

Why GAO Did This Study

Some veterans and servicemembers experience challenges, such as mental illness, when readjusting to civilian life or to 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.

The Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 included a provision for GAO to review VHA's RCS. This report examines (1) how VHA assesses whether Vet Centers are meeting clients' needs, (2) how Vet Centers assess the effectiveness of their outreach, and (3) barriers to Vet Center care VHA has identified and steps it has taken to address them. GAO reviewed VHA policies and interviewed officials from RCS and counselors and outreach staff from five Vet Centers. GAO selected Vet Centers for variation in geographic location and other factors. GAO also interviewed representatives from two veterans service organizations.

What GAO Recommends

GAO is making five recommendations, including that VHA (1) develop a process to assess the extent that Vet Centers are meeting the needs of clients collectively; (2) provide Vet Centers guidance to assess the effectiveness of their outreach; and (3) develop a process to assess the extent of barriers to obtaining Vet Center care. The Department of Veterans Affairs concurred with GAO's recommendations and identified actions VHA is taking to implement them.

View [GAO-22-105039](#). For more information, contact Sharon Silas at (202) 512-7114 or silass@gao.gov.

VA VET CENTERS

Opportunities Exist to Help Better Ensure Veterans' and Servicemembers' Readjustment Counseling Needs Are Met

What GAO Found

The Veterans Health Administration's (VHA) Readjustment Counseling Service (RCS) provides counseling (individual, group, couples, and family) through 300 Vet Centers to help eligible veterans, servicemembers, and their families readjust to civilian life or to continued military service.

RCS and Vet Centers use psychosocial assessments and feedback surveys to assess individual client needs and whether those needs are being met throughout the course of counseling. However, RCS does not assess the extent to which Vet Centers are meeting the needs of clients collectively, including client subpopulations that may experience different readjustment challenges. For example, RCS has not analyzed information from psychosocial assessments or feedback surveys to assess what proportion of Vet Center clients is making progress in having their needs met. Periodically assessing the extent to which Vet Centers are meeting the needs of clients collectively would help RCS identify whether any actions are needed to help ensure clients achieve successful readjustment.

Vet Centers also conduct outreach activities to inform eligible individuals and their family members about available services. Vet Centers use information they collect from outreach activities, such as the number of contacts made, to try to assess their effectiveness. However, there are limitations to using this information, according to officials from RCS and the Vet Centers in GAO's review. For example, these officials told GAO the number of outreach contacts may not be an appropriate way to assess the effectiveness of 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 GAO it would be helpful if RCS provided them with guidance that includes metrics and targets for assessing the effectiveness of their outreach activities. RCS officials told GAO they were in the early stages of developing such metrics. After their development, guidance for using these metrics and targets would help Vet Centers ensure their outreach is effective in increasing awareness among those who are eligible for services.

Officials from RCS and the five Vet Centers in GAO's review identified barriers to Vet Center care. Officials also identified steps they have taken to address barriers, including outreach to local veterans service organizations to increase awareness of services and providing care during non-traditional hours (e.g., evenings) and via telehealth to increase access. However, GAO found that RCS does not know the extent to which barriers to Vet Center care remain, because RCS does not have processes for assessing their extent. For example, RCS does not know approximately how many veterans experience challenges getting to Vet Centers during their hours of operation. RCS officials told GAO they have begun to develop efforts to assess the extent to which barriers remain but are in the early stages. Periodically assessing this would improve RCS's understanding of the magnitude of barriers. Such assessments would also improve RCS's understanding of whether additional steps are needed to mitigate or reduce any remaining barriers.