



July 2024

DOD AND VA HEALTH CARE

Actions Needed to Better Facilitate Access to Mental Health Services During Military to Civilian Transitions

GAO Highlights

Highlights of [GAO-24-106189](#), a report to congressional requesters.

Why GAO Did This Study

Thousands of service members transitioned from military service to civilian life in 2022. During this transition period, research has shown that service members are especially vulnerable. Some may face challenges, such as the loss of a sense of purpose, post-traumatic stress disorder, or other mental health symptoms.

GAO was asked to review access to mental health services for transitioning members. Among other objectives, this report examines inTransition's enrollment process and efforts to assess performance. It also examines the extent to which the DOD-VA Joint Executive Committee has assessed the effectiveness of efforts to facilitate access to mental health services.

GAO analyzed inTransition program data for calendar year 2022, the most recent available. GAO also reviewed DOD and VA information on efforts that may facilitate access to mental health services and interviewed DOD and VA officials.

What GAO Recommends

GAO is making five total recommendations, including that DOD revise inTransition's enrollment criteria and outreach policy and establish performance goals, and that the DOD-VA Joint Executive Committee assess the departments' efforts to facilitate access to mental health services. VA concurred with the DOD-VA Joint Executive Committee recommendation; DOD did not provide formal comments.

View [GAO-24-106189](#). For more information, contact Alyssa M. Hundrup at (202) 512-7114 or hundrupa@gao.gov.

July 2024

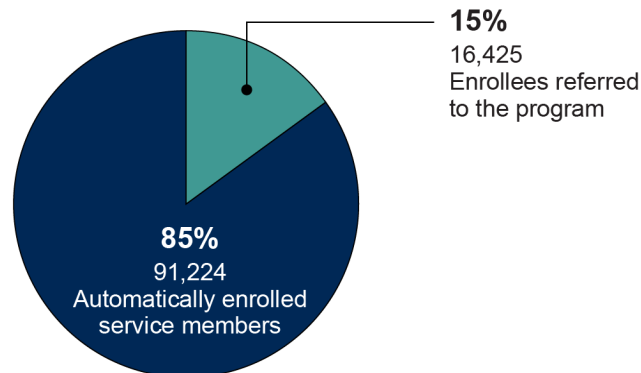
DOD AND VA HEALTH CARE

Actions Needed to Better Facilitate Access to Mental Health Services During Military to Civilian Transitions

What GAO Found

The Department of Defense's (DOD) inTransition program assists service members who may need support with mental health services during transitions. It automatically enrolls members transitioning from the military who received mental health or traumatic brain injury care in the year prior to separation. In 2022, inTransition identified 85 percent of its enrollees through its automatic enrollment process. (See figure.) However, GAO found that inTransition does not conduct outreach to these enrollees until 2 to 3 months after their separation. This delayed timing may leave a gap in assistance to mental health services during a vulnerable period.

inTransition Enrollees, Calendar Year 2022



Source: GAO analysis of DOD data. | GAO-24-106189

GAO found that the inTransition program was unable to successfully connect with over 70 percent of its automatically enrolled service members in 2022. This was due, in part, to its outreach strategy, which relies on telephone calls. Expanding its outreach methods—such as through email, text, or the use of location services—could improve the program's ability to successfully connect with its enrollees and potentially increase participation in the program. GAO also found that the inTransition program tracks some performance data but has not defined the level of performance it aims to achieve. By establishing performance goals with measurable targets, the program could better assess its performance and use the information to make changes, as appropriate, such as to its outreach strategy.

The DOD and Department of Veterans Affairs (VA) Joint Executive Committee oversees military transition activities. GAO found that it identified an inventory of departmental efforts that may facilitate access to mental health services for transitioning members in 2022. However, it has not assessed the effectiveness of these efforts overall in facilitating access to mental health services during the transition period. As a result, the Committee does not know the extent to which there may be gaps, overlap, or other issues across these efforts. By conducting such an assessment and recommending appropriate changes, the Committee could help to better ensure that transitioning service members and veterans have access to the mental health services they may need.

Contents

Letter		1
	Background	6
	inTransition Enrolls Eligible Transitioning Service Members Several Months After They Separate and Lacks Goals to Assess Program Performance	13
	DOD Has Several Programs That May Help Identify Some Service Members with Mental Health Needs Prior to Separation, with Additional Efforts Underway	22
	DOD and VA Have Several Efforts That May Facilitate Access to Mental Health Services across the Transition Continuum	28
	DOD-VA Joint Executive Committee Has Not Assessed the Effectiveness of the Departments' Efforts to Facilitate Access to Mental Health Services	33
	Conclusions	36
	Recommendations for Executive Action	38
	Agency Comments	38
Appendix I	Comments from the Department of Veterans Affairs	40
Appendix II	GAO Contact and Staff Acknowledgments	42
Tables		
	Table 1: Number of Calls DOD's inTransition Program Made to Automatically Enrolled Service Members and the Unresponsive and Acceptance Rates by Month, 2022	20
	Table 2: DOD and VA Programs, Processes, or Services That May Facilitate Access to Mental Health Services Prior to Separation and across the Transition Continuum	29
Figures		
	Figure 1: Goals from the 2018 Joint Action Plan for Supporting Veterans During Their Transition from Uniformed Service to Civilian Life and Examples of Related Actions	11
	Figure 2: Department of Defense (DOD)-Department of Veterans Affairs (VA) Joint Executive Committee's Military to Civilian Readiness Framework	12

Figure 3: Department of Defense’s inTransition Enrollees and Telephone Call Response Rates to Automatically Enrolled Service Members, 2022	17
Figure 4: Mental Health-Related Questions from the Self-Assessment Section of DOD’s Separation History and Physical Examination, as of April 2024	25
Figure 5: Mental Health Screening Questions from the Self-Assessment Section of the Separation Health Assessment, Estimated DOD Implementation Summer 2025	27

Abbreviations

DOD	Department of Defense
TAP	Transition Assistance Program
VA	Department of Veterans Affairs

This is a work of the U.S. government and is not subject to copyright protection in the United States. The published product may be reproduced and distributed in its entirety without further permission from GAO. However, because this work may contain copyrighted images or other material, permission from the copyright holder may be necessary if you wish to reproduce this material separately.



July 15, 2024

The Honorable Glenn Grothman
Chairman
The Honorable Robert Garcia
Ranking Member
Subcommittee on National Security, the Border, and Foreign Affairs
Committee on Oversight and Accountability
House of Representatives

The Honorable Stephen F. Lynch
House of Representatives

Nearly 175,000 service members separated from military service and transitioned to civilian life in calendar year 2022, according to Department of Defense (DOD) data. During this transition period, research has shown that service members are especially vulnerable; for example, the suicide rate was about 2.5 times higher for veterans in the first year of separation than for the active duty population.¹ This increased risk can be attributed to the many challenges that service members face during this time, such as loss of a sense of purpose, familial and financial strain, and difficulty readjusting to social and civilian life. DOD has also seen a growing demand for mental health services among all military service members.²

DOD has requirements that service members are supposed to follow when they separate from active duty to help ensure a successful transition to civilian life. Service members must participate in the Transition Assistance Program (TAP), which offers counseling, employment assistance, and information on federal veterans' benefits, among other types of support. DOD also requires service members to complete its Separation History and Physical Exam to document their medical histories—including any issues related to mental health. Once service members separate, they have the choice of seeking health care through the Department of Veterans Affairs (VA) or through DOD's

¹Chandru Ravindran, et al., "Association of Suicide Risk with Transition to Civilian Life among US Military Service Members," *JAMA Network Open*, vol. 3, no. 9 (2020).

²For more information, see GAO, *Defense Health Care: DOD Should Monitor Urgent Referrals to Civilian Behavioral Health Providers to Ensure Timely Care*, [GAO-24-106267](#) (Washington, D.C.: Feb. 6, 2024).

TRICARE program, if eligible.³ Service members may also obtain coverage for care through employer-sponsored plans or through the health insurance exchanges.

DOD has a voluntary program, called inTransition, that helps facilitate connections to mental health services for service members and veterans during their transitions. For example, the program may help them find or obtain mental health resources, such as a community support group. The inTransition program can provide this assistance at various points, including when service members separate from the military.⁴ Starting in 2015, the program implemented a process to identify and automatically enroll eligible service members who are transitioning from the military.⁵ The program is to conduct outreach to these enrollees to determine whether they want to remain enrolled in the program and use its services, or whether they want to opt out.

The DOD-VA Joint Executive Committee, an interagency committee established in 2003, oversees the departments' coordination for health care and benefits, including programs and efforts that may assist service members and veterans during what is known as the transition continuum. The Committee defines the transition continuum period as 1 year pre-separation through 1 year post-separation from military service.

The departments' efforts to ensure that transitioning service members have continuous access to mental health care and suicide prevention services have received increased attention in recent years. For example, a 2018 Executive Order directed VA and DOD to develop a joint action plan to ensure access to mental health care and suicide prevention services for transitioning service members with an emphasis on the year following their separation.⁶ However, in 2021 we and the DOD Office of the Inspector General identified concerns with DOD's and VA's efforts

³Veterans' eligibility for VA health care is based primarily on veteran status resulting from military service and meeting minimum service requirements. Military retirees may also be eligible for specific TRICARE plans depending upon a number of factors, including their age and geographic location.

⁴The inTransition program is designed to help individuals at different transition points in their military career, including a geographic relocation for a new assignment or a return from deployment.

⁵The program automatically enrolls service members who received mental health or moderate-to-severe traumatic brain injury care in the year prior to their separation.

