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VETERANS HEALTH CARE

VHA Has Taken Steps towards Improving Vet Centers

Statement of Sharon M. Silas, Director, Health Care

GAO-24-107170

GAO Highlights

Highlights of GAO-24-107170, a testimony before the Committee on Veterans' Affairs, U.S. Senate

January 31, 2024

VETERANS HEALTH CARE

VHA Has Taken Steps towards Improving Vet Centers

Why GAO Did This Study

Some veterans and servicemembers experience challenges, such as mental illness, when readjusting to civilian life or continued military service. This can be due to trauma experienced during military service. VHA's Vet Centers provide services to eligible veterans, servicemembers, and their families.

This statement describes the findings from GAO's May 2022 report, GAO-22-105039, which examined VHA's efforts to assess Vet Center clients' needs, tailor outreach activities and assess their effectiveness, and identify and address barriers to care. This statement also describes the status of VHA's efforts to implement GAO's recommendations. For this statement, GAO reviewed VHA's reports of steps RCS has taken to address GAO's recommendations.

What GAO Recommends

GAO made five recommendations in the May 2022 report to VHA to improve Vet Center processes. VHA concurred with GAO's recommendations and has implemented one of the recommendations. As of January 2024, VHA had taken steps to implement the remaining four, which remain open.

View GAO-24-107170. For more information, contact Sharon M. Silas at (202) 512-7114 or silass@gao.gov.

What GAO Found

The Veterans Health Administration's (VHA) Readjustment Counseling Service (RCS) provides counseling to individuals, groups, couples, and families through 303 Vet Centers nationwide. In fiscal year 2023, RCS data show that Vet Centers provided about 1.3 million counseling visits to more than 104,000 clients.

Example of a Department of Veterans Affairs Vet Center Exterior

Source: Department of Veterans Affairs. | GAO-24-107170

In its May 2022 report, GAO found that VHA lacked processes that would help it better assess Vet Center activities. Specifically,

- **VHA did not collectively assess whether Vet Centers were meeting clients' needs.** GAO found that RCS and Vet Centers used assessments and feedback surveys to assess each individual client's needs. However, RCS had not assessed the extent to which Vet Centers were meeting the needs of client subpopulations, like those with traumatic brain injury, that may experience different readjustment challenges.
- **VHA lacked data to tailor outreach and assess its effectiveness.** GAO found that Vet Centers used data from outreach activities, such as the number of contacts made, to try to assess their effectiveness. However, there were limitations to using these data because not all outreach activities resulted in contacts, according to officials from RCS and Vet Centers.
- **VHA did not identify whether its actions were minimizing barriers to Vet Center care.** GAO found that RCS and Vet Center officials identified barriers to Vet Center care, such as lack of awareness of Vet Center services. Officials also identified steps they have taken to address barriers. However, RCS officials did not know the extent to which barriers to Vet Center care remained because RCS did not have an assessment process.

Based on these findings, GAO made five recommendations in its May 2022 report. As of January 2024, VHA had implemented one of GAO's recommendations by assessing the extent to which Vet Centers were meeting the needs of their clients collectively. VHA has taken some steps towards implementing the other four recommendations. Continued attention to these recommendations will help ensure veterans and servicemembers are receiving the help they need readjusting to civilian life or to continued military service.

Chairman Tester, Ranking Member Moran, and Members of the Committee:

Thank you for the opportunity today to discuss the Department of Veterans Affairs' (VA) efforts to meet the mental health needs of veterans and military personnel through Vet Centers.

Vet Centers play a pivotal role in helping veterans and servicemembers readjust to civilian life or to continued military service. Although many of them readjust without major difficulties, others experience challenges, such as mental illness and substance abuse, which can increase their risk of suicide. Vet Centers are community based, and are separate from VA's medical centers and its community-based outpatient clinics.[1] They provide social and psychological services—including individual, group, marriage, and family counseling to veterans and active duty servicemembers who have served in any combat theater or area of hostility, as well as their family members.[2] The Veterans Health Administration's (VHA) Readjustment Counseling Service (RCS) operates the Vet Centers.

In May 2022, we issued a report that examined VHA's efforts to assess Vet Center clients' needs, tailor outreach activities and assess their effectiveness, and identify and address barriers to care, as provided in by the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019.[3] My testimony today describes that report's findings and VHA's actions to implement the five recommendations we made in the report.

