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1. Transmitted is a new Department of Veterans Affairs, Veterans Health Administration Manual M-12, "Readjustment Counseling Service Vet Centers," Part I, "Administrative Operations," Chapters 1 through 6.

2. Principal purpose for this part is to clarify the organizational structure and administrative operations of RCS. This part also transmits the policies and procedures as described herein that are implemented by Readjustment Counseling Service for administering the Vet Centers and the provision of readjustment counseling.

a. Chapter 1: Details the legislative authority for and the prescribed character of VA's (Department of Veterans Affairs's) readjustment counseling;

b. Chapter 2: Specifies the organizational structure and administrative responsibilities of Readjustment Counseling Service;

c. Chapter 3: Describes the operations related to strategic community siting and relocation of Vet Centers;

d. Chapter 4: Specifies the management requirements, tours of duty, and hours of operation for Vet Centers;

e. Chapter 5: Details the main components of the Readjustment Counseling Service Quality Management Program; and

f. Chapter 6: Describes the Vet Center operations related to special veteran populations, research, and continuing education.

3. Filing Instructions

Remove Pages

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4. RESCISSIONS: VHA Circulars 10-79-172; 10-80-106; 10-80-256; 10-82-101; 10-83-035, and 10-84-128.

John W. Holsinger, Jr., M.D.
Under Secretary for Health

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(Logo) Department of
Veterans Affairs

READJUSTMENT COUNSELING SERVICE VET CENTERS
Administrative Operations

July 6, 1993

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

The Department of Veterans Affairs Veterans Health Administration Manual, M-12, "Readjustment Counseling Service Vet Centers," Part I, "Administrative Operations," Chapters 1 through 6 is published for the compliance of all concerned.

James W. Holsinger, Jr., M.D.
Under Secretary for Health

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The following material is rescinded:

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CHAPTER 1. INTRODUCTION AND LEGISLATIVE AUTHORITY

1.01 INTRODUCTION

a. On the basis of extensive Congressional testimony and VA (Department of Veterans Affairs) consultation with experts on war-related readjustment difficulties, the character of readjustment counseling was initially established during a 10-year legislative history between 1969 and 1979.

b. As implemented by VA in 1979, readjustment counseling is provided through a nationwide system of community-based Vet Centers.

c. In 1981, VA initiated a new organizational element, Readjustment Counseling Service, to administer the Vet Centers and the provision of readjustment counseling.

d. In 1991, based upon 12 years clinical experience with Vietnam veterans, VA initiated legislative action to provide post-Vietnam era war veterans early access to readjustment counseling and to prevent possible development of delayed and chronic forms of war-related PTSD (post-traumatic stress disorder).

1.02 POLICY

It is VA policy to:

a. Provide outreach, psychological counseling and supportive social services to assist Vietnam era veterans, and veterans of Lebanon, Grenada, Panama, and the Persian Gulf war;

b. Resolve war-related psychological difficulties; and

c. Help eligible veterans attain a well adjusted post-war work and family life.

1.03 AUTHORITY

In 1979, the Congress passed, and the President signed, Public Law 96-22, which added to 38 U.S.C. (United States Code) Section 1712A (formerly Section 612A) providing readjustment counseling to any eligible Vietnam era veteran. In April 1991, Congress amended 38 U.S.C. 1712A to authorize VA to furnish readjustment counseling to veterans of the Persian Gulf war and conflicts in Lebanon, Grenada, and Panama.

a. Section 1712A provides that:

(1) Readjustment Counseling shall be provided, on request, to any eligible:

(a) Vietnam era veteran,

(b) Veteran of the Persian Gulf war theater,

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- (c) Veteran of conflict in Lebanon,
- (d) Veteran of conflict in Grenada, and

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(e) Veteran of conflict in Panama.

(2) This counseling shall include a general mental and psychological assessment to determine whether the veteran has mental or psychological problems associated with readjustment.

b. The law further authorizes:

(1) Referral of ineligible persons discharged from military duty to sources outside VA for assistance;

(2) Training of personnel to provide readjustment counseling services;

(3) Utilization of paraprofessionals, volunteers, and work-study students in initial intake and screening activities; and

(4) Contracting for services from private sector providers.

c. Further definition of eligible veterans by periods and locations of service is specified in subparagraph 4.05.

