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Health, Committee on Veterans' Affairs,
House of Representatives

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VA VET CENTERS

Continued Attention to GAO Recommendations Could Help Meet Veteran and Servicemember Needs

Statement of Sharon M. Silas, Director, Health Care

GAO Highlights

Highlights of [GAO-22-105675](#), a testimony before the Subcommittee on Health, Committee on Veterans' Affairs, House of Representatives

Why GAO Did This Study

Vet Centers provide a range of services, including individual, group, marriage, and family counseling; as well as counseling for post-traumatic stress disorder and military sexual trauma. Vet Centers supplement, and are separate from, mental health services provided through Department of Veterans Affairs medical centers.

This statement describes the status of VHA's efforts to implement the four recommendations from GAO's September 2020 report, GAO-20-652, which VHA concurred with. It also includes preliminary observations from ongoing work examining Vet Centers.

For this statement, GAO reviewed VHA's reports of steps RCS has taken to address GAO's recommendations. GAO also reviewed RCS's policies and requirements related to Vet Centers, and interviewed RCS officials and staff from five Vet Centers, selected for variation in factors such as geographic location, among others.

View [GAO-22-105675](#). For more information, contact Sharon M. Silas at (202) 512-7114 or silass@gao.gov.

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What GAO Found

The Veterans Health Administration's (VHA) Readjustment Counseling Service (RCS) provides counseling to eligible veterans, servicemembers, and their families through 300 Vet Centers located in community settings. RCS has taken some steps to address GAO's four September 2020 recommendations to improve Vet Center operational processes:

- **Evaluate counselor productivity expectations.** RCS has begun to collect information that can be useful in a future evaluation of Vet Center counselor productivity, but as of January 2022, had not conducted the evaluation GAO recommended in 2020. GAO recommended the evaluation in light of counselor reports of changing work practices in ways that could negatively affect client care and continued confusion about the expectations.
- **Periodically review counselor productivity expectations.** RCS officials stated in January 2022 that they had developed a plan and time frames for periodically reassessing counselor productivity expectations, as GAO recommended in 2020. GAO is reviewing this information. Developing a plan and time frames for periodic re-evaluation can provide RCS with important opportunities to apply lessons learned and remediate any potentially negative effects.
- **Incorporate key practices in its staffing model.** As of January 2022, RCS had not stated whether its plans for a revised staffing model for Vet Centers will incorporate key practices in staffing model design—such as involving key stakeholders—as GAO recommended in September 2020. A staffing model that fully incorporates these key practices GAO identified would help ensure Vet Center staffing is responsive to changing veterans' needs.
- **Periodically reassess the staffing model.** In January 2022, RCS officials reported that they planned to draft guidance to establish periodic reviews of its new staffing model once implemented, as GAO recommended in 2020. Regularly updating staffing models in a timely manner can help support agencies' activities and decision making.

GAO's preliminary observations, based on its ongoing work on Vet Centers, suggest that Vet Centers have some processes in place that have the potential to help ensure Vet Centers provide appropriate and effective services. GAO's ongoing work also suggests that RCS and Vet Centers may have the opportunity to continue to take additional actions that will help ensure Vet Centers are effectively serving veterans, servicemembers, and their families.

Chairwoman Brownley, Ranking Member Bergman, and Members of the Subcommittee:

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.

Demand for mental health services from VA's Veterans Health Administration (VHA) continues to grow. According to VA, from fiscal years 2006 to 2020, there was an 85 percent increase in the number of veterans receiving mental health care—more than three times the rate of increase for all VA health care services. During this period, we and others reported on mental health staffing shortages within VA as well as challenges in veterans' ability to access timely mental health services.¹

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

Congress established Vet Centers as part of VA in 1979, recognizing that a significant number of Vietnam era veterans were experiencing readjustment problems.² Eligibility was originally limited to veterans who served on active duty during the Vietnam era but has subsequently been expanded several times. Currently, veterans and active duty servicemembers who have served in any combat theater or area of hostility are eligible for Vet Center services, as are their family members.³ According to VA, many Vet Center counselors and staff are veterans

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

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

³In 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 their families.

themselves, which may help them in supporting veterans in their transition to civilian life.

