MISSION TRANSITION: EVALUATING MENTAL HEALTH SUPPORT PROGRAMS FOR SEPARATING SERVICEMEMBERS

HEARING

BEFORE THE

SUBCOMMITTEE ON ECONOMIC OPPORTUNITY

OF THE

COMMITTEE ON VETERANS' AFFAIRS

U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED EIGHTEENTH CONGRESS

SECOND SESSION

TUESDAY, SEPTEMBER 10, 2024

Serial No. 118–78

Printed for the use of the Committee on Veterans' Affairs

Available via http://govinfo.gov

U.S. GOVERNMENT PUBLISHING OFFICE

57–072 WASHINGTON : 2026

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C O N T E N T S

TUESDAY, SEPTEMBER 10, 2024

MISSION TRANSITION: EVALUATING MENTAL HEALTH SUPPORT PROGRAMS FOR SEPARATING SERVICEMEMBERS

TUESDAY, SEPTEMBER 10, 2024

SUBCOMMITTEE ON ECONOMIC OPPORTUNITY,
COMMITTEE ON VETERANS' AFFAIRS,
U.S. HOUSE OF REPRESENTATIVES,
Washington, DC.

The subcommittee met, pursuant to notice, at 3:06 p.m., in room 360, Cannon House Office Building, Hon. Derrick Van Orden (chairman of the subcommittee) presiding.

Present: Representatives Van Orden, Levin, McGarvey, and Ramirez.

OPENING STATEMENT OF DERRICK VAN ORDEN, CHAIRMAN

Mr. VAN ORDEN. Please be seated. The subcommittee will come to order. Before we get into this, I just want to say we did our second field hearing.

The first field hearing for the entire committee was done in Ranking Member Levin's district. He represents Camp Pendleton. I thought that was fantastic and I want to thank you personally and professionally for coming to Wisconsin.

We did another field hearing on Transition Assistance Program (TAP), and I think it was very, very successful. You really showed yourself to be a dedicated legislator and a consummate professional, sir. Thank you.

I guess that was a—was that a point of personal privilege? I do not know. There is some language for that, but I really mean that. It was awesome. You did great.

Ms. Ramirez, I apologize for being tardy.

I want to thank everybody for being here today to discuss how we can ensure that our transitioning servicemembers are receiving the mental health support they may need before, during, and after transition.

As always, I appreciate the nonpartisan nature of this subcommittee. We got a little squirrely this morning, honest to goodness, and we do not need that here in politics.

Myself I am guilty of it, also, Ms. Ramirez, so if I said something to offend you earlier, I apologize publicly and privately if you would like also,

You are also a professional, ma'am, so we are just not going to do that here. We are just not.

It is no secret to anyone as a former Seal, fixing the TAP program for our transitioning servicemembers this is something I am very passionate about. I have had over 21 of my friends, actually 21, sorry, commit suicide, Navy Seals that you never heard about. You know, one is too many. 21 is very troubling.

We have made improvements in the transition assistance program, one of my top priorities during the Congress and have advanced numerous bills in that direction.

I know change does not happen overnight but for some of our veterans if change is not implemented soon it will be too late. The scourge of suicide takes an average of 17 veterans lives a day, and I believe that number is not accurate.

I believe it is much higher because of the way the Veterans Administration actually records suicide. I believe it is much more than that.

Data shows that in recent years many of our veterans who died by suicide had transitioned from the military no less than 2 years prior to the death. The year before transitioning servicemembers are discharged and 2 years after the most dangerous time for a new veteran, especially those who are younger and are trying to navigate the civilian world.

The issue is just that in a millisecond you lose your uniform, your rank, your authority, anywhere from half to your entire paycheck.

The joke with my wife and several other military spouses is twice the husband, half the paycheck. That is real. How many spouses do we have here?

In 2020, the suicide rate for veterans who had transitioned from the military just 1 year prior was twice as high as the national average and that statistic keeps me up at night and it should keep everybody up at night, especially people who sit on this panel.

These veterans are not just numbers. They are my friends. They are the people that have ensured that we have the ability to conduct this hearing in peace.

We just simply have to make sure that we do better and we can. There has got to be some actual accountability in these programs for the failures that have been identified and these agencies cannot simply check a box and call these programs a success. One life lost, again, is too many.

The Government Accountability Office has identified numerous ways that we are failing to connect our servicemember with mental health services. The warm handover process is not happening as it should.

Who in the Federal Government or personnel on these bases is accountable and what can we do to change it? This is not just a big hand, little map issue. When we identify people and hold them accountable, we got to start doing that.

The inTransition program which is supposed to ensure servicemembers with identified mental health issues are connected with a mental health provider after transition is not connecting with servicemembers about 70 percent of the time.

According to the Government Accountability Office (GAO) , inTransition has a successful contact rate of 2 percent. Who in the Department of Defense (DOD) is accountable for calling these pro-

grams a success and coming back here and getting money every year? It is 2 percent. It is absurd.

I am very frustrated by DoD's failure to respond to the GAO's recommendations immediately, and to my knowledge DoD only did so after I sent a letter to them asking about these recommendations for their plan to improve this program to reach actual servicemembers.

I believe I will be reading the response that I got back because it makes absolutely no sense at all. I do not want to hear platitudes any longer. I do not want to hear any excuses today.

I want to hear concrete ideas for how we are going to reach the goal and that is to get in contact with as many veterans and vulnerable veterans as possible.

With that, I would like to yield to Ranking Member Levin for his opening remarks.

OPENING STATEMENT OF MIKE LEVIN, RANKING MEMBER

Mr. LEVIN. I thank the chairman for your dedication to this topic and thank you for your hospitality as well. Had a great time in La Crosse. I learned that, well, La Crosse is, you know, roughly halfway between Green Bay and Minneapolis. You do not cheer for the Vikings. You cheer for the Packers and excellent cheese curds. Again, really appreciate your whole staff as well. Excellent field hearing and I think it is archived on the Internet somewhere, hopefully?

Mr. VAN ORDEN. It is. It was on ESPN, The Ocho, which as we know it as C-SPAN.

Mr. LEVIN. It was really good. Then hearing from, you know, some of the veterans themselves I think in particular was really impactful.

You know, we have done a number of hearings on transition and we have actually made some great progress thinking back in the 5–1/2 years I have been doing this.

I remember my friend Jodey Arrington and I got the Bill Mulder legislation across the finish line. That is named after a friend of Jodey's from high school that tragically took his own life after service.

We now have the off-base transition training program, the pilot. Better late than never and we are getting that off the ground. You know, certainly look forward to discussing that with you in future hearings, but a lot to cover today.

As servicemembers prepare to end their active duty military service, it is critical that they have effective support to reintegrate into civilian life, especially important for those who may be at risk for a difficult transition.

We know that connecting veterans with services as early as possible will help prevent a crisis, and the best time to do that is before their exit from the military.

Separation is a milestone characterized by a variety of stressors and adjustment challenges. Recent studies have shown that the risk of a veteran dying by suicide is particularly elevated during the first year after the separation from the military.

That is why I introduced the TIER Act, The Transition to Improvement by Estimating Risk Act, which would add new screening criteria to better tailor the transition process to individuals.

We need to also ensure that transitioning servicemembers have access to the healthcare that they need as soon as possible after they separate from the military.

Ranking Member Takano has the Ensuring Veterans' Smooth Transition Act, and that is what that legislation would do. It would automatically enroll veterans into U.S. Department of Veterans Affairs (VA) healthcare unless the veteran opts out upon discharge from active duty.

It appears there are a number of services and different things happening, some which are working, some which need to be working better.

The GAO report in particular concern me on how some of these programs are being implemented and their relative effectiveness. TAP is jointly administered by seven Federal agencies. Think of that, seven Federal agencies. This adds just complexity, layers of complexity.

Ensuring each and every servicemember receives the support or assistance that he or she needs is complicated by the fact that you have so many agencies involved.

GAO found that from April 1st, 2021 to March 31st, 2023, 4,300 servicemembers who were considered at risk of having challenges during transition did not receive a warm handover, 4,300.

The warm handover means person-to-person connection from TAP to agency partners that provide services and resources. That could mean the VA. It could mean the Labor folks, you know, that is tailored to the veteran's needs. That is the key.

I am worried that warm handovers are not happening. That is not acceptable when we are talking to thousands and thousands of people. That means veterans are falling into the cracks. That means they are falling literally into the cracks between the agencies and that just simply cannot be happening.

I am also concerned that TAP is not a priority for the DoD. For the Chairman, we have been concerned about this for 6 years that the DOD does not have that same level of urgency when it comes to TAP.

According to GAO, 11,000 servicemembers transitioning between April 1st, 2021 and March 21st, 2022 that were considered tier 3, meaning they were at risk of having a difficult transition, did not attend at least a portion of the required core TAP classes.

That is 22 percent of the servicemembers in the sample. It tells me DOD is not focusing enough on this.

I know DOD has many other priorities, important priorities. Their job is to fight and win war, but I also believe that taking proper care of servicemembers and their families during the transition out of the military helps enable the DOD to do their core mission.

Every successfully reintegrated veteran shows the next generation the opportunities that are provided through service. Every veteran in crisis gives potential enlistees pause. We cannot accept the status quo.

Now, Ranking Member Takano and I have met with former Secretary Chuck Hagel and the Veterans Justice Commission. I took note of their finding that there is no single primary entity or person accountable for the effectiveness of transition.

I also found their recommendation for the creation of an under secretary of Defense for Transition an interesting idea, though it falls outside of our jurisdiction of this subcommittee. I cannot help but wonder if a change like this would provide the structure necessary to make servicemember transition a priority within DOD.

I know that in the lead up to November we are going to be seeing a lot of finger pointing. It is silly season. I do not see this topic as an attack on any party or any administration because this problem has existed as long as I have been around under different administrations.

We are here to call out the culture within DOD and push to provide frontline commanders, servicemembers, and their families the time and resources to make informed, thought-through decisions about their reintegration into civilian life. This is going to continue to be a priority for us regardless of what happens with any election.

The last thing I will say, and thank you for giving me this time, we need to have a serious discussion on which committee has primary jurisdiction of TAP.

I have been saying this, and I believe you share this opinion, the implications of a good or bad transition on preventing veteran death by suicide are too important to be at the mercy of an annual National Defense Authorization Act (NDAA) cycle.

Fixes need to come quickly and as standalone legislation, and so I am a little biased being on House Veterans Affairs Committee (HVAC), but I think that this is where primary jurisdiction should be.

I thank the Chairman for the time. Look forward to working on this for a long time to come, and I yield back.

Mr. VAN ORDEN. Yes, sir, thank you very much, Ranking Member Levin. For the record, I concur with you that this does not belong anywhere but here.

We bear the brunt of poor decisions made by the DoD, this committee does and the families, too. I feel that we have a moral obligation to fulfill the duty, which is to make sure that we take care of our veterans in a lifecycle.

I would like to now introduce our witnesses. Our first witness is Ms. Melissa Cohen, executive director of Outreach, Transition and Economic Development at the Veterans Benefits Administration. Ms. Cohen is accompanied by Ms. DeDord—did I get that right? Excellent—executive director of Care Management and Social Work at the Veterans Health Administration (VHA).

Our second witness is Ms. Susan Orsega, deputy assistant Secretary of Defense for Health Services Policy and Oversight at the Department of Defense. I want to thank you for coming.

To my knowledge, you are only the second person from the Department of Defense that has been here. We ask you guys all the time and we get blown off all the time, so thank you. It is probably going to get worse from here, ma'am. I will just be honest with you.

Our third witness is Melissa, sorry, Alyssa Hundrup, director of Healthcare at the Government Accountability Office.

Our final witness is Mr. James Rodriguez, my friend, assistant secretary for Veterans' Employment and Training Service at the Department of Labor.

Please stand and raise your right hand. Do you swear that the testimony you are about to provide us the truth, the whole truth, and nothing but the truth? Very well, thank you. Let the record reflect that the witnesses have answered in the affirmative.

[Witnesses sworn.]

Mr. VAN ORDEN. Ms. Cohen, you are now recognized for 5 minutes to deliver your testimony on behalf of the Department of Veterans Affairs.

STATEMENT OF MELISSA COHEN

Ms. COHEN. Thank you. Chairman Van Orden, Ranking Member Levin, and distinguished members of the subcommittee., I appreciate the opportunity to appear before you today to discuss access to mental healthcare programs and services during the transition from military to civilian life.

Accompanying me today is Jill Debord, licensed clinical social worker and executive director, Care Management and Social Work Services.

Within VA our focus is on increasing transparency, improving collaboration, and keeping veterans at the center of everything we do. Support for transitioning servicemembers is an interagency effort.

The VA, Department of Defense, and Department of Labor, for example, work to ensure transitioning servicemembers and veterans are equipped with the knowledge, tools, and skills needed to meet their career readiness standards, as well as have access to the benefits and services they have earned and deserve.

While VA has implemented several successful avenues like Solid Start to connect servicemembers and veterans with needed resources, we have more work collectively to do.

Excuse me. During VA's portion of the transition assistance program we outline many critical topics to include community resources, disability compensation, education, and healthcare benefits.

We cover support for housing insecurity, homelessness, military sexual trauma, as well as discuss the warning signs and risk factors related to suicide.

We also underscore the value of the veteran crisis line prioritizing mental health. During this course VA introduces veteran service organizations to facilitate on the ground community relationships.

We now use signup sheets during TAP course to encourage same-day scheduling, hoping to surpass the 53,000 one-on-one appointments conducted last year.

VA's clinical transition process, which is available to servicemembers prior to leaving the military, is through the VA liaison program.

Social workers and nurses coordinate the transition of healthcare to include mental healthcare when clinically indicated to meet the needs of each servicemember.

Through this process the transitioning servicemember is registered for VA healthcare and connected to the post-911 military to VA case management program at their home VA medical facility. Over 80 percent of the time these servicemembers have initial VA healthcare appointments scheduled prior to discharge from the military.

In Fiscal Year 2023, more than 14,000 servicemembers received a coordinated transition of care from DoD to VA through the VA liaison program.

Since the program's inception in 2003 over 178,000 servicemembers have had their care transitioned through this clinical process.

Assistance continues post-separation with the VA Solid Start program. In this program VA calls all eligible veterans, regardless of their character of discharge, at three key stages, 90 days, 180 days, and 365 days post-separation during their first year after separation from active duty.

Using data provided by DoD, Solid Start provides priority contact to veterans meeting certain risk factors during their last year of active duty. VA has focused efforts to improve the Solid Start's successful connection rate, achieving incremental improvements from approximately 57 percent in 2020 to 77.7 percent in 2023.

Although we are proud of this improvement, we will not be satisfied until we successfully connect with every recently separated veteran, helping them connect with the benefits and services they have earned.

These are just a few examples of how VA is working to ensure transitioning servicemembers and veterans are supported during this process. We appreciate the committee's continued support and collaboration in the shared mission.

Mr. Chairman, this concludes my statement. My colleague and I are ready to answer any questions you and the committee may have.

[THE PREPARED STATEMENT OF MELISSA COHEN APPEARS IN THE APPENDIX]

Mr. VAN ORDEN. Thank you, Ms. Cohen. The written statement of Ms. Cohen will be entered into the hearing record.

Ms. Orsega, you are now recognized for 5 minutes to deliver your testimony on behalf of the Department of Defense.

STATEMENT OF SUSAN ORSEGA

Ms. ORSEGA. Chairman Van Orden, Ranking Member Levin, and distinguished members of the House Veterans Affairs Committee Subcommittee on Economic Opportunity, thank you for the opportunity to testify before you here today.

I am pleased to represent the Office of the Assistant Secretary for Defense for Health Affairs to discuss the Department of Defense's commitment to mental health support programs for separating Servicemembers.

DoD is committed to providing the highest level of mental health services for our members. We ensure that those who serve in the

Nation receive timely and high-quality care, including care to address their mental health needs.

You know, this is particularly important during transition from military to civilian life when Servicemembers are most vulnerable to suicide and some experiencing challenges, such as the loss of sense of purpose, post-traumatic stress disorder, and other mental health symptoms.

In this testimony we will inform the Subcommittee about the Department's current mental health programs and resources during the transition from military to civilian life and including the inTransition program and the Transition Assistance Program, TAP.

The DoD created the inTransition program in 2010 in response to a 2007 report by the Department of Defense Task Force on Mental Health, which revealed that a number of Servicemembers were disengaging from mental healthcare treatment as they transition from the Department of Defense to the veterans' healthcare system.

For the past 14 years, the inTransition has facilitated continuity of care and connection to mental health resources for Servicemembers as they move into civilian life. The inTransition program supports all transitioning Servicemembers and veterans regardless of the duration of service, time since discharge, or category of discharge.

All Servicemembers who are leaving the military service and who have received care for mental health and/or moderate to severe traumatic brain injury within 1 year of separation are also automatically enrolled into this program. Servicemembers can also get connected through services that through either self or provider referrals.

The DoD also implements TAP, which is a result of the interagency partnership between the Department of Defense, the VA, the Departments of Labor, Education, Homeland Security, Small Business Administration, and the Office of Personnel Management.

TAP addresses the many facets of the Service member's transition while providing information, resources, and tools to Servicemembers to help them prepare for their move from military to civilian life.

The mental health of Servicemembers remains a priority of the Department of Defense, and we are continuously identifying opportunities to improve the delivery of mental health support for those who serve our Nation.

A recent GAO report examined elements of the DoD's inTransition program and the DoD-VA Joint Executive Committee's assessment of the effectiveness of their efforts that facilitated access to mental health services for transitioning Servicemembers. The DoD reviewed the GAO report and recommendations and a formal comment from the Department is in progress.

Thank you for your continued support of the health and well-being of our Servicemembers and inviting me to be here with you today to discuss this important issue of continuity of mental health support services for transitioning Servicemembers.

We recognize we have more work to do and much more progress to make in support of our Servicemembers when they transition into civilian life. We remain committed to enabling Servicemembers

to receive the necessary mental health support that they need during this life-changing and important transition.

I look forward to your questions.

[THE PREPARED STATEMENT OF SUSAN ORSEGA APPEARS IN THE APPENDIX]

Mr. VAN ORDEN. The gentlelady yields back. Thank you, Ms. Orsega. The written statement of Ms. Orsega will be entered into the hearing record.

Ms. Hundrup, you are now recognized for 5 minutes to deliver your testimony on behalf of the Government Accountability Office.

