



September 2020

# VA VET CENTERS

## Evaluations Needed of Expectations for Counselor Productivity and Centers' Staffing

Accessible Version

# GAO Highlights

Highlights of [GAO-20-652](#), a report to congressional requesters

## Why GAO Did This Study

VHA's RCS provided counseling (individual, group, marriage, and family) and outreach services through Vet Centers to more than 300,000 veterans and their families in fiscal year 2019. In 2017, RCS implemented changes to expectations that it uses to assess Vet Center counselor productivity, setting expectations for counselors' percentage of time with clients and number of client visits.

GAO was asked to review Vet Center productivity expectations for counselors and staffing. Among other issues, this report examines the extent to which VHA (1) evaluates its productivity expectations; and (2) assesses Vet Centers' staffing needs. To do this work, GAO reviewed RCS documentation regarding counselors' productivity expectations and analyzed RCS data on counselor productivity expectations and staffing, for fiscal year 2019. GAO interviewed RCS leadership, including district directors, and directors and counselors from 12 Vet Centers, selected for variation in geographic location and total number of clients, among other factors.

## What GAO Recommends

GAO is making four recommendations, including that VHA (1) evaluate Vet Center productivity expectations for counselors; and (2) develop and implement a staffing model that incorporates key practices. The Department of Veterans Affairs concurred with GAO's recommendations and identified actions VHA is taking to implement them.

View [GAO-20-652](#). For more information, contact Debra A. Draper at (202) 512-7114 or [draperd@gao.gov](mailto:draperd@gao.gov)

## VA Vet Centers

### Evaluations Needed of Expectations for Counselor Productivity and Centers' Staffing

## What GAO Found

The Veterans Health Administration's (VHA) Readjustment Counseling Service (RCS) provides counseling through 300 Vet Centers, which can be found in community settings and are separate from other VHA facilities. RCS has set expectations for counselor productivity at Vet Centers. For example, one expectation is for counselors to achieve an average of 1.5 visits for each hour they provide direct services. However, RCS officials told GAO that they have not conducted, and do not have plans to conduct, an evaluation of the expectations.

### VA Vet Center Productivity Expectations for Counselors

#### TIME MANAGEMENT EXPECTATION

**50% direct service provision**  
(50% of time should be spent directly providing services to clients.)



#### VISITS EXPECTATION

**Each hour with a client should generate an average of 1.5 visits**  
(An individual counseling session generates one visit; a group counseling session generates multiple visits, based on the number of participating clients.)



Source: Department of Veterans Affairs (VA) and GAO. | GAO-20-652

Although most counselors met the productivity expectations in fiscal year 2019, counselors GAO spoke with said the expectations led them to change work practices in ways that could negatively affect client care. For example, counselors at one Vet Center told GAO that, to meet productivity expectations, they spend less time with each client to fit more clients into their schedules. Without an evaluation of its productivity expectations, RCS lacks reasonable assurance that it is identifying any unintended or potentially negative effects of the expectations on counselor practices and client care.

RCS officials told GAO that by the start of fiscal year 2021 they plan to implement a staffing model to identify criteria for determining staffing needs at Vet Centers. The model incorporates data on counselors' productivity (work hours and number of visits), and total clients to determine criteria for adding or removing a counselor position from a Vet Center. However, the model does not fully address key practices in staffing model design GAO identified in previous work. For example, the model does not include the input of Vet Center counselors, or client data associated with directors, who also provide counseling. As a result, RCS is at risk of making decisions about Vet Center staffing that may not be responsive to changing client needs. Shortages of mental health staff within VHA coupled with the increasing veteran demand for mental health services highlight the critical importance of ensuring appropriate Vet Center staffing.

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**Abbreviations**

CHRMO	Consolidated Human Resources Management Office
COVID-19	Coronavirus Disease 2019
RCS	Readjustment Counseling Service
VA	Department of Veterans Affairs
VHA	Veterans Health Administration

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September 23, 2020

The Honorable Jon Tester  
Ranking Member  
Committee on Veterans' Affairs  
United States Senate

The Honorable Jack Reed  
United States Senate

Demand for mental health services from the Department of Veterans Affairs' (VA) Veterans Health Administration (VHA) continues to grow. According to VA, from fiscal years 2006 to 2019, there was a 90 percent increase in the number of veterans receiving mental health care—more than three times the rate of increase for all VA health care services. During this period, we and others reported about challenges to veterans' ability to access timely mental health services and about mental health staffing shortages within VA.<sup>1</sup>

VA provides a range of mental health services in a variety of settings, including specialty and primary care. VA augments its mental health services by providing social and psychological services—including individual, group, marriage, and family counseling—through Vet Centers. Vet Centers are community based, and located apart from VA medical centers or community-based outpatient clinics.

Congress established Vet Centers as part of VA in 1979, recognizing that a significant number of Vietnam era veterans were experiencing readjustment problems.<sup>2</sup> Eligibility was originally limited to veterans who served on active duty during the Vietnam era. Eligibility, however, has subsequently been expanded several times; currently, veterans and

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<sup>1</sup>See, GAO, *VA Mental Health: Clearer Guidance on Access Policies and Wait-Time Data Needed*, [GAO-16-24](#) (Washington, D.C.: Oct. 28, 2015); and *VA Mental Health: Number of Veterans Receiving Care, Barriers Faced, and Efforts to Increase Access*, [GAO-12-12](#) (Washington, D.C.: Oct. 14, 2011). See also Department of Veterans Affairs Office of Inspector General, Office of Healthcare Inspections, *Veterans Health Administration: OIG Determination of Occupational Staffing Shortages FY2019, #19-00346-241* (Washington, D.C.: Sept. 30, 2019).

<sup>2</sup>Pub. L. No. 96-22, tit. I, § 103(a), 93 Stat. 47, 48 (1979), codified, as amended, at 38 U.S.C. § 1712A.

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**Appendix I: Veterans Health Administration  
(VHA) Actions to Improve Vet Centers' Human  
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active duty servicemembers who have served in any combat theater or area of hostility are eligible for Vet Center services, as are their family members.<sup>3</sup> According to VA, many Vet Center counselors and staff are veterans themselves, which may help them in supporting veterans in their transition to civilian life. VHA's Readjustment Counseling Service (RCS) operates the Vet Centers. According to VA, in fiscal year 2019, RCS's 300 Vet Centers provided services to more than 300,000 individuals, at a cost of almost \$260 million.

RCS recently implemented changes to Vet Center operations. Specifically, in 2017, RCS implemented new expectations for how Vet Center counselor productivity would be assessed. RCS set targets for counselors' number of visits with clients and time spent with clients. According to RCS, the intent of the expectations was to quantitatively and consistently allow them to assess the provision of counseling services across all Vet Centers. Also, in 2016, VHA centralized Vet Centers' human resources functions—from local VA medical center management to a new VHA office—with the goal of improving the management of Vet Center staffing and other human resources needs.

You asked us to review Vet Center productivity expectations for counselors, and staffing. This report:

1. describes how VHA assesses Vet Centers' counselor productivity;
2. examines the extent to which VHA evaluates Vet Centers' productivity expectations for counselors; and
3. examines the extent to which VHA assesses Vet Centers' staffing needs.

In addition, appendix I of this report describes actions the new VHA human resources office has taken to manage RCS's human resources functions.

To address all three objectives, we reviewed documentation and interviewed officials from all five of VHA RCS's regional district offices, as well as directors and counselors from 12 selected Vet Centers—nine via

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<sup>3</sup>See 38 U.S.C. § 1712A(a)(1)(C) for currently eligible veterans and their families.

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**Appendix I: Veterans Health Administration  
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phone and three in person.<sup>4</sup> We selected these Vet Centers using information from VA's Site Tracking system, which lists all VA facilities and their characteristics, as well as from RCS data on the number of unique clients who received counseling at each Vet Center in fiscal year 2018, as reported in RCS Net, RCS's client and visits database. We assessed the reliability of these data by checking for missing values and obvious errors and discussing them with VHA officials who were knowledgeable about the data. We determined that data from both sources were sufficiently reliable for the purpose of selecting Vet Centers. These Vet Centers were selected for variation in geographic location (i.e. urban or rural status, and at least two Vet Centers from each of the five districts), presence of satellite counseling locations, utilization as measured by unique clients in fiscal year 2018, and bargaining unit status.<sup>5</sup> Information obtained from our interviews with staff at the selected Vet Centers is not generalizable. We also reviewed information provided by VHA's Office of Mental Health and Suicide Prevention on its coordination with RCS on the provision of counseling services.

To describe how VHA assesses Vet Center counselor productivity, we reviewed VHA and RCS policies and related documents that describe expectations for counselor productivity. We analyzed counselor productivity data from fiscal years 2018 and 2019—the two years of data available since the implementation of the productivity expectations. We assessed the reliability of the data by checking for missing values and obvious errors and discussing them with VHA officials who were knowledgeable about the data. In doing so, we determined that fiscal year 2018 data were not sufficiently reliable for the purpose of our review because they provided a point-in-time assessment of productivity and not full-year cumulative data. As a result, we excluded the fiscal year 2018 data from our analysis. We determined that fiscal year 2019 data were

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<sup>4</sup>VA's 300 Vet Centers are organized into five regional districts, with officials who are responsible for overseeing the implementation of VA and VHA policies for RCS, and supervising clinical and administrative staff at each of the Vet Centers within their region, among other things.