⁶Exec. Order No. 13822, 83 Fed. Reg. 1,513 (Jan. 12, 2018). The Executive Order also identifies the Department of Homeland Security as a partner in the joint action plan.

related to mental health and suicide prevention for this population.⁷ For instance, a 2021 DOD Inspector General report found that DOD did not adequately screen for suicide risk or provide uninterrupted mental health care to transitioning service members.⁸

You asked us to review DOD's and VA's efforts to ensure continuous access to mental health services for transitioning service members. In this report, we

1. examine inTransition's processes for identifying and enrolling eligible transitioning service members and efforts to assess program performance;
2. describe how DOD identifies transitioning service members with mental health needs prior to their separation;
3. describe how DOD and VA facilitate access to mental health services for service members across the transition continuum; and
4. examine the extent to which the DOD-VA Joint Executive Committee has assessed the effectiveness of the departments' efforts to facilitate access to mental health services across the transition continuum.

To examine inTransition's processes for identifying and enrolling eligible transitioning service members and efforts to assess program performance, we assessed relevant program documentation, including its policy, fact sheets, and marketing material. We also reviewed information related to the department's inTransition contract, including the performance work statement and reports submitted by the contractor.

In addition, we analyzed inTransition enrollment data for calendar year 2022, the most current full-year data available at the time of our review. We also analyzed 2022 data on the program's outreach phone calls to eligible service members it identified who were leaving the military. Our analysis included an evaluation of the program's unresponsive call rates and types of contacts made. We also evaluated the program's acceptance rates, that is, the number of eligible service members with

⁷GAO, *DOD and VA Health Care: Suicide Prevention Efforts and Recommendations for Improvement*, [GAO-22-105522](#) (Washington, D.C.: Nov. 17, 2021). See also, Department of Defense Office of the Inspector General, *Evaluation of the Department of Defense's Implementation of Suicide Prevention Resources for Transitioning Uniformed Service Members*, Report No. DODIG-2022-030 (Nov. 9, 2021).

⁸As of January 2024, each of the report's five recommendations remained open, according to DOD Office of the Inspector General officials.

whom inTransition spoke (a successful contact) and who agreed to remain enrolled in the program. To determine the reliability of these data, we spoke with knowledgeable officials, reviewed related documentation, and tested for missing data and inconsistencies. We found the data sufficiently reliable for the purposes of our review.

In addition, we interviewed DOD officials responsible for managing the inTransition program and contract as well as officials representing the contractor, who implement the program, to determine how the program identifies and assists enrollees, how it is managed, and how they track and use any data they collect to assess program performance. We evaluated the inTransition program's processes and efforts against DOD policy, internal control standards for the federal government, and performance management leading practices identified in our prior work.⁹

To describe how DOD identifies transitioning service members with mental health needs prior to their separation, we reviewed DOD policies and information on separation protocols, processes, and programs. This included an examination of how the military services' Wounded Warrior programs and the DOD-VA Integrated Disability Evaluation System could potentially identify service members' mental health needs prior to separation. Additionally, we reviewed DOD's separation requirements—TAP and the Separation History and Physical Exam—to determine whether and how they might identify service members' mental health needs.

We also obtained and reviewed information on planned changes to these requirements, such as a new screening initiative for TAP and the implementation of a joint DOD-VA Separation Health Assessment. Lastly, we interviewed agency officials from these programs and initiatives to determine whether and how they may identify service members' mental health issues prior to their separation from military service.

To describe how other DOD and VA programs facilitate access to mental health services for service members across the transition continuum, we reviewed DOD policies on the continuity of mental health care during the

⁹GAO, *Evidence-Based Policymaking: Practices to Help Manage and Assess the Results of Federal Efforts*, [GAO-23-105460](#) (Washington, D.C.: July 12, 2023). Internal control is a process effected by an entity's oversight body, management, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved. GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 10, 2014).

transition. This included DOD Instruction 6490.10, “Continuity of Behavioral Health Care for Transferring and Transitioning Service Members.”¹⁰ Additionally, we reviewed information and available data on DOD and VA programs, processes, and services that may facilitate access to mental health services for transitioning service members. We included those that have a prominent role during the transition continuum, although there may be others that could provide assistance to this population. For DOD, we reviewed the inTransition program, the TAP warm handover process, the military services’ Wounded Warrior programs, the Integrated Disability Evaluation System, the Defense Health Agency Recovery Coordination Program, and Military OneSource.¹¹ For VA, we reviewed the Solid Start program, Concierge for Care, the VA Liaison Program, the Post-9/11 Military2VA Case Management Program, and their Federal Recovery Consultants. Lastly, we received information from and interviewed agency officials that manage these programs, processes, and services to determine whether and how they facilitate continuous access to mental health services.

To examine the extent to which the DOD-VA Joint Executive Committee has assessed the effectiveness of the departments’ efforts to facilitate access to mental health services across the transition continuum, we reviewed documentation for the Committee’s activities related to mental health services for transitioning service members. This documentation included the Committee’s current strategic plan, presentations, and its fiscal year 2024 joint operating plan, among other materials.¹² We also interviewed officials from the Joint Executive Committee and one of its subcommittees—the Transition Executive Committee—to better understand their roles and responsibilities related to monitoring service members’ access to mental health services across the transition

¹⁰Department of Defense Instruction 6490.10, *Continuity of Behavioral Health Care for Transferring and Transitioning Service Members* (Oct. 28, 2015).

¹¹For more information see GAO, *Service Members Transitioning to Civilian Life: Agencies Can Improve Warm Handovers for Additional Assistance*, [GAO-24-106248](#) (Washington, D.C.: Mar. 21, 2024).

¹²The DOD-VA Joint Executive Committee is an interagency committee established by law to oversee the two departments’ coordination with health care and benefits and to provide annual reports to Congress on its efforts. National Defense Authorization Act for Fiscal Year 2004, Pub. L. No. 108-136, div A, tit. V, § 583(a)(1), 117 Stat. 1392, 1490 (2003) (codified, as amended, at 38 U.S.C. § 320).

continuum.¹³ We assessed DOD’s and VA’s efforts using the Joint Executive Committee’s enabling statute, the Committee’s strategic plan for fiscal years 2022 through 2027, as well as internal control standards for the federal government.¹⁴

We conducted this performance audit from August 2022 to July 2024 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

Military to Civilian Transition Challenges

The transition from military to civilian life can be challenging for some veterans. Upon entering civilian life, veterans may have difficulty translating their military skills to a civilian job, and they may struggle to find employment, housing, and the other benefits that were provided as part of their military service. Additionally, veterans may struggle to reconnect with their family or relate to people who have not served in the military.

VA’s research has identified many transition-related challenges—such as homelessness, family reintegration, employment, post-traumatic stress disorder, and substance misuse—that can increase the risk for suicide during the first year after separation. Recent academic research also found that certain demographic characteristics, such as length of time in service and level of education, can exacerbate these challenges.¹⁵

DOD’s Transition Requirements

When service members prepare to separate from the military, they are required to participate in DOD’s TAP, which provides assistance, training, counseling, and services to facilitate their transition to civilian life. The program provides individualized counseling sessions, tailored classes,

¹³The National Defense Authorization Act for Fiscal Year 2024 added the Transition Executive Committee as a statutory committee of the Joint Executive Committee. According to DOD officials, prior to this legislation the Transition Executive Committee operated as a directed committee of the Joint Executive Committee’s co-chairs. Pub. L. No. 118-31, div. A, tit. XVIII, § 1805, 137 Stat. 136, 687 (2023).

¹⁴[GAO-14-704G](#).

¹⁵For example, see Chandru Ravindran, et al., “Association of Suicide Risk with Transition to Civilian Life.”

and a final review of compliance with program requirements, also known as a capstone. TAP is separately administered by each military service branch. According to DOD's policy, service members are expected to begin TAP at least 1 year before they anticipate leaving military service, but not later than 90 days before separation.¹⁶

Additionally, in accordance with DOD Instruction 6040.46, all transitioning service members must undergo a Separation History and Physical Exam prior to separation.¹⁷ The exam includes a health assessment questionnaire that is completed by the service member as well as a physical exam with a medical provider. The exam is supposed to be completed within 12 months of separation and no later than 30 days prior to separation.

DOD's inTransition Program

Established in 2010, DOD's inTransition program is intended to help facilitate connections to mental health services for individuals at various transition points, including transitioning between duty stations or out of the military, to ensure continuity of needed care.¹⁸ It is available to active-duty service members, U.S. Coast Guard personnel, National Guard members, reservists, veterans, and retirees regardless of time in service, time from service, or characterization of discharge. It is a voluntary and confidential program with coaches—licensed psychological health clinicians—who provide support services by telephone to the program's

¹⁶Service members with anticipated retirement dates are expected to begin TAP as soon as possible during the 24 months preceding their retirement date, but not later than 90 days before retirement. Also, service members with short-notice separations—those who will leave the military in 90 days or fewer—are expected to begin TAP as soon as possible. However, we have previously found that 70 percent of service members did not start TAP more than 1 year in advance, as generally required. For more information, see GAO, *Servicemembers Transitioning to Civilian Life: DOD Can Better Leverage Performance Information to Improve Participation in Counseling Pathways*, [GAO-23-104538](#) (Washington, D.C.: Dec. 12, 2022).

¹⁷Department of Defense Instruction 6040.46, *The Separation and Physical Examination for the DOD Separation Health Assessment Program* (April 14, 2016).