STATEMENT OF ALYSSA HUNDRUP

Ms. HUNDRUP. Chairman Van Orden, Ranking Member Levin, and members of the subcommittee, thank you for the opportunity to discuss our work on DoD and VA efforts to provide mental health support for servicemembers and veterans during their transition from military to civilian life.

The transition period can be fraught with challenges as servicemembers adjust to social and civilian life outside of the structured military. Tragically, as has already been mentioned, studies have found that the suicide rate for veterans in their first year of separation is about 2–1/2 times higher than that of the active-duty population.

My testimony today covers findings and recommendations we have made related to three different VA and DoD programs that are in place to support servicemembers and veterans during the transition period.

In July, we reported on DoD's inTransition program, a program intended to facilitate connections to mental health services during times of transition. The program identifies individuals for automatic enrollment if they meet certain criteria, including the use of mental healthcare in the year prior to their separation.

However, we found several concerns with this program. First, inTransition does not identify eligible individuals until 2 to 3 months after their separation. This falls during the last 9 months of the 24-month transition period which may result in a gap in assistance during a particularly vulnerable time.

Second, inTransition is often unable to successfully reach eligible individuals, due in part to outreach that relies on cold telephone calls. We found the program was unable to successfully contact over 70 percent of enrollees.

This means that individuals were dropped from participating before they were potentially even aware that assistance could be provided. We recommended that inTransition identify eligible servicemembers prior to their separation, as well as expand methods of outreach, such as through emails or texts to better reach individuals and ensure their continuity of care.

Last, we found that inTransition lacked performance goals and we recommended that it establish them to help assess the program's effectiveness. This would help decision-makers identify improvements and hold the program accountable.

In March of this year, we reported on DoD's warm handover process within its transition assistance program. Through person-to-person connections, warm handovers are intended to assist

servicemembers who may be at risk, such as with gaps in medical care, unemployment, or homelessness.

However, we identified several issues with DoD's warm handover process. For example, we found that DoD does not know why some servicemembers who are at risk for challenging transitions are not receiving those warm handovers.

Our analysis found that at least 4,300 servicemembers who separated from the military during a 2-year period should have received one but did not. We also found that DoD has not reliably verified who is receiving a warm handover or assessed their helpfulness, such as confirming whether individuals received needed services.

We made a number of recommendations to improve the warm handover process, including that DoD determine why servicemembers may not be receiving them, better verify when they are occurring, and assess the helpfulness of the process.

In January 2023, we also reported on aspects of VA's Solid Start program, a program that supports the well-being of new veterans by helping them to connect with mental health and other services. Of note, Solid Start prioritizes earlier outreach to those who received mental healthcare in the year prior to separation.

In May 2023, VA implemented our recommendation to work with veterans organizations to address outreach gaps and assess strategies for hard-to-reach groups, such as those experiencing homelessness.

Finally, in light of the many programs DoD and VA have in place, we have recommended the two departments work together through the Joint Executive Committee to assess the effectiveness of their programs overall in facilitating access to mental health across the transition period and, importantly, address any identified gaps.

In closing, DoD and VA have taken steps to implement some of our recommendations. However, continued leadership attention and critical improvements are needed to ensure transitioning servicemembers and veterans have the mental health support they need and deserve.

This concludes my prepared statement. I would be happy to answer any questions you may have. Thank you.

[THE PREPARED STATEMENT OF ALYSSA HUNDRUP APPEARS IN THE APPENDIX]

Mr. VAN ORDEN. Thank you, Ms. Hundrup. The written statement of Ms. Hundrup will be entered into the hearing record.

Mr. Rodriguez, you are now recognized for 5 minutes to deliver your testimony on behalf of the Department of Labor.

STATEMENT OF JAMES RODRIGUEZ

Mr. RODRIGUEZ. Thank you, Mr. Chairman. Chairman Van Orden, Ranking Member Levin, and distinguished members of the subcommittee, thank you for inviting me to testify today.

Successful employment is one key to economic success and can strongly impact physical and mental health, life expectancy, and the quality of life.

Veterans with service-connected disabilities, including mental health conditions, often experience relatively low labor participa-

tion rates and high unemployment compared to their non-disabled counterparts.

Research indicates that unemployment can adversely affect mental health and is associated with the higher risk of suicide among veterans. Veterans with mental health conditions, particularly those at risk of or experiencing homelessness, may face increased risk of suicide following job loss.

To address these issues it is critical for transitioning servicemembers and veterans to receive the employment and training support that they need. U.S. Department of Labor-Veterans Employment and Training Service (DOL-VETS) administers the employment component of the transition assistance program.

As detailed in my written testimony, we have made great strides in developing a number of innovative employment curriculums and working with public and private partners to connect participants to the services they need.

For example, participants of the TAP Employment Navigator and Partnership Program (ENPP) have faster transitions from the military service to civilian employment and higher wages. While ENPP aims to get the military to civilian transition right from the start, we recognize that not all journeys are linear.

The off-base transition training program is designed as a safety net for veterans who may have fallen outside the traditional transition path. It offers a flexible no wrong door approach meeting veterans where they are in their post-service life to provide support whenever it is needed.

When TAP participants need mental healthcare or other services we provide person-to-person referrals to DOL's American Job Centers and other partners when needed.

DOL's American Job Centers are one-stop locations that offer a broad range of employment and wrap around supportive services, which includes linkages to physical and mental healthcare, as well as referrals to the veteran readiness and employment program at the Department of Veterans Affairs and other services and programs in their local communities.

It is important to note that veterans receive priority service for all workforce training programs funded in whole or in part by the Department of Labor.

VETS administers the jobs for Veterans State Grant program, which provides funding for dedicated staff who work in the American Job Centers to provide individualized career and training-related services to eligible veterans and to assist employers to fill their workforce needs with job-seeking veterans.

This includes but is not limited to veterans who self-identify as having a physical or mental health disability, as well as veterans experiencing homelessness. VETS has leveraged our available flexibilities to expand program eligibility and ensure the delivery of quality service to our veterans.

Veterans experiencing homelessness face specific challenges, including higher prevalence rates of post-traumatic stress disorder, as well as physical disabilities and challenges transitioning to civilian life.

VETS administers the homeless veterans reintegration program, or HVRP, which is designed to address these barriers and empower

veterans to secure good jobs in stable and high demand occupations paying livable wages.

HVRP programs partner closely with their local American Job Centers helping veterans experiencing homelessness reintegrate into the workforce by providing the employment and wraparound services, including mental healthcare, suicide prevention services, and addiction counseling.

All of the services I have discussed are critical to veterans, especially those struggling with unemployment, which can negatively impact mental health and create difficult experiences.

We have made important investments in veteran benefits and healthcare, and I urge Congress to similarly invest in our veterans employment programs as well as the personnel who help facilitate these programs.

I am committed to working with the subcommittee and our many partners and stakeholders to ensure the best transition for our servicemembers and their families and to connect them to mental health and other services that they need.

Chairman Van Orden, Ranking Member Levin, and distinguished members of the subcommittee, this concludes my statement. Thank you for the opportunity to be part of this hearing and as always, I welcome your questions.

[THE PREPARED STATEMENT OF JAMES RODRIGUEZ APPEARS IN THE APPENDIX]

Mr. VAN ORDEN. Thank you, Mr. Rodriguez. The written statement of Mr. Rodriguez will be entered into the hearing record.

I am now going to proceed to questioning, and I would like to recognize Ranking Member Levin for 5 minutes to question the witnesses.

Mr. LEVIN. Thank you, Mr. Chairman, and I have got a bunch of questions. We will get through as much as we can in 5 minutes. Hopefully we will have a second round if there is time for it.

I want to start with DOD. Want to, you know, as the chairman said, thank you for being here. In all, you know, honesty it is really reassuring and this is what we need.

I can tell you, you know, we appreciate your record of service as well. I saw, I believe you were in the Commissioned Corps for the Public Health Service was your background. I am very grateful for that service.

You know, I hope you agree with the statement, every successfully reintegrated veteran shows the next generation the opportunities provided through service and every veteran in crisis gives potential enlistees pause. Yes, do you agree with that? Good.

We have a huge problem here, okay, according to information that we have seen. You have got tens of thousands of high-risk servicemembers that are not attending their TAP classes the way they are supposed to.

What are you doing? What is—this is not your fault, right? It is not you, but what is the department doing to enforce the current mandated timelines for attendance for TAP and how are you holding the services accountable for doing this?

Ms. ORSEGA. Thank you very much, Chairman (sic), for the question. First of all, I think we recognize there is so much work, more work to be done.

While the office that I work under is not responsible for the TAP, under Health Affairs we are responsible for the policies and the guidance that influence TAP.

I am committed to taking back to those service Military Departments this point about TAP and ways of which we can work better.

Mr. LEVIN. I appreciate your answer and, again, it is not your fault, but the inability to, you know, do something about it yourself I think is a symptom of the department not having a single person or entity responsible.

It is deeply frustrating. I think we have to work on a bipartisan basis here. We have got to do everything we can to try to address this.

We have heard veterans express concern and frustration. They did not feel the level of support that they needed. They felt rushed, I have heard this personally, rushed through the process.

They are given a lot of information in a very short period of time and they are perceived, and I have heard this from multiple transitioning servicemembers in the last number of years, that they are being treated significantly differently as soon as they communicate their decision to leave the military.

How is the department addressing all of this and what changes can you commit to, again in your limited capacity, but what changes can you personally commit to help shift the culture and the priorities related to those who are separating from military service?

Ms. ORSEGA. Yes. Again, thank you for the question. Since I have come been appointed, you know, I have identified mental health as one of my big focuses in my portfolio. My team is committed to mental health of our Servicemembers, both active duty and then transitioning members.

There are really three focuses: one, reducing the stigma. We have got to do better at reducing stigma; two, increasing awareness; and then three, promoting the capacity, the capacity of those that have behavioral health professionals who you can touch, touch and tap into reaching and connecting with those individuals.

Mr. LEVIN. I think all that sounds great. I think there is fundamentally a culture shift that needs to occur as well and look forward to further discussion in the months and years ahead.

With the time I have left for now, I want to turn to Solid Start. Director Hundrup, thank you for the work that you have provided, very enlightening.

Does VA's Solid Start program have a more effective outreach strategy than inTransition for connecting with new veterans in need of mental health services? If so, could you expand on that?

Ms. HUNDRUP. Thank you. Yes. We did find some notable differences between the two programs, particularly that Solid Start has been more successful in reaching veterans.

To put a point on it, in our work we found that Solid Start was able to successfully reach over 70 percent of veterans. In contrast, the inTransition program during the time period we looked at was not able to successfully contact 72——

Mr. LEVIN. I get that but why?

Ms. HUNDRUP [continuing]. percent. Right. I think there are key differences.

Mr. LEVIN. You have 18 seconds.

Ms. HUNDRUP. Okay, key differences in their outreach strategies. Solid Start is using different methods, many different phone calls at different points in the year. inTransition makes just one——

Mr. LEVIN. Hold that thought because I am going to come back to you——

Ms. HUNDRUP. Okay.

Mr. LEVIN [continuing]. assuming he gives me a chance.

Ms. HUNDRUP. Okay.

Mr. LEVIN. Thank you. I yield back.

Mr. VAN ORDEN. The gentleman's time has expired.

The chair now recognizes Ms. Ramirez from the great State of Illinois for 5 minutes.

Ms. RAMIREZ. Thank you, Chairman.

As a member of this subcommittee, I have been really proud to stand beside my colleagues who recognize the importance and the value of investing in mental health support programs. Thank you, Chairman, for this committee hearing.

We really are at a critical moment where mental health is at the forefront of hearings, of discussions, of roundtables across several congressional committees, obviously, including this one.

Why? It is because the communities we serve they cannot wait no longer. We have the ability to treat and provide support for these struggling with mental health and we have to use every single tool in our toolbox so we can ensure that these resources are widely available and that they are known.

I cannot emphasize enough that as a member of this committee we are advocating for all veterans and that includes women veterans. That includes veterans of color and certainly disabled veterans.

Every single veteran deserves quality, accessible mental health support, especially while they are going through the process of transitioning to civilian life.

Supporting our veterans means we have to support them through these transitions. We have to equip them with the resources, including mental health support, to ensure they can live a full and happy life.

My question is for Ms. Cohen. Ms. Cohen, my concern is that the VA has all of these resources available but not everyone is aware of them. Actually, quite a number of our veterans do not have access to this information.

What are you doing to do a better job at ensuring awareness of the resources, the services, and the benefits available to them?

Ms. COHEN. Thank you for that question. There is a number of things outside of the TAP course where we provide a comprehensive outline of all the benefits and services. If you are not able to attend TAP or maybe it has been now a long time, we have now started an off-base transition training where it is a virtual opportunity to hear about our benefits and services again.

We have also implemented a new outreach strategy where we worked with all the 56 regional offices and we have asked that they come forward with a plan that is data-informed that they better understand their communities.

In Fiscal Year 2025, you will see a focus on counties that have never received outreach before. We are also asking for increased stakeholder engagement.

The three top topics will be homelessness, rural communities, and focuses on women for Fiscal Year 2025. Those are a few of the examples of how we are stretching and trying to reach more veterans.

Ms. RAMIREZ. Thank you, Ms. Cohen.

I guess this question is almost a follow up, but this one is for Ms. Cohen and Ms. Orsega. Can you both explain how the DoD and the VA are ensuring that transitioning servicemembers, especially those with unplanned or unexpected transitions and those with disabilities are provided the resources to all the benefits available in the short time they have before exiting the military?

I guess we can start with you, Ms. Orsega.

Ms. ORSEGA. Thank you again for the question. I think one of the things, first of all, is, as we previously mentioned, is we have mechanisms in place where the Department of Defense and the inTransition program particularly that I can speak to under Health Affairs, has connections and really starts to look at connecting with the folks on the VA side in terms of bridging those gaps and leaning in.

I think also I would say is each separating Service member is not a one-stop shop, meaning it is each individual, has different has different needs and different resources. In the time that I have come onboard, you know, I have talked to a variety of different staff across the Department and those inside of Health Affairs and outside in the Military Departments and really to try to look at those resources and, as you pointed out, kind of, bring all those tools together so that we are capitalizing on not just one-stop tool but multiple tools and resources to tackle the behavioral issues.

Ms. RAMIREZ. Ms. Cohen, when you answer, because our time is running out, can you also answer this last question I have here? Are there plans for the DOD and the VA to allocate additional resources to enhance mental health support available during the military to civilian transition? If you can speak to that as well?

Ms. COHEN. Thank you so much. Very quickly, we try to reach every single veteran that transitions to your first question, so some of the successes of Solid Start are we are going to e-mail them and talk about the benefits.

We give them a welcome packet. We talk about it in TAP. We are going to call them 21 times if needed to connect. It is a priority for our organizations to collaborate and continue focus on this topic of mental health.

Mr. VAN ORDEN. The gentlelady's time has expired. Ms. Ramirez, if you would like a second round of question I would be more than happy to do that.

Mr. RODRIGUEZ. Yes, great.

Mr. VAN ORDEN. Very well.

The chair now recognizes Mr. McGarvey for 5 minutes.

Mr. MCGARVEY. Thank you, Mr. Chairman.

Thanks everyone for being here today. As you all know, a robust and well-supported transition is critical to preventing our veterans from falling through the cracks.

However, I have got to echo the frustrations of my friends and colleagues on the dais here that there is a disconnect in how seriously DoD is taking transition and its implementation.

Ms. Orsega, I understand from the GAO report on access to mental health services that you all plan to release the enterprise individualized self-assessment in 2025. I think what concerns me is that we have not yet addressed the attendance issues that seem to be prevalent within TAP.

According to the GAO's December 2022 analysis of TAP data, nearly a quarter of servicemembers who were required to attend TAP did not do so. Seventy percent did not start TAP more than 1 year in advance of their separation as is supposed to happen. That is incredibly concerning.

We have heard from veterans on an individual level. Commanders sometimes do not make time for their servicemembers to attend the needed classes.

We have also heard on a structural level that there is a pervasive and lingering culture across the DOD that makes TAP a back burner issue, or worse, they just do not care. That is unacceptable. This must be a partnership. VA cannot carry the weight all on its own shoulders.

Ms. Orsega, my question to you is what steps are you all taking to ensure that every servicemember attends TAP and that individual commanders and others responsible for servicemembers' time comply with requirements?

Ms. ORSEGA. Thank you very much, Congressman. While I am not responsible for the TAP within my responsibilities, I understand. I understand the frustration and I am committed to carrying this information and this message back to the departments.

Each of the departments are responsible for the TAP. What Health Affairs does and what is in my responsibility of focus is looking at those policies and working toward the guidance that implements and informs the TAP program.

I am committed to taking that message back to the department.

Mr. MCGARVEY. Thank you for taking it back. Who is responsible for TAP?

Ms. ORSEGA. Each Military Service Department is responsible for the execution of the TAP within each of their services.

Mr. MCGARVEY. I do not want this to be an example of where everyone can point the finger at somebody else and then no one becomes accountable. Who would be the most accountable to getting our servicemembers to—actually to the TAP services?

Ms. ORSEGA. Important question. Each of the servicemembers that are connected and assigned to each of the Service Military Departments, that is predominantly where the individual TAP counselors are assigned to each of those Servicemembers.

Mr. MCGARVEY. What steps are being taken to ensure that those servicemembers determined to be at risk for a difficult transition actually attend all their required core TAP classes?

Ms. ORSEGA. Yes, thank you for that question. While I am not responsible for TAP and the execution of it, I will take that question for the record.

Mr. MCGARVEY. To whom will you take that question?

Ms. ORSEGA. I will take that question back to the Department and will take it for the record.

Mr. MCGARVEY. Which department or which person?

Ms. ORSEGA. Each Service Department executes the TAP program so each of those Military Departments. If you are in the Navy, the Navy. If you are in the Army, the Army, et cetera, et cetera.

Mr. MCGARVEY. Is there a specific person or office in each one of those departments?

Ms. ORSEGA. I will take that information back and we will take that for the record.

Mr. MCGARVEY. All right. When you say you are taking it to the Navy, that is just a big entity for us. Who?

Ms. ORSEGA. Each of the Services. If you look at the commands and down to the individual Service member's unit, all of those individuals as they separate, as they retire, they have counselors, and those counselors then meet with those individuals.

We will have to get those details for you and get that information back to you.

Mr. MCGARVEY. That would be great because, I mean, I feel like we all want the same thing but I do not have an answer to the questions yet.

Ms. ORSEGA. I understand.

Mr. MCGARVEY. This is really important to all of us, and I would just love to know specifically who you are going to take that information to that is capable of implementing it because that would help us have some accountability.