<sup>5</sup>At the time of our review, Vet Center counselors who were part of a bargaining unit, such as the American Federation of Government Employees, were exempt from the changes to productivity expectations RCS implemented in 2017.

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sufficiently reliable for the purpose of determining the extent to which Vet Center counselors met RCS productivity expectations.<sup>6</sup>

To examine the extent to which VHA evaluates Vet Centers' productivity expectations for counselors, we reviewed documentation and interviewed officials from VHA's RCS regarding the development and implementation of the productivity expectations, and any plans for evaluating them. We evaluated RCS's actions in the context of relevant federal standards for internal control for control environment, information, communication, and monitoring.<sup>7</sup> We interviewed officials from the five district offices and the 12 selected Vet Centers about their experiences with and perspectives on the productivity expectations. We also interviewed representatives from selected veteran service organizations (American Legion, Iraq and Afghanistan Veterans of America, and Vietnam Veterans of America), an organization that sets expectations for social work practitioners (the National Association of Social Workers), and a representative of the American Federation of Government Employees to obtain their views on Vet Center productivity expectations.

To examine the extent to which VHA assesses Vet Centers' staffing needs, we reviewed VHA and RCS documents, such as VHA's policy governing RCS's operations and supporting RCS guidance documents. We also reviewed the charter and meeting minutes of a workgroup RCS created in 2019 to develop a staffing model for Vet Centers, which identifies criteria for determining staffing needs. We reviewed a VHA Consolidated Human Resources Management Office (CHRMO) fiscal year 2019 report on staffing for Vet Centers.<sup>8</sup> In addition, we interviewed officials from RCS and CHRMO about Vet Center staffing and the staffing workgroup, and interviewed officials from the five districts and our 12 selected Vet Centers about their roles in the process of making staffing decisions for Vet Centers. We evaluated RCS's actions in the context of

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<sup>6</sup>For fiscal year 2019 data, we excluded 94 records associated with counselors who transferred between Vet Centers, changed positions, or left, yielding a final sample of 1,093 counselor records.

<sup>7</sup>GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 10, 2014). Internal control is a process effected by an entity's oversight body, management, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved.

<sup>8</sup>CHRMO manages Vet Centers' human resources functions, including recruitment, clinician credentialing, and pay and leave administration.

relevant federal standards for internal control for monitoring and key practices we previously identified for the design of staffing models.<sup>9</sup>

To describe actions the new VHA human resources office, CHRMO, has taken to improve human resources functions for Vet Centers, we reviewed VA policies and related VHA documents that describe human resources functions for Vet Centers. We also reviewed relevant CHRMO reports from fiscal year 2019 (including reports on time to hire and vacancies), and VHA and RCS time to hire reports for fiscal year 2019 and for January through May 22, 2020. Additionally, we interviewed CHRMO officials about their efforts to improve human resources data quality. More detail is included in appendix I.

We conducted this performance audit from April 2019 to September 2020 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

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## Background

Established by Congress in 1979, the purpose of VA's Vet Centers is to help eligible veterans (and their families) who experience challenges from deployment, combat, or other military-related trauma with readjustment to civilian life through the provision of readjustment counseling and other services. Vet Centers are designed to provide easy-to-access services with minimal barriers to counter the effects of stigma in accessing mental health services, according to VHA. Vet Centers' services and structure are separate from care provided at VA medical centers, and include separate medical records and eligibility requirements.

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<sup>9</sup>[GAO-14-704G](#); and GAO, *Federal Protective Service: Enhancements to Performance Measures and Data Quality Processes Could Improve Human Capital Planning*, [GAO-16-384](#) (Washington, D.C.: Mar. 24, 2016). The report on the Federal Protective Service describes the key practices we identified for the design of staffing models. These key practices can be used to assess staffing models generally, including the model for Vet Centers.

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## Vet Center Services, Locations, and Clients

Vet Centers provide readjustment counseling, which encompasses a range of services, including individual, group, marriage, and family counseling; as well as counseling for post-traumatic stress disorder and military sexual trauma. Veterans and active duty servicemembers who served in any combat theater or area of hostility, as well as their families, are eligible for Vet Center services at no cost.<sup>10</sup> Vet Centers also provide outreach and referral services to VA-provided or community-based resources. Although separate from Vet Centers, nearby VA medical centers may provide clinical consultation to Vet Centers on complex cases and shared clients. Counseling at Vet Centers can be offered through various modalities, including in-person, phone, or telehealth. Group counseling sessions may also take the form of recreational therapy activities such as exercise classes and outdoor sports.

In 2019, there were 300 Vet Centers located in all 50 states, as well as the District of Columbia, Puerto Rico, American Samoa, and Guam. Vet Centers augment their geographic reach in their local communities through several means.<sup>11</sup> RCS maintains a fleet of 83 Mobile Vet Centers, which are vehicles that individual Vet Center staff operate to provide outreach and counseling in the community.<sup>12</sup> (See fig. 1.) Vet Center staff also provide services at satellite locations, including both outstations (typically in leased space) and community access points (located in donated spaces, such as community centers or college campuses).

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<sup>10</sup>38 U.S.C. § 1712A(a)(1)(C).

<sup>11</sup>Vet Center services are also augmented by the Vet Center Call Center, which is a 24-hour, confidential national call center staffed by combat veterans.

<sup>12</sup>One specific use of the Mobile Vet Centers is to provide outreach and direct readjustment counseling at active military, Reserve, and National Guard demobilization activities. As part of VA's "Fourth Mission" during a public health emergency, in March 2020, RCS deployed Mobile Vet Centers to several cities in response to the Coronavirus Disease 2019 (COVID-19) pandemic.

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Figure 1: Examples of a Department of Veterans Affairs (VA) Vet Center Exterior and a Mobile Vet Center



Source: VA and GAO. | GAO-20-652

A core value of Vet Centers is to promote access to care by helping veterans and their families overcome barriers to care, according to VA. Accordingly, Vet Centers often have availability during non-traditional hours—after normal business hours, as well as on Saturdays. In addition, Vet Centers are generally located in neighborhoods easily accessible to veterans and servicemembers, and their families, but separate from VA medical centers and other VA facilities to better ensure privacy and confidentiality.

In fiscal year 2019, Vet Centers recorded about 1.9 million visits from more than 300,000 unique counseling and outreach clients. According to VA, in fiscal year 2019, 88 percent of Vet Center clients were male and 12 percent were female. The average age of Vet Center clients was 53 years, and 58 percent were younger than 60 years. Nearly 40 percent of clients served or were serving in more recent combat theaters, such as Iraq or Afghanistan; the second largest group of clients was Vietnam veterans, at 33 percent. According to VA, about 8 percent of Vet Center clients had experienced military sexual trauma.

## RCS and Vet Center Organizational Structure

RCS is the office within VHA that oversees Vet Centers, and it is led by a Chief Officer. The RCS Chief Officer reports directly to VA's Under Secretary for Health and maintains direct authority over all Vet Center staff. The Chief Officer is also responsible for strategic planning for Vet Centers and for ensuring coordination of readjustment counseling services with other programs within VA, such as VHA's Office of Mental

Health and Suicide Prevention, which provides policy support for mental health services. The Chief Officer can delegate authority for operational and policy-related evaluation and decision making to RCS's Executive Board and Governance Board, which were both chartered in May 2020, but the Chief Officer remains accountable for those decisions.<sup>13</sup>

RCS's 300 Vet Centers are organized into five regional districts, which are led by district directors. Each of the five district directors oversees the implementation of VA and VHA policies for RCS in their respective districts. In addition, deputy district directors are responsible for supervising clinical and administrative staff at each of the Vet Centers within their district. Deputy district directors also are to oversee operational tasks, such as leasing office space, and conduct site visits to Vet Centers.

Each Vet Center is managed by a Vet Center director, who is responsible for the day-to-day oversight of the Vet Center's staff. According to RCS, Vet Centers have an average of six to seven total staff members, consisting of at least one counselor, an office manager, and an outreach specialist.<sup>14</sup> Vet Center counselors are multi-disciplinary and have various professional licensures—including psychologists, social workers, licensed professional counselors, or marriage and family therapists. For all Vet Centers, RCS guidance states that one counselor be a qualified military sexual trauma counselor.<sup>15</sup>

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## Human Resources Management for Vet Centers

Prior to 2016, human resources support—such as recruiting, hiring, and managing pay and benefits—for Vet Centers was decentralized, with such functions occurring at 124 local VA medical centers. In 2016, RCS and VHA's Workforce Management and Consulting office entered into an agreement to establish CHRMO to centrally manage RCS's human

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<sup>13</sup>RCS's Executive Board is chaired by the Chief Officer, and also includes RCS's Deputy Chief Officer, Chief Operating Officer, Planning and Policy Officer, and Communications/Public Affairs Officer. RCS's Governance Board is chaired by the Chief Operating Officer, and includes RCS's Chief Financial Officer, the five district directors, as well as other district- and Vet Center-level representatives.

