



# US DEPARTMENT OF VETERANS AFFAIRS OFFICE OF INSPECTOR GENERAL

Office of Healthcare Inspections

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## VETERANS HEALTH ADMINISTRATION

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# Inspection of Select Vet Centers in North Atlantic District 1 Zone 1

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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 the quality of care delivered at vet centers. Vet centers are community-based facilities that offer a wide range of psychosocial services to clients, including eligible veterans, to support a successful transition from military to civilian life.<sup>1</sup>

Vet center inspections are one element of the OIG's oversight to ensure the nation's veterans receive high-quality and timely mental health care and VA services. The inspections evaluate key clinical and administrative processes associated with promoting quality care and service delivery at vet centers as set forth by Veterans Health Administration (VHA) Directive 1500(4), *Readjustment Counseling Service (RCS)*.<sup>2</sup>

The OIG announced the inspection to district leaders June 9, 2025, and conducted subsequent on-site and virtual visits from June 10 through July 9, 2025. The inspection included a retroactive review of vet center operations from October 1, 2023, through September 30, 2024. The OIG randomly selected three vet centers throughout North Atlantic District 1 zone 1: New Haven, Connecticut; Sanford, Maine; and Providence, Rhode Island.<sup>3</sup>

The inspection included four review areas:

- Suicide prevention
- Consultation, supervision, and training
- Outreach
- Environment of care

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

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<sup>1</sup> To be consistent with Readjustment Counseling Service (RCS) policy and terminology, the OIG refers to veterans receiving readjustment services as *clients* in this report.

<sup>2</sup> VHA Directive 1500(3), *Readjustment Counseling Service*, January 26, 2021, amended June 5, 2023, was in effect during part of the OIG's inspection period. It was replaced by VHA Directive 1500(4), *Readjustment Counseling Service*, January 26, 2021, amended November 21, 2023. This directive was replaced by VHA Directive 1500(5), *Readjustment Counseling Service*, January 26, 2021, amended March 3, 2025. Unless otherwise specified, the requirements in the directives contain the same or similar language. As a result, the OIG references VHA Directive 1500(4) throughout this report. Vet centers provide counseling for readjustment concerns related to specific types of military deployment stressors. "Readjustment counseling services are designed by law to be provided without a medical diagnosis." Therefore, individuals receiving readjustment services are not considered patients.

<sup>3</sup> RCS is divided into five districts. Each district consists of two to four zones. Each zone consists of 16 to 24 vet centers.

## Review Topics and Inspection Results

### Suicide Prevention

The OIG found the former acting New Haven Vet Center Director (VCD) did not have a licensed provider attend the supporting VA medical facility’s mental health executive council meetings as required by VHA Directive 1160.01, *Uniform Mental Health Services in VHA Medical Points of Service*, and VHA Directive 1500(4).<sup>4</sup> Staff at all three vet centers documented all client contacts and outcomes in the [high risk suicide flag \(HRSF\) SharePoint site](#) as required by Chief Officer, Readjustment Counseling Services, “High Risk Suicide Flag Outreach,” memorandum to all vet center staff.<sup>5</sup>

The OIG issued one recommendation to district leaders and the New Haven VCD specific to suicide prevention activities.

### Consultation, Supervision, and Training

As required by VHA Directive 1500(4), the OIG found all three vet centers had an assigned [clinical liaison](#) and [independently licensed mental health external clinical consultant](#) from a supporting VA medical facility.<sup>6</sup> None of the VCDs ensured at least four hours of consultation occurred per month.<sup>7</sup> The Sanford VCD did not complete monthly reviews of 10 percent of each counselor’s client records.<sup>8</sup> Additionally, staff at the three vet centers did not complete select

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<sup>4</sup> VHA Directive 1160.01, *Uniform Mental Health Services in VHA Medical Points of Service*, April 27, 2023, contains a mental health executive council requirement with a purpose focused on ensuring “the delivery of high-quality Veteran mental health care that is evidence-based and responsive to Veterans’ preferences”; VHA Directive 1500(4). RCS requires a licensed vet center staff member participate on all supporting VA medical facility mental health executive council meetings to assist with care coordination and collaboration for clients. For all review topics the OIG also interviewed the former acting VCDs at the New Haven and Sanford Vet Centers, who provided coverage during the review period (October 1, 2023, through September 30, 2024).

<sup>5</sup> On May 11, 2020, RCS implemented a HRSF SharePoint site containing names of RCS clients who also receive services at a VA medical facility and have a high risk for suicide flag; Chief Officer, Readjustment Counseling Services, “High Risk Suicide Flag Outreach,” memorandum to all vet center staff, April 27, 2020. RCS staff confirmed as of June 2021, the SharePoint site was expanded to include Recovery Engagement and Coordination for Health Veterans Enhanced Treatment (REACH VET) data. VA’s REACH VET is a predictive analytics program developed to determine veterans who have a higher risk for suicide; The underlined terms are hyperlinks to a glossary. To return from the glossary, press and hold the “alt” and “left arrow” keys together.

<sup>6</sup> VHA Directive 1500(4). Each vet center aligns with a VA medical facility to ensure access to clinical services and coordination of care for shared clients.

<sup>7</sup> VHA Directive 1500(4).

<sup>8</sup> VHA Directive 1500(4).

required training related to suicide prevention, lethal means safety, military sexual trauma, and basic life support.<sup>9</sup>

The OIG issued three recommendations to district leaders and New Haven, Sanford, and Providence VCDs specific to completion of four hours of monthly external clinical consultation, monthly review of 10 percent of active client records for each counselor's caseload, and training of counselors.

## Outreach

The OIG found all three vet centers had an [outreach plan](#) to engage eligible veterans and their families and promote relationships with community partners and stakeholders. However, each plan lacked one or more required strategic components required by VHA Directive 1500(4).<sup>10</sup>

The OIG issued one recommendation to district leaders and New Haven, Sanford, and Providence VCDs specific to outreach plans containing all required components.