Ms. ORSEGA. Understood.

Mr. MCGARVEY. Thanks so much. I see I am short on time, but appreciate it, Mr. Chairman.

Mr. VAN ORDEN. The gentleman yields back.

I now recognize myself for 5 minutes. Ms. Cohen, you said you contacted 14,000 veterans. Is that right, 14,200? Was that your testimony?

Ms. COHEN. Thank you for that. Let me just——

Mr. VAN ORDEN. I believe page 2 out of 11 of your written testimony. The answer is yes.

Ms. COHEN. Yes.

Mr. VAN ORDEN. Okay.

Ms. COHEN. Sorry.

Mr. VAN ORDEN. You have contacted 14,000 out of how many?

Ms. COHEN. Thank you for that question and that is specific to VHA and I will turn that over to my colleague Ms. Debord.

Mr. VAN ORDEN. All right.

Ms. DEBORD. Thank you for that question, Director Cohen. Are speaking, Representative, to the VA liaison for healthcare program?

Mr. VAN ORDEN. Yes.

Ms. DEBORD. Yes. In my humble opinion of a best practice for transitioning veteran servicemembers when they leave the——

Mr. VAN ORDEN. 100 percent you are not answering the question I asked. I said you contacted 14,000 according to Ms. Cohen's testimony. Out of how many?

Ms. DEBORD. Out of——

Mr. VAN ORDEN. The answer is 200,000.

Ms. DEBORD [continuing]. that would have been——

Mr. VAN ORDEN. That is 0.07 percent. Okay. Where I come from that is a failure. I certainly would not come up here in front of this committee and count that as a good number. That is horrible. That is 0.07 percent.

Ms. Orsega, we wrote a letter. I wrote a letter. It was really detailed, fancy words and stuff, about the GAO report, whole bunch of things, and I asked this series of questions. There was nine of them, very detailed.

How does the Department of Defense plan to revise transition assistance criteria? How did DoD plan to modify outreach, DoD coordinate, blah, blah, blah, blah, all separate and they were, like, super detailed, right?

Here is the response, and I will ask unanimous consent that these are both entered into the record. Without objection, so ordered.

"The department agrees with the recommendations provided by the GAO report and is currently assessing the feasibility and resources needed to implement the actions and procedures required to adequately address the GAO recommendations."

Now, the only thing missing from this is some ranch dressing because that is straight up word salad. This means nothing. Okay?

I do not know how many 40-pound brains it took to write that sentence, but it has nothing to deal with these very detailed and specific questions that were asked that pertained to one of the most important things we can possibly do, which is transition someone from a productive member of the uniformed services to a productive member of the civilian community. This is wholly unacceptable.

When Mr. McGarvey is asking you a question, you blew him off, too. The Navy is not a person. It is not. When you say I am going to take it back, to who?

I was in command career counselor for two different commands, and I told everybody if you are going to get out of the service you do not talk to anybody but me. I set them up for success as a civilian in a very open way. I did everything.

I had a 100 percent retention rate because I truthfully looked at these servicemen and women and said you want to stay that is great. You do not, that is great, too. Let us help you out.

The Department of Defense writ large is failing our servicemembers and you know it. You absolutely know it.

You said that this is your testimony. You are not responsible for the TAP program but you are responsible for the policies that inform the transition assistance. That does not mean anything. It literally means nothing.

These people, you got seven bosses so doctrinally you should have, what, six to nine direct reports talking to you? You should not have seven people telling you what to do and this is just wholly unacceptable.

The culture of the Department of Defense is such, from my direct observation. The DoD recruiting is horrible now, worse since the Vietnam War and they think if they give our servicemembers a smooth transition to the civilian world it is going to increase people

getting out of the service. That has been proven wrong by Naval Special Warfare.

We have got to do something and it sure as heck is not this, ma'am. I am going to print this for you and I would like you to take this, get the answers back, and then I want the names, names, of every single person you are going to bring this to in every one of the uniformed services. I would like that by the end of the month.

Now, my time has expired and out of respect for my colleagues, I know that Mr. Levin has got some more questions, we will do a second round of questioning, so I will yield back.

I recognize Ranking Member Levin for 5 minutes.

Mr. LEVIN. Thank you, Chairman.

Director Hundrup, I am going to pick up right where we left off. Solid Start is working better, more effective outreach strategy than inTransition for connecting with new veterans who need mental health services.

The question when we last spoke was why? What about, specifically what about Solid Start makes it work better?

Ms. HUNDRUP. I think what—thank you for the question. I think what it boils down to is the level of effort. For example, as my fellow panelists stated, Solid Start sends an advance e-mail, a packet of information and will call a veteran up to seven times at each touch point, which is at three different points across a 1-year period.

Contrast to that to inTransition. inTransition will make up to three phone calls, but actually the reality is depending on demand and resources. They are really only making one or two phone calls depending on the month. If they do not make contact, they will then remove the individual from the program if they are unsuccessful in contacting them.

These folks are removed or unenrolled after only one or two attempts, which is, I think, behind the very abysmal rate that we are seeing in terms of the ability for folks to even know about or participate in the inTransition program.

Very quickly, I would just note that we are seeing some overlap across the two programs and particularly that is coming out with the fact that they are identifying the same individuals when it comes to the priority list for the Solid Start as well as the inTransition list.

They are calling them via telephone during the same period, which we have heard can be confusing, especially for those that may not understand the programs or determine which one is best.

They are getting a lot of phone calls during a very specific period of time. You know, we note that overlap sometimes is warranted. Perhaps that allows for better reach or multiple entry points.

I think that is why I would just emphasize the importance of our recommendation to the Joint Executive Committee to look across these programs and really understand the different touch points when they are happening and be deliberate about that and look for their effectiveness so that we are avoiding any areas or concentrating them in areas when it is just adding to the confusion.

Mr. LEVIN. Knowing what you know about the, I would say, a labyrinth of people in charge of TAP and the limitations that Ms.

Orsega has, if you were in her shoes what would you do right now to implement some of GAO's recommendations?

Ms. HUNDRUP. I mean, the first thing I would do is look to Defense Health Agency (DHA) and look to their leadership to hold the Transition program accountable. There is very little oversight of the inTransition program right now that is run by contractors.

They have no performance goals. There are no metrics. We heard from the officials themselves that the program is working as intended, which is very troubling.

I think there needs to be leadership within DHA that is monitoring this program and holding the contractor accountable for specific goals, conducting outreach, getting to those individuals earlier in the transition process, and ensuring they are getting that touch point so that the eligible individuals have a chance to participate in this important resource.

Mr. LEVIN. Ms. Hundrup, that seems like an extremely reasonable plan.

Ms. Orsega, will you commit to following up in that manner? If so, how long will it take you and when can we follow up with you about it?

Ms. ORSEGA. Thank you very much and I appreciate the GAO's recommendation. While we may not agree on all of the components of it, the expertise——

Ms. LEVIN. It is a pretty simple yes or no. Will you——

Ms. ORSEGA. Yes. I will commit.

Mr. LEVIN [continuing]. commit to following up in the manner just prescribed by Ms. Hundrup?

Ms. ORSEGA. Yes, I will.

Mr. LEVIN. How long will it take you and when will you follow up with us?

Ms. ORSEGA. We—I will follow up at the beginning of the next Fiscal Year cycle.

Mr. LEVIN. Okay. You will commit to that?

Ms. ORSEGA. Yes, sir.

Mr. LEVIN. Staff will take that back and we will follow up with the DOD. We appreciate you continuing to work with us.

Definitely Solid Start is working better. It is still not perfect. I am running short on time so I will make a couple points.

VA issued a proposed rule for implementation of the Veteran and Spouse Transitional Assistance Grant Program. That is pretty important to us.

Now that VA has funding in hand when do you expect to open the grant application?

Ms. COHEN. Thank you for the question. The notice of funding opportunity has concluded on August 23d. We have selected 13 organizations and we are working on that announcement for release.

Ms. ORSEGA. We will provide more details in terms of the additional resources.

If you are asking if they are needed to address mental health, certainly I will take that for the record and can provide a follow up.

Ms. RAMIREZ. Okay. Thank you.

Chairman, I yield back.

Mr. VAN ORDEN. The gentlelady yields back.

The chair now recognizes Mr. McGarvey for 5 minutes.

Mr. MCGARVEY. Thank you, Mr. Chairman.

Votes have been called on the floor I am going to be brief and turn my questions into a little bit more of a statement/directive.

I appreciate you all being here today, and I really do hope that DoD will take TAP and ensuring a smooth transition as seriously as is warranted and will continue to support our servicememembers through thick and thin, when they are out, when they are in.

Ms. Debord, thank you. We have not gotten to some of the VA stuff. I do want to thank you all for your engagement, for your leadership in addressing the social drivers of health and helping our veterans as they transition to civilian life.

One thing, I just want to make sure that the VA is not only assessing and providing initial interventions that match veteran families to social resources, but also to see these referrals through to completion.

Even in some way maybe you all are doing it, but making sure there is a systematic way to capture completion data related to the internal consults and community referrals and to provide necessary follow ups for veterans who might have just engaged a social worker even one time. Something to think about.

I appreciate you all being here today.

Thank you, Mr. Chairman. I yield back.

Mr. VAN ORDEN. The gentleman yields back.

I now recognize myself for as much time as I may consume. In the military you issue orders and things like that, and one of the things that you do is you have someone restate the mission so that you know that they know what your intent is.

Ms. Orsega, I would like you to restate the mission that was given to you by my colleague from the great State of Kentucky.

Ms. ORSEGA. The mission is to get and provide more details for each of the Servicemembers specifically to TAP in terms of how they are connected, who they are connected with, and what are those specific responsibilities of both the counselor, the TAP counselor, and the individual.

Mr. VAN ORDEN. Mr. McGarvey, is that accurate?

Mr. MCGARVEY. Somewhat, yes. I think we want to know who is responsible and how this is happening and who we can actually get this information from as well.

Mr. VAN ORDEN. Okay. This is your mission, ma'am, from Mr. McGarvey. You are going to come back here and you are going to tell us by department, by name, who is responsible for these specifically and this series of things that my colleague from the other side of the aisle has asked you will be reported on. That will happen by the end of the month or I will personally hold you accountable because now I have a name.

I think it should be telling to everybody here on this panel and the people behind you that when we all agree there is no daylight between the Republicans and the Democrats on this committee, zero.

We have to do better. This we are going to work harder, we are going to double efforts, no. It is wholly unacceptable. That is your first mission.

The second one is I want answers in the English language for these nine questions that I do not need to put a condiment on. Okay? No more word salad, not doing it, because our veterans are killing themselves because they have seven bosses.

On that note, today is world suicide prevention day. If anybody is having any issues I need you to dial 988 and then press 1.

I am unwilling to have another one of my friends or colleagues or someone that has protected our Nation kill themselves because of word salad. It is not happening.

I want to thank everybody for attending today, and I appreciate the discussion and this is not over. We just have to do better and we can. The road to hell is paved with good intentions, and I do not want to go there okay?

With that, I yield to my friend and colleague Ranking Member Levin for any closing statements you may have?

Mr. LEVIN. I just appreciate the Chairman's commitment to working together in a collaborative way, and I know staff took plenty of notes here on all the things you said you were going to do and they are going to hold you to it.

Had plenty more questions, but until we meet again. Thank you for the work that you are doing and look forward to speaking with you all offline. I yield back.

Mr. VAN ORDEN. The gentleman yields back.

Thank you again everyone for coming here today. Ma'am, Ms. Orsega, no kidding. I really appreciate you showing up.

By the way, this is the best committee hearing Mr. Rodriguez has ever had, right? It is, like, I am out of here, whoo.

I ask unanimous consent that all members may have 5 legislative days to revise and extend their remarks and include extraneous materials. Without objection, so ordered.

The hearing is adjourned here

[Whereupon, at 4:11 p.m., the subcommittee was adjourned.]

A P P E N D I X

PREPARED STATEMENTS OF WITNESSES

Prepared Statement of Melissa Cohen

STATEMENT OF MELISSA COHEN, EXECUTIVE DIRECTOR,
OUTREACH, TRANSITION, AND ECONOMIC DEVELOPMENT (OTED) SERVICE
VETERANS BENEFITS ADMINISTRATION (VBA)
DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON ECONOMIC OPPORTUNITY
U.S. HOUSE OF REPRESENTATIVES

September 10, 2024

Chairman Van Orden, Ranking Member Levin, and distinguished members of the Subcommittee, I appreciate the opportunity to appear before you today to discuss access to mental health care programs and services during the transition from military to civilian life. Accompanying me today from the Veterans Health Administration (VHA) is Ms. Jill DeBord, LCSW, Executive Director, Care Management and Social Work. I appreciate your continued support of the Nation's Veterans, their families, caregivers, and survivors. Within VA, our focus is on increasing transparency, improving collaboration, and keeping Veterans at the center of everything we do.

The transition period can present many challenges for Service members, including increased risk for suicide, homelessness, post-traumatic stress, and substance use disorders, to name just a few. In the 2023 National Veteran Suicide Prevention Annual Report[1] 48,100 adult Americans died by suicide. Of those, 6,392 (13.3%) were Veterans. This report also shows that rates of suicide in the 12 months following separations ranged from 34.8 per 100,000, for Veterans who separated in 2010, to 48.9 per 100,000, for Veterans who separated in 2019. These numbers reflect individual lives prematurely ended and grieved by family members, loved ones, and the Nation as a whole.

VA must always do everything we can to drive that number to zero – especially during transition, which arguably is one of the most vulnerable periods in a Service member's life.

Transition Support

TAP is an interagency effort designed to help the nearly 200,000 transitioning Service members annually. Together with Department of Defense (DoD), Department of Labor (DOL), the Small Business Administration, the Department of Homeland Security, the Department of Education, the Office of Personnel Management and the military services, we equip Service members with the tools they need to succeed in civilian life and we connect them with the benefits and services they have earned and deserve. VA works closely with our interagency federal partners at the Department of Labor (DOL) and Department of Defense (DoD), and our collective efforts are aimed at ensuring

[1] https://www.mentalhealth.va.gov/docs/data-sheets/2023/2023-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf.

transitioning Service members receive comprehensive, standardized, and non-clinical individualized self-assessments across VA and DoD; are informed and educated about all post-separation VA, DOL, and DoD benefits and services for which they are eligible, and are equipped with the tools they need to succeed and reintegrate into their communities.

The VA Benefits and Services course delivered as part of the week -long TAP course provides an overview of the wide array of benefits and services, available to transitioning Service members and Veterans, and addresses topics specific to health care, mental health care, suicide risk factors, and available mental health programs and resources. For example, included in the curriculum is information about the VA Liaison Program which utilizes VA social workers and nurses either onsite at DoD installations or providing virtual support to coordinate a clinical transition of health and mental health care to VHA, customized to the needs of the individual transitioning Service member. Through this process, a transitioning Service member is registered for VA health care and connected to the Post-9/11 Military2VA (M2VA) Case Management Program at their home VA medical facility and over 80% of the time, have initial VA health care appointments scheduled prior to separation from the military. In fiscal year (FY) 2023, over 14,240 Service members received a coordinated transition of health and mental health care from DoD to VA through the VA Liaison Program.

In addition to the VA Benefits and Services course, Service members and their families have access to Military Life Cycle (MLC) modules. MLC modules are 45- to 60-minute information sessions that may be taken at any time and address a specific in-depth topic such as benefits; education; home loans or life insurance; social and emotional health resources; integration into a civilian community; or survivor and casualty assistance.

VA TAP also provides one-on-one sessions with a Benefits Advisor, offering Service members individualized assistance. One-on-one assistance sessions are based on the individual's needs and are driven by the information covered during the VA Benefits and Services course. The most requested discussion topics include VA home loans, education benefits, and disability compensation.

Warm Handovers

VA strives to ensure Service members are connected with the specific resources they need at the time they need them. Our interagency partners share that commitment. DoD TAP Counselors and VA Benefits Advisors utilize a combination of local, state and National resources and contacts on a myriad of topics spanning mental health, disability compensation, health care resources, education, and housing, to name a few.

Concurrently, VA and interagency partners continue to pursue more seamless connections to transitioning servicemembers. In May 2022, VA launched a pilot across 30 DoD military installations to test a single point of entry, where DoD TAP Managers initiate a warm handover during Capstone (90 days before separation) to VA in areas of

education, disability compensation, health care, housing, mental health resources and other VA services. This single point of entry allowed for tracking and validation of the warm handover from DoD to VA. During the pilot (May 2022 – June 2024), VA confirmed 100% of transitioning Service members identified as needing a warm handover (288 individuals), were connected to VA by a DoD TAP manager. VA is currently analyzing the findings to develop a way forward to ensure Service members and Veterans receive timely warm handover to benefits and services they need.

M2VA Case Management Program

Additionally, recently separated Veterans who are receiving coaching services through DoD's inTransitionTransition Program and who request assistance with accessing VA mental health care are referred via a referral to the Post-9/11 M2VA Case Management Program at their local VA medical facility.

Embedded within each VA health care system, Post-9/11 M2VA teams are led by a social work or nurse program manager and comprised of clinical case managers and a non-clinical transition patient advocate. Post-9/11 M2VA teams serve as the point of entry into VA health care systems for tens of thousands of transitioning Service members and Post-9/11 era Veterans annually. Moreover, these teams provide personalized, proactive screenings to over 200,000 transitioning Service members and Post-9/11 era Veterans newly establishing their care at VA medical facilities annually. The purpose of these screenings is to identify at risk Veterans (such as those with suicidal ideations or housing instability), and when a risk factor is identified, further assessment is completed to determine ongoing clinical case management needs in collaboration with the Veteran. Case management services include care coordination and monitoring, and linkage to VA care, benefits and services as well as community resources that will support a Veteran's health and wellness. Ongoing case management is provided to approximately 38,000 Post-9/11 era Veterans annually by these Post-9/11 M2VA teams.

VA Solid Start (VASS)

The VASS Program launched on December 2, 2019, as part of the Military to Civilian Readiness Pathway to make early, consistent, and caring contact with newly separated Veterans. On October 17, 2022, VASS was signed into law (P.L. 117-205), permanently authorizing VA to expand VASS with DoD coordination. VASS calls all eligible Veterans, regardless of their character of discharge, at 3 key stages (90-, 180-, and 365-days post-separation) during their first year after separation from active duty. Using data provided by DoD, VASS provides priority contact to Veterans meeting certain mental health risk factors, supporting continuity of care and lowering any barriers to access to mental health care treatment and support through VA. These representatives receive special training to recognize the signs of crisis and, when needed, can provide a direct transfer to the Veterans and Military Crisis Line for additional support. Veterans, Service members, and their loved ones can call 988 and

Press 1, chat online, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year.