<sup>14</sup>See Department of Veterans Affairs Memorandum, *Readjustment Counseling Service (RCS) Asset Change Process*, Jan. 8, 2018.

<sup>15</sup>Department of Veterans Affairs, Veterans Health Administration, *Readjustment Counseling Service Guidelines and Instructions for Vet Center Administration*, Transmittal Sheet accompanying VHA Handbook 1500.01. (Washington, D.C.: Nov. 23, 2010).

resources functions. CHRMO is responsible for serving all RCS staff by providing recruitment and vacancy management, clinician credentialing, pay and leave administration, new staff onboarding and training, and benefits support, among other services. See appendix I for additional information about CHRMO's efforts to improve human resources functions for Vet Centers.

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## **VHA Uses Expectations for Percentage of Time with Clients and Number of Visits to Assess Counselor Productivity**

Since 2017, VHA's RCS has used two expectations to assess Vet Center counselors' productivity—meeting a minimum percentage of working hours spent with clients (time management expectation) and meeting a minimum number of client visits per pay period (visits expectation).<sup>16</sup> According to RCS officials, they put these productivity expectations in place to better assess counseling capacity and determine if Vet Centers would be able to support more clients and visits. RCS officials said that prior to the introduction of the current productivity expectations, counselors were expected to meet an expectation similar to the current time management expectation.<sup>17</sup> RCS officials said, however, that this measure alone did not provide adequate information on a Vet Center's capacity, and subsequently they adopted a variation of the visits expectation used by one of the districts.<sup>18</sup>

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<sup>16</sup>RCS officials told us that Vet Center counselors who are part of a bargaining unit have not been subject to these productivity expectations. They said that this was because of a lack of proper notification, which resulted in RCS bargaining over which productivity expectations would apply to the bargaining units. About 20 percent of Vet Center counselors are covered by one or more bargaining units. RCS officials said they plan to notify bargaining units about the productivity expectations this year, with the intent to have all Vet Center counselors aligned under the same set of productivity expectations in fiscal year 2021.

<sup>17</sup>The previous expectation for counselors was to spend 50 percent of their work time with clients. This is currently the only productivity expectation for Vet center counselors who are part of a bargaining unit.

<sup>18</sup>RCS officials were unable to provide us with the documentation related to this early effort, stating that it was lost in the transition to their current organizational structure.

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VHA has set specific criteria for each of the two productivity expectations: (See fig. 2 for a graphical representation of how an example of the productivity expectations would be calculated.)

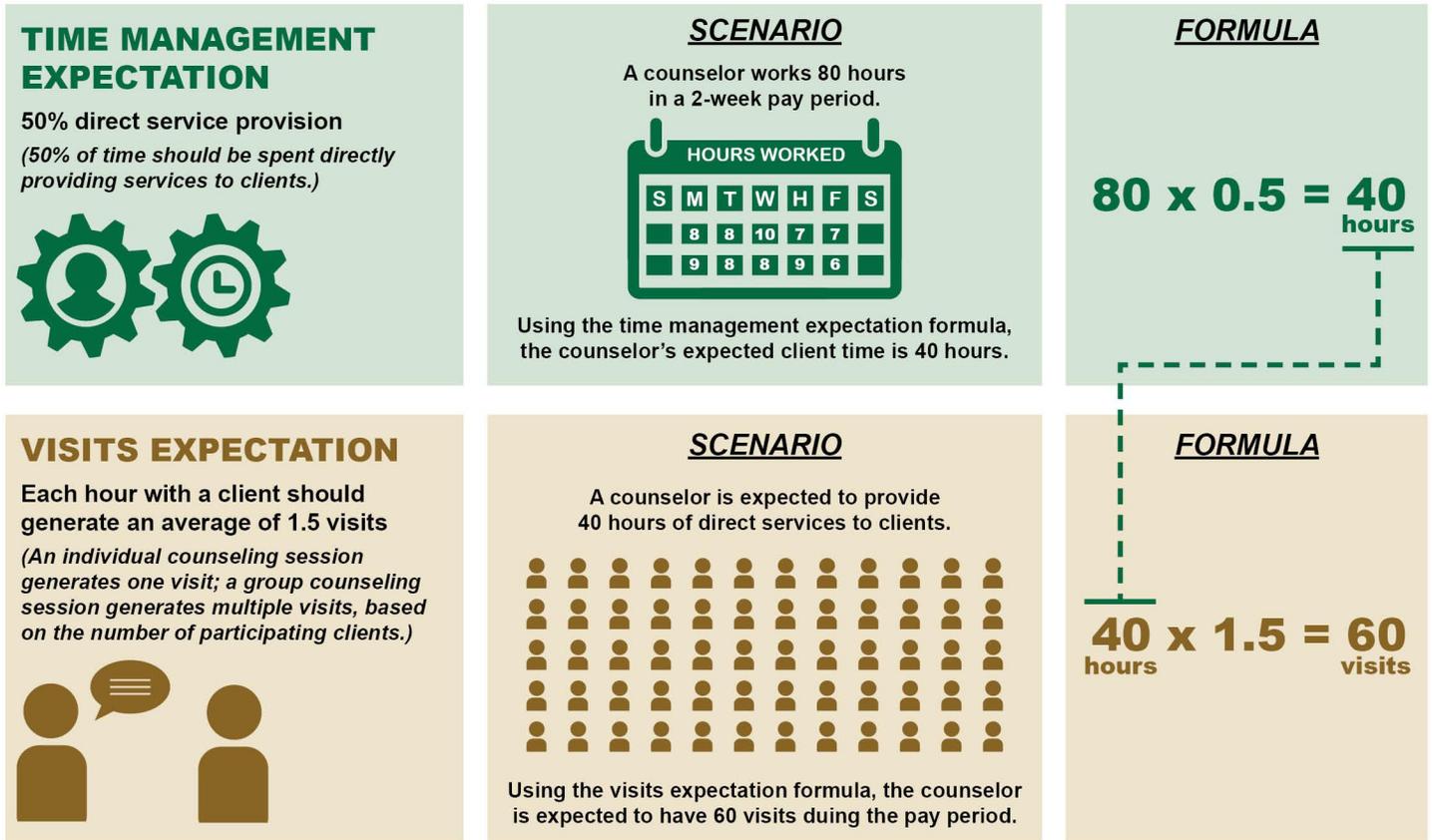
- For the **time management expectation**, counselors are expected to spend 50 percent of their work time (in hours or increments thereof) with clients, directly providing services.<sup>19</sup> Hours spent conducting individual and group counseling sessions, phone and telehealth visits, outreach, and travel related to counseling or outreach are all considered direct service time, according to RCS.
- For the **visits expectation**, counselors are expected to achieve an average of 1.5 visits for each hour they provide direct services. RCS officials told us they intentionally structured the visits expectation to incentivize group counseling sessions because groups are foundational to Vet Centers' services and can improve veterans' access to care. Given that every interaction with a client (e.g., by phone, in person, or through telehealth) can count as one visit, it would be difficult for a counselor to meet the visits expectation without conducting at least one group counseling session, which would generate multiple visits.<sup>20</sup> For example, a group counseling session with seven participants would generate seven visits for the counselor conducting the session.

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<sup>19</sup>The time management expectation for Vet Center directors, who also have administrative responsibilities, is to spend 25 percent of their work time with clients. In determining the time management expectation, a counselor's work time is prorated for part-time staff, or when a counselor uses leave time during the pay period.

<sup>20</sup>RCS officials told us that an interaction with a client as short as 10 minutes, such as the first interaction between a counselor and a veteran at a community event, could count as a visit.