## Environment of Care

The OIG reviewed the requirements identified in the RCS, *Administrative Site Visit (ASV) Protocol* and found all three vet centers had a fire or safety inspection completed annually. The two inspected vet centers had fire extinguishers serviced annually, an [automated external defibrillator](#) (AED) on-site that VA medical center biomedical engineering serviced annually,

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<sup>9</sup> VA Secretary, "Agency-Wide Required Suicide Prevention Training," memorandum to Under Secretaries, Assistant Secretaries and Other Key Officials, October 15, 2020; VHA Directive 1071(1), *Mandatory Suicide Risk and Intervention Training*, May 11, 2022, amended June 21, 2022; Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer (CMO), "Lethal Means Safety (LMS) Education and Counseling," memorandum to Veterans Integrated Services Network (VISN) Director (10N1-23), Medical Center Directors (00), VISN CMOs (10N1-23), VISN Chief Mental Health Officers (10N1-23), Readjustment Counseling Services (RCS) District Directors, RCS Deputy District Directors VISN CMOs (10N1-23), March 17, 2022; VHA Directive 1115.01(1), *Military Sexual Trauma (MST) Mandatory Training and Reporting Requirements for VHA Mental Health and Primary Care Providers*, April 14, 2017, amended May 8, 2020. This directive was in place during the time of the events discussed in this report. It was rescinded and replaced by VHA Directive 1115.01(1), *Military Sexual Trauma Mandatory Training Requirements*, July 15, 2024, amended March 7, 2025; VHA Directive 1177, *Cardiopulmonary Resuscitation*, January 4, 2021.

<sup>10</sup> VHA Directive 1500(4). Required strategic components include: a strategic map of the vet center veterans service area identifying eligible population concentrations; strategic coordination with mobile vet center operations; background information of the local eligible communities; personal points of contact for non-VA service providers; and strategic VA medical facility partners including clinical and administrative liaisons, the external clinical consultant, the suicide prevention coordinator, and the facility contact for the prevention and management of disruptive behavior coordinator. RCS requires the outreach activities to be tailored to eligible individuals.

and a building evacuation plan posted in a communal area.<sup>11</sup> The OIG could not complete an on-site environment of care inspection at the Sanford Vet Center due to the relocation to a temporary site.

The OIG found that

- none of the three vet centers had an annual risk and vulnerability assessment completed by VA police or local law enforcement,
- the New Haven and Providence Vet Centers did not have monthly fire extinguisher inspections,
- the New Haven Vet Center did not have the AED inspected monthly, and
- the Sanford Vet Center did not have all required components in the emergency and crisis plan.<sup>12</sup>

At the time of the inspection, the OIG found none of the three vet centers had VA police or local law enforcement complete annual risk and vulnerability assessments. In early 2025, the OIG identified inconsistency between the RCS administrative site visit protocol requirement for an annual risk and vulnerability assessment and VA police guidance and issued a recommendation related to assessment frequency to the RCS Chief Officer. Subsequently, in October 2025, RCS eliminated the annual requirement and aligned risk and vulnerability assessment frequency with VHA policy; therefore, the OIG did not make a recommendation.<sup>13</sup>

The OIG issued three recommendations to district leaders and New Haven, Sanford, and Providence VCDs specific to environment of care.

## Conclusion

The OIG conducted a focused inspection in four review areas and made eight recommendations to the District Director and applicable VCDs. These recommendations are intended to be used as

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<sup>11</sup> RCS, *Administrative Site Visit (ASV) Protocol*. Vet centers are required to have a fire or safety inspection and a risk and vulnerability assessment annually. The risk and vulnerability assessment must be completed by VA police or local law enforcement. Vet centers must also have fire extinguishers and an AED available for staff, both requiring annual servicing and monthly inspections to ensure proper functioning. RCS requires vet centers to have a current emergency and crisis plan that includes contingencies for the following: phone and computer disruptions; weather and natural disasters; site, facility, and building emergencies; site, facility, and building temporary relocation; management of disruptive behavior; violence in the workplace, including active shooter plan; and handling of suspicious mail and bomb threats. Additionally, RCS requires the posting of a building evacuation plan in a common area for staff and visitors to reference in case of an emergency.

<sup>12</sup> RCS, *ASV Protocol*.

<sup>13</sup> VA OIG, [Inspection of Select Vet Centers in Midwest District 3 Zone 1](#), Report No. 24-00393-180, August 5, 2025. On October 6, 2025, the RCS Office of Policy and Oversight implemented a new vet center quality review protocol, which combines the administrative and clinical site visits and aligns risk and vulnerability assessment frequency with VHA policy.

a road map to help improve operations and clinical care. The recommendations address systems' issues and site-specific findings that may compromise quality care.

The OIG is aware of VA's transformation in VHA's management structure. 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**

On February 9, 2026, the Chief Readjustment Counseling Officer and District Director concurred with the findings and recommendations and provided an acceptable action plan (see appendixes B and C). District leaders reviewed requirements and developed plans for participation in VA mental health executive council, external clinical consultation, outreach plans, and emergency and crisis plans with VCDs. Further, district leaders developed processes to ensure monthly review of active client records, staff complete training, and fire extinguisher and AED are inspected as required. Based on information provided, the OIG considers recommendations 3, 4, 6, and 7 closed. For the remaining open recommendations, the OIG will follow up on the planned actions until they are completed.



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## Abbreviations

AED	automated external defibrillator
BLS	basic life support
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 leadership if warranted. Findings and recommendations do not define a standard of care or establish legal liability.

The purpose of the OIG Vet Center Inspection Program is to conduct oversight of vet centers that provide readjustment services to clients.<sup>1</sup> The OIG reports findings to Congress and Readjustment Counseling Service (RCS) leaders so informed decisions can be made to improve care.

RCS is an autonomous organizational element in the Veterans Health Administration (VHA) with authority for and oversight of vet centers and the provision of readjustment counseling services. 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.<sup>2</sup>

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

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<sup>1</sup> VHA Directive 1500(3), *Readjustment Counseling Service*, January 26, 2021, amended June 5, 2023, was in effect during part of the OIG’s inspection period. It was replaced by VHA Directive 1500(4), *Readjustment Counseling Service*, January 26, 2021, amended November 21, 2023. This directive was replaced by VHA Directive 1500(5), *Readjustment Counseling Service*, January 26, 2021, amended March 3, 2025. Unless otherwise specified, the requirements in the directives contain the same or similar language. As a result, the OIG references VHA Directive 1500(4) throughout this report. Vet centers provide counseling for readjustment concerns related to specific types of military deployment stressors. According to VHA Directive 1500(4), “readjustment counseling services are designed by law to be provided without a medical diagnosis.” Therefore, individuals receiving readjustment services are not considered patients. To be consistent with Readjustment Counseling Service (RCS) policy and terminology, the OIG refers to veterans receiving readjustment services as *clients* in this report.

