



DEPARTMENT OF VETERANS AFFAIRS OFFICE OF INSPECTOR GENERAL

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BEFORE THE
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS AND
WOMEN VETERANS TASK FORCE
COMMITTEE ON VETERANS' AFFAIRS, U.S. HOUSE OF REPRESENTATIVES
HEARING ON
EXAMINING HOW THE DEPARTMENT OF VETERANS AFFAIRS
SUPPORTS SURVIVORS OF MILITARY SEXUAL TRAUMA
FEBRUARY 5, 2020

Chairman Pappas, Ranking Member Bergman, Chairwoman Brownley, and members of the Subcommittee and Task Force, thank you for the opportunity to discuss the Office of Inspector General's (OIG's) oversight of the Department of Veterans Affairs' (VA's) policies and procedures related to military sexual trauma (MST). The mission of the OIG is to help improve the efficiency and effectiveness of VA's programs and operations through independent audits, inspections, evaluations, reviews, and investigations. The OIG's prior work has identified deficiencies in Veterans Benefits Administration (VBA) processing of MST-related claims, which in part can be attributed to lack of specialization, inadequate staff training, deficient internal controls, and discontinued special focus reviews.¹ The OIG has also reviewed how the Veterans Health Administration (VHA) implements its policies and procedures for treating patients who have MST-related conditions.

Sexual trauma experienced while in the military service affects both men and women—with serious and long-term consequences. According to the Department of Defense, more than 7,600 individuals reported a sexual assault in fiscal year (FY) 2018, which is the most recent data available.² This statistic is an increase of about 12.6 percent from 2017. Understandably, many veterans who have experienced MST are reluctant to report the sexual assault either at the time of its occurrence or even much later. It is vital that VA makes every effort to properly communicate available MST services to veterans and that both VHA and VBA staff work expeditiously and with sensitivity to ensure the provision of needed care, treatment, and benefits.

¹ The OIG testified before the House Veterans' Affairs Subcommittee on Disability Assistance and Memorial Affairs on [June 19, 2019](#) and [November 29, 2018](#).

² Department of Defense Annual Report on Sexual Assault in the Military, Fiscal Year 2018.

BACKGROUND

VA uses the term “military sexual trauma” to refer to sexual assault or repeated, unsolicited, threatening acts of sexual harassment that occurred while a veteran was serving on active duty or active duty for training.³ Furthermore, VA defines MST as “psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty, active duty for training, or inactive duty training.”⁴

MST is an experience, not a diagnosis or a mental health condition.⁵ Although posttraumatic stress disorder is commonly associated with MST, other frequently associated diagnoses include depression and other mood, psychotic, and substance use disorders.⁶

In 1992, Congress began passing a series of laws that provided outreach and MST counseling and treatment programs for active duty women veterans who experienced sexual trauma while on active duty.⁷ In 1994, these services were extended to men who have experienced MST.⁸ Furthermore, the Veterans Health Program Improvement Act of 2004 permanently extended VA's authority and added MST counseling and related treatment to veterans who experience sexual trauma while serving on active duty or active duty for training (if service was in the National Guard or Reserves).⁹

THE OIG'S COMPREHENSIVE HEALTHCARE INSPECTION PROGRAM FOCUSES ON MENTAL HEALTH ISSUES RELATED TO MST

The OIG uses its Comprehensive Healthcare Inspection Program (CHIP) to provide cyclical, focused evaluations of the quality of care delivered in the inpatient and outpatient settings of VHA facilities. These inspections are one element of the overall efforts of the OIG to ensure that the nation's veterans receive high-quality and timely VA healthcare services. OIG CHIP teams evaluate nine areas of clinical and administrative operations that reflect quality patient care, with some focused review areas changing

³ VHA Directive 1115, *Military Sexual Trauma (MST) Program*, May 8, 2018.

⁴ Military Sexual Trauma. https://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf.

⁵ Military Sexual Trauma. https://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf.