For our May 2022 report, we reviewed RCS's policies and requirements related to Vet Centers. We also interviewed officials from RCS, its five regional districts, and five Vet Centers, selected for variation in the

[1]Congress established Vet Centers as part of VA in 1979, recognizing that a significant number of Vietnam era veterans were experiencing readjustment problems. Pub. L. No. 96-22, tit. I, § 103(a), 93 Stat. 47, 48 (1979), codified, as amended, at 38 U.S.C. § 1712A.

[2]In October 2020, eligibility for Vet Centers was expanded to include, among other groups, members of reserve components who served on active service in response to a national emergency or major disaster declared by the President. See 38 U.S.C. § 1712A(a)(1)(C) for currently eligible veterans and servicemembers and their families.

[3]See GAO, *VA Vet Centers: Opportunities Exist to Help Better Ensure Veterans' and Servicemembers' Readjustment Counseling Needs Are Met*, GAO-22-105039 (Washington, D.C.: May 17, 2022).

Pub. L. No. 116-171, Tit. V, § 503, 134 Stat. 778, 818-819 (2020).

presence of satellite counseling locations, and in geographic location—including Vet Centers from both urban and rural locations, and one Vet Center from each of the five regional districts.[4] Our May 2022 report includes a full description of our scope and methodology.[5] In addition, we reviewed information on VHA's efforts to implement the recommendations from our May 2022 report. The work on which this statement is based was conducted 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.

Background

Vet Center Services and Locations

Vet Centers' services and structure are separate from health care provided at VA medical facilities to ensure privacy and confidentiality. Vet Centers have separate staff and maintain separate medical records. However, VA medical facilities are required to align with nearby Vet Centers to provide clinical and administrative support.[6] For example, VA medical facilities provide clinical consultations for Vet Center counselors to discuss appropriate treatment for complex cases.

In fiscal year 2023, there were 303 Vet Centers located in all 50 states, as well as the District of Columbia, Puerto Rico, American Samoa, and Guam. Vet Centers expand their geographic reach in local communities in several ways:

- RCS maintains a fleet of 84 Mobile Vet Centers, vehicles that individual Vet Center staff operate to provide outreach and counseling in the community.[7] (See fig. 1.)

[4]Districts are responsible for overseeing the implementation of VA and VHA policies for RCS and for supervising clinical and administrative staff at each of the Vet Centers within their region, among other things.

[5]See GAO-22-105039.

[6]See Department of Veterans Affairs, *Veterans Health Administration Readjustment Counseling Service*, VHA Directive 1500(3) (Washington, D.C.: June 5, 2023).

[7]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" to respond to natural disasters and emergencies, RCS deployed Mobile Vet Centers to several cities in response to the COVID-19 pandemic.

- Vet Center staff also provide services at satellite locations, including both outstations (typically in leased spaces) and community access points (located in donated spaces, such as college campuses).[8]

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

Source: Department of Veterans Affairs and GAO. | GAO-24-107170

In fiscal year 2023, RCS data show that Vet Centers provided about 1.3 million counseling visits to more than 104,000 clients. Based on our analyses of RCS's data, 2.1 percent of these clients had not received services from any Vet Center in the previous 2 years.

Vet Centers also conduct outreach to contact and engage local eligible individuals and bring them into Vet Centers for services. Outreach efforts may include contacting eligible individuals and family members, contacting local service providers and civic leaders, and building referral networks with community providers. Vet Centers conducted 30,758 outreach activities in fiscal year 2022, and 30,020 activities in fiscal year 2023, according to RCS data.

RCS and Vet Center Organizational Structure

VHA's RCS oversees Vet Centers, and 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. RCS's Vet Centers are organized into five regional districts, led by district directors. Each of the

[8]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.

five district directors oversees the implementation of VA and VHA policies for RCS in their respective districts.[9]

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 staff members, consisting of at least one counselor, a program support assistant, and an outreach specialist.[10] Vet Center counselors are multi-disciplinary and have various professional licensures. The counselors can include psychologists, social workers, licensed professional counselors, or marriage and family therapists.

VHA Has Taken Steps to Implement Recommendations for Strengthening Vet Center Processes

In our May 2022 report, we found that VHA lacked processes that would help it better assess Vet Center activities. Specifically, VHA (1) did not assess the extent to which Vet Centers are providing services that meet the needs of their clients collectively; (2) lacked data that would help them better tailor their outreach activities and guidance to assess that outreach's effectiveness; and (3) had not identified the extent to which their actions minimized barriers to Vet Center care.