¹⁸Transitioning service members include those relocating to another assignment, returning from deployment, transitioning from active duty to reserve, transitioning from reserve to active duty, preparing to leave military service or recently separated from service.

enrollees.¹⁹ The coaches may refer service members to mental health providers, as well as provide information on community resources and support groups, among other services. Coaches do not provide telephonic mental health care or other health care services.

DOD created the inTransition program in response to a 2007 report by the DOD Task Force on Mental Health.²⁰ This report found that a concerning number of service members were disengaging from mental health care treatment as they transitioned between DOD's and VA's health systems, which contributed to their worsening mental health. DOD's goal in establishing inTransition was to help service members maintain continuity of mental health care across transitions.

Individuals may enroll in the program one of two ways—through a referral or through the program's automatic enrollment process for transitioning service members.

- **Referral.** Providers may refer their active-duty patients to the inTransition program for enrollment. Providers may also refer service members for enrollment based on their responses to the mental health questions contained in the Separation Health and Physical Exam. Additionally, service members and other eligible individuals have the option to self-refer to the program for enrollment.
- **Automatic enrollment.** The program identifies eligible service members who are leaving the military for automatic enrollment using data on military separations and medical histories. Specifically, the program automatically enrolls service members who had received mental health or moderate-to-severe traumatic brain injury care in the

¹⁹According to inTransition documentation, coaches are trained in motivational interviewing, understand military culture, and are knowledgeable in mental health, substance abuse, and community and military resources. Coaches are to employ interventions that are appropriate for the individual, including assistance with developing an action plan or setting goals; encouragement with the use of adapting strategies; responses to mental health questions related to diagnosis or life issues; self-management materials; decision support for treatment options; and encouragement to make healthy choices to support well-being.

²⁰Department of Defense Task Force on Mental Health, *An Achievable Vision: Report of the Department of Defense Task Force on Mental Health* (June 2007).

year prior to their separation.²¹ The program conducts outreach to determine whether these individuals want to “accept” their enrollment and participate in the program or if they wish to opt out. Those who remain enrolled are assigned to a coach, who will contact them to provide support.

The inTransition Program Office, within the Defense Health Agency, has a Program Manager who manages the program.²² A contractor implements the program, and its responsibilities include hiring program coaches and managing services to enrollees, among other duties. As of February 2024, program officials stated that the contractor had a range of 25 to 27 coaches that can be adjusted as needed, based on demand.²³ Officials from the current inTransition contractor told us they started work in October 2021. The contract has an initial base year plus 4 option years, with a total value of approximately \$29 million over the 5-year period, according to Defense Health Agency officials. The U.S. Army Medical Research Acquisition Activity awards and manages the inTransition contract.²⁴

Enrollment in VA Health Care

Veterans must meet basic eligibility requirements to enroll in VA health care. Eligibility for VA health care is based primarily on veteran status resulting from military service (meeting minimum service requirements), which must be authenticated through the provision of discharge paperwork, specifically the DOD Form 214.²⁵ This form represents the

²¹More specifically, the program automatically enrolls service members who have had a mental health or moderate-to-severe traumatic brain injury encounter in the 30 days before separation, at least two outpatient mental health or moderate-to-severe traumatic brain injury encounters in the year before separation, or at least one inpatient mental health or moderate-to-severe traumatic brain injury encounter in the year before separation.

²²The inTransition Program Office was previously aligned within the Defense Health Agency’s Psychological Health Center of Excellence but was organizationally realigned to the Defense Health Agency’s Medical Affairs under the Behavior Health Clinical Management Team in 2023.

²³According to inTransition and its contracting officials, each coach has an average caseload of about 200 enrollees.

²⁴The U.S. Army Medical Research Acquisition Activity was an Army acquisition office that became part of the Defense Health Agency in fiscal year 2023, under its Head of the Contracting Activity.

²⁵Exceptions are made for veterans discharged due to service-connected disabilities, members of the Reserve and National Guard (under certain circumstances), and those eligible under special treatment authorities, such as Camp Lejeune veterans.

complete, verified record of service members' time in the military and is generally required for enrollment in VA benefits, including health care.

Veterans enroll in VA health care by completing and submitting VA's application for health benefits. The application requests information about the veteran's military service, demographics, and (as applicable) financial status.²⁶

Executive Order for Transition Support and Joint Action Plan

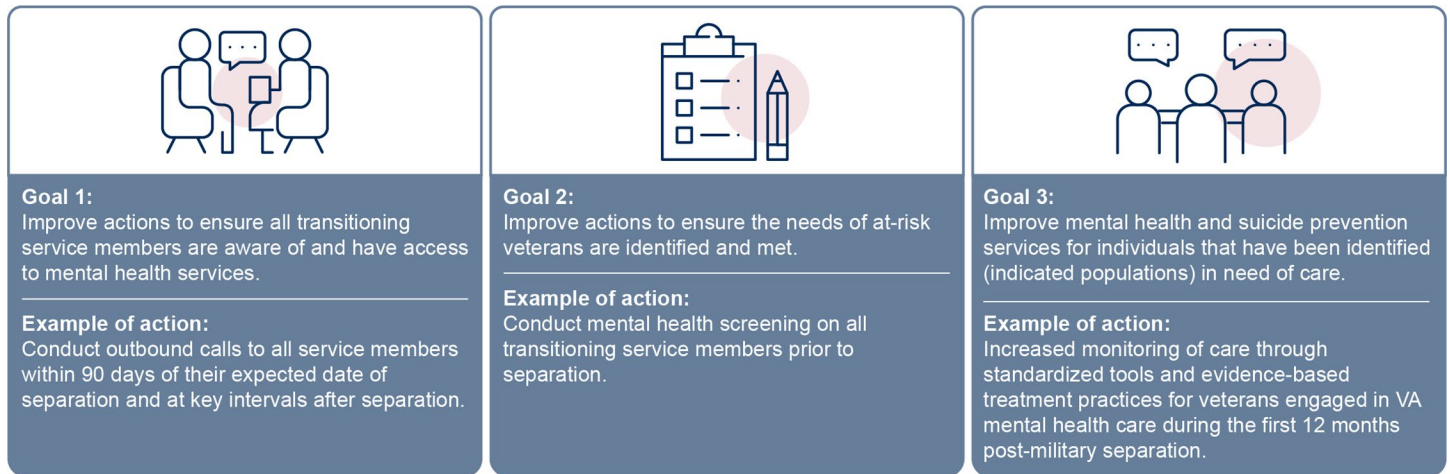
In January 2018, the President signed Executive Order 13822 entitled "Supporting Our Veterans During Their Transition from Uniformed Service to Civilian Life."²⁷ This order required DOD, VA, and the Department of Homeland Security to ensure the provision of seamless access to mental health care and suicide prevention resources for veterans, with an emphasis on the 1-year period following their separation from the military.²⁸ It also required the departments to develop a Joint Action Plan to describe their actions to provide these resources. The departments submitted their Joint Action Plan to Congress in May 2018. The plan outlined three broad goals with specific actions linked to each goal. See figure 1.

²⁶Veterans may also separately apply for disability benefits. If needed, VA may request a medical examination—known as a Compensation and Pension Exam—to substantiate disability claims documented in the application. Veterans with service-connected disabilities may receive monthly VA disability compensation payments based on the severity of their disability. A service-connected disability has three elements, according to VA guidance: 1) a current disability; 2) an in-service event, injury, or disease; and 3) an indication that the disability had its onset in service. Department of Veterans Affairs, *M21-1 Adjudication Procedures Manual*, V.ii.2.A.1.a (Sept. 15, 2021).

²⁷Exec. Order No. 13822, 83 Fed. Reg. 1,513 (Jan. 12, 2018).

²⁸The Department of Homeland Security is responsible for overseeing the US Coast Guard.

Figure 1: Goals from the 2018 Joint Action Plan for Supporting Veterans During Their Transition from Uniformed Service to Civilian Life and Examples of Related Actions



Source: GAO presentation of Departments of Defense, Homeland Security, and Veterans Affairs information (information); yasnaten/stock.adobe.com (icons). | GAO-24-106189

In November 2021, the DOD Office of the Inspector General issued a report that assessed whether DOD had implemented the provisions required by Executive Order 13822.²⁹ The review also focused on the department’s implementation of its related policy, DOD Instruction 6490.10, “Continuity of Behavioral Health Care for Transferring and Transitioning Service Members.”

The Inspector General’s report found that DOD did not adequately screen for suicide risk or provide uninterrupted mental health care to transitioning service members. The report further stated that DOD Instruction 6490.10 lacked a clear definition of a warm handoff, provider training protocols, standardized documentation, and oversight procedures to ensure compliance. The Inspector General recommended that DOD establish consistent policies and procedures to manage suicide risk screening and referrals for transitioning service members. It also recommended that DOD identify the causes for breaks in continuous mental health care and to implement solutions for those breaks. As of February 2024, DOD officials told us that they are in the process of updating DOD Instruction

²⁹Department of Defense Office of the Inspector General, *Evaluation of the Department of Defense’s Implementation of Suicide Prevention Resources for Transitioning Uniformed Service Members*, Report No. DODIG-2022-030 (Nov. 9, 2021).

