

MILITARY SEXUAL TRAUMA (MST) MANDATORY TRAINING AND REPORTING REQUIREMENTS FOR VHA MENTAL HEALTH AND PRIMARY CARE PROVIDERS

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive presents policy and procedures for:

a. The implementation of mandatory training of VHA mental health providers and primary care providers regarding the care of Veterans and active duty Servicemembers who experienced military sexual trauma (MST); and

b. The reporting of mandatory training compliance data sufficient to meet federal statute.

2. SUMMARY OF MAJOR CHANGES: In accordance with changes to federal statute described in paragraph 2.c., this directive updates and clarifies the definition of MST, and is re-titled to reflect the full scope of statutory provisions. Definitions for provider groups included under this directive are expanded and clarified, and requirements for compliance with the mandatory training requirement are now described in detail. This directive updates the responsibilities for the Deputy Undersecretary for Health for Operations and Management (10N) and network and facility Directors to include ensuring compliance with the national compliance benchmark, and specifies the responsibilities of facility MST Coordinators and the Office of Academic Affiliations (10A2D). This directive also contains an amendment in paragraph 5.h.(1) to remove the mandate for local policy creation, dated May 8, 2020.

3. RELATED ISSUES: VHA Directive 1115, Military Sexual Trauma (MST) Programming; VHA Handbook 1160.01, Uniform Mental Health Services in Department of Veterans Affairs (VA) Medical Points of Service.

4. RESPONSIBLE OFFICE: Office of Patient Care Services, Mental Health Services (10P4M) is responsible for the contents of this directive. Questions may be referred to the National Mental Health Director, Family Services, Women's Mental Health, and Military Sexual Trauma, at: 202-340-4192.

5. RESCISSIONS: VHA Directive 2012-004, dated January 23, 2012, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of April 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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Acting Under Secretary for Health

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VHA DIRECTIVE 1115.01(1)

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MILITARY SEXUAL TRAUMA (MST) MANDATORY TRAINING AND REPORTING REQUIREMENTS FOR VHA MENTAL HEALTH AND PRIMARY CARE PROVIDERS

1. PURPOSE

This Veterans Health Administration (VHA) directive presents policy and procedures for the implementation of: (1) mandatory training of VHA mental health providers and primary care providers regarding the care of Veterans and active duty Servicemembers (ADSM) who experienced military sexual trauma (MST); and (2) the reporting of mandatory training compliance data sufficient to meet federal statute. **AUTHORITY:** Title 38 United States Code (U.S.C.) §§ 1720D, 7301(b).

2. BACKGROUND

a. Pursuant to 38 U.S.C. § 1720D, VA is required to provide: (1) counseling and appropriate care and services to Veterans who experienced MST, and (2) “appropriate training of mental health professionals and other health care personnel” involved in the care of individuals who experienced MST.

b. Section 202 of the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111-163), codified at 38 U.S.C. § 1720D, requires VA to provide a consistent level of training for its health care personnel who provide services to individuals who experienced MST, and report annually to Congress on: (1) the number of personnel certified as having completed the program, and (2) the amount and nature of the education provided under the program. This is an ongoing reporting requirement.

c. Section 402 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146), codified at 38 U.S.C. § 1720D, authorizes VA, in consultation with the Department of Defense, to provide MST-related counseling, care, and services to members of the Armed Forces on active duty. Training related to MST-related care for active duty Servicemembers must be included in the Congressional report referenced in paragraph 2.b.

d. As part of VA’s implementation of these provisions, the Office of Patient Care Services, Mental Health Services (MHS) and the VHA Employee Education System (EES) have developed MST mandatory training requirements (see paragraph 6), which can be completed on EES’s Talent Management System (TMS) web site (see www.tms.va.gov). **NOTE:** *This is an internal VA Web site and is not available to the public.*

3. DEFINITIONS

a. **Military Sexual Trauma.** VA uses the term military sexual trauma (or MST) to describe the special treatment authority codified in 38 U.S.C. § 1720D(a)(1). Per this statute, MST is “psychological trauma, which in the judgment of a mental health professional employed by the Department [of Veterans Affairs], resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the [Veteran] was serving on active duty, active duty for training, or

inactive duty training.” Policy for VA’s MST-related treatment services is described in VHA Directive 1115 (see 7.d.).

