

Veterans Community Care Program: Information on Behavioral Health Referrals, Fiscal Years 2021 Through 2024

GAO-26-108799

Q&A Report to the Ranking Member, Committee on Veterans' Affairs

House of Representatives

April 14, 2026

Why This Matters

The Department of Veterans Affairs (VA) operates the nation's largest health care system through its Veterans Health Administration (VHA) and serves about 9 million veterans annually. VA's Veterans Community Care Program allows eligible veterans to receive care from private sector community providers in certain circumstances. The number of veterans who received community care increased from about 1.1 million in 2014 to about 3.1 million in 2024, according to VA. Community care represented about 40 percent of all VA health care in fiscal year 2023, according to VA documentation.

Behavioral health services—including services for mental health and substance use conditions—are among those that eligible veterans can receive in the community. Behavioral health conditions have been a persistent and growing issue for our nation's veterans. From 2006 through 2023, the number of veterans who received behavioral health care from VHA more than doubled, according to VA officials. Veterans who face long wait times or other challenges accessing behavioral health services at VHA medical facilities may receive them from community providers.

We were asked to report on veterans' behavioral health referrals to community care during fiscal years 2021 through 2024. This report provides information on the number of referrals veterans received during this period, the care veterans received through those referrals, and VA's spending on that care.

Key Takeaways

- Veterans received over 600,000 referrals to obtain behavioral health services from community providers during fiscal years 2021 through 2024, according to VA data. Over half of these referrals were for outpatient psychotherapy care.
- VA spent \$4.29 billion on the community care veterans obtained through these referrals as of January 2026, according to VA data. Over two-thirds of VA's spending was associated with inpatient care, including residential treatment.
- We found that about 4 percent of behavioral health referrals (over 25,000 referrals) and 43 percent of spending (about \$1.9 billion) were associated with residential substance use treatment in the community.

How do veterans receive health care services in the community?

Eligible veterans can receive care from community providers, including behavioral health and other services, through VA's Veterans Community Care Program. Veterans may be eligible to receive community care services for several reasons, including that the services are not available at a VHA medical facility or VHA cannot provide care within its standards for wait and drive times.¹ For example, an eligible veteran may receive certain behavioral health services in the community if they cannot be seen at their VHA facility within 20 days.

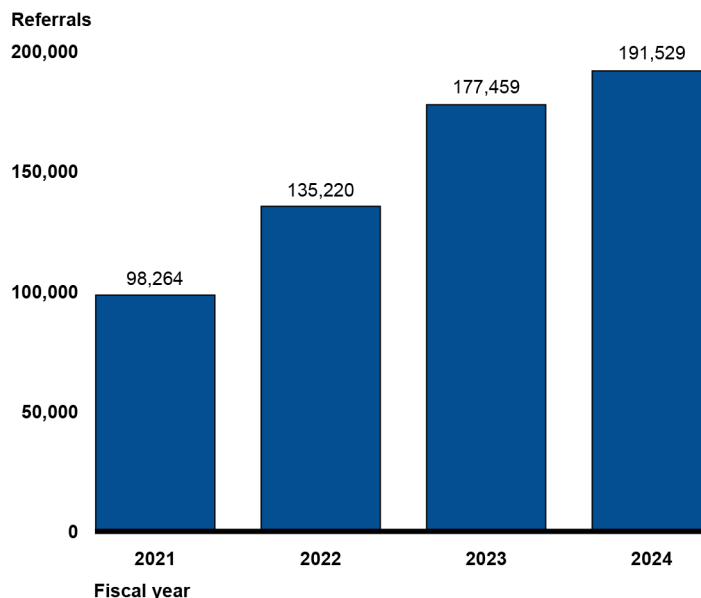
Generally, before an eligible veteran can receive community care, the veteran's provider at a VHA facility must first create a referral in the veteran's electronic health record. Community care staff at the VHA facility then process the referral by sending it to a community provider, scheduling the veteran's visit with the community care provider, confirming the visit took place, and closing the referral after such confirmation.

These community care providers submit claims to VA for services provided to eligible veterans, and VA pays these claims.

How many referrals did veterans receive for behavioral health services in the community?

Over 350,000 veterans received a total of 602,472 referrals to obtain behavioral health services from community providers during fiscal years 2021 through 2024, according to VA data and agency officials.² The number of referrals to behavioral health providers in the community increased each year during this period. (See fig. 1.)