⁶ PTSD: National Center for PTSD. https://www.ptsd.va.gov/understand/types/sexual_trauma_military.asp.

⁷ 38 U.S.C. § 102-585, *Women Veterans Health Programs Act of 1992*. <https://www.gpo.gov/fdsys/pkg/STATUTE-106/pdf/STATUTE-106-Pg4943.pdf>.

⁸ 38 U.S.C. 101 note. *Veterans Health Programs Extension Act of 1994*. (Public Law 103-452). <https://www.congress.gov/103/bills/hr3313/BILLS-103hr3313enr.pdf>.

⁹ 38 U.S.C. 101 note. *Veterans Health Programs Improvement Act of 2004*. <https://www.gpo.gov/fdsys/pkg/PLAW-108publ422/pdf/PLAW-108publ422.pdf>.

every fiscal year.¹⁰ Additionally, the OIG may annually rotate high-interest subtopics in the areas of mental health care, women’s health, high-risk processes, and medication management.

For FY 2019, the CHIP mental health care review focused on VHA facilities’ compliance with selected VHA requirements related to MST, including processes carried out by MST coordinators, the provision of care to patients after positive screening, and mandatory staff training. To accomplish this at 43 randomly selected facilities, OIG inspectors reviewed the electronic health records of approximately 50 patients that had a positive MST screen from July 1, 2017, through June 30, 2018. They also conducted interviews and reviewed relevant facility documents and training records.

MST Coordinators

VHA requires that MST coordinators be designated at each facility and be a licensed credentialed clinician or possess expertise related to trauma, mental health, and MST-related issues. VHA outlines MST coordinator responsibilities as

- Supporting the implementation of national and Veterans Integrated Service Network-level policies concerning MST-related care;
- Serving as a point person and source of information for MST-related care issues;
- Directing and providing facility staff education to improve MST-related care;
- Directing and engaging in outreach activities within the facility and with community allies;
- Developing facility-wide partnerships; and
- Communicating with national, VISN, and facility-level leadership, and other stakeholders.¹¹

The OIG noted high compliance with several of the selected VHA requirements regarding MST coordinators, their activities, and the provision of care to patients after positive screening. Specifically, each of the evaluated facilities had a designated MST coordinator. The OIG found that 42 of 43 coordinators (98 percent) had generally established and monitored informational outreach activities, and 39 of 43 coordinators (91 percent) tracked and monitored MST-related data.

The OIG, however, noted several opportunities for improvement. First, VHA must ensure these coordinators communicate issues concerning MST services and initiatives with local leaders. The OIG found that only 34 of 43 coordinators (79 percent) had a process for accomplishing this responsibility. Also, VHA must make facility staff aware of MST issues, and make sure personnel have the knowledge and skill to work with veterans who have experienced MST. Only 38 of 43 coordinators (88 percent) had

¹⁰ The nine areas for FY 2019 were leadership and organizational risks; quality, safety, and value; credentialing and privileging; environment of care; medication management; mental health related to MST; geriatric care; women’s health; and high-risk processes.

¹¹ VHA Directive 1115, Military Sexual Trauma (MST) Program, May 8, 2018.

established and monitored MST-related staff training. These deficiencies may hinder the facility leaders' efforts to identify and address opportunities for improvement.

Mental Health Referral and Follow-Up Process

VHA also requires that all veterans seen in VHA medical centers and associated community-based outpatient clinics be screened for experiences of MST and results documented in the VA's electronic health record. Veterans should be screened at least once and then rescreened following additional military service, separation, or declination of initial screening.¹² Those who screen positive must have access to appropriate MST-related mental health care.¹³

If a veteran requests any mental health services, a referral should be entered in the electronic health record. If a veteran declines mental health services or is currently enrolled in those services, that information also should be documented in his or her electronic health record.¹⁴ Evidence-based mental health care must be available to all veterans with mental health conditions related to MST. All new patients requesting or referred for mental health services must receive an initial evaluation within 24 hours to identify urgent care needs and a more comprehensive diagnostic and treatment planning evaluation within 30 days.¹⁵