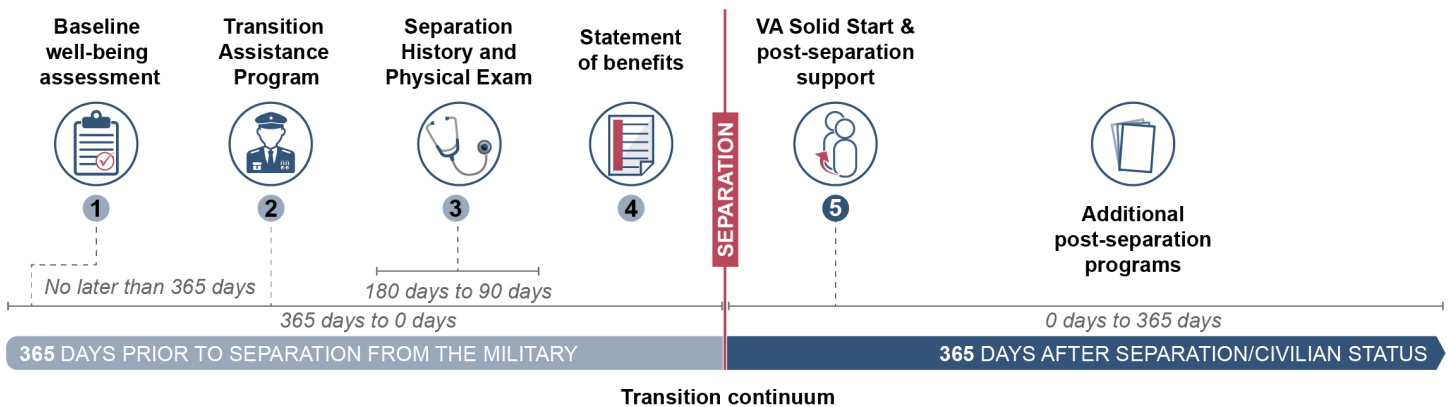
6490.10. DOD Office of the Inspector General officials said that all of the report’s recommendations remained open as of January 2024.

The DOD-VA Joint Executive Committee and Its Subcommittees

The DOD-VA Joint Executive Committee was established to oversee DOD and VA’s coordination with providing health care and benefits and to provide annual reports to Congress on its efforts.³⁰ In this capacity, the Committee serves as the primary federal interagency body for overseeing military transition assistance activities. The Deputy Secretary of VA and the DOD Under Secretary of Defense for Personnel and Readiness serve as co-chairs. The Joint Executive Committee has several subcommittees, including the Health Executive Committee and the Benefits Executive Committee. In 2020, the Transition Executive Council joined the Joint Executive Committee to focus on transition activities.

In September 2019, the Joint Executive Committee approved the “Military to Civilian Readiness” framework. This framework is a timeline that lays out the various independent processes and programs that may assist service members and veterans across the transition continuum. See figure 2.

Figure 2: Department of Defense (DOD)-Department of Veterans Affairs (VA) Joint Executive Committee’s Military to Civilian Readiness Framework



Source: GAO analysis of DOD-VA Joint Executive Committee information (information); GAO (icons); barks/stock.adobe.com (soldier icon). | GAO-24-106189

The Joint Executive Committee develops a strategic plan every 6 years. The most recent strategic plan covers fiscal years 2022 through 2027 and includes 5 goals: 1) health care collaboration; 2) integrate services and

³⁰See 38 U.S.C. § 320(c).

benefits; 3) enhance the transition and post-separation experience; 4) modernize shared business operations; and 5) strengthen interoperability and partnership.³¹

Each year the Joint Executive Committee develops an annual Joint Operating Plan that establishes actionable steps the departments will take to achieve these goals. In its Fiscal Year 2024 Joint Operating Plan, the Committee identified continuity of care for transitioning service members with special circumstances—including mental health needs—as a priority under its strategic goal to enhance the transition and post-separation experience. The Joint Executive Committee also provides an annual report to Congress detailing their progress against these goals.

inTransition Enrolls Eligible Transitioning Service Members Several Months After They Separate and Lacks Goals to Assess Program Performance

InTransition Identifies and Automatically Enrolls Eligible Transitioning Service Members but Not Until 2 to 3 Months After They Separate

Based on our review of inTransition enrollment data and discussions with program officials, we found that the program's automatic enrollment process results in the identification of most of its enrollees 2 to 3 months after their separation from the military through its automatic enrollment process. Such timing coincides with the last 9 months of the 24-month transition continuum. This timing for enrollment may result in a gap in assistance for some service members, affecting the program's ability to ensure continuity of mental health services during times of transition.³²

InTransition identified about 85 percent of its enrollees through its automatic enrollment process in 2022, according to our analysis of the

³¹DOD-VA Joint Executive Committee, *Joint Strategic Plan Fiscal Years 2022-2027* (Washington, D.C.).

³²Defense Health Agency-Procedural Instruction 6490.01, *inTransition Program* (July 12, 2019).

program's enrollment data. The program identified the remaining 15 percent of its enrollees through referrals, which may include—but is not limited to—service members referred to the program prior to their separation.³³

Automatic Enrollment Requirement for the inTransition Program

In August 2014, Presidential Executive Action "Improving Service Members' Transition from DoD to VA and Civilian Health Care Providers," directed inTransition to automatically enroll all transitioning service members receiving mental health treatment. Prior to this requirement, inTransition obtained its enrollees solely through referrals from mental health care providers as well as through self-referrals.

In October 2015, DOD updated its policy to require that all service members who had seen a mental health provider within the year prior to their date of separation be automatically enrolled in its inTransition program. These enrollees may decline enrollment at any time.

GAO review of DOD documentation and a 2014 White House Press Announcement. | GAO-24-106189

Per InTransition's policy, the program automatically enrolls any service member who received care for mental health or moderate-to-severe traumatic brain injury within one year prior to their separation. The Defense Health Agency uses a separate contractor to generate inTransition's monthly lists of automatically enrolled service members by analyzing the department's separations data along with medical record data for these individuals. Agency officials said that accurate execution of the policy's automatic enrollment criteria requires them to conduct this process after service members have separated. According to officials, this timing allows the contractor to generate the monthly lists of automatically enrolled service members using their exact dates of separation as a reference point for the 12-month medical record review.

³³According to inTransition officials, they do not track data on whether referred enrollees joined the program before or after their separation from the military.

Short-term Gap with the Army's Separations Data

Officials told us that the Army did not submit its separations data to the Defense Manpower Data Center from December 2022 to August 2023 due to its implementation of a new human resources IT system. According to officials, Army service members generally represent approximately one-third to one-half of all separating service members automatically enrolled in the program, resulting in a significant enrollment void during this time frame. Officials told us that in June 2023, the Army submitted a more than 7-month backlog of its separations data directly to inTransition (which included data from November 2022 through early June 2023). Then, in September 2023, the Army resumed submitting their separations data to the Defense Manpower Data Center, which included data from the rest of June and July 2023.

Source: GAO analysis of interviews with DOD and contractor officials. | GAO-24-106189

According to the Defense Health Agency's contractor, there is a time lag with the separations data used to create the monthly lists of automatically enrolled service members. This is primarily due to when the military departments report their separations data. Based on the timing of this process, the contractor explained that a couple of months could pass before a service member's separation data is reported to DOD's Defense Manpower Data Center.³⁴ The Data Center subsequently provides this information to the Defense Health Agency contractor who conducts the analysis, according to officials. Consequently, the inTransition program generally identifies and automatically enrolls eligible service members about 2 to 3 months after they become veterans.

The delayed timing for automatically enrolling eligible members may leave a gap in assistance to obtain mental health services at a time that coincides with the vulnerable post-separation period. Modifying the program's criteria for identifying eligible service members for automatic enrollment prior to their separation could help address this gap and would help inTransition better ensure the continuity of any needed mental health services during the critical transition period. For example, under revised criteria, program officials could use other resources to identify transitioning service members prior to their separation, such as by tracking participation in mandatory transition processes like TAP or the Separation Health and Physical Exams.

³⁴The Defense Manpower Data Center is DOD's central source for identifying, authenticating, authorizing, and providing information on personnel during and after their affiliation with DOD.

inTransition Was Unable to Successfully Connect with Over 70 Percent of its Eligible Transitioning Service Members in 2022

We found that the inTransition program was unable to successfully connect with over 70 percent of the service members it identified through its automatic enrollment process (65,545 of 91,224), based on our analysis of inTransition data for calendar year 2022.³⁵ As a result, these service members may not have known that they were identified through inTransition's automatic enrollment process and may not have known the type of assistance it could provide. See figure 3.

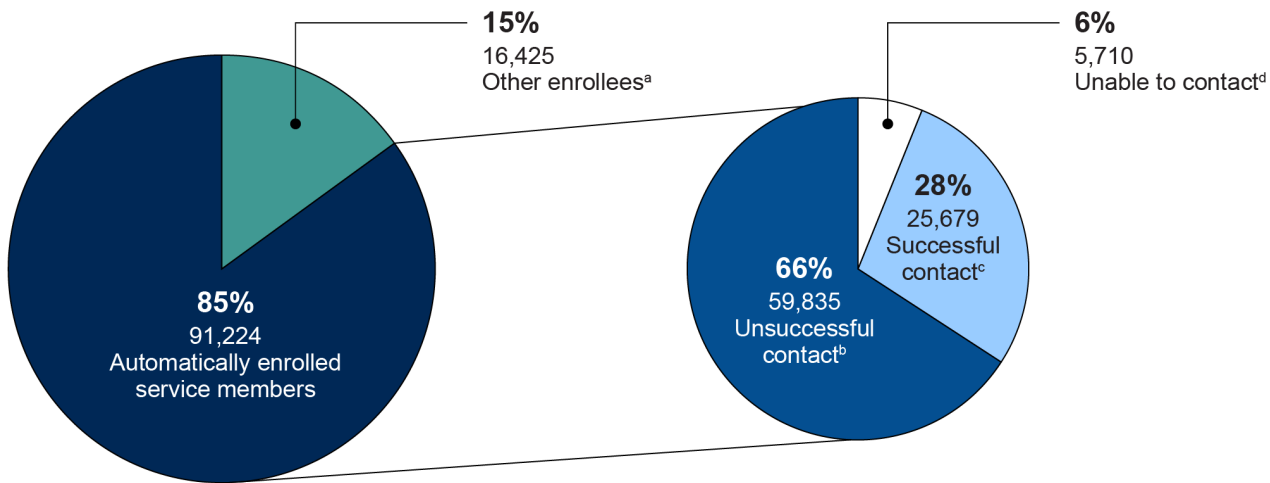
inTransition Outreach to Automatically Enrolled Service Members

The inTransition contractor is to conduct up to 3 outreach phone calls to each automatically enrolled service member to see if they would like to stay enrolled and utilize the program's services. According to officials from the contractor, inTransition will attempt a phone call within seven days of receiving the list for about 50 percent of the automatically enrolled service members. inTransition contractor officials said that they generally call all of the automatically enrolled service members within 30 days. When outreach calls to an enrollee do not result in a successful connection with them, officials said they close the enrollee's case as "unresponsive" and disenroll them from the program. Officials may attempt to provide information about inTransition by voicemail or by email, if an email address is available. Officials said that these unenrolled service members can call back and enroll at any time.