Figure 1: Veterans' Behavioral Health Care Referrals to Community Providers, Fiscal Years 2021–2024



Source: GAO analysis of Veterans Health Administration data. | GAO-26-108799

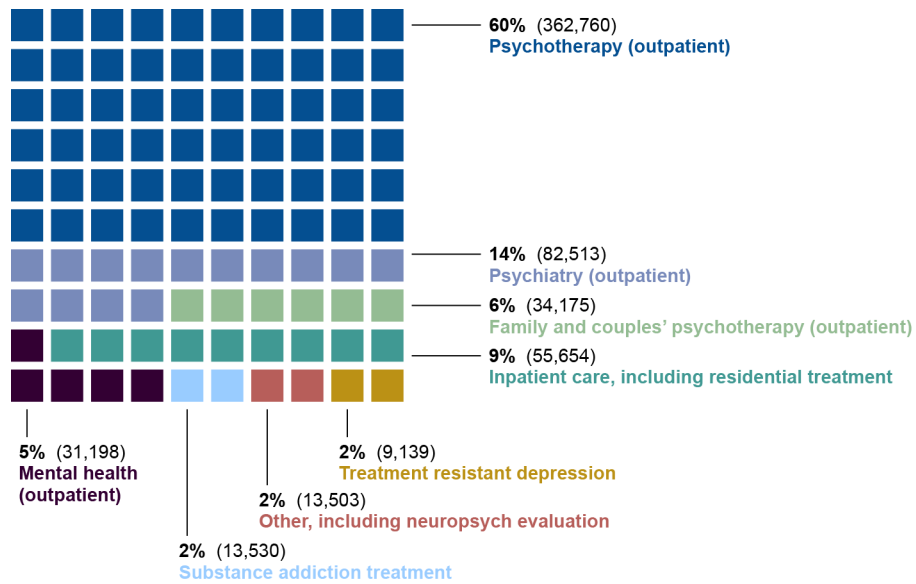
Notes: These data reflect the 602,472 behavioral health referrals made by Department of Veterans Affairs' (VA) facility staff to community providers from fiscal years 2021 through 2024. These referrals include only those that VA considers to be "complete," meaning that the referral date has passed and VA has received a claim from the community care provider. VA facility staff created an additional 273,710 referrals during this period that did not have a claim associated and thus were not considered complete as of January 2026, according to VA data. The number of referrals does not necessarily indicate the number of veterans receiving services because a veteran may receive more than one referral.

What types of behavioral health services were veterans referred for in the community?

More than half of veterans' 602,472 behavioral health referrals (about 60 percent) during fiscal years 2021 through 2024 were for outpatient psychotherapy care, which can include specific services such as counseling and therapy sessions. The remaining 40 percent of referrals were for outpatient psychiatry, which can include services such as medication treatment; outpatient

family and couples' psychotherapy; inpatient care, including mental health residential treatment; and other categories of care. (See fig. 2.)

Figure 2: Veterans' Behavioral Health Care Referrals to Community Providers by Category of Care, Fiscal Years 2021–2024

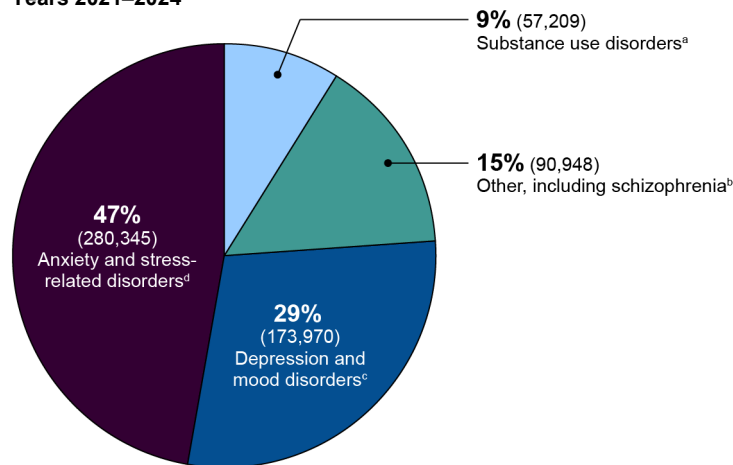


Source: GAO analysis of Veterans Health Administration data. | GAO-26-108799

Notes: These data reflect the proportion of categories of care included in the 602,472 behavioral health referrals made by Department of Veterans Affairs' facility staff to community providers from fiscal years 2021 through 2024. Each referral includes one category of care (e.g., outpatient individual psychotherapy) that indicates the specific services (e.g., counseling and therapy sessions) that the community provider is authorized to provide over a set duration of time (e.g., 6 or 12 months).

