

**Department of Veterans Affairs and
Department of Defense
Joint Executive Committee
Sexual Trauma Working Group**



**Joint Report on Coordination of Support for Survivors of Sexual
Trauma in Fulfillment of National Defense Authorization Act
Fiscal Year 2021 Section 538(c)(2)**

The estimated cost of this report or study is approximately \$3,023 in Fiscal Year 2022. This includes \$3,023 in VA and DoD labor and \$0 in production and printing costs.

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National Defense Authorization Act for Fiscal Year 2021 Requirements

Section 538 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2021 P.L. 116-283 (January 1, 2021) (the “Act”) includes, among other mandates, a requirement that the Secretaries of Veterans Affairs and Defense jointly develop, implement and maintain a standard of coordinated care for members of the Armed Forces who are survivors of sexual trauma. Upon implementation of the standard, section 538(c)(2) of the Act requires the Secretaries of Veterans Affairs and Defense to jointly submit to the appropriate committees of Congress a report on the standard. This is the initial report on the standard.

P.L. 116-283 § 538(b) requires that the standard developed and implemented under subsection (a) by the Secretaries of Veterans Affairs and Defense shall include the following:

- (1) Information for members of the Armed Forces --The Secretary of Defense shall ensure that –
 - (A) Sexual Assault Response Coordinators and Uniformed Victim Advocates receive annual training on resources of the Department of Veterans Affairs regarding sexual trauma;
 - (B) information regarding services furnished by the Secretary of Veterans Affairs to survivors of sexual trauma is provided to each such survivor; and
 - (C) information described in subparagraph (B) is posted in the following areas in each facility of the Department of Defense:
 - (i) An office of the Family Advocacy Program.
 - (ii) An office of a mental health care provider.
 - (iii) Each area in which sexual assault prevention staff normally post notices or information.
 - (iv) High-traffic areas (including dining facilities).
- (2) Coordination between staff of the Departments --The Secretaries shall ensure that a Sexual Assault Response Coordinator or Uniformed Victim Advocate of the Department of Defense (DoD) who receives a report of an instance of sexual trauma connects the survivor to the Military Sexual Trauma Coordinator of the Department of Veterans Affairs at the facility of that Department nearest to the residence of that survivor if that survivor is a member separating or retiring from the Armed Forces.

Background

I. Departmental and Joint Definitions

The Department of Veterans Affairs (VA) and DoD utilize different language to describe experiences of sexual trauma during military service. For health care purposes, VA uses the term “military sexual trauma” (MST) to refer to the experiences described in 38 U.S.C. § 1720D(a)(1). This statute requires the Secretary of VA to operate a program under which VA provides counseling, appropriate care and services to former members of the Armed Forces who the Secretary determines require such counseling, care and services to treat a condition, which in the judgment of a health care professional employed by the Department, resulted from a physical assault of a sexual nature, battery of a sexual nature or sexual harassment which occurred while the former member of the Armed Forces was serving on duty, regardless of duty status or line of duty determination (as that term is used in 10 U.S.C.

§ 12323). Section 1720D(a)(2) authorizes VA, in consultation with DoD, to provide the care described in section 1720D(a)(1) to current members of the Armed Forces (including members of the National Guard and Reserves) without the need for a referral. Per 38 U.S.C. § 1720D(f) and for purposes of 38 U.S.C. § 1720D(a)(1), the term “sexual harassment” means “unsolicited verbal or physical contact of a sexual nature which is threatening in character.” For purposes of claims for VA compensation, MST is defined in 38 U.S.C. § 1166(c)(2).

Although the term “MST” is used in this report when referring specifically to VA activities and services, policies, and personnel, it is important to note that DoD does not use the term “MST,” but rather uses the terms “sexual assault,” “sexual harassment,” and “sexual abuse” separately to align with definitions in military law and policy.

The term “sexual trauma” is used as an overarching term throughout the report to encompass experiences described by VA as “MST” and by DoD as “sexual assault,” “sexual harassment,” or “sexual abuse.”

II. Departmental Responsibilities

VA Responsibilities

Within VA, the responsibility for MST-related health care policy resides with the Veterans Health Administration, and the responsibility for policy regarding compensation for disabilities related to MST resides with the Veterans Benefits Administration.

The VA Sexual Harassment and Assault Prevention/Survivor Care Support Sub-Council is charged with unifying and providing governance for VA efforts related to sexual harassment and sexual assault prevention and survivor care and support efforts.

DoD Responsibilities

There are four offices that provide policy and oversight for the response to sexual assault, sexual harassment and sexual abuse within DoD.

