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REVIEW OF CAPACITY OF DEPARTMENT OF VETERANS AFFAIRS READJUSTMENT COUNSELING SERVICE VET CENTERS

PREPARED FOR
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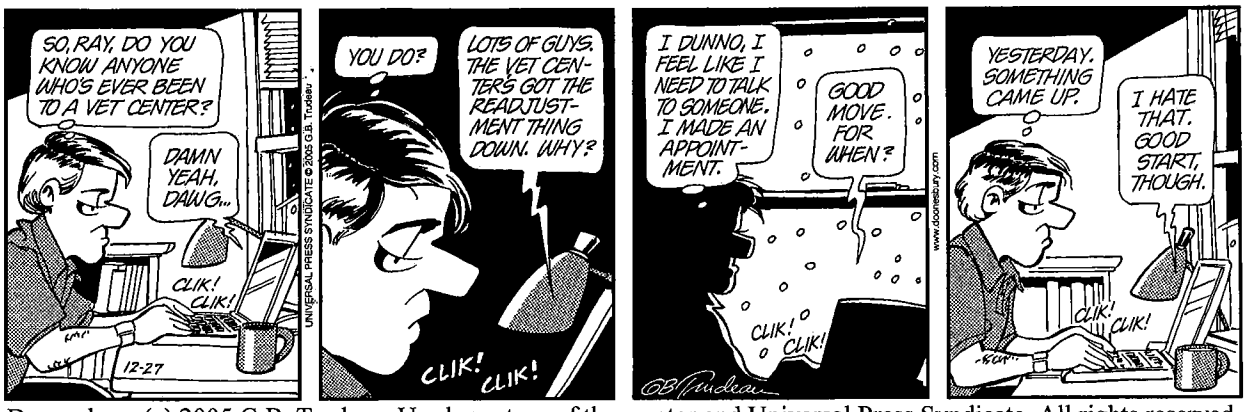

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EXECUTIVE SUMMARY

The Department of Veterans Affairs (VA) Readjustment Counseling Service Vet Centers are unique community-based veteran-centered storefronts that provide veterans with readjustment counseling to help veterans make a successful transition from military to civilian life. Vet Centers provide individual and group counseling, marital and family counseling, bereavement counseling, medical referrals, assistance in applying for VA benefits, employment counseling, military sexual trauma counseling, alcohol and drug assessments, outreach and community education. The treatment of Post-Traumatic Stress Disorder (PTSD) is a core Vet Center mission. Vet Centers are in 50 states, Puerto Rico, the Virgin Islands, the District of Columbia, and Guam.

At the request of Rep. Michael H. Michaud, this report reviews the capacity of Vet Centers to meet the needs of combat veterans returning from Iraq and Afghanistan and their families, in addition to the needs of combat veterans from previous conflicts. Democratic staff of the House Committee on Veterans' Affairs surveyed 60 Vet Center team leaders nationwide to assess whether Vet Centers have experienced significant increases in outreach and services to Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) veterans, and whether such increases, if any, have affected the capacity and quality of counseling services to veterans.

The report finds that Vet Centers have seen a significant increase in outreach and readjustment counseling services to OIF/OEF veterans. In nine months, from October 2005 through June 2006, the number of returning veterans from Iraq and Afghanistan who have turned to Vet Centers for PTSD services and readjustment concerns has doubled. Without an increase in counseling staffing, this increase in workload has affected access to quality care. Some Vet Centers have started to limit access. Specifically, the report finds:

- 100 percent of Vet Centers surveyed have seen a significant increase in outreach and services to OIF/OEF veterans.
- For half of the Vet Centers this increase has affected their ability to treat the existing client workload. Of these Vet Centers, 40 percent have directed veterans for whom individualized therapy would be appropriate to group therapy. Roughly 27 percent have limited or plan to limit veterans' access to marriage or family therapy. Nearly 17 percent of the workload affected Vet Centers have or plan to establish waiting lists.
- Of all the Vet Centers surveyed, one in four has taken or will take some action to manage their increasing workload, including limiting services and establishing waiting lists.
- One in five Vet Centers responded that they have limited or no capacity to provide family counseling or therapy to help families support veterans with PTSD or other mental health concerns.
- Thirty percent of the Vet Centers explicitly commented that they need more staff.