Nearly half (47 percent) of the 602,472 behavioral health referrals to community providers were for veterans diagnosed with anxiety and stress-related disorders, such as post-traumatic stress disorder. The remaining 53 percent of referrals were for veterans with depression or mood disorders, other mental health disorders such as schizophrenia, and substance use disorders. (See fig. 3.)

Figure 3: Veterans' Behavioral Health Care Referrals to Community Providers by Diagnoses, Fiscal Years 2021–2024



Source: GAO analysis of Veterans Health Administration data. | GAO-26-108799

Notes: These data reflect the proportion of veterans' diagnosis categories included in the 602,472 behavioral health referrals made by Department of Veterans Affairs' (VA) facility staff to community providers from fiscal years 2021 through 2024. These categories are based on provisional diagnoses, as determined by the veterans' providers at the VA facility. According to VA officials, community care providers also submit their diagnosis with claims paperwork, which is often (but not always) the same as the VA provider's provisional diagnosis. The diagnosis categories are based on the individual conditions listed in the International Classification of Diseases, Tenth Revision, Clinical Modification, which is a standardized system used to code diseases and reason for visits in all health care settings.

^aThis category includes substance use disorders such as alcohol, opioid, or cocaine dependence (codes F10-F19).

^bThis category includes all other diagnoses, such as schizophrenia, as well as relationship problems with a spouse or partner (codes Z63, F1-9, F50-99).

^cThis category includes depression and mood disorders such as bipolar disorder (codes F30-F39).

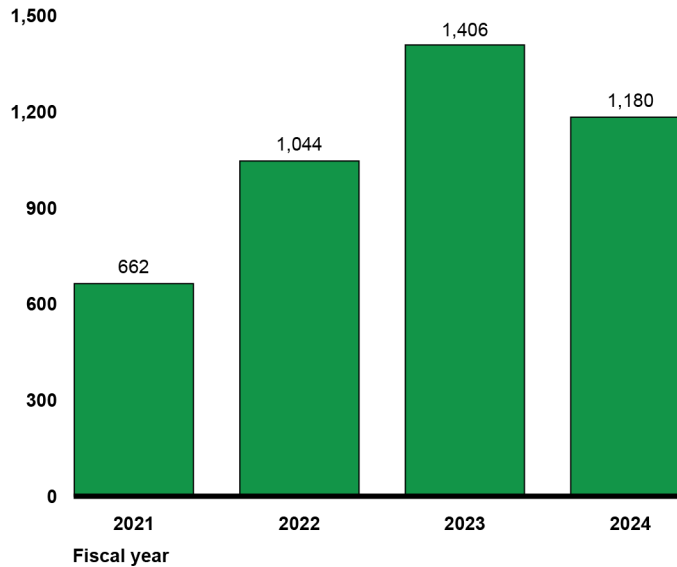
^dThis category includes anxiety and stress-related disorders such as post-traumatic stress disorder and adjustment disorder (codes F40-F49).

How much did VA spend on veterans' behavioral health services in the community?

VA data show the agency spent about \$4.29 billion on the care associated with veterans' 602,472 behavioral health referrals to community providers from fiscal years 2021 through 2024.³ (See fig. 4.)

Figure 4: VA Spending on Behavioral Health Care Referrals to Community Providers, Fiscal Years 2021–2024

Spending (in millions of dollars)