Sexual Assault: The Sexual Assault Prevention and Response Office, under the Office of the Under Secretary of Defense for Personnel and Readiness and the Office of Force Resiliency, maintains program responsibility for adult, non-intimate partner sexual assault policy as defined by DoD Instruction 6495.02 Volume 1, “Sexual Assault Prevention and Response Program Procedures.”

Sexual Abuse: The Family Advocacy Program, under the Office of the Under Secretary of Defense for Personnel and Readiness and the Deputy Assistant Secretary for Military Community and Family Policy, maintains program responsibility for sexual abuse involving a spouse or intimate partner as defined by DoD Instruction 6400.06, “DoD Coordinated Community Response to Domestic Abuse Involving DoD Military and Certain Affiliated Personnel.”

Sexual Harassment: The Office for Diversity, Equity and Inclusion, also within the Office of Force Resiliency, maintains program responsibility for harassment (which includes sexual harassment) policy, as defined by DoD Instruction 1020.03, “Harassment Prevention and Response in the Armed Forces.”

Health Care Response: The Office of the Assistant Secretary of Defense for Health Affairs, under the Office of the Under Secretary of Defense for Personnel and Readiness, maintains policy and oversight for the medical treatment of patients associated with sexual assault, sexual harassment and sexual abuse. This includes, but is not limited to, acute medical treatment, medical forensic examination and evidence collection, follow-up medical care and behavioral health clinical intervention, as outlined in DoD Instruction 6310.09, “Health Care Management of Patients Associated with Sexual Assault.”

VA-DoD Coordination of Care for Service Member Survivors of Sexual Trauma

As described above, P.L. 116-283 § 538 requires that VA and DoD jointly develop, implement, and maintain a standard of coordinated care for members of the Armed Forces who are survivors of sexual trauma and specifies minimum elements to be included in this standard.

The Departments are committed to supporting survivors in their recovery and work together to identify and address the needs of current and former Service members who disclose sexual trauma during their military service, regardless of whether they choose to make a formal report during their service. The Departments coordinate on a range of programs to facilitate communication, information sharing, coordination of care and direct assistance, as needed, for current Service members as well as former Service members transitioning from DoD to VA’s health care system.

Through joint planning and implementation of section 538 of the Act, the Departments are building on existing policies and programs to further increase coordination of care and benefits to sexual trauma survivors and continue to promote close collaboration between staff in both Departments who provide care, support and services to these individuals.

The VA-DoD Joint Executive Committee Sexual Trauma Working Group has a primary role in coordinating these efforts. In 2019, the Joint Executive Committee established this working group as the formalized collaborative structure for VA and DoD to coordinate policy; standardize and streamline processes on transition of treatment of Service members who experienced sexual assault and/or sexual harassment during military service; assist Veterans in filing related disability claims; ensure plans are implemented to process sexual trauma claims efficiently and effectively; and facilitate communication and collaboration between the Departments.

This report describes the programs and policies that make up the VA-DoD coordinated standard of care for members of the Armed Forces who experienced sexual trauma during military service; this standard of care includes existing programs that were in place prior to P.L. 116-283 § 538, as well as new efforts and initiatives that have been implemented to fully address requirements in the law.

Part 1: Facilitating Access to VA and DoD Sexual Trauma-related Services Among Current and Former Members of the Armed Forces

This section is a review of the programs and initiatives used to inform current and former Service members about the sexual trauma-related care and benefits available to them and connect them to these services. These efforts are an important way of reaching all Service members, including those who choose not to make a formal report of sexual assault or harassment while still in the military.

I. VA and DoD Points of Contact for Sexual Trauma-related Services

VA and DoD have designated staff members who serve as primary points of contact for their respective services related to MST and sexual trauma. This section describes the role and efforts of these staff members to assist survivors in accessing services within and between Departments.

Veterans Health Administration MST Coordinators

Within the Veterans Health Administration, each VA health care site is covered by one or more designated MST Coordinators who serve as administrative point persons for local MST-related health care services. The MST Coordinator position is typically held by a mental health clinician with expertise in trauma-related care. A key component of the MST Coordinator role is serving as a point of contact for current and former Service members for information about local MST-related health care services and for help in accessing MST-related care. MST Coordinators also coordinate the local implementation of Veterans Health Administration policies on MST; coordinate training on MST for local providers and staff; and conduct informational outreach on MST-related services. MST Coordinators also work to ensure that local MST-related services are well-publicized; that providers and staff are informed and able to refer potentially eligible individuals; and that target outreach populations have or can readily access MST-related care. A list of the Veterans Health Administration MST Coordinators can be found at www.mentalhealth.va.gov/msthome/vha-mst-coordinators.asp.