The report also finds that Vet Center staff are highly dedicated and committed to helping veterans and their families, often working overtime and on weekends.

The report concludes that (1) the Vet Centers have a unique mission and are vital to our nation's ability to provide combat veterans with help in resolving war-related traumas, and (2) the Administration's failure to adequately increase staffing and other resources for Vet Centers has put their capacity to meet the needs of veterans and their families at risk.

I. READJUSTMENT COUNSELING SERVICE PROGRAM

A. Background

In 1979, 30 percent of Vietnam era veterans faced serious readjustment problems, which interfered with work and educational performance, personal relationships, or their ability to cope with problems encountered in daily life.[1] At the time, the Veterans Administration[2] (VA) did not have statutory authority to provide the type of readjustment counseling necessary to assist a veteran through this difficult period.[3]

On April 10, 1979, Max Cleland, then Administrator of the VA, testified before the House Committee on Veterans Affairs of the compelling need for a new counseling program for veterans. Cleland explained, "Our experience indicates that many veterans with readjustment problems have not sought VA evaluation or treatment for several years after their discharge. This reluctance to seek readjustment assistance is likely due, at least in part, to an unwillingness to admit that one cannot necessarily solve one's problems. Such individuals may also doubt whether the VA can be of help and whether they have eligibility for VA assistance."[4]

Enacted in 1979, Public Law 96-22 established within the VA an outpatient readjustment counseling and related mental health services program for any Vietnam era veteran who served on active duty.[5]

Congress initially limited eligibility for readjustment counseling to Vietnam-era veterans who sought counseling within two years of their discharge or release from service, or within two years after the date of enactment, whichever was later. In response to the needs of veterans and the effectiveness of the program, Congress expanded eligibility for readjustment counseling and related mental health services to include all Vietnam veterans, veterans of WWII and the Korean War, and veterans who served during other periods of armed hostilities after the Vietnam era.[6]

Congress has expanded the range of services provided by Vet Centers to include individual and group counseling, marital and family counseling, bereavement counseling, medical referrals, assistance in applying for VA benefits, employment counseling, military sexual trauma counseling, alcohol and drug assessments, outreach, and community education.[7]

The first Vet Center began seeing clients on October 1, 1979,[8] and now there is a nationwide system of 207 community-based Vet Centers providing readjustment counseling and related mental health services to veterans and their families.[9]

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[1] S. Rep. No. 96-100, at 73 (1979); H.R. Rep. No. 96-140, at 35 (1979).
[2] The Veterans Administration became a cabinet level agency, the Department of Veterans Affairs, in 1988.
[3] H.R. Rep. No. 96-140, at 35 (1979).
[4] *Id.* at 22.
[5] 38 U.S.C. §1712A.
[6] P.L. 97-72, as amended by P.L. 98-160, P.L. 99-166, and P.L. 104-262. *For a complete eligibility list see http://www.va.gov/RCS/Eligibility.asp.*
[7] P.L. 102-585, P.L. 107-135, P.L 108-422.
[8] Blank, A.S., *Vet Centers: A New Paradigm in Delivery of Services for Victims and Survivors of Traumatic Stress, in* International Handbook of Traumatic Stress Syndromes 915, 917 (J.P. Wilson & B. Raphael eds., 1993).