VHA's Readjustment Counseling Service (RCS) operates the Vet Centers. According to VA, in fiscal year 2021, RCS's 300 Vet Centers provided services to 107,367 veterans, servicemembers, and family members (which RCS refers to as clients) and conducted 32,415 outreach activities—to contact, inform, and engage local eligible individuals and bring them into Vet Centers for services—at a cost of about \$287 million.

In September 2020, we issued a report that examined Vet Centers, including the productivity measurement for counselors and counselor staffing.⁴ In that report, we made four recommendations to improve VHA processes that affect Vet Center operations, including the need for VHA to evaluate the counselor productivity expectations and to improve its staffing model. VHA concurred with our recommendations and reported that it has begun work on their implementation.

My testimony today focuses on the following two areas:

1. VHA's actions to implement our September 2020 recommendations to improve RCS Vet Center operations; and
2. Preliminary observations from our ongoing work examining VHA's efforts to assess Vet Center clients' needs, plan outreach, and identify and address barriers to care.

This statement is based primarily on our review of steps VHA reported taking to address our September 2020 report recommendations. This statement also includes preliminary observations from our current review examining RCS's and Vet Centers' operations and processes, as mandated by the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019.⁵ That ongoing work is based on our review of RCS's policies and requirements related to Vet Centers, and interviews with officials from RCS, its five regional districts, and five Vet Centers, selected for variation in the presence of satellite counseling locations, and in geographic location—including Vet Centers from both

⁴GAO, *VA Vet Centers: Evaluations Needed of Expectations for Counselor Productivity and Centers' Staffing*, [GAO-20-652](#) (Washington, D.C.: Sept. 23, 2020).

⁵Pub. L. No. 116-171, tit. V, § 503, 134 Stat. 778, 818-819 (2020).

urban and rural locations, and one Vet Center from each of the five regional districts.⁶ The work on which this statement is based is being conducted in accordance with generally accepted government auditing standards.

Background

Vet Center Services and Locations

Vet Centers provide readjustment counseling, which encompasses a range of services, including individual, group, marriage, and family counseling; as well as counseling for post-traumatic stress disorder and military sexual trauma. Eligible clients receive these services at no cost. Vet Centers also provide outreach and referral services to VA-provided or community-based resources. Although separate from Vet Centers, nearby VA medical centers provide administrative and clinical support, such as clinical consultation to Vet Centers on complex cases and shared clients. Counseling at Vet Centers can be offered through various modalities, including in person, by phone, or via telehealth. Group counseling sessions also may take the form of recreational therapy activities such as exercise classes and outdoor sports. During the current Coronavirus Disease 2019 (COVID-19) pandemic, RCS increased access to telehealth services to ensure client needs were met with services in line with COVID-19 safety precautions.

In fiscal year 2021, there were 300 Vet Centers located in all 50 states, as well as the District of Columbia, Puerto Rico, American Samoa, and Guam. Vet Centers expand their geographic reach in local communities in several ways:

⁶Districts 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.

Vet Centers also provide services at satellite locations, including outstations (typically in leased space), community access points (located in donated spaces, such as community centers or college campuses), and through Mobile Vet Centers (vehicles that Vet Centers operate to provide outreach and counseling in the community).

- RCS maintains a fleet of 83 Mobile Vet Centers, vehicles that individual Vet Center staff operate to provide outreach and counseling in the community.⁷ (See fig. 1.)
- Vet Center staff also provide services at satellite locations, including both outstations and community access points.⁸

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



Source: VA and GAO. | GAO-22-105675

A core value of Vet Centers is to promote access to care by helping veterans and their families overcome barriers to care, according to VA. Accordingly, Vet Centers often have availability during non-traditional hours—after normal business hours, as well as on Saturdays. In addition, Vet Centers are separate from VA medical centers and other VA facilities to better ensure privacy and confidentiality.⁹ In fiscal year 2019—the most recent fiscal year prior to the COVID-19 pandemic—Vet Centers provided about 1.67 million counseling visits, and, in fiscal years 2020 and 2021, they provided about 1.56 and 1.49 million counseling visits, respectively.