b. **Mental Health Provider.** For the purposes of this directive, VHA mental health providers are licensed professionals and license-eligible trainees who deliver mental health clinical care in accordance with their privileges, scope of practice, functional statement, or labor mapping to patients receiving care from VHA. VHA policy does not in general specify the occupational titles of those considered qualified to deliver mental health care (see VHA Handbook 1160.01), so providers from a range of professional disciplines may meet this definition. At a minimum, providers in the following professions must be assigned the training requirement for mental health providers: Psychiatrists, Psychologists, Social Workers, Psychiatric Nurses, Marriage and Family Therapists, Licensed Professional Mental Health Counselors, and Mental Health Clinical Pharmacy Specialists. **NOTE:** *This definition includes all practicing social workers in VA, including those in primary care or other non-mental health clinics or services.* This list may not be exhaustive for some facilities; VA Medical Facility Directors should exercise due diligence in identifying any other types of licensed professionals in their facility providing mental health clinical care (e.g., other types of nurses) who should also be assigned the training requirement. Additionally, individuals delivering clinical mental health-related services in professions or areas of practice which do not require licensure (e.g., mental health technicians, peer support specialists, addiction therapists, vocational rehabilitation specialists/technicians, recreational therapists, chaplains) may be included at the discretion of the Facility Director. Refer to paragraph 6 for details on the training requirement to be assigned.

c. **Primary Care Provider.** For the purposes of this directive, VHA primary care providers are licensed professionals and license-eligible trainees who deliver clinical primary care services in accordance with their privileges, scope of practice, functional statement, or labor mapping to patients receiving care from VHA. This includes providers delivering care in special population Patient Aligned Care Teams (PACT; see VHA Handbook 1101.10). At a minimum, providers working in PACT in the following professions must be assigned the training requirement for primary care providers: Physicians, Advanced Practice Registered Nurses, Clinical Pharmacy Specialists, Physician Assistants, Registered Nurses, and Licensed Practical/Vocational Nurses. This list may not be exhaustive for some facilities; VA Medical Facility Directors should exercise due diligence in identifying any other types of licensed professionals in their facility providing clinical primary care services (e.g., dietitians, occupational therapists, physical therapists) who should also be assigned the training requirement. Additionally, individuals delivering clinical primary care-related services in professions or areas of practice which do not require licensure may be included at the discretion of the VA Medical Facility Director. Refer to paragraph 6 for details on the training requirement to be assigned.

4. POLICY

It is VHA policy that all mental health providers and primary care providers (as defined in paragraph 3) appointed or utilized on a full-time, part-time, intermittent,

consultant, attending, without compensation (WOC), on-station fee-basis, on-station contract, or on-station sharing agreement basis must complete their respective MST mandatory training requirement no later than 90 days after entering their position.

5. RESPONSIBILITIES

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

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management or designee is responsible for ensuring that each Veterans Integrated Service Network (VISN) provides compliance data sufficient to meet the reporting provisions of 38 U.S.C. § 1720D when requested, and that each VISN is at or above the national benchmark of 96 percent compliance with MST mandatory training requirements.

c. **Office of Patient Care Services, Mental Health Services.** MHS is responsible for:

(1) Working collaboratively with EES to develop, manage, and as needed, modify the training programs on the provision of care to individuals who experienced MST.

(2) Submitting compliance data provided by EES, the Deputy Under Secretary for Health for Operations and Management, the Readjustment Counseling Service, and the Office of Academic Affiliations (OAA) annually or when requested to the Office of Patient Care Services as part of tracking the implementation of and compliance with 38 U.S.C. § 1720D.

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

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

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

(3) Providing MHS with aggregate MST mandatory training requirement compliance data from TMS sufficient to meet the reporting provisions of 38 U.S.C. § 1720D when requested.

e. **Office of Academic Affiliations.** OAA is responsible for submitting compliance data for health professions trainees sufficient to meet the reporting provisions of 38 U.S.C. § 1720D to MHS when requested.

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

(1) Ensuring the training of all mental health providers working in Vet Centers. For Vet Center clinicians providing MST-related counseling to eligible individuals, RCS requires the training specified in paragraph 6.a. of this directive, in addition to the other staff requirements as specified in the RCS Staff Training and Experience Profiles (STEP) required for provision of MST-related counseling in Vet Centers.