CAPACITY OF VA READJUSTMENT COUNSELING SERVICE VET CENTERS

In contrast to VA medical facilities, Vet Centers do not provide inpatient care or medical prescriptions, but provide other services that VA medical facilities cannot or do not provide. In 1996, the Government Accountability Office (GAO) found that Vet Centers provide counseling to veterans' families and significant others to assist with veterans' readjustment; medical centers seldom include others in veterans' treatment.[10] GAO also found that medical centers perform little or no outreach; however, Vet Centers actively reach out to identify veterans who could benefit from Vet Center or other VA services.[11] Historically and currently, an important feature of the mission of Vet Centers is easy access, allowing a veteran to walk in and talk with a counselor without an appointment.[12]

Vet Centers typically have a team leader who supervises an interdisciplinary team that includes social workers, psychologists, nurses, and paraprofessional counselors. Historically, Vet Centers have recruited staff who are either veterans themselves or who have some direct personal connection to the Vietnam war.[13] Counseling staff who are themselves veterans have a unique and potent perspective, which can help veterans who are clients overcome issues of trust and isolation.[14] Currently, 73 percent of the Vet Center counselors and team leaders are themselves veterans.

In FY 2005, the Vet Centers hired 50 returning veterans from Iraq and Afghanistan to provide outreach to recent veterans. The Vet Center program added another 50 outreach employees nationwide in FY 2006.

Congress established a VA Special Committee on Post-Traumatic Stress Disorder to evaluate VA's capacity to assess and treat veterans with PTSD.[15] The Special Committee is to provide oversight of all VA programs dealing with PTSD, including the readjustment counseling services of Vet Centers. Congress also established an Advisory Committee on the Readjustment of Veterans to function as an external body of veteran consumer representatives charged with assessing the quality of VA services for veterans' post-war adjustment.[16]

The annual reports of the Special Committee on PTSD from 2001 through 2005 have all recommended that VA strengthen its capacity for family assessment and intervention in order to help protect veterans and their families from the shattering effects of PTSD. The 2005 report, received by the House Committee on Veterans' Affairs on February 6, 2006, states:

> "PTSD and other post deployment readjustment problems continue to take a terrible toll on families resulting in estrangement, family violence, high rates of divorce, and

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[9] VA has stated that it will open two additional Vet Centers, in Atlanta and Phoenix, in FY 2007. A list of Vet Centers is at http://voice.i29.net/files/dir1p060106.pdf.
[10] GAO/HEHS-96-113, at 18 (July 1996).
[11] *Id.*
[12] Oversight Hearing on Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) as Emerging Issues in Force and Veterans Heath, Before the Health Subcommittee of the House Committee on Veterans' Affairs, 109th Cong. (September 28, 2006) (testimony of Gerald Cross, M.D., Acting Principal Deputy Under Secretary for Health, Department of Veterans Affairs).
[13] Blank, A.S., *supra* 8 at 919.
[14] *Id.*
[15] P.L. 98-528, as amended by P.L. 106-117.
[16] P.L. 104-262.

> homelessness...Expert opinion holds that marital and family relationships play a crucial role in the veteran's recovery...Clinical experience strongly promotes family outreach as a core element of prevention and early intervention with new combat veterans. Veterans do not live in a vacuum. It is impossible to separate their readjustment issues from those of their families. It is often possible to engage them through their families...The Special Committee strongly recommends that every Vet Center have the capacity to ensure access to family services."[17]

The VA's Under Secretary for Health concurred in principle with this recommendation but failed to commit to implementing the recommendation. The Under Secretary for Health discussed VA's general efforts to assist families and stated, "VA is actively monitoring Vet Center program workload and, in conjunction with the Office of the Chief Readjustment Counseling Officer, will identify potential gaps. As those gaps are identified, information about resources required will be forwarded to the Under Secretary for Health for consideration."[18]

The 2005 report of the Advisory Committee on the Readjustment Counseling of Veterans also recommended enhancing VA's capacity to provide marriage and family counseling, stating:

> "The Committee strongly promotes family counseling as an important adjunct to the individual and/or group treatment of war trauma for some veterans to help improve the level of veterans' family functioning and to manage the possible adverse affects of the veteran's psychological trauma on other family members...The Committee has previously recommended that VHA [Veterans Health Administration] augment the Vet Center program's capacity to provide family counseling to war traumatized veterans by providing additional resources for qualified family therapists at some Vet Centers, the number and location of which to be determined by RCS [Readjustment Counseling Service]."[19]

VA's response was to propose to monitor closely veteran families' utilization of Vet Center services and to identify any gaps in the program's capacity to address adequately the needs for family counseling.[20]