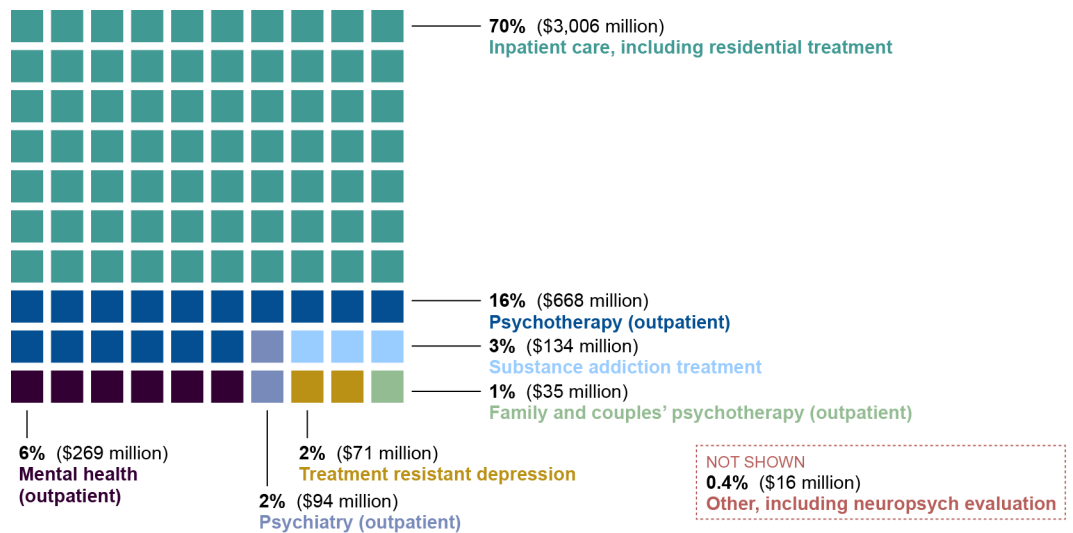


Source: GAO analysis of Veterans Health Administration data. | GAO-26-108799

Notes: These data reflect Department of Veterans Affairs (VA) spending as of January 2026 related to the 602,472 behavioral health referrals made by VA facility staff to community providers from fiscal years 2021 through 2024. These referrals include only those that VA considers to be “complete,” meaning that the referral date has passed and VA has received a claim from the community care provider. About 2.6 percent of these referrals had no VA payment associated, meaning that a claim was received, but no payment was made, according to VA officials. VA facility staff created an additional 273,710 referrals during this period that did not have a claim associated and thus were not considered complete as of January 2026, according to VA data. VA officials said that providers may submit claims for payment several months after a service is provided. Therefore, the total spending on referrals made during this period may increase as providers submit additional claims, particularly for referrals made more recently.

About 70 percent—over \$3 billion—of VA’s spending on behavioral health community care was related to veterans’ inpatient care, including residential treatment, according to VA data. (See fig. 5.)

Figure 5: VA Spending on Behavioral Health Care Referrals to Community Providers by Category of Care, Fiscal Years 2021–2024