⁷One 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.

⁸Vet Center services are also augmented by the Vet Center Call Center, which is a 24-hour, confidential national call center staffed by combat veterans.

⁹Vet Centers' services and structure are separate from care provided at VA medical centers, and include separate medical records and eligibility requirements.

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 five district directors oversees the implementation of VA and VHA policies for RCS in their respective districts.¹⁰

Each Vet Center is managed by a Vet Center director, who is responsible for the day-to-day oversight of the Vet Center's staff. According to RCS, Vet Centers have an average of six to seven total staff members, consisting of at least one counselor, a program support assistant, and an outreach specialist.¹¹ Vet Center counselors are multi-disciplinary and have various professional licensures. The counselors include psychologists, social workers, licensed professional counselors, or marriage and family therapists.

VHA's Actions to Address Our Recommendations to Improve Vet Center Operations

Our review of VHA's reported actions finds that RCS has taken some steps to address the four recommendations from our September 2020 report. We recommended that the Under Secretary for Health ensure that the RCS Chief Officer

1. evaluate Vet Center productivity expectations for counselors, including (1) obtaining systematic feedback from counselors on any potentially negative effects on client care, and (2) determining whether directors and counselors need additional training or guidance on how the expectations are calculated;
2. develop a plan and time frames for periodically reassessing its productivity expectations for counselors, and for implementing any needed changes as appropriate;
3. develop and implement a Vet Center staffing model that incorporates key practices in the design of staffing models; and
4. establish a plan and time frames for assessing and updating its staffing model regularly, and for implementing any needed changes as warranted.

¹⁰Department of Veterans Affairs, *Veterans Health Administration Readjustment Counseling Service*, VHA Directive 1500(2) (Washington, D.C.: Dec. 30, 2021).

¹¹See Department of Veterans Affairs Memorandum, *Readjustment Counseling Service (RCS) Asset Change Process*, Jan. 8, 2018.

VHA concurred with each of these recommendations, and as of January 2022, they all remain open and additional actions are needed to consider these recommendations implemented.

Evaluate counselor productivity expectations. As of January 2022, VHA RCS officials have not conducted an evaluation of its counselor productivity expectations, as we recommended in 2020.¹² In August 2021, RCS officials stated that they analyzed information from customer feedback and employee survey results to inform the development of a counselor feedback survey. In January 2022, officials stated that they plan to administer this survey in February 2022. Such information collection could be useful in an evaluation, given our 2020 findings that (1) counselors at several selected Vet Centers told us that they changed work practices in ways that could negatively affect client care in order to meet RCS's productivity expectations; and (2) counselors reported confusion regarding how the productivity expectations were calculated. We reiterate the importance of conducting an evaluation to improve RCS's understanding of any negative effects of the current expectations.

Periodically review the expectations. RCS officials stated in January 2022 that they had developed a plan and time frames for periodically reassessing the productivity expectations, as we recommended in September 2020. Officials stated that they assigned a group within RCS's recently established Governance Board to recommend performance improvement and quality assurance activities.¹³ This group's responsibilities include periodic updates to productivity expectations. We received additional information from RCS about the plan and time frames on January 26, 2022, and are reviewing it to determine if it is sufficient to close this recommendation as implemented. Developing a plan and time frames for periodic reassessments of the productivity expectations can provide RCS with important opportunities to apply lessons learned from evaluations and remediate any potentially negative effects.

Incorporate key practices in its staffing model. In January 2022, RCS officials stated that they were working with a VHA workforce office to

¹²RCS revised productivity expectations for counselors in 2017, basing them on a formula that incorporates two components: a minimum percentage of working hours spent with clients (time management expectation) and a minimum number of client visits per pay period (visits expectation).

