



September 2021

VETERANS JUSTICE OUTREACH PROGRAM

Further Actions to
Identify and Address
Barriers to
Participation Would
Promote Access to
Services



A Century of Non-Partisan Fact-Based Work

GAO@100 Highlights

Highlights of [GAO-21-564](#), a report to congressional committees

Why GAO Did This Study

Veterans who have been arrested and jailed are at an increased risk of homelessness, mental health conditions, and suicide. To address these concerns and prevent re-incarceration, VA created the VJO program, which served over 30,000 veterans in fiscal year 2020. The Veterans Treatment Court Improvement Act of 2018 included a provision for GAO to assess VA's implementation of the act's requirements.

This report examines the extent to which VA has (1) implemented the act's hiring and reporting requirements, (2) identified and addressed barriers that veterans face in accessing VJO specialists, and (3) conducted and used research to improve the use of VA services by veterans in the program.

GAO reviewed relevant federal laws and VA documentation, including program guidance, policies, plans, and reports; reviewed selected studies on veterans' use of the VJO program; interviewed VA and VJO officials; and analyzed VA data for fiscal years 2016 through 2020 on veterans served by the program.

What GAO Recommends

GAO is making three recommendations to VA, including that VA improve VJO specialists' training to increase awareness of services available to veterans with other-than-honorable discharges; and enhance planning for research on the use of VA services by veterans in criminal justice systems. VA concurred with GAO's recommendations.

View [GAO-21-564](#). For more information, contact Elizabeth H. Curda at (202) 512-7215 or curdae@gao.gov.

September 2021

VETERANS JUSTICE OUTREACH PROGRAM

Further Actions to Identify and Address Barriers to Participation Would Promote Access to Services

What GAO Found

In response to the Veterans Treatment Court Improvement Act of 2018, Department of Veterans Affairs (VA) data show the agency hired 51 Veterans Justice Outreach (VJO) specialists, though VA completed its hiring and reporting after the statute's deadline. The program relies on nearly 400 VJO specialists—primarily social workers—who work with jails and municipal courts to identify and assess the needs of arrested or incarcerated veterans, and connect them to VA health care services. In addition, VA's reporting to Congress lacked required information, such as the number of veterans who lack access to VJO specialists. Although VA does not collect these data, VJO program officials said that future research will help them estimate this number.

VA has identified and taken some steps to address barriers that veterans may face in accessing VJO specialists and receiving services. GAO additionally found that veterans with other-than-honorable discharges—often at greater risk of mental health issues and suicide—may not know they are eligible under a 2020 VA policy that extends mental health care services to certain members of this subgroup. (See figure.) In addition, this policy change and newly available services are not reflected in training for VJO specialists. As a result, veterans may not meet with VJO specialists and miss an opportunity to get help accessing VA's health care services.

Barriers Justice-Involved Veterans (JIV) May Face Accessing VJO Specialists



Source: GAO analysis of Department of Veterans Affairs (VA) information. | GAO-21-564

VA and others have conducted research on the use of VA services by veterans in the VJO program, and VA officials have used this research to improve the program by educating staff and further directing their research. However, VJO research and improvement efforts are not guided by project plans that define goals and identify needed resources, such as stakeholder expertise, as called for by generally recognized project management practices. VJO officials told GAO that research is a key strategy for improving VJO services and that they intend to develop a plan, but do not have a timeframe for doing so. Until the VJO program develops detailed project plans that also identify needed resources, program officials will not have a road map to improve the use of VA services by veterans in the VJO program.

Contents

Letter		1
	Background	5
	VA Data Show It Hired 51 Specialists, but VA's Hiring and Report to Congress Were Not Timely	11
	VA Has Partially Identified and Addressed Barriers Justice-Involved Veterans May Face in Accessing VJO Specialists	15
	VA Has Conducted and Used the Results of Some Research, but Has Not Fully Planned Future Research	27
	Conclusions	33
	Recommendations for Executive Action	34
	Agency Comments	34
Appendix I	Number and Characteristics of Veterans Served by Veterans Justice Outreach Program	36
Appendix II	Number and Characteristics (including discharge status) of Veterans Served by Newly-Hired VJO Specialists	39
Appendix III	List of Studies GAO Reviewed	42
Appendix IV	Comments from the Department of Veterans Affairs	46
Appendix V	GAO Contact and Staff Acknowledgments	49
Tables		
	Table 1: The Department of Veterans Affairs (VA) Veterans Justice Programs' (VJP) Three Strategic Goals and Selected Objectives and Planned Actions Related to Identifying and Addressing Access Barriers	19
	Table 2: Veterans Justice Programs' (VJP) 2019-2023 Strategic Objectives Related to Research and Examples of Planned Actions and Time Frames	30

Table 3: Number and Characteristics of Justice-Involved Veterans (JIV) Served by the Veterans Justice Outreach (VJO) Program during Fiscal Years 2016-2020 ^a	36
Table 4: Justice-involved Veterans (JIV) Served by Newly-Hired Veterans Justice Outreach (VJO) Specialists by Selected Demographics and Discharge Status ^a	39

Figures

Figure 1: Department of Veterans Affairs (VA) Locations with Veterans Justice Outreach Program Specialists and Certain U.S. Jails by Location, Fiscal Year 2020	6
Figure 2: Veterans Justice Outreach Specialists Connect Justice-Involved Veterans to Services	7
Figure 3: Number of Unique Justice-Involved Veterans Served by Veterans Justice Outreach (VJO) Specialists, Fiscal Years 2016 through 2020	9
Figure 4: Number of Justice-Involved Veterans Served by the Veterans Justice Outreach Program from Fiscal Years 2016 through 2020, by Discharge Status	11
Figure 5: Veterans Justice Outreach (VJO) Specialists Work with Jail Administrators to Arrange Meetings with Justice-Involved Veterans	25

Abbreviations

COVID-19	Coronavirus Disease 2019
CPRS	Computerized Patient Record System
DOD	Department of Defense
HOMES	Homeless Operations Management and Evaluation System
JIV	justice-involved veteran
OTH	other than honorable
PMBOK	Project Management Body of Knowledge
PTSD	post-traumatic stress disorder
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
VJO	Veterans Justice Outreach
VJP	Veterans Justice Programs
VRSS	Veterans Re-entry Search Service

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September 14, 2021

The Honorable Jon Tester
Chairman
The Honorable Jerry Moran
Ranking Member
Committee on Veterans' Affairs
United States Senate

The Honorable Mark Takano
Chairman
The Honorable Mike Bost
Ranking Member
Committee on Veterans' Affairs
House of Representatives

Many servicemembers transition smoothly to civilian life, but some others face serious issues after leaving the military, such as mental illness, substance use, unemployment, and homelessness. These issues can lead to involvement in the criminal justice system and increase the risk of suicide among veterans.

To help arrested and incarcerated veterans, known as “justice-involved veterans” (JIV), the Department of Veterans Affairs (VA) established the Veterans Justice Outreach (VJO) program.¹ This program, established in 2009, is designed to connect JIV to supports and services to reduce and prevent re-incarceration and homelessness.

The VJO program relies on nearly 400 VJO specialists—primarily social workers at VA medical centers—who act as a gateway to VA services. VJO specialists identify JIV by establishing relationships with jails and municipal courts at the local level; assessing JIV health and social needs; and, connecting JIV to services, which they can use to address their needs.

¹The VJO program is part of the Veterans Health Administration's (VHA) Veterans Justice Programs. Veterans Justice Programs consists of two programs that serve JIV. The VJO program focuses on JIV in jails and local courts; the Health Care for Re-entry Veterans program serves JIV incarcerated in federal or state prison and veterans re-entering the community from federal and state prison. We limited our review to the VJO program.

The Veterans Treatment Court Improvement Act of 2018 (in this report, “the act”), enacted September 17, 2018, required VA to hire at least 50 VJO specialists to serve in veteran-focused courts, such as veterans treatment courts,² and to report on the act’s implementation and its effect on the program, within 1 year of the date of enactment.³ The act also included a provision for GAO to submit to the Congress a report that includes an assessment of VA’s implementation of the act. Further, the act included a provision for GAO’s report to include demographic characteristics of veterans served by the additional VJO specialists, including discharge status, and information about veterans who are underserved by the program.⁴

This report examines the extent to which VA has (1) implemented the act’s requirements for hiring VJO specialists and reporting to the Congress, (2) identified and addressed barriers that JIV face in accessing VJO specialists, and (3) conducted and used research to improve the use of VA services by JIV in the program. In addition, information about the number and demographic characteristics of JIV served by the VJO program is included in appendixes I and II.

For all research objectives, we reviewed relevant federal laws and agency strategic plans, including program plans, guidance, and other documents.

To assess the extent to which VA implemented the act’s hiring and reporting requirements, we reviewed VA information on VJO specialist hiring in the agency’s February 2020 report to the Congress,⁵ and

²According to VJO program guidance, a veterans treatment court brings veterans together on one docket to be served as a group. A treatment court is a long-term, judicially-supervised, often multi-phased program through which criminal offenders are provided with treatment and other services that are monitored by a team. A veterans treatment court team typically consists of a judge, court coordinator, prosecutor, public defender, probation officer, and a VJO specialist. VJO specialists meet regularly with veterans and their treatment providers and apprise other members of the veterans treatment court team of a veteran’s adherence to court-ordered treatment. Veterans treatment courts and related programs rely heavily on VA for services and benefits provided to veterans.

³Pub. L. No. 115-240, § 2, 132 Stat. 2888, 2888-91.

⁴Pub. L. No. 115-240, § 2(d)(2), 132 Stat. at 2890. When a servicemember separates from the military, the Department of Defense (DOD) characterizes the nature of that servicemember’s military service. According to VA, eligibility for VA services depends on a military servicemember’s discharge status.

⁵Department of Veterans Affairs, *Report to Congress on Implementation of the Veterans Treatment Court Improvement Act of 2018* (February 2020).

supplemental materials VA provided at our request related to those requirements. To reach our assessment, we compared the information VA provided to us (and the Congress) to the act's requirements. We shared our preliminary assessment with VA officials and considered their comments in arriving at our final assessment.

To assess the extent to which VA identified and addressed access barriers to VJO specialists, we reviewed and analyzed VJO program policies and documents, such as the Veterans Justice Program's strategic plan, program policies, and information on VJO program initiatives.⁶ We also interviewed VA officials to learn what barriers VA had identified that JIV face in accessing VJO specialists, as well as strategies and steps taken to address such barriers. We compared VA's planning efforts to generally recognized practices for project management.⁷ We also applied relevant federal standards for internal control to an additional access barrier that JIV may face that we identified in the course of our review.⁸ The control activities component of information and communication was significant to this barrier, including the principles that management should internally and externally communicate the necessary quality information to achieve objectives.

To assess the extent of research conducted and used to improve use of VA services by VJO program participants, we identified and reviewed relevant studies on JIV use of VA services. To identify these studies, we conducted searches of several social science and medical databases: Ebsco, Proquest, and Scopus for keywords such as "veterans justice outreach." We also asked VJO officials to recommend studies. From these sources, we identified 25 studies relevant to JIV use of VA services. Relevant studies met the following criteria: (1) original, peer-reviewed research published from March 2010 to March 2021, (2) discussed use of VA services by veterans served by the VJO program and their characteristics, such as any subgroups who underuse these services. We

⁶The Veterans Justice Programs—the VJO program and Health Care for Re-entry Veterans—set policies and procedures through the "handbook for Veterans Justice Programs." See Department of Veterans Affairs, Veterans Health Administration, VHA Directive 1162.06(1) Veterans Justice Programs, (Sept. 27, 2017, updated Mar. 3, 2020).

⁷See, for example, Project Management Institute, Inc., *A Guide to the Project Management Body of Knowledge (PMBOK Guide)*, Sixth Edition (Newtown Square, Pa.: 2017). According to the Project Management Institute, *PMBOK* is a trademark of Project Management Institute, Inc.

⁸GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 10, 2014).

reviewed each study’s methodology and results and found them reliable for our purposes in providing insights into research on use of VA services by veterans in the VJO program. See appendix III for a list of the identified studies. In addition, we reviewed the VJO program’s planned and completed efforts to study the VJO participant population and the JIV population more broadly. We reviewed the program’s goals and plans for conducting research and assessed them against generally recognized project management practices, as described in the previous objective. We also interviewed Veterans Health Administration (VHA) officials about their plans to conduct further research and how the agency plans to use the results.