Veterans Benefits Administration MST Outreach Coordinators

The Veterans Benefits Administration has at least one female and one male specially trained MST Outreach Coordinator assigned at each of the 56 Regional Offices to disseminate information about VA benefits and services; conduct Veteran-centric outreach focused on sexual trauma; and connect Veterans, Service members and their families to available resources within VA and the local community.

Veterans Benefits Administration MST Outreach Coordinators assist Veteran claimants with navigating the process on filing a disability compensation claim related to their experience of sexual trauma while serving in the Armed Services. A list of the MST Outreach Coordinators can be found on the Veterans Benefits Administration MST Directory website at www.benefits.va.gov/benefits/mstcoordinators.asp. Additionally, Veterans Benefits Administration MST Outreach Coordinators maintain open communications with Veterans

Health Administration MST Coordinator nearest to the residence of the survivor. Veterans Benefits Administration MST Outreach Coordinators collaborate with Veterans Health Administration MST Coordinators to coordinate access for MST survivors to receive wrap-around services for benefits and health care-related needs.

VA Vet Center Staff

VA's Readjustment Counseling Service administers a nationwide network of Vet Centers, which are community-based sites offering a range of counseling, outreach, and referral services. Vet Centers offer MST-related counseling services, which include individual and group counseling, marital and family counseling, referral for benefits assistance, substance use information and referral, and liaising with community agencies. These services are available to current and former members of the Armed Forces, including members of the National Guard and Reserve component. Vet Center providers include psychologists, social workers, mental health counselors, and marriage and family therapists. They do not include psychiatrists or other medical providers, including those who are authorized to prescribe medications.

Although an integral component of the Veterans Health Administration, Vet Centers are independent from VA's network of medical facilities and maintain a separate line of organization, budget, and confidential system of records. Per 38 C.F.R. § 17.2000(e), Vet Center information is confidential and maintained independently of VA or DoD medical records; it cannot be disclosed to DoD without either the current or former Service member's authorization or through a specific legal exception permitting a disclosure. When appropriate, Vet Center personnel make referrals for care that exceed the scope of the program.

VA's Readjustment Counseling Service tracks the amount and type of counseling being provided to current and former Service members at Vet Centers. In FY 2021, Vet Centers provided a total of 88,236 MST-related counseling visits to 4,192 unique individuals. The following is a breakdown of these services:

- MST-related counseling services were provided to 160 Reserve component (including National Guard) and 224 Active Duty Service members for a total of 384 current Service members;
- MST-related counseling services were provided to 3,808 former Service members;
- MST-related counseling services were provided to 3,297 females, 870 males and 25 individuals who identified as non-binary, transgender or provided no response to gender identity.

DoD Sexual Assault Prevention and Response Coordinators and Victim Advocates

Across all military branches, unit- or base-level, Sexual Assault Response Coordinators are the single point of contact for coordinating assistance to facilitate recovery and empower survivors of non-intimate partner sexual assault. Sexual Assault Response Coordinators ensure the military has a 24/7 response capability for all locations, including deployed areas,

and are responsible for managing the Sexual Assault Prevention and Response programs, supervising Sexual Assault Prevention and Response Victim Advocates and informing survivors of their reporting options and available resources. Sexual Assault Response Coordinators and Sexual Assault Prevention and Response Victim Advocates connect survivors with the appropriate resources and advocate on their behalf within the system, when necessary. Sexual Assault Response Coordinators and Sexual Assault Prevention and Response Victim Advocates will support the survivor through the life cycle of the case, from initial report through final disposition or until the Service member no longer wishes to receive their services. As such, Sexual Assault Response Coordinators and Sexual Assault Prevention and Response Victim Advocates are positioned to connect survivors to medical and mental health resources and to facilitate contact with VA personnel, such as Veterans Health Administration MST Coordinators, who can advise Service members transitioning out of the military about their available VA health care options and Vet Centers for non-medical counseling as appropriate.

DoD Family Advocacy Program

The DoD Family Advocacy Program is Congressionally mandated to prevent and respond to reports of child abuse/neglect, domestic abuse, including intimate partner sexual abuse, and problematic sexual behavior in children and youth in military families. Comprised of over 1,200 professionals inclusive of licensed clinicians, Domestic Abuse Victim Advocates, prevention and education specialists and New Parent Support Program home visitors, the Family Advocacy Program is located at every installation with command-sponsored families, within and outside the continental United States. The Family Advocacy Program mission is focused on prevention, intervention, trauma-informed survivor-centered care, and family well-being. Services include clinical intervention, assessment, case management, and support to individuals who are eligible for care in military medical treatment facilities and risk assessment, safety planning, and warm handoff for those not eligible.