VASS representatives address challenges the Veteran may be facing at the time of the call by connecting the Veteran with the appropriate benefits or resources for assistance. VASS calls are not scripted. Representatives ask open-ended questions that seek to establish the current status and potential needs of the Veteran. Each call is different and is driven by the needs of each Veteran at the time of the call. There are no talk time limitations for the calls. By establishing this relationship with Veterans in the first critical year post-separation from active duty, VASS aims to increase the likelihood that they will get connected to VA earlier and utilize VA benefits and services, to include mental health resources, when needed.

From the program launch in December 2019 through August 2024, VASS has successfully connected with 511,460 (73.9%) recently separated Veterans, helping them connect with the benefits and services they have earned. For example, in calendar year 2023, of Veterans who had a successful VASS connection, 67.19% applied for or are receiving compensation benefits and 69.52% applied for, or are enrolled in, VHA services. Veterans who did not have a successful connection with VASS had utilization rates of 22.94% and 41.74%, respectively.

To further assist Veterans with access to VHA care, including mental health services, VASS representatives can make referrals to the Post-9/11 M2VA Case Management Program at their local VA medical facility. VASS successfully connected 3,644 Veterans to their local Post-9/11 M2VA team from October 2020 to August 2024.

VASS provides priority contact to Veterans meeting certain risk factors (such as having a mental health appointment) during their last year of active duty. From December 2019 through August 2024, VASS successfully connected with 90,948 Priority Veterans (representing 83.0% of the eligible population). Additionally, since the program launch in December 2019, through August 2024, VASS has successfully connected with 9,046, or 55.8%, of recently separated Veterans with an other than honorable (OTH) discharge.

Furthermore, in July 2023, VASS launched a VSignals survey to assess Veteran satisfaction with the VASS program. Since its launch through August 2024, VASS-eligible Veterans rated their satisfaction with the VASS program as 4.5 on a 5-point Likert scale.

Economic Factors During the Transition Period

Some Veterans report difficulty in transitioning to civilian positions and translating military-related skills to higher-paying civilian jobs. Unemployment and poverty are correlated with homelessness among Veterans. Financial hardship and economic stressors are major predictors of mental health crisis and Veteran suicide. VBA provides a variety of benefits and services that can help reduce or eliminate risk factors

associated with suicide and promote protective factors for some Veterans. Benefits such as disability compensation, pension, Veteran Readiness and Employment services and education/GI Bill benefits assist Veterans with transitioning to civilian life, connecting with benefits, establishing, and achieving educational, vocational, and career goals, and supporting financial well-being. Below are some examples of programs used to support transitioning Service members pre- and post-service that can impact their financial stability and lessen economic stressors.

Personalized Career Planning and Guidance (PCPG)

PCPG, also known as Chapter 36 services, fulfills 38 U.S.C. § 3697A requirements by supporting transitioning Service members, Veterans, and qualified dependents. PCPG services provide participants with personalized counseling and support to help guide career paths, ensure the most effective use of VA benefits, and achieve educational and career goals. Services are available to transitioning Service members within 6 months of leaving the military, to Veterans who have left the military within the past 12 months, or (at any time) to individuals who are eligible to use a VA education benefit. PCPG career and education counseling services include résumé support; education and employment planning; detailed skills assessment; a personalized action plan to achieve education and career goals; adjustment counseling to successfully transition to civilian employment; and a direct connection to VA benefits and services. From October through July of FY 2024, PCPG received 7,308 applications requesting services.

Separation Health Assessment (SHA)

Executive Order 13822 of January 9, 2018, established requirements for the Secretary of Defense, the Secretary of Veterans Affairs, and the Secretary of Homeland Security to submit a Joint Action Plan describing actions to provide seamless access to mental health care and suicide prevention resources for transitioning uniformed Service members during the year following discharge, separation, or retirement. Since the order, VA and DoD have partnered in including mental health screening questions in the SHA questionnaire.

The SHA establishes a consistent opportunity for separating Service members to discuss illnesses, injuries, and psychological harm incurred or aggravated during military service, including but not limited to, those arising from or related to occupational exposures, physical hazards, or sexual trauma. The SHA promotes efficient, effective, standardized electronic processes for obtaining and documenting information to support continuity of health care, development of transition support plans, understanding of potential health effects of military service, and contemporaneous or future determinations of eligibility for disability benefits and services from VA.

The mental health assessment elements of the SHA require a person-to-person discussion between the examining clinician and the Service member. DD Form 3146/SHA Part A includes a general self-assessment of the Service member's mental health at separation. The SHA includes screening questionnaires on post-traumatic stress disorder (PTSD), depression, and alcohol use. The examining clinician reviews these screening results along with the results of a clinical assessment to provide a suicide risk assessment and violence risk assessment and, if indicated, refer the Service member for mental health transition assistance.

When a Service member applies for disability compensation through VA's Benefits Delivery at Discharge (BDD) Program, VA conducts the SHA examination. When SHA mental health screening indicates a risk or mental health condition, the VA examining provider refers the Service member to DoD's inTransition Program for mental health assistance. The inTransition program is a free, confidential program that offers specialized coaching and assistance for active-duty service members, National Guard members, Reservists, Veterans, and retirees who need access to mental health care. In consultation with VA, DoD assists Service members' by providing information and referrals, if necessary, for care, treatment, and other services that VA may provide. Information provided includes available clinical services resources (counseling and treatment for PTSD and other mental health conditions), other care and treatment services, information on private sector sources of treatments available in the member's community and assistance to enroll in VA for health care benefits.

Outreach

Transition can be a time of great stress for Service members, increasing risks of homelessness, substance use, and economic hardships, all of which are high-risk factors for suicide and more likely to occur in underserved communities. That is why VBA maintains a robust outreach program to frequently share and connect Veterans to the resources and benefits available to them. For special emphasis populations, VBA maintains policies to ensure these vulnerable populations are regularly connected. VA believes that no Veteran should be without a place to call home and is committed to assisting in ending homelessness among Veterans. Our focus is threefold.

- Outreach: Conducting coordinated outreach to proactively seek out Veterans and transitioning Service members in need of assistance.
- Claims: Expediting claims for benefits for those who are homeless or at risk of homelessness.
- Stakeholders: Collaborating with Federal and state agencies, community nonprofits, and others to ensure Veterans are connected with services they need to attain and remain in permanent, stable housing.

VBA has Homeless Veterans Outreach Coordinators (HVOC) at 25 regional offices (RO). These individuals are dedicated full-time employees, who provide access to VA benefits and information through outreach efforts to homeless Veterans and to

Veterans at risk of being homeless. As of October 2023, five new locations (Denver, Honolulu, Portland, Reno, and San Diego) received full-time HVOCs.

Table 1: Regional Offices with full-time Homeless Veteran Outreach Coordinators

Atlanta	Detroit	Nashville	Phoenix	Saint Petersburg
Boston	Honolulu	New York	Portland	San Diego
Chicago	Houston	Newark	Reno	Seattle
Cleveland	Indianapolis	Oakland	Roanoke	Waco
Denver	Los Angeles	Philadelphia	Saint Louis	Winston-Salem

VBA has Homeless Veterans Claims Coordinators (HVCC) in the remainder of ROs to expedite processing of claims from Veterans who are homeless or in imminent risk of homelessness and to report on prioritization of homeless claims activities. VBA provides homeless program updates to the homeless coordinators via the quarterly National Outreach Call and hosts an annual Homeless Veterans Outreach Training Symposium. As of July 31, 2024, VBA Outreach held 1,965 homeless Veteran events in FY 2024, totaling 6,575 hours of outreach to homeless Veterans.

To ensure VA meets the needs of the rural Veteran population, ROs designate one regional outreach coordinator (ROC) to provide VA benefits information to Veterans, dependents, and survivors residing in rural areas. As of July 31, 2024, VBA Outreach has held 1,412 rural Veteran events in FY 2024, totaling 2,230 hours of outreach to rural Veterans.

VA is committed to providing outreach to LGBTQ+ Service members and Veterans. VA recognizes the need for direct outreach to ensure awareness of the VA benefits and services to which they may be entitled. Each RO must host at least one event per quarter for this special emphasis group. As of July 31, 2024, VBA Outreach has held 631 LGBTQ+ Veteran events in FY 2024, totaling 913 hours of outreach to LGBTQ+ Veterans.

Military Sexual Trauma (MST) Survivors Coordinators at ROs assist Veterans who have experienced MST. VBA established the MST Outreach Program to educate, empower, and spread awareness about increased benefits and special services that may be available to this Veteran population. MST Coordinators assist by:

- conducting outreach and disseminating MST-related information,
- navigating the process of filing a claim related to MST,
- providing trauma-sensitive customer service, and
- initiating telephone contact with Veterans.

Each of VA's 56 ROs must provide 12 hours of outreach per quarter related to MST. VBA exceeded the fiscal year requirement of 2,688 hours by hosting 2,264 MST Veteran events, totaling 3,983 hours of outreach to MST Veterans.

Additional programs embedded in VBA's outreach program to assist in spreading information about benefits and getting transitioning Service Members and Veterans connected to their benefits. For example, transitioning Service members, Veterans, and their families are educated about employment opportunities, special hiring authorities, and career support resources, through VBA-hosted Economic Development Initiative (EDI) events. EDIs are 2 or 3 -day, no-cost events, which connect Veterans with resources promoting financial stability, career opportunities, mental health, and wellness initiatives. Veterans can obtain information on benefits from VA and other organizations, get help filing disability compensation claims, receive private, on-site disability medical examinations, learn about education and home loan guaranty benefits, and find resources for mental health support.

VA also partners with the Off-Base Transition Training (OBTT) pilot. OBTT workshops are currently scheduled as virtual 1-hour sessions with 45 minutes of material and 15 minutes for questions and answers. OBTT is a supplemental briefing for Veterans, beneficiaries, and caregivers who fall outside of the TAP eligibility window as well as any National Guard and Reserve members.

VHA's Readjustment Counseling Service (RCS) consists of more than 300 Vet Centers located in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and American Samoa. Vet Centers are community-based counseling centers that provide a wide range of social and psychological services, including professional readjustment counseling to eligible Veterans, active-duty service members, including National Guard and Reserve components, and their families. Readjustment counseling is offered to make a successful transition from military to civilian life or after a traumatic event experienced in the military. Individual, group, marriage and family counseling is offered in addition to referral and connection to other VA or community benefits and services. Vet Center counselors and outreach staff, many of whom are Veterans themselves, are experienced and prepared to discuss the tragedies of war, loss, grief, and transition after trauma.

Character of Discharge Final Rule

Eligibility for VA benefits depends upon type of military service performed, duration of service, and character of discharge (COD) or separation. Former service members (FSMs) must receive a COD under other than dishonorable conditions (honorable, under honorable conditions, general) to be eligible for most VA benefits. Veterans with a dishonorable discharge or statutory bar pertaining to a period of service are prohibited from receiving most VA benefits based on that period of service. Other types of discharges, such as OTH, Undesirable, or Bad Conduct discharges, require VA to make a COD determination for eligibility for VA health care and/or compensation and other monetary benefits.

In September 2022, the Veterans Experience Office published the report "Veteran Journeys: Other than Honorable (OTH) Discharge," which summarized

customer research to better understand current and desired experiences over the lifetime of OTH Veterans. This research found that Veterans with an OTH discharge often do not receive adequate information or support to connect with the VA benefits and services they are eligible for, which may have detrimental downstream effects on a population already prone to crisis situations such as mental health emergencies, suicidality, and homelessness. The report findings also noted that because the OTH discharge process typically does not provide support or services for those who have experienced trauma, OTH Veterans often struggle to adjust to life after the military - making crises, such as mental health emergencies, suicidality, homelessness, and/or drug/alcohol addiction, common. The report identified opportunities to simplify eligibility pathways to mental health, addiction, and housing support for OTH Veterans.

VA addressed this opportunity in the final rule (AQ95), "Update and Clarify Regulatory Bars to Benefits Based on Character of Discharge," (https://www.federalregister.gov/documents/2024/04/26/2024-09012/update-and-clarify-regulatory-bars-to-benefits-based-on-character-of-discharge), which became effective on June 25, 2024. VA recognizes there are some Service members, even those with an OTH discharge, who may have earned the status of "Veteran" and the benefits to which Veterans are entitled. VA also recognizes the extraordinary situations and circumstances involved in service, which could lead to injuries or other circumstances that increase risk for behaviors or conduct that military commanders deem inappropriate.

To ensure VA considers all facts and circumstances in each case, VA included a compelling circumstances exception in this final rule which is applicable to the willful and persistent misconduct and moral turpitude regulatory bars and the "absent without leave" statutory bar to VA benefits. This ensures VA considers the length and character of service exclusive of a period of misconduct and potential mitigating reasons for the misconduct such as mental and physical health, hardship, sexual abuse/assault, duress, obligations to others, age, education, cultural background, and judgmental maturity. Although not specifically included in the regulatory text, VA will consider discrimination, including based on race or sex, in the compelling circumstances analysis.

The compelling circumstances exception, coupled with more specific criteria defined for the willful and persistent misconduct regulatory bar, will serve to expand eligibility to additional Veterans. These modifications will help distinguish those who committed serious misconduct that renders their service dishonorable from those whose misconduct comes with a mitigating circumstance or is outweighed by otherwise meritorious service.

While relaxing the bars to eligibility, this final rule does not extend VA benefits eligibility to all FSMs. FSMs who do not meet the criteria for benefits eligibility may still be entitled to certain critical benefits to address the harms caused by their military service, such as mental health and substance use care, emergent suicide care, and medical care in emergency situations.

Too often, FSMs are either incorrectly told or self-select away from VA, based on the belief that the OTH discharge makes them ineligible for VA benefits and services. However, in many instances, FSMs may be found eligible to receive health care and/or disability compensation. VA encourages FSMs to file a claim and let VA determine their eligibility to benefits. In addition, any FSM with a previous unfavorable character of discharge determination from VA may request a new determination under the new final. VA, in all its efforts, is always looking to ensure that benefits and services are provided to all who are entitled to them.

Updated VA Form 21-0781

With the enactment of P.L. 117-271, *VA Peer Support Enhancement for MST Survivors Act* and P.L. 117-303 *MST Claims Coordination Act*, VA combined two previous forms related to PTSD[2] and personal assault[3] into a single form titled *Statement in Support of Claimed Mental Health Disorder(s) Due to an In-Service Traumatic Event(s),* released June 29, 2024. By combining the forms, VA reduced the respondent burden, which is the estimated number of minutes it takes for a respondent to fill out a form, by 50%.

This reduction in the respondent burden also decreases the potential for respondents to provide information that is not needed and allowing for other mental health conditions (other than PTSD) to be submitted on the form. When developing the new form, VA utilized a workgroup of subject matter experts including clinicians from the VHA, to balance the need for collection of pertinent information and trauma sensitivity. The new VA Form 21-0781 includes new sections that help the Veteran complete the form for their type of in-service traumatic event(s), guidance with examples for describing the traumatic event(s), and expansion of the behavioral changes question, among other changes.

Although the previous VA Form 21-0781a was discontinued when the new form was released, VA recognizes that requesting the new VA Form 21-0781 when a completed VA Form 21-0781a is received has the potential to retraumatize the Veteran. As such, on or after June 29, 2024, when a completed VA Form 21-0781a is received, claims processors will review outdated and discontinued versions of the forms to determine their evidentiary value and ensure that requests for an examination or claim development are not unnecessarily delayed. This will help ensure a more streamlined and trauma-informed experience for Veterans who submit claims for mental health conditions related to in-service traumatic events.

Employee Training

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[2] VA Form 21-0781, *Statement in Support of Claim for Service Connection for PTSD*
[3] VA Form 21-0781a, *Statement in Support of Claim for Service Connection for PTSD Secondary to Personal Assault*

VA follows the tenets of the S.A.V.E. model (Signs of suicide, Ask about suicide, Validate feelings, Encourage help/Expedite treatment) when training employees to identify Veterans at risk and provide assistance. VA S.A.V.E. training is a yearly mandatory requirement for all employees. For VBA positions that involve direct contact with Veterans, such as RO public contact teams and National Contact Center call agents, training is comprehensive and aimed at providing care and support when talking with individuals in crisis. Veteran-facing employees complete mandatory training as new hires and subsequently receive at least two refresher training hours each calendar year focused on crisis management and suicide prevention.

Additional Initiatives

VA understands that news of a reduction, severance, or adverse action regarding VA benefits can increase strain on Veterans. This is especially concerning for Veterans already identified as high-risk. Economic and financial uncertainty can increase the risk of suicide. In March 2024, VA launched a new website to help Veterans manage financial stressors that can affect their mental health and wellbeing[4]. Developed by the National Veterans Financial Resource Center (FINVET), the website aims to boost protective factors that promote mental health and reduce suicide risk by helping Veterans learn about and manage their finances. Economic and financial uncertainty can increase the risk of suicide. FINVET helps mitigate that risk by connecting Veterans to trustworthy financial tools, information, videos, calculators, and worksheets – serving as a one-stop website for Veterans to learn a variety of essential information to help meet their financial goals. Using simple navigation, FINVET empowers Veterans to learn about financial goals such as meeting basic needs, saving or earning more money, lowering bills and debt, and protecting their assets.

VBA is increasing suicide prevention awareness for employees by providing training in lethal means safety, and trauma-informed communications, especially with Veterans who experienced MST. VBA has conducted extensive efforts to improve trauma-informed communications and interactions for MST survivors by updating forms, written communication, and providing staff training in trauma-informed best practices.

Conclusion

We appreciate the Committee's continued support and collaboration in this shared mission. Mr. Chairman, this concludes my statement. My colleague and I are ready to answer any questions you and the Committee may have.

[4] https://news.va.gov/press-room/va-financial-website-reduce-suicide/

Prepared Statement of Susan Orsega

Chairman Van Orden, Ranking Member Levin, and distinguished Members of the House Veterans' Affairs Committee, Subcommittee on Economic Opportunity, thank you for the opportunity to testify before you today. I am pleased to represent the Office of the Assistant Secretary of Defense for Health Affairs to discuss the Department of Defense's (DoD's) commitment to mental health support programs for separating Service members.

The DoD is committed to providing the highest level of mental health care to Service members. We ensure that those who serve our Nation receive timely and high-quality health care, including care to address their mental health needs. This is particularly important during the transition from military to civilian life, when Service members are most vulnerable to suicide and some experience challenges such as the loss of a sense of purpose, post-traumatic stress disorder, and other mental health symptoms.