Last year, the House Committee on Veterans' Affairs specifically asked VA about gaps in the Vet Center program's professional capacity to address adequately the needs for family counseling; VA responded that none had been identified.[21]

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[17] *Fifth Annual Report of the Department of Veterans Affairs Under Secretary for Health's Special Committee on Post-Traumatic Stress Disorder: 2005*, 31-32 (Department of Veterans Affairs 2006).
[18] *Id.* at 51.
[19] *Ninth Annual Report of the Advisory Committee on the Readjustment Counseling of Veterans* at 5 (Department of Veterans Affairs 2005).
[20] *Id.* VA Responses at 3.
[21] *The Department of Defense and Department of Veterans Affairs: The Continuum of Care for Post Traumatic Stress Disorder, Hearing Before the House Committee on Veterans' Affairs*, 109th Cong. Serial No. 109-19 at 189 (2005).

B. Mental Health Concerns of Combat Veterans

It is widely acknowledged that a substantial number of servicemembers will come home from war with mental health concerns, including PTSD, generalized anxiety, depression, and other readjustment concerns.

PTSD is a medical disorder that can develop after the direct, personal experience or witnessing of a traumatic event, often life threatening, such as military combat, terrorist incidents, natural disasters or violent personal assaults such as rape.[22] The defining symptoms of PTSD can be clustered into three groups: re-experiencing (intrusive memories, flashbacks), avoidance or emotional numbing (disinterest in hobbies, feelings of detachment), and increased arousal (difficulty sleeping, irritability or outbursts of anger).[23] PTSD can impair a veteran's ability to function in social or family life, including occupational instability, marital problems and divorces, family discord, and difficulties in parenting.[24]

According to the VA National Center for PTSD, the estimated lifetime prevalence of PTSD among American Vietnam theater veterans is 30.9 percent for men and 26.9 percent for women.[25]

Reports indicate that the wars in Iraq and Afghanistan are taking a toll on the mental health of our troops.

- More than one in three OIF/OEF veterans seeking medical treatment from the VA report symptoms of stress or other mental disorder.[26]
- Some 29,041 veterans from OIF/OEF who have sought care at VA hospitals and clinics have received a diagnostic code for PTSD. An additional 5,339 OIF/OEF veterans with a diagnostic code for PTSD have been seen only at a Vet Center.[27]
- Forty-one percent of National Guard and Reservists report mental health concerns three to six months after returning home from deployment as compared to 32 percent of the Active Component. Fifteen percent of National Guard and Reservists screened at-risk for PTSD compared to 9 percent of Active Component personnel three to six months after returning home from deployment.[28]

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[22] *Post-traumatic Stress Disorder: Diagnosis and Assessment*, at 2 (Institute of Medicine 2006).
[23] *Id.*
[24] http://www.ncptsd.va.gov/facts/general/fs_what_is_ptsd.html.
[25] http://www.ncptsd.va.gov/facts/general/fs_epidemiological.html, citing Kulka, R.A., et al., *Trauma and the Vietnam War Generation: Report of Findings from the National Vietnam Veterans Readjustment Study* (1990). A recent re-analysis of the NVVRS data found no indication of dissembling and little evidence of exaggeration of reported PTSD symptoms. The re-analysis of the data also readjusted the lifetime prevalence rate of PTSD among Vietnam veterans to be 18.7 percent. Dohrenwend, B.P., Turner, J.B., et al, "The Psychological Risks of Vietnam for U.S. Veterans: A Revisit with New Data and Methods," *Science* 2006; 313: 979-982.
[26] *Analysis of VA Health Care Utilization among US Southwest Asian War Veterans: Operation Iraqi Freedom Operation Enduring Freedom* (Department of Veterans Affairs, VHA Office of Public Health and Environmental Hazards, August 2006).
[27] *Id.*
[28] *Oversight Hearing on Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) as Emerging Issues in Force and Veterans Heath, Before the Health Subcommittee of the House Committee on Veterans' Affairs,* 109th Cong. (September 28, 2006) (statement of COL Charles W. Hoge, M.D., Chief of Psychiatry and Behavior Sciences, Division of Neurosciences, Walter Reed Army Institute of Research, United States Army).