To identify the number and demographic characteristics of JIV who met with the newly-hired and other VJO specialists, we obtained and analyzed VA Computerized Patient Record System (CPRS) data for fiscal years 2016 through 2020, which included data, for example, on race, gender, and military discharge status.⁹ We assessed these data by performing electronic testing of the data, such as by reviewing the data for outliers and missing values, reviewing data system documentation and interviewing knowledgeable agency officials about the data system. In December 2019, we reported on weaknesses in the completeness and accuracy of VA’s race and ethnicity data that the agency used to identify and address disparities in health care outcomes involving minority veterans.¹⁰ Additionally, for JIV without an “honorable” military discharge status (e.g., “other than honorable”), program data likely undercounts these populations. According to VJO program officials, JIV without an honorable military discharge might not be eligible for VHA services and thus would be excluded from most program data. Nevertheless, we found the data reliable for our reporting purposes, including providing general demographic characteristics of veterans served by the VJO program.

⁹CPRS—VA’s electronic health record—is an authoritative source for all veteran-related care and services and houses individual patient-level clinical data that can include a patient’s race and ethnicity, medical history, diagnoses, medications, treatment plans, and test results. CPRS data does not include a small percentage (2 percent) of total encounters of veterans served by the VJO program.

¹⁰We previously recommended that VA assess the completeness and accuracy of race and ethnicity data captured in its electronic health record, or CPRS, and implement corrective actions needed to resolve any identified deficiencies. VA concurred with our recommendation. In October 2020, VA reported that it was pursuing alternate forms of race and ethnicity data collection and that final study findings from this effort would be forthcoming. As of June 2021, VA has not taken steps to fully address this recommendation. See GAO, *VA Health Care: Opportunities Exist for VA to Better Identify and Address Racial and Ethnic Disparities*, [GAO-20-83](#) (Washington, D.C.: Dec. 11, 2019).

Appendix I presents the results of our data analysis on JIV served by the VJO program. Appendix II presents our analysis on JIV served by new VJO specialists.

We conducted this performance audit from October 2019 to September 2021 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

The VJO Program



Veterans Justice Outreach (VJO) Program

- Mission: Identify justice-involved veterans to facilitate access to VA or non-VA community-based services.
- Established: 2009
- Cost: \$58.5 million (fiscal year 2020)
- Veterans served: 36,365 in fiscal year 2020
- Number of Veteran Treatment Courts Served: 611 veteran-focused courts served by VJO specialists
- Number of VJO program management staff: Four officials

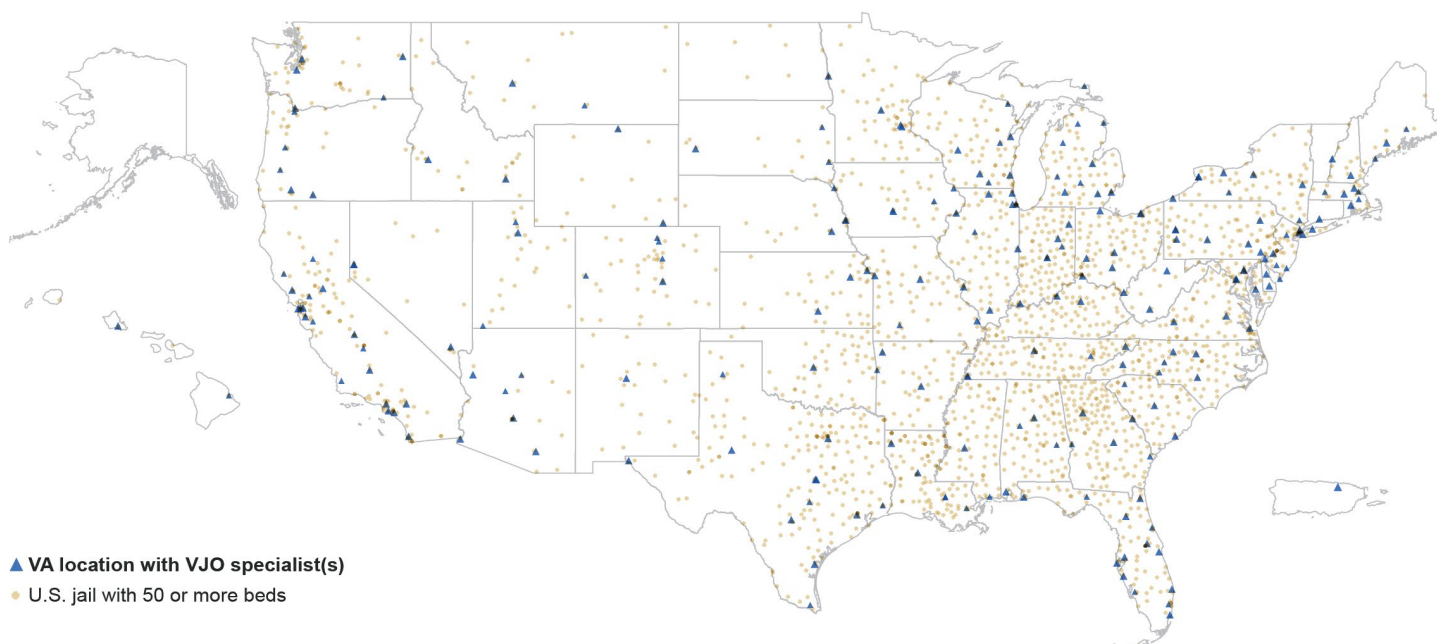
Source: Department of Veterans Affairs (VA). | GAO-21-564

The VJO program is intended to help reduce and prevent re-incarceration and homelessness by connecting JIV with appropriate supports and services. The program uses a decentralized service delivery model to respond to local conditions and needs. See figure 1 showing locations of VJO specialists and local jails with 50 beds or more.¹¹ Specifically, the VJO program operates through VA medical centers that follow broad program parameters set by VA. In 2009, VHA officials directed each medical center to have at least one full-time VJO specialist position. Some VA medical centers have one VJO specialist position while others have multiple positions. According to VA, while individual VA medical centers may fund VJO specialist positions (“medical center-funded positions”), medical centers have requested additional funding from VHA to support these positions over time. In recent years, the VJO program has received “special-purpose funding” from VHA to expand the number

¹¹According to VA officials, many jails with fewer than 50 beds are city jails, where inmates are held briefly before being transferred to a county facility, making outreach to those locations impractical.

of VJO specialist positions (“special-purpose positions”).¹² VJO specialists report directly to VA medical center officials, typically in VHA’s homelessness prevention or mental health services departments.

Figure 1: Department of Veterans Affairs (VA) Locations with Veterans Justice Outreach Program Specialists and Certain U.S. Jails by Location, Fiscal Year 2020



Source: GAO analysis of Department of Veterans Affairs’ Veterans Justice Outreach (VJO) program data; and U.S. Census Bureau for state boundaries. | GAO-21-564

Note: According to VA officials, many jails with fewer than 50 beds are city jails, where inmates are held briefly before being transferred to a county facility, making outreach to those locations impractical.

VJO specialists perform three core functions to meet the needs of JIV in local criminal justice systems:

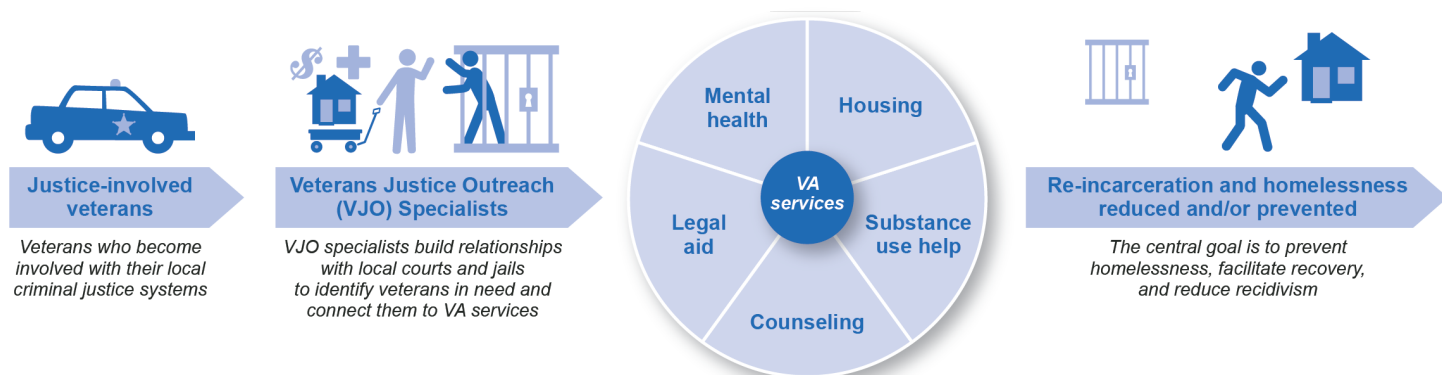
1. Identify: VJO specialists identify JIV through outreach to community law enforcement and administrators of local jails and courts. Outreach

¹²Department of Veterans Affairs, *VA Fiscal Year 2022 Budget Submission, Volume II, Medical Programs and Information Technology Programs*. (Washington, D.C.: May 2021). Medical center-funded positions are funded through the regular annual funding medical centers receive from VHA, and medical centers have some discretion in the use of these funds. Special-purpose positions are funded through separate, additional funding provided to medical centers by VHA for that specific purpose. For more detail about VA medical center funding, see [GAO-19-670](#).

includes providing information about the VJO program and availability of VA supports and services.

2. **Assess:** VJO specialists determine JIVs' needs by assessing their mental health, social well-being, appearance, and attitude.
3. **Connect:** VJO specialists refer JIV to VA or other non-VA services (e.g., substance use treatment, mental health services, housing, etc.).¹³ VJO specialists also monitor JIV's use of VA services in local veterans treatment courts (see fig. 2).

Figure 2: Veterans Justice Outreach Specialists Connect Justice-Involved Veterans to Services



Source: GAO analysis of Department of Veterans Affairs (VA) information. | GAO-21-564

Note: VJO specialists link justice-involved veterans to services primarily within the Veterans Health Administration but they may also refer veterans to community services.

To improve its outreach and services to JIV, VJO program officials train new VJO specialists and manage national data collection efforts. The VJO program also conducts research to better understand the JIV population and certain subgroups within this population.

In our 2016 review of the VJO program, we identified gaps in VA's efforts to measure the program's performance and assess and mitigate risks mainly related to the demand for services outpacing the program's resources, particularly in an expanding number of local courts dedicated

¹³For non-VA services, VJO specialists link JIV to community service providers when the VA-provided treatment is too far away for a JIV to participate, or when a JIV is not eligible for VA health care services or benefits according to VA.

to veterans.¹⁴ We recommended that VA establish performance goals and measures, and conduct a comprehensive risk assessment. VA has taken actions to fully implement these recommendations.

Military Discharge Status for Separating Servicemembers and Eligibility for VA Benefits

As noted above, VJO specialists seek to connect JIV with VA services; however, eligibility for such services depends on a former military servicemember's discharge status, according to VA.¹⁵ Military discharge statuses generally fall into one of five categories: (1) honorable; (2) general (under honorable conditions); (3) other than honorable conditions; (4) bad conduct; and (5) dishonorable.

According to VA, military discharges that are characterized as "honorable" or "general" (under honorable conditions) provide eligibility for VA benefits. We previously reported that former servicemembers with a discharge characterized as "other than honorable" (OTH) may not have been eligible for VA benefits.¹⁶ VA conducts a character of discharge determination for former servicemembers who receive an OTH, bad conduct, or dishonorable military discharge status when the former servicemember makes a claim to obtain VA benefits or services.

Recently, certain veterans with OTH discharges were given access to certain VA mental healthcare services as a result of new requirements in the Consolidated Appropriations Act, 2018.¹⁷ Specifically, this law requires VA to furnish an initial mental health assessment, and the mental health care or behavioral health care services required to treat the health care needs of the veteran, to certain veterans. Such veterans generally include those whose discharge was OTH and were also either (1) deployed in a theater of combat operations, or in support of a contingency operation, among other circumstances, or (2) the victim of a physical

¹⁴GAO, *Veterans Justice Outreach Program: VA Could Improve Management by Establishing Performance Measures and Fully Assessing Risks*, [GAO-16-393](#) (Washington, D.C.: Apr. 28, 2016).

¹⁵When a servicemember separates from the military, DOD characterizes the nature of that servicemember's military service.

¹⁶GAO, *DOD Health: Actions Needed to Ensure Post-Traumatic Stress Disorder and Traumatic Brain Injury Are Considered in Misconduct Separations*, [GAO-17-260](#) (Washington, D.C.: May 16, 2017).

¹⁷Pub. L. No. 115-141, § 258(a), 132 Stat. 348, 826-828, codified at 38 U.S.C. § 1720l.

