

January 23, 2012

**MANDATORY TRAINING OF VHA MENTAL HEALTH AND PRIMARY CARE PROVIDERS ON PROVISION OF CARE TO VETERANS WHO EXPERIENCED MILITARY SEXUAL TRAUMA (MST)**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive presents policy and procedures for the implementation of mandatory training of VHA mental health providers and primary care providers regarding the care of Veterans who experienced military sexual trauma (MST).

**2. BACKGROUND**

a. Title 38 United States Code (U.S.C.) 1720D requires the Department of Veterans Affairs (VA) to provide: (1) counseling and appropriate care and services to Veterans who experienced MST, and (2) “appropriate training of mental health professionals and other health care personnel” involved in the care of Veterans who experienced MST.

b. Section 202 of the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111-163) amends 38 U.S.C. 1720D to stipulate that VA must carry out a consistent training program for its health care personnel who provide services to Veterans who experienced MST, and that VA must report annually to Congress: (1) on the number of personnel certified as having completed the program, and (2) on the amount and nature of the education provided under the program.

c. As part of VA’s implementation of this law, the Office of Mental Health Services (OMHS) and the VHA Employee Education System (EES) have developed two Web-based learning programs that are available on EES’s Talent Management System (TMS) Web site (see [www.tms.va.gov](http://www.tms.va.gov)). These are:

(1) For VHA mental health providers, the Veterans Health Initiative (VHI) independent study course on MST reviews a variety of issues pertinent to the mental health treatment of Veterans who experienced MST.

(2) For VHA primary care providers, the “Military Sexual Trauma for Medical Providers” focuses on issues relevant to providing primary care services to Veterans who experienced MST.

c. **Definitions**

(1) **MST.** MST is “psychological trauma, which in the judgment of a mental health professional employed by the Department, resulted from a physical assault of a sexual nature,

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battery of a sexual nature, or sexual harassment which occurred while the veteran was serving on active duty or active duty for training” (see 38 U.S.C. 1720D).

(2) **Mental Health Providers.** For the purposes of this Directive, VHA mental health providers are individuals who deliver mental health services as defined by their privileges or scope of practice and licensure to patients receiving care from VHA. VHA policy does not in general specify the occupational titles of those considered qualified to deliver mental health services (see subpar. 5c), so, at a minimum, this Directive applies to providers in the core mental health professions (Psychiatry, Psychology, Social Work, and Psychiatric Nursing), individuals delivering mental health services in other occupational capacities may be included at the discretion of the Facility Director.

(3) **Primary Care Providers.** For the purposes of this Directive, VHA primary care providers are individuals who deliver primary care services as defined by their privileges or scope of practice and licensure to patients receiving care from VHA. At a minimum, this Directive applies to the core primary care occupations (Physicians, Nurse Practitioners, Physician Assistants, and Registered Nurses in primary care), but individuals delivering primary care services in other occupational capacities may be included at the discretion of the Facility Director. *NOTE: For the purposes of this Directive, social workers in primary care are considered mental health providers.*

**3. POLICY:** It is VHA policy that all mental health providers and primary care providers appointed or utilized on a full-time, part-time, intermittent, consultant, attending, without compensation (WOC), on-station fee-basis, on-station contract, or on-station sharing agreement basis must complete their respective learning program in TMS and pass the post-test no later than September 30, 2012.

## 4. ACTION

a. **Under Secretary for Health.** The Under Secretary for Health, or designee, is responsible for oversight of training programs on the provision of care to Veterans who experienced MST.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management (10N), or designee, is responsible for ensuring that each VHA facility provides training program completion data sufficient to meet the reporting provisions of Public Law 111-163.

c. **Office of Mental Health Services (OMHS).** OMHS is responsible for:

(1) Developing, managing, and as needed, modifying the training programs on the provision of care to Veterans who experienced MST.

(2) Working collaboratively with EES to revise existing content of the training modules and to produce new content as needed.

(3) Submitting training program completion data provided by EES, the Deputy Under Secretary for Health for Operations and Management (10N), and the Readjustment Counseling Service (RCS), (10P8) annually to the Office of Patient Care Services as part of tracking the implementation of and compliance with Public Law 111-163.

d. **VHA Employee Education System (EES)**. EES is responsible for:

(1) Refining and producing training modules in collaboration with OMHS and field-based subject matter experts.

(2) Implementing and maintaining the Web-based training programs in the TMS.

(3) Providing OMHS with the training program completion aggregate data available from TMS.

e. **Veterans Integrated Network (VISN) Director**. Each VISN Director is responsible for ensuring the required training of all mental health providers and primary care providers within their area of responsibility.

f. **Facility Director**. Each Facility Director is responsible for:

(1) Establishing local policies that identify the mental health providers and primary care providers who in the Director's judgment are sufficiently involved in the counseling, care, and services provided to Veterans who experienced MST as to fall under the purview of this Directive.

(2) Ensuring that local mental health providers and primary care providers, appointed or utilized, are assigned to the appropriate Web-based training course through the TMS and pass the post-test no later than September 30, 2012. These are one-time training requirements.

(a) To help mitigate the time involved in completing the MST VHI training program (designated in TMS as a 2.5-hour course), mental health providers will have the option, in lieu of completing the program, of receiving credit for the course by passing the "Military Sexual Trauma Knowledge Assessment for Mental Health Providers" test in TMS that demonstrates significant pre-existing expertise in mental health issues related to MST.

(b) The "Military Sexual Trauma for Medical Providers" program was designed as a brief 30 minute course, obviating the need for a comparable credit option for primary care providers.

*NOTE: VHA recognizes the course "VHA Mandatory Training for Trainees," completed by health professions trainees in lieu of national mandatory training requirements applicable to VHA personnel, as satisfactorily fulfilling the training requirements of 38 U.S.C. 1720D(d). Trainees in VHA are therefore exempt from the requirements specified in this Directive.*

(3) Ensuring all new providers complete their respective learning program within 90 days of entering their position, as required.

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(4) Ensuring documentation is provided to the Deputy Under Secretary for Health for Operations and Management (10N) on the number of local personnel assigned to complete the training and the number of these individuals who actually completed the training (or, for mental health providers, successfully passed the test-out option). To meet this requirement, all episodes of training must be documented as completed in TMS.

g. **Chief Readjustment Counseling Officer.** The Chief Officer, Readjustment Counseling Service (RCS) is responsible, through the RCS Regional Managers, for ensuring:

(1) The training of all independent licensed mental health professionals working in Vet Centers. For Vet Center clinicians providing MST counseling to eligible Veterans, RCS requires the training specified in subparagraph 2c of this Directive, in addition to the other staff requirements as specified in the long-established RCS Staff Training and Experience Profiles (STEP) required for provision of MST counseling in Vet Centers.

(2) That the data on training program completion by Vet Center clinicians, sufficient to meet the reporting provisions of Public Law 111-163, are provided to OMHS.

### 5. REFERENCES

- a. Title 38 U.S.C. 1720D, Counseling and treatment for sexual trauma.
- b. Public Law 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010.
- c. VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics.

**6. RESPONSIBILITY:** OMHS (10P4M) is responsible for the content of this Directive. Questions may be addressed to the National Mental Health Director, Family Services, MST, and Women's Mental Health at: 202-340-4192.

**7. RESCISSION:** None. This VHA Directive is scheduled for recertification on or before January 31, 2017.

Robert A. Petzel, M.D.  
Under Secretary for Health

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