Research on OIF/OEF troops also indicates that outreach and education activities are needed to help overcome barriers to accessing care, such as the perceived stigma associated with mental health concerns.

- Servicemembers in most need of help from mental health services after deployment are disproportionately concerned about stigma. For example, 65 percent of the servicemembers screened positive for a mental health disorder report, "I would be seen as weak" if they sought mental health counseling or services. Half reported, "It would hurt my career" and "My leaders would blame me for the problem," as concerns that might affect their decision to seek mental health care.[29]

Research also demonstrates that the detrimental psychological effects of combat may be delayed, enduring and exacerbated as veterans grow older.

- Longitudinal research of Israeli veterans found that nearly one-quarter of the veterans without combat stress reactions reported delayed onset of PTSD years later.[30]

PTSD can fracture and shatter families. PTSD symptoms can interfere with a veteran's trust, emotional closeness, communication, responsible assertiveness, and effective problem solving. Family members of a veteran who has PTSD may experience their own depression, fear, worry, anger, guilt, shame, sleep disturbances and health problems in reaction to dealing with the veteran's PTSD symptoms.[31] According to the VA National Center on PTSD, a veteran's PTSD can impact relationships in the following ways:

> "Survivors may experience a loss of interest in social or sexual activities, they may feel distant from others, and they may be emotionally numb.
>
> Partners, friends, or family members may feel hurt, alienated, or discouraged because the survivor has not been able to overcome the effects of the trauma, and they may become angry or distant toward the survivor.
>
> Feeling irritable, on guard, easily startled, worried, or anxious may lead survivors to be unable to relax, socialize, or be intimate without being tense or demanding. Significant others may feel pressured, tense, and controlled as a result.
>
> Difficulty falling or staying asleep and severe nightmares may prevent both the survivor and partner from sleeping restfully, which may make sleeping together difficult.
>
> Trauma memories, trauma reminders or flashbacks, and the avoidance of such memories or reminders can make living with a survivor feel like living in a war zone or like living with the constant threat of vague but terrible danger.

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[29]Hoge C.W., Castro C.A., et al., "Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care." *N Eng J Med* 2004; 351:13-22, at 20-21.

[30] Solomon, Z., and Mikulincer, M.. "Trajectories of PTSD: A 20 Year Longitudinal Study." *Am. J Psychiatry*, 2006, 659-666.

[31] http://www.ncptsd.va.gov/facts/specific/fs_family.html.

> Living with an individual who has PTSD does not automatically cause PTSD, but it can produce vicarious or secondary traumatization, which is similar to having PTSD.
>
> Reliving trauma memories, avoiding trauma reminders, and struggling with fear and anger greatly interfere with a survivor's ability to concentrate, listen carefully, and make cooperative decisions. As a result, problems often go unresolved for a long time.
>
> Significant others may come to feel that dialogue and teamwork are impossible." [32]

The Clinical Practice Guidelines for the Management of PTSD, developed jointly by the VA and the Department of Defense, state that "because of trauma's unique effects on interpersonal relatedness, clinical wisdom indicates that spouses and families be included in treatment of those with PTSD."[33]

C. Readjustment Counseling Service Utilization and Staffing

The foregoing research studies and reports suggest that VA, and Vet Centers in particular, can anticipate an increased workload presently and in the coming years. The capacity of Vet Centers is especially important because of their unique role in conducting outreach to veterans and ability to help veterans overcome the barriers of stigma and access in seeking mental health counseling.