Figure 2: VA Vet Center Counselor Productivity Expectations

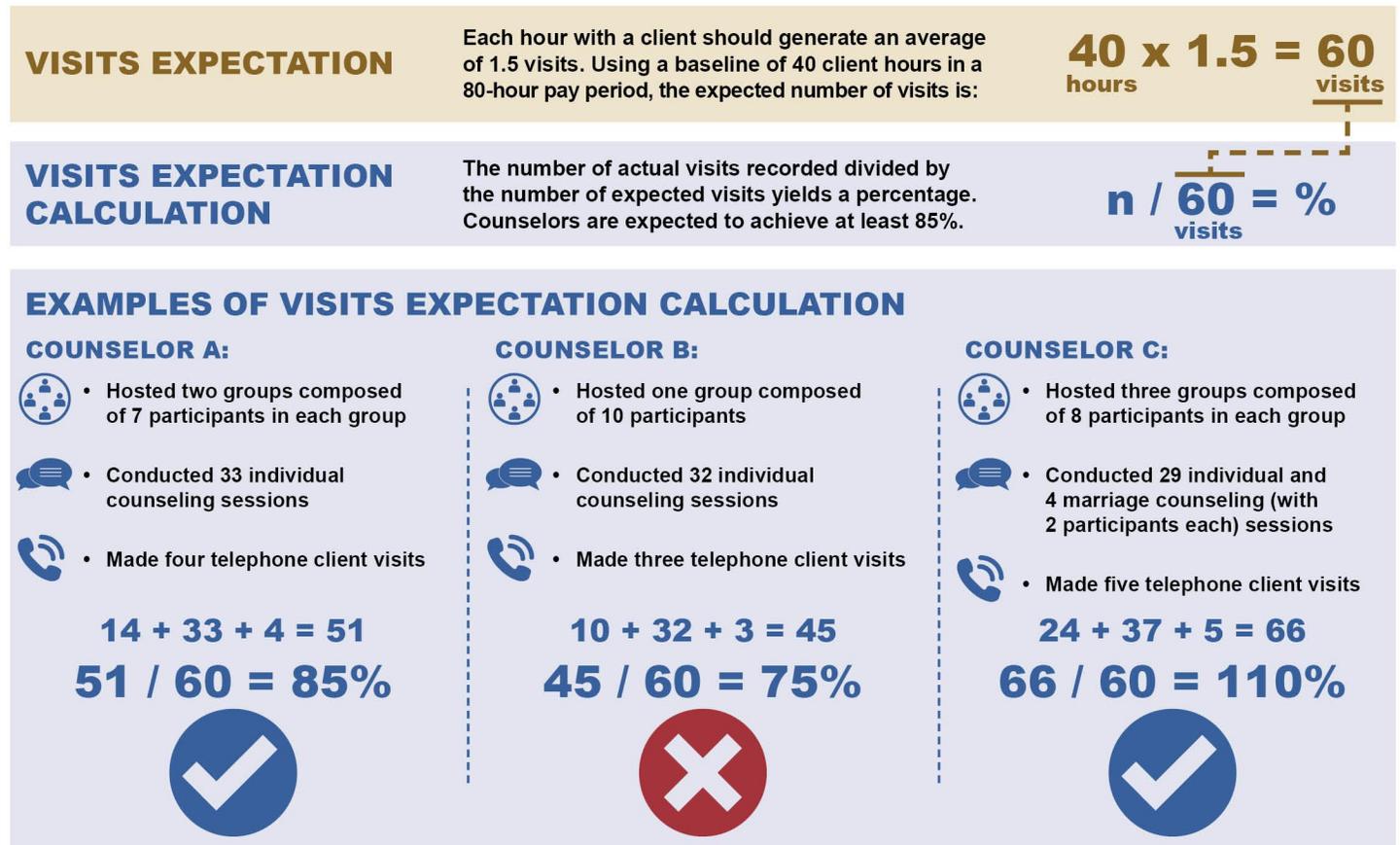


Source: Department of Veterans Affairs (VA) and GAO. | GAO-20-652

RCS produces summary data on both of these productivity expectations on a biweekly basis. RCS guidance states that counselors should achieve their 50 percent time management expectation and meet at least 85 percent of their calculated visits expectation. To calculate a counselor's visits expectation percentage, the number of actual visits is divided by the number of expected visits. (See fig. 3 for examples of how a counselor's visits expectation percentage would be calculated.) Counselors' cumulative performance on the measures is one component—among several—used in counselors' annual performance assessments.<sup>21</sup>

<sup>21</sup>Other components of counselors' annual performance assessments may include customer service and program management and administration.

Figure 3: Examples of VA Vet Center Counselor Visits Expectation Calculation

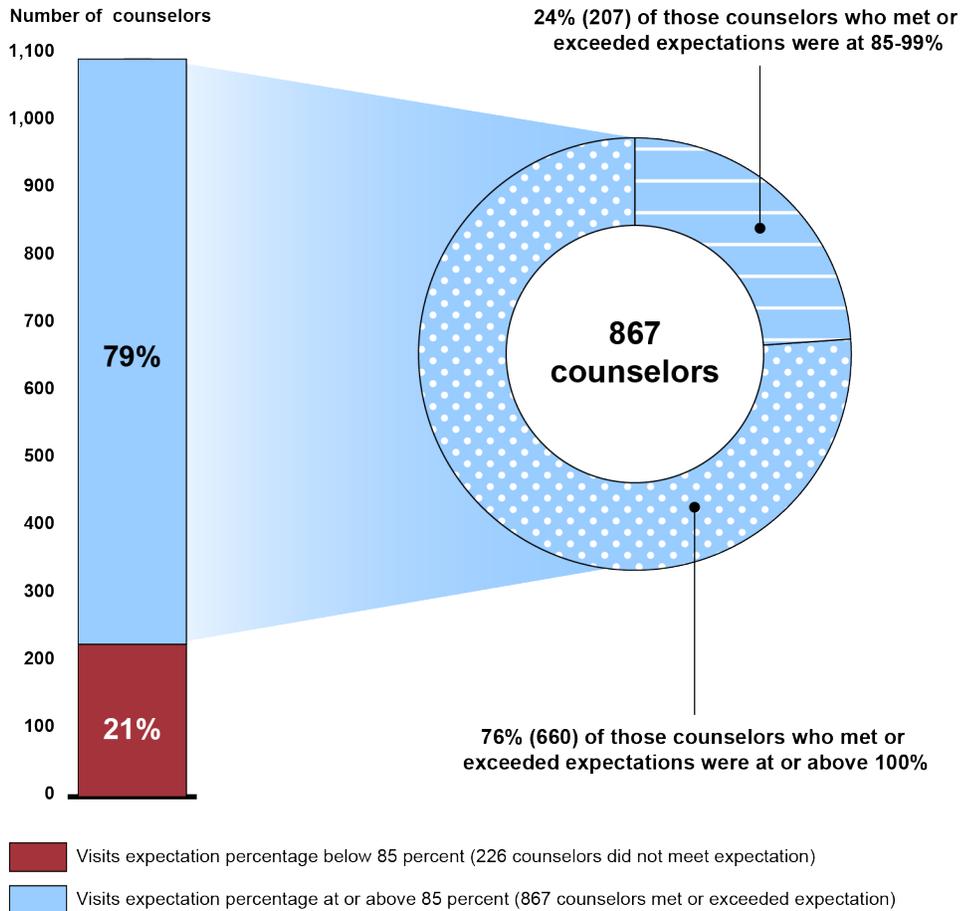


Source: Department of Veterans Affairs (VA) and GAO. | GAO-20-652

The majority of Vet Center counselors met or exceeded RCS's productivity expectations in fiscal year 2019. Specifically, based on our analysis of RCS data, 72 percent of counselors met the time management expectation of spending 50 percent or more of their time with clients. For that same year, 79 percent of counselors met or exceeded the visits expectation of achieving at least 85 percent of their expected visits. (See fig. 4.)

**Appendix I: Veterans Health Administration (VHA) Actions to Improve Vet Centers' Human Resources Functions**

**Figure 4: VA Vet Center Counselor Performance on Visits Expectation, Fiscal Year 2019**



Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-20-652

Note: We excluded 94 records associated with counselors who transferred between Vet Centers, changed positions, or left, yielding a final sample of 1,093 counselor records.

RCS officials told us that the productivity expectations are incorporated into counselors' annual performance reviews, and that they are not used punitively. They added that a Vet Center director may choose to create a "supervisor-approved plan"—a written plan for supervising a counselor's efforts to meet productivity expectations within a specified time period—for a counselor who does not meet productivity expectations. For example, one district official told us that in certain Vet Centers in the district, the counselors would never be able to meet productivity expectations, and it would not be appropriate to hold it against them in performance reviews. One such Vet Center was located in a rural part of

a state with a veteran population that was widely dispersed; counselors spent a large amount of their work time driving to provide counseling at community access points.

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## VHA Has Not Evaluated Its Productivity Expectations for Vet Center Counselors

VHA RCS officials told us they have not conducted, and do not have plans to conduct, an evaluation of the productivity expectations. Such an evaluation would be consistent with federal standards for internal control. According to these standards for monitoring, management should establish and operate monitoring activities. This could include monitoring the use and effects of Vet Center productivity expectations, evaluating the results, and remediating any deficiencies in a timely manner.<sup>22</sup> Such an evaluation may also include incorporating feedback from personnel, such as Vet Center counselors, and can help provide RCS reasonable assurance that the productivity expectations are working as intended.

Counselors at several of our 12 selected Vet Centers said they did not believe there is an effective mechanism for reporting concerns about the effects of the productivity expectations up reporting lines beyond their director. For example, at one Vet Center, counselors told us they could discuss concerns with their director, but did not feel comfortable sharing feedback directly with district leadership. Additionally, counselors at another Vet Center told us that VA's annual All Employees' Survey was not a satisfactory feedback channel because there is not enough space to explain what is occurring with regards to the productivity expectations.<sup>23</sup> Additionally, RCS told us that the questions in VA's annual All Employee Survey about workload do not necessarily relate to the productivity expectations.

Counselors at several of our selected Vet Centers expressed concerns about the productivity expectations. Specifically, counselors reported: (1) incentives to change their work practices, some of which they said may negatively affect client care; and (2) confusion regarding how the productivity expectations are calculated.

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<sup>22</sup>GAO-14-704G.

<sup>23</sup>VA developed its annual All Employees' Survey in 2001 to assess workforce satisfaction and organizational climate.