<sup>2</sup> VHA Directive 1500(4). Vet center counselors provide readjustment counseling to assist clients with psychological and psychosocial readjustment.



- Suicide prevention
- Consultation, supervision, and training
- Outreach
- Environment of care

The OIG notified each selected vet center director (VCD) one day prior to the site visit. During the site visits, the inspection team interviewed VCDs, including the former acting New Haven and Sanford VCD who provided coverage during the review period, and key staff. Additionally, the inspection team reviewed RCS practices and policies.<sup>6</sup>

In the absence of current VA or VHA 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).

## Overall Findings

The OIG reviewed VHA and RCS requirements and below are the inspection findings for the three selected vet centers. For additional details related to specific site findings, select the vet center in the respective review table.

### Suicide Prevention

Early identification of clients at high risk for suicide allows for the provision of enhanced services and may prevent ongoing suicidality.<sup>7</sup> In an effort to reduce client risk for suicide and enhance care, each vet center aligns with a supporting VA medical facility.<sup>8</sup> According to VHA Directive 1160.01, *Uniform Mental Health Services in VHA Medical Points of Service*, and VHA Directive 1500(4), *Readjustment Counseling Service*, VHA and RCS staff members are required to participate in the supporting VA medical facility's mental health executive council meetings to coordinate the care of shared clients.<sup>9</sup>

The [high risk suicide flag \(HRSF\) SharePoint site](#) is part of an RCS national process intended to increase communication and coordination with VHA to ensure identification of clients at risk for

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<sup>6</sup> The New Haven VCD position was filled on January 12, 2025, and the Sanford VCD position was filled on August 11, 2024.

<sup>7</sup> VA Office of Mental Health and Suicide Prevention, *Suicide Prevention Program Guide*, November 1, 2020.

<sup>8</sup> VHA Directive 1500(4). Each vet center aligns with a supporting VA medical facility to ensure access to clinical services and coordination of care for shared clients.

<sup>9</sup> VHA Directive 1160.01, *Uniform Mental Health Services in VHA Medical Points of Service*, April 27, 2023, contains the mental health executive council requirement with a purpose focused on ensuring "the delivery of high-quality Veteran mental health care that is evidence-based and responsive to Veterans' preferences"; VHA Directive 1500(4). RCS requires a licensed vet center staff member participate on all supporting VA medical facility mental health executive council meetings to assist with care coordination and collaboration for clients.

suicide and provide resources that may reduce client risk as required by Chief Officer, Readjustment Counseling Services, “High Risk Suicide Flag Outreach,” memorandum.<sup>10</sup>

**Table 1. Suicide Prevention Results**

 Compliant  Noncompliant  <b>RCS Requirement</b>	<a href="#">New Haven Vet Center</a> (supported by West Haven VA Medical Center)	<a href="#">Sanford Vet Center</a> (supported by Togus VA Medical Center)	<a href="#">Providence Vet Center</a> (supported by Providence VA Medical Center)
A licensed vet center staff member participates in all supporting VA medical facility mental health executive council meetings.*			
VCD ensures client contacts and outcomes are documented in the HRSF SharePoint site.‡			

Sources: VHA Directive 1500(4); VA Chief Officer, Readjustment Counseling Service (10RCS); OIG analysis of vet center data.

\*The OIG reviewed mental health executive council meeting documentation to evaluate if required vet center staff participated in the meeting.

‡The OIG reviewed client contacts and outcomes in the HRSF SharePoint site from June 2024 to September 2024.

The OIG found all three VCDs ensured staff documented client contacts and outcomes in the HRSF SharePoint site.

In the identified area, the former acting VCD reported the following explanation for noncompliance.

- *Mental health executive council participation:* The former acting New Haven VCD was invited to attend the weekly mental health executive council meetings but did not have a coverage plan when the former acting VCD was unable to attend a meeting.

The OIG made one recommendation related to suicide prevention.

<sup>10</sup> On May 11, 2020, RCS implemented a HRSF SharePoint site containing names of RCS clients who also receive services at a VA medical facility and have a high risk for suicide flag; Chief Officer, Readjustment Counseling Services, “High Risk Suicide Flag Outreach,” memorandum to all vet center staff, April 27, 2020. RCS staff confirmed as of June 2021, the SharePoint site was expanded to include Recovery Engagement and Coordination for Health-Veterans Enhanced Treatment (REACH VET) data. VA’s REACH VET is a predictive analytics program developed to determine veterans who have a higher risk for suicide; The underlined terms are hyperlinks to a glossary. To return from the glossary, press and hold the “alt” and “left arrow” keys together.

## Suicide Prevention Recommendation

### Recommendation 1

District leaders and the New Haven Vet Center Director collaborate with the supporting VA medical facility to determine reasons for noncompliance with staff participation in the mental health executive council, take action as indicated, and monitor compliance.

### Consultation, Supervision, and Training

As required by VHA Directive 1500(4), consultation with an [independently licensed mental health external clinical consultant](#) on clinically complex or high risk cases improves client access to VA health care and ensures that counselors receive supervision through ongoing feedback regarding documentation, case planning, and compliance with RCS guidance and procedures.<sup>11</sup> Mandatory training completion supports a competent and skilled staff to provide services to clients.<sup>12</sup>

Reviewed training included

- Nonclinical staff
  - Initial or annual S.A.V.E. training [**S**igns of suicide, **A**sk about suicide, **V**alidate feelings, and **E**ncourage seeking help and **E**xpedited treatment] (as required by VA Secretary, “Agency-Wide Required Suicide Prevention Training,” memorandum and VHA Directive 1071(1), *Mandatory Suicide Risk and Intervention Training*)<sup>13</sup>
- Clinical Staff
  - Initial or annual suicide risk management training (as required by the VA Secretary, “Agency-Wide Required Suicide Prevention Training,” memorandum)<sup>14</sup>
  - One-time lethal means safety education and counseling (as required by the Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer

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<sup>11</sup> VHA Directive 1500(4).