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The following material is rescinded:

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CHAPTER 2. ADMINISTRATIVE ORGANIZATION

2.01 POLICY

It is VA (Department of Veterans Affairs) policy that Readjustment Counseling Service is an organizational element within VHA (Veterans Health Administration) having administrative responsibility for all Vet Center operations.

2.02 VA CENTRAL OFFICE

a. Vet Centers are an organizational element of VHA, and are administered by the Readjustment Counseling Service, which is an organizational element of the Office of the ADCMD (Associate Deputy Chief Medical Director), for Clinical Programs.

(1) The Director, Readjustment Counseling Service, reports to the ADCMD for Clinical Programs, and is responsible for all administration and supervision of services in the field including:

- (a) Policies,
- (b) Funding,
- (c) Personnel,
- (d) Training, and
- (e) General management.

(2) The Readjustment Counseling Service Director, Deputy Director, and Associate Director are responsible for:

(a) Setting policy guidance and objectives for Readjustment Counseling Service Regional Managers, and through them, for all Vet Centers;

(b) Direct supervision, including selection and evaluation, of Regional Managers;

(c) General oversight of Vet Center clinical and administrative operations;

(d) Overall direction of training activities;

(e) Establishing adequate reporting mechanisms from Vet Centers through Regional Managers to VA Central Office;

(f) Making recommendations to the ADCMD for Clinical Programs based on performance data for the allocation of funds and FTEE (Full-time Employee Equivalent) to and from Vet Centers (this includes operating, travel, and training funds); and

(g) Administering the FEE/Contract Program.

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b. In VA Central Office, the Director, Readjustment Counseling Service, participates in regular staff operational meetings with the Directors Field Support and staffs, Associate Chief Medical Directors and staffs and other VHA officials, including the Under Secretary for Health, in order to ensure integration of the Vet Center operations with all VHA functions.

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c. Communications for all Vet Center operations are from the Vet Center Team Leader to the Readjustment Counseling Service Regional Manager to the Director, Readjustment Counseling Service, in VA Central Office. Operational communications dealing with administrative support from local VHA facilities are through the medical center Director to the Regional Director to the Associate Chief Medical Director for Operations (13).

2.03 REGIONAL MANAGERS

(1) Under the supervision of Director, Readjustment Counseling Service, VA Central Office, the Regional Managers, Deputies, Associate and Assistant Regional Managers of the seven Readjustment Counseling Service regions, perform the following duties:

(a) Selection, supervision, and evaluation of all Vet Center Team Leaders, in close consultation with the Vet Center Liaison Officer at each supporting VA medical facility.

(b) Oversight of all Vet Center service delivery and operations in their region.

(c) Planning all training of Readjustment Counseling Service personnel.

(d) Assessment of Vet Center performance.

(e) Ensuring adequacy of Vet Center clinical training, and clinical collaboration with VA medical centers.

(f) Promoting close collaboration between Vet Center and local VA medical center support facility in all areas.

(2) Readjustment Counseling Service Regional Managers and their staffs maintain close consultation and collaboration with Regional Directors and their staffs (both in the field and in VA Central Office).

(3) In general, Readjustment Counseling Service Regional Managers and their staffs are delegated major responsibility for day-to-day oversight of administrative and clinical functioning of the Vet Centers.

(a) Usually, the Readjustment Counseling Service Regional Manager's work is assisted by a Deputy Regional Manager, an ARM/C (Associate Regional Manager for Counseling) Services, an ARM/A (Associate Regional Manager for Administration), plus support staff.

(b) In addition, the Regional Manager's staff includes an ARM/CS (Assistant Regional Manager for Contract Services), who is tasked with oversight of the Contracts Program within the region.

(4) A field official may be assigned duties for supervision and oversight of ARM/C supervision and clinical services in one or more regions, and thereby designated as Chief Clinical Field Manager.