In this testimony, we will inform the Subcommittee about the Department's current mental health programs and resources during the transition from military to civilian life – including the inTransition program, the Transition Assistance Program (TAP), and Military OneSource, as well as the Department's implementation of recommendations from the U.S. Government Accountability Office (GAO) report, "DOD AND VA HEALTH CARE: Actions Needed to Better Facilitate Access to Mental Health Services During Military to Civilian Transitions" (GAO–24–106189).

The DoD created the inTransition program in 2010 in response to a 2007 report by the DoD Task Force on Mental Health, which revealed that a number of Service members were disengaging from mental health care treatment as they transitioned from the DoD to the Department of Veterans Affairs (VA) health care system, contributing to their worsened mental health. For 14 years, inTransition has facilitated continuity of care and connection to continued mental health resources for Service members receiving mental health and/or moderate to severe traumatic brain injury (TBI) care as they move into civilian life. The program supports a Service member's efforts to achieve and maintain wellness and enables continuity of needed services, including mental health services.

The inTransition program supports all transitioning Service members and veterans regardless of the duration of their service, time since discharge, or category of discharge. All Service members who are leaving the military service and who have received care for mental health and/or moderate to severe TBI within 1 year of their separation are automatically enrolled in the inTransition program, and Service members can also get connected to services through self-or provider-referrals.

Automatic enrollment is an "opt out" process, where neither written consent from the patient nor a signed authorization is required to enroll the Service member in the inTransition Program; however, Service members are provided a choice to remain in or opt out of the program. If the Service member does not opt out of the program, health care providers or designated staff can, in collaboration with the Service member, start enrollment by calling the inTransition number at (800) 424–7877. During this process, health care providers or designated staff provide the name, contact information, destination or discharge status, and diagnosis to the inTransition coach. Service members may also be made aware of the inTransition program and self-refer through multiple channels, including the TAP curriculum, provider referrals, and inTransition program marketing and outreach activities. If not self-referred or provider-referred, all eligible service members are automatically enrolled and called by the inTransition program to discuss the program and provide services.

The inTransition program includes a call center that operates 24/7, 365 days a year, where program staff are available to respond to Service member questions concerning their mental health, and to inform Service members of local resources to meet their mental health needs. The program also provides Service members with specialized one-on-one motivational coaching, information, support, and education to encourage Service members to continue to engage with any needed mental health services. Coaches maintain regular telephonic contact (weekly, or at the preference of the Service member) until the Service member has been transitioned to the new provider and/or opts out of the program.[1] Coaches work with Service members to identify eligible referral destinations, support connecting them with a new mental health provider, and facilitate "warm handoff" referrals to VA personnel who guide Service members through the VA healthcare system to a VA mental health pro-

[1] Defense Health Agency Administrative Instruction (DHA-AI) 6490.02, "inTransition Program," March 7, 2024.

vider.[2,3] Through DoD's inTransition program, the program staff, coaches, and separating Service members work together to help continue Service member engagement with mental health care services in accordance with the individual needs, preferences, and circumstances of each Service member.

Since 2019 the DoD has leveraged an Interactive Customer Evaluation (ICE) tool, which collects feedback on services provided within the DoD. All Service members and Veterans who participate in inTransition coaching services are requested to evaluate the program through the completion of an ICE survey. Since its inception, ICE data demonstrates that Service members who have participated in the inTransition program have indicated their satisfaction with the program and its ability to help connect them with necessary mental health supports and resources during their transition. The inTransition program regularly receives positive feedback from the field, including from military medical treatment facility staff, the VA, Vet Centers, and the Veterans Crisis Line—reflecting the program's significant and successful role within the DoD and VA community.

In addition to inTransition, the DoD implements TAP, which is the result of an interagency partnership among the DoD, VA, the Departments of Labor, Education, and Homeland Security, the Small Business Administration, and the Office of Personnel Management.[4] TAP addresses the many facets of a Service member's transition while providing information, resources, and tools to Service members to help them prepare for the move from military to civilian life. TAP includes counseling from DoD, VA, and DOL on various benefits, programs, services, tools, and other important resource entitlements for which Service members may be eligible, as well as curriculums that educate Service members on VA mental health resources that they can engage with during their transition and when they have reintegrated into civilian life.[5] Through TAP, if it is determined that a Service member is not prepared for transition, there is a warm handover between TAP counselors and the appropriate partner or agency to connect Service members with the needed resources to further assist them post-transition.

Service members participate in TAP up to 1 year prior to separation or 2 years prior to retiring to help prepare for their transition and to proactively inform them of available resources to maintain their mental health during their journey back to civilian life.[6] Service members who have participated in TAP have indicated that the program is valuable and that they are satisfied with its ability to educate them on accessing resources, with 91 percent of respondents confirming that they know how to access transition-related resources, according to 2023 survey results.

Military OneSource is a 24/7 resource available to all Service members and families regardless of whether they are transitioning to civilian life. One element of Military OneSource offers transitioning Service members consultations on navigating their transition and provides information on the resources and programs available to help Service members have a successful transition.[7] Through Military OneSource, Service members have access to confidential non-medical counseling up to a year after their separation or retirement.[8] These resources, along with programs like inTransition and TAP, offer transitioning Service members with a comprehensive set of tools to promote continuity of mental health care.

The mental health of Service members remains a priority for the DoD, and we are continuously identifying opportunities to improve the delivery of mental health support for those who serve our Nation. The recently published GAO report, "DOD AND VA HEALTH CARE: Actions Needed to Better Facilitate Access to Mental Health Services During Military to Civilian Transition" (July 15, 2024), reviewed access to mental health services for transitioning Service members, which included examining elements of the DoD's inTransition program and the DoD-VA Joint Executive Committee's (JEC) assessment of the effectiveness of efforts to facilitate access to mental health services for transitioning Service members.

The GAO's review identified challenges for inTransition to conduct outreach to Service members and to connect with Service members that are automatically enrolled in the program. Consequently, GAO provided the following five recommendations, which included a revision of inTransition's enrollment criteria and outreach policy, establishment of inTransition performance goals, and an assessment by the

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[2] DHA-AI 6490.02.
[3] Health.mil; "inTransition."
[4] DoDTAP.mil; "Partnering Agencies."
[5] DoDTAP.mil; "TAP Curriculum."
[6] DoD Instruction 1332.35, "Transition Assistance Program (TAP) for Military Personnel," September 26, 2019.
[7] Militaryonesource.mil; "Military OneSource's Transitioning Veterans Consultation."
[8] Militaryonesource.mil; "Military Transition to Civilian Life Comes with a Full Year of Support from Military OneSource."

DoD-VA JEC of the departments' efforts to facilitate access to mental health services:

- Recommendation 1: The Defense Health Agency (DHA) should revise the inTransition program's criteria for auto-enrollment as outlined in its policy to identify and enroll eligible Service members prior to their separation from the military.
- Recommendation 2: DHA should revise the inTransition program's policy to expand the outreach methods used by the program to contact automatically enrolled Service members, such as by adding requirements for outreach through email, text, or the use of location services.
- Recommendation 3: DHA should establish measurable performance goals for the inTransition program that have quantitative targets and timeframes.
- Recommendation 4: DHA should implement a process for the inTransition program to use performance information to assess its effectiveness and make any needed improvements, as appropriate.
- Recommendation 5: The DoD-VA JEC should assess the effectiveness of DoD and VA programs and processes overall in facilitating access to mental health services across the transition continuum, and recommend any needed changes to DoD and VA, including changes to address any identified gaps or unnecessary duplication or overlap.

The DoD reviewed the GAO report and recommendations and a formal comment from the Department is in progress. We are committed to continuing to enhance the inTransition program and to assessing the effectiveness of transition-related programs in order to improve continuity of care for transitioning Service members.

Thank you for your continued support of the health and well-being of our Service members and for inviting me to be here with you today to discuss the important issue of continuity of mental health support services for Service members transitioning to civilian life. We recognize that we have more work to do, and much more progress to make, in support of our Service members when they are most vulnerable as they transition into civilian life. We remain committed to enabling Service members to receive the necessary mental health support they need during this life-changing and important transition. I look forward to your questions.

Prepared Statement of Alyssa Hundrup

United States Government Accountability Office

Testimony

Before the Subcommittee on Economic Opportunity, Committee on Veterans' Affairs, House of Representatives

For Release on Delivery
Expected at 3:00 p.m. ET
Tuesday, September 10, 2024

DOD AND VA TRANSITION PROGRAMS

Recommendations for Improving Mental Health Support

Statement of Alyssa M. Hundrup, Director, Health Care and John D. Sawyer, Director, Education, Workforce, and Income Security

GAO-24-107752

GAO Highlights

Highlights of GAO-24-107752, a testimony before the Subcommittee on Economic Opportunity, Committee on Veterans' Affairs, House of Representatives

Why GAO Did This Study

Thousands of service members transition from military service to civilian life each year—about 175,000 in calendar year 2022. Research has shown that during this transition period service members are especially vulnerable. One study found that the suicide rate within the first year of separation was about 2.5 times higher than for the active duty population.

To help address this concern, DOD and VA have various programs and processes available to support transitioning service members and veterans who may need mental health assistance. GAO's past work has identified areas for improvement to these programs and processes.

This statement summarizes GAO's recent work examining DOD's and VA's efforts to support service members and veterans with mental health needs during the transition from military to civilian life. This includes recommendations GAO made regarding (1) DOD's inTransition program; (2) DOD's warm handover process; (3) VA's Solid Start program; and (4) the DOD-VA Joint Executive Committee's assessment of mental health services across the transition continuum.

This statement is primarily based on three GAO reports issued between January 2023 and July 2024 (GAO-23-105699, GAO-24-106248, and GAO-24-106189). GAO also reviewed documents from DOD and VA related to steps the agencies have taken to address GAO's recommendations.

View GAO-24-107752. For more information, contact Alyssa M. Hundrup at (202) 512-7114 or hundrupa@gao.gov or John D. Sawyer at (202) 512-7215 or sawyerj@gao.gov.

September 2024

DOD AND VA TRANSITION PROGRAMS

Recommendations for Improving Mental Health Support

What GAO Found

The Departments of Defense (DOD) and Veterans Affairs (VA) administer a number of transition programs to support separating service members and veterans, including those with mental health needs. GAO has recently reported on some of these programs and on DOD's and VA's efforts to assess their effectiveness in facilitating access to mental health services during the transition period. Since January 2023, GAO has made 11 recommendations to DOD and three to VA to improve their support for the transitioning population. As of August 2024, the departments had taken steps to implement some of these recommendations. Fully addressing them would help ensure that transitioning service members and veterans have the support they need and deserve.

- **DOD's inTransition program.** This program is intended to help facilitate connections to mental health services for service members and veterans during times of transition to ensure the continuity of their care. In July 2024, GAO reported that inTransition did not successfully connect with over 70 percent of the eligible service members it identified in 2022. This was due, in part, to its reliance on telephone calls and not other forms of outreach, such as email. GAO recommended that inTransition expand its outreach methods. DOD did not provide a formal response to this recommendation.
- **DOD's warm handovers.** To assist service members who may be at risk for a difficult transition—including those with mental health needs—DOD has a process to provide a person-to-person connection, known as a "warm handover," to other agencies. In March 2024, GAO reported that DOD does not reliably verify that warm handovers occur and has not assessed their helpfulness. GAO made multiple recommendations, including that DOD develop a plan to assess the helpfulness of warm handovers. DOD concurred with the recommendations and is working to implement them.
- **VA's Solid Start program.** This program proactively connects new veterans with resources and benefits and designates transitioning service members as "priority veterans" for outreach if they received mental health care in the year prior to separation. In January 2023, GAO reported that VA had not collaborated with veterans organizations to address outreach challenges, such as using cold calls to contact veterans or connecting with hard-to-reach veterans. GAO recommended that VA collaborate with veterans organizations to identify and address any outreach gaps and assess outreach strategies for hard-to-reach veterans. VA concurred and has implemented the recommendation.
- **DOD-VA Joint Executive Committee's assessment of programs.** This committee serves as an interagency body for coordinating the resources and benefits of the departments, including military transition assistance activities. In July 2024, GAO reported that the Committee had not assessed the overall effectiveness of the departments' various efforts to facilitate access to mental health services for transitioning service members and veterans and made a recommendation that it do so. VA concurred with this recommendation, but DOD did not provide a formal response.

Chairman Van Orden, Ranking Member Levin, and Members of the Subcommittee:

Thank you for the opportunity to discuss our work on the Department of Defense's (DOD) and the Department of Veterans Affairs' (VA) efforts to provide mental health support for service members and veterans during their transition from military to civilian life. Thousands of service members separate from the military every year—about 175,000 in calendar year 2022. This transition period can be an especially vulnerable time, bringing challenges such as the loss of a sense of purpose, familial and financial strain, and difficulty readjusting to social and civilian life. Recent research and a 2018 Executive Order found that the suicide rate for veterans in the first year of separation was about 2.5 times higher than for the active-duty population and about twice the overall rate for all veterans.[1]

DOD and VA have a number of programs to support separating service members and veterans during the transition period. For example, DOD has a voluntary program, called inTransition, intended to help facilitate connections to mental health services for service members and veterans during their transitions. Additionally, to assist service members who may be at risk for a difficult transition—including those with mental health needs—DOD, through its Transition Assistance Program (TAP), facilitates a person-to-person connection, known as a "warm handover," to other agencies. Within VA, the Solid Start program connects new veterans with resources and benefits, and it prioritizes outreach to those who received mental health care in the year prior to separation.

DOD and VA's Joint Executive Committee is an interagency body established by law to oversee the departments' coordination with health care and benefits, including the various programs and processes that may assist service members and veterans across the transition continuum, which it defines as 1 year before and 1 year after separation.[2] Given the Committee's ability to look collectively across DOD's and VA's programs and various efforts, it is uniquely positioned to assess the

[1]Chandru Ravindran, et al., "Association of Suicide Risk with Transition to Civilian Life among U.S. Military Service Members," *JAMA Network Open*, vol. 3, no. 9 (2020), and Exec. Order No. 13,822, 3 C.F.R. 320 (2019), reprinted in 38 U.S.C. § 1712A note at 349-50 (2020).

[2]National Defense Authorization Act for Fiscal Year 2004, Pub. L. No. 108-136, div A, tit. V, § 583(a)(1), 117 Stat. 1392, 1490 (2003) (codified, as amended, at 38 U.S.C. § 320).

departments' overall efforts to assist and support the transitioning population.

We have recently reported on these programs and on DOD's and VA's efforts to assess their effectiveness in facilitating access to mental health services during the transition period.[3] Our work identified a number of issues, and, since January 2023, we have made eleven recommendations to DOD and three recommendations to VA to improve the departments' support for transitioning service members and veterans. The departments have taken initial steps to implement some of these recommendations, and we will continue to monitor their actions to fully address them.[4]

My remarks today summarize key findings from our recent work examining DOD's and VA's efforts to provide mental health and other support for transitioning service members and veterans, including recommendations we have made to DOD and VA related to

1. DOD's processes for enrollment, outreach, and performance assessment for its inTransition program;
2. DOD's approach for tracking and verifying who receives a warm handover and assessing its helpfulness;
3. VA's outreach for its Solid Start program; and
4. The DOD-VA Joint Executive Committee's assessment of mental health services across the transition continuum.

This statement is based on our recent work issued between January 2023 and July 2024 reviewing DOD's and VA's efforts to support transitioning service members and veterans who may need mental health resources or other types of assistance. Detailed information on the objectives, scope, and methodology of this work can be found in each issued report. For this statement, we reviewed DOD and VA documentation related to the status

[3]GAO, *DOD and VA Health Care: Actions Needed to Better Facilitate Access to Mental Health Services During Military to Civilian Transitions*, GAO-24-106189 (Washington, D.C.: July 15, 2024); *Service Members Transitioning to Civilian Life: Agencies Can Improve Warm Handovers for Additional Assistance*, GAO-24-106248 (Washington, D.C.: Mar. 21, 2024), and *Veterans Benefits: VA Could Enhance Outreach for Its Solid Start Program by Increasing Collaboration with Veterans Organizations*, GAO-23-105699 (Washington, D.C.: Jan. 5, 2023).

[4]As of September 10, 2024, all 11 of the DOD recommendations remain open and 2 of the 3 VA recommendations remain open. We also made one recommendation to the Department of Labor in GAO-24-106248, which remains open.

of efforts to implement our recommendations since the reports were issued.

We conducted the work on which this statement is based 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

DOD's inTransition program

Established in 2010, DOD's inTransition program is intended to help facilitate connections to mental health services for individuals at various transition points, including transitioning between duty stations or out of the military, to ensure continuity of care.[5] It is a voluntary and confidential program with licensed psychological health clinicians, called coaches, who provide support services by telephone to the program's enrollees during times of transition. DOD's Defense Health Agency is responsible for managing inTransition, which is implemented by a contractor.[6]

Individuals may enroll in the program one of two ways—through a referral or through the program's automatic enrollment process for eligible transitioning service members. Individuals may be referred to inTransition by a provider or they may self-refer. Under automatic enrollment, inTransition identifies eligible service members using data on military separations and medical histories. Specifically, the program automatically enrolls service members who had received mental health or moderate-to-

[5]Transitioning service members include those relocating to another assignment, returning from deployment, transitioning from active duty to reserve, transitioning from reserve to active duty, preparing to leave military service or recently separated from service. The program is available to active-duty service members, U.S. Coast Guard personnel, National Guard members, reservists, veterans, and retirees, regardless of time in service, time from service, or characterization of discharge.

[6]Officials from the current inTransition contractor told us they started work in October 2021. The contract has an initial base year plus 4 option years, with a total value of approximately $29 million over the 5-year period.

severe traumatic brain injury (TBI) care in the year prior to their separation.[7]

Once auto-enrollees are identified, the program is to conduct outreach to determine whether these individuals want to "accept" their enrollment and participate in the program, or if they wish to opt out. The inTransition contractor is to conduct up to 3 outreach phone calls to each automatically enrolled service member within specific time frames.[8] The program's coaches may refer service members to mental health providers, as well as provide information on community resources and support groups, among other services. Coaches do not provide telephonic mental health care or other health care services.