Source: GAO analysis of inTransition documents and interviews with program and contractor officials. | GAO-24-106189

³⁵This is generally consistent with the rate reported by the DOD's Office of the Inspector General in November 2021. Specifically, that report found an approximately 28 percent successful contact rate for the inTransition program's automatically enrolled service members from fiscal years 2017 through 2020. See Department of Defense Office of the Inspector General, *Evaluation of the Department of Defense's Implementation of Suicide Prevention Resources for Transitioning Uniformed Service Members*, Report No. DODIG-2022-030 (Nov. 9, 2021).

Figure 3: Department of Defense’s inTransition Enrollees and Telephone Call Response Rates to Automatically Enrolled Service Members, 2022



Source: GAO analysis of DOD data. | GAO-24-106189

^aEnrollees who were referred or who self-referred to the program.

^bEnrollees who did not answer or return inTransition’s phone calls offering assistance.

^cEnrollees who answered or returned inTransition’s phone calls offering assistance.

^dEnrollees who could not be contacted due to missing or incorrect phone numbers.

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

The inTransition program was unable to call some automatically enrolled service members because DOD did not have up-to-date or accurate contact information to provide to the program. Our analysis of 2022 data showed that the program could not contact about 6 percent (5,710) of automatically enrolled service members because of incorrect or missing contact information. For another 66 percent (59,835), the program was unsuccessful in connecting with the enrolled service members, and therefore, they were disenrolled from the program.³⁶

We also found that out of all the automatically enrolled service members inTransition attempted to contact in 2022, about 7 percent (6,390 out of

³⁶If inTransition cannot reach a service member after 3 telephone calls are made, the program closes the case as unresponsive, according to program documentation.

91,224) opted to remain enrolled in the program and utilize its coaching services. According to program officials, some enrollees who are successfully contacted may decline enrollment because they respond that they are already connected to a mental health care provider or that they do not wish to use inTransition's coaching services.

Program officials explained that the program's method of outreach—telephone calls—may help explain the program's difficulty in successfully connecting with its automatically enrolled service members, because cold calls are an outdated form of communication. When asked about using alternative methods of outreach, program officials said that the program's policy requires telephone calls as the primary contact method.³⁷ Officials told us that initiating outreach via email or text would necessitate a policy revision. However, program staff said they may follow-up with email if the phone call attempts are unsuccessful, and if email contact information is available. Officials told us they may explore the feasibility of incorporating text messages and email into their initial outreach efforts in the future, but as of January 2024, specific plans to do so had not been developed. In addition to alternative methods of contact, there are services that can help locate individuals whose contact information may be outdated or incorrect.

Federal internal controls standards state that management should externally communicate the necessary quality information to achieve the entity's objective and that, as part of this, management should select appropriate methods to communicate externally.³⁸ Additionally, management should periodically evaluate the entity's methods of communication so that the organization has the appropriate tools to communicate quality information throughout and outside of the entity on a timely basis. Revising inTransition's policy to expand its methods for contacting automatically enrolled service members would better align its outreach strategy with these federal internal control standards. Such expansion could improve the program's ability to successfully connect with its automatically enrolled service members, potentially increasing participation among service members who may need assistance seeking mental health services. Additionally, by expanding its methods of contact, coupled with identifying and automatically enrolling service members before they separate as discussed above, the program would have more

³⁷Defense Health Agency-Procedural Instruction 6490.01, *inTransition Program* (July 12, 2019).

³⁸[GAO-14-704G](#), 63.

accurate contact information, as the service member’s military phone number and email would likely be available as options for outreach.

Additional Funding Obtained for inTransition Outreach Calls

In March 2023, inTransition program officials requested that the U.S. Army Medical Research Acquisition Authority obligate additional funds to restore the number of outreach contacts to automatically enrolled service members back to up to 3 phone calls in response to elevated demand. In April 2023, the program received \$1.1 million in response to this request. However, program officials told us they ended up returning the majority of this funding—\$847,224—as they could not expend the funds before the end of the contract option year for which it was provided.

Source: GAO analysis of inTransition documents and interviews with program and contractor officials. | GAO-24-106189

In addition, we found that short-term decreases in the number of attempted outreach phone calls to automatically enrolled service members in 2022 may have also affected the program’s overall rate of successful connections. Specifically, inTransition program officials told us that they did not require the contractor to make the up to three outreach calls to each automatically enrolled service member, as provided for in the contract, from April 2022 through December 2022. This was due to larger-than-expected enrollment lists and a shortage of contract funds. InTransition officials explained that their baseline estimate of automatically enrolled service members for the existing contract was about 6,300 per month, and they considered any number over that to be elevated demand. After the new contract period began in October 2021, the program experienced elevated numbers of automatically enrolled service members that continued into calendar year 2023.³⁹ For those months, to try and meet this demand while staying within the contracted funding amount, program officials told us that they directed the contractor to make fewer outreach calls—one or two calls per enrollee.⁴⁰ However, inTransition program officials received additional funding for the contract in April 2023, which they said allowed the contractor to return to making up to three outreach calls for each automatically enrolled service member.⁴¹

We found that the months when inTransition officials directed the contractor to make 1 or 2 outreach calls for each automatically enrolled service member generally had higher unresponsive rates (fewer service

³⁹This included the period that the Army was not providing its separations data, from December 2022 to September 2023, due to its implementation of a new human resources IT system. Program officials told us that they do not track reasons why the lists of automatically enrolled service members would be larger or smaller than anticipated. However, officials noted that the increased numbers likely reflect an overall increase in the use of mental health services.

⁴⁰Additionally, at the end of February 2023, inTransition program officials advised the contractor to pause the next month’s outreach calls. This caused an approximate 3-week delay in outreach, but officials told us it did not ultimately impact the number of outreach call attempts.

⁴¹According to these officials, this included the June 2023 list of automatically enrolled service members that included the Army’s more than 7-month backlog of data. Officials said that they granted the contractor an extended time frame—approximately 2 months instead of 30 days—for completing the calls on the June 2023 list. Program officials stated that up to 3 calls were generally made to all service members on this list.

members answering the calls) than months in which the contractor could make up to three calls per enrollee. These months also tended to have lower acceptance rates (fewer contacted service members choosing to stay enrolled). See table 1.

Table 1: Number of Calls DOD’s inTransition Program Made to Automatically Enrolled Service Members and the Unresponsive and Acceptance Rates by Month, 2022

Month	Number of calls made to each enrollee	Unresponsive rate (percentage of enrollees not successfully contacted)	Acceptance rate (percentage of enrollees who stayed enrolled)
January	3	63	12
February	3	51	18
March	3	58	16
April	1	71	10
May	2	68	7
June	2	60	12
July	1	70	8
August	1	73	6
September	1	83	3
October	1	88	2
November	1	85	3
December	1	90	2

Source: GAO analysis of Department of Defense (DOD) data. | GAO-24-106189

Note: From April through December the inTransition program was unable to make the up to three calls provided for in the contract. Program officials told us that they instructed the contractor to lower the number of required phone calls to either two or one due to unanticipated elevated demand.

inTransition Program Officials Monitor Performance Information, but the Program Has Not Defined the Level of Performance It Aims to Achieve

Based on reviews of documentation and interviews with DHA and inTransition program officials, we found that the inTransition program regularly monitors a number of measures on program performance, but it has not defined the level of performance it aims to achieve. InTransition program officials said that they review the contractor’s reported data. However, despite the difficulties the contractor has faced in successfully connecting with automatically enrolled service members, program officials said they have no changes planned to improve the program, and that the program is working as intended.

The inTransition contractor submits its required reports to program officials on a monthly, quarterly, and annual basis.⁴² The contract outlines 31 measures that the contractor must report to officials within the inTransition program. Some of these 31 measures track data about enrollees, such as enrollees' military service branch and the type of mental health needs enrollees have when joining the program (e.g., traumatic brain injury). Other measures track program performance, such as data on telephone contacts with enrollees, enrollees' decisions about whether to stay enrolled or opt out, and the number of enrollees who schedule an appointment with a new mental health provider.

However, we found that the program does not have performance goals or associated quantitative targets and time frames against which performance can be assessed. Performance goals help assess progress towards the broader outcomes a program seeks to achieve. In our prior work, we identified three key performance management steps to help agencies measure and assess progress towards meeting their missions.⁴³ These steps include the following:

1. setting long-term and near-term goals, including performance goals, to identify the results they seek to achieve,
2. collecting performance information to measure progress, and
3. using the information to assess results and inform decisions to ensure further progress towards achieving those goals.