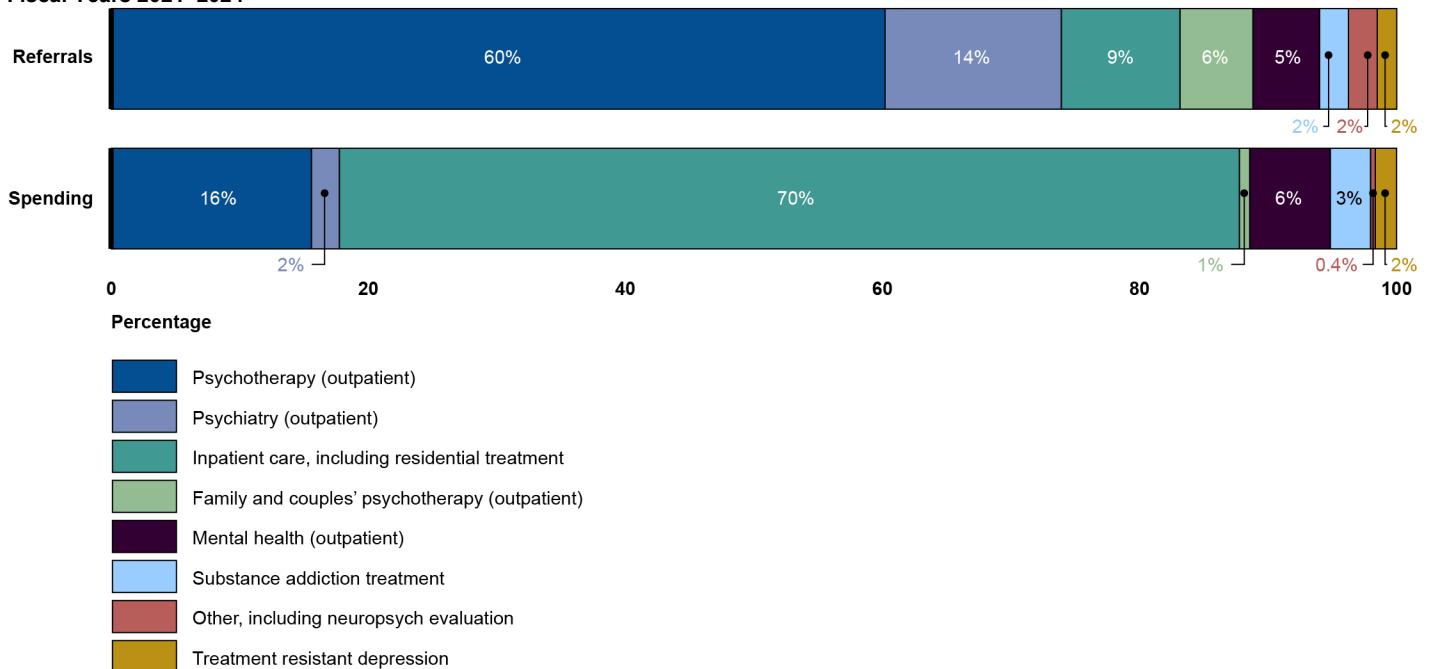


Source: GAO analysis of Veterans Health Administration data. | GAO-26-108799

Notes: These data reflect Department of Veterans Affairs (VA) spending related to the 602,472 behavioral health referrals made by VA facility staff to community providers from fiscal years 2021 through 2024. VA had spent \$4.29 billion on these referrals as of January 2026, according to VA data. These referrals include only those that VA considers to be “complete,” meaning that the referral date has passed and VA has received a claim from the community care provider. Each referral includes one category of care (e.g., outpatient individual psychotherapy) that indicates the specific services (e.g., counseling and therapy sessions) that the community provider is authorized to provide over a set duration of time (e.g., 6 or 12 months).

While over two-thirds of VA’s spending on behavioral health referrals was for inpatient care, inpatient care represented 9 percent of referrals made during this period. In comparison, psychotherapy accounted for 16 percent of spending but represented 60 percent of referrals. (See fig. 6 for a comparison of behavioral health care referrals and associated spending by care category.) Inpatient care is generally more expensive than outpatient care due to costs associated with overnight stays in a facility.

Figure 6: Comparison of Veterans’ Behavioral Health Care Referrals to Community Providers and Associated VA Spending by Care Category, Fiscal Years 2021–2024



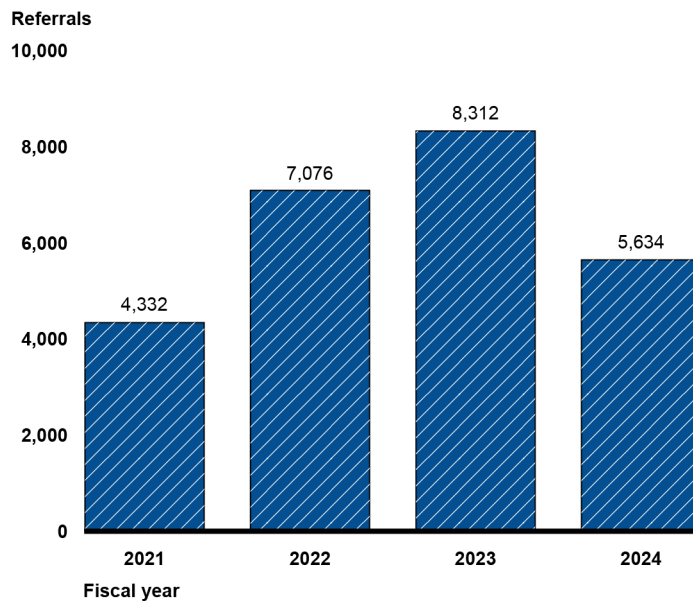
Source: GAO analysis of Veterans Health Administration data. | GAO-26-108799

Notes: These data reflect the 602,472 referrals made by Department of Veterans Affairs' (VA) facility staff to community providers from fiscal years 2021 through 2024, as well as associated VA spending. These referrals include only those that VA considers to be "complete," meaning that the referral date has passed and VA has received a claim from the community care provider. VA had spent \$4.29 billion on these referrals as of January 2026, according to VA data. Each referral includes one category of care (e.g., outpatient individual psychotherapy) that indicates the specific services (e.g., counseling and therapy sessions) that the community provider is authorized to provide over a set duration of time (e.g., 6 or 12 months).