DOD Warm Handovers

When eligible service members prepare to separate from the military, they are required to participate in TAP, which provides individualized counseling sessions, tailored classes, and a final review of compliance with program requirements, also known as a capstone. The goal of TAP is to help service members achieve career readiness standards, such as developing a financial plan or completing an individual transition plan, prior to re-entering civilian life. According to DOD's policy, service members are generally expected to begin TAP at least 1 year before they anticipate leaving military service, but not later than 90 days before separation.[9]

When a service member does not meet career readiness standards, a TAP counselor, commander, or commander designee may determine that a service member needs a warm handover. The warm handover is a person-to-person connection of service members to services from an interagency partner, such as VA or the Department of Labor (DOL), with

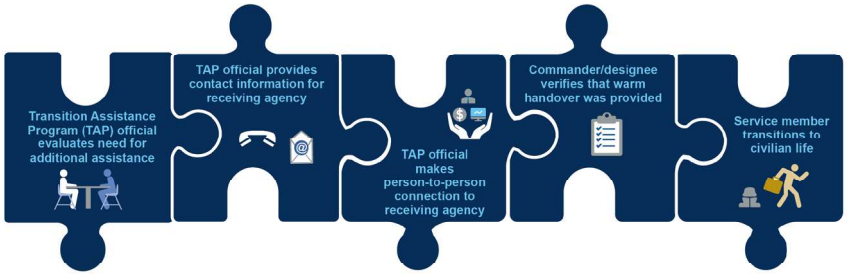
[7]More specifically, the program automatically enrolls service members who have had a mental health or moderate-to-severe TBI encounter in the 30 days prior to separation, at least two outpatient mental health or moderate-to-severe TBI encounters in the year before separation, or at least one inpatient mental health or moderate-to-severe TBI encounter in the year before separation.

[8]The contract active during the time of our review provided that while the number of calls made to each name on the monthly list is three, monthly requirements for the number of calls may be reduced to two or even one based on monthly consultation of government assessment and need.

[9]We have previously found that 70 percent of service members did not start TAP more than 1 year in advance, as generally required. For more information, see GAO, *Servicemembers Transitioning to Civilian Life: DOD Can Better Leverage Performance Information to Improve Participation in Counseling Pathways*, GAO-23-104538 (Washington, D.C.: Dec. 12, 2022).

follow-up resources as needed. For example, warm handovers could assist service members in connecting to mental health care available through the VA. According to DOD policy, a commander or commander's designee is supposed to confirm a warm handover for service members who do not meet career readiness standards or who are anticipated to face other transition challenges, such as a lack of peer support or major readjustment, health care, or employment challenges.[10] According to the policy, the warm handover "provides a confirmed introduction and assurance that the appropriate interagency partner acknowledge(s) that an eligible service member requires post-military assistance." Further, the policy states that "the interagency partner follows through on providing assistance to meet the needs of service members, mitigate risk, and assist them in attaining their post-transition goals and a successful transition." In doing so, the warm handover is designed to help vulnerable service members achieve a successful transition into civilian life. See figure 1.

Figure 1: General Overview of the Warm Handover Process



Source: GAO analysis of Department of Defense policy. | GAO-24-107752

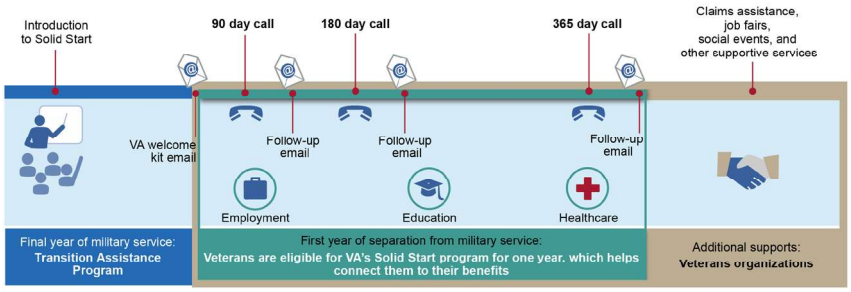
VA's Solid Start Program

VA launched the Solid Start program in 2019 to proactively connect new veterans with resources and benefits, including mental health and other

[10]Department of Defense Instruction 1332.35, *Transition Assistance Program (TAP) For Military Personnel* (Washington, D.C.: Sept. 26, 2019).

medical care, employment assistance, and education assistance.[11] Under the program, Solid Start representatives call veterans to determine their needs and proactively connect them to VA benefits. Representatives are to call and email new veterans at three intervals: 90, 180, and 365 days after separation. Once representatives speak with the veteran, they are to follow up with a personalized email with more information. See figure 2.

Figure 2: Examples of Supports for New Veterans, Including Solid Start Communication Milestones



Source: GAO summary of documentation and interviews with the Department of Veterans Affairs (VA). | GAO-24-107752

Note: The Transition Assistance Program, with limited exceptions, is a mandatory program that helps separating service members prepare for their transition to civilian life. For the Solid Start program, if the Department of Veterans Affairs (VA) Solid Start representatives speak with a veteran, they send a personalized follow up email. General informational emails are also sent throughout the year of eligibility. VA continues to offer benefits and resources to veterans after the first year of separation. Veterans organizations are non-governmental organizations that assist veterans with a range of services.

VA designates transitioning service members as priority veterans if they had an appointment with a mental health care professional in the year prior to separation. Priority veterans receive earlier outreach than other veterans.[12] During phone calls, Solid Start representatives share information on specific benefits, as well as offer personalized guidance

[11]A law codifying Solid Start was enacted on October 17, 2022. Pub. L. No. 117-205, 136 Stat. 2232 (codified at 38 U.S.C. § 6320).

[12]According to VA officials, representatives must discuss VA mental health benefits during every answered call. If the veteran is experiencing a mental health crisis, the representative is to transfer them to the Veterans Crisis Line—a confidential service for veterans at immediate risk of self-harm provided at no cost to the veteran.

based on the veteran's needs and interests. In 2021, Solid Start successfully contacted 75 percent of priority veterans.

According to VA officials, the program's telephone outreach strategy was informed by private industry consultants with expertise on the number of calls needed to successfully connect with people.[13] VA defines a successful contact as a phone conversation with an individual veteran that covers all required and requested benefits information at least once during the 365-day period of eligibility for Solid Start. VA's goals for successful contacts with eligible veterans in fiscal years 2020 and 2021 were 40 and 50 percent, respectively, which it exceeded both years.[14]

The DOD-VA Joint Executive Committee

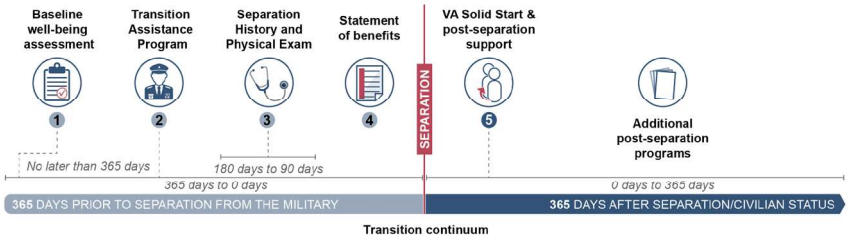
The DOD-VA Joint Executive Committee was established to oversee DOD's and VA's coordination with providing health care and benefits and to provide annual reports to Congress on its efforts.[15] In this capacity, the Committee serves as the primary federal interagency body for overseeing military transition assistance activities. In September 2019, the Joint Executive Committee approved the "Military to Civilian Readiness" framework. This framework is a timeline that lays out the various independent processes and programs that may assist service members and veterans across the transition continuum. See figure 3.

[13]At each time interval, representatives are to make seven attempts to phone the veteran and leave voicemails on the first, third, and seventh attempts. Even if a veteran has answered the 90-day call and spoken to a representative, Solid Start representatives continue to phone them at the 180-day and 365-day call intervals.

[14]According to VA officials, they established annual successful contact goals for Solid Start based on the contact rates of other VA outreach programs.

[15]See 38 U.S.C. § 320(c).

Figure 3: Department of Defense (DOD)-Department of Veterans Affairs (VA) Joint Executive Committee's Military to Civilian Readiness Framework



Source: GAO analysis of DOD-VA Joint Executive Committee information (information); GAO (icons); barks/stock.adobe.com (soldier icon). | GAO-24-107752

Implementing GAO's Recommendations Could Improve inTransition's Processes for Enrollment, Outreach, and Performance Assessment

In our July 2024 report, we found several issues with the inTransition program that impeded its ability to successfully assist eligible transitioning service members and veterans who may have mental health needs.[16] We made four recommendations to the Defense Healthy Agency to address these issues, including recommendations related to the timing of the inTransition's automatic enrollment process, its outreach strategy, and its assessment of program performance. DOD did not provide a formal response to these recommendations.

inTransition's automatic enrollment occurs 2 to 3 months after separation. We found that the program identified most of its enrollees—about 85 percent (91,224 of 107,649 enrollees) in calendar year 2022—2 to 3 months after their separation from the military through its automatic enrollment process. This timing coincides with the last 9 months of the 24-month transition continuum, which may result in a post-separation gap in assistance for some service members during a vulnerable period. As we noted in our July report, this timing also affects the program's ability to accomplish its primary objective of ensuring continuity of mental health services during times of transition.

Per inTransition's policy, the program automatically enrolls any service member who meets its criteria of having received care for mental health or moderate-to-severe traumatic brain injury in the year prior to their

[16]GAO-24-106189.

separation. Agency officials said that accurate execution of the policy's automatic enrollment criteria requires them to conduct this process after service members have separated. According to the contractor who identifies these enrollees, the timing of this process is also impacted by when the military services report their separations data, which generally accounts for a 2- to 3-month time lag.

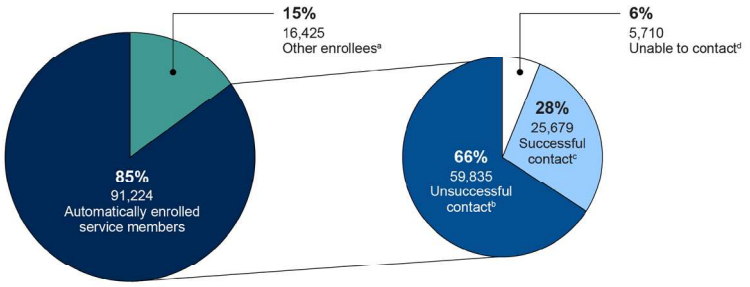
Identifying eligible service members for automatic enrollment prior to their separation would help inTransition better ensure the continuity of any needed mental health services during the critical transition period. For example, under revised criteria, service members with mental health needs could be identified prior to separation through their participation in mandatory transition processes like TAP. We recommended that the Defense Health Agency revise the program's criteria to identify and enroll these eligible service members prior to their separation from the military.

inTransition's outreach strategy contributed to difficulties in contacting enrollees. We also found the inTransition program was unable to successfully connect with over 70 percent of the service members it identified through its automatic enrollment process (65,545 of 91,224), based on our analysis of inTransition data for 2022.[17] As a result, these service members may not have known that they were identified through inTransition's automatic enrollment process and may not have been aware of the program and the assistance it could provide. See figure 4.

[17]This is generally consistent with the rate reported by the DOD's Office of the Inspector General in November 2021. Specifically, that report found an approximately 28 percent successful contact rate for the inTransition program's automatically enrolled service members from fiscal year 2017 through 2020. See Department of Defense Office of the Inspector General, *Evaluation of the Department of Defense's Implementation of Suicide Prevention Resources for Transitioning Uniformed Service Members*, Report No. DODIG-2022-030 (Nov. 9, 2021).

We defined a successful contact as inTransition speaking or connecting with an automatically enrolled service member to inform them of inTransition's services. We defined an unsuccessful contact as inTransition not speaking or connecting with an automatically enrolled service member.

Figure 4: Department of Defense's inTransition Enrollees and Telephone Call Response Rates to Automatically Enrolled Service Members, 2022



Source: GAO analysis of DOD data. | GAO-24-107752

[a]Enrollees who were referred or who self-referred to the program.

[b]Enrollees who did not answer or return inTransition's phone calls offering assistance.

[c]Enrollees who answered or returned inTransition's phone calls offering assistance.

[d]Enrollees who could not be contacted due to missing or incorrect phone numbers.

Note: During this period, the inTransition program was unable to make the up to three calls, provided for in the contract, from April through December, according to officials. inTransition program officials said that was due to larger-than-expected enrollment lists and a shortage of contract funds. Nonetheless, the contact rate we calculated for 2022 was generally consistent with the contact rate reported by the DOD Office of Inspector General in November 2021. Specifically, that report found an approximately 28 percent successful contact rate for the inTransition program's automatically enrolled service members from fiscal years 2017 through 2020.

The inTransition program was unable to reach some automatically enrolled service members because DOD did not have up-to-date or accurate contact information to provide to the program. Our analysis of 2022 data showed that the program could not contact about 6 percent (5,710) of the total automatically enrolled service members because of incorrect or missing contact information.

We also found that the number of outreach attempts may have affected the program's overall rate of successful connections. inTransition program officials told us for certain months in 2022 they did not require the contractor to make the up to three outreach telephone calls to each automatically enrolled service member, as provided for in the contract. For example, from July through December, only one phone call was made to each auto enrollee. Officials told us this was because

inTransition experienced larger-than-expected enrollment lists and a shortage of contract funds. According to inTransition officials, the program received additional funding in April 2023, which allowed the contractor to return to making up to three outreach calls for each automatically enrolled service member.

Program officials explained that the program's method of outreach—telephone calls—may help explain the program's difficulty in successfully connecting with its automatically enrolled service members, because cold calls are an outdated form of communication. When asked about using alternative methods of outreach, program officials said that the program's policy requires phone calls as the primary contact method.[10]

Expanding the program's outreach methods could potentially improve its ability to successfully connect with eligible service members, and in turn, increase participation. Additionally, when coupled with identifying automatically enrolled service members before they separate, the program would likely have more accurate contact information for these individuals. We recommended that the Defense Health Agency revise inTransition's policy to expand its outreach methods for contacting automatically enrolled service members, such as with text messages, email, or the use of services that help locate individuals with outdated or incorrect contact information.

inTransition lacks performance goals. Finally, our July 2024 report found that the inTransition program regularly monitors a number of measures on program performance, but it has not defined the level of performance it aims to achieve. inTransition program officials said that they review the contractor's reported data, such as data on enrollees' military service branch and enrollees' decisions on whether to stay enrolled or opt out, on a monthly, quarterly, and yearly basis. However, despite the difficulties the contractor has faced in successfully connecting with automatically enrolled service members, program officials said they have no changes planned to improve the program, and that the program is working as intended.

Establishing measurable performance goals that have quantitative targets and time frames would help inTransition program officials assess program performance by comparing planned and actual results. For instance, the

[18]Defense Health Agency-Procedural Instruction 6490.01, *inTransition Program* (July 12, 2019).

inTransition contractor tracks and reports how many automatically enrolled service members it contacts, but the program does not have related goals for how many automatically enrolled service members it aims to successfully connect with each month (e.g., such as a targeted percentage of the monthly automatically enrolled service members).

We recommended the program establish performance goals as well as implement a process to use the performance information to assess its effectiveness and make any needed improvements. Taking these steps would give decision-makers baseline information and longitudinal data to determine whether changes to the program are needed. This, in turn, could result in more enrollees participating in the program and more transitioning service members obtaining needed assistance.

DOD Is Taking Steps to Improve Warm Handovers and Assess Their Helpfulness to Service Members Transitioning to Civilian Life

In our March 2024 report, we found several issues with DOD's warm handover process that could prevent the agency from providing transition support to service members.[19] We made eight recommendations to address these issues, including that DOD 1) develop plans to analyze warm handover data, 2) develop additional guidance to commanders and their designees on verifying warm handovers, and 3) develop a plan to assess the helpfulness of warm handovers. DOD concurred with these recommendations and is taking steps to implement them.

DOD is not tracking why some service members do not receive warm handovers. We found that DOD does not know why some service members who do not meet career readiness standards are not receiving a warm handover because DOD has not analyzed available data to determine the reasons why they did not receive them. According to our analysis of DOD's available TAP data and policy, at least 4,300 service members who separated from the military from April 1, 2021, to March 31, 2023, should have received a warm handover but did not.[20]

[19]GAO-24-106248.

[20]According to DOD's available TAP data, 267,745 service members separated from the military during this period. Of this group of service members, 40,998 (15 percent) received at least one warm handover. These data do not include the Reserves, National Guard, Coast Guard, or the Space Force. Army data from November 2022 to June 2023 were unavailable due to data migration and not included in our analysis. These data reflect warm handovers as recorded in DOD data; we did not independently verify whether all steps in the warm handover process were completed. Service members may receive more than one warm handover.

DOD collects and maintains information on the activities that each service member completes, including whether they complete a financial plan or other requirements for the career readiness standards. However, our report found DOD does not analyze data on the characteristics or circumstances of service members who did not meet these requirements and who did not receive a warm handover. Moreover, in some cases, available data on why a warm handover is not provided may be limited. According to DOD officials, TAP counselors and commanders make individualized decisions on whether transitioning service members should receive a warm handover. TAP officials may decide not to provide a warm handover even when the service members did not meet career readiness standards. However, TAP officials are not required to record a reason why the warm handover is not provided.

Analyzing data to determine why service members did not receive warm handovers would help DOD ensure that it refers service members who need additional assistance to the relevant resources. We recommended that DOD develop a written plan to analyze its available TAP data to identify reasons why transitioning service members who should receive a warm handover are not receiving one and take action to collect additional warm handover data. In May 2024, DOD indicated that it plans to update its TAP Evaluation Plan with a written analysis regarding warm handovers, modify its TAP data collection form to require reasons why transitioning service members who should receive warm handovers are not receiving one, and provide support for officials involved in data collection. DOD estimated that it will complete these efforts by September 2026.

DOD does not reliably verify who receives a warm handover. We also found that DOD is not reliably verifying whether warm handovers occur. In some cases, warm handovers were provided but not verified in the database, and in other cases warm handovers were not provided but were verified.[21] For instance, according to available DOD data for a 2-year period (April 1, 2021, to March 31, 2023), commanders or their designees verified that a warm handover was provided to 77,711 transitioning service members who were not recorded as receiving one, calling into question the reliability of commander and designee

[21]We considered a warm handover to have been provided when DOD's data included a warm handover reason and an agency type. If either of these data elements were missing, we considered no warm handover to have occurred.

verifications. [22] TAP officials we interviewed during our site visits said that many commanders and designees are not sure about their responsibility to verify with service members that warm handovers occur.