<sup>12</sup> VHA Directive 1052, *Appropriate and Effective Use of VHA Employee Mandatory and Required Training*, June 29, 2018.

<sup>13</sup> VA Secretary, “Agency-Wide Required Suicide Prevention Training,” memorandum to Under Secretaries, Assistant Secretaries and Other Key Officials, October 15, 2020; VHA Directive 1071(1), *Mandatory Suicide Risk and Intervention Training*, May 11, 2022, amended June 21, 2022. Vet center nonclinical staff include a veterans outreach program specialist and program support assistant or office manager.

<sup>14</sup> VA Secretary, “Agency-Wide Required Suicide Prevention Training,” memorandum; Skills training for evaluation and management of suicide completion is required within 90 days of hire for new clinical providers and annually for current clinical providers. VHA considers clinical staff to include psychologists, social workers, case managers, and vet center counselors; VHA Directive 1071(1).

(CMO), “Lethal Means Safety (LMS) Education and Counseling,” memorandum)<sup>15</sup>

- One-time military sexual trauma training (as required by VHA Directive 1115.01 (1), *Military Sexual Trauma (MST) Mandatory Training and Reporting Requirements for VHA Mental Health and Primary Care Providers*)<sup>16</sup>
- All staff
  - Biannual basic life support (BLS) certification (as required VHA Directive 1177, *Cardiopulmonary Resuscitation*)<sup>17</sup>

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<sup>15</sup> Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer (CMO), “Lethal Means Safety (LMS) Education and Counseling,” memorandum to Veterans Integrated Services Network (VISN) Director (10N1-23), Medical Center Directors (00), VISN CMOs (10N1-23), VISN Chief Mental Health Officers (10N1-23), Readjustment Counseling Services (RCS) District Directors, RCS Deputy District Directors VISN CMOs (10N1-23), March 17, 2022. Lethal Means Safety Education and Counseling training completion is required within 90 days of entering the position for new clinical providers or within 90 days of training assignment for current clinical providers.

<sup>16</sup> VHA Directive 1115.01(1), *Military Sexual Trauma (MST) Mandatory Training and Reporting Requirements for VHA Mental Health and Primary Care Providers*, April 14, 2017, amended May 8, 2020. This directive was in place during the time of the events discussed in this report. It was rescinded and replaced by VHA Directive 1115.01(1), *Military Sexual Trauma Mandatory Training Requirements*, July 15, 2024, amended March 7, 2025. The two directives contain the same or similar requirements for training. Military sexual trauma training completion is required within 90 days of entering the position for clinical providers or “a provider must have completed the assigned training program (or passed the test-out, if applicable) in TMS [Talent Management System], or have time remaining until the assignment due date.”

<sup>17</sup> VHA Directive 1177, *Cardiopulmonary Resuscitation*, January 4, 2021. Any VA healthcare provider actively participating in direct patient care must maintain BLS training. The OIG was informed by an RCS leader that all RCS staff are required to complete BLS training biannually.

**Table 2. Consultation, Supervision, and Training Results**

 Compliant  Noncompliant  <b>RCS Requirement</b>	<a href="#"><u>New Haven Vet Center</u></a>	<a href="#"><u>Sanford Vet Center</u></a>	<a href="#"><u>Providence Vet Center</u></a>
Consultation: Assignment of a <a href="#"><u>clinical liaison</u></a> .			
Consultation: Assignment of an independently licensed mental health external clinical consultant.			
Consultation: Completion of four hours of monthly external clinical consultation for clinically complex cases.			
Supervision: VCD monthly review of 10 percent of active client records for each counselor’s caseload.			
Training: Staff completion of select training in the required time frame.*			

Sources: VHA Directive 1500(4); VHA Directive 1115.01(1); VHA Memorandum, “Lethal Means Safety (LMS) Education and Counseling”; VA Memorandum, “Agency-Wide Required Suicide Prevention Training”; VHA Directive 1071(1); OIG analysis of vet center results.

\*The OIG reviewed training records or BLS card copies and had findings with recommendations if one or more training elements were not completed within the required time frame. The OIG evaluated BLS training for all staff and evaluated annual training requirements for staff who had been employed prior to July 1, 2024. The OIG evaluated timeliness for completion of initial training for staff hired between October 1, 2023, and June 30, 2024.

The OIG found all three vet centers had an assigned clinical liaison and independently licensed mental health external clinical consultant.

In the identified areas, the VCDs reported the following explanations for noncompliance.

- *Completion of required four hours of monthly external clinical consultation:* The former acting New Haven VCD was aware of the requirement but was covering multiple vet centers simultaneously and did not reschedule canceled consultations. The Sanford VCD and former acting VCD were aware of the requirement but thought the requirement was met if another VCD or Associate District Director of Counseling provided consultation. The Providence VCD did not have a process in place to make up meetings that were canceled or fell on holidays.

- *Completion of a monthly review of 10 percent of active client records for each counselor's caseload:* The Sanford VCD was aware of the requirement; however, reported occasionally not completing at least 10 percent of monthly chart audits due to miscalculation.
- *Completion of select staff training:* The New Haven VCD and former acting VCD were unaware of the correct required military sexual trauma training. The Sanford VCD and former acting VCD were aware of the requirements, but stated employees did not complete training timely despite reminders. The Providence VCD was unaware of the S.A.V.E training requirement as RCS leaders had not assigned the course to employees in the training application.

The OIG made three recommendations related to consultation, supervision, and training.

## **Consultation, Supervision, and Training Recommendations**

### *Recommendation 2*

District leaders and the New Haven, Sanford, and Providence Vet Center Directors determine reasons for noncompliance with completing four hours of external clinical consultation for clinically complex cases per month, ensure a process is implemented to complete consultation requirements, and monitor compliance.