How many referrals did veterans receive for residential substance use treatment in the community?

VA data show veterans received over 25,000 referrals for residential substance use treatment in the community during fiscal years 2021 through 2024.⁴ (See fig. 7.) This represents 4.2 percent of the 602,472 community care referrals veterans received during this period. Residential treatment programs for substance use disorders allow veterans to receive intensive treatment in a supervised residential setting. This treatment environment provides support and structure to help the veteran develop a foundation for long-term recovery, according to VA.

Figure 7: Veterans' Residential Substance Use Treatment Referrals to Community Providers, Fiscal Years 2021–2024



Source: GAO analysis of Veterans Health Administration data. | GAO-26-108799

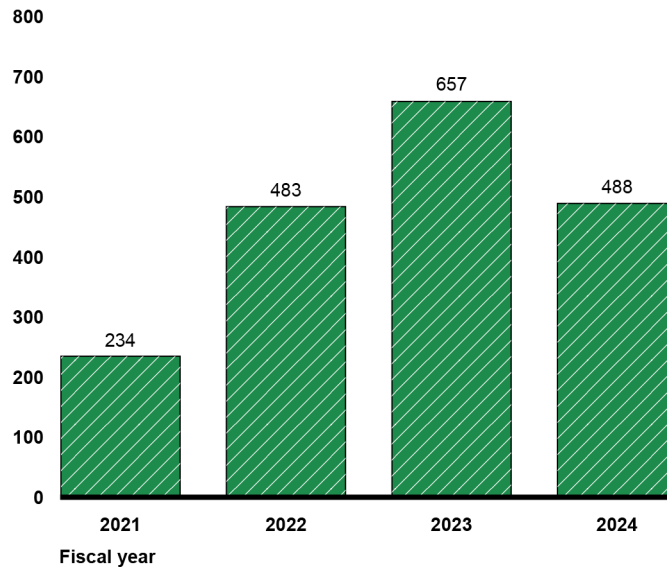
Notes: These data reflect the 25,354 referrals made by Department of Veterans Affairs' (VA) facility staff to community providers for residential substance use treatment from fiscal years 2021 through 2024. These referrals include only those that VA considers to be "complete," meaning that the referral date has passed and VA has received a claim from the community care provider. We identified referrals for residential substance use treatment using a combination of the two care category codes VA typically used to authorize residential care and diagnosis codes (i.e., International Classification of Diseases, Tenth Revision, Clinical Modification) for substance use. VA officials noted that additional codes may be used for residential treatment. Therefore, the number of referrals may understate the true values. VA facility staff created an additional 5,446 referrals for residential substance use treatment during this period that did not have a claim associated and thus were not considered complete as of January 2026, according to VA data. The number of referrals does not necessarily indicate the number of veterans receiving services because a veteran may receive more than one referral.

How much did VA spend on veterans' residential substance use treatment in the community?

VA data show the agency spent \$1.9 billion on the care associated with the 25,354 referrals for residential substance use treatment from fiscal years 2021 through 2024.⁵ (See fig. 8.) This represents about 43 percent of the approximately \$4.29 billion in spending on behavioral health referrals made during this period.

Figure 8: VA Spending on Residential Substance Use Treatment Referrals to Community Providers, Fiscal Years 2021–2024

Spending (in millions of dollars)



Source: GAO analysis of Veterans Health Administration data. | GAO-26-108799

Notes: These data reflect Department of Veterans Affairs (VA) spending as of January 2026 related to the 25,354 referrals for residential substance use treatment made by VA facility staff to community providers from fiscal years 2021 through 2024. These referrals include only those that VA considers to be “complete,” meaning that the referral date has passed and VA has received a claim from the community care provider. We identified referrals for residential substance use treatment using a combination of the two care category codes VA typically used to authorize residential care and diagnosis codes (i.e., International Classification of Diseases, Tenth Revision, Clinical Modification) for substance use. VA officials noted that additional codes may be used for residential treatment. Additionally, VA officials said that providers may submit claims for payment several months after a service is provided. Therefore, the total spending on referrals made during this period may increase as providers submit additional claims, particularly for referrals made more recently. About 1.9 percent of these referrals had no VA payment associated, meaning that a claim was received, but no payment was made, according to VA officials. VA facility staff created an additional 5,446 referrals for residential substance use treatment during this period that did not have a claim associated and thus were not considered complete as of January 2026, according to VA data.