The OIG reviewed the provision of MST-related care for 1,903 patients (from all 43 facilities) who had a positive screening and observed high compliance with each of the VHA requirements assessed. The OIG found that 1,832 of the 1,903 patients (96 percent) received a referral for MST-related services or had an acceptable reason for nonreferral.¹⁶ Further, of the 713 patients who were subsequently referred to mental health services, 667 (94 percent) received an initial mental health evaluation within one business day of referral or had an acceptable reason for (1) non-evaluation or (2) evaluation greater than one business day from referral.¹⁷ Finally, of the 713 applicable patients referred to mental health services, 667 (94 percent) received a mental health diagnostic and treatment planning evaluation within

¹² Department of Veterans Affairs, Military Sexual Trauma Clinical Reminder Referral Question and Re-Deployment Activation Patch PXR*2.0*43 Installation and Setup Guide, Product Development, June 2015.

¹³ VHA Directive 1115, Military Sexual Trauma (MST) Program, May 8, 2018.

¹⁴ Department of Veterans Affairs, Military Sexual Trauma Clinical Reminder Referral Question and Re-Deployment Activation Patch PXR*2.0*43 Installation and Setup Guide, Product Development, June 2015.

¹⁵ VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, Amended November 16, 2015.

¹⁶ Examples of acceptable reasons included patient refusal and MST-related issues already being managed by mental health providers.

¹⁷ Examples of acceptable reasons included patient declination, patient no-show for appointment, and other patient causal factors.

30 days of referral or had an acceptable reason for (1) not receiving a mental health diagnostic and treatment planning evaluation or (2) evaluation greater than 30 days from referral.¹⁸

Mandatory MST Training

VHA requires that all mental health and primary care providers appointed or utilized on a full-time, part-time, intermittent, consultant, attending, without compensation, on-station fee-basis, on-station contract, or on-station sharing agreement basis must complete their respective mandatory MST training no later than 90 days after entering their position.¹⁹ Full-time providers must complete a web-based training program in VA's Talent Management System as a one-time requirement.²⁰ Additionally, providers who started "before July 1, 2012, were required to complete the training no later than September 30, 2012. Providers starting after July 1, 2012, must complete the training within 90 days of entering their position to be in compliance."²¹ Because the MST coordinator may provide clinical care to veterans who experienced MST, they are also subject to the mandatory training requirements for mental health and primary care providers.²²

Providers in the following professions must be assigned the training requirement for mental health providers: psychiatrists, psychologists, social workers (includes primary care and other non-mental health clinics or services), psychiatric nurses, marriage and family therapists, licensed professional mental health counselors, and mental health clinical pharmacy specialists. The primary care patient-aligned care team (PACT) providers working in the following professions must also be assigned the

¹⁸ Examples of acceptable reasons included patient declination, patient was receiving mental health MST services, and patient no-show for appointment.

¹⁹ "On-station" refers to the location where healthcare services were provided through fee-basis, contract, and sharing agreements when they are VA premises.

²⁰ VHA Directive 1115.01, [*Military Sexual Trauma \(MST\) Mandatory Training and Reporting Requirements for VHA Mental Health and Primary Care Providers*](#), April 14, 2017.

²¹ Acting Deputy Under Secretary for Health for Operations and Management (10N) memorandum, Compliance with Military Sexual Trauma (MST) Mandatory Training for Mental Health and Primary Care Providers (VAIQ 7663786), February 2, 2016.

²² VHA requested that facility-level MST coordinators or VISN-level MST Points of Contact complete "MST Training for Mental Health Clinicians and MST Coordinators" in June 2011.

training requirement: physicians, advanced practice registered nurses, clinical pharmacy specialists, physician assistants, registered nurses, and licensed practical/vocational nurses.²³

The OIG found that of 324 clinicians hired before July 1, 2012, there were 304 (94 percent) who had completed MST training. However, of the 529 applicable clinicians hired after July 1, 2012, only 330 (62 percent) had completed MST training within 90 days of entering their position. This could potentially result in newly hired clinicians providing counseling, care, and service without the required MST training.