Since FY 2002 through the 3rd quarter of FY 2006, the Vet Centers provided services for 155,620 veterans returning from Iraq and Afghanistan for PTSD, subthreshold PTSD, and other readjustment problems.[34] Some 34,380 OIF/OEF unique veterans who have come to VA medical facilities or Vet Centers during this period received an initial diagnosis of PTSD.[35]

Vet Center staff counseled 16 percent of all OIF/OEF veterans with a PTSD diagnostic code who have come to the VA for health care services.[36] These 5,339 OIF/OEF veterans were not seen at VA medical facilities but turned to Vet Centers for counseling. Another 3,764 OIF/OEF veterans with a PTSD diagnostic code were seen at both a VA medical facility and a Vet Center.[37] In addition to these veterans, the Vet Centers provided service to 2,290 OIF/OEF veterans whose PTSD symptoms did not reach the threshold of a clinical diagnosis; Vet Center staff considered these veterans to have subthreshold PTSD.[38]

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[32] http://www.ncptsd.va.gov/facts/specific/fs_relationships.html.
[33] *VA/DoD Clinical Practice Guideline for the Management of Post-Traumatic Stress* at 140 (Department of Veterans Affairs and Department of Defense 2004).
[34] Kang, H.K., *VA Facility Specific OIF/OEF Veterans Coded with Potential PTSD Through 3d Quarter FY 2006* at 8 (Department of Veterans Affairs, VHA Office of Public Health and Environmental Hazards, August 15, 2006).
[35] *Id.* at 2.
[36] *Id.*
[37] *Id.*
[38] *Id.*at 8.

An analysis of the VA utilization reports indicate a significant increase in the number of OIF/OEF veterans served by Vet Centers in the nine months from October 2005 through June 2006.[39] During this time period:

- The number of OIF/OEF veterans receiving services for PTSD more than doubled, from 4,467 veterans to 9,103 veterans.
- The number of OIF/OEF veterans receiving services for subthreshold PTSD also more than doubled, from 985 veterans to 2,290 veterans.
- The number of OIF/OEF veterans receiving services for other readjustment problems more than tripled, from 43,682 veterans to 144,227 veterans.

Vet Center staffing levels have not kept pace with the substantial increase in OIF/OEF veterans seeking readjustment counseling and PTSD services. The staffing level remained constant at 943 full-time equivalent employees (FTEE) in FY 2002, FY 2003, and FY 2004. In FY 2005, 4 FTEE were added and 50 FTEE OIF/OEF outreach staff were added, bringing the FTEE level to 997. In 2006, the VA committed to hire another 50 FTEE OIF/OEF outreach staff, which would bring the total Vet Center FTEE to 1,047. The majority of the 100 new outreach employees provide outreach and peer-support; only four are licensed to provide mental health counseling. Accordingly, VA's counseling and administrative staff have increased by 8 FTEE since FY 2002 through FY 2006.

In FY 2004, Vet Centers provided 11,893 veterans and a family member with a marriage and family therapy session; in FY 2005, 12,107 veterans received such therapy; and through August 2006, 12,007 veterans received such therapy.

II. PURPOSE AND METHODOLOGY

This report was prepared at the request of Rep. Michaud to review whether Vet Centers have seen an increase in workload and have the capacity to meet any increases in demand for readjustment counseling and other mental health services.

House Committee on Veterans' Affairs minority staff selected a sample of 64 of the 207 Vet Centers from all 50 states, Puerto Rico, the Virgin Islands, the District of Columbia, and Guam to be surveyed by telephone. The 64 Vet Centers were selected because they were geographically diverse, representing nearly every state and territory, including rural and urban areas. States with a significant number of Vet Centers had multiple Vet Centers selected for representation in the sample. Staff administered the survey during July 2006 to team leaders at the selected Vet Centers. Survey participants were assured that their responses would be confidential and anonymous. There was a 94 percent survey participation rate, with 60 Vet Centers responding.

The survey questionnaire asked Vet Center team leaders (1) if they had seen an increase in services and outreach to OIF/OEF veterans, and if that increase had affected the Vet Center's ability to handle its client workload and in what ways; (2) if their Vet Center had the capacity to provide

[39] Comparison between report *supra* 34 and Kang, H.K., *VA Facility Specific OIF/OEF Veterans Coded with Potential PTSD Through 4th Quarter FY 2005* (Department of Veterans Affairs, VHA Office of Public Health and Environmental Hazards, October 21, 2005).

family counseling or therapy to help support veterans diagnosed with PTSD or other mental disorders; (3) if the Vet Centers received referrals from VA medical centers or CBOCs because they lacked the staff to provide similar services; and (4) if they had any other observations about their Vet Center's ability to provide for veterans. Appendix A is a copy of the survey questionnaire.