### *Recommendation 3*

District leaders and the Sanford Vet Center Director determine reasons for noncompliance with completing monthly reviews of 10 percent of active client records for each counselor's caseload, ensure completion, and monitor compliance.

### *Recommendation 4*

District leaders and the New Haven, Sanford, and Providence Vet Center Directors determine reasons for noncompliance with employees completing select training in the required time frame, ensure completion, and monitor compliance.

## **Outreach**

As required by VHA Directive 1500(4), each vet center must have an annual written [outreach plan](#) that identifies events to engage eligible veterans and their families and promote relationships with community partners and stakeholders.<sup>18</sup>

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<sup>18</sup> VHA Directive 1500(4).

**Table 3. Outreach Results**

 Compliant  Noncompliant  <b>RCS Requirement</b>	<a href="#"><u>New Haven Vet Center</u></a>	<a href="#"><u>Sanford Vet Center</u></a>	<a href="#"><u>Providence Vet Center</u></a>
Presence of a written current outreach plan.			
Inclusion of required outreach plan strategic components.*			
Outreach activities tailored to eligible individuals.		NA <sup>‡</sup>	

Sources: VHA Directive 1500(4); OIG analysis of vet center results.

\*The OIG reviewed outreach plan requirements including a strategic map of the vet center service area identifying eligible population concentrations, strategic coordination with mobile vet center operations, personal points of contact for non-VA service providers, and identification of all strategic VA medical facility partners.

<sup>‡</sup>NA indicates the OIG could not evaluate if outreach activities were tailored to eligible individuals in the veterans service area because the component was not included in the plan.

The OIG found that all vet centers had an outreach plan; however, only two of the three plans contained outreach activities tailored to eligible individuals in the vet center service area.<sup>19</sup>

In identified area, the VCDs reported the following explanations for noncompliance.

- Inclusion of required strategic components:* The former acting New Haven VCD was unable to provide a reason why elements were not included in the outreach plan, yet acknowledged the VCDs responsibility for approving the plan. The former acting Sanford VCD was not aware of the requirement for a strategic map of the vet center service area identifying local eligible population concentrations and stated this was an oversight due to being in an acting role and prioritizing client care over plan development. The Providence VCD was unaware of the specific outreach plan requirements and stated there was a lack of guidance on developing one.

The OIG made one recommendation related to outreach.

<sup>19</sup> VHA Directive 1500(4).

## Outreach Recommendation

### Recommendation 5

District leaders and the New Haven, Sanford, and Providence Vet Center Directors determine reasons for noncompliance with completion of an outreach plan with all required strategic components, ensure completion, and monitor compliance.

## Environment of Care

Safety in the physical environment is essential for promoting effective therapeutic work and requires adherence to general safety and emergency preparedness standards.<sup>20</sup> The OIG reviewed the requirements in table 4 as set forth by the RCS, *Administrative Site Visit (ASV) Protocol*.

**Table 4. Environment of Care Results**

 Compliant  Noncompliant  <b>RCS Requirement</b>	<u>New Haven Vet Center</u>	<u>Sanford Vet Center</u>	<u>Providence Vet Center</u>
Fire or safety inspection completed annually.			
Risk and vulnerability assessment completed annually by VA police or local law enforcement.*			
Fire extinguishers inspected monthly.		NA <sup>‡</sup>	
Fire extinguishers serviced annually.		NA <sup>‡</sup>	
<u>Automated external defibrillator (AED)</u> located on-site.		NA <sup>‡</sup>	
AED inspected monthly.		NA <sup>‡</sup>	

<sup>20</sup> VHA Directive 1608, *Comprehensive Environment of Care Program*, June 21, 2021; VHA Directive 1608(1), *Comprehensive Environment of Care Program*, June 21, 2021, amended September 7, 2023. Unless otherwise specified, the requirements in the June 2021 directive contain the same or similar language as the amended September 2023 document. The OIG evaluated compliance of monthly inspections for fire extinguishers and AEDs by reviewing inspection documentation for the three full months prior to district notification. The OIG evaluated the presence of an AED and a building evacuation plan during on-site inspections.

 Compliant  Noncompliant  <b>RCS Requirement</b>	<a href="#">New Haven Vet Center</a>	<a href="#">Sanford Vet Center</a>	<a href="#">Providence Vet Center</a>
AED serviced annually by VA medical center biomedical engineering.		NA <sup>‡</sup>	
Building evacuation plan posted in communal area for staff and visitors to reference.		NA <sup>‡</sup>	
Emergency and crisis plan with required components. <sup>§</sup>			

Sources: RCS, Administrative Site Visit Protocol; OIG analysis of vet center results.

\*As of October 2025, RCS eliminated the annual requirement and aligned risk and vulnerability assessment frequency with VHA assessment timelines.

<sup>‡</sup>The OIG was unable to evaluate these requirements due to the temporary re- location of the vet center during inspection period.

<sup>§</sup>The OIG evaluated if the plan had been reviewed or updated within two years of the inspection date. The emergency and crisis plan includes contingencies for phone and computer disruptions; weather or natural disaster emergency plan; site, facility, or building temporary relocation plan; management of disruptive behavior plan; violence in the workplace plan (including active shooter plan); and handling of suspicious mail and bomb threats.

The OIG found all three vet centers had a fire or safety inspection completed annually. The two inspected vet centers had an AED on-site, fire extinguishers and AED serviced annually, and a building evacuation plan posted in a communal area.

In identified areas, the VCDs reported the following explanations for noncompliance.

- *Risk and vulnerability assessment completed annually:* The former acting New Haven and Sanford VCDs were aware of the requirement and thought the most recent assessments were current despite completion in 2021 and 2023, respectively. The Providence VCD was aware of the requirement, had a completed assessment in 2023, and was informed by the VA police that the next assessment was due in 2028.
- *Fire extinguisher inspected monthly:* The New Haven VCD believed the fire extinguisher company completed monthly fire extinguisher inspections. The Providence VCD was aware of the requirement and stated not inspecting the fire extinguisher in the storage room was an oversight.
- *AED inspected monthly:* The New Haven VCD was unaware of the need for monthly AED inspections and stated AED requirements were not part of VCD training.