Establishing measurable performance goals that have quantitative targets and time frames would help inTransition program officials assess program performance by comparing planned and actual results. For instance, the inTransition contractor tracks and reports how many automatically enrolled service members it contacts, but the program does not have related goals for how many automatically enrolled services members it aims to successfully connect with each month (e.g., such as a targeted percentage of the monthly automatically enrolled service members).

When we analyzed acceptance rates for automatically enrolled service members who were successfully contacted and who were not already engaged with mental health services, we found that about 30 percent

⁴²In February 2023, the Defense Health Agency modified the contract to include revised measures, which updated the data submission requirements for the monthly, quarterly, and annual reports.

⁴³[GAO-23-105460](#), 9.

(6,390 of 21,647) opted to remain enrolled in 2022. This is more than four times higher than the 7 percent acceptance rate for all automatically enrolled service members during that year. This suggests that when more enrollees are successfully contacted, the program will likely see higher acceptance rates. Setting performance goals and tracking the program's progress against them could give decision-makers baseline information and longitudinal data to determine whether changes to the program's outreach approach are needed. This, in turn, could result in more enrollees participating in the program and more transitioning service members obtaining needed assistance.

DOD Has Several Programs That May Help Identify Some Service Members with Mental Health Needs Prior to Separation, with Additional Efforts Underway

Several DOD programs outside of its inTransition program may help identify service members with mental health needs prior to their separation. We found that these programs are targeted for specific populations, such as severely wounded or injured service members. Some transitioning service members with mental health needs may also be identified through the Transition Assistance Program (TAP) and the Separation History and Physical Exam, but these processes do not include a full mental health screening. DOD plans to change both of these separation requirements—anticipated in 2025—that may better position it to more comprehensively identify transitioning service members with mental health needs prior to their separation.

DOD Programs That May Identify Some Transitioning Service Members' Mental Health Needs

Military Services' Wounded Warrior Programs

Each military service has a Wounded Warrior program to address the needs of wounded, ill, and injured service members, as well as their families and caregivers. The programs provide nonmedical care and help service members and their medical teams develop a comprehensive recovery plan that addresses rehabilitation and recovery goals. Each service has its own criteria and enrollment processes. The names of the individual programs are as follows:

- U.S. Army Recovery Care Program
- U.S. Navy Wounded Warrior
- U.S. Air Force Wounded Warrior Program
- U.S. Marine Corps Wounded Warrior Regiment
- U.S. Special Operations Command Warrior Care Program

Source: GAO analysis of Wounded Warrior program information. | GAO-24-106189

Through our analyses of DOD program information and interviews with program officials, we found that two DOD programs—outside of inTransition—may identify some transitioning service members with mental health needs. These programs have been set up for service members with specific health care needs and include:

- **Military Service Wounded Warrior programs.** Each of the military services has its own wounded warrior program for severely ill or injured (e.g., cancer diagnosis, traumatic brain injury) service members. Program participants are generally assigned case managers that assist them in obtaining the care that they need, which could involve helping them obtain mental health services during the transition process. Case managers may also help connect participants with VA assistance, according to officials. In calendar year 2022 these programs collectively assisted about 16,000 service members, with more than 4,500 having a documented mental health condition or receiving mental health services.
- **Integrated Disability Evaluation System.** The Integrated Disability Evaluation System is jointly executed by DOD and VA to evaluate and determine appropriate disposition and compensation for service members with conditions that impact their ability to continue their military service. A service member that enters the system may have a mental health assessment conducted by a medical provider, even if a mental health condition is not the primary cause of their referral, according to officials. Officials told us that service members who identify a mental health condition will receive a mental health exam in accordance with VA policies and procedures.

DOD Is Planning Changes to Improve Its Mental Health Screenings

According to DOD officials, the department plans to make changes to TAP and the Separation History and Physical Exam, and it anticipates implementing these changes in 2025. According to DOD officials, these changes may better position the department to more comprehensively identify service members with mental health needs prior to their separation. The planned changes include the following:

DOD's Implementation of the Brandon Act

The National Defense Authorization Act for Fiscal Year 2022 required DOD to create a self-initiated referral process for active-duty service members seeking a mental health evaluation. DOD refers to this requirement as the Brandon Act. In May 2023, DOD issued guidance to establish policy, assign responsibilities, and provide procedures for service members to initiate a referral for a mental health evaluation. Specifically, service members can request a referral for a mental health evaluation through a commanding officer or supervisor for any reason or on any basis, and they do not need to provide a reason or basis to request and receive a referral.

Source: Department of Defense. | GAO-24-106189

TAP and the Enterprise Individualized Self-Assessment. While the current TAP's early phase includes individualized counseling to service members, DOD plans to implement a new screening tool called the Enterprise Individualized Self-Assessment in 2025. TAP currently offers individualized counseling to service members to assist them in determining the level of transition assistance they may require. According to DOD policy, multiple factors should be considered during initial counseling to identify the needed level of assistance.⁴⁴ However, TAP counselors are non-clinical administrative staff and are not allowed to conduct a mental health assessment. Instead, it is up to the service member to disclose to their counselor whether they have a mental health need. If this occurs, the counselor is supposed to refer the member to the appropriate resource, such as inTransition.

As of January 2024, DOD officials told us they are piloting a new assessment for TAP called the Enterprise Individualized Self-Assessment. The new assessment will measure transition-related readiness across nine domains, including employment, housing, and awareness of physical health and mental health resources.⁴⁵ The purpose of the pilot is to standardize how military service branches assess service members' transition-related needs at the start of TAP (more than 1 year prior to separation from the military) and again at 90 days prior to separation from the military. According to officials from the Joint Executive Committee, this new assessment will provide an opportunity for service members to self-identify any mental health needs prior to separation. As of February 2024, officials told us that they anticipate a department-wide rollout of the new assessment sometime in fiscal year 2025.

Separation History and Physical Exam and the Separation Health Assessment. DOD officials told us that the department plans to replace its Separation History and Physical Exam with its new Separation Health Assessment in the summer of 2025. At the time of our review, the Separation History and Physical Exam was the department's required medical exam for transitioning service members, which includes a self-assessment questionnaire for service members to document their medical

⁴⁴Department of Defense Instruction 1332.35, *Transition Assistance Program for Military Personnel* (Sept. 26, 2019).

⁴⁵The nine domains include social and relational, sense of belonging, employment, housing, hope, financial, resilience, physical health, and mental health. DOD officials said this is not a clinical tool to be used for health assessments.

histories, including any mental health conditions.⁴⁶ A credentialed health care provider is to subsequently review the completed self-assessment and then complete a separate set of questions and a physical exam for the service member. During the exam, providers will screen separating service members with any mental health or moderate to severe traumatic brain injury needs and then refer them to inTransition if the service member indicates interest in the program. In 2022, providers referred about 400 service members to inTransition through the Separation History and Physical Exam process, which was about 2 percent of the total number of referrals for that year, according to inTransition data we reviewed.

In November 2021, the DOD Office of Inspector General reported that the content of the Separation History and Physical Examination did not include mental health or suicide risk screening sections. There are nine questions (out of 92) in the self-assessment related to mental health, but the Inspector General found these questions do not constitute a mental health screening. Furthermore, the provider’s set of 26 questions for the medical evaluation portion of the exam included just one question related to mental health. See figure 4 for the mental health questions from the self-assessment form.

Figure 4: Mental Health-Related Questions from the Self-Assessment Section of DOD’s Separation History and Physical Examination, as of April 2024

	YES	NO
17.a. Nervous trouble of any sort (anxiety or panic attacks)	<input type="radio"/>	<input type="radio"/>
b. Habitual stammering or stuttering	<input type="radio"/>	<input type="radio"/>
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/>	<input type="radio"/>
d. Frequent trouble sleeping	<input type="radio"/>	<input type="radio"/>
e. Received counseling of any type	<input type="radio"/>	<input type="radio"/>
f. Depression or excessive worry	<input type="radio"/>	<input type="radio"/>
g. Been evaluated or treated for a mental condition	<input type="radio"/>	<input type="radio"/>
h. Attempted suicide	<input type="radio"/>	<input type="radio"/>
i. Used illegal drugs or abused prescription drugs	<input type="radio"/>	<input type="radio"/>

Source: Department of Defense (DOD). | GAO-24-106189

⁴⁶Department of Defense Instruction 6040.46, *The Separation History and Physical Examination for the DOD Separation Health Assessment Program* (Apr. 14, 2016).

DOD told us it plans to replace the Separation History and Physical Exam with the Separation Health Assessment, which it jointly developed with VA through the DOD-VA Joint Executive Committee. According to DOD and VA officials, the Separation Health Assessment has multiple mental health screening sections and will serve as the department's mental health screening for all transitioning service members.

Similar to the Separation History and Physical Exam, the Separation Health Assessment has two sections—a self-assessment questionnaire and a provider's exam that also includes a set of questions. The service member's self-assessment has an 11-question section for mental health, including specific screening sections on post-traumatic stress disorder, depression, and alcohol use. The provider's exam includes mental health screening sections to assess service members' risks for suicide and violence. The providers' questionnaire has language stating that they may refer service members to inTransition based upon their assessment of the service members' mental health needs. See figure 5 for mental health questions from the self-assessment section of the Separation Health Assessment.