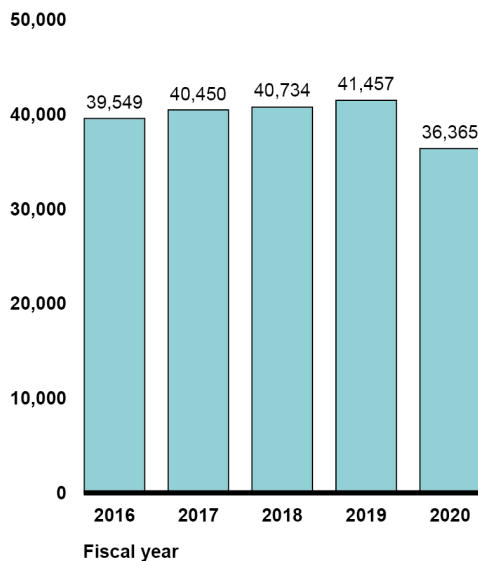
assault or battery of a sexual nature or sexual harassment while serving in the military.

Number and Demographic Characteristics of Justice-Involved Veterans Served by the VJO Program

From fiscal years 2016 through 2020, the VJO program served 138,363 JIV, according to our analysis of VA data.¹⁸ The number of JIV served by the VJO program grew each year and then declined in fiscal year 2020 to 36,365 from 41,457 in fiscal year 2019, a 12 percent decrease (see fig. 3). According to VA officials, this decline is likely due to the Coronavirus Disease 2019 (COVID-19), which made in-person visits unsafe.

Figure 3: Number of Unique Justice-Involved Veterans Served by Veterans Justice Outreach (VJO) Specialists, Fiscal Years 2016 through 2020

Number of veterans served by VJO specialists



Source: GAO analysis of Department of Veterans Affairs (VA) data. | GAO-21-564

Note: According to VA, these data do not include a small percentage (2 percent) of total encounters of veterans served by the VJO program.

¹⁸This total represents an unduplicated count of veterans served during these fiscal years. These data do not include a small percentage (2 percent) of veterans served by the VJO program and who are largely eligible for VA services, according to VA. This count does not include the number of total encounters (or meetings), as many JIV were likely seen by VJO specialists more than once.

Based on our analysis of VA data, JIV served in fiscal years 2016 through 2020 had the below characteristics.¹⁹ See appendix I for additional information about the demographic characteristics of veterans served by the VJO program.

Gender. Nearly 93 percent of JIV were male.

Age. About 83 percent of JIV were ages 35 and older. Specifically, less than 1 percent were 24 years old or younger; 17 percent were between the ages of 25 and 34; 23 percent of JIV were between the ages of 35 and 44; 17 percent were between the ages of 45 and 54; 25 percent were between the ages of 55 and 64; and 18 percent were 65 and older.²⁰

Race/ethnicity.²¹ About 62 percent of JIV were White, 26 percent were Black, and about one percent each were American Indian, Asian or multiple races. Eighty-six percent of JIV served were non-Hispanic, and about 8 percent of JIV identified as Hispanic/Latino.

Employment status. About 60 percent of JIV reported they were not employed. About 16 percent reported working full-time; 4 percent reported working part-time; and, about 7 percent reported being retired.²²

Discharge status.²³ About 85 percent of JIV had a military discharge status of “honorable”.²⁴ About 10 percent had a “general” military discharge. Less than 2 percent of JIV served by the VJO program had an

¹⁹Gender, age, marital status and employment status characteristics are described here as they are reported in VA’s patient record. Some records were missing demographic information. See appendix for all percentages, including missing and unknown observations. Percentages may not add up to 100 due to rounding.

²⁰Age, employment status, and marital status are as of December 14, 2020.

²¹Race and ethnicity data is self-reported or entered into the patient record by a clinician.

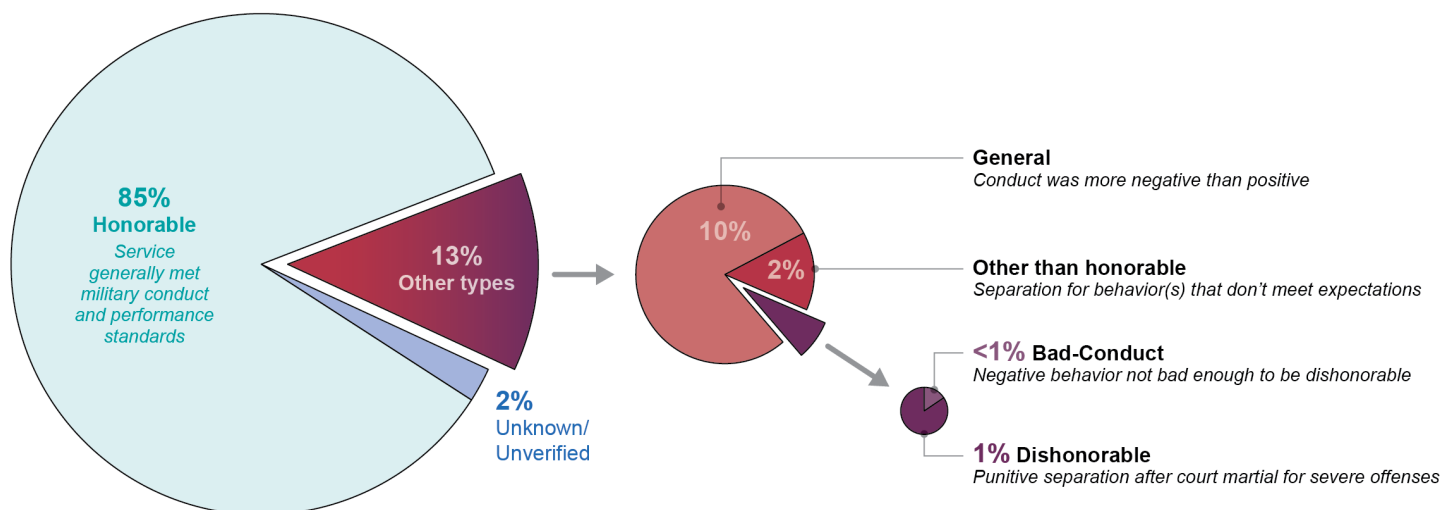
²²For about 11 percent of encounters, employment status was missing.

²³Discharge status is based on the former servicemember’s most recent period of military service. According to VA, former servicemembers without an “honorable” discharge status may be eligible for VA benefits and services based on prior periods of service and any character of service determinations that VA performed for those periods of service.

²⁴According to VJO program officials, program data might undercount the number of JIV without an honorable or general discharge because these veterans might not be eligible for VHA services, which are recorded in CPRS data.

OTH military discharge status; and less than 1 percent had a “dishonorable” military discharge status (see fig. 4).²⁵

Figure 4: Number of Justice-Involved Veterans Served by the Veterans Justice Outreach Program from Fiscal Years 2016 through 2020, by Discharge Status



Source: GAO analysis of Department of Veterans Affairs data. | GAO-21-564

Note: Percentages may not add to 100 due to rounding.

VA Data Show It Hired 51 Specialists, but VA’s Hiring and Report to Congress Were Not Timely

According to VA data, the agency hired at least 51 VJO specialists, but we found that VA did not hire all of them in a timely manner. Moreover, VA reported to the Congress on the implementation of the hiring as required, but its report to Congress was not timely, fully accurate, or complete. In particular, the report did not contain required information on the number of positions that each eligible VA medical center requested, or numbers of JIV that lacked access to VJO specialists for each eligible VA medical center.²⁶ VA was not required to provide an additional or updated report.

Hiring. VA data indicated it hired 51 people but the hiring was not completed in a timely manner. The act required VA to hire at least 50 VJO specialists by September 17, 2019 and, among other requirements, that

²⁵Program data undercounts veterans without an “honorable” or general discharge status (e.g., “other than honorable”).

²⁶Department of Veterans Affairs, *Report to Congress on Implementation of the Veterans Treatment Court Improvement Act of 2018* (Washington, D.C.: February 2020).

these VJO specialists be placed at eligible VA medical centers and serve in veterans treatment courts or other veteran-focused courts. VA told Congress that to implement the act's requirement to hire at least 50 VJO specialists, VHA allocated special-purpose funding to 45 of its medical centers to hire 51 VJO specialists and tracked the medical centers' hiring. VHA had asked medical centers to provide information on how the requested VJO specialists would serve additional JIV. For example, the San Francisco, California, medical center requested an additional VJO specialist to help handle rising workloads at one county veterans treatment court in its jurisdiction. Further, the Louisville, Kentucky, medical center requested an additional VJO specialist to support a veterans treatment court that planned to expand.

As of the act's deadline, VA data indicated that VA medical centers had hired 38 of the 51 VJO specialists. These data also show that VA completed hiring of the 50 VJO specialists in September 2020, about 1 year after the statutory deadline. VA hired the 51st VJO specialist in January 2021.²⁷ However, this hiring may not have resulted in 51 new employees serving JIV through the VJO program.²⁸ Our data analysis showed 12 individuals in the new, special-purpose positions who had served JIV prior to the enactment of the act, suggesting that these individuals were already providing VJO program services in some capacity. VHA officials told us that they could not determine how many individuals hired into the new, special-purpose positions were previously in medical center-funded positions dedicated to the VJO program, or whether those individuals were employed in other types of positions and

²⁷According to VHA officials, nine positions were vacated after the original hiring of VJO specialists under the act. As of May 2021, VHA had hired new VJO specialists to re-fill eight of these positions, while it was in the process of re-filling the remaining position. In our assessment of compliance with the act, we counted the first time a medical center filled a position by hiring a VJO specialist.

²⁸Language in the act, and in the House Veterans' Affairs Committee report accompanying the bill, indicated that Congress intended that VA hire 50 "additional" VJO specialists. See Pub. L. No. 115-240, 132 Stat. 2888, 2888; H.R. Rep. No. 115-682, at 1, 7 (2018).

were providing support, supervision, or coverage for VJO specialists.²⁹ VHA officials pointed out that when VA medical centers accept special-purpose positions funded by VHA, the VJO program becomes more stable because VJO program officials are able to monitor VA medical centers' hiring of VJO specialists and fill vacated positions as needed.

VA also took actions to implement other requirements in the act related to hiring additional VJO specialists. For example:

- VJO specialists were placed at “eligible” VA medical centers.³⁰ VHA officials noted that it considers all VA medical centers eligible under the act because among other things, according to VHA guidance, each VA medical center is required to have a VJO program.³¹
- The newly-hired VJO specialists serve in veterans treatment courts or other veteran-focused courts. According to VJO program officials, all VJO specialists hired under the act meet this requirement. VJO program officials stated that in February 2020, they coordinated with Homeless Coordinators in VHA's Veterans Integrated Service Networks to ensure that the newly-hired VJO specialists were working with local criminal justice systems.³²

Reporting. VA submitted a report to the Congress as required, but its report was not timely, fully accurate, or complete. The act required VA to submit a report by September 17, 2019 on its implementation of the act's requirements and its effects on the VJO program. The report was required to include, among other things, the status of VA's efforts to hire additional VJO specialists; information on eligible VA medical center requests for, and receipt of, VJO specialist positions; the numbers of JIV

²⁹A 2021 VA Office of Inspector General report found that VHA could improve the quality of its staffing and vacancy data and that the decentralized approach to each VA medical center managing this information introduced variability into the process. The OIG made several recommendations to provide VHA with greater assurance that staffing and vacancy information are accurate and reliable. See Department of Veterans Affairs, Office of Inspector General, *Inconsistent Human Resources Practices Inhibit Staffing and Vacancy Transparency*, Report # 20-00541-133 (Washington, D.C.: June 10, 2021).

³⁰The act specifies a list of criteria that must be met for a VA medical center to be considered “eligible” under the act. See Pub. L. No. 115-240, § 2(b), 132 Stat. 2888, 2888-89.

³¹See VHA directive 1162.06(1), Veterans Justice Programs (VJP), September 27, 2017, updated March 3, 2020.

³²Network Homeless Coordinators are responsible for overseeing and monitoring VJP operations at medical centers in their Veterans Integrated Services Networks.

served by VJO specialists hired under the act; and, the numbers of JIV lacking access to VJO specialists for each eligible VA medical center. We found the following in our analysis of VA's report to the Congress:

- VA submitted its report to the Congress in February 2020, about 5 months after the act's 1-year deadline. The report included information on VA's implementation of the requirements to hire VJO specialists. Specifically, VA reported receiving requests from medical centers for 56 VJO specialist positions, and that VA had hired 44 of the 51 VJO specialists as of November 2019. VA reported that 4 additional VJO specialists were in medical centers' on-boarding processes. However, VA did not report on (1) the eligibility of each VA medical center requesting additional VJO specialists, or (2) the number of positions that each eligible VA medical center requested, as required by the act.³³
- VA reported the number of JIV that had met with VJO specialists hired under the act through November 2019, by medical center. However, VA's report to Congress contained inaccurate information on the number of JIV served by specialists hired under the act due to quality issues with the data tool used to generate the information. VA officials told us they are taking steps to address the data quality issues and are no longer using this data tool for the VJO program.³⁴
- VA did not provide required information on JIV who lacked access to VJO specialists. VA explained that its data are based on VJO specialists' meetings with JIV and that it could not count the numbers of JIV who had not met with VJO specialists. To address this issue, VJO program officials told us that research on JIV, in response to VHA's strategic goal to advance the state of knowledge about JIV, will provide estimates of the number of JIV without access to VJO specialists.