- *Emergency and crisis plan with all components:* The Sanford VCD was aware of the requirements; however, the location identified in the emergency plan was not acceptable for mental health care due to colocated with a bar that served alcohol.

In early 2025, the OIG identified inconsistency between the RCS administrative site visit protocol requirement for an annual risk and vulnerability assessment and VA police guidance and issued a recommendation related to assessment frequency to the RCS Chief Officer.<sup>21</sup> In October 2025, RCS updated risk and vulnerability assessment requirements to align with VHA assessment timelines and therefore, the OIG did not make a recommendation.

The OIG made three recommendations related to environment of care.

## **Environment of Care Recommendations**

### ***Recommendation 6***

District leaders and the New Haven and Providence Vet Center Directors determine reasons for noncompliance with monthly fire extinguisher inspections, ensure completion, and monitor compliance.

### ***Recommendation 7***

District leaders and the New Haven Vet Center Director determine reasons for noncompliance with monthly automated external defibrillator inspections, ensure completion, and monitor compliance.

### ***Recommendation 8***

District leaders and the Sanford Vet Center Director determine reasons for noncompliance with having an emergency and crisis plan that includes required components, ensure completion, and monitor compliance.

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<sup>21</sup> VA OIG, [Inspection of Select Vet Centers in Midwest District 3 Zone 1](#), Report No. 24-00393-180, August 5, 2025.

## Conclusion

The OIG conducted a focused inspection in four review areas and made eight recommendations to the District Director and applicable VCDs related to staff participation in the mental health executive council, completion of four hours of monthly external clinical consultation, VCD monthly reviews of 10 percent of active client records for each counselor's caseload, training of counselors, outreach plans containing all required components, completion of annual risk and vulnerability assessments, inspections of fire extinguishers and AEDs, and emergency and crisis plans containing all required components.

In response, district leaders provided guidance to VCDs and developed plans for participation in VA mental health executive council, external clinical consultation, outreach plans, and emergency and crisis plans with VCDs.

The OIG is aware of VA's transformation in VHA's management structure. 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

This section presents an overview of each selected vet center along with inspection results. For an overview of all results, see [Overall Findings](#).

### New Haven Vet Center

The VCD reported the New Haven Vet Center serves clients throughout New Haven, Connecticut, and is supported by the West Haven VA Medical Center. The VCD reported that 2,133 eligible veterans reside in the veterans service area, which includes Connecticut National Guard armories. The VCD highlighted offering innovative veteran-focused treatment options tailored to the needs of the vet center population.

For compliant element findings, please see findings related to [Suicide Prevention](#); [Consultation, Supervision, and Training](#); [Outreach](#); and [Environment of Care](#).

**Table A.1. Fiscal Year 2024 Vet Center Profile**

Profile	New Haven Vet Center
Budget	\$720,922.95
Total Unique Clients	239
New Clients	92
Active Duty Clients	2
Bereavement Clients	2
Family Clients	26
Total Authorized Full-time Positions	7
Total Filled Positions	5
Total Vacancies	2

*Source: RCS data.*

### Identified Deficiencies

#### [Suicide Prevention](#)

*Mental health executive council participation:* Of the 52 meetings held in fiscal year 2024, the vet center had representation at 28.

#### [Consultation, Supervision, and Training](#)

*External clinical consultation hours:* Four hours of external clinical consultation were not provided for any of the fiscal year 2024 review period.

*Staff training:* None of the clinical staff completed the military sexual trauma training.

## **Outreach**

*Outreach plan:* The outreach plan was missing two required strategic components: personal points of contact for non-VA service providers and identification of VA medical facility partners.<sup>22</sup>

## **Environment of Care**

*Annual risk and vulnerability:* VA police completed the most recent risk and vulnerability assessment on June 30, 2021.

*Fire extinguisher inspection:* Of the three months the OIG reviewed, monthly inspections were not completed on any of the four fire extinguishers.

*AED inspection:* Of the three months the OIG reviewed, no monthly AED inspections were completed.

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<sup>22</sup> Strategic VA medical facility partners did not include clinical and administrative liaisons, an external clinical consultant, a suicide prevention coordinator, or the facility contact for prevention and management of disruptive behavior.

## Sanford Vet Center

The VCD reported the Sanford Vet Center serves clients throughout four counties across Maine and New Hampshire and is supported by the Togus VA Medical Center. The VCD reported 46,583 eligible veterans reside in the veterans service area, which includes the Portsmouth Naval Shipyard. The VCD highlighted engagement in local community outreach events such as the Maine Fryberg Fair and hosting the monthly Togus Regional Benefits Claims Clinic.

At the time of OIG’s on-site inspection, the Sanford Vet Center had been

temporarily relocated to two mobile vet centers due to structural building issues. On August 25, 2025, a district leader informed the OIG that effective September 1, 2025, a more stable temporary location had been secured and that district leaders would continue to work to find a permanent location through the contract leasing process.

For compliant element findings, please see findings related to [Suicide Prevention](#); [Consultation](#); [Supervision, and Training](#); [Outreach](#); and [Environment of Care](#).

**Table A.2. Fiscal Year 2024 Vet Center Profile**

Profile	Sanford Vet Center
Budget	\$647,370.62
Total Unique Clients	272
New Clients	55
Active Duty Clients	10
Bereavement Clients	3
Family Clients	31
Total Authorized Full-time Positions	7
Total Filled Positions	4
Total Vacancies	3

*Source: RCS data.*

## Identified Deficiencies

### Consultation, Supervision, and Training

*External clinical consultation hours:* Four hours of external clinical consultation were not provided for 9 of the 12 months reviewed.

*Completion of monthly 10 percent record review:* The VCD did not complete record reviews of at least 10 percent of active counseling records for two staff members during one of the last three months of the review period.

*Staff training:*

- The one nonclinical staff member did not complete S.A.V.E. training.
- One of four clinical staff did not complete suicide risk management training.
- One of five staff members did not complete BLS training.

## **Outreach**

*Outreach plan:* The outreach plan was missing three required strategic components: a strategic map identifying eligible population concentrations, identification of VA medical facility partners, and strategic coordination with mobile vet center operations.<sup>23</sup>

## **Environment of Care**

*Annual risk and vulnerability:* VA police completed the most recent risk and vulnerability assessment on February 28, 2023.