Survivors of domestic abuse, including intimate partner sexual abuse, are offered clinical treatment services and advocacy services through Domestic Abuse Victim Advocates. Survivors can choose to accept or decline any counseling or advocacy services offered. Eligible intimate partner survivors are offered the option to make a confidential or restricted, report, or an unrestricted report utilizing DoD Form 2967, "Domestic Abuse Victim Reporting Option Statement." Survivors electing restricted reporting are eligible to receive advocacy and treatment services without involving command and law enforcement; some exceptions apply. Survivors electing an unrestricted report are offered these same services and all unrestricted reports of abuse are forwarded to command and law enforcement for investigation. In FY 2020, a link to VA's MST-specific website was added to DoD Form 2967, "Domestic Abuse Victim Reporting Option Statement," to increase awareness of VA MST-related services among Service member survivors of domestic abuse.

In addition to the VA information included in the Domestic Abuse Victim Reporting Option Statement, P.L. 116-283 § 538(b)(1)(C) requires that DoD ensure information about services furnished by VA to survivors of sexual trauma are posted in Family Advocacy Program offices, among other areas. The DoD Family Advocacy Program is currently working with the VA-DoD Joint Executive Committee Sexual Trauma Working Group to develop and

disseminate the materials necessary to meet these posting requirements. Additional information on how DoD and VA are implementing Section 538(b)(1)(C) posting requirements is included below.

Joint Collaborative Efforts

In addition to the individual Departmental efforts to ensure survivors are aware of sexual trauma resources, VA and DoD work together to facilitate stronger working relationships between staff within each Department. The Veterans Health Administration MST Coordinators and DoD Sexual Assault Response Coordinators in the same geographic region are encouraged to establish a connection; consult as needed to assist individual current and former Service members; share information about available services from each Department; and participate in staff training events across Departments.

P.L. 116-283 § 538(b)(1)(B) requires that DoD ensure information regarding available VA MST-related services is provided to each sexual trauma survivor. In fulfillment of this requirement, DoD Form 2910, "Victim Reporting Preference Statement," now includes information advising Service members about their eligibility for VA MST-related services, as well as a link to the Veterans Health Administration MST homepage which provides more detailed information. The DoD Form 2910, "Victim Reporting Preference Statement," is required for making formal reports of sexual assault (non-intimate partner) and is completed by the survivor with a Sexual Assault Response Coordinator or Sexual Assault Prevention and Response Victim Advocate.

The Veterans Health Administration national MST Support Team and DoD's Sexual Assault Prevention and Response Offices conduct trainings to ensure providers and staff within each Department are aware of each other's services and communicate, as needed, to help connect individual, current, and former Service members to the services matching their needs. For example, on April 7, 2022, VA and DoD and staff presented in a webinar entitled "Key Partners in Our Work: A Special Roundtable Discussion with DoD and Veterans Benefits Administration Staff" that was held as part of the MST Teleconference Training Series organized by the Veterans Health Administration MST Support Team.

As noted, P.L. 116-283 § 538(b)(1)(A) requires that DoD ensures Sexual Assault Response Coordinators and Victim Advocates receive annual training on VA resources for sexual trauma survivors. In support of implementing this requirement, the DoD Sexual Assault Prevention and Response Office developed and hosted a virtual training for DoD Sexual Assault Prevention and Response Personnel about sexual trauma services available from DoD and VA. This training was held January 11-12, 2022 and included presenters from Veterans Health Administration, Veterans Benefits Administration, and DoD. Approximately 760 staff attended the training, and it will be available as a recording on an ongoing basis.

Veterans Benefits Administration also provides training on sexual trauma and the disability compensation claims process to DoD personnel who are responsible for connecting survivors to medical and mental health resources and facilitating contact with VA personnel.

Additionally, DoD Sexual Assault Prevention and Response Offices have included Veterans Health Administration MST Coordinators in their efforts with the Department of Justice Office for Victims of Crime initiative called “Strengthening Military-Civilian Partnerships to Respond to Sexual Assault.” This training connects on and off-base resources through local trainings in support of Service members who have experienced sexual assault.

VA and DoD will continue amplifying training efforts and collaborations to ensure enhanced support to sexual trauma survivors.

II. Additional Touch Points for Reaching Service Members

Sexual trauma is an underreported crime and, as such, not all Service members who experience sexual trauma will report it to one of the available sources and receive assistance in accessing care. To reach this population, it is vital to have additional touch points in place to reach and inform Service members during their military careers and as they transition out of the military. These touch points are an opportunity to advise Service members about the services available to them, including VA MST-related counseling and health care services and disability compensation.