³³VA was not required to provide an additional or updated report.

³⁴The data tool VA had used integrated data from the Homeless Operations Management and Evaluation System (HOMES); VA's electronic health record, or CPRS; and, the Veterans Benefits Administration. To conduct our analysis, we used CPRS data. Using these data, we determined that VJO specialists hired under the act served 5,321 unique veterans in fiscal years 2019 and 2020. These data exclude encounters from the HOMES database, which represent a small percentage of total encounters. See appendix II for more information.

VA Has Partially Identified and Addressed Barriers Justice-Involved Veterans May Face in Accessing VJO Specialists

VA Has Identified Some Barriers Veterans May Face in Accessing VJO Specialists and Has Taken Some Steps to Address Them

VA-Identified Access Barriers

Based on our interviews with agency officials and review of program documents, JIV face three barriers in accessing VJO specialists: (1) challenges identifying JIV in the local criminal justice system; (2) limited outreach to criminal justice stakeholders, resulting in limited program awareness; and (3) VJO workforce capacity constraints.³⁵

1. **Challenges identifying JIV in the criminal justice system.** VJO specialists primarily identify JIV by obtaining a list of inmates who self-identify as veterans from local jail administrators. VJO specialists might not be able to identify all JIV when a jail lacks a process for identifying veterans or when JIV do not disclose their past military service. For example, some JIV may not self-identify because they are embarrassed about being arrested or for fear of losing VA benefits.³⁶
2. **Limited outreach to criminal justice stakeholders.** Although VJO specialists are to conduct outreach activities with criminal justice stakeholders like jail administrators and local court officials, these

³⁵We explicitly asked VJO officials to identify barriers. These barriers were also referenced in VA documents, including the Veterans Justice Programs strategic plan and policies.

³⁶See, for example, William B. Brown, Robert Stanulis, Bryan Theis, Jordan Farnsworth and David Daniels, "The Perfect Storm: Veterans, Culture and the Criminal Justice System," *Justice Policy Journal*, vol. 10, no. 2 (Fall 2013).

activities can be limited in some areas when VJO specialists are not located in a criminal justice system's jurisdiction, or when VJO's outreach is not robust in a location. Limited outreach may result in limited program awareness among JIV, because VJO specialists rely on criminal justice stakeholders to facilitate access to JIV.

3. **VJO workforce capacity constraints.** Staffing constraints limit the number of JIV that VJO specialists are able to serve, according to agency officials. For example, when a jail is not near the VA medical centers where VJO specialists are located, VJO specialists spend hours traveling for brief meetings with a small number of JIV, which limits the overall number of JIV with whom they can meet. VJO specialists do not have the capacity to meet with all JIV, according to program officials. While some VJO specialists conduct outreach to JIV in jails, others may focus on a smaller number of JIV in veterans treatment courts, which is more time-intensive than working with JIV in jails.³⁷

In addition to the barriers described above, the VJO program plans to identify barriers that may prevent certain subgroups of JIV from accessing VJO specialists. For example, during the course of our review, the 2019 to 2023 Veterans Justice Programs strategic plan was revised to include a new focus on understanding the demographics of the JIV population and a statement of values committing the program to equitable access to services.³⁸ The Veterans Justice Programs strategic plan includes objectives to identify racial disparities in access to care and to expand outreach to reflect the demographics of the community and JIV populations.

³⁷VJO specialists meet regularly with veterans and their treatment providers and apprise other members of the veterans treatment court team of a veteran's adherence to court-ordered treatment. A veterans treatment court team typically consists of a judge, court coordinator, prosecutor, public defender, probation officer, and a VJO specialist. Veterans treatment courts and related programs rely heavily on VA for services and benefits provided to veterans.

³⁸The programs' Statement of Values and Commitment to Equality states: "Veterans Justice Programs is committed to operating as an antiracist program, ensuring Veterans receive equitable access to services regardless of race, gender identity, sexual identity, socioeconomic status or other individual characteristics. We are also committed to supporting criminal justice partners' efforts to identify and address disparities in their systems that are associated with race or other individual characteristics."

VA Steps to Address Barriers

According to VA documents and VJO program officials, the agency has taken several steps to address barriers in accessing VJO specialists:

1. **To address challenges identifying JIV**, VJO program officials stated they provide onboarding materials to new VJO specialists and convene trainings, expert panels, as well as weekly “office hours” to support specialists in identifying JIV. In addition, the VJO program expanded the use of the Veterans Re-entry Search Service (VRSS). Established in 2013, VRSS is an online tool that allows jail staff to identify and alert VJO specialists of inmates with a record of military service.³⁹ According to VA, the VJO program increased the number of VRSS users from 359 in fiscal year 2017 to 389 in fiscal year 2020.
2. **To increase awareness of the program**, VJO program officials use the program’s “gap analysis” tool to identify VJO program coverage gaps among jails and courts. The tool helps the program plan targeted outreach, assess staffing needs at medical centers, and track telehealth coverage, according to VJO program officials. In addition to raising awareness among stakeholders, VJO program officials raise awareness of the program directly to veterans by, for example, maintaining a website with videos, resources, and a list of all VJO specialists by location to help facilitate JIV ability to reach out to specialists directly.
3. **To address capacity constraints**, the VJO program expanded virtual outreach, which helped reduce VJO specialists’ travel time. In 2017, VA approved the use of telehealth to help identify and engage JIV, such as those in criminal justice facilities that are far from VA medical centers. Officials reported in June 2021 that telehealth arrangements with veterans treatment courts more than doubled, from 153 arrangements either in place or in process in March 2020 to 311 in March 2021. In addition, officials reported in June 2021 that 69 percent of VA medical centers reported an active telehealth partnership in place at a local criminal justice agency, a 40 percentage point increase since September 2020. Additionally, as part of its virtual outreach initiative, the VJO program distributed 900 computer tablets to all VA medical centers, to be placed in jails and

³⁹VRSS enables jail administrators to identify veterans among their incarcerated population. Jail administrators can upload a list of their current inmates into VA’s system, which is checked against the list of veterans found in the VA-DOD Identity Repository. Jail administrators can use this information to provide VJO specialists with a list of veterans in their jails.

other criminal justice settings.⁴⁰ This project was prioritized in 2020 due to disruptions from the COVID-19 pandemic. As of May 2021, officials reported that 241 tablets are currently in use, with the placement of an additional 246 tablets in progress.

VA Has an Overall Strategy to Identify and Address Access Barriers, but Lacks Detailed Plans to Guide Implementation and Monitor Progress

The VJO program has an overall strategy for identifying and addressing access barriers to VJO specialists, but it has not developed detailed project plans to guide implementation and monitor progress, which is a key program management practice. Specifically, the Veterans Justice Programs' strategic plan defines three goals that include objectives and "planned actions" or strategies to identify and address barriers.⁴¹ For example, one goal is to "optimize the identification of and outreach to justice-involved veterans," which addresses two of three VA-identified access barriers discussed above. The strategic plan also includes deadlines for completing each planned action (see table 1).

⁴⁰According to agency documents, establishing a partnership to use telehealth technology can be challenging, as it requires planning, memorandums of understanding to host the VA-owned devices, and a commitment of staff time to train and facilitate telehealth meetings—all of which can take 1 to 2 years. To help facilitate implementation, VJO officials reported that they developed a template memorandum outlining responsibilities and have devices ready and in-hand for distribution.

⁴¹The current strategic plan, *Veterans Justice Programs: Strategic Goals, Objectives, Actions and Measures (Fiscal Years 2019 – 23)*, includes eight goals, three of which focus on identifying or addressing access barriers: (Goal 1) Optimize the identification of and outreach to justice-involved veterans, (Goal 4) Maximize program efficiency while preserving the effectiveness of the program's day to day operations, and (Goal 5) Evaluate the effectiveness of Veterans Justice Programs. These three goals are supported by 10 objectives and 23 planned actions.

Table 1: The Department of Veterans Affairs (VA) Veterans Justice Programs' (VJP) Three Strategic Goals and Selected Objectives and Planned Actions Related to Identifying and Addressing Access Barriers

Goal 1: Optimize the identification of and outreach to justice-involved veterans	
Selected Objectives	Selected Planned Actions, Including Timeframe and Measure
Build and maintain partnerships with criminal justice agencies by providing education to and procuring input from stakeholders.	Ensure that prisons, jails, courts and law enforcement implement protocols for identifying justice-involved veterans and participate fully in efforts to ensure equity of access to VA services for all eligible veterans. Timeframe: By end of September 2023, and annually thereafter. Measure: Implementation of veteran identification protocols by 60 percent of prisons, jails, courts and law enforcement receiving in-person or telehealth encounters, per self-certification by each VA facility via VJP Gap Analysis.
Sustain and expand outreach to justice-involved veterans in criminal justice settings that accurately reflects the demographics of the community and incarcerated veteran population.	Define and publish VA medical center-level (VAMC) targets for outreach in criminal justice settings (prisons, jails, law enforcement and courts) Timeframe: By end of September 2022. Measure: VJP Gap Analysis targets developed with input from 80 percent of VAMCs.
Goal 4: Maximize program efficiency while preserving the effectiveness of the program's day to day operations	
Selected Objectives	Selected Planned Actions, Including Timeframe and Measure
Develop culturally-informed triage resource guide to prioritize veterans with enhanced needs to improve access to care and mitigate risk that does not create disparities in who is prioritized based on race.	Establish workgroup to draft triage resource guide to be available for all VJP specialists. Timeframe: March 2022. Measure: Formation of a committee.
Review program practices to improve veteran access to care, identify areas of program waste, identify any racial disparities in access to care, and increase overall program efficiency.	[Establish] panel to generate resource and training material to assist VJP Specialists with access to and analysis of available data to identify program inefficiencies. Timeframe: By end of September 2022. Measure: Dissemination of materials through at least one program-wide presentation on resources and training; training held, recorded, and available on-demand.
Goal 5: Evaluate the effectiveness of Veterans Justice Programs	
Selected Objectives	Selected Planned Actions, Including Timeframe and Measure
Adapt Homeless Operations Management and Evaluation System (HOMES) to be more reflective of actions taken by Veterans Justice Outreach (VJO) and Health Care for Re-entry Veterans program employees.	Improve HOMES to include items that better capture the work of VJP Specialists. Timeframe: By end of September 2021. Measure: Formal redesign process that includes VJP Specialists' input developed and launched; requested changes submitted to Homeless Programs Office, Office of Analytics and Operational Intelligence.

Source: VA's fiscal year 2019-2023 Veterans Justice Programs strategic plan. | GAO-21-564

However, the VJO program has not developed corresponding, detailed project plans to guide implementation and monitor progress toward achieving its strategic goals related to identifying and addressing barriers JIV face in accessing VJO specialists. Specifically:

- Several objectives in the strategic plan lacked planned actions needed to achieve the objective. For example, while the objective to review program practices to identify any racial disparities in access to care included a planned action to establish a panel to generate a

resource to address program inefficiencies, it lacked planned actions related to identifying such disparities. Similarly, the strategic plan does not include planned actions to achieve the program's overall objective for equitable access to services, which could include consulting with VA's Office of Health Equity or implementing elements of the office's Action Plan that guides VA to improve health equity for all veterans.⁴² The VJO program also did not identify activities for implementing one of its objectives on improving the Homeless Operations Management and Evaluation System (HOMES)—a key data system for the program.⁴³

- The VJO program has not outlined specific activities to implement the listed planned actions, thus the time frames and resources needed for these strategies are unclear. For example, the strategic plan included the planned action, "Establish workgroup to draft triage resource guide to be available for all VJP specialists." However, the VJO program has not outlined specific activities and the required resources (e.g., budgetary, contracts, and people such as internal VA staff and offices, and external experts) needed to realize this planned action, which could include VA staff identifying and inviting stakeholders to participate in the workgroup, designating roles, organizing meetings, and drafting and reviewing a resource guide.
- Although the overall strategy includes general completion dates or deadlines for the planned actions, the VJO program has not identified in a corresponding project plan start dates or interim milestones that could help track progress on the strategic plan's implementation.

In terms of progress, the VJO program has experienced delays in implementing the planned actions it has listed. Specifically, we found, and agency officials acknowledged, that the program extended deadlines for six planned actions by 4 to 6 years.

⁴²In 2012, VA established the Office of Health Equity to identify and address health care outcome disparities. This office issued an action plan that identified activities to make improvements in five focus areas, such as increasing awareness of the significance of disparities and strengthening leadership for addressing them. The plan is based on the 2016 Commission on Care and Fiscal Year 2018 Omnibus Budget, which called for VA to improve equitable and quality care for all Veterans. See Department of Veterans Affairs, *VHA Health Equity Action Plan* (Washington, D.C.: Sept. 27, 2019).