*Emergency and crisis plan:* The emergency and crisis plan did not include a viable relocation plan.

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<sup>23</sup> Strategic VA medical facility partners did not include clinical and administrative liaisons, an external clinical consultant, a suicide prevention coordinator, or the facility contact for prevention and management of disruptive behavior.

## Providence Vet Center

The VCD reported the Providence Vet Center serves clients throughout five counties within Rhode Island and is supported by the Providence VA Medical Center. The VCD reported 63,894 veterans reside in the veterans service area which includes the Naval Station Newport, Station Castle Hill, Station Point Judith, and Camp Fogarty. The VCD highlighted vet center engagement in community outreach such as fishing and sailing events, and partnership with local organizations and the Department of Defense.

For compliant element findings, please see findings related to [Suicide Prevention](#); [Consultation, Supervision, and Training](#); [Outreach](#); and [Environment of Care](#).

**Table A.3. Fiscal Year 2024 Vet Center Profile**

Profile	Providence Vet Center
Budget	\$1,454,902.87
Total Unique Clients	495
New Clients	185
Active Duty Clients	28
Bereavement Clients	1
Family Clients	60
Total Authorized Full-time Positions	10
Total Filled Positions	9
Total Vacancies	1

Source: RCS data.

## Identified Deficiencies

### [Consultation, Supervision, and Training](#)

*External clinical consultation hours:* Four hours of external clinical consultation were not provided for 7 of the 12 months reviewed.

*Staff training:* The one nonclinical staff member did not complete S.A.V.E. training.

### [Outreach](#)

*Outreach plan:* The outreach plan was missing three required strategic components: personal points of contact for non-VA service providers, identification of VA medical facility partners, and strategic coordination with mobile vet center operations.<sup>24</sup>

<sup>24</sup> Strategic VA medical facility partners did not include clinical and administrative liaisons, an external clinical consultant, a suicide prevention coordinator, or the facility contact for prevention and management of disruptive behavior.

## **Environment of Care**

*Annual risk and vulnerability:* VA police completed the most recent risk and vulnerability assessment on June 2, 2023.

*Fire extinguisher inspection:* Of the three months the OIG reviewed, monthly inspections were not completed on one of the five fire extinguishers.

## Appendix B: RCS Chief Readjustment Counseling Officer Memorandum

### Department of Veterans Affairs Memorandum

Date: February 9, 2026

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

Subj: Inspection of Select Vet Centers in North Atlantic District 1 Zone 1

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

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

*(Original signed by:)*

Michael Fisher

[OIG comment: The OIG received the above memorandum from VHA on January 16, 2026, and updated on February 9, 2026.]

## Appendix C: RCS North Atlantic District 1 Director Memorandum

### Department of Veterans Affairs Memorandum

Date: February 9, 2026

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

Subj: Inspection of Select Vet Centers in North Atlantic District 1 Zone 1

To: Chief Officer, Readjustment Counseling Service (10RCS)  
Director, GAO/OIG Accountability Liaison (10OIC GOAL)

1. Thank you for the opportunity to review and comment on the Office of Inspector General (OIG) draft report, Inspection of North Atlantic District 1 Zone 1.
2. I have reviewed the draft report and am working with the North Atlantic District 1 leadership team and Vet Center Directors (VCD) to implement a plan of correction and sustainment for all recommendations. District leaders and VCDs took action to begin resolving concerns identified during the inspection and will continue to monitor until there is sufficient evidence to demonstrate compliance with all findings.
3. Please express my thanks to the team for their professionalism and assistance in our continuing efforts to improve the care we provide to our Veterans.

*(Original signed by:)*

Joanne Boyle

[OIG comment: The OIG received the above memorandum from VHA on January 16, 2026, and updated on February 9, 2026.]

## District Director Response

### Recommendation 1

District leaders and the New Haven Vet Center Directors collaborate with the supporting VA medical facility to determine reasons for noncompliance with staff participation on the mental health executive council, take action as indicated, and monitor compliance.

Concur

Nonconcur

Target date for completion: March 2026

### Director Comments

Vet Center Director (VCD) was not consistently participating in the VA medical facility Mental Health Executive Council. District 1 Zone 1 leadership reviewed with the VCD the requirements outlined in VHA Directive 1500(5). The VCD is tracking compliance locally, and the District leaders will monitor until there is sufficient evidence to demonstrate compliance. District leadership will verify sustained compliance during the annual Vet Center Quality Review.

### Recommendation 2

District leaders and the New Haven, Sanford, and Providence Vet Center Directors determine reasons for noncompliance with completing four hours of external clinical consultation for clinically complex cases per month, ensure a process is implemented to complete consultation requirements, and monitor compliance.

Concur

Nonconcur

Target date for completion: June 2026

### Director Comments

The New Haven VCD was not consistently completing and monitoring compliance for the four hours of monthly external consultation at the New Haven Vet Center. The VCDs at Sanford and Providence Vet Centers were unable to furnish copies of clinical licenses for all external clinical consultants (ECC). District 1 Zone 1 leadership reviewed with VCDs the requirements as outlined by the VHA Directive 1500(5). The VCDs are tracking compliance locally, and district leadership will monitor until there is sufficient evidence to demonstrate compliance for New Haven Vet Center. Sanford and Providence VCDs have provided copies of clinical licenses for all ECCs. District leadership will verify sustained compliance during the annual Vet Center Quality Review.

### Recommendation 3

District leaders and the Sanford Vet Center Director determine reasons for noncompliance with completing monthly reviews of 10 percent of active client records for each counselor's caseload, ensure completion and monitor compliance.

Concur

Nonconcur

Target date for completion: Request Closure

#### Director Comments

Sanford Vet Center was noncompliant for monthly reviews of active client records due to the VCD miscalculating 10 percent of caseloads for the monthly audits. Evidence submitted will show Sanford Vet Center has been compliant with chart audits beginning in July 2025 to present. The VCD did not have an active caseload until August 2025, so audits will not be identified for the VCD in July 2025. VCD will track compliance locally monthly, and district leadership will verify compliance during the annual Vet Center quality review.