OTHER OIG WORK RELATED TO MST

In previous years, the OIG has released reports on matters related to MST and claims for benefits that can significantly affect veterans.

Review of Combat Stress in Women Veterans Receiving VA Health Care and Disability Benefits

In a December 2010 report, the OIG identified deficiencies in evaluating and processing MST claims and recommended that VBA conduct specialized training and an analysis of the consistency in which MST claims were processed. As a result, VBA implemented special focus quality improvement reviews of MST-related claims and directed VA regional offices to designate MST specialists beginning in 2011.

Denied Posttraumatic Stress Disorder Claims Related to Military Sexual Trauma

In August 2018, the OIG reported that nearly half of denied MST-related claims were not properly processed following VBA policy and procedures.²⁴ The potential impact on veterans seeking benefits related to MST is considerable given that VBA processes an estimated 12,000 MST claims per year and the number of MST incidents reported within the DoD continues to grow. These improperly denied claims potentially resulted in undue stress for veterans in need. The OIG audit team identified several deficiencies that led to the improper denial of benefits such as lack of specialization, inadequate MST-related claim-processing training for VBA staff, deficient internal controls, and discontinued special focus reviews.

The OIG made six recommendations to ensure the accurate processing of MST-related claims. Two of the six recommendations have been closed. In VBA's response to the OIG report, VBA leaders provided

²³ VHA Directive 1115.01 defines the mental health providers as "licensed professionals and license-eligible trainees who deliver mental health clinical care in accordance with their privileges, scope of practice, functional statement, or labor mapping. VHA policy does not in general specify the occupational titles of those considered qualified to deliver mental health care (see VHA Handbook 1160.01), so providers from a range of professional disciplines may meet this definition." VHA Directive 1115.01 defines primary care providers as "licensed professionals and license-eligible trainees who deliver clinical primary care services in accordance with their privileges, scope of practice, functional statement, or labor mapping to patients receiving care from VHA."

²⁴ [*Denied Posttraumatic Stress Disorder Claims Related to Military Sexual Trauma*](#), August 21, 2018.

action plans and dates of completion, ranging from November 30, 2018, to October 31, 2019, for the remaining four recommendations. VBA requested closure for three recommendations; however, the OIG recently advised VBA that it would need to provide additional information in order for the OIG to consider closing them.²⁵

VBA requested closure of the recommendation related to reevaluating all denied MST-related claims since the beginning of FY 2017. However, during a follow-up OIG sample review of that information, reviewers became concerned about that process. As a result, the OIG is conducting another audit to determine whether VBA properly reevaluated those claims. Specifically, the audit will assess whether VBA has made improvements and is correctly processing more recent MST-related claims based on updated VBA policies, procedures, and training that resulted from the OIG's August 2018 report recommendations. A final report is expected to be published in the fall of 2020.

CONCLUSION

It is critical for VA to provide compensation and healthcare services to veterans who experienced MST during their military service. These services should be delivered promptly and with sensitivity. Recent and ongoing OIG work has detailed the challenges some veterans face when accessing and receiving these much-needed services. VHA must ensure that MST coordinators carry out assigned administrative and oversight responsibilities and clinicians complete mandatory MST training in a timely manner. Although VBA has expressed a strong commitment to addressing deficiencies identified by the OIG, its delayed action in fully implementing recommendations may cause undue stress to men and women deserving of care and discourage other eligible veterans from stepping forward to report misconduct and seek assistance. The OIG will continue to monitor all efforts to improve the care and services provided to veterans who have suffered MST.

Chairman Pappas, Ranking Member Bergman, Chairwoman Brownley, and members of the Subcommittee and Task Force, this concludes my statement. I would be happy to answer any questions.

²⁵ VBA requested recommendations 1, 4, and 5 be closed. VBA did not request recommendation 3 be closed. The OIG requested additional information for recommendations 4 and 5.