Agency Comments

We provided a draft of this report to VA for review and comment. VA did not provide comments on the report.

How GAO Did This Study

To obtain information about veterans’ behavioral health referrals to community care from fiscal years 2021 through 2024 and associated VA spending, we obtained systemwide data from VA’s Corporate Data Warehouse for all behavioral health referrals for those fiscal years. We analyzed that data to determine the number of behavioral health referrals to community providers made during this period and VA spending—the total cost associated with a given referral using claims data—on the care associated with these referrals. Data reflect only those referrals that VA considers to be “complete,” meaning that the referral date has passed and VA has received a claim from the community care provider. We also examined the data by categories of care (e.g., outpatient psychotherapy, outpatient psychiatry) and categories of diagnoses (e.g., anxiety and stress-related disorders, substance use disorders). We worked with VA to identify referrals for residential substance use treatment using relevant categories of care and diagnosis.

To assess the reliability of data we used in our analyses, we performed electronic testing to identify obvious errors or missing data. We also interviewed VA officials knowledgeable about the data’s reliability and reviewed relevant documentation. Based on these steps, we determined that the data we used were sufficiently reliable for the purposes of our audit objectives.

We conducted this performance audit from November 2025 to April 2026 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.

List of Addressees

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

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

Related GAO Products

VA Health Care: Status of Key Recommendations Related to Mental Health and Medication Management. [GAO-26-108786](#). Washington, D.C.: December 3, 2025.

Veterans' Community Care: VA Needs Improved Oversight of Behavioral Health Medical Records and Provider Training. [GAO-25-106910](#). Washington, D.C.: May 5, 2025.

Veterans Health Care: Opportunities to Improve Access to Care Through the Veterans Community Care Program. [GAO-25-108101](#). Washington, D.C.: February 12, 2025.

Veterans Health Care: Referral Coordination Initiative for Specialty Care Needs Improved Program Direction and Guidance. [GAO-25-106678](#). Washington, D.C.: January 21, 2025.

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

Veterans Health Care: VA Actions Needed to Ensure Timely Scheduling of Specialty Care Appointments. [GAO-23-105617](#). Washington, D.C.: January 4, 2023.

Veterans Community Care Program: VA Needs to Strengthen Its Oversight and Improve Data on Its Community Care Network Providers. [GAO-23-105290](#). Washington, D.C.: November 10, 2022.

Veterans Community Care Program: Improvements Needed to Help Ensure Timely Access to Care. [GAO-20-643](#). Washington, D.C.: September 28, 2020.

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Endnotes

¹VHA's designated access standards specify that a veteran may be eligible for community care if 1) the average drive time to a VHA provider (from the veteran's residence) is more than 30 minutes for primary care or more than 60 minutes for specialty care, or 2) the first next available appointment with a VHA provider is not available within 20 days for primary care or 28 days for specialty care based on the date from the request for care unless a later date has been agreed upon. Additionally, a VA provider may deem it is in the veteran's best medical interest to receive care in the community. VA can also provide medical services for eligible veterans through Veterans Care Agreements, in which VA separately contracts directly with community providers for services. These agreements are intended to be used in limited situations for services that are either not provided or not sufficient through the third-party administrator contractors' regional networks contracts to ensure veterans get the care they need.

²According to VA officials, the 602,472 referrals received from fiscal years 2021 through 2024 reflect only those that VA considers to be "complete," meaning that the referral date has passed and VA has received a claim from the community care provider. VA facility staff created an additional 273,710 referrals during this period that did not have associated claims and thus were not considered complete as of January 2026, according to VA data. The number of referrals does not necessarily indicate the number of veterans receiving services because a veteran may receive more than one referral.

³This reflects VA spending—the total cost associated with a given referral using claims data—as of January 2026 related to the 602,472 referrals made from fiscal years 2021 through 2024 that VA considers to be "complete." About 2.6 percent of these referrals had no VA payment associated, meaning that a claim was received but payment was not made, according to VA officials. VA officials said that providers may submit claims for payment several months after a service is provided. Therefore, the total spending on referrals made during this period may increase as providers submit additional claims, particularly for referrals made more recently.

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