⁴³The length of current HOMES forms, among other issues, make it difficult for VJO specialists to record in HOMES every meeting with JIV, according to agency officials.

Generally recognized project management practices from the Project Management Institute and prior GAO work call for developing detailed plans, such as project plans, to provide a road map for systematic project execution. Among other elements, such a plan should define all work activities, when work will occur, who will complete the work, how long they will take, the limitations affecting the start and completion of work, and milestones to gauge progress, as well as whether resources will be available when they are needed. Using such practices provides a realistic representation of the time and resources needed for these projects and the means by which to gauge progress, identify and address potential problems, and promote accountability.⁴⁴

VJO program officials told us that they have not developed project plans, in part, due to other competing demands while being understaffed. They also told us they did not plan to develop project plans for certain goals because the program office found them to be unnecessary in some cases. Further, they stated that program planning and implementation takes time and requires input from VA medical centers and local criminal justice stakeholders. VJO program officials stated that after the COVID-19 pandemic they will develop a project plan and begin implementing it after they prioritize actions and conduct a program risk assessment. However, as of May 2021, VJO program officials have not yet determined the specific activities or timeframes for this effort. Until VJO program officials develop and use detailed project plans that define all work activities, time frames, resources, and interim milestones, they will not have the tools to guide implementation and monitor progress toward achieving the objectives and planned actions outlined to identify and address access barriers.

VA Does Not Provide VJO Specialists with Training to Target Outreach to JIV with Other than Honorable Discharges

In addition to the access barriers that VA identified, we identified an additional barrier that JIV may face based on our analysis of relevant federal laws, VA documents and policies, and interviews with VA officials. Specifically, JIV may lack an awareness or understanding of new legal requirements from the Consolidated Appropriations Act, 2018 for VA to provide certain mental health care services to certain veterans with an OTH military discharge status. This circumstance may result in these JIV

⁴⁴Project Management Institute, Inc., *A Guide to the Project Management Body of Knowledge (PMBOK Guide)*, Sixth Edition (Newtown Square, PA: Project Management Institute, 2017); and GAO, *Social Security Disability: Additional Performance Measures and Better Cost Estimates Could Help Improve SSA's Efforts to Eliminate Its Hearings Backlog*, [GAO-09-398](#) (Washington, D.C.: Sept. 9, 2009).

not meeting with VJO specialists, who are a gateway to VA and non-VA services.

Research suggests that veterans, particularly veterans with OTH discharges, are at risk of mental health issues and suicide. For example, research found that veterans with OTH discharges are at increased risk of suicide, mental health conditions, homelessness, and unemployment—issues, which are top priorities the VJO program seeks to address.⁴⁵ We have previously reported that the rate of suicide is one and a half times higher for veterans than non-veterans.⁴⁶ Additionally, the rate of suicide mortality among veterans who do not use VA health care is increasing at a significantly greater rate compared to those who do use VA health care, according to VA.⁴⁷ One study found that of veterans who use VA health care, JIV served by the VJO program had an increased risk of suicide attempt and suicide mortality, which indicates that JIV may be particularly vulnerable.⁴⁸

Further, we have previously reported that nearly two-thirds of servicemembers separated for misconduct had been diagnosed with a mental or physical condition, such as post-traumatic stress disorder (PTSD) or Traumatic Brain Injury (TBI), within the 2 years prior to their separation. Of these servicemembers separated for misconduct and diagnosed with a mental or physical condition, about one-quarter received

⁴⁵Veterans Legal Clinic at the Legal Services Center of Harvard Law School, Veterans Legal Services, and Wilmer, Cutler, Pickering, Hale and Dorr LLP, *Turned Away: How VA Unlawfully Denies Health Care to Veterans with Bad Paper Discharges* (Cambridge, Ma.: OUTVETS, Legal Services Center of Harvard Law School, and Veterans Legal Services, 2020).

⁴⁶GAO, *GAO Health Care Capsule: Veterans' Growing Demand for Mental Health Services*. [GAO-21-545SP](#) (Washington, D.C.: May 17, 2021).

⁴⁷ United States Department of Veterans Affairs, *Emergent Mental Health Care for Former Service Members* Fact Sheet, (Washington, D.C.: June 2017).

⁴⁸Department of Veterans Affairs, VA Office of Mental Health and Suicide Prevention and Veterans Justice Programs, Homeless Programs Office, *Veterans Health Administration: Suicide Attempts and Mortality among Veterans Receiving Veterans Justice Program Encounters* Training (2019).

OTH discharges.⁴⁹ In light of the increased risk of mental health issues and suicide, in July 2020, the House Committee on Veterans' Affairs held a hearing focused on the OTH population's access to VA services.⁵⁰

In the past, former servicemembers, including veterans with OTH discharges may not have been eligible for many VA services.⁵¹ It is estimated that at least 18 percent of incarcerated male veterans in jail have a military discharge status that may prevent them from obtaining VA benefits, according to a Department of Justice Report.⁵² VJO specialists routinely encounter individuals who are known to be ineligible for VA health care or whose eligibility status is uncertain, according to Veterans Justice Programs policy and VJO program officials.

To reduce suicide among veterans with OTH discharges, and in response to a requirement in the Consolidated Appropriations Act, 2018,⁵³ VA policy now extends certain mental health care to certain former servicemembers who received OTH discharges and were either combat veterans or sexual assault or harassment victims.⁵⁴ According to a recent VA report to Congress, the policy is intended to implement the new legal requirement for VA and save the lives of former servicemembers with

⁴⁹See [GAO-17-260](#). Some former servicemembers may not have veteran status. To meet basic eligibility criteria for veterans' benefits, the former servicemember must first establish "veteran" status. Specifically, the individual must meet certain active duty service requirements and have a discharge or separation from the military under conditions that are "other than dishonorable." See Congressional Research Service, *Veterans' Benefits: The Impact of Military Discharges on Basic Eligibility* (Washington, D.C.: Mar. 6, 2015); 38 U.S.C. § 101(2).

⁵⁰The House Veterans' Affairs Committee held a hearing on July 8, 2020, entitled, "Stuck In Red Tape: How VA's Regulatory Policies Prevent Bad Paper Veterans From Accessing Critical Benefits."

⁵¹[GAO-17-260](#).

⁵²See Table 6, Bronson, J., Carson, E. A., Noonan, M., & Berzofsky, M., *Veterans in Prisons and Jails, 2011-2012* (Washington, D.C.: Department of Justice Bureau of Justice Statistics, Dec. 2015).

⁵³See Pub. L. No. 115-141, § 258(a), 132 Stat. 348, 826-28, codified at 38 U.S.C. § 1720I.

⁵⁴The new federal law requires VA to provide certain mental health care services to certain former servicemembers who received OTH discharges, served more than 100 cumulative days, and were either combat veterans, or sexual assault or harassment victims. 38 U.S.C. § 1720I. The VA policy is found at Department of Veterans Affairs Veterans Health Administration Directive 1601A.02(1). Eligibility Determination. July 6, 2020. Amended Oct. 15, 2020.

OTH discharges by making mental health care more widely available.⁵⁵ Mental health services have been found to mitigate suicide risk for veterans without administrative discharges, including OTH, according to one study.⁵⁶ VA referred to this care as a moral and humanitarian obligation. Additionally, VA's 2018-2024 Strategic Plan states the agency's intention to provide mental health care to former servicemembers with OTH discharges.⁵⁷

However, research suggests veterans may not pursue VA health care for many reasons, including perceived ineligibility, confusion about eligibility rules, and the belief that one has to be honorably discharged to receive VA benefits.⁵⁸ The same study also noted that benefit eligibility distinctions may be unclear within the veteran community, particularly the differences between dishonorable and OTH discharge status. Additionally, in three discussion groups we held with JIV in 2015, veterans in each group reported that they needed help navigating VA benefits and services, and JIV from two discussion groups said they needed help understanding their eligibility for VA health care.⁵⁹ JIV in all three groups reported they were either not aware of or interested in VA services until they met with a VJO specialist who explained how VA could help them. Further, we previously reported that of a subgroup of over 13,000 servicemembers with an OTH discharge status, 87 percent did not submit a claim to VA for benefits or services after they had separated for

⁵⁵Department of Veterans Affairs, *Report to Congress on Mental and Behavioral Health Care Services for Former Members of the Armed Forces Released Under a Condition Other Than Honorable* (January 2021).

⁵⁶Hoffmire, Claire A., Monteith, Lindsey L., Holliday, Ryan, Park, Crystal L., Brenner, Lisa A., Hoff, Rani A., "Administrative Military Discharge and Suicidal Ideation Among Post-9/11 Veterans." *American Journal of Preventive Medicine*, vol. 56, no. 5 (2019): 727-735.

⁵⁷VA's 2018-2024 Strategic Plan states that it is to provide former servicemembers with OTH discharges with mental health care and suicide risk assessments and to either connect them to VA or refer them to non-VA services. The agency plans to focus its efforts on the 12 months after separation from service. Department of Veterans Affairs, *Fiscal Years 2018- 2024 Strategic Plan* (Washington, D.C.: May 31, 2019).

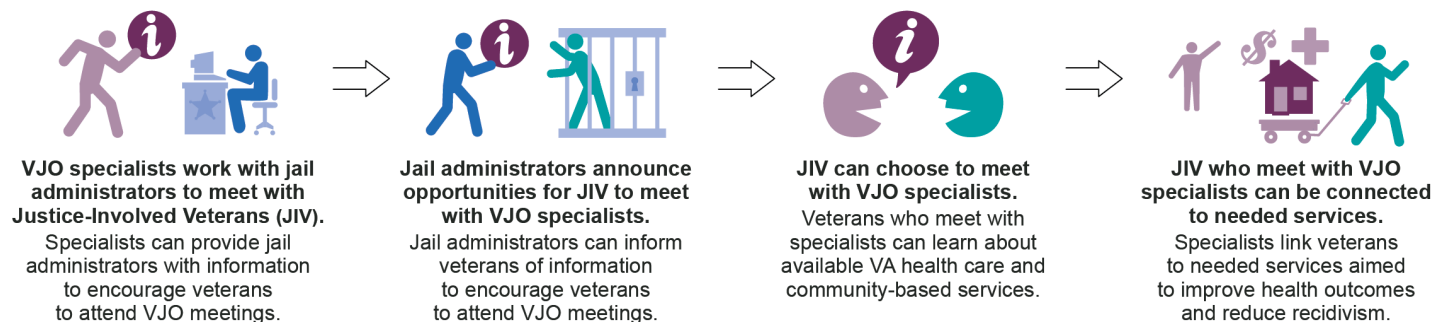
⁵⁸See Franco, Zeno E., Clinton Logan, Mark Flower, Bob Curry, Leslie Ruffalo, Ruta Brazauskas, and Jeff Whittle, "Community Veterans' Decision to Use VA Services: A Multimethod Veteran Health Partnership Study." *Progress in Community Health Partnerships: Research, Education, and Action*, vol. 10, no. 1 (Spring 2016): 31-44.

⁵⁹We convened three discussion groups with JIV served by VJO in Baltimore, MD, Orlando, FL, and San Diego, CA, when we were developing [GAO-16-393](#), *Veterans Justice Outreach Program: VA Could Improve Management by Establishing Performance Measures and Fully Assessing Risks*, [GAO-16-393](#) (Washington, D.C.: Apr. 28, 2016).

misconduct.⁶⁰ This suggests that for veterans without an honorable discharge, actual or perceived ineligibility could be a factor in not pursuing VA health care.

Due to misperceptions about eligibility for VA services, veterans with OTH discharges may opt out of meetings with VJO specialists, and thus access to subsequent care, according to VJO program officials.⁶¹ VJO specialists arrange meetings with incarcerated JIV through jail administrators, who announce VJO program meetings at the jail (see fig. 5). Yet, veterans with OTH discharges may choose not to meet with VJO specialists because they believe they are ineligible for VA services and therefore unlikely to receive help, a scenario one VJO program official said is commonly known.⁶²

Figure 5: Veterans Justice Outreach (VJO) Specialists Work with Jail Administrators to Arrange Meetings with Justice-Involved Veterans



Source: GAO analysis of Department of Veterans Affairs (VA) information. | GAO-21-564

⁶⁰Servicemembers may have submitted claims and received determinations of eligibility from VA for prior periods of service. Claims analysis is only available for servicemembers who were administratively separated for misconduct or in lieu of trial by court-martial in fiscal years 2011-2015 and diagnosed within the prior 2 years with PTSD, traumatic brain injury, or certain other conditions included in GAO's review. [GAO-17-260](#).

⁶¹VJO does not determine eligibility, rather veterans must apply for benefits through the Veterans Benefits Administration, which determines eligibility through a character of service process.