VA and DoD continue to work together to use and improve existing programs to address the needs of sexual trauma survivors by ensuring those programs address sexual trauma-related issues, as well as identify survivors that would benefit from connecting to sexual trauma-specific programs. Many Service members, including National Guard and Reserve component members, who experience sexual trauma do not report it while still in the military.¹ Therefore, a specific program that focuses only on self-identified survivors of sexual trauma during military service would not reach many who may need these services.

As described below, two prominent touch points are the Transition Assistance Program and the Separation Health Assessment. Comprehensive outreach efforts by Post-9/11 Military2VA Case Management teams are another strategy for reaching a wide range of current and former Service members. Additionally, widespread posting of information about VA MST-related services throughout DoD, as required by P.L. 116-283 § 538(b)(1)(C), helps ensure that Service members are aware of VA resources available during service and post-separation.

Transition Assistance Program

The Transition Assistance Program is a key component in VA-DoD outreach to Service members, particularly those who experienced sexual trauma during their military service but did not report it. The Transition Assistance Program provides attendees with information about available VA and DoD resources at a time when they are actively engaged in planning for their civilian life. As part of mandatory out-processing during separation from the military, all eligible Service members participate in the Transition Assistance Program. A major component

¹ Sexual Assault and Sexual Harassment in the U.S. Military, Volume 2. Estimates for Department of Defense Service Members from the 2014 RAND Military Workplace Study (https://www.rand.org/pubs/research_reports/RR870z2-1.html).

of the Transition Assistance Program is a VA orientation, which includes information on VA benefits, such as health care and disability compensation. During the Transition Assistance Program briefing, Service members are also advised of the requirement for a separation history and physical examination, which is administered as part of the Separation Health Assessment, is discussed below.

The VA Benefits and Services course (VA's portion of the mandatory Transition Assistance Program curriculum) provides transitioning Service members with information about VA resources, including those specific to MST. Information is provided about the option to file a disability claim for a condition, or conditions, related to sexual trauma during military service and discusses the type of evidence required for such a claim. Information is also provided about the available MST-related health care services. Service members are made aware that VA offers mental health care at no charge during the first year after separating, regardless of their eligibility. A direct link to the VA mental health website is provided for connecting to mental health services specifically.

Additionally, Service members are informed that Vet Centers provide a broad range of free counseling, outreach, and referral services, including MST-related counseling and referral services, to current and former Service members and their families.

VA and DoD remain committed to supporting women's health, including support for women who experienced sexual trauma. To this end, VA and DoD piloted the Women's Health Transition Training Program. Subsequently, the Women's Health Transition Training Program was launched as a permanent web-based training in February 2021. This self-paced course is accessible anytime from anywhere.

Both the VA Benefits and Services course and the Women's Health Transition Training address the transformed culture of VA; the availability of women's health and mental health care services; eligibility for and enrollment in VA care; post-separation health care ownership; and available transition support services.

The Women's Health Transition Training course and Participant Handbook also provide key information for participants related to MST, including: Veterans Health Administration services for MST such as free counseling and treatment for mental and physical health conditions related to MST; eligibility information for these services and how to access them; where to find more information about these services (e.g., <https://www.mentalhealth.va.gov/mst>); and how to access the DoD Safe Helpline for support and DoD-specific information. In FY 2022, all MST-related content in the Transition Assistance Program curriculum and in the Women's Health Transition Training Program were reviewed and updated to ensure that transitioning Service members receive accurate and up to date information about VA's MST-related services.

Separation Health Assessment

Per 10 U.S.C. § 1145, all separating Service members are required to receive a Separation Health Assessment; this requirement is implemented by DoD Instruction 6040.46, "The Separation History and Physical Examination for the DoD Separation Health Assessment Program."

The Separation Health Assessment captures information about a Service member's current health status in a standard format and in a report shareable across Departments, thus reducing redundant examinations and saving Service member and Department time and resources.

The Separation Health Assessment incorporates a self-reported subjective assessment of health and a standardized assessment completed by an examining clinician. It provides an accounting of current and past medical concerns identified during a Service member's military career and an opportunity to document previously unrecognized or undiagnosed medical conditions occurring during service. The Separation Health Assessment provides DoD with a source of information about illnesses, injuries, and occupational hazards arising from the military workplace, which helps identify and address readiness and safety issues. It provides VA with a timely, efficient source of information for identifying potentially service-connected conditions in transitioning Service members and allows for projections of future health care and disability compensation needs. While conducting a Separation Health Assessment, an examining clinician may find a Service member to be at risk for disengagement from treatment and worsening mental health. In that case, the examining clinician may refer the Service member with current mental health concerns, mental health diagnoses, and/or transition-related issues to the *inTransition* program.