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2.04 VET CENTER STAFF

a. Team Leaders. Each Vet Center is directed by a Team Leader who may be a social worker, clinical or counseling psychologist, nurse, or other qualified counselor. Team Leader position titles include:

- (1) Supervisory Readjustment Counseling Therapist,

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- (2) Supervisory Readjustment Counseling Specialist,
- (3) Clinical Psychologist,
- (4) Supervisory Social Worker, or
- (5) Readjustment Counseling Team Leader/Nurse.

b. The Team Leader performs the following duties:

- (1) Directly supervises Vet Center staff in the provision of outreach, counseling, and referral services;
- (2) Oversees performance of staff and ensures proper record keeping, timekeeping, personnel and other reporting procedures required by the agency;
- (3) Selects and evaluates counselors and office managers in consultation with the Vet Center Liaison Officer at the supporting VA medical facility;
- (4) Ensures proper and timely preparation of budget plans, additional funding requests, and obligations of all authorized funds;
- (5) Carries out a wide variety of activities in collaboration with both the administrative and clinical staffs of the supporting VA medical facility;
- (6) Oversees the operation of any Vet Center satellite assigned to their center; and
- (7) Provides direct client services.

c. Other Staff

(1) Vet Centers are small service units, usually with a total of three to five staff members. Satellites, which function as a Vet Center in all respects except that they are under the administrative and professional supervision of a nearby Vet Center, are staffed with two or three persons.

(a) Under special circumstances, where appropriate to the needs of the local veteran population, a Vet Center may establish a one or two-person outstation.

(b) The outstation staff members operate as regular members of the Vet Center team.

(2) Usually, a Vet Center or satellite will include two or three counselors, with one of the following job titles:

- (a) Social worker,
- (b) Clinical psychologist,
- (c) Clinical nurse specialist,

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- (d) Readjustment counseling Nurse,
- (e) Readjustment counseling therapist,

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2.05 ADDITIONAL PERSONNEL

a. Volunteers. Most Vet Centers receive community assistance in the form of volunteers; who may provide either professional or non-professional services.

(1) Utilization of volunteers is advantageous at most Vet Centers because of the number of clients and complexity of services. Volunteers may include, but are not limited to:

- (a) Employment counselors,
- (b) Veterans services specialists,
- (c) Psychologists,
- (d) Psychiatrists,
- (e) Social workers,
- (f) Nurses, and
- (g) Others whose skills contribute to meeting eligible veterans' needs.

(2) The Volunteer Program should contribute to the Vet Center's network of community referral sources.

b. Students and Trainees. Vet Centers accept placement of professional trainees in several categories. In addition, work-study students (veterans receiving educational or vocational benefits) may be utilized to perform duties for which they are qualified.

c. DVOP (Disabled Veterans Outreach Program) Counselors. Counselors may be placed in Vet Centers under the DVOP administered from the Department of Labor through State employment services. All Vet Centers endeavor to obtain at least one full-time DVOP counselor placed at the Vet Center.

d. Supervision

(1) All volunteers, students, trainees, work-study students, and DVOPs must be reviewed, prior to placement, by the Team Leader.

(2) All volunteers must be registered with VA medical center Voluntary Service; and

(3) All such ancillary personnel should be appropriately supervised by the Team Leader or designee, in order to ensure the ancillary personnel:

- (a) Are assigned tasks consistent with their abilities; and
- (b) Contribute to the mission of the Vet Center.

2.06 SUPPORTING VA MEDICAL FACILITY

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a. Vet Centers are a key VA service delivery structure for Vietnam and post-Vietnam conflict veterans in the readjustment counseling area. They are an innovative multiservice delivery system provided by VHA in flexible community-based centers. As an integral part of VHA services, each Vet Center is attached to a supporting VA medical center or VA outpatient clinic.

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(1) The supporting facility provides needed medical administrative, acquisition, personnel, fiscal, and engineering support.

(2) Operating with a discrete line of authority, Vet Centers function as a fully-integrated partner in the services of the VA medical center or VA outpatient clinic, and function within all relevant VA regulations and policies.

b. The Vet Center provides to the VA medical center or VA outpatient clinic:

(1) A broad range of consultation, mutual referral and professional collaboration,

(2) Specific expertise concerning readjustment of war veterans, and

(3) Provision of psychosocial services.

c. Vet Center staff, and the psychiatry, psychology, social work and other professional services of the VA medical center or VA outpatient clinic collaborate closely as determined by local needs; this may include:

(1) Joint clinical conferences,

(2) Joint educational exercises, and

(3) Integrated case management.

d. In consultation with the Readjustment Counseling Service Regional Manager and the Vet Center Team Leader, the Director of each supporting VA medical center, or VA outpatient clinic, designates one or more Vet Center liaison officers with responsibilities for VA medical center/VA outpatient clinic Vet Center collaboration.