⁶²JIV may choose not to meet VJO specialists for a number of reasons including being ashamed or embarrassed over being arrested. See William B. Brown, Robert Stanulis, Bryan Theis, Jordan Farnsworth and David Daniels, "The Perfect Storm: Veterans, culture and the criminal justice system," *Justice Policy Journal*, vol. 10, no. 2 (Fall 2013). Additionally, JIV may be discharged in between the time jail administrators announce visits and when the VJO specialists arrives at the jail, according to VJO officials.

However, VA has not updated and targeted its outreach training to JIV in jails to increase awareness and understanding of certain mental health services now available to certain veterans with OTH discharges. Specifically, the VJO program lacks training to help VJO specialists communicate changes to eligibility and newly available services resulting from these new legal requirements for VA. For example, the training materials VJO program officials provided to us included an overview of the law related to eligibility, though it did not provide guidance on communicating these changes to veterans. Further, it did not cite the VA policy or direct VJO specialists to request that jail administrators provide to JIV information on newly offered VA mental health services for certain veterans with OTH discharges.

VA officials told us they train VJO specialists on VA's eligibility determination process and instruct specialists to encourage JIV to apply for benefits regardless of discharge status or prior VA decisions about eligibility.⁶³ However, this step can only occur once a veteran chooses to meet with a VJO specialist. Moreover, VJO program officials told us that they do not target any particular JIV subgroups, including OTH veterans who might be unaware of these newly available services.

Federal standards for internal control state that agencies should internally and externally communicate necessary quality information to achieve objectives.⁶⁴ Further, periodic review of policies, procedures, and related activities should occur to determine their continued relevance and effectiveness in achieving identified objectives or addressing related risks. In addition, our prior work on federal agency training identify various leading practices, such as updating training based on changing conditions.⁶⁵ Given the VJO program's decentralized service delivery model, training that reflects changes to eligibility rules and newly available mental health care services for certain veterans with OTH discharges would help ensure that its nearly 400 VJO specialists consistently communicate these changes to JIV through jail administrators.

⁶³As described earlier in this report, VA conducts a character of discharge determination if the character of a former servicemember's service comes into question during the claims process for VA benefits. The determination can be appealed through VA's claims appeal process. See Congressional Research Service, *Veterans' Benefits: The Impact of Military Discharges on Basic Eligibility*, R43928 (Washington, D.C.: Mar. 6, 2015).

⁶⁴[GAO-14-704G](#).

⁶⁵GAO, *Human Capital: A Guide for Assessing Strategic Training and Development Efforts in the Federal Government*, [GAO-04-546G](#) (Washington, D.C.: Mar. 1, 2004).

Further, targeted outreach could help support broader VA efforts to notify JIV about these changes. Many JIV experience or are at high risk of homelessness, so conventional outreach techniques—such as mailings or an 800 number, which is an outreach measure directed by statute—may be less effective at reaching these JIV. Improving training to help VJO specialists conduct targeted outreach to JIV with OTH discharges through jail administrators could increase awareness of and access to VJO specialists, who in turn can connect this subgroup to mental health services at VA or through a non-VA service provider.

VA Has Conducted and Used the Results of Some Research, but Has Not Fully Planned Future Research

VA Has Conducted Research on Certain Veterans' Use of VA Services and Used the Results to Educate Staff and Inform Other Efforts

VA and others have conducted research on JIV's use of VA services and the VJO program has used this research to educate staff, inform ongoing assessments of the program's effectiveness, and identify areas where more research is needed. Since 2010, there have been 25 studies conducted that examined use of VA services by certain subgroups of the VJO participant population.⁶⁶ These included subgroups based on veterans' sex, locality, and the types of treatment they received from VA, among other subgroups. For example, one study compared the rates of entry into treatment at VA for mental health and substance use issues between male and female participants in the VJO program.⁶⁷ Another compared the rates of entry into VA treatment for mental health and

⁶⁶We reviewed studies that examined the use of VA services by veterans who have participated in the VJO program or "VJO participants." VJO participants are a subgroup of the JIV population. VA and others have also conducted studies on the JIV population more broadly.

⁶⁷Finlay, Andrea K., Ingrid Binswanger, David Smelson, Leon Sawh, Jim McGuire, Joel Rosenthal, and Jessica Blue-Howells, et al. "Sex Differences in Mental Health and Substance Use Disorders and Treatment Entry among Justice-Involved Veterans in the Veterans Health Administration." *Medical Care* 53, no. 4 (April 2015).

substance use issues between VJO participants who live in rural and urban areas.⁶⁸ A list of these studies can be found in appendix III.

The VJO program has used research from studies about JIV subgroups' use of VA services in three key ways:

1. **Educating staff.** According to VJO program officials, they have incorporated research findings into training on challenging issues, including suicide prevention and how to help JIV with substance use issues. For example, to improve substance use services for JIV, the VJO program has used research findings to train VA medical staff on medication-assisted treatment as an effective approach.⁶⁹
2. **Informing ongoing assessments.** The VJO program has used research findings to begin to identify gaps in VA care for JIV. For example, a VA researcher used prior research to develop a database on JIV initial access to, and use of, VA health care services. While the database is in its early iteration, VJO program officials plan to use it to assess the program's performance over time and pinpoint disparities in care for JIV by VA medical center.
3. **Identifying areas for future research.** The VJO program has also reviewed past research to identify additional research needed to better understand VJO participants' use of VA services. Specifically, a 2019 VA-funded study found that little is known about: (1) JIV from various sociodemographic groups (e.g., by sex, race, and ethnicity), (2) JIV medical conditions and the impact on managing multiple physical and mental health conditions, and (3) interventions taken to improve health and healthcare for JIV.⁷⁰ In addition, according to VJO program documents, little is known about the use of VA services by certain subgroups served by the program—specifically for women,

⁶⁸Finlay, Andrea K., Alex H. S. Harris, Joel Rosenthal, Jessica Blue-Howells, Sean Clark, Bessie Flatley, and Christine Timko. "Justice Involvement and Treatment Use among Rural Veterans." *Rural Mental Health* 42, no. 1 (January 2018): 46-59.

⁶⁹Medication-assisted treatment—which combines behavioral therapy and the use of certain medications—has been shown to be effective at reducing the misuse of or addiction to opioids and increasing treatment retention.

⁷⁰Finlay, Andrea K., Mandy D. Owens, Emmeline Taylor, Amia Nash, Nicole Capdarest-Arest, Joel Rosenthal, Jessica Blue-Howells, Sean Clark, and Christine Timko. "A Scoping Review of Military Veterans Involved in the Criminal Justice System and their Health and Healthcare." *Health and Justice* 7 (2019): 1-18.

racial and ethnic minorities, rural-based veterans, and veterans with various service-connected disabilities.⁷¹

VA Has High-Level Plans for Future Research, but Has Not Identified Activities and Resources Needed for Implementation

The VJO program has developed high-level plans for future research to better understand the JIV population and VJO participants' use of VA services. However, the program has not developed a detailed project plan that clearly defines and prioritizes activities and identifies needed resources to guide future research.

Plans for Future Research

VJO program officials told us that conducting additional research is a key strategy for understanding VJO participants' use of VA services, estimating the number of veterans unserved by the program, and assessing program effectiveness. Through its strategic plan, VA developed high-level plans to meet its goal for future research on JIV. The Veterans Justice Programs' Strategic Plan has a research goal with high-level strategic objectives, planned actions, general timeframes, and progress measures (see table 2). For example, to meet the goal of advancing the state of knowledge on JIV through research and operations partnerships, strategic objective two includes a planned action, timeframe, and measure to prioritize research needs by convening and obtaining feedback from stakeholders.

⁷¹We previously reported that VA has begun to consider ways to analyze health care services received by veterans with service-connected conditions, but various challenges have limited research on this population. We recommended that VA develop a plan—including milestones and roles and responsibilities for relevant offices—to address these challenges. VA concurred with our recommendation and as of September 2021, this recommendation was open. GAO, *VA Disability Compensation: Actions Needed to Enhance Information about Veterans' Health Outcomes*, [GAO-20-26](#) (Washington, D.C.: Jan. 15, 2020).

Table 2: Veterans Justice Programs' (VJP) 2019-2023 Strategic Objectives Related to Research and Examples of Planned Actions and Time Frames

Goal: Advance the state of knowledge on justice-involved veterans through research and operations partnerships	
Strategic Objectives	Examples of Planned Actions
1. Create a forum that facilitates collaboration with stakeholders and with the justice research community to develop, design, and implement informed, methodologically sound research.	<ul style="list-style-type: none"> Establish a workgroup to identify needs and make recommendations (if needed) regarding cross-system access to Department of Veterans Affairs (VA) and justice system data, and the conduct of research with justice-involved veterans. Timeframe: By end of March 2022. Measure: Workgroup issues report of findings.
2. Establish research priorities for justice-involved veterans, informed by key stakeholders.	<ul style="list-style-type: none"> Convene two face-to-face listening sessions of key stakeholders to establish research priorities. Timeframe: By end of March 2022. Measure: Existence of document establishing research priorities based on feedback received.
3. Support research focused on justice-involved veterans, inclusive of studying racial disparities in all domains that impact justice-involved veterans.	<ul style="list-style-type: none"> Partner with research projects to facilitate leveraged external funding for VJP-identified priorities. Timeframe: By end of September 2021, and ongoing. Measure: Consultation with the U.S. Department of Justice-National Institute of Justice (NIJ), and U.S. Department of Health and Human Service-Substance Abuse and Mental Health Services Administration (SAMHSA) as external partners, as well as VA internal researchers.
4. Disseminate peer-reviewed research in a manner that translates findings into relevant policy, practice, and future research.	<ul style="list-style-type: none"> Co-create and maintain a clearinghouse/website partnered with the National Center on Homelessness Among Veterans that hosts research literature and information on ongoing and completed research projects focused on justice-involved veterans. Timeframe: By end of June 2021. Measure: Website available for use.

Source: VA's fiscal year 2019-2023 Veterans Justice Programs Strategic Plan. | GAO-21-564

Defining and Prioritizing Activities

While the VJO program has high-level plans for future research, it has not developed a project plan to gauge progress toward its research objectives. In addition to developing a high-level plan, VJO program officials told us they have designated an official to oversee the research goal, which is in line with sound planning practices. However, the program has not developed detailed project plans with clearly defined and prioritized activities and milestones for the planned actions. For example, for objective one, the program plans to establish a workgroup that will identify the types of data needed on JIV and, by March 2022, report on whether it can access these data. However, the VJO program has not defined all key activities to accomplish this objective, such as how it will identify and recruit relevant internal and external stakeholders for the workgroup, what actions it will take to continually engage stakeholders in the workgroup, and how it will monitor and incorporate stakeholder

feedback to address data issues.⁷² Moreover, the program does not have a project plan with interim milestones. Milestones would help VJO program officials monitor progress in implementing planned actions, estimate realistic completion dates, and hold themselves accountable for progress.

Our past work and that of others has identified generally recognized management practices that agencies can use to effectively implement projects.⁷³ These practices include, for example, a “project plan” or a road map for effective project execution that defines, among other things, key activities, when activities will occur, how activities are related to one another, how long they will take, and milestones to gauge progress. This past work has demonstrated that these practices position agencies to identify, prioritize, and complete the activities necessary to meet program goals.

VJO program officials told us that they intend to develop a project plan for research activities. They told us this plan would involve developing a spreadsheet that identifies activities and tracks the activities to implement the planned actions in the strategic plan.⁷⁴ However, VJO program officials did not have details about specific activities that would be included or timeframes for developing a project plan. Until the program defines all activities needed to accomplish its planned actions and how long those activities will take, VJO program officials will not be positioned to efficiently and effectively obtain information it needs to more fully understand any issues JIV face in using VA services.

⁷²Our prior work has highlighted collaborative mechanisms that could help inform VJO’s planning for a research working group. See GAO, *Managing For Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*, [GAO-12-1022](#) (Washington, D.C.: Sept. 27, 2012).

⁷³Project Management Institute, *A Guide to the Project Management Body of Knowledge (PMBOK Guide)*, Sixth Edition (Newton Square, PA: 2017). The PMBOK Guide describes, among other things, how setting milestones and resource planning are good practices that can enhance management for most programs. See also GAO, *Social Security Disability: Additional Performance Measures and Better Cost Estimates Could Help Improve SSA’s Efforts to Eliminate Its Hearings Backlog*, [GAO-09-398](#) (Washington, D.C.: Sept. 9, 2009).

⁷⁴As noted previously, our past work and that of others on planning practices could be helpful in developing detailed plans for the VJO program’s research efforts.

Identifying Resources

The VJO program's plans also lack sufficient information about the resources needed to carry out those plans. According to VJO program officials, the program has limited program resources and needs to prioritize its planned actions for research. Based on our review of the strategic plan and interviews with VA officials, we found that the VJO program had not taken steps to identify funding requirements or ensure sufficient resources will be available for research. Moreover, the strategic plan does not describe how Veterans Justice Programs leadership should dedicate resources to achieve research objectives, or how to allocate resource investments among the seven other non-research goals and related objectives in the Veterans Justice Programs' Strategic Plan.