Having a reliable mechanism for verifying that a warm handover has occurred would help DOD ensure that it is assisting service members in finding employment, accessing benefits, and becoming aware of mental health and other resources available to them. We recommended that DOD develop additional guidance to commanders and their designees on verifying warm handovers and on recording the verifications in the TAP database. In May 2024, DOD said that the TAP Interagency Governance Structure is developing a course and written commander's guide to better educate commanders and their designees on the importance of verifying warm handovers and recording the verifications in the TAP database. DOD plans to develop the commander guidance by March 2025 and incorporate it into the course by June 2025.

DOD has not assessed the helpfulness of warm handovers. Our March 2024 report also found that DOD generally does not know whether service members who were identified as needing a warm handover received services or achieved positive post-transition outcomes. Stakeholders, such as TAP officials, said that warm handovers could be especially beneficial to younger and lower-ranked service members and to service members facing unanticipated separations for short-notice, administrative, or medical separations. However, DOD does not have a plan to assess whether service members received services from other agencies or organizations they were referred to or achieved positive post-transition outcomes after a warm handover is provided.

Developing an assessment plan to examine program outcomes would help DOD better understand the helpfulness of the warm handover process and inform future improvement efforts. We recommended that DOD, in coordination with interagency partners, such as DOL and VA, develop a plan to assess the helpfulness of warm handovers as a part of its overall assessment of TAP. In May 2024, DOD said it plans to integrate a written analysis to assess the efficacy of warm handover data into the existing TAP Evaluation Plan. This will be done through the interagency Performance Management Work Group, which includes representatives from DOD, DOL, and VA, among other agencies.

[22]These data do not include the Reserves, National Guard, Coast Guard, or the Space Force. Army data from November 2022 to June 2023 were unavailable due to data migration and not included in our analysis.

According to DOD, this updated plan will include an assessment of the overall helpfulness of warm handovers. DOD estimates that it will complete this action by March 2025.

VA Implemented GAO's Recommendation to Collaborate with Veterans Organizations to Improve Outreach for Its Solid Start Program

In our January 2023 report, we found that VA had systematically phoned eligible veterans about available benefits and additional resources, and prioritized veterans with prior mental health appointments. However, we also found that VA had not collaborated with veterans organizations to address the outreach challenges they identified with VA's communication tools (e.g., cold calls) and building relationships with veterans.[23] We recommended that VA's Under Secretary for Benefits collaborate with veterans organizations, such as veteran service organizations, in identifying and addressing any outreach gaps, and assessing Solid Start outreach strategies for hard-to-reach groups of veterans. VA concurred with this recommendation and implemented it in May 2023.

Many nongovernmental organizations advocate for and work to support veterans, such as veteran service organizations, which assist veterans with their benefit claims, sponsor a range of programs for veterans, and advocate on behalf of veterans, among other things. Veterans organizations can support veterans throughout their year of Solid Start eligibility, and beyond. Representatives from six of the seven veterans organizations we spoke with told us that using phone calls as Solid Start's primary communication tool may present a challenge because veterans may be reluctant to answer phone calls, especially if the calls are unexpected or labeled as spam. VA officials acknowledged that reaching younger veterans has been a challenge, as shown in lower success rates for contacting veterans under age 23. Other hard-to-reach veterans include those living in remote areas, experiencing homelessness, or who did not receive an honorable discharge.

In addition, representatives from all seven veterans organizations told us there were barriers for Solid Start program representatives in trying to create relationships with the veterans. Such barriers may include Solid Start representatives who lack military experience, or who potentially lack cultural competency when interacting with racial and ethnic minorities,

[23]GAO-23-105699.

and LGBTQ+ veterans.[24] These barriers may result in veterans' hesitancy to speak with or trust VA.

In response to our recommendation, in May 2023, VA implemented an updated veteran service organization engagement plan for more regular collaboration to ensure veteran service organizations have the necessary training, information, and tools to promote Solid Start. VA also implemented additional engagement efforts, such as additional targeted emails promoting the benefits of engaging with Solid Start, and a prominent social media presence, to connect with younger veterans.

DOD-VA Joint Executive Committee Would Benefit from Assessing the Effectiveness of Efforts to Facilitate Access to Mental Health Services

In our July 2024 report, we found that the DOD-VA Joint Executive Committee had not assessed the effectiveness of the departments' efforts overall in facilitating access to mental health services for transitioning service members. We recommended that the Committee assess the effectiveness of DOD and VA programs and processes overall in facilitating access to mental health services across the transition continuum, and recommend any needed changes to DOD and VA, including changes to address any gaps or unnecessary overlap or duplication. VA concurred with the recommendation, but DOD did not formally respond to it.

As described in our report, officials told us that the Committee directed the Transition Executive Committee (its subcommittee focused on transitioning from the military) to identify DOD and VA mental health-related programs and processes across the transition continuum in 2022.[25] The Transition Executive Committee identified a number of DOD and VA programs and processes that may provide mental health touchpoints for service members during this time.

However, officials responsible for the review told us that they limited their review to an inventory of available mental health resources, and they did not assess the effectiveness of these efforts. Specifically, the officials said

[24]LGBTQ+ stands for lesbian, gay, bisexual, transgender, queer or questioning. The "plus" is meant to be inclusive of identities that may not be covered by the acronym LGBTQ, such as asexual, intersex, non-binary, and two-spirit.

[25]The Transition Executive Committee provides oversight and direction related to transition assistance to service members and veterans. The National Defense Authorization Act for Fiscal Year 2024 added the Transition Executive Committee as a statutory committee of the DOD-VA Joint Executive Committee. Prior to this legislation, the Transition Executive Committee operated as a directed committee of the DOD-VA Joint Executive Committee's co-chairs. Pub. L No. 118-31, div. A, tit. XVIII, § 1805, 137 Stat. 136, 687 (2023).

that they did not evaluate whether or how these programs and processes collectively facilitate continuous access to mental health services across the transition continuum.

Such an assessment—which could build off the inventory of mental health touchpoints—would align with the Committee's strategic goal of enhancing the transition experience. It would also provide the Committee with a more comprehensive understanding of how and when service members and veterans can access mental health services across the transition continuum. As we noted in our report, this would better position the Committee to identify and address issues with any service gaps, overlap, or duplication. For example, we found that approximately 95 percent of the veterans on VA's Solid Start lists of "priority" veterans also appeared on DOD's inTransition lists of automatically enrolled service members for calendar year 2022. As a result, almost all of these veterans may have received multiple outreach calls from both programs during the same post-separation time period, which could be confusing for them. An assessment would help to determine whether this overlap is problematic and, if so, what steps the Committee could take to help resolve it.

In closing, ensuring that service members and veterans have access to mental health support and other services during the transition continuum is critical, especially in light of the many challenges they may face in readjusting to civilian life. Both DOD and VA have programs geared towards helping this population, but critical improvements are needed to ensure they are effectively reaching and assisting them. Fully addressing our recommendations would help ensure that transitioning service members and veterans have the support they need and deserve. We will continue to monitor their efforts to do so.

Chairman Van Orden, Ranking Member Levin, 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.

GAO Contacts and Staff Acknowledgments

If you or your staff members have any questions concerning this testimony, please contact Alyssa M. Hundrup at (202) 512-7114 or HundrupA@gao.gov for questions about DOD's inTransition program or the DOD-VA Joint Executive Committee and John D. Sawyer at (202) 512-7215 or SawyerJ@gao.gov for questions about DOD's warm handover process or VA's Solid Start program. Contact points for our Office of Congressional Relations and Public Affairs may be found on the last page of this statement. Individuals who made key contributions to this testimony statement include Bonnie Anderson (Assistant Director), Amy

Andresen (Analyst in Charge), Nick Bartine, Adrienne Bober, Meeta Engle, Kristen Jones, Paul Schearf, and Alexandra Squitieri. Also contributing to this statement were Mimi Nguyen, Aaron Olszewski, Roxanna Sun, Cathy Hamann Whitmore, and Jennifer Whitworth.

Related GAO Reports

Transition to Civilian Life: Better Collection and Analysis of Military Service Data Needed to Improve Oversight of the SkillBridge Program. GAO-24-107352. August 22, 2024.

DOD and VA Health Care: Actions Needed to Better Facilitate Access to Mental Health Services During Military to Civilian Transitions. GAO-24-106189. Washington, D.C.. July 15, 2024.

Defense Health Care: DOD Should Improve Accuracy of Behavioral Health Provider Information in TRICARE Directories. GAO-24-106588. Washington, D.C.: July 8, 2024.

Veterans Health Care: Opportunities Exist to Improve Assessment of Network Adequacy for Mental Health. GAO-24-106410. Washington, D.C.: June 3, 2024.

Service Members Transitioning to Civilian Life: Agencies Can Improve Warm Handovers for Additional Assistance. GAO-24-106248. Washington, D.C.: March 21, 2024.

VA Health Care: Opportunities Exist to Further Meet Student Veterans' Mental Health Needs. GAO-24-106620. Washington, D.C.: February 15, 2024.

Defense Health Care: DOD Should Monitor Urgent Referrals to Civilian Behavioral Health Providers to Ensure Timely Care. GAO-24-106267. Washington, D.C.: February 6, 2024.

Defense Health Care: DOD Assessment Needed to Ensure TRICARE Behavioral Health Coverage Goals Are Being Met. GAO-24-106597. Washington, D.C.: December 20, 2023.

Veterans Benefits: VA Could Enhance Outreach for Its Solid Start Program by Increasing Collaboration with Veterans Organizations. GAO-23-105699. Washington, D.C.: January 5, 2023.

Servicemembers Transitioning to Civilian Life: DOD Can Better Leverage Performance Information to Improve Participation in Counseling Pathways. GAO-23-104538. Washington, D.C.: December 12, 2022.

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.

Military and Veteran Support: DOD Has Taken Steps to Help Servicemembers Transfer Skills to Civilian Employment but Has Limited Evidence to Determine Program Effectiveness. GAO-22-105261. Washington, D.C.: February 17, 2022.

Military Personnel: DOD's Transition Assistance Program at Small or Remote Installations. GAO-21-104608. Washington, D.C.: July 21, 2021.

Military and Veteran Support: Performance Goals Could Strengthen Programs that Help Servicemembers Obtain Civilian Employment. GAO-20-416. Washington, D.C.: July 9, 2020.

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Prepared Statement of James Rodriguez

Introduction

Chairman Van Orden, Ranking Member Levin, and distinguished Members of the subcommittee, thank you for inviting me to testify today. I appreciate the opportunity to discuss veteran mental health, and the "warm handover" processes that occur between agencies and programs, that help ensure that veterans receive timely and effective mental health support as they reintegrate into civilian life.

DOL is the lead Federal department for employment and training programs. Successful employment is one key to economic success, and can strongly impact physical and mental health, life expectancy, and the quality of life.[1] Veterans with service-connected disabilities, including mental health conditions, often experience relatively low labor participation rates and high unemployment compared to their non-disabled counterparts.[2] Furthermore, veterans with mental health challenges, such as depression, posttraumatic stress disorder (PTSD), substance use, and anxiety, may find it difficult to maintain regular work attendance.[3] Research indicates that unemployment can adversely affect mental health and is associated with a higher risk of suicide among veterans.[4] Additionally, veterans with mental health conditions, particularly those at risk of or experiencing homelessness, may face increased risk of suicide following job loss.[5]

VETS' mission is to prepare America's veterans, Service members, and military spouses for meaningful careers, provide them with employment resources and expertise, protect their employment rights, and promote their employment opportunities. VETS administers programs designed to address the employment, training, and job security needs of over 196,000 military Service members who transition to civilian life each year, 8.6 million military veterans in the U.S. civilian labor force,[6] over 760,901 National Guard and Reserve members,[7] and 923,668 military spouses (578,952 active duty and 344,716 Guard and Reserve spouses).[8]

VETS administers the employment component of the Transition Assistance Program (TAP), which includes warm handovers (person-to-person connections) of transitioning Service members to American Job Centers and other partners when needed. DOL's American Job Centers are one-stop locations that offer a broad range of career and supportive services to the public. Veterans receive priority of service for all DOL-funded training programs in American Job Centers. Along with our partners, we are committed to ensuring the best transition for our Service members and their families and connecting them to the mental health and other services that they need.

TAP Employment Services and Warm Handovers

TAP provides training, resources, and assistance to separating and retiring Service members on active duty, Guard, Reserve, and their spouses, as authorized under 10 U.S.C. § 1144. TAP is a cooperative effort between VETS, the Department of Defense (DoD), Department of Veterans Affairs (VA), Department of Education, Department of Homeland Security (U.S. Coast Guard), Small Business Administration, and Office of Personnel Management.

There are three core VETS TAP employment workshops. First, VETS is responsible for the delivery of the Employment Fundamentals of Career Transition (EFCT) Workshop, which is a mandatory, 1-day course for employment preparation. In addition, based on Service members' individual needs, VETS offers two elective tracks to acquire additional skills through a 2-day workshop: (1) the DOL Employment Workshop, and (2) the Career and Credential Exploration Workshop. Transitioning Service members must elect one 2-day track during their individual counseling. However, they are encouraged to attend any additional track(s) and attend the courses more than once (as their unit missions allow) to prepare them for their transition.

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[1] See for examples: https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/employment

[2] https://www.bls.gov/news.release/vet.nr0.htm

[3] https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/HVRPEval-VeteranPerspectives.pdf

[4] https://www.mentalhealth.va.gov/suicide__prevention/docs/FSTP-Employment-Status-and-Suicide-Risk.pdf

[5] https://www.dol.gov/agencies/oasp/evaluation/completedstudies/Homeless-Veterans-Reintegration-Program-Impact-Evaluation

[6] https://www.bls.gov/cps/cpsaat48.htm

[7] https://dwp.dmdc.osd.mil/dwp/app/dod-data-reports/workforce-reports

[8] https://demographics.militaryonesource.mil/

As defined in the DoD Instruction[9] 1332.35, a warm handover is a Capstone process between the respective military department and appropriate interagency parties, resulting in the person-to-person connection of transitioning Service members to services and follow-up resources, as needed. The warm handover provides a confirmed introduction and assurance that the appropriate interagency party acknowledges that an eligible Service member needs post-military assistance, and the interagency partner follows through on providing assistance to meet the needs of transitioning Service members, mitigate risks, and assist them in attaining their post-transition goals and a successful transition.

Capstone is a two-stage process consisting of a review and verification of a transitioning Service member meeting Career Readiness Standards that takes place no later than 90 days prior to separation. Stage one is an in-depth review of the transitioning Service member's Individual Transition Plan (ITP) and Career Readiness Standards, which is conducted by the military Service's TAP staff. Stage two consists of the commander or commander's designee verifying that the transitioning Service member has a viable ITP. If the commander or their designee determines that the transitioning Service member does not have a viable ITP, he or she must confirm that a warm handover takes place with the appropriate interagency partners, as needed. For DOL, the Career Readiness Standards for those completing the employment track are either a completed resume or confirmation of employment, while a completed comparison of technical training institutions is required for those pursuing the vocational track. If a Service member fails to meet the Career Readiness Standards at Capstone, they are provided a warm handover to DOL.

DOL currently has two different warm handover procedures: (1) Employment Navigator and Partnership Program[10] (ENPP) site warm handover procedures, and (2) non-ENPP site warm handover procedures.

ENPP began as a pilot under the TAP program at 13 military installations worldwide on April 1, 2021. The pilot was designed in response to feedback from veterans who stated that, while their TAP classroom experience was educational, they desired a more personalized approach. Leveraging the Secretary's authority (10 U.S.C. § 1144), ENPP provides one-on-one, tailored services for transitioning Service members and their spouses, helping them identify and connect with meaningful employment and training opportunities. In Fiscal Year 2023, 5,747 transitioning Service members and 383 military spouses received services through ENPP with more than 18,100 being served by this program to date.

Currently at 36 locations, our Employment Navigator staff and our partner organizations work with ENPP clients to assist them with their resumes, provide career direction, and provide additional employment-related personalized support. At ENPP sites, the lead Employment Navigator serves as the initial point-of-contact for those transitioning Service members who are receiving a warm handover for either an employment or vocation track. During a warm handover at ENPP sites, Employment Navigators connect transitioning Service members to a designated American Job Center point-of-contact who verifies with DOL that they have received the contact information and reached out to the client to offer assistance. In addition to being connected with the American Job Center in the community where they plan to reside after transition, many Service members receiving a warm handover continue to receive services from our Employment Navigators and partner organizations.

ENPP partners are required to select a primary service from nine possible categories of services, which include: digital employment opportunity matching, training services, employment mentorship, hiring events, employment networking, Registered Apprenticeship opportunities, referrals to employment opportunities, placement services, and wrap-around services. Many of our ENPP partners who provide wrap-around services assist Service members in getting connected to critical healthcare-related services. ENPP partner organization services are provided at no cost to transitioning Service members or their spouses through no-cost agreements between DOL and partner organizations. A list of our current partners can be found on the VETS ENPP Partner Page,[11] and organizations that are interested in partnering with us can submit an application.[12] In coordination with our partners,

[9] https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/133235p.pdf

[10] https://www.dol.gov/agencies/vets/programs/tap/employment-navigator-partnership

[11] https://www.dol.gov/agencies/vets/programs/tap/employment-navigator-partnership/enpp-partnerships

[12] https://www.dol.gov/sites/dolgov/files/VETS/files/tap/DOLVETSENPPPotentialPartnerApplicationForm.pdf

VETS will continue to extend ENPP to serve as many transitioning Service members and their spouses as funding allows.

Notably, preliminary descriptive findings[13] show that transitioning Service members who received ENPP services have had better employment outcomes than those who did not receive ENPP services. For example, median quarterly wages were 11 percent higher ($11,370) for enlisted transitioning Service members who participated in ENPP compared to their counterparts ($10,248) who did not participate. And transitioning Service members who received ENPP services were employed about 2 months faster than those who did not. VETS will continue to gather and analyze data and will be able to provide more nuanced information as this program continues.

At non-ENPP sites, the military Service's TAP staff will connect transitioning Service members receiving a warm handover for employment or vocation with a staff member at an American Job Center near where the transitioning Service member will move to after separating. As of March 31, 2024, 3,493 transitioning Service members in Fiscal Year 2024 have engaged with an American Job Center through Jobs for Veterans State Grants (JVSG) or Employment Service (Wagner-Peyser) staff, approximately 564 of whom (16.1 percent) indicated that they were engaging with the American Job Center as part of a warm handover.