(1) Suitable officials for designation as Liaison Officer include, but are not limited to:

(a) Associate Director,

(b) Assistant Director,

(c) Chief of Staff,

(d) Chief of Psychiatry,

(e) Chief of Psychology, or

(f) Chief of Social Work.

(2) The Liaison Officer should be quite familiar with services provided at the Vet Center. Tasks for the Liaison Officer include:

(a) Ensuring timely and effective Vet Center administrative support;

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(b) Ensuring close professional collaboration between Vet Center and VA medical center professional staff members, including mutual exchange of skills, talents, and insights concerning readjustment counseling and related psychological treatment;

(c) Attention to cooperation in the provision of services to eligible veterans at the Vet Center and VA medical center/VA outpatient clinic including admission issues, referrals, etc.; and

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(d) Providing consultation to Vet Center staff and Readjustment Counseling Service Regional Managers concerning the performance of staff duties, professional development, improvement of services to veterans, management, and selection of staff.

e. The Liaison Officer at the VA medical center, where the Readjustment Counseling Service Regional Manager's office is located, oversees the provision of administrative support to the management official(s). At all sites, the Liaison Officer coordinates or assists the Readjustment Counseling Service supervisor in coordinating adequate orientation to all relevant VA medical center/VA outpatient clinic elements for all newly hired Readjustment Counseling Service personnel.

2.07 APPOINTMENTS

a. Vet Center staff appointments, and Readjustment Counseling Service Regional Manager's staff appointments, include any of the following:

- (1) Career and/or career conditional,
- (2) Term appointment,
- (3) Schedule A appointment,
- (4) Other time-limited appointments, and
- (5) Noncompetitive special appointments, as authorized.

b. Career/career conditional appointments are to be utilized to enable recruitment of personnel required to maintain adequate expertise in staffing to maintain adequate quality of services, and to maintain minimum necessary stability of staffing.

2.08 RECRUITMENT AND SELECTION

a. Recruitment and selection of Readjustment Counseling Service personnel is through established personnel procedures. Recruitment is at the initiative of the supervisor, who is the selecting official.

b. The following additional guidelines apply:

(1) Training or experience in working with Vietnam era veterans and other eligible veterans, should be established by Personnel officers as an important rating factor. Such experience need not have been gained with VA. Because of the highly specialized mission of Readjustment Counseling Service, officials are encouraged to work closely with Personnel services to ensure that position openings are communicated to Vietnam and post-era war veterans through the appropriate channels and organizations.

(2) Note should be taken of Section 505 of Public Law 102- 568, which the President signed on October 29, 1992. It restores eligibility of VRA (Veterans' Readjustment Appointments) to Vietnam era veterans, permitting VA

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to give preference to Vietnam era veterans both for new hires and promotions in staffing Readjustment Counseling Service.

(3) In selecting Team Leaders, Readjustment Counseling Service Regional Managers and the supporting VA facility Liaison Officer should consult actively, so that the Liaison Officer provides detailed assistance to the assessment and selection process. Similar consultation is required when Team Leaders are assessing and selecting Vet Center counselors and office managers.

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2.09 TEAM COMPOSITION

a. The experience, training, and skills of Vet Center teams are unusually critical because of the small size of the service unit.

(1) Team composition will be tailored to the needs of the particular veteran community which is being served. Teams should include familiarity with the Vietnam and post-Vietnam war experience, an understanding of special needs of ethnic minority, disabled, and women veterans, etc. At least one position on each Vet Center and Vet Center Satellite staff should be staffed with a fully-VHA qualified mental health professional (clinical or counseling Ph.D. psychologist, social worker, or psychiatric nurse clinical specialist).

(2) Fulfillment of the mission is contingent on the presence of Vietnam veterans and/or post-Vietnam war/conflict veterans on Vet Center teams, and selecting officials should strive to recruit in such fashion that Vietnam and post-Vietnam conflict veterans will be well represented in candidates.