**Incentives to change work practices.** Counselors at several of our selected Vet Centers reported making changes to their work practices as a result of the productivity expectations, such as needing to change the length or frequency of appointments, and to hold more group counseling sessions. Counselors told us these changes may be disruptive to client care. For example, counselors at one Vet Center told us they spend less time with each individual client to fit more clients into their weekly schedules and have appointments tightly scheduled in order to meet RCS's productivity expectations. Counselors from another Vet Center told us that as a result of tighter schedules due to the productivity expectations, they are only able to see clients every 2 to 3 weeks; clients have reportedly expressed disappointment with the infrequency of their appointments.

Counselors at several of our selected Vet Centers also discussed a concern about the productivity expectations' incentive to conduct more group counseling sessions. Specifically, since group counseling sessions contribute a larger number of visits to help meet the visits expectation, counselors said they are concerned about the need to incorporate them into their practice regardless of client preferences. For example, counselors at several Vet Centers told us that some clients, such as younger veterans from recent conflicts, may not be clinically ready for group counseling sessions, or may not have time for groups due to busy schedules.

**Confusion about how productivity expectations are calculated.** Counselors we spoke with at several of our selected Vet Centers expressed confusion about how the productivity expectations are calculated and applied. For example, counselors at one Vet Center were unsure of how many client visits they were expected to have, and they were unclear about how various aspects of their work factored into the productivity expectation calculations. A counselor at another Vet Center told us about choosing to use annual leave when clients cancel, out of concern for being unable to make up for the lost expected visit. Using annual leave reduced this counselor's direct service hours because direct service hours are prorated for leave. However, this counselor's Vet Center director told us that he did not think the counselor needed to use the leave because the counselor was excelling at meeting the visits expectation.

RCS does not have a systematic way to collect feedback such as what we heard from counselors, which could be useful as part of an evaluation of its productivity expectations. RCS officials told us they have not conducted any surveys of Vet Center counselors to gather feedback; instead, they obtain counselor feedback through informal discussions,

which they consider sufficient. For example, RCS officials told us they use district-wide counselor trainings, which included, on average, 64 counselors, as a time to gather feedback from counselors. Officials also told us they gather feedback during one-on-one discussions with counselors when visiting individual Vet Centers. In addition, RCS officials told us that each of the five districts collected informal feedback from Vet Center counselors and directors, and addressed questions and concerns about the implementation of the productivity expectations. Based on the informal feedback they have collected, RCS officials told us that most counselors are not concerned about the productivity expectations. RCS officials also told us the productivity expectations have been effective in meeting RCS's goals of measuring counseling capacity, and creating consistency in counselor expectations.

According to federal standards for internal control for information and communication, management should communicate necessary quality information. This communication can include receiving quality information about the organization's operational processes that flows up from the reporting lines from personnel—such as concerns from Vet Center counselors about their productivity expectations.<sup>24</sup> However, RCS officials may not know the extent of counselor concerns because they have not addressed them systematically. Without systematically collecting feedback from counselors as part of an evaluation of productivity expectations, RCS may not fully understand their effects, or any incentives created—which could negatively affect counselors' practices and potentially clients' care.

RCS officials acknowledged they could have provided Vet Center counselors and directors with better training on the productivity expectations as they were implemented. Counselors from several of our selected Vet Centers said there was a lack of training or communication on the expectations. RCS officials told us they have provided guidance and training on the productivity expectations to try and help Vet Center counselors and directors understand how they are calculated and used, and provided a copy of training provided in fiscal year 2018. According to federal standards for internal control for control environment, management should demonstrate a commitment to develop competent individuals, which may include training to reinforce standards of conduct and expected levels of performance.<sup>25</sup> Without a systematic evaluation,

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<sup>24</sup>[GAO-14-704G](#).

<sup>25</sup>[GAO-14-704G](#).

RCS may be unaware as to whether Vet Center counselors and directors understand how the productivity expectations are calculated, and whether they fully understand how to successfully meet them. RCS may also be unaware of what, if any, additional training is needed for Vet Center counselors and directors.

RCS has not developed a plan or time frames for periodically reassessing its productivity expectations. RCS officials told us that later this fiscal year they plan to change how the visits expectation is calculated to simplify the communication about it, but it will not be substantially different from the current version. These officials also told us that they do not have plans to make other updates at this time, but believe their plan to annually review performance standards for all counselors—which includes the productivity expectations—would be sufficient for periodic reassessment. According to federal standards for internal control, management should establish and operate monitoring activities, which may include ongoing monitoring that is responsive to changes within the organization.<sup>26</sup> Without a plan and time frames for periodic evaluation and reassessments specific to the productivity expectations, RCS lacks reasonable assurance that it is effectively implementing the expectations for counselors and identifying any unintended or potentially negative effects. RCS may also miss important opportunities to apply lessons learned from evaluations and remediate any potentially negative effects.

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## VHA's Planned Model to Assess Vet Center Staffing Needs Does Not Fully Adhere to Key Practices

VHA RCS officials plan to implement a model by the start of fiscal year 2021 that will provide criteria for assessing Vet Center staffing needs, including whether Vet Centers need additional counselors. RCS officials told us that they did not previously have such a staffing model for Vet Centers; a 2018 memorandum set a minimum of four staff for each Vet

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<sup>26</sup>[GAO-14-704G](#).

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Center.<sup>27</sup> Officials explained that district officials used an informal process to move a staff position from one Vet Center to another within their districts, or add a staff position to a Vet Center.<sup>28</sup> RCS officials told us that this flexibility resulted in inconsistent approaches to determining staffing needs.

To help ensure RCS districts and Vet Centers use consistent practices to determine staffing needs, RCS officials established a workgroup in July 2019 to develop a staffing model. The workgroup met from October to December 2019 to develop the model and piloted their draft model by running it on data from 10 Vet Centers in early 2020. Nationwide implementation was planned for early summer 2020, but as of May 2020, officials told us their implementation plans were delayed as a result of the agency's work to respond to COVID-19. Officials estimated implementing the model by the start of fiscal year 2021. (See the text box for more information about the staffing workgroup.)

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<sup>27</sup>According to the memorandum, each Vet Center should have a minimum of four staff: one director, one counselor, one office manager, and one outreach specialist. The memorandum also outlined an informal process for approving changes to Vet Center staffing. See Department of Veterans Affairs Memorandum, *Readjustment Counseling Service (RCS) Asset Change Process*, Jan. 8, 2018.

<sup>28</sup>RCS officials told us the total number of staff positions in each district has been capped since 2018. They also told us that district officials may approve the movement of positions across Vet Centers within a district once positions become vacant, but that it has been a long-standing practice to not move positions across districts.

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**Readjustment Counseling Service (RCS) Staffing Model Workgroup Summary**

*Key Dates*

- First met in October 2019
- Pilot on data from 10 Vet Centers began in early 2020
- Nationwide implementation planned for the start of fiscal year 2021

*Composition*

- RCS's operations officer
- One official from one district office
- Five Vet Center directors (one from each district)
- Statistician and representatives from RCS's finance office and the Department of Veterans Affairs (VA) Office of Human Resource Management

*Work Completed*

- Determined six criteria for adding a counselor to a Vet Center: (1) direct service time (time management); (2) workload capacity (visits); (3) unique clients; (4) counselor caseload; (5) case management (cases in need of closure); and (6) vacant positions
- Determined four criteria for reallocating a counselor among Vet Centers within a district: (1) direct service time; (2) workload capacity; (3) unique clients; and (4) counselor caseload
- Developed a list of problem solving strategies that Vet Center directors can use to maximize efficiencies and reduce the risk of counselor burnout
- Developed a form and submission process for requesting an additional counselor position

Source: GAO summary of RCS documentation. | GAO-20-652

We found that RCS's planned model is limited in its potential to fully respond to Vet Center staffing needs because it does not fully address the four key practices in the design of staffing models identified in our previous work.<sup>29</sup> Specifically, staffing model design should: (1) involve key stakeholders; (2) incorporate work activities, their frequency, and the time required to conduct them; (3) ensure the quality of data used in the model to provide assurance that staffing estimates are reliable; and (4) incorporate risk factors. Without a staffing model that fully reflects all four key practices, RCS officials may not be making informed decisions about Vet Center staffing needs.

**Key stakeholders.** Involving stakeholders and subject matter experts when designing a staffing model can help an agency ensure that the model reflects operating conditions and meets the needs of those

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<sup>29</sup>[GAO-16-384](#).

using it.<sup>30</sup> RCS's workgroup does not include Vet Center counselors, representation from four of the five district offices, or representation from CHRMO (RCS's human resources office). Not involving these stakeholders in the model's development is a missed opportunity to incorporate the perspectives of staff who do the work being measured and officials who will make staffing decisions. For example, Vet Center counselors could provide a unique perspective on how much time certain activities require. Input from all five district offices could similarly contribute valuable information about whether the centralized model will meet their needs, particularly since RCS officials noted differences among the districts in how they approached staffing needs under the existing informal process for requesting additional staff.