Figure 5: Mental Health Screening Questions from the Self-Assessment Section of the Separation Health Assessment, Estimated DOD Implementation Summer 2025

10. MENTAL HEALTH SCREENING QUESTIONNAIRES		10.3 ALCOHOL USE SCREEN		
<p>NOTE TO THE SERVICE MEMBER: Please respond to the following screening questionnaires. Your responses will be reviewed by the Examining Clinician, and additional questions may be asked.</p>		#	Question	Response
<p>10.1. POST-TRAUMATIC STRESS DISORDER (PTSD) SCREEN</p>		<p>Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. In the past month, have you...</p>		
#	Question	Response		
1	Had nightmares about the event(s) or thought about the event(s) when you did not want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Been constantly on guard, watchful, or easily startled?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4	Felt numb or detached from people, activities, or your surroundings?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5	Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>10.2 DEPRESSION SCREEN</p>		<p>Over the last 2 weeks, how often have you been bothered by any of the following problems?</p>		
1	Little interest or pleasure in doing things?	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day		
2	Feeling down, depressed, or hopeless?	<input type="checkbox"/> Not at all <input type="checkbox"/> Several days <input type="checkbox"/> More than half the days <input type="checkbox"/> Nearly every day		
1	How often did you have a drink containing alcohol in the past year?	<input type="checkbox"/> Never <input type="checkbox"/> Monthly or less <input type="checkbox"/> 2-4 times a month <input type="checkbox"/> 2-3 times per week <input type="checkbox"/> 4 or more times a week		
2	How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?	<input type="checkbox"/> 1 or 2 <input type="checkbox"/> 3 or 4 <input type="checkbox"/> 5 or 6 <input type="checkbox"/> 7 to 9 <input type="checkbox"/> 10 or more		
3	For men: How often did you have six or more drinks on one occasion in the past year?	<input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily, or almost daily		
4	For women: How often did you have four or more drinks on one occasion in the past year?	<input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily, or almost daily		

Source: Departments of Defense (DOD) and Veterans Affairs. | GAO-24-106189

DOD officials told us the department plans to pilot the new assessment starting in September 2024, with full implementation anticipated by summer 2025. Joint Executive Committee officials told us that VA has been using the new assessment since spring 2023 for transitioning service members seeking VA benefits through the Integrated Disability

Evaluation System or its Benefits Delivery at Discharge program.⁴⁷ As a result, VA may be able to identify transitioning service members with mental health needs for those seeking VA benefits prior to their separation.

DOD and VA Have Several Efforts That May Facilitate Access to Mental Health Services across the Transition Continuum

Multiple DOD and VA Efforts Can Help Facilitate Transitioning Service Members' Access to Mental Health Services Prior to Separation and across the Transition Continuum

Based on our review of DOD and VA programs, processes, and services, we found that there are a number of these efforts that can help facilitate access to mental health services before a service member separates or at any point during the transition continuum (1 year pre-separation and 1 year post-separation from military service).⁴⁸ See table 2.

⁴⁷VA's Benefits Delivery at Discharge program allows separating service members who plan to apply for VA disability compensation to be able to file their claims between 180 to 90 days prior to separation.

⁴⁸There may be additional programs that have a role in facilitating service members' access to mental health care across the transition continuum that we did not identify in our review. For example, the Department of Defense Office of the Inspector General's November 2021 report found that the Army created approaches within the embedded behavioral health system to arrange for uninterrupted continuity of mental health care for soldiers. See Department of Defense Office of the Inspector General, *Evaluation of the Department of Defense's Implementation of Suicide Prevention Resources for Transitioning Uniformed Service Members*, Report No. DODIG-2022-030 (Nov. 9, 2021).

Table 2: DOD and VA Programs, Processes, or Services That May Facilitate Access to Mental Health Services Prior to Separation and across the Transition Continuum

Program, process, or service name	DOD	VA
inTransition	X	-
Transition Assistance Program warm handovers	X	-
Defense Health Agency Recovery Coordination Program	X	-
Military OneSource	X	-
VA Liaison Program	-	X
Veterans Health Administration Post-9/11 Military2VA Case Management Program	-	X
VA Federal Recovery Consultants	-	X

Source: GAO review of Departments of Defense (DOD) and Veterans Affairs (VA) information. | GAO-24-106189
 Note: The DOD-VA Joint Executive Committee defines the transition continuum as 1 year pre-separation and 1 year post-separation from military service.

The characteristics of each program, process, or service are described below.

- InTransition.** As discussed earlier in this report, in 2022, inTransition data show that about 15 percent of inTransition’s enrollees were directly referred to the program. These referrals may have occurred at any point in a service member’s career, including during the transition continuum. Referred service members who enroll in the program prior to their separation likely benefit from program’s assistance with facilitating connection to any needed mental health services during their transition out of the military.
- TAP warm handovers.** According to DOD policy, a commander or commander’s designee is supposed to confirm a warm handover to other agencies for transitioning service members who are anticipated to face various challenges, including services members who do not have awareness of mental health resources or self-identify a mental health concern.⁴⁹ The policy defines a warm handover as “a process between respective military services and appropriate interagency partner(s) resulting in the person-to-person connection of service members to services and follow-up resources as needed.”⁵⁰ Other agencies include VA, and the warm handover process could assist

⁴⁹Department of Defense Instruction 1332.35, *Transition Assistance Program (TAP) For Military Personnel* (Sept. 26, 2019).

⁵⁰In March 2024, we reported on DOD’s implementation of the warm handover process. For more information see [GAO-24-106248](#).

service members in connecting to mental health care available through the VA.

- **Defense Health Agency Recovery Coordination Program.** This program, embedded in the military services' Wounded Warrior programs, supports wounded, ill, and injured service members in their recovery and reintegration back into the military or their transition to civilian life. It generally engages with service members before they separate and can assist service members with transitioning their care to the VA should that be needed. Specifically, the program provides Recovery Care Coordinators, located at military treatment facilities and installations across the country, to ensure these service members receive medical and non-medical support, which according to officials could include mental health services. As part of their responsibilities, coordinators are to work closely with each service member and their families to develop a comprehensive plan that identifies goals and resources needed to achieve them.
- **Military OneSource.** This program assists service members, their families, and recently separated service members by offering a wide range of individualized consultations, coaching, and non-medical counseling for many aspects of military life, including the transition to civilian life. For example, Military OneSource may offer assistance to service members as they navigate becoming a parent, filing taxes, finding a job, or if they need non-medical counseling to help deal with stress or loss. These services are available at any time, and service members may reach out to Military OneSource via telephone or online at any point throughout the transition continuum. Officials told us such services could include providing assistance in facilitating access to mental health care for transitioning service members, as discussed in more detail below.
- **VA Liaison Program.** VA Liaisons for Health Care are nurses and social workers who coordinate the transfer of health care from DOD to VA for service members separating from the military. This may include service members who need mental health services, but the program broadly assists service members navigating any type of health condition. As of February 2024, VA officials reported there were 43 VA Liaisons for Health Care located at DOD medical facilities and 5 liaisons support all other military installations virtually. Their responsibilities include responding to DOD referrals to coordinate inpatient care and outpatient appointments at VA medical centers near the patient's intended residence or most appropriate to the care required, including any needed mental health services. VA officials said that service members typically connect with a VA Liaison for

Health Care when a DOD provider, case manager, or the Integrated Disability Evaluation System refers them to the program prior to separation. However, service members can also voluntarily reach out to the program to work with a VA Liaison for Health Care at any point prior to their separation if they think that they would benefit from the program. In fiscal year 2023, VA reported that 14,241 service members and veterans were transitioned from DOD into VA health care through the VA Liaison Program.

- **Veterans Health Administration Post-9/11 Military2VA Case Management Program.** Each VA medical center has a post-9/11 Military2VA Case Management team on-site to facilitate service members' transition to civilian life. Officials told us that service members are typically referred to the case management program based upon identified needs. Post-9/11 Military2VA Case Management Program Managers receive referrals from VA Liaisons for Health Care and then work with local VA staff to facilitate service members' VA registration and appointment scheduling prior to separation—including for any needed mental health care—so that the service member has appointments scheduled upon separation and enrollment in VA health care. Service members typically connect with a Post-9/11 Military2VA Case Management Program member through a VA Liaison for Health Care, and this connection is to occur prior to service members' transfer to the VA.
- **VA Federal Recovery Consultants.** This office provides consultation services and assistance to DOD and VA staff who are responsible for care coordination but does not provide direct case management to service members or veterans. However, the consultants may interact directly with service members and veterans who have high intensity needs. There are 9 consultants located at select VA and DOD sites, and they provide services that assist with coordinating benefits and care that align with the service member or veteran's needs; officials told us that this could include assisting service members in connecting to mental health services. They provide these services virtually regardless of the service member or veteran's location, medical treatment, geographic location of injury, place of medical diagnosis, or military or veteran status.

Several DOD and VA Programs Have Specific Components That Provide Post-Separation Assistance to Veterans Who May Need Mental Health Services

Emergency Access to Mental Health Care for Veterans

Federal law authorizes the Department of Veterans Affairs (VA) to furnish hospital care or medical services in certain emergency situations to any individual regardless of veteran status or eligibility for VA care. These authorities are generally referred to as humanitarian care authorities and require VA emergency departments to, at a minimum, screen an individual for a medical emergency. If a facility determines that a medical emergency exists, the facility will provide care to stabilize the individual's emergency condition. A former service member with a bad conduct or dishonorable discharge who is in distress and in need of emergency mental health services may be provided services under humanitarian care provisions. Former service members can access the VA system by calling the Veterans Crisis Line or by visiting a VA emergency room, urgent care center, or VA medical center.