(3) The composition of Vet Center teams and the overall atmosphere of the Vet Center should be congenial to all eligible veterans of varying socioeconomic levels, educational backgrounds, and military experience.

b. As the key staffer in the Vet Center, the Team Leader should have demonstrated:

(1) Commitment, knowledge, and expertise regarding the Vietnam and Persian Gulf wars, post-Vietnam era conflicts, and veterans' readjustment from these experiences.

(2) Management skills necessary to oversee the range of operations of a Vet Center; i.e., skills in:

- (a) Leadership,
- (b) Organizing,
- (c) Facilitating,
- (d) Team building and cohesion,
- (e) Accountability, and
- (f) Problem solving.

(3) The interpersonal skills necessary to effectively serve Vet Center staff, clientele, community groups, and VA staff.

c. Team Counselors should demonstrate:

(1) Commitment, knowledge, and expertise regarding the war experience and readjustment from the experience;

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- (2) The provision of readjustment counseling and outreach; and
 - (3) Knowledge of community networking.
- d. Office Managers should:

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- (1) Possess skills in:
 - (a) Typing,
 - (b) ADP (automated data processing),
 - (c) Administration,
 - (d) Record keeping, and
 - (e) Other related skills.

(2) Possess such receptionist skills to relate appropriately to a wide range of veterans seeking services, and to the wide range of family members, community and VA medical center persons who interact with the Vet Center.

(3) Be able to communicate effectively with veterans who may be in a situation of acute stress until a counselor is available.

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CHAPTER 3. FACILITIES

3.01 POLICY

It is VA (Department of Veterans Affairs) policy that Vet Centers are strategically sited in the community to maximize veterans' access to readjustment counseling, and to consider relocation of a Vet Center when changes in the character of the leased space, or the adjacent neighborhood threatens the quality of, or the veterans' ability to obtain services.

3.02 LOCATION AND RELOCATION

a. The guiding principal regarding site locations include that:

(1) The Vet Center is located so as to serve the largest number of veterans with the least possible distances to travel to the Vet Center.

(2) There is access to public transportation. Access to public transportation is a critical factor, and is included as a site selection criterion.

(3) The distance to other VA facilities and other non-VA organizations (clinics, agencies, veterans organizations, etc.) is considered.

(4) Any relevant data concerning the specific service needs of the local veteran population are taken into consideration.

(5) The specific location of a Vet Center in or near a city maximizes accessibility to the Vet Center on the part of different population subgroups within the eligible veteran population.

(6) The Vet Center be located in a neighborhood which is experienced as comfortable by all veterans and family members.

b. Site should conform to Federal laws and regulations governing Federal leases, site renovations, construction and fire codes.

c. Vet Centers may also be located at a VA medical facility; i.e., co-located with a VA outpatient clinic, or at a VA medical center. Regarding co-located Vet Centers, available space at the VA medical facility must be suitable for Vet Center operations in accordance with established VHA criteria. NOTE: Any such co-location of a Vet Center after January 1988, must be reported to Congress as a revision of the Vet Center National Plan pursuant to 38 U.S.C. (United States Code) Section 1712A as amended by Public Law 100-322.

d. Vet Centers are designed to provide a welcoming, noninstitutional environment oriented by location, design, and decor to all eligible veterans. In particular, there is an emphasis on space and design conducive to communication between staff and clients, and among clients. All space aspects should encourage veterans and family members to feel a sense of belonging and welcome at the Vet Center.

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e. All Vet Centers proposed for relocation by Readjustment Counseling Service Regional Managers will be submitted to the Director, Readjustment Counseling Service, VA Central Office, for approval regarding operational suitability and feasibility.

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(1) All relocations require notification to Congress and a statutorily defined waiting period. All Vet Centers proposed for relocation must be evaluated and provide justification in relation to the criteria stipulated in 38 U.S.C. Section 1712A as amended by Public Law 100-322 and Public Law 100-687.

(2) Subsequent VA management of Vet Center relocations should be implemented in the most expeditious manner feasible to preclude undue delay or disruption to veteran services. Effective management of Vet Center moves requires close collaboration among the following VA elements:

(a) Director, Readjustment Counseling Service;

(b) Regional Manager and staffs with particular reference to the Vet Center Team Leader;

(c) The medical center Director and staff with particular reference to the Chief A&MM (Acquisition and Materiel Management), and

(d) The Project and Property Management Staff Director in VA Central Office.