In addition, the program has not fully identified the necessary support from internal and external stakeholders to meet the research goal. According to officials, the VJO program's ability to meet its research goal depends on support from entities outside of the VJO program, such as law enforcement agencies, jails, and veteran-focused courts. For example, the VJO program has not estimated the amount of time the working group's tasks may take. According to sound planning practices, agencies should identify the sources and types of resources or investments needed (e.g., budgetary, people, contracts) to complete project activities.⁷⁵

VJO program officials said they have not fully identified and planned for needed resources to meet research goals due to past leadership vacancies and disruptions from the COVID-19 pandemic. Specifically, key VJO program leadership positions were vacant from 2014 to 2019, which hindered the program's ability to plan. In addition, program officials stated that due to the COVID-19 pandemic, they have been unable to convene stakeholders to identify research priorities, which is a key step for planning and prioritizing activities.

While past leadership vacancies and pandemic-related interruptions have contributed to delays in planning and implementing research plans, VJO program officials' statements about the importance of research emphasize the need to effectively plan. Enhancing its planning by completing a detailed project plan that defines all key activities and priorities, establishes milestones, and identifies resources needed for the

⁷⁵[GAO-09-398](#).

planned actions will help ensure the research goal is met and enable VA to improve service to JIV.

Conclusions

JIV are at an increased risk of homelessness, mental illness and suicide, and substance use, among other issues, compared with other veterans. The VJO program serves as a gateway to services for JIV to achieve a number of health and social outcomes—not only better mental health and long-term maintenance of sobriety but also avoiding re-incarceration and having stable housing. These outcomes are more likely when JIV meet with VJO specialists, connect to VA or non-VA services, and use these services.

VA has taken some steps to identify and address access barriers that contribute to underuse of VJO program services, but VA has several opportunities to improve the effectiveness of the program. Specifically, while VA has developed an overall strategy for improving VJO program access, it has not developed a realistic representation of the time and resources needed for these efforts. Without developing and using detailed project plans, the VJO program lacks a key management tool needed to help guide implementation and monitor progress toward identifying and addressing VA-identified barriers to accessing VJO specialists.

In addition, while the decentralized structure of the VJO program can help it cater to JIV's needs in local communities, the program could better support broader VA goals to address access barriers for veterans at high-risk for mental health conditions and suicide. By improving training for VJO specialists, the program could increase certain JIV's awareness and understanding of available mental health services, and encourage JIV with OTH discharges to meet with VJO specialists.

VA also has taken steps to conduct research on JIV's use of VA services and used research findings to educate VA staff and further direct their research. While the VJO program has developed high-level plans for future research, enhancing its planning through a detailed project plan would help VJO program officials define and prioritize activities, establish time frames, and identify needed resources to systematically implement its research agenda and target its resources. Such planning is particularly important given VJO officials' statements about using research to provide the Congress with information on JIV's who are underserved by the VJO program and the importance of research to improve the program.

Recommendations for Executive Action

We are making the following three recommendations to VA:

The Under Secretary for Health should develop and use detailed project plans that define all work activities, time frames, resources, and interim milestones to guide implementation and monitor progress toward achieving objectives and planned actions outlined in VJO's strategic plan related to identifying and addressing barriers justice-involved veterans may face in accessing VJO specialists. (Recommendation 1)

The Under Secretary for Health should improve training to help VJO specialists conduct targeted outreach to justice-involved veterans, through jail administrators, to increase justice-involved veterans' awareness and understanding of VJO and other program services available to certain justice-involved veterans with other than honorable discharges. (Recommendation 2)

The Under Secretary for Health should enhance its planning for research on the justice-involved veteran population by defining and prioritizing all activities needed to complete planned actions, establishing milestones, and identifying the resources needed to accomplish the program's research objectives. (Recommendation 3)

Agency Comments

We provided a draft of this report to VA for comment. In its comments, reproduced in appendix IV, VA generally agreed with our findings and concurred with our recommendations.

We are sending copies of this report to the appropriate congressional committees, the Secretary of Veterans Affairs, and other interested parties. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or curdae@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix V.

A handwritten signature in black ink that reads "Elizabeth H. Curda". The signature is written in a cursive style with a small "e" above the "i" in Elizabeth.

Elizabeth H. Curda
Director, Education, Workforce and Income Security

Appendix I: Number and Characteristics of Veterans Served by Veterans Justice Outreach Program

Table 3 presents information (including discharge status) for justice-involved veterans (JIV) served by the Veterans Justice Outreach (VJO) program from fiscal year 2016 through 2020. These data include JIV served by VJO specialists hired in response to the Veterans Treatment Court Improvement Act of 2018.¹

Table 3: Number and Characteristics of Justice-Involved Veterans (JIV) Served by the Veterans Justice Outreach (VJO) Program during Fiscal Years 2016-2020^a

Number of JIV Served		Number
Fiscal Year 2020		36,365
Fiscal Year 2019		41,457
Fiscal Year 2018		40,734
Fiscal Year 2017		40,450
Fiscal Year 2016		39,549
Total		138,363
JIV Characteristics ^b		
Gender	Percent	Number
Male	92.6	128,069
Female	7.4	10,294
Age at Intake	Percent	Number
18-24	0.4	562
25-34	16.6	22,898
35-44	23.4	32,317
45-54	17.2	23,857
55-64	24.6	34,025
65 and older	17.9	24,701
Missing	<0.01	3
Race ^c	Percent	Number
White	62.0	85,810
Black	26.0	35,955
American Indian/Alaskan	1.5	2,060
Multiple	1.3	1,767
Hawaiian /Pacific Islander	0.8	1,054
Asian	0.7	935
Unknown	7.8	10,782

¹See Pub. L. No. 115-240, § 2, 132 Stat. 2888, 2888.

Appendix I: Number and Characteristics of Veterans Served by Veterans Justice Outreach Program

JIV Characteristics^b		
Ethnicity	Percent	Number
Not Hispanic	86.5	119,611
Hispanic	8.4	11,617
Missing	5.2	7,135
Marital Status	Percent	Number
Divorced	34.1	47,209
Single or Never Married	28.2	38,945
Married	25.7	35,494
Separated	8.0	11,079
Widow/Widower/Widowed	2.3	3,145
Missing/Unknown	1.8	2,491
Employment Status	Percent	Number
Not employed	60.0	82,982
Full-time	16.2	22,382
Retired	6.5	8,994
Part-time	3.9	5,398
Self-employed	1.2	1,650
Active Duty	0.9	1,174
Unknown	11.4	15,783
Military Discharge Status^d (most recent period of service)^e	Percent	Number
Honorable	85.3	117,971
General	10.0	13,805
Other than Honorable	1.8	2,502
Dishonorable	0.7	1,027
Bad Conduct	0.1	192
Unknown and Unverified	2.1	2,866

Source: GAO analysis of Veterans Affairs Computerized Patient Record System data, fiscal years 2016–2020. | GAO-21-564

^aThese data include veteran encounters with VJO specialists from fiscal year 2016 through fiscal year 2020. The row marked “Total” represents an unduplicated count of veterans served during these fiscal years. Veterans may be seen more than once per year; however, the tallies in this table only counted veterans once per fiscal year. We analyzed VA Computerized Patient Record System (CPRS) data to conduct this analysis, so these results are not comparable to the demographic information provided in our prior work, which largely drew from the Homeless Operations Management and Evaluation System (HOMES). See GAO, *Veterans Justice Outreach Program: VA Could Improve Management by Establishing Performance Measures and Fully Assessing Risks*, GAO-16-393 (Washington, D.C.: Apr. 28, 2016).

^bGender, age, marital status, and employment status characteristics are described here as reported in the patient record; race and ethnicity data are self-reported or entered by a clinician; age, marital status, and employment status described here are as of December 14, 2020, the date these data were pulled from CPRS.

**Appendix I: Number and Characteristics of
Veterans Served by Veterans Justice Outreach
Program**

^cWe previously recommended that the Secretary of Veterans Affairs assess the completeness and accuracy of race and ethnicity data captured in VA's electronic health record, and implement corrective actions as necessary to resolve any identified deficiencies to ensure the availability of information on health care outcomes by race and ethnicity throughout the VA health care system. As of June 2021, this recommendation remains unimplemented. See GAO, *VA Health Care: Opportunities Exist for VA to Better Identify and Address Racial and Ethnic Disparities*, [GAO-20-83](#) (Washington, D.C.: Dec. 11, 2019.).

^dHonorable and dishonorable categories include those discharges reviewed and designated by VA for benefits purposes, the other than honorable category includes undesirable military discharges, and the general category includes discharges categorized by VA as "under honorable conditions." According to VA officials, program data might undercount the number of JIV without an honorable or general discharge because these veterans might not be eligible for VHA services, which are recorded in CPRS data.

^eFor purposes of our analysis, we used the discharge status for the servicemember's most recent period of service.

Appendix II: Number and Characteristics (including discharge status) of Veterans Served by Newly-Hired VJO Specialists

Table 4 presents the number and characteristics (including discharge status) of justice-involved veterans (JIV) served in fiscal years 2019 and 2020 by Veterans Justice Outreach (VJO) specialists hired in response to the Veterans Treatment Court Improvement Act of 2018 (newly-hired VJO specialists).¹

Table 4: Justice-involved Veterans (JIV) Served by Newly-Hired Veterans Justice Outreach (VJO) Specialists by Selected Demographics and Discharge Status^a

Number of JIV Served^b		Number
Number of JIV Served by Newly-Hired VJO Specialists		5,321
Fiscal Year 2020		3,691
Fiscal Year 2019		1,630
JIV Characteristics^c		
Gender	Percent	Number
Male	92.9	4,265
Female	7.1	324
Age at Intake	Percent	Number
18-24	0.8	37
25-34	21.3	976
35-44	26.5	1,216
45-54	18.3	839
55-64	20.8	956
65 and older	12.3	565
Race^d	Percent	Number
White	62.3	2,861
Black	22.2	1,018
American Indian/Alaskan	1.5	67
Multiple	1.5	67
Asian	1.2	55
Hawaiian /Pacific Islander	0.9	42
Unknown	10.4	479
Ethnicity	Percent	Number
Not Hispanic	82.7	3,797
JIV Characteristics^c		
Hispanic	11.0	506

¹See Pub. L. No. 115-240, § 2, 132 Stat. 2888, 2888. For the purposes of this table, we refer to VJO specialists hired in response to this act as “newly-hired VJO specialists.”

**Appendix II: Number and Characteristics
(including discharge status) of Veterans
Served by Newly-Hired VJO Specialists**

Number of JIV Served^b		Number
Missing	6.2	286
Marital Status		Percent
		Number
Divorced	31.7	1,455
Single or Never Married	29.3	1,343
Married	27.2	1,246
Separated	7.6	350
Widow/Widower/Widowed	1.8	82
Missing/Unknown	2.5	113
Employment Status		Percent
		Number
Not employed	56.8	2,608
Full-time	16.3	750
Part-time	3.8	175
Active Duty	1.4	63
Self-employed	1.2	54
Retired	1.2	239
Unknown	15.3	700
Military Discharge Status^e (most recent period of service)^f		Percent
		Number
Honorable	83.0	3,797
General	11.1	508
Other than Honorable	2.7	122
Dishonorable	0.9	42
Bad Conduct	0.2	7
Unknown	2.5	113

Source: GAO analysis of Department of Veterans Affairs (VA) Computerized Patient Record System data, fiscal years 2019 – 2020. | GAO-21-564

^aThese data include veteran encounters with VJO specialists from fiscal year 2019 through fiscal year 2020. Veterans may be seen more than once per year, however, the tallies in this table only counted veterans once per fiscal year. We analyzed VA Computerized Patient Record System (CPRS) data to conduct this analysis, so these results are not comparable to the demographic information provided in our prior work, which drew from Homeless Operations Management and Evaluation System (HOMES). See GAO, *Veterans Justice Outreach Program: VA Could Improve Management by Establishing Performance Measures and Fully Assessing Risks*, GAO-16-393 (Washington, D.C.: Apr. 28, 2016).

^bVA began hiring specialists in response to the Veterans Treatment Court Improvement Act of 2018 in fiscal year 2019, and continued filling positions through fiscal year 2020, until January 2021, when VA had filled all 51 positions.

^cGender, age, marital status, and employment status characteristics are described here as reported in the patient record; race and ethnicity data are self-reported or entered by a clinician; age, marital status, and employment status described here are as of December 14, 2020, the date these data were pulled from CPRS.