¹³RCS's Governance Board was chartered in May 2020. It is chaired by the Chief Operating Officer, and includes RCS's Chief Financial Officer, the five district directors, as well as other district- and Vet Center-level representatives.

finalize an updated staffing model and planned to address our recommendation by July 2022. RCS has not stated whether its plans for a revised staffing model for Vet Centers will incorporate key practices in staffing model design, as we recommended in September 2020. Specifically, RCS's previous plans for a staffing model did not fully address four key practices identified in our previous work to: (1) involve key stakeholders; (2) incorporate work activities, their frequency, and the time required to conduct them; (3) ensure the quality of data used in the model to provide assurance that staffing estimates are reliable; and (4) incorporate risk factors.¹⁴

Periodically reassess the staffing model. In January 2022, RCS officials reported that they planned to draft guidance to establish recurring reviews of the Vet Center staffing model once it is implemented, as we recommended in September 2020, with a planned completion date of July 2022. We maintain that completing staffing models to incorporate key practices, and regularly updating them in a timely manner, can help support agencies' activities and decision making.¹⁵

Preliminary Observations from GAO's Ongoing Work Related to Vet Centers

Preliminary observations from our ongoing work suggest that VHA's RCS and Vet Centers have some processes in place that have the potential to help ensure Vet Centers provide appropriate and effective services. For example, to assess client needs, VHA policy states that Vet Center counselors are to identify each client's psychological, social, and other needs by administering a psychosocial assessment at intake, and then at each visit are to assess progress towards meeting that client's needs. In addition, to identify groups for outreach, RCS, district, and Vet Center officials told us they engage with community stakeholders, such as veterans service organizations, and use data available to them on the veterans in their service area, such as from the U.S. Census.

Further, our preliminary observations indicate that RCS and Vet Centers have identified and taken steps to address barriers to care. For example, RCS, district, and Vet Center officials told us some veterans have had

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

¹⁵See, for example, GAO, *Coast Guard: Timely Actions Needed to Address Risks in Using Rotational Crews*, [GAO-15-195](#) (Washington, D.C.: Mar. 6, 2015).

difficulty accessing Vet Center services because they lack transportation or live many miles away from a Vet Center or one of its service locations. To help address this barrier, officials told us Vet Centers have increased their provision of phone and telehealth services—which is something officials told us has also enabled clients to access services during the COVID-19 pandemic. In addition, officials told us some Vet Center counselors experience challenges obtaining consultations from VA medical centers for complex cases.¹⁶ Officials told us they have taken steps to address this barrier, such as having qualified staff from the district provide these consultations, in some situations, in place of medical center staff.

Our ongoing work suggests that RCS and Vet Centers may have the opportunity to continue to take additional actions in these areas that will help ensure Vet Centers are effective in assisting veterans, servicemembers, and their families in meeting their mental health care needs.

In closing, VHA's RCS has taken steps to address the four open recommendations from our September 2020 report. Continued attention to these recommendations will help ensure that Vet Center counselors are both efficient and productive and that Vet Centers are appropriately staffed. Further, RCS may have the opportunity, as evidenced by our ongoing work, to continue to take actions that will help ensure Vet Centers are effective in serving veterans, servicemembers, and their families.

Chairwoman Brownley, Ranking Member Bergman, and Members of the Subcommittee, this concludes my statement. I would be pleased to respond to any questions that you may have at this time.

¹⁶Per VHA policy, every Vet Center is aligned with a VA medical center for supportive clinical assistance. Counselors at each Vet Center are required to receive at least 4 hours of clinical consultations each month from an external consultant to discuss appropriate treatment for complex cases, such as clients at high risk for self-harm or harm to others. See Department of Veterans Affairs Directive 1500(2).

GAO Contact and Staff Acknowledgments

If you or your staff 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 key contributions to this testimony include Janina Austin (Assistant Director), Malissa G. Winograd (Analyst-In-Charge), Jennie F. Apter, Luke Baron, Kye Briesath, Hannah Grow, Jacquelyn Hamilton, Matt Nattinger, and Vikki Porter.

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