vet Centers. Prior to this, Vet Centers had been designing their own logos. The rebranding and communication strategy will enhance the national brand by standardizing communication materials, increasing awareness, and dispelling myths about Vet Centers being part of the VA medical facilities or thinking of them as veterinary clinics.

Recently, an Air Force Reservist contacted MOAA for help connecting to counseling resources after his sessions in the VA Community Care Program abruptly ended with no warning or understanding as to why. While not wanting to reengage with the Community Care Program at the VA medical center, MOAA provided the contact information to the Vet Center in his community. Unfortunately, when he contacted the center, he was told it would be several weeks before there was an available appointment.

MOAA RECOMMENDATIONS

Our association recognizes the value of readjustment counseling delivered through Vet Centers and the growing demand for these services. We are grateful for the subcommittee's work and the hearing today to gain a better understanding of how best to improve Vet Center operations to meet the demand.

MOAA and other VSOs have been receiving periodic briefs from RCS on Vet Center expansion, staffing, and rebranding initiatives. We are pleased by RCS' progress in rolling out the new legislation and expect full rollout of the measures in the coming months.

At this critical point in modernizing Vet Centers, it is imperative we celebrate the impressive successes of the past and present, but keep an eye to the future so these centers remain viable and have the capacity to deliver services to those they serve. Vet Centers are known for their uniqueness, confidentiality, and range of complimentary services — we must do all we can to preserve this reputation and their presence in communities. MOAA urges Congress and VA to consider the following recommendations.

MOAA recommends:

- ***Congress enact Vet Center bipartisan, bicameral provisions in H.R. 6411, the Supporting The Resiliency of Our Nation's Great (STRONG) Veterans Act⁷ — A veterans mental health omnibus package that includes the expansion of the Vet Center workforce and expansion of Vet Center eligibility to student veterans using educational assistance benefits and to survivors of veterans who die by suicide.***
- ***VA and Congress:***
 - *Provide continuous oversight of Vet Center staffing and productivity to ensure enterprise-wide standardization of organizational structure and operations.*
 - *Assure resolution of discrepancies highlighted in GAO and VA OIG reports.*
 - *Make the requisite investment in Vet Center staffing, funding, resources and infrastructure to successfully meet current demand and future requirements mandated in policy or statute.*

⁷ [Text - H.R.6411 - 117th Congress \(2021-2022\): STRONG Veterans Act of 2022 | Congress.gov | Library of Congress](#)

- *VA further expand communication and outreach efforts to promote Vet Centers' mission and resources across the enterprise, as well as with community partners and providers. Educating VA employees, partners and providers on the role and resources of Vet Centers is important to the continuity of care and fulfilling VA's primary role of coordinating and connecting veterans to the care and services they need.*
- *VA prioritize expansion of nontraditional hours to improve access outside of normal work hours as standard for operations across all Vet Centers, as well as provide the required staffing to improve access.*

CONCLUSION

Thank you for the opportunity to share MOAA's views on Vet Centers and our recommendations to enhance these critical readjustment counseling services servicemembers, veterans and their families have come to depend on in their communities. We look forward to working with this subcommittee and the House and Senate Committees on Veterans' Affairs to make meaningful changes and to ensure the Secretary has the infrastructure, resources, staffing, and funding necessary to handle current and future Vet Center capabilities and expansions.



Biography of René Campos, CDR, USN (Ret)
Senior Director, Government Relations for Veterans-Wounded Warrior Care

Commander René Campos serves as the Senior Director of Government Relations, managing matters related to military and veterans' health care, wounded, ill and injured, and caregiver policy.

She began her 30-year career as a photographer's mate, enlisting in 1973, and later commissioned as a naval officer in 1982. Her last assignment was at the Pentagon as the associate director in the Office of Military Community and Family Policy under DoD Personnel and Readiness.

Commander Campos joined MOAA in October 2004, initially to develop and establish a military family program working on defense and uniformed services quality-of-life programs and readiness issues. In September 2007, she joined the MOAA health care team, specializing in Veterans and Defense health care systems, as well as advocating for wounded warrior care and servicewomen and women veteran policies, benefits, and programs.

Commander Campos serves as a member of The Military Coalition (TMC)—a consortium of nationally prominent uniformed services and veterans' organizations, representing approximately 5.5 million current and former members of the uniformed services, including their families and survivors, serving as a member on the Veterans, Health Care, Guard and Reserve, Survivors, and Personnel and Compensation Committees.