^dWe previously recommended that the Secretary of Veterans Affairs assess the completeness and accuracy of race and ethnicity data captured in VA's electronic health record, and implement corrective actions as necessary to resolve any identified deficiencies to ensure the availability of information on health care outcomes by race and ethnicity throughout the VA health care system. As

**Appendix II: Number and Characteristics
(including discharge status) of Veterans
Served by Newly-Hired VJO Specialists**

of June 2021, this recommendation remains unimplemented. See GAO, *VA Health Care: Opportunities Exist for VA to Better Identify and Address Racial and Ethnic Disparities*, [GAO-20-83](#) (Washington, D.C.: Dec. 11, 2019).

^eHonorable and dishonorable categories include those discharges reviewed and designated as such by VA for benefits purposes, and the other than honorable category includes undesirable military discharges, and the general category includes discharges categorized by VA as "under honorable conditions." According to VA officials, program data might undercount the number of JIV without an honorable or general discharge because these veterans might not be eligible for VHA services, which are recorded in CPRS data.

^fFor purposes of our analysis, we used the discharge status for the servicemember's most recent period of service.

Appendix III: List of Studies GAO Reviewed

To assess the extent to which the Department of Veterans Affairs (VA) has conducted research on the use of VA services by Veterans Justice Outreach (VJO) program participants, we identified and reviewed 25 relevant studies published from March 2010 to March 2021. These studies are listed below. See the introduction of this report for more details on our selection and review of the studies.

1. Bhalla, Ish P., Elina A. Stefanovics, and Robert A. Rosenheck. "Social Determinants of Mental Health Care Systems: Intensive Community Based Care in the Veterans Health Administration." *BMC Public Health* 20, no. 1 (August 2020). <https://doi.org/10.1186/s12889-020-09402-0>.
2. Blonigen, Daniel M., Kathryn S. Macia, David Smelson, and Christine Timko. "Criminal Recidivism among Justice-Involved Veterans Following Substance use Disorder Residential Treatment." *Addictive Behaviors* 106 (July 2020). <https://doi.org/10.1016/j.addbeh.2020.106357>.
3. Blonigen, Daniel M., Paige M. Shaffer, Jennifer S. Smith, Michael A. Cucciare, Christine Timko, David Smelson, Jessica Blue-Howells, Sean Clark, and Joel Rosenthal. "Recidivism Treatment for Justice-Involved Veterans: Evaluating Adoption and Sustainment of Moral Reconciliation Therapy in the US Veterans Health Administration." *Administration and Policy in Mental Health and Mental Health Services Research* (January 2021). <https://doi.org/10.1007/s10488-021-01113-x>.
4. Blonigen, Daniel M., Allison L. Rodriguez, Luisa Manfredi, Jessica Britt, Andrea Nevedal, Andrea K. Finlay, Joel Rosenthal, David Smelson, and Christine Timko. "The Availability and Utility of Services to Address Risk Factors for Recidivism among Justice-Involved Veterans." *Criminal Justice Policy Review* 28, no. 8 (October 2017): 790-813.
5. Blonigen, Daniel M., Allison L. Rodriguez, Luisa Manfredi, Andrea Nevedal, Joel Rosenthal, James F. McGuire, David Smelson, and Christine Timko. "Cognitive-Behavioral Treatments for Criminogenic Thinking: Barriers and Facilitators to Implementation within the Veterans Health Administration." *Psychological Services* 15, no. 1 (2018): 87-97. <http://dx.doi.org/10.1037/ser0000128>.
6. Brown, George R. and Kenneth T. Jones. "Health Correlates of Criminal Justice Involvement in 4,793 Transgender Veterans." *LGBT Health* 2, no. 4 (2015): 297-305.

7. Clary, Kelsey M., Paige M. Shaffer, Ayorkor Gaba, Debra A. Pinals, and David Smelson. "Comparing the Treatment Needs of Participants with Co-Occurring Mental Health and Substance use Disorders in Drug and Veterans Treatment Courts." *Journal of Substance Use* 25, no. 3 (May 2020): 277-283.
<https://doi.org/10.1080/14659891.2019.1683905>.
8. Finlay, Andrea K., David Smelson, Leon Sawh, Jim McGuire, Joel Rosenthal, Jessica Blue-Howells, and Christine Timko, et al. "U.S. Department of Veterans Affairs Veterans Justice Outreach Program: Connecting Justice-Involved Veterans with Mental Health and Substance Use Disorder Treatment." *Criminal Justice Policy Review* 20 (2014).
9. Finlay, Andrea K., Ingrid Binswanger, David Smelson, Leon Sawh, Jim McGuire, Joel Rosenthal, and Jessica Blue-Howells, et al. "Sex Differences in Mental Health and Substance Use Disorders and Treatment Entry among Justice-Involved Veterans in the Veterans Health Administration." *Medical Care* 53, no. 4 (April 2015).
10. Finlay, Andrea K., Alex H.S. Harris, Joel Rosenthal, Jessica Blue-Howells, Sean Clark, Jim McGuire, and Christine Timko, et al. "Receipt of Pharmacotherapy for Opioid Use Disorder by Justice-Involved U.S. Veterans Health Administration Patients." *Drug and Alcohol Dependence* 160 (January 2016): 222-226.
<http://dx.doi.org/10.1016/j.drugalcdep.2016.01.013>.
11. Finlay, Andrea K., Ingrid Binswanger, Christine Timko, Joel Rosenthal, Sean Clark, Jessica Blue-Howells, and Jim McGuire, et al. "Receipt of Pharmacotherapy for Alcohol Use Disorder by Male Justice-Involved U.S. Veterans Health Administration Patients." *Criminal Justice Policy Review* 16 (2016): 222-226.
12. Finlay, Andrea K., Alex H. S. Harris, Joel Rosenthal, Jessica Blue-Howells, Sean Clark, Bessie Flatley, and Christine Timko. "Justice Involvement and Treatment Use among Rural Veterans." *Rural Mental Health* 42, no. 1 (January 2018): 46-59.
13. Finlay, Andrea K., Mandy D. Owens, Emmeline Taylor, Amia Nash, Nicole Capdarest-Arest, Joel Rosenthal, Jessica Blue-Howells, Sean Clark, and Christine Timko. "A Scoping Review of Military Veterans Involved in the Criminal Justice System and their Health and Healthcare." *Health and Justice* 7 (2019): 1-18.
<https://doi.org/10.1186/s40352-019-0086-9>.
14. Finlay, Andrea K., Sean Clark, Jessica Blue-Howells, Sherri Claudio, Matthew Stimmel, Jack Tsai, Alec Buchanan, Joel Rosenthal, Alex H.S. Harris, and Susan Frayne. "Logic Model of the Department of

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- Veterans Affairs Roles in Veterans Treatment Courts.” *Drug Court Review* (Summer 2019): 45-62.
15. Johnson, R. Scott, Andrea G. Stolar, James F. McGuire, Krithika Mittakanti, Sean Clark, Loretta Coonan, and David Graham. “Predictors of Incarceration of Veterans Participating in U.S. Veterans’ Courts.” *Psychiatric Services* 68 (February 2017): 144-150.
 16. McCall, Janice D., Keri L. Rodriguez, Debra Barnisin-Lange, and Adam J. Gordon. “A Qualitative Examination of the Experiences of Veterans Treatment Court Graduates in Allegheny County, Pennsylvania.” *International Journal of Offender Therapy and Comparative Criminology* 63, no. 3 (2019): 339-356.
 17. Palframan, Kristen M., Jessica Blue-Howells, Sean C. Clark, and John F. McCarthy. “Veterans Justice Programs: Assessing Population Risks for Suicide Deaths and Attempts.” *Suicide and Life-Threatening Behavior* 50, no. 4 (August 2020): 792-804.
 18. Schaffer, Bradley. “Incarcerated Veterans Outreach Program.” *Journal of Evidence-Informed Social Work* 13, no. 3 (2016): 293-304. <https://doi.org/10.1080/23761407.2015.1006945>.
 19. Schaffer, Bradley. “Veteran Sex Offenders and Reentry Problems.” *Journal of Correctional Health Care* 17, no. 3 (2011): 266-270.
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Appendix IV: Comments from the Department of Veterans Affairs



DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON

September 7, 2021

Ms. Elizabeth Curda
Director
Education, Workforce and
Income Security Issues
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Curda:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: **VETERANS JUSTICE OUTREACH PROGRAM: Further Actions to Identify and Address Barriers to Participation Would Promote Access to Services** (GAO-21-564).

VA concurs with GAO's draft report recommendations, and the enclosure contains the revised actions to be taken to address the recommendations. VA appreciates the opportunity to comment on the draft report.

Sincerely,

A handwritten signature in black ink that reads "Tanya J. Bradsher".

Tanya J. Bradsher
Chief of Staff

Enclosure

Enclosure

Department of Veterans Affairs (VA) Response to the
Government Accountability Office (GAO) Draft Report
**VETERANS JUSTICE OUTREACH PROGRAM: Further Actions to
Identify and Address Barriers to Participation
Would Promote Access to Services**
(GAO-21-564)

Recommendation 1: The Under Secretary for Health should develop and use detailed project plans that define all work activities, time frames, resources, and interim milestones to guide implementation and monitor progress toward achieving objectives and planned actions outlined in VJO's strategic plan related to identifying and addressing barriers justice-involved veterans may face in accessing VJO specialists.

VA Response: Concur. The Veterans Health Administration (VHA) Veterans Justice Outreach (VJO) Program wants to ensure justice-involved Veterans have access to the resources they have earned and deserve. The VJO Program is committed to addressing barriers to access for justice-involved Veterans. This commitment is reflected in the VJO Program's strategic plan. Three of the strategic plan's eight goals address potential barriers justice-involved Veterans may face in accessing VJO Specialists. They are strategic goal 1, which concerns identification of Veterans in criminal justice settings; strategic goal 4, which includes an objective concerning the development of an outreach triage guide for use by VJO Specialists; and strategic goal 5, which concerns evaluating the effectiveness of the VJO Program. The VJO Program will develop project plans for each of these strategic goals to track implementation and completion.

Target Completion Date: November 2021

Recommendation 2: The Under Secretary for Health should improve training to help VJO specialists conduct targeted outreach to justice-involved veterans, through jail administrators, to increase justice-involved veterans' awareness and understanding of VJO and other program services available to certain justice-involved veterans with Other than Honorable discharges.

VA Response: Concur. The VJO Program is committed to enhancing outreach to justice-involved Veterans to include those with other-than-honorable discharges. These Veterans, in particular, may decline opportunities to meet with VJO Specialists conducting outreach due to an inaccurate assumption that VJO Specialists and VA are not able to provide them services or resources. The VJO Program will develop and disseminate training materials that include more detailed information about the availability of VA services to justice-involved Veterans with other-than-honorable discharges. These materials will include guidance for VJO Specialists on how to approach discussions with both jail administrators and justice-involved Veterans. These new training materials will be deployed in a webinar for all VJO Specialists, which will be recorded and available on-demand for VJO Specialists via the VJO Program SharePoint site.

**Appendix IV: Comments from the Department
of Veterans Affairs**

Enclosure

Department of Veterans Affairs (VA) Response to the
Government Accountability Office (GAO) Draft Report
***VETERANS JUSTICE OUTREACH PROGRAM: Further Actions to
Identify and Address Barriers to Participation
Would Promote Access to Services***
(GAO-21-564)

Target Completion Date: November 2021

Recommendation 3: The Under Secretary for Health should enhance its planning for research on the justice-involved veteran population by defining and prioritizing all activities needed to complete planned actions, establishing milestones, and identifying the resources needed to accomplish the program's research objectives.

VA Response: Concur. Understanding the justice-involved Veteran population is crucial to the ongoing operations of the VJO Program, as well as planning for its growth over time. The existing research literature on justice-involved Veterans is limited, so goal 6 in the VJO Program's strategic plan outlines a major effort to support research on justice-involved Veterans through collaboration with VA and external researchers, as well as other stakeholders. The VJO Program will develop a project plan for operationalizing and monitoring progress toward completion of VJO Program strategic goal 6, which will include the above noted elements.

Target Completion Date: December 2021

Department of Veterans Affairs
September 2021

Page 2 of 2

Appendix V: GAO Contact and Staff Acknowledgments

GAO Contact

Elizabeth H. Curda at (202) 512-7215 or curdae@gao.gov

Staff Acknowledgments

In addition to the contact named above, James Whitcomb (Assistant Director), Jessica L. Yutzy (Analyst-in-Charge), Dana Hopings, Layla Moughari, and Greg Whitney made key contributions to this report. Also contributing to this report were Mariel Alper, Isabella Anderson, Carl Barden, David Barish, James Bennett, Alex Galuten, Erin Godtland, Cynthia Grant, Joel Green, Gina Hoover, Ellie Klein, Kevin Metcalfe, Jeffrey Miller, John Mingus, Michael Naretta, Ellen Phelps Ranen, Joy Solmonson, Almeta Spencer, Kathleen Van Gelder, and Adam Wendel.

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