Finally, the workgroup lists a VA-level human resources management office representative, which RCS officials said was due to a miscommunication with CHRMO about whether their office could contribute a staff member to the workgroup. CHRMO officials told us it would have been beneficial to be included in the workgroup's activities, in addition to other relevant VHA and VA offices, so they could better coordinate on the best use of resources to meet RCS's needs. CHRMO officials said they would follow up with RCS on future collaboration opportunities. RCS officials told us that they are seeking the input of district officials for the staffing model's implementation, and relied on RCS Net data and anecdotal information from Vet Center directors on the workgroup to develop the model's criteria.

**Work activities.** The planned model's narrow focus on the counselor position may not accurately capture the full scope of Vet Center work activities, their frequency, and time required to conduct them. RCS documentation shows that the workgroup focused only on the workload of the counselor position, including counselor productivity expectations, and RCS officials told us this was because counselors provide the majority of counseling services. This decision excludes directors' counseling workload. Directors have a 25 percent time management productivity expectation for direct care, and are providing readjustment counseling to clients who would otherwise be seen by a Vet Center counselor. For example, one Vet Center director we spoke with indicated taking on the majority of marriage and family counseling referrals for the Vet Center, which at times resulted in productivity reports showing 68 percent of time spent with clients in a

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<sup>30</sup>See, for example, GAO, *DOJ Workforce Planning: Grant-making Components Should Enhance the Utility of Their Staffing Models*, [GAO-13-92](#) (Washington, D.C.: Dec. 14, 2012).

pay period, which is more than twice a director's 25 percent expectation.

**Quality data.** Our prior work defined data quality as the use of relevant data from reliable internal and/or external sources based on the identified information requirements.<sup>31</sup> The staffing model workgroup incorporated existing RCS Net data on counselor work hours, visits, and clients to determine when a Vet Center may need a new counselor. Meeting minutes also document discussions about how much time is needed for counselors' administrative and case management work each week, which is in line with our key practice. However, the model excludes data associated with directors' counseling—as noted above—as well as Vet Center clients who did not have a 50-minute visit. As stated previously, RCS officials focused on counselor data in the model because they provide the majority of counseling at Vet Centers. However, excluding data from directors' clients results in a model based on incomplete data, calling into question whether the model's conclusions about Vet Center staffing needs will accurately represent local conditions.

In addition, model documentation states that only clients who have had a 50-minute or longer counseling session in the previous 6 months will be considered as part of determining if a Vet Center's total unique clients has increased enough to warrant an additional counselor. RCS officials said they made this decision to ensure that clients who had initially connected with the Vet Center, but did not keep a follow-up appointment, would not be counted as clients. This is inconsistent with how client visits are recorded in RCS Net (which can be entered in 10-minute increments), and could also result in a model that is using an underestimate of clients to make recommendations for changing Vet Center staffing levels.

**Risk factors.** The planned model makes adjustments for certain risk factors, such as case complexity, but does not make adjustments for other risk factors that may affect counselors' work activity and time assumptions, like the large geographic areas some Vet Centers cover.<sup>32</sup> Accounting for geography in a staffing model can help determine the number of staff and positions needed to mitigate that

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<sup>31</sup>GAO-16-384.

<sup>32</sup>Staffing model documentation we reviewed included a list of variables for factors that make a case complex, including the presence of several concurrent mental health conditions like post-traumatic stress disorder and substance abuse.

risk.<sup>33</sup> For example, staff we spoke with at three of our selected Vet Centers told us they were responsible for reaching eligible clients over geographic areas spanning more than 10,000 square miles, necessitating several hours of driving each week to provide in-person counseling services, and reducing the total number of available hours for counseling.

The staffing workgroup discussed geographic-related risk, but instead of incorporating it into the model (such as by including travel time in direct services hours), the model recommends that Vet Center directors use strategies such as telehealth and consider if the travel yields sufficient “return on direct service delivery” to warrant its continuation. RCS officials told us they want to balance counselors’ capacity to provide services while paying attention to their productivity and well-being.

However, reliance on telehealth may add additional challenges in providing services to certain populations. For example, officials at one of our selected Vet Centers noted that veterans in the state’s more insular, rural communities benefitted from face-to-face contact since they did not trust people they viewed as “outsiders.” Officials from another Vet Center told us that counselors travel to community access points because many veterans in their rural area do not want to travel to the Vet Center, and can be hard to connect with in other ways because they want to “live off the grid.” They added that providing recreational therapy programs—such as adaptive outdoor sports trips for veterans with traumatic brain injury—can be time consuming, but provide beneficial opportunities for counseling in settings where veterans are comfortable. Not adjusting for such risk factors as geography could mean that counselors appear to have more work hours available in the model than they do in practice because the model did not incorporate the hours some counselors spend traveling to and from in-person counseling.

In addition, the RCS staffing workgroup’s scope of work does not include plans for ongoing assessments or updates to the model in the future. RCS officials told us that their Governance Board would be the entity responsible for such updates, but their focus was on obtaining board approval for and executing the model’s implementation plan. RCS officials also told us that they plan to solicit feedback on the staffing model at 3

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<sup>33</sup>See, for example, GAO, *Homeland Security: Preliminary Observations on the Federal Protective Service’s Workforce Analysis and Planning Efforts*, [GAO-10-802R](#) (Washington, D.C.: June 14, 2010).

and 6 months post-implementation, but do not have any additional plans for updates. As part of federal standards for internal control, management should establish and operate monitoring activities, which can include ongoing monitoring that is responsive to change.<sup>34</sup> Furthermore, completing staffing models and regularly updating them in a timely manner can help support agencies' activities and decision making.<sup>35</sup> Given ongoing shortages in the number of mental health providers and the continued demand for mental health care across VHA, RCS would benefit from planning now to update its model and implement changes as conditions warrant.

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## Conclusions

RCS's significant operational changes, including changes to its expectations for counselor productivity, have provided VHA the opportunity to better understand Vet Center capacity and counselor workload. However, these changes have the potential to negatively affect care and create undue burden and stress on counselors providing that care at some Vet Centers. RCS could take several steps to fully realize the benefits of these changes and mitigate the potential for any unintended or negative effects.

First, without a systematic evaluation and periodic reassessment of Vet Center counselor productivity expectations, VHA does not have a good understanding of the effects of these expectations and of what, if any, additional efforts such as training and guidance are needed. This is essential in helping ensure officials are responsive to the needs of their staff, as well as to the needs of veterans and their families.

Second, without a staffing model for Vet Centers that fully incorporates key practices, as identified in our previous work, or a plan for updating the model as conditions change, RCS is at risk of making decisions about Vet Center staffing that may not be responsive to changing veterans' needs. As such, hiring decisions and the allocation of counselors among Vet Centers may be misinformed. Shortages of mental health staff within VHA, coupled with the increasing veteran demand for mental health

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<sup>34</sup>GAO-14-704G.

<sup>35</sup>See, for example, GAO, *Coast Guard: Timely Actions Needed to Address Risks in Using Rotational Crews*, GAO-15-195 (Washington, D.C.: Mar. 6, 2015).

services, highlight the critical importance of ensuring appropriate Vet Center staffing.

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## Recommendations for Executive Action

We are making the following four recommendations to VA:

- The Under Secretary for Health should ensure the RCS Chief Officer evaluates Vet Center productivity expectations for counselors, including (1) obtaining systematic feedback from counselors on any potentially negative effects on client care, and (2) determining whether directors and counselors need additional training or guidance on how the expectations are calculated. (Recommendation 1)
- The Under Secretary for Health should ensure the RCS Chief Officer develops a plan and time frames for periodically reassessing its productivity expectations for counselors, and implementing any needed changes as appropriate. (Recommendation 2)
- The Under Secretary for Health should ensure the RCS Chief Officer develops and implements a Vet Center staffing model that incorporates key practices in the design of staffing models. (Recommendation 3)
- The Under Secretary for Health should ensure the RCS Chief Officer establishes a plan and time frames for assessing and updating its staffing model regularly, and for implementing any needed changes as warranted. (Recommendation 4)

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## Agency Comments

We provided VA with a draft of this report for review and comment. VA provided written comments, which are reprinted in appendix II. In its written comments, VA concurred with all four of the report's recommendations and identified actions VHA's RCS is taking to implement them.

In response to our first recommendation to evaluate Vet Center productivity expectations for counselors, VA stated that the best time to reassess counselor performance metrics (which include the productivity expectations) would be after the start of the fiscal year 2021 performance cycle. VA added that RCS has not developed formal plans or time frames

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for this reassessment, and that RCS is working with multiple VA and VHA offices to develop it. As stated in our report, it is important that an evaluation of the productivity expectations for counselors include, among other elements, obtaining systematic feedback from counselors on any effects on client care. This would help provide RCS with reasonable assurance that it is effectively implementing the expectations.

In response to our third recommendation, VA stated that RCS is working to ensure that its staffing model complies with VHA standards and accepted practices. We maintain the importance of incorporating the four specific key practices in the design of staffing models from our previous work, in addition to VHA's own standards, to ensure appropriate Vet Center staffing.