(2) Ensuring that the above Vet Center clinicians are assigned to the mental health provider web-based training program through the TMS and complete the mandatory training requirement within 90 days of entering their position.

(3) Ensuring that compliance data for Vet Center clinicians sufficient to meet the reporting provisions of 38 U.S.C. § 1720D are provided to MHS when requested.

g. **Veterans Integrated Service Network Director.** Each VISN Director is responsible for:

(1) Submitting compliance data for each facility within the VISN sufficient to meet the reporting provisions of 38 U.S.C. § 1720D to MHS when requested.

(2) Ensuring that each facility within the VISN is at or above the national benchmark of 96 percent compliance with MST mandatory training requirements.

h. **VA Medical Facility Director.** Each VA Medical Facility Director is responsible for:

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

(2) Ensuring that facility mental health providers and primary care providers, appointed or utilized, are assigned to the appropriate web-based training program through the TMS and complete the mandatory training requirement within 90 days of entering their position.

(3) Submitting facility compliance data sufficient to meet the reporting provisions of 38 U.S.C. § 1720D to the appropriate VISN Director when requested.

(4) Meeting the national benchmark by ensuring that 96 percent or more of facility mental health providers and primary care providers are in compliance with MST mandatory training requirements.

i. **Facility Military Sexual Trauma Coordinator.** Each facility MST Coordinator (see 7.d.) is responsible for:

(1) Assisting the Facility Director or designees with the development of procedures and processes that identify mental health providers and primary care providers who are

sufficiently involved in the counseling, care, and services provided to individuals who experienced MST as to fall under the purview of this directive.

(2) Communicating with the appropriate mental health and primary care service/care line leadership to publicize the importance of compliance with the MST mandatory training requirements.

j. **Facility Health Care Providers.** Mental health providers and primary care providers (as defined in paragraph 3) working in VA medical facilities are responsible for remaining in compliance with the MST mandatory training requirements described in paragraph 6.

6. COMPLIANCE WITH MST MANDATORY TRAINING REQUIREMENTS

To be in compliance with MST mandatory training requirements, a provider must have completed the assigned training program (or passed the test-out, if applicable) in TMS, or have time remaining until the assignment due date. Non-VA staff who must complete the requirements (e.g., contractors) can self-enroll in TMS through Managed Self Enrollment. The following defines the training program requirements:

a. **Full-time Providers.** Full-time mental health providers and primary care providers must complete a web-based training program in TMS (see www.tms.va.gov). Specific details can be found on MHS' SharePoint site for MST at vawww.mst.va.gov. This site provides information on current course titles and descriptions, time requirements, available test-out options, and other training program information that may be subject to periodic revision. Completion of these training programs is a one-time requirement. ***NOTE: These are internal VA websites and are not available to the public.***

b. **Transient Clinical Staff.** Under policy set by the VHA National Leadership Council Mandatory Training Subcommittee (see 7.g.), transient clinical staff (i.e., trainees and other providers utilized on a part-time or intermittent basis) working in VHA facilities complete alternate, consolidated training programs in lieu of national mandatory training requirements applicable to VHA personnel. Health professions trainees complete the course "VHA Mandatory Training for Trainees" (MTT), and a yearly MTT refresher, whereas other transient clinical staff members complete the course "Mandatory Training for Transient Clinical Staff (Non-Trainees)". These courses contain content on MST reviewed by MHS. VHA recognizes these courses as satisfactorily fulfilling the training requirements of 38 U.S.C. § 1720D(d). Transient clinical staff in VHA are therefore generally exempt from the training requirements for full-time providers; however, Facility Directors have the discretion to assign transient clinical staff members to the requirements for full-time providers on a case-by-case basis, as appropriate the clinical position they occupy.

7. REFERENCES

a. Public Law 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010, 124 Stat 1142 (May 5, 2010).

b. Public Law 113-146, the Veterans Access, Choice, and Accountability Act of 2014, 128 Stat 1790 (August 7, 2014).

c. 38 U.S.C. § 1720D, Counseling and treatment for sexual trauma.

d. VHA Directive 1115, Military Sexual Trauma (MST) Programming (or previous issue VHA Directive 2010-033).

e. VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Points of Service.

f. VHA Handbook 1101.10, Patient Aligned Care Team.

g. Mandatory Training Subcommittee Charter, VHA National Leadership Council—Workforce Committee, Learning Organization Transformation (LOT) Subcommittee.