Separate from ENPP, VETS TAP offers the Wounded Warrior and Caregiver Employment Workshop (WWCEW) to accommodate the individual needs of transitioning Service members, including individuals with mental health conditions. Each year[14] there are approximately 20,000 transitioning Service members who are considered wounded, ill, and/or injured, transitioning either through their Service branch's warrior care or military recovery units or through the Integrated Disability Evaluation System (IDES). In April 2022, VETS launched the WWCEW for those being evaluated for a disability rating through IDES as an alternative to the required 1-day EFCT. Disabled Service members face barriers to completing the traditional EFCT, such as coordinating class schedules with medical appointments, long class duration, working with medical and health restrictions, and requiring caregiver attendance. The curriculum includes six self-paced online modules that participants can complete at their own pace, and the course interface enables users to register for a virtual meeting with a VETS facilitator to ask questions and to discuss activities and course content. As of July 31, over 9,600 participants have attended WWCEW in Fiscal Year 2024.

It is also important to provide multiple pathways to assistance, so that there is no wrong door for veterans to knock on when they're seeking help. On January 11, 2022, VETS announced the launch of a 5-year Off-Base Transition Training (OBTT) pilot program, in accordance with section 4303 of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116–315). The intent of this law was to improve health outcomes, and the OBTT pilot helps support mental health by improving economic stability for veterans and their families. Not all employment journeys are linear, and as noted above, unemployment can adversely affect mental health and is associated with a higher risk of suicide among veterans. Which is why OBTT meets veterans where they are in their post-service life to provide support whenever it's needed. OBTT provides TAP to veterans and the spouses of veterans at locations other than active military installations, in order to improve employment-related outcomes in areas with high veteran unemployment. OBTT features ten 2-hour and three 1-hour, instructor-led employment skills and workforce development workshops, provided in classrooms and virtually. OBTT also offers another important opportunity for veterans and their spouses to be connected to other services they may need, including mental health services in their local community. In Fiscal Year 2023, 6,293 veterans or spouses of veterans were provided employment-related training through OBTT.

American Job Center Resources

DOL's Employment and Training Administration (ETA) administers the public workforce system, which includes nearly 2,250 American Job Centers across the country. These one-stop locations offer a broad range of career and wrap-around supportive services to the public, such as job training programs, employment services, adult basic education and literacy, vocational rehabilitation for individuals with disabilities, childcare, transportation assistance, housing assistance, legal aid services, unemployment compensation (including the Unemployment Compensation for

[13] https://www.dol.gov/sites/dolgov/files/VETS/files/ENPP-Factsheet–2024–08–05.pdf

[14] As of 2022: https://www.militaryonesource.mil/data-research-and-statistics/military-community-demographics/2022-demographics-profile/

ex-Service members (UCX) program), as well as referrals and linkages to physical and mental health care, suicide prevention services, addiction counseling, and other services and programs in their local communities. In most states, American Job Centers coordinate with or co-locate eligibility determination services for programs like the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and other partner programs, ensuring streamlined access for veterans and eligible persons seeking support. Veterans receive priority of service for all workforce training programs funded in whole or in part by DOL, as established by the Jobs for Veterans Act of 2002 (38 U.S.C. § 4215).

VETS administers the Jobs for Veterans State Grant (JVSG) program, which provides funding for dedicated staff who work in the American Job Centers to provide individualized career and training-related services to eligible veterans and eligible persons with significant barriers to employment, and other eligible populations[15], and to assist employers to fill their workforce needs with job-seeking veterans. This includes veterans who self-identify as having a physical and/or mental health disability, as well as veterans experiencing homelessness, or economically disadvantaged. JVSG supports Disabled Veterans' Outreach Program (DVOP) specialists, Local Veterans' Employment Representatives (LVER), and dual-role Consolidated DVOP/LVER staff, located in 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. DVOP specialists provide individualized career services and facilitate employment placements to meet the employment needs of veterans and eligible populations, ensuring that they receive the customized services that they need. Individualized career services may include comprehensive and specialized job readiness assessments, resume development, interview preparation, development of individual employment plans, career guidance, employment assistance, referrals to other programs, and other related services. LVER staff conduct outreach and advocacy efforts with local businesses to increase employment opportunities for veterans. LVER staff facilitate and support veterans in gaining and retaining employment and maintain cooperative working relationships with community organizations that provide complementary services and reciprocal referrals. Consolidated positions perform both DVOP and LVER staff functions. These services are critical to veterans, especially those struggling with unemployment, which can negatively impact mental health and create difficult experiences.

Homeless Veterans' Reintegration Program (HVRP)

Veterans experiencing homelessness and those at risk of experiencing homelessness face specific challenges, including higher prevalence rates of PTSD, a condition that can emerge from experiencing traumatic events, as well as physical disabilities and challenges in transitioning to civilian life.[16] VETS administers the HVRP program, which is designed to address these barriers and empower veterans to secure good jobs in stable and high-demand occupations paying livable wages. HVRP is the only Federal grant to focus exclusively on competitive employment for veterans experiencing or at risk of homelessness. HVRP programs partner closely with their local American Job Centers, helping veterans experiencing homelessness and those at risk of experiencing homelessness reintegrate into the workforce by providing employment and wrap-around services, including mental health care, suicide prevention services, and addiction counseling. In Fiscal Year 2023, HVRP awarded more than $58 million to 159 grantees and served over 17,300 veterans. Over half (55 percent) of participants were employed upon completion, with an average hourly wage of $18.34 at placement.

HVRP grantees work one-on-one with veterans and their families to help them obtain sustainable employment and stable housing, which in turn improves their mental, physical, and emotional well-being. One such story comes to us from a 55-year-old Navy veteran in Maryland who found herself homeless after losing her job with a sub-contractor shortly after transitioning out of the military. Her recent job loss, lack of savings and support network, and inability to pay her rent caused her to experience severe bouts of anxiety and depression. After enrolling in the HVRP program, her case manager helped her enroll into mental health counseling and helped her address her immediate mental health needs, while providing her with the emo-

[15] As defined in 38 U.S.C. § 4101. In addition, beginning with the Consolidated Appropriations Act of 2014, annual appropriations for JVSG have made three additional groups eligible for JVSG services: Transition members of the Armed Forces who have been identified as in need of intensive service; members of the Armed Forces who are wounded ill, or injured and receiving treatment in military treatment facilities or warrior transition units; and the spouses or other family caregivers of such a wounded, ill, or injured member.

[16] https://www.dol.gov/agencies/oasp/evaluation/completedstudies/Homeless-Veterans-Reintegration-Program-Impact-Evaluation

tional support necessary to continue her job search with renewed energy. After participating in numerous interviews and refining her resume and job scope with the HVRP case manager, she was offered a position as a Program Analyst with an IT firm. This opportunity marked a significant turning point in her mental health journey, as the new job provided her with the stability and security she had been seeking. Her story is a testament to the power of the comprehensive support systems our agency offers to veterans facing a myriad of difficult challenges.

National Veterans' Training Institute (NVTI)

VETS established NVTI[17] in 1986 to provide specialized training and professional skills enhancement of American Job Center and other veteran service providers' staff. NVTI provides high-quality and relevant training, ensuring that veterans receive the best possible assistance in their transition to civilian careers. NVTI trains nearly 4,000 participants annually, including JVSG-funded State staff and other Federal agency staff. NVTI fosters a community of practice among veteran service providers, enabling them to share best practices, resources, and innovations. This includes supporting the development and hosting of interagency resources and reports on mental health, suicide prevention, and burnout prevention.[18]

For example, NVTI offers the course, *Preventing and Healing Burnout in Veteran Service Providers*[19], a 1-day virtual course for veteran service organizations and providers to define and provide strategies for addressing burnout in veteran service providers. Course participants engage in several self-reflective activities and discussions to enable them to identify signs of burnout, understand their stress level, and understand where they are on the burnout spectrum. Participants also discuss resources and strategies for preventing and overcoming burnout.

Interagency Collaboration

President Obama's Executive Order 13625, "Improving Access to Mental Health Services for Veterans, Service Members, and Military Families," established the Interagency Task Force (ITF) on Military and Veterans Mental Health. The ITF has a primary goal of coordinating and supporting interagency programs and activities related to mental health, suicide prevention, substance use, and expanding access to mental health care. DOL is an active participant, and I serve as co-chair of the ITF's Evidence-Based Treatment Access and Engagement workgroup, which is tasked with evaluating access and engagement barriers to evidence-based mental health care for Service members, veterans, and their families. As a result of this work, NVTI has expanded its resources related to suicide and burnout prevention.

The National Defense Authorization Act (NDAA) for Fiscal Year 2024 (P.L. 118–31, § 1805) codified DOL as a member with DoD and VA on the TAP Joint Executive Committee. This enhanced DOL's preexisting collaboration with DoD and VA, with VETS co-chairing the Transition Executive Committee, Senior Transition Steering Group, Transition Working Group, and six functional working groups. Interagency members and the military Services meet and coordinate on a regular basis to ensure that the partners are supporting and advancing TAP, as well as to reduce redundancy, better serve unique populations, and improve coordination of services across program areas.

Conclusion

The mental health of our veterans, Service members, and military spouses is a critical concern, especially during their transition to civilian life and a post-military career. Understandably, financial struggles, employment barriers, and the stress of reintegration can take a toll on a person's mental health and make finding meaningful employment that much more difficult. As the lead agency on veteran employment, VETS recognizes the importance of addressing these challenges and works to address them in close coordination with our interagency partners. We look forward to working with this Subcommittee and our many partners and stakeholders to create opportunities to ensure that all veterans, Service members, and their spouses can have a good job and opportunity for advancement. Chairman Van Orden, Ranking Member Levin, and distinguished Members of the Subcommittee, this concludes

[17] https://www.nvti.org/

[18] https://www.nvti.org/Resources/Useful-Resources/Suicide-Prevention-Mental-Health-and-Burnout/

[19] https://www.nvti.org/training/class-descriptions/#:~:text=9612 %3A %20Preventing %20and %20Healing %20Burnout %20in %20Veteran %20Service %20Providers

my statement. Thank you for the opportunity to be a part of this hearing, and I welcome your questions.

Prepared Statement of Western Governors' Association

MICHELLE LUJAN GRISHAM
GOVERNOR OF NEW MEXICO
CHAIR

SPENCER COX
GOVERNOR OF UTAH
VICE CHAIR

JACK WALDORF
EXECUTIVE DIRECTOR

September 10, 2024

The Honorable Derrick Van Orden
Chairman
Subcommittee on Economic Opportunity
Committee on Veterans' Affairs
House of Representatives
364 Cannon House Office Building
Washington, DC 20515

The Honorable Mike Levin
Ranking Member
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550 Cannon House Office Building
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Dear Chairman Van Orden and Ranking Member Levin:

In light of the Subcommittee's September 10, 2024, hearing, Mission Transition: Evaluating Mental Health Support Programs for Separating Servicemembers, please find attached the Western Governors' Association Policy Resolution 2023-08, Veterans. The resolution emphasizes the importance of veterans' mental health care and urges the Department of Veterans Affairs (VA) to integrate peer support for traumatic brain injury and enhance staffing and training for neurological disorders. It also urges that Congress provide oversight over VA and the Department of Defense to ensure that transitioning service members receive detailed information on VA benefits and services available to them at least 12 months before they leave the military.

I request that you include this document in the permanent record of the hearing, as it articulates Western Governors' collective and bipartisan policy positions and recommendations on this important issue.

Thank you for your consideration of this request. Please contact me if you have any questions or require further information.

Sincerely,

Jack Waldorf
Executive Director

Attachment

1700 Broadway, Suite 500, Denver, CO 80290 | (303) 623-9378 | WESTGOV.ORG

Policy Resolution 2023-08
Veterans

A. BACKGROUND

American military personnel often return home to a hero's welcome after completing their service, but they face a series of complex challenges. Veterans, whether they volunteered or were drafted, commonly confront a range of issues such as food insecurity, homelessness, unemployment, physical and psychological wounds, and bureaucratic barriers when seeking support services. Western Governors recognize the need to support veterans and address the challenges they face. With one-third of the known veteran population residing in western states, Governors recommend federal regulatory and statutory changes to foster an environment that facilitates access to support services for veterans and encourages further investment in initiatives tailored to assist them.

B. GOVERNORS' POLICY STATEMENT

1. Western Governors urge the Department of Veterans Affairs (VA) to prioritize the integration of peer support services and behavioral health services for Traumatic Brain Injury (TBI) into mental health care models. Additionally, Western Governors urge the VA to address staffing models to support the increasing health concerns for memory care (Dementia, Alzheimer's) and other neurological disorders. VA should also provide continuous training and support for peer specialists and focus on developing and retaining the behavioral health care workforce. Western Governors have highlighted substantive health care workforce recommendations in our health care policy resolution. Ongoing evaluations should be conducted to ensure effective implementation of these practices, which should be disseminated across all VA health care settings to ensure broad access to peer support services for all veterans.

2. Western Governors acknowledge the importance of the VA Governor's Challenge and urge VA to continue its provision of support for programs aimed at effectively addressing the issue of veterans' suicide.

3. Recognizing the need to improve health program services for women veterans, Western Governors urge VA to take urgent action to address gaps in the VA health care system. Improving the promotion of, access to, and the quality of health care for women veterans is essential and requires timely and effective measures to be implemented across VA. Western Governors recommend that VA initiate research programs to study health issues specific to women veterans.

4. Western Governors recognize the significance of expanding access to health care services for veterans, especially those residing in remote areas. VA should take action to increase the accessibility of:

    a. VA Community Care for veterans residing in areas that do not have access to VA health care facilities. It is imperative that VA consult with Governors to ensure

that veterans living in rural areas are not disadvantaged in accessing health care;

b. Vet Centers for veterans living in rural areas, to ensure that they have access to necessary health services and support;

c. Health care professionals in rural areas, to provide flexibility for veterans and allow them to access the health care provider of their choosing; and

d. Telemedicine services, which are a vital tool that can help bridge the gap in accessing health care services.

5. Western Governors recommend that VA seek consultation and input from tribal leaders and communities to inform the development and administration of its programs and services for American Indian, Alaska Native, and Native Hawaiian veterans.

6. To ensure that veterans have timely access to high-quality health care, Western Governors recommend that Congress prioritize providing VA with the necessary resources, authority, and ability to recruit, hire, train, and retain health care professionals. This includes physicians, nurses, mental and behavioral health providers, long-term care professionals, and administrative staff. In addition, Western Governors believe VA should streamline the hiring process, offer competitive salaries and benefits, and provide ongoing training and professional development opportunities for health care professionals.

7. Western Governors believe VA should collaborate with states and territories to improve and expand the Highly Rural Transportation Grants program. This includes identifying counties that require assistance, simplifying the application and implementation process, and consulting early with Governors for valuable input on their state's needs. Additionally, VA should reevaluate and expand the current eligibility criteria to ensure that more veterans can benefit from the program.

8. Western Governors urge VA to conduct a comprehensive evaluation of the Veteran Transportation Services (VTS) exam and implement necessary revisions to reduce its complexity, facilitating the process for individuals to obtain a license to transport veterans to VA health care facilities and authorized non-VA health care appointments.

9. Western Governors call on VA to improve community care for veterans by enforcing timely referrals and appointments, particularly for programs like VA Community Care. VA should also streamline reimbursement processes to third-party health care providers in line with industry standards and ensure prompt access to services and increased provider participation.

10. To ensure that our nation's veterans receive the benefits and services they are entitled to in a timely and efficient manner, Western Governors urge VA to continue to improve and streamline the claims process, especially with the new Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act (Pub. L. 117-168) claims.

11. Western Governors recommend that VA implement a policy allowing veterans to select their own care providers, including those who are not affiliated with VA health care

facilities. By doing so, veterans would have greater flexibility and choice when seeking health care services.

12. Western Governors recognize the necessity of conducting a comprehensive review of VA regulations regarding payments for State Veterans Homes and urge VA to consult with states to identify the unique needs of each state. Additionally, Western Governors recommend expanding coverage to include all specialty care services, and prioritize funding for specialized cognitive care.

13. Western Governors recommend that VA authorize and prioritize the expansion of VA programs to provide comprehensive financial support for third-party assisted living and nursing facilities, which offer varying levels of care for long-term care services to our nation's veterans.

14. Western Governors urge Congress to pass legislation that requires VA and the Department of Defense (DOD) to modernize their electronic health record-keeping systems and mandate VA to upgrade its overall technology infrastructure. These upgrades are necessary to streamline access to critical health information, enhance coordination between the two departments, and improve the claims process for veterans, which is a priority for the Governors.

15. Western Governors recommend that the federal government provide funding for state and congressionally chartered Veterans Service Organizations (VSOs) to offset the costs of training and to enhance the workforce capacity of VSOs. This would help to improve the level of support and care provided to veterans and their families by such VSOs, ensuring that they have access to the resources and services they need to thrive.

16. Western Governors emphasize the need for VA to provide Veteran Services Officers with access to vital information, enabling them to better assist veterans in navigating VA's programs and services. This will ensure that veterans receive the support and resources necessary to thrive.

17. Western Governors recommend that VA expand its dental services to all veterans enrolled in the VA health care system, regardless of their service-connected dental issues or other narrow criteria.

18. Western Governors urge Congress to authorize and appropriate funds for VA to provide grants to state, territorial, and tribal governments. The purpose of these grants is to increase outreach and assistance to veterans and their families by raising awareness of benefits and aiding them in applying for VA benefits. Priority should be given to areas with high rates of veteran suicide and a shortage of Veteran Services Officers.

19. Western Governors support the idea that service members should be given the opportunity to receive credit or professional credentials for the training they undergo in the military, which can then be transferred to the private sector or educational institutions. This initiative will help veterans transition into civilian careers by providing them with the necessary credentials and recognition for the skills developed through their military service.

20. Western Governors urge Congress to provide diligent oversight over VA and DOD to ensure that transitioning service members receive comprehensive information on VA benefits at least twelve months prior to their transition to civilian life. This includes ensuring that service members are aware of the full range of programs and support services available to them.

21. Western Governors recommend that VA conduct a comprehensive study on their efforts to reduce homelessness and identify those programs that have provided the highest return on investment.

C. GOVERNORS' MANAGEMENT DIRECTIVE

1. The Governors direct WGA staff to work with congressional committees of jurisdiction, the Executive Branch, and other entities, where appropriate, to achieve the objectives of this resolution.

2. Furthermore, the Governors direct WGA staff to consult with the Staff Advisory Council regarding its efforts to realize the objectives of this resolution and to keep the Governors apprised of its progress in this regard.

This resolution will expire in June 2026. Western Governors enact new policy resolutions and amend existing resolutions on a semiannual basis. Please consult http://www.westgov.org/resolutions for the most current copy of a resolution and a list of all current WGA policy resolutions.