To preserve Service member privacy and reporting options, questions regarding sexual trauma are not included in the Separation Health Assessment. However, for all exams conducted by VA or by Veterans Benefits Administration contracted clinicians, Service members receive information about VA MST-related health care services and benefits.

Each year, the Separation Health Assessment reaches approximately 200,000 Service members who are separating from an Active Duty component or demobilizing from Active Duty orders and returning to Reserve status.

VA and DoD are working together to create a universal assessment for individuals separating from the military, the One Separation Health Assessment. This is a Joint Executive Committee initiative with interagency and interdisciplinary coordination conducted by the VA-DoD Separation Health Assessment Working Group. The One Separation Health Assessment will be utilized by VA and DoD to promote standardization across the Departments and is anticipated to be available for utilization at the end of FY 2022. To continue to preserve Service member privacy and reporting options, questions regarding sexual trauma in the One Separation Health Assessment will not ask questions about sexual trauma, consistent with the previous assessments. However, to ensure each Service member is informed about their reporting options, VA MST-related health care resources and the benefits claims process, all separating Service members will receive a handout describing available sexual trauma-related services as part of the One Separation Health Assessment, regardless of which Department (VA or DoD) conducts the exam. The Joint Executive Committee Sexual Trauma Working Group is coordinating the development of this handout and is also collaborating with the Separation Health Assessment Working Group to explore the potential of additional opportunities to share critical resources related to sexual trauma.

Outreach by Post-9/11 Military2VA Case Management Program Teams

The role of the Post-9/11 Military2VA Case Management teams (located at every VA health care facility) in facilitating continuity of care for Post-9/11 Service members and Veterans is further described in the following section. Their outreach efforts, however, are a key touch point for reaching Service members and warrant review here.

Specifically, in addition to clinical case management, Post-9/11 Military2VA Case Management team members actively support outreach events in the community (in multiple venues) targeting Service members, Veterans and family members, to increase their access to VA health care and benefits. Post-9/11 Military2VA Case Management teams also participate in events for returning Service members and Veterans such as the DoD Yellow Ribbon Reintegration Program, Post Deployment Health Reassessment events, and Individual Ready Reserve annual screening musters. Each Post-9/11 Military2VA Case Management team coordinates events with community leaders such as the annual VA Welcome Home events and job fairs. Such events are often held at sports and recreational venues to maximize interest and contact. Post-9/11 Military2VA Case Management teams give presentations to community partners; Veterans Service Organizations; colleges and universities; employment agencies; and other entities to collaborate in providing services and connecting with returning Service members, Veterans, and their families. In some locations, Veterans Health Administration MST Coordinators work with Post-9/11 Military2VA Case Management teams to increase outreach on VA's MST-related services specifically. MST Coordinators supply materials, such as brochures and fact sheets, for distribution at outreach events and may attend these events in person. Post -9/11 Military2VA Case Management team members also provide relevant VA contact information to event attendees, as needed.

In addition, the Veterans Health Administration Post-9/11 Military2VA Case Management Program has engaged the Veterans Benefits Administration Solid Start Program to work together on improving recently separated Veterans' access to VA health care. Post-9/11 Military 2VA Case Management and Veterans Benefits Administration's Solid Start tested a bi-directional hand-off process utilizing a Post-9/11 Military2VA Case Management interactive team locator tool. During the test period, 90 referrals were made from a single Veterans Benefits Administration Solid Start point of contact directly to the Post-9/11 Military2VA Case Management team at the Veteran's home VA health care facility to facilitate their access to VA health care and screening for risk factors. The successful test led to multiple process improvements to improve the efficiency of Veterans Benefits Administration to Veterans Health Administration referrals and a plan for expansion to approximately 100 Solid Start call center representatives in FY 2021. This expansion was successfully implemented and the full VA Solid Start team of 102 representatives came to fruition in FY 2021. Since the expansion, the VA Solid Start team has completed more than 600 referrals to Veterans Health Administration to support recently separated Service members.

Posting Information about VA Resources throughout DoD Facilities

P.L. 116-283 § 538(b)(1)(C) requires that information about services furnished by VA to survivors of sexual trauma are posted in the following areas in each facility of DoD:

- (i) An office of the Family Advocacy Program.
- (ii) An office of a mental health care provider.
- (iii) Each area in which sexual assault prevention staff normally post notices or information.
- (iv) High-traffic areas (including dining facilities).

The Joint Executive Committee Sexual Trauma Working Group is coordinating the development of materials with VA resource information for dissemination across DoD. By providing standardized materials, DoD will ensure that Service members will receive the same messaging and resourcing, no matter their location. DoD intends to provide an update to this requirement in the subsequent progress report.