3.03 LEASING

a. Readjustment Counseling Service Vet Center leasing requests should be considered an operational priority and processed under the most expeditious means feasible.

(1) Following preliminary programmatic approval by the Readjustment Counseling Service Regional Manager and the Director, Readjustment Counseling Service (115), the request is submitted to A&MM Service at the support facility for acquisition action.

(2) Leasing proposal requests are submitted by Acquisition and Materiel Management Service through the medical center Director, and Regional Director to the Director, Project and Property Management Service (084B) for leasing authority. After concurrence from the Director, Readjustment Counseling Service, the Director, Project and Property Management Service will delegate authority to lease space to the medical center's Contracting Officer.

(3) The Contracting Officer is responsible for all negotiations and transaction forms.

(4) Prior to signing, all leases must be reviewed by the Readjustment Counseling Service Regional Manager for programmatic issues and to provide certification of availability of funding. No lease may be executed without this certification.

(5) Copies of all executed leases must be submitted to the Director, Real Property Program Management Service (084A).

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b. All leases must include within paragraph 4 of SF (Standard Form) 2, U.S. Government Lease for Real Property, termination rights upon 90-day notice. Although infrequently exercised, the provision enables VA the option of readily moving a Vet Center when local environmental contingencies (such as major demographic or socioeconomic changes) result in barriers to veterans' access to the facility.

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3.04 SPACE

a. Space requirements should be consistent with the Office of Construction Handbook H-08-1, Master Specifications, to include handicap accessibility. The design of space must be appropriate to provide both visual and sound confidentiality for individual interviews, group counseling and staffing conferences. Space should be adequate to provide for client reception, counseling staff, clerical support, records, equipment and supplies.

b. Interior decorating should focus on the creation of a generally comfortable and noninstitutional environment in order to promote maximum client comfort and receptivity to available services. The creation of an environment interesting and useful to veterans may include the use of memorabilia, maps, photos, etc., pertaining to the war experience in Vietnam, Lebanon, Grenada, Panama, and the Persian Gulf.

3.05 EQUIPMENT

Equipment should include all items which permit staff to deliver effective services.

a. Equipment should include (but is not limited to):

- (1) Telephones with both commercial and FTS capability;
- (2) Video system;
- (3) Audio tape recorder;
- (4) Copier;
- (5) Computers;
- (6) Typewriters;
- (7) FAX machine; and
- (8) Other necessary clerical equipment.

b. Equipment may include other additional specialized items determined to be useful, to maximize effectiveness of services in the professional judgment of the Team Leader, within the guidelines for approved equipment.

c. Each Vet Center should have full use of at least one GSA (General Services Administration) vehicle. NOTE: Additional vehicle(s) may be authorized in cases of extraordinary need due to geography, unusual needs for outreach, etc.

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CHAPTER 4. ADMINISTRATIVE OPERATIONS

4.01 POLICY

It is VA (Department of Veterans Affairs) policy that all Vet Centers report all critical events having administrative or clinical implications. It is also VA policy that duty hours of Vet Center staff conform to the needs of the eligible veteran community.

4.02 ANNUAL GOALS AND OBJECTIVES REVIEW

Readjustment Counseling Service Regional Managers develop and submit goals and objectives to Readjustment Counseling Service, VA Central Office, on a yearly basis.

a. The goals and objectives serve as a basis for:

- (1) Articulating management priorities,
- (2) Addressing the changing needs of field operations, and
- (3) Managing the administrative and clinical components of Vet Centers according to the mandates of Readjustment Counseling Service.

b. Goals and objectives are reviewed mid-year for adequacy of implementation.

4.03 VA FORM 119, REPORT OF CONTACT

VA Form 119 is utilized as a multi-purpose form by field personnel to report all significant developments which require immediate attention, (i.e., critical events which have administrative and clinical implications).

a. Clinical critical events include all suicides, homicides and serious attempts of same (see M-12, Pt. II, Ch. 4., Par. 4.05).

b. Administrative critical events include all other matters which may affect Vet Center operations such as:

- (1) Natural disasters,
- (2) Significant public relation events which may involve media, congressional or veteran service organization interactions, and/or
- (3) Serious vandalism or theft.