In addition, in its general comments, VA noted that the figures and descriptions in the report of the productivity expectations do not include descriptions of how these expectations translate into performance ratings. Our findings and recommendations in this area focused on the expectations themselves and their effects on counselors, and not on how they are used in performance ratings. As we note in our report, these expectations are two components among several others used to determine a counselor's performance rating.

VA also provided technical comments, which we incorporated as appropriate.

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We are sending copies of this report to the appropriate congressional committees, the Secretary of Veterans Affairs, and other interested parties. In addition, the report is available at no charge on the GAO Web site at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or at [draperd@gao.gov](mailto:draperd@gao.gov). Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix III.



Debra A. Draper  
Director, Health Care

# Appendix I: Veterans Health Administration (VHA) Actions to Improve Vet Centers' Human Resources Functions

In 2016, VHA's Workforce Management and Consulting office and Readjustment Counseling Service (RCS) established the Consolidated Human Resources Management Office (CHRMO) to centrally manage human resources functions for Vet Centers. RCS officials told us that one of the reasons they wanted to establish CHRMO was to address inconsistencies and inaccuracies in data previously collected by 124 different Department of Veterans Affairs (VA) medical centers that they said posed challenges to effective human resources management.

To describe CHRMO's actions to improve human resources functions for Vet Centers, we reviewed VA policies and related VHA documents that describe human resources functions for Vet Centers, such as the memorandum of understanding between RCS and VHA's Workforce Management and Consulting office that established CHRMO. We also reviewed CHRMO's fiscal year 2019 reports on (1) VHA and RCS time to hire, (2) Vet Center vacancy rates, and (3) Vet Centers' bargaining unit status.<sup>1</sup> We also reviewed VHA and RCS time to hire reports for fiscal year 2019 and for January through May 22, 2020. Additionally, we interviewed officials from CHRMO to obtain information on the status of their efforts to improve human resources data quality. We reviewed documentation from district offices and Vet Centers, including descriptions of position responsibilities for Vet Center staff. We also interviewed directors from all five regional district offices and directors and counselors from 12 selected Vet Centers to understand any ongoing

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<sup>1</sup>VHA defines time to hire as beginning with the date the hiring manager approves the request to fill a position, and ending on the new hire's first day of employment.

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human resources-related challenges, as well as their experiences with CHRMO.<sup>2</sup>

Since its establishment, CHRMO officials told us that they have worked with RCS officials to improve human resources data quality, while continuing to address other challenges.<sup>3</sup> CHRMO officials told us that one of their office's first actions was to gain an understanding and improve the quality of RCS human resources data, such as personnel data. Specifically, CHRMO officials described improvements in the quality of two specific areas of human resources data for Vet Centers:

- *Bargaining unit status.* CHRMO officials told us they found that bargaining unit status was not correctly entered for many Vet Center staff in VHA's human resources data system, HRSmart.<sup>4</sup> Correct data regarding bargaining unit status is important because, according to officials, Vet Center staff who are part of bargaining units may have different annual performance assessments than non-bargaining unit staff.<sup>5</sup> CHRMO officials told us that they obtained data from the five regional offices for the Federal Labor Relations Authority to ensure all

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<sup>2</sup>We selected these Vet Centers using information from VA's Site Tracking system, which lists all facilities and their characteristics, as well as VHA RCS-provided data on the number of unique clients per Vet Center in fiscal year 2018. These Vet Centers were selected for variation in geographic location (i.e. urban or rural status, and at least two Vet Centers from each of the five districts), presence of satellite counseling locations, utilization as measured by unique clients in fiscal year 2018, and bargaining unit status. Information obtained from interviews with staff at selected Vet Centers is not generalizable.

<sup>3</sup>The ongoing human resources challenges CHRMO officials described are similar to broader VHA-wide human resources challenges that we have documented in prior work. For example, in December 2016, we found that high attrition, increased workload, and burnout among VHA's human resources staff, along with ineffective internal controls to support operations, have impeded VHA's ability to serve the nation's veterans. We made 12 recommendations to improve VHA's human resources management. VHA has taken action to address 10 of these recommendations, but has not yet taken action to address the remaining two as of July 2020. See GAO, *Veterans Health Administration: Management Attention Is Needed to Address Systemic, Long-standing Human Capital Challenges*, [GAO-17-30](#) (Washington, D.C.: Dec. 23, 2016).

<sup>4</sup>HRSmart is VA's official system for managing personnel records and processing personnel actions for VA staff.

<sup>5</sup>For example, RCS officials told us that staff who are part of a bargaining unit have different annual performance review templates.

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records were correct.<sup>6</sup> CHRMO officials told us that they completed their update of bargaining unit status in September 2019, which involved updating about 900 records (out of almost 2,000 total RCS staff), and notifying affected staff.

- *Vacancies.* RCS officials told us that RCS historically counted vacancies differently than the rest of VHA, resulting in an inability to compare vacancy rates—for example, between Vet Centers and VA medical centers. Specifically, CHRMO officials told us that VHA does not count a position as vacant until it is unencumbered and there is a recruitment action. RCS officials told us they count vacancies from the time the position is unencumbered regardless of whether there is active recruitment taking place. CHRMO officials told us that they began producing standardized vacancy-related reports for RCS starting in February 2019.<sup>7</sup> As of the end of fiscal year 2019, RCS and VHA reported the same vacancy rate—11 percent.

CHRMO officials also told us about additional steps they are taking in conjunction with RCS to address other human resources-related challenges at Vet Centers, such as standardizing descriptions of position responsibilities and reducing the time to hire new staff.

- *Standardizing descriptions of position responsibilities.*<sup>8</sup> CHRMO officials told us they noticed variation among descriptions of responsibilities for the same staff position across districts and Vet Centers. Among the Vet Centers in our review, we also found that the same type of counselor position, such as a social worker, could have a description with different job responsibilities. CHRMO officials told us this was due to inconsistencies in how VA medical centers' human

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<sup>6</sup>The Federal Labor Relations Authority administers the labor-management relations program for all non-Postal federal government employees.

<sup>7</sup>CHRMO also produces recurring reports for areas such as time to hire, total losses (involuntary separations, resignations, retirements, and transfers to another agency), and quit rates.

<sup>8</sup>CHRMO officials told us that, depending on the hiring authority used for a position, the description of responsibilities for Vet Center staff is called either a position description or a functional statement. For the purpose of this report, we are referring to them collectively as descriptions of responsibilities.

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resources offices managed these positions under the former decentralized system.<sup>9</sup>

CHRMO officials described steps they are taking to standardize these descriptions of responsibilities. First, officials said they worked with RCS officials to determine a priority list of positions to standardize. CHRMO officials said that descriptions of responsibilities for Vet Center office managers and outreach specialists were standardized first.<sup>10</sup> Second, CHRMO and RCS officials began the process to align descriptions of responsibilities for the four occupational series associated with the counselor position (licensed professional counselor, marriage and family therapist, social worker, and psychologist) in fiscal year 2020. CHRMO and RCS officials told us in May 2020 that they have drafted the necessary descriptions and are in the process of reviewing them. RCS officials said they intend to complete the required bargaining unit notification and implementation in time for the fiscal year 2021 performance cycle.

Standardized descriptions of responsibilities will help address a concern we heard about from counselors at several Vet Centers in our review, who described pay disparities between VA medical center and Vet Center counseling positions they perceived as being substantially similar. CHRMO officials were aware of these concerns, and stated that they would be able to address them once the standardization project was complete. Also, RCS officials told us they intend to introduce a Vet Center senior counselor position that would have additional responsibilities, and be paid at a higher rate, as part of the new standardized set of descriptions.

- *Reducing time to hire staff.* CHRMO officials said multiple factors can contribute to a lengthy time to hire, including shortages of CHRMO staff that manage recruitment actions, and a lack of targeted recruitment for Vet Center counselors. CHRMO officials told us they are encouraging RCS to make strategic decisions about hiring needs early on to reduce time to hire, such as recruiting for one counselor

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<sup>9</sup>We have previously found that a lack of centralized authority in VA and VHA's human resources organizational structure contributed to an inability to ensure that VA medical centers consistently applied human resources policies. See [GAO-17-30](#).

<sup>10</sup>CHRMO officials said the descriptions of responsibilities for office managers and outreach specialists were approved internally in March 2020.

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occupational series at a time instead of all four simultaneously.<sup>11</sup> CHRMO officials also developed a time-to-hire flowchart in February 2019, which describes the steps of the hiring process and estimates the number of days or weeks each step takes. CHRMO officials said the flowchart's estimates are based on VA metrics. CHRMO officials told us they are working with RCS to implement the flowchart with the goal to complete 50 percent of all new hires within 80 days. From January to May 22, 2020, officials said the average was 127 days, compared to VHA's average of 91 days.<sup>12</sup>

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<sup>11</sup>Specifically, CHRMO officials told us that hiring for one Vet Center counselor can result in the need for staff to prepare four separate job announcements—one for each of the four counselor occupational series—resulting in a higher workload than would otherwise be required for that hiring process, increasing staff burnout, and lengthening the overall time to hire. RCS officials told us they did not want to dictate how districts and Vet Centers should hire, but have had discussions with CHRMO about how to reduce time to hire.