VHA did not collectively assess whether Vet Centers were meeting clients' needs. We found that RCS and Vet Centers used psychosocial assessments to identify areas of focus, such as post-traumatic stress disorder, and feedback surveys to assess individual client needs and whether those needs are being met. However, RCS did not assess the extent to which Vet Centers were meeting the needs of clients collectively, including client subpopulations that may experience different readjustment challenges. For example, RCS had not analyzed information from psychosocial assessments or feedback surveys to assess what proportion of Vet Center clients were making progress. Similarly, we found that RCS had not assessed the extent to which there are differences in the progress being made among different client subpopulations, such as those that experienced a traumatic brain injury or military sexual trauma during military service, or veterans of more recent conflicts (e.g., Afghanistan and Iraq post-9/11).

[9]See Veterans Health Administration *VHA Directive 1500(3)*, amended June 5, 2023.

[10]See Department of Veterans Affairs, *Memorandum: Readjustment Counseling Service (RCS) Asset Change Process.* (Jan. 8, 2018.)

VHA lacked data to tailor outreach and assess its effectiveness. We also found that Vet Centers used data from outreach activities, such as the number of contacts made, to try to assess their effectiveness. However, there were limitations in using these data for that purpose, according to officials from RCS and Vet Centers. These officials told us the number of outreach contacts may not be an appropriate way to assess the effectiveness of outreach activities that do not generate a lot of contacts, such as those tailored to specific communities (e.g., Native Americans) with which it can take time to develop trust. Vet Center officials told us it would be helpful if RCS provided them with guidance that includes metrics and targets for assessing the effectiveness of their outreach activities.

We also found that Vet Centers may have obtained some data on the veterans in their service area, such as the total number of veterans at the county-level from the U.S. Census Bureau. However, district and Vet Center officials told us that these data are not sufficient to allow them to tailor their outreach. Data available to Vet Centers did not include information on veterans that are eligible for Vet Center services, such as how many recently transitioned back to civilian life.

VHA did not identify whether their actions were minimizing barriers to Vet Center care. As described in our May 2022 report, RCS and Vet Center officials identified barriers to accessing Vet Center care, such as a lack of awareness of Vet Center services. Officials also identified steps they have taken to address barriers, such as offering care during evening hours and via telehealth to increase access. However, we found that RCS did not know the extent to which barriers to Vet Center care remained because RCS does not have an assessment process. For example, RCS did not know how many veterans experience challenges getting to Vet Centers during their hours of operation.

We also found that some Vet Center counselors have experienced barriers in receiving clinical consultations to discuss care for complex cases, according to RCS and Vet Center officials. According to VHA policy, Vet Center counselors are to work with an external consultant for at least 4 hours each month to discuss care or coordinate support needed for their complex cases. The external consultant is required to be a qualified mental health professional assigned by the VHA medical facility aligned with the

Vet Center. RCS and Vet Center officials told us that, in some cases, Vet Center counselors experienced delays in receiving, or did not receive at all, the required hours of consultations each month. RCS and Vet Center officials told us this occurred, for example, because the medical facility's staff were unavailable to provide the consultation hours.

In our May 2022 report, we made five recommendations to VHA. VHA concurred with each of these recommendations. As of January 2024, VHA had implemented one of our recommendations and taken steps to implement the remaining four. See table 1 for these five recommendations and their implementation status.

Table 1: GAO Recommendations to Improve Vet Center Activities and Status of Veterans Health Administration Actions to Address Them, as of January 2024