#### OIG Comments

The OIG considers this recommendation closed.

### Recommendation 4

District leaders and the New Haven, Sanford, and Providence Vet Center Directors determine reasons for noncompliance with employees completing select training in the required time frame, ensure completion, and monitor compliance.

Concur

Nonconcur

Target date for completion: Request Closure

#### Director Comments

During FY24, these Vet Centers did not achieve full compliance with mandatory staff training. Specifically, the New Haven Vet Center Director was unable to furnish evidence that all clinical staff completed the required military sexual trauma (MST) training; some staff at the Sanford Vet Center were non-compliant with Suicide prevention training, SAVE and BLS; some staff at the Providence Vet Center were non-compliant with SAVE training. This non-compliance stemmed from various complications, including issues related to how, when, and who is responsible for assigning training to individuals. District leadership worked to clarify which trainings are assigned at the national, district, and local levels by the VCD and has instructed

VCDs to ensure completion of mandatory training. Vet Center staff training is recorded in the Talent Management System (TMS) and tracked locally by VCDs. The staff at all Vet Centers have completed the required trainings and are now compliant. VCDs will track compliance locally and district leadership will verify sustained compliance during the annual Vet Center Quality Review.

### **OIG Comments**

The OIG considers this recommendation closed.

### **Recommendation 5**

District leaders and the New Haven, Sanford, and Providence Vet Center Directors determine reasons for noncompliance with completion of an outreach plan with all required strategic components, ensure completion, and monitor compliance.

Concur

Nonconcur

Target date for completion: March 2026

### **Director Comments**

During FY24, the outreach plans at these Vet Centers did not include all required strategic components. Reasons for non-compliance included a program transition to a new outreach template during FY24 and a lack of understanding on how certain strategic components were relevant to their plan. District leadership provided guidance on creating an outreach plan that incorporates all strategic components listed in VHA Directive 1500(5). VCDs and Veterans Outreach Program Specialists at Sanford and Providence Vet Centers are utilizing the current Vet Center Outreach Plan template to include strategic components. New Haven Vet Center is in the process of revising the outreach plan. VCDs will track compliance locally on an ongoing basis, and district leadership will verify compliance during the annual Vet Center Quality Review.

### **Recommendation 6**

District leaders and the New Haven and Providence Vet Center Directors determine reasons for noncompliance with monthly fire extinguisher inspections, ensure completion, and monitor compliance.

Concur

Nonconcur

Target date for completion: Request Closure

### **Director Comments**

During FY24, the New Haven and Providence Vet Centers were not in compliance with monthly fire extinguisher inspections due to staff demands and staff transitions. A process was developed, and they have been compliant for the last six months. VCDs will sustain compliance and District leadership will verify during the annual Vet Center Quality Review.

### **OIG Comments**

The OIG considers this recommendation closed.

### **Recommendation 7**

District leaders and the New Haven Vet Center Director determine reasons for noncompliance with monthly automated external defibrillator inspections, ensure completion, and monitor compliance.

Concur

Nonconcur

Target date for completion: Request Closure

### **Director Comments**

During FY24, the New Haven Vet Center was not in compliance with monthly AED inspections due to workload and lack of oversight process. A process was developed and will be monitored for compliance on an ongoing basis. VCDs will sustain compliance and District leadership will verify during the annual Vet Center Quality Review.

### **OIG Comments**

The OIG considers this recommendation closed.

### **Recommendation 8**

District leaders and the Sanford Vet Center Director determine reasons for noncompliance with having an emergency and crisis plan that includes required components, ensure completion, and monitor compliance.

Concur

Nonconcur

Target date for completion: Request Closure

### **Director Comments**

The Sanford Vet Center was not in compliance with having a current emergency and crisis plan that includes all the required components. District leadership provided VCDs guidance on the required components that needed to be included in the emergency and crisis plan. The Sanford Vet Center corrected their emergency and crisis plan and are now compliant. District leadership will verify sustained compliance during the annual Vet Center Quality Review.

### **OIG Comments**

The OIG considers this recommendation open to allow time for the submission of a current and comprehensive emergency and crisis plan with all required components to support closure.

## Glossary

*To go back, press “alt” and “left arrow” keys.*

**automated external defibrillator.** Is “a sophisticated, yet easy-to-use, medical device that can analyze the heart’s rhythm and, if necessary, deliver an electrical shock, or defibrillation, to help the heart to re-establish an effective rhythm.”<sup>25</sup>

**clinical liaison.** Mental health professional assigned by the supporting VA medical facility who assist the VCD in coordinating care and suicide prevention activities and making referrals for shared VA medical facility clients.<sup>26</sup>

**high risk suicide flag (HRSF) SharePoint site.** Lists names of RCS clients identified by VA medical facilities as high risk. VCDs are required to review the HRSF SharePoint site monthly to identify clients who receive or have received vet center services in the past 12 months to determine the need for client contact, and complete follow-up, as appropriate.

**independently licensed mental health external clinical consultant.** Is assigned by the supporting VA medical facility to provide vet center counseling staff with a minimum of four hours per month of consultation for clinically complex cases. “In situations where the VA medical facility is unable to provide an external consultant due to local staffing logistics, the Vet Center will be authorized to seek such services from the private sector.”<sup>27</sup>

**outreach plan.** A written strategic document developed for eligible individuals within that vet center’s service area. The outreach plan identifies specific outreach locations and events that will allow vet center staff to directly provide eligible individuals and families with information about vet center services. Additionally, the outreach plan identifies local service providers, within the VA and non-VA, to establish referral networks for vet center clients. Outreach plans are updated annually.<sup>28</sup>

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<sup>25</sup> “What is AED?,” American Red Cross, accessed August 8, 2022, <https://www.redcross.org/take-a-class/aed/using-an-aed/what-is-aed>.

<sup>26</sup> VHA Directive 1500(4).

<sup>27</sup> VHA Directive 1500(4).

<sup>28</sup> VHA Directive 1500(4).

## OIG Contact and Staff Acknowledgments

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<b>Contact</b>	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
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