Part 2: Facilitating Continuity of Care from DoD to VA

Providing a seamless transition of care for Service members who wish to access VA health care post-discharge or release is a priority for both Departments. The following section describes several transition-related programs benefiting survivors of sexual trauma that occurred during their military service, either by targeting health concerns commonly associated with these experiences or by including these efforts to address those consequences in their operations.

I. Coordination Between DoD Sexual Assault Response Staff and VA MST Coordinators

P.L. 116-283 § 538(b)(2) requires that “a Sexual Assault Response Coordinator or Uniformed Victim Advocate of the DoD who receives a report of an instance of sexual trauma connects the survivor to the Military Sexual Trauma Coordinator of the VA at the facility of that Department nearest to the residence of that survivor if that survivor is a member separating or retiring from the Armed Forces.” In support of implementing this requirement, DoD Form 2910, “Victim Reporting Preference Statement,” now includes information that every VA health care facility has a Veterans Health Administration MST Coordinator who can assist in accessing MST-related medical and mental health care, every Veterans Benefits Administration Regional Office has an MST Outreach Coordinator who can help with disability claims related to MST and instructions on how to connect with those coordinators. Links to find the names and contact information for the nearest Veterans Health Administration and Veterans Benefits Administration MST Coordinator are included on the form. Additionally, the Sexual Assault Response Coordinator or Uniformed Victim Advocate will fill in the information of the nearest Veterans Health Administration MST Coordinator and review this information with the survivor while completing the form. This requirement will be included in future advocacy trainings instructing staff on the processes for reporting intake and encounter skills.

II. Post-9/11 Military2VA Case Management Program

VA provides comprehensive transition assistance and case management for wounded, ill, and injured Service members and Post-9/11-era Veterans. Each VA medical center has a Post-9/11 Military2VA Case Management team comprised of specially trained staff with expertise in the unique needs of transitioning Service members and new Veterans. Eligible Veterans are screened for case management needs, including those related to suicide risk, homelessness, unemployment, substance abuse, and MST. Service members and Veterans who screen positive for any of these factors are assigned a case manager who supports the development of a tailored care plan and coordinates the full spectrum of care, benefits and services needed for optimal health and wellness. As described in the previous section, Post-9/11 Military2VA Case Management team members also conduct outreach to Service members, Veterans, and family members, to increase their access to VA health care and benefits.

During FY 2021, transition and care management teams case managed over 38,000 Veterans and assisted 5,511 identified as severely ill/injured. In FY 2021, Post-9/11 Military2VA teams screened 211,903 (93 percent of) Veterans for the need for case management services, over 30,000 more than in FY 2020. Early screening fosters a proactive approach to care planning, and coordination, and the identification of social determinants of health and associated risk factors. For those who require complex care coordination, a lead coordinator is assigned, who serves as the primary point of contact for Service members, Veterans, and their families or caregivers for the coordination of care, benefits, and services. VA and DoD developed a process for ensuring an interagency comprehensive plan is utilized for those with complex care needs, which includes MST-related counseling, care, and services, when applicable. When Service members or Veterans disclose an MST experience, they are connected to the Veterans Health Administration MST Coordinator or other appropriate individual, who will assist them with accessing MST-specific services, as needed.

III. VA Liaisons for Healthcare Program

VA Liaisons for Healthcare (VA Liaisons) provide direct access and coordinate individualized VA health care for Service members transitioning from DoD installations and military treatment facilities prior to their discharge from the military. VA Liaisons for Healthcare bridge the gap during the vulnerable time of transition by assessing needs, to include those at high-risk for suicide, homelessness and MST, expediting the Service member's initial registration for VA health care and ensuring connection to Post-9/11 Military2VA Case Management teams for ongoing care and services.

The Veterans Health Administration has 43 VA Liaisons, advanced practice social workers, and registered nurses, stationed at 21 DoD installations and military treatment facilities to provide on-site consultation and collaboration regarding VA resources and treatment options, as well as five Virtual VA Liaisons to provide transition assistance at military treatment facilities that do not currently have VA Liaisons located onsite.

VA Liaisons meet with Service members to discuss the VA system of care and the individual's health care needs. VA Liaisons provide access to care for transitioning Service

members to help ensure VA meets their unique needs. If MST-related treatment needs are identified, VA Liaisons communicate this information to the receiving VA medical facility to ensure continuity of care, to include the scheduling of VA health care appointments, as necessary. This coordination means the patient is already engaged with the Post-9/11 Military2VA Case Management team upon his or her arrival at the receiving VA health care facility. If the VA Liaison identifies a need for the Service member to apply for MST-related VA disability compensation, he or she is connected to the appropriate Veterans Benefits Administration resource.