NOTE: The supervisor is advised immediately in all instances, as appropriate, and the initiating source will follow with a Report of Contact form within 48 hours of the incident.

4.04 TOURS OF DUTY AND HOURS OF OPERATION

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a. Within the limits imposed by available resources and existing VA regulations, Vet Center tours of duty should be tailored to the needs of the local community. Experience has indicated that in providing services to the Vietnam veteran and other eligible

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veteran populations, specialized schedules of operation may facilitate services. Vet Centers should formulate work schedules to accommodate the community which they serve, including the needs of the working client.

b. Each Vet Center should be open at least 5 days a week. NOTE: Staggered tours of duty may be desirable in order to meet the needs of veterans seeking services.

4.05 ELIGIBILITY

a. As provided by Public Law 98-160, any veteran (as defined by 38 U.S.C., Section 101) who served on active duty during the Vietnam era (August 5, 1964, through May 7, 1975) and who requires mental health services for psychological or psychosocial problems arising from Vietnam era service is eligible to receive readjustment counseling services from the VHA upon request.

(1) As of April 1991, eligibility has been extended by law to include veterans from the Lebanon (August 25, 1982, through February 26, 1984), Grenada (October 23, 1983, through November 21, 1983), Panama (December 20, 1989, through January 31, 1990), conflicts and the Persian Gulf war (August 2, 1990, and ending by Presidential proclamation or law).

(2) Family members and significant others may be provided with appropriate services, when necessary, to assist in the provision of effective services to a veteran.

b. Determination of eligibility is the responsibility of Medical Administration Service, according to the following considerations: 38 U.S.C. Section 1712A provides that "upon the request of any veteran...the Secretary shall... furnish counseling... A 'veteran' is a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable."

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CHAPTER 5. QUALITY MANAGEMENT

5.01 POLICY

It is VA (Department of Veterans Affairs) policy that the Readjustment Counseling Service manifest measurable quality program components in each Vet Center.

5.02 BACKGROUND

A systematic integrated Readjustment Counseling Service quality management program was initiated in FY (Fiscal Year) 1986 in response to continuing high utilization of services and increasing severity and complexity of some cases. Quality measures were instituted recognizing the unique Vet Center features of outreach, a combination of professional and peer counseling, and an informal non-medical environment.

5.03 PROGRAM COMPONENTS

The Quality Management Program includes the following major components:

a. At least one VHA (Veterans Health Administration) qualified mental health professional on staff at all Vet Centers (See M-12, Pt.I, Ch. 2, Par. 2.08).

b. Quality management indicators for continuous monitoring of Vet Center and contract operations, for inclusion in VHA internal and external review programs. Readjustment Counseling Service continuous monitoring criteria include:

(1) Documentation of military history in the veteran's client file.

(2) Follow-up contact (written or telephonic) 90 days after the last contact with clients documented in the veteran's client file.

(3) Presence in the Vet Center of a written outreach plan specific to the unique features (social, economic, and geographic) of the Vet Center catchment area.

c. Formal Mortality and Morbidity Review of all suicides occurring with active Vet Center clients, and reporting of same to the Office of the Medical Inspector.

d. Standards for Vet Center clinical records, to include protocols for brief and comprehensive military history.

e. Formal review of records and all operations by Readjustment Counseling Service management during specified periodic site visits, utilizing standardized and continuously refined site visit protocols.

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f. RMEC (Regional Medical Education Center) sponsored continuing regular in-service training programs for all staff. NOTE: The required curriculum covers all major Vet Center service components.

g. Privileging of all Vet Center professional staff (social worker, clinical psychologists and psychiatric nurses) through the VA medical center Clinical Executive Board.

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h. Privileging of all professional external clinical consultants at Vet Centers through the VA medical center Clinical Executive Board (see M-12, Pt. II, Ch. 4, Par. 4.06).

i. Background check of academic and clinical credentials for all Vet Center Team Leader and Counselor new hires.

j. Regular external clinical consultation for review of cases, with particular attention to complicated cases, by a VA medical center or private sector mental health professional. NOTE: This is in addition to clinical case review and supervision by the Team Leader and/or Clinical Coordinator (see M-12, Pt. II, Ch. 4, Par. 4.06).

k. Critical event plans for responding to clinical emergencies involving threat of suicide and/or violent behavior.

l. Clinical collaboration between the Vet Center and the VA medical center to include participation of the Vet Center Team Leader on the medical center Mental Health Council (see M-12, Pt. II, Ch. 4, Par. 4.07).

m. Establishment of a core reading list of professional literature for all Vet Center service providers.