Because a site audit of each Vet Center would prove beyond the scope of Committee staff resources, this report relies on information provided in response to the survey. As part of their review, Committee staff utilized relevant literature and analyzed utilization and other data provided by the VA.

III. FINDINGS

- **All Vet Centers surveyed reported having seen a significant increase in outreach and services to OIF/OEF veterans in the past year.**

Some Vet Center team leaders were quite concerned by the strain on capacity and stated:

> *"Last month VA referred over twenty vets in one swoop because one of their staff members retired. . .We are busier than ever. I would hate to have to make clinical decisions based on resources, but I do see that day on the horizon."*
>
> *"We've had a huge increase, about 20-25 percent of our caseload. We have about 400 new clients from OIF/OEF – 3 new therapy groups . . .We would really benefit from some additional funds to help meet the needs of these returning men and women because we're really overwhelmed."*
>
> *"We are really at capacity. We may have to limit our services soon, or establish a waiting list."*
>
> *"We have an outreach worker, but do not have enough clinical people."*
>
> *"It continues to increase. At some point, it's going to reach a breaking point. At some point, we are going to be filled to the max, and I don't know what we'll do then. It's worrisome to think about."*
>
> *"We're seeing more people now than we've ever seen – aside from OIF/OEF we've had a spike in Vietnam and Gulf War vets seeking services."*
>
> *"The way the trend is going we're going to need more staff at our Vet Center. We may have to start limiting our services soon."*
>
> *"About 25 percent of our active cases are now Iraq vets. We've been meeting the need by working more hours . . .I'm currently working about 70 hours a week – so is most of my staff."*

While all team leaders reported an increase in outreach and services to OIF/OEF veterans, they also reported that their staffs were highly dedicated and motivated to do what it takes to meet the needs of veterans. Team leaders commented that:

> *"We are able to see everybody who calls in for counseling. Sometimes we have to work long hours, though."*
>
> *"We are able to meet the need, no question about it."*
>
> *"I think that we're doing a great job with the staff that we do have. We, of course, would benefit from more resources."*
>
> *"I think we're doing very well. We meet the needs the best we can."*
>
> *"My people do good work here. We have been working longer hours and weekends in order to meet the increased workload. We're here to help the vets."*
>
> *"I think vets feel very confident in our services, and they don't hesitate to come."*
>
> *"We will do whatever it takes for the veterans."*
>
> *"We've had to be creative in our work, but we are managing."*

- **Half of the Vet Centers reported that the increase in workload has affected the Vet Center's ability to treat their existing client workload. Of these Vet Centers, 40 percent have directed veterans for whom individualized therapy would be appropriate to group therapy. Roughly, 27 percent of these affected Vet Centers have limited or plan to limit veterans' access to marriage or family therapy. Nearly 17 percent of the workload affected Vet Centers have or plan to establish waiting lists for services.**

- **Of all the Vet Centers surveyed, one in four has taken or will take some action to manage their increasing workload, be it to shift veterans for whom individualized therapy would be appropriate to group therapy or limiting access to family therapy or establishing waiting lists.**

> *"We're stretched very thin. We're on the verge of having to make significant cuts in quality of care... We have great people but they can only do so much. We need more resources."*
>
> *"We've had to spread people out. Instead of seeing someone every week, now maybe we'll see them every other week or every month. It would be nice to have more staff so we could serve the vets better."*
>
> *"We can't offer much family therapy anymore because we don't have enough time."*

"We've established a brief, sporadic wait list, never more than two weeks for more than 10 people waiting."

"Instead of seeing a patient every week, now I might see him every two or three weeks."

"Veterans aren't getting the individualized care they need."

"There are usually 4-6 people waiting at a time, up to a few weeks."