GAO recommendation	Implementation status
The RCS Chief Officer should develop and implement a process to periodically assess the extent to which Vet Centers are meeting the needs of their clients collectively, including subpopulations of clients that may experience different challenges readjusting to civilian life or to continued military service. Such client subpopulations could include those who experienced trauma during military service and those who served in different conflicts.	**Implemented.** In May 2023, RCS officials provided documentation of their plan to use RCS's Vet Center client feedback survey to periodically analyze how well Vet Centers are meeting the needs of individuals served, both collectively across the organization and for subpopulations of clients. RCS also analyzed the results of its client feedback survey, including results for clients collectively and for subpopulations of clients, such as for those who served in different military branches. These actions will help improve RCS's understanding of how effective Vet Centers are in meeting the needs of their clients.
The RCS Chief Officer should ensure that Vet Centers have data on eligible individuals in their service area that they can use to tailor their outreach activities. These data could include information on veterans who have recently transitioned back from military service and veterans' demographic characteristics (e.g., age, gender, race, and ethnicity).	**Not implemented.** As of January 2024, RCS officials said that RCS had taken steps to address this recommendation. Specifically, RCS officials stated that they are working with VA's Office of Information Technology to develop a software solution to access the Veterans Affairs/Department of Defense Identity Repository, which contains the demographic information on veterans who recently transitioned from active service by zip code. RCS officials also noted their ongoing participation in outside partnerships that facilitate outreach services, such as the Department of Defense, Intervention, Prevention, and Outreach forum that RCS joined in fiscal year 2020. RCS officials reported a planned implementation date of March 2024 for the software solution.
The RCS Chief Officer should provide Vet Centers with guidance for assessing the effectiveness of their outreach activities. This guidance should include metrics for the outreach activities and targets against which to assess those metrics to determine effectiveness.	**Not Implemented.** As of January 2024, RCS officials said that RCS had taken steps to address this recommendation. Specifically, RCS officials said that the RCS Governance Board's Stakeholder Relations Council identified the need to pilot new outreach measurement processes in response to our recommendation. A 6-month pilot at a selection of sites is estimated to be completed by September 2024. The council then plans to evaluate the results of the pilot and any changes needed to policy or measurement methodology.

GAO recommendation	Implementation status
The RCS Chief Officer should develop and implement a process to periodically assess the extent of identified barriers eligible veterans and servicemembers may experience to obtaining services, including a lack of awareness about Vet Centers and challenges accessing Vet Center services.	**Not Implemented.** As of January 2024, RCS officials said that RCS had taken steps to address this recommendation Specifically, RCS officials reported that they will use results from RCS's Vet Center client feedback survey to understand barriers eligible individuals experience when accessing Vet Center services. To gauge awareness of Vet Center services and barriers to access for eligible individuals who are not already engaged with Vet Centers, RCS reported working with a contractor to develop a national survey to periodically assess eligible individuals' awareness of Vet Center services and any barriers. RCS launched the survey in September 2023 and plans to obtain results by February 2024.
The RCS Chief Officer should develop and implement a process to periodically assess the extent of identified barriers Vet Center staff may encounter to providing services, including challenges obtaining clinical consultations for complex cases.	**Not Implemented.** In January 2024, RCS officials reported that they launched a survey of Vet Center staff in December 2023. The James M. Inhofe National Defense Authorization Act for 2023 also included a requirement for RCS to collect systematic feedback from Vet Center staff; officials plan to use this survey to satisfy these requirements and our recommendation. RCS officials reported that they intend to develop a plan for periodic re-assessment based on the survey results and complete this work by the end of January 2024.

Source: GAO-22-105039 and GAO analysis of Department of Veterans Affairs (VA) Readjustment Counseling Service (RCS) information. | GAO-24-107170

We will continue to follow up with RCS officials on their progress in implementing these recommendations. When RCS completes these activities, we will evaluate the extent to which it has addressed our recommendations. In addition, we have ongoing work examining the physical infrastructure of VA's Vet Centers and future investments, which we plan to issue in the summer of 2024.[11] We also have planned work that we will begin in 2024 in response to a provision in the James M. Inhofe National Defense Authorization Act for Fiscal Year 2023 to assess the feedback VA obtains from its evaluation of Vet Center counselor productivity expectations.

In closing, VHA's RCS has implemented one recommendation and taken steps to address the four remaining open recommendations from our May 2022 report. Implementing these recommendations will help ensure veterans and servicemembers are receiving the assistance they need from Vet Centers to help meet the serious challenges many face readjusting to civilian life or to continued military service.

[11]James M. Inhofe National Defense Authorization Act for Fiscal Year 2023, Pub. L. No. 117-263, § 5126(e), 136 Stat. 2395, 3216 (2022).

Chairman Tester, Ranking Member Moran, and Members of the Committee, this concludes my statement. I would be pleased to respond to any questions that you may have at this time.

GAO Contact and Staff Acknowledgments

If you or your staff members have any questions concerning this testimony, please contact Sharon M. Silas at (202) 512-7114 or silass@gao.gov. Contact points for our Office of Congressional Relations and Public Affairs may be found on the last page of this statement. GAO staff who made contributions to this testimony include Malissa G. Winograd (Assistant Director), Margot Bolon (Analyst-In-Charge), Jacquelyn Hamilton, Drew Long, Ethiene Salgado-Rodriguez, and Kelly Turner.

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