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CHAPTER 6. SPECIAL TOPICS

6.01 POLICY

It is VA (Department of Veterans Affairs) policy that Readjustment Counseling Service maintain program relevant focus on special veteran populations, research, and education.

6.02 SPECIAL POPULATIONS

a. Vet Center operations provide special focus on the service needs of certain special populations, including:

- a. Native American veterans,
- b. African-American veterans,
- c. Hispanic veterans,
- d. Asian-Pacific Islander veterans,
- e. Women veterans,
- f. Rural veterans,
- g. Physically disabled veterans, and
- h. The homeless.

b. For each population, there is a working group, each composed of several Vet Center field staff representatives of the respective veteran population.

(1) The Chairpersons for each working group form a coordinating body called SOG (Special Outreach Group).

(2) Each working group reports to management through an assigned Regional Manager.

(3) Working groups meet annually in person and periodically by conference call, to:

(a) Assess the outreach and counseling services available to the particular population;

(b) Prepare formal recommendations to management; and

(c) Carry out special projects pertaining to staff training and recruitment of staff from special populations.

6.03 RESEARCH

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a. Within the limits of staff time, resources, and client services needs, all Readjustment Counseling Service staff are encouraged to engage in original research, evaluation and study activities to improve the overall provision and delivery of readjustment counseling services.

b. Research conducted in Vet Centers is of value in that it may:

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(1) Systematically document clinical treatment and/or work which is currently being carried out by Vet Center staff.

(2) Promote and increase understanding and general knowledge among mental health professionals about the effects of exposure to combat and other traumatic events on individuals.

(3) Describe effectiveness, efficiency, and economy in service provision.

(4) Assess and evaluate the methods and techniques of readjustment counseling.

c. Collaborative administrative and clinical research activities between Vet Center staff and local VA and non-VA researchers should be encouraged, with the objectives of:

(1) Improving readjustment counseling service delivery; and

(2) Assessing the impact of readjustment counseling services being provided by Vet Center staff on local VA, community health care, and human services systems.

d. In general, research involving Readjustment Counseling Service staff will adhere to established VA and VA medical center policies and procedures governing research, evaluation and study activities. Research projects should be approved by the supporting facility research committee, by the Regional Manager, and by the Director, Readjustment Counseling Service, VA Central Office.

6.04 CONTINUING EDUCATION AND TRAINING

a. Continuing Education

(1) Inasmuch as Readjustment Counseling Service plays a leading role in the understanding of and the treatment for war-related traumatic experiences, continuing education of staff members is essential for the quality of service to veterans and their families. Objectives are to:

(a) Achieve a deeper understanding of the dynamics underlying PTSD (post-traumatic stress disorder);

(b) Broaden skills through exposure to and/or training in various therapeutic approaches;

(c) Promote awareness of current literature in the field and how it affects Vietnam era and post-Vietnam combat veterans; and

(d) Ensure that administrative procedures are understood and followed.

(2) Continuing education can be achieved in a variety of ways.

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(a) Each Region provides regular training that meets the needs of staff members in the Vet Center.

(b) Staff members are encouraged to:

1. Attend continuing education seminars, workshops, lectures, and conferences which relate to PTSD and its treatment, and

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2. Pursue course work and training at academic institutions or under professional supervision.

b. Training

(1) Vet Center staff play a crucial role in the clinical education and training of VA mental health professionals, with respect to services for PTSD and other readjustment problems of Vietnam and post-Vietnam era conflict veterans. This role may be implemented through participation by staff in various training exercises at the Vet Center, at VA medical centers, or in specially arranged programs including, but not limited to, those organized by VA RMECs (Regional Medical Education Centers).

(2) In addition, Vet Centers may serve as training placement sites for, but not limited to:

- (a) Social work students,
- (b) Psychiatry residents,
- (c) Psychology interns,
- (d) Counseling trainees, and
- (e) Nurses.

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