<sup>12</sup>VHA is also focused on time to hire more broadly. For example, VHA developed a VHA-wide implementation guidebook to disseminate best practices in streamlining time to hire across the agency. See VHA, *VHA T2H Implementation Guidebook*, (Washington, D.C.: January 2020).

## Appendix II: Comments from the Department of Veterans Affairs



DEPARTMENT OF VETERANS AFFAIRS  
Washington DC 20420

August 26, 2020

Ms. Debra Draper  
Director  
Health Care  
U.S. Government Accountability Office  
441 G Street, NW  
Washington, DC 20548

Dear Ms. Draper:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: *VA VET CENTERS: Evaluations Needed of Expectations for Counselor Productivity and Centers' Staffing* (GAO-20-652).

The enclosure contains general and technical comments and the actions to be taken to address the draft report recommendations. VA appreciates the opportunity to comment on the draft report.

Sincerely,

A handwritten signature in blue ink that reads "Brooks D. Tucker".

Brooks D. Tucker  
Acting Chief of Staff

Enclosure

**Appendix II: Comments from the Department  
of Veterans Affairs**

Enclosure

Department of Veterans Affairs (VA) Response to  
Government Accountability Office (GAO) Draft Report  
***VA VET CENTERS: Evaluations Needed of Expectations for Counselor  
Productivity and Centers' Staffing***  
(GAO-20-652)

**Recommendation 1: The Under Secretary for Health should ensure the RCS Chief Officer evaluates Vet Center productivity expectations for counselors, including (1) obtaining systematic feedback from counselors on any potentially negative effects on client care, and (2) determining whether directors and counselors need additional training or guidance on how the expectations are calculated.**

**VA Response:** Concur. The Veterans Health Administration (VHA) Readjustment Counseling Service (RCS) agrees that an appropriate and unbiased feedback loop is an important part of assessing the impact of employee performance (productivity). RCS systematic feedback will include direct information from RCS counselors on both the positive and potentially negative effects on client care and training needs; appropriate data provided received through customer feedback; available productivity and capacity data; and existing surveying to include the annual All Employee Survey.

As discussed in interviews with GAO auditors, RCS does not have plans to reevaluate current or updated performance metrics until after fiscal year (FY) 2021 performance implementation. The formal reassessments or timeframes have not been developed. RCS is currently working with multiple VA and VHA Program Offices in developing this framework, including VHA's National Center for Organizational Development and VA's Veteran Experience Office.

RCS maintains an oversight system that will incorporate questions regarding local implementation of productivity standards during site visits. Target Completion Date: September 2021

**Recommendation 2: The Under Secretary for Health should ensure the RCS Chief Officer develops a plan and time frames for periodically reassessing its productivity expectations for counselors, and implementing any needed changes as appropriate.**

**VA Response:** Concur. RCS agrees that a formalized routine assessment process is an important part of employee performance (productivity). The formal reassessments and timeframes will be developed utilizing the RCS Governance System and appropriate VA and VHA Program Offices. Target Completion Date: September 2021

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**Appendix II: Comments from the Department  
of Veterans Affairs**

Enclosure

Department of Veterans Affairs (VA) Response to  
Government Accountability Office (GAO) Draft Report  
***VA VET CENTERS: Evaluations Needed of Expectations for Counselor  
Productivity and Centers' Staffing***  
(GAO-20-652)

**Recommendation 3: The Under Secretary for Health should ensure the RCS Chief Officer develops and implements a Vet Center staffing model that incorporates key practices in the design of staffing models.**

**VA Response:** Concur. RCS is currently working with VHA's Manpower Management Office to ensure the RCS Staffing Model is updated and formalized in a manner that is compliant with VHA standards and accepted practices. Target Completion Date: January 2022

**Recommendation 4: The Under Secretary for Health should ensure the RCS Chief Officer establishes a plan and time frames for assessing and updating its staffing model regularly, and for implementing any needed changes as warranted.**

**VA Response:** Concur. RCS is currently working with VHA's Manpower Management Office, Workforce Management and Consulting, to ensure the current RCS Staffing Model is updated and formalized in a manner that is compliant with VHA standards and accepted practices. This updated staffing model will include appropriate assessment processes and measurements for reevaluation. Timeframes for evaluation will be created based on the processes and measurements developed. Target Completion Date: January 2022

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Appendix II: Comments from the Department of Veterans Affairs

Enclosure

Department of Veterans Affairs (VA) Response to  
Government Accountability Office (GAO) Draft Report  
**VA VET CENTERS: Evaluations Needed of Expectations for Counselor  
Productivity and Centers' Staffing**  
(GAO-20-652)

**General Comments:**

GAO Highlights page, "What GAO Found" section: Chart reads:



**VA Comment:** The productivity expectations in the above graphics represent two different performance sub-elements and different performance ratings if met.

- **The Time Management Expectation box (green):** If a counselor accounts for this, they are considered/rated fully successful in that sub-element.
- **The Visit Expectation Box (yellow):** If a counselor accounts for this number of visits, they are considered/rated excellent in that sub-element.

One could infer on Page One that a counselor must complete both the time management (green box) and visits expectation (yellow box) to be fully successful or doing what is expected of them. The GAO report briefly addresses this on page 12 stating, "RCS guidance states that counselors should achieve their 50 percent time management expectation and meet at least 85 percent of their calculated visits expectation." To calculate a counselor's visit expectation percentage, the number of actual visits is divided by the number of expected visits." GAO does not address fully successful or excellent ratings.

Page 15, paragraph one, first sentence: Sentence reads:

Page 3 of 5

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**Appendix II: Comments from the Department  
of Veterans Affairs**

Enclosure

Department of Veterans Affairs (VA) Response to  
Government Accountability Office (GAO) Draft Report  
**VA VET CENTERS: Evaluations Needed of Expectations for Counselor  
Productivity and Centers' Staffing**  
(GAO-20-652)

*VHA RCS officials told us that they have not conducted, and do not have plans to  
conduct, an evaluation of the productivity expectations.*

**VA Comment:** RCS Leadership stated to GAO in interviews that they did not have plans to reevaluate the current or the updated performance metrics until after FY 2021 performance implementation. RCS has updated performance metrics for FY 2021 to simplify calculations and standardize across the RCS enterprise as a part of a larger position description and functional statement standardization project. Formal reassessments or timeframes have not been developed.

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# Appendix II: Comments from the Department of Veterans Affairs

Page 1

DEPARTMENT OF VETERANS AFFAIRS  
Washington DC 20420  
August 26, 2020

Ms. Debra Draper  
Director  
Health Care  
U.S. Government Accountability Office  
441 G Street, NW  
Washington, DC 20548

Dear Ms. Draper:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: VA VET CENTERS: Evaluations Needed of Expectations for Counselor Productivity and Centers' Staffing (GAO-20-652).

The enclosure contains general and technical comments and the actions to be taken to address the draft report recommendations. VA appreciates the opportunity to comment on the draft report.

Sincerely,

Brooks D. Tucker  
Acting Chief of Staff

Enclosure

Page 2

**Recommendation 1:**

The Under Secretary for Health should ensure the RCS Chief Officer evaluates Vet Center productivity expectations for counselors, including

(1) obtaining systematic feedback from counselors on any potentially negative effects on client care, and (2) determining whether directors and counselors need additional training or guidance on how the expectations are calculated.

**VA Response:**

Concur. The Veterans Health Administration (VHA) Readjustment Counseling Service (RCS) agrees that an appropriate and unbiased feedback loop is an important part of assessing the impact of employee performance (productivity). RCS systematic feedback will include direct information from RCS counselors on both the positive and potentially negative effects on client care and training needs; appropriate data provided received through customer feedback; available productivity and capacity data; and existing surveying to include the annual All Employee Survey.

As discussed in interviews with GAO auditors, RCS does not have plans to reevaluate current or updated performance metrics until after fiscal year (FY) 2021 performance implementation. The formal reassessments or timeframes have not been developed. RCS is currently working with multiple VA and VHA Program Offices in developing this framework, including VHA's National Center for Organizational Development and VA's Veteran Experience Office.

RCS maintains an oversight system that will incorporate questions regarding local implementation of productivity standards during site visits. Target Completion Date: September 2021

**Recommendation 2:**

The Under Secretary for Health should ensure the RCS Chief Officer develops a plan and time frames for periodically reassessing its productivity expectations for counselors, and implementing any needed changes as appropriate.

**VA Response:**

Concur. RCS agrees that a formalized routine assessment process is an important part of employee performance (productivity). The formal reassessments and timeframes will be developed utilizing the RCS Governance System and appropriate VA and VHA Program Offices. Target Completion Date: September 2021

Page 3

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# Appendix III: GAO Contact and Staff Acknowledgments

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## GAO Contact

Debra A. Draper at (202) 512-7114 or [draperd@gao.gov](mailto:draperd@gao.gov).

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## Staff Acknowledgments

In addition to the contact named above, Janina Austin, Assistant Director; Malissa G. Winograd, Analyst-in-Charge; Jennie F. Apter; Margot Bolon; Peter Choi; and Julie T. Stewart made key contributions to this report. Also contributing were Jacquelyn Hamilton and Vikki Porter.

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