- **Overall, 20 percent of the Vet Centers surveyed responded that they have limited or no capacity to provide family counseling or therapy to help families support veterans with PTSD or other mental health concerns.**

  "As of a few weeks ago we stopped providing these services [family counseling or therapy]. We have the personnel but they are stretched too thin."

  "Our clinicians are trained to do so [provide family counseling and therapy], but we often don't have the time."

  "We don't have a family or marriage counselor on staff, so we refer out those cases."

  "Due to our high volume, we cut back a lot on family therapy."

- **One third of the Vet Centers reported that they get referrals from VA medical facilities or Community Based Outpatient Clinics (CBOCs) for veterans to receive counseling, because those facilities do not have adequate staff. Thirteen percent reported that they do not get any veteran referrals from VA medical facilities or CBOCs.**

- **Thirty percent of the Vet Centers surveyed explicitly commented that they need more staff.**

IV. CONCLUSION

The Vet Centers are unique and provide vital counseling and other services to veterans and their families. Vet Centers' staffs are dedicated to helping veterans readjust successfully from the battlefield to the home front. In nine months, from October 2005 through June 2006, the number of returning veterans from Iraq and Afghanistan who have turned to Vet Centers for PTSD services and readjustment concerns has doubled.

While the Vet Centers have taken steps to expand activities to reach out to returning veterans and their families, the Administration has failed to increase the capacity of the Vet Centers to provide counseling for veterans, and counseling and education for veteran families. Thirty percent of the surveyed Vet Centers stated that they need more staff.

CAPACITY OF VA READJUSTMENT COUNSELING SERVICE VET CENTERS

The survey results indicate that Vet Centers are taking significant actions that may affect the quality of services veterans receive. For example, Vet Centers are establishing waiting lists and making decisions to direct veterans to group therapy, instead of individual counseling, based upon capacity rather than clinical need.

While the Administration has repeatedly claimed that it will closely monitor Vet Center workload for gaps in providing family counseling, VA has identified none. The reports from one in five team leaders stating that they have limited or plan to limit or deny veterans access to family therapy refute the Administration's claim that there are no gaps in capacity to provide family counseling to veterans. Families of veterans with PTSD and other readjustment concerns may need help and support to remain resilient and strong. By denying that the capacity of Vet Centers has not kept pace with workload, the Administration has failed to adequately plan and prepare for the mental health care needs of returning veterans and their families.

APPENDIX A: SURVEY FORM

Vet Center_____ Date_____

1) In the past year, some Vet Centers have seen significant increases in outreach and services to veterans returning form Iraq and Afghanistan. Has your Vet Center seen an increase in services and outreach to OIF/OEF veterans?

☐ YES GO TO a.
☐ NO GO TO 4.

a) Has that increase affected your Vet Center's ability to treat existing client workload?

☐ YES GO TO b.
☐ NO GO TO 2.

b) Some Vet Centers have used different ways to manage their workload in light of increased outreach and services to OIF/OEF veterans. Could you tell me if you or your staff have not done, have done or plan to do the following activities in the past year or next few months as a means of managing an increased workload.

(i) Direct clients, for who individualized therapy would be appropriate, to group therapy.

___HAVE NOT DONE
___HAVE DONE
___PLAN TO DO

(ii) Limit or fail to offer family or marriage therapy to veterans?

___HAVE NOT DONE
___HAVE DONE
___PLAN TO DO

(iii) Establish some form of a wait list or delay in services?

___HAVE NOT DONE
___HAVE DONE.

*Please describe the wait list or delay and try to quantify by time and number*_____
_____
_____
__PLAN TO DO

*Please describe the wait list or delay and try to quantify by time and number*_____
_____
_____

(ASK ALL QUESTION 2 & 3)

2) Do you have the capacity to provide family counseling or therapy to help families support veterans with PTSD or other mental health problems?

   ☐ YES
   ☐ NO

3) Do VA Medical Centers or Community Based Outpatient Clinics send veterans to your Vet Center for counseling or group therapy because they do not have the staff to provide these services?

   ☐ YES
   ☐ NO

4) Do you have any other comments on your Vet Center's capacity to meet the needs of veterans?