In FY 2021, VA Liaisons coordinated 11,689 transitions; provided 16,269 professional consultations; 1,365 briefings; and ensured 100 percent of those transitioning Service members who wanted a VA health care appointment had a VA appointment scheduled.

IV. DoD *inTransition* Program

DoD has policy in place to ensure the continuity of mental health care when Service members transition between duty stations or separate from military service. A cornerstone component of this policy is the *inTransition* program. This program pairs a licensed, experienced Masters-level mental health clinician, who provides specialized coaching and assistance via telephone or email, with individuals who are:

- 1) Active Duty Service members who had mental health contact in the 12 months prior to their separation from service;
- 2) Active Duty Service members actively engaged in mental health care at the time of their transfer to another duty station;
- 3) National Guard or Reserve component members who are transferring from or to active status or making any other transition;
- 4) Active Duty Service members, National Guard, or Reserve component members transitioning off deployment and are seeking care; or
- 5) Any current or former Service member who requests assistance with finding a mental health care provider at any time.

The objectives are to provide support for Service members as they transition their care between mental/behavioral health care providers and health care systems (e.g., within the military; from military to VA; from a civilian provider to a military provider; or between civilian providers). The goal is to minimize time spent away from care and to assist the Service member with staying engaged in their mental health care during a time when they are at an elevated risk of dropping out. Coaches maintain regular, typically weekly, telephonic contact with Service members while they are enrolled in the coaching process.

Coaches support Service members by providing guidance on treatment options and resources in the Service member's geographic area, collaboratively identifying goals that the Service members will address to aid in their pursuit of a new care provider, providing transition-related resources, and facilitating contact with their new receiving providers. This coordination increases the likelihood of Service members continuing mental health treatment after their transition. As of April 2015, DoD began automatically enrolling Service members leaving military service who had mental health contact within 12 months of their separation

in the *inTransition* program. In FY 2021, 14,438 Service members had *inTransition* coaching cases opened, representing a 23 percent increase from FY 2020. In FY 2020, 11,081 Service members had cases opened - a 14 percent increase from FY 2019, when 9,476 Service members had cases opened.

Although the *inTransition* program does not ask whether its participants have experienced sexual trauma, transitioning Service members currently in DoD care for sexual trauma-related mental health conditions are candidates for the program and can benefit greatly from its services. Furthermore, as of August 2019, all Service members who contact or who are contacted by *inTransition* are made aware of free and confidential counseling available without a DoD referral at Vet Centers, specifically for sexual trauma that occurred in a military setting. In FY 2021, 850 Service members requested and were provided with a referral to a Vet Center for care related to sexual trauma, representing a 22 percent increase from FY 2020. In FY 2020, 665 Service members requested and received a referral to a Vet Center for care related to sexual assault or harassment, a 398 percent increase from FY 2019, when 167 Service members requested and received a referral to a Vet Center for care.

The *inTransition* Program was created to mitigate the potential risk of Service members disengaging from their mental health care during a transition period and potentially experiencing a deterioration in mental health as a result. This may be especially true for Service members who experience sexual trauma, and who often face added shame and/or perceptions of social stigmatization in connection with their experience and may be hesitant to seek care or engage with a new provider. The *inTransition* Program coaches are trained to competently support Service members who have experienced sexual trauma. Coaches proficiently discuss health issues associated with trauma, including Post-Traumatic Stress Disorder symptoms, depression, anxiety, substance use and finding appropriate mental health resources. All communications between Service members and *inTransition* coaches are kept confidential and are not part of the Service member's medical record.

The *inTransition* Program also partners closely with the Post-9/11 Military2VA Case Management Program and the military treatment facility-based VA Liaisons for Healthcare Program to proactively connect transitioning Service members and recently separated Veterans with VA mental health care. The VA Liaisons for Healthcare Program also offers virtual liaison assistance for military treatment facilities that do not have a VA Liaison for Healthcare on-site.

In FY 2020, an enhanced coordination process between the *inTransition* Program coaches, VA Liaisons for Healthcare, and Military2VA case management teams was implemented resulting in timelier and better coordinated access to VA health care.

Part 3: Summary

VA and DoD are committed to ensuring that survivors of sexual trauma have access to the treatment and other services needed to assist them in their recovery. This initial report provides information on VA and DoD current joint efforts to develop, implement, and maintain a standard of coordinated care for members of the Armed Forces who are survivors of sexual trauma. Subsequent reports will provide information on further the progress of the Departments in implementing and improving the standard.