Source: GAO review of relevant laws. | GAO-24-106189

Based on our review of program documentation, our prior work, and interviews with program officials, we found that several DOD and VA programs have specific components that provide post-separation assistance to veterans. These programs also conduct outreach to certain veterans 2 months or more after their separation to offer various types of assistance, including access to mental health services.

- **DOD Military OneSource.** In addition to other support services, officials told us that Military OneSource provides post-separation outreach to transitioning service members who opt-in to receive information from the program during the Transition Assistance Program. This includes information about its mental health resources. Outreach for these service members occurs after separation and includes a 3-month and 6-month follow-up, according to Military OneSource officials.
- **InTransition.** As previously described, InTransition conducts post-separation outreach to automatically enrolled service members to offer the program's coaching services, which include assistance with connecting to mental health services. InTransition is to make up to 3 phone calls within 30 days to each automatically enrolled service members. Outreach for automatically enrolled service members generally occurs 2 to 3 months after their separation.
- **VA Solid Start.** Solid Start conducts outreach to recently separated veterans to share information on specific benefits and to offer personalized guidance, which could include providing assistance in obtaining mental health resources.⁵¹ As part of this program, VA identifies "priority" veterans who have had an appointment with a mental health care professional in the year prior to separation, among other eligibility criteria, to ensure the program focuses on those veterans who may be most at risk of self-harm.⁵² Solid Start representatives email eligible veterans to notify them that Solid Start

⁵¹An additional VA outreach initiative—Concierge for Care—was another effort until it ceased to function as a standalone effort as of August 2023. Under this initiative, VA contacted recently separated service members and answered questions about VA health care, explained eligibility, helped with enrollment, and helped schedule appointments. According to VA officials, to improve the efficiency of post-separation outreach efforts, in August 2023, VA Solid Start assumed sole responsibility for offering Solid Start-eligible veterans the option to enroll in VA health care.

⁵²VA Solid Start designates service members for "priority" outreach if they had any two of the following six risk factors in the 12 months prior to separation: 1) suicide attempts or self-harm; 2) admission to an inpatient psychiatric facility; 3) diagnosis of a mood disorder; 4) diagnosis of an anxiety disorder; 5) diagnosis of an adjustment disorder; or 6) diagnosis of a substance abuse or substance use disorder.

representatives will call them soon and to provide a link to the VA Welcome Kit, which is a guide to VA benefits and services. Solid Start personnel are then to make seven telephone outreach attempts at three different points in time, at 90-, 180-, and 360-days post-separation.⁵³ According to VA officials, Solid Start representatives must discuss VA mental health benefits for these priority veterans during every answered call.

DOD-VA Joint Executive Committee Has Not Assessed the Effectiveness of the Departments' Efforts to Facilitate Access to Mental Health Services

We found that the DOD-VA Joint Executive Committee has not assessed the effectiveness of the departments' efforts overall in facilitating access to mental health services for transitioning service members. Officials told us the Committee directed the Transition Executive Committee (its subcommittee focused on transitioning from the military) to identify DOD and VA mental health-related programs and processes across the transition continuum.⁵⁴ The Transition Executive Committee identified mental health "touchpoints"—programs or processes that could support the mental health of transitioning service members and veterans—across the transition continuum and presented the results to the Joint Executive Committee co-chairs in June 2022. The Transition Executive Committee identified multiple DOD and VA programs and processes that may provide mental health touchpoints for service members prior to separation. Such programs include TAP pre-separation counseling, the Enterprise Individualized Self-Assessment, inTransition, pre- and post-separation VA health care registration, and the Separation Health Assessment. The Transition Executive Committee also identified Military OneSource and VA Solid Start as programs that may provide mental health touchpoints once service members have separated from the military.

Officials told us that the Transition Executive Committee limited its review to an inventory of available mental health resources and did not assess

⁵³According to VA officials, this calling strategy was informed by private industry consultants with expertise on the number of calls needed to successfully connect with people. For more information about VA's Solid Start program, see GAO, *Veterans Benefits: VA Could Enhance Outreach for Its Solid Start Program by Increasing Collaboration with Veterans Organizations*, [GAO-23-105699](#) (Washington, D.C.: Jan. 5, 2023).

⁵⁴The Transition Executive Committee provides oversight and direction related to transition assistance to service members and veterans. The National Defense Authorization Act for Fiscal Year 2024 added the Transition Executive Committee as a statutory committee of the DOD-VA Joint Executive Committee. Prior to this legislation, the Transition Executive Committee operated as a directed committee of the DOD-VA Joint Executive Committee's co-chairs. Pub. L. No. 118-31, div. A, tit. XVIII, § 1805, 137 Stat. 136, 687 (2023).

the effectiveness of those efforts overall in facilitating access to mental health services during the transition period. Specifically, the officials involved in the review said that they did not evaluate whether or how these programs and processes collectively facilitate continuous access to mental health services across the transition continuum. However, officials described two issues they identified that could result in a gap in accessing mental health services for some transitioning service members.

Mental Health Resources Available to Veterans Encountering Health Care Enrollment Delays

According to Joint Executive Committee officials, transitioning service members could potentially encounter delays with accessing mental health care during the process for enrolling in health care benefits with the Department of Veterans Affairs (VA). Should veterans encounter such delays, they could obtain immediate attention to urgent mental health needs through VA's emergency access provisions and the Veterans/Military Crisis Line. They could also obtain care through Vet Centers, if eligible. Vet Centers are community-based counseling centers that provide a wide range of social and psychological services, including professional counseling, to veterans and their families. Lastly, DOD's Military OneSource provides counseling resources to service members up to 1 year post-separation.

Source: GAO review of DOD and VA documentation and interviews with department officials. | GAO-24-106189

- Transition Executive Committee officials identified a potential gap in mental health care coverage prior to separation for some service members. Officials explained that a service member who is scheduled to separate in 60 days may take “separation leave” and relocate from their installation to another location. In this scenario, the service member can no longer access the military medical treatment facilities on their base at their former location, and they are not yet eligible for VA health care because they have not separated from the military.⁵⁵
- Joint Executive Committee officials also identified a potential post-separation delay in obtaining VA health care benefits, which could affect veterans’ access to mental health care.⁵⁶ Officials noted that a delay in the receipt of DOD Form 214 would affect a veteran’s ability to apply for VA benefits because VA uses this form to authenticate an individual’s military service. For example, DOD officials told us that the Army experienced problems with its new personnel processing IT system that prevented the production of many DOD Form 214s from late December 2022 to late January 2023. These officials told us that nearly 5,000 service members who separated or retired during that period may have experienced delays in their post-separation benefits. As of January 2024, DOD officials reported that issues related to the delayed receipt of DOD Form 214 have been resolved.

In its fiscal year 2024 Joint Operating Plan, the DOD-VA Joint Executive Committee identified continuity of care for transitioning service members

⁵⁵According to VA officials, transitioning service members can obtain VA care while on “separation leave” in an emergent situation or if they have received an authorization from their DOD provider. Furthermore, while not eligible for enrollment in the VA health care system, transitioning service members on active duty can be registered in the VA health care system. A future appointment to occur once in veteran status can be scheduled while the transitioning service member is in this registered, “not enrolled,” status.

⁵⁶According to VA officials, if the transitioning service member connects to a program such as the VA Liaison Program, the service member can register for VA health care prior to separation from the military and be referred to the Post-9/11 Military2VA Case Management Program for coordination of care, to include scheduling future VA appointments to occur once in veteran status.

with special circumstances—which includes those with mental health needs—as a priority for its strategic goal of enhancing the transition experience. However, Joint Executive Committee and Transition Executive Committee officials said that they do not plan to assess the effectiveness of the programs and processes they identified through the 2022 review, and that work is complete. Joint Executive Committee officials explained that they do not have authority over the individual DOD and VA programs and lack expertise to evaluate the programs.

Nevertheless, the responsibilities outlined in the Committee’s enabling statute include identifying changes in policies, procedures, and practices that promote mutually beneficial coordination or sharing of resources between the two departments.⁵⁷ Given the Joint Executive Committee’s statutory authority and responsibilities, it is the entity best positioned to assess the departments’ overall efforts and assess how well—taken together—they provide coverage of mental health services across the transition continuum. The Committee could then use the results of this assessment to make recommendations to the DOD and VA programs that have authority to make changes, as appropriate.

Such an assessment would align with the Joint Executive Committee’s strategic goal of enhancing the transition experience. It would also align with federal internal controls standards, which state that management should periodically review policies, procedures, and related control activities for continued relevance and effectiveness in achieving an agency’s objectives or addressing related risks.⁵⁸

Specifically, this assessment would provide the Committee with a more comprehensive understanding of how and when service members can access mental health services through the departments’ programs across the transition continuum. For example, in 2022 the Transition Executive Committee identified the inTransition program as a pre-separation resource. However, we found that most service members are not enrolled in the program until several months after their separation, which could result in a gap in services. Such an assessment could also be used to help address gaps already identified by the Joint Executive Committee and the Transition Executive Committee, including those related to service members taking separation leave or the potential post-separation delay in obtaining VA health care benefits. A more comprehensive

⁵⁷See 38 U.S.C. § 320(d)(1).

⁵⁸[GAO-14-704G](#), 56.

assessment of the timing and availability of the programs, processes, and services that can assist the transitioning population would better position the Joint Executive Committee to identify and address service gaps. This would help to ensure that service members and veterans can receive the assistance they may need in accessing mental health services when they need it.

Additionally, such as assessment would help the Joint Executive Committee identify and address any unnecessary duplication or overlap across the various efforts. For example, we found that two programs with mental health touchpoints—DOD’s inTransition program and VA’s Solid Start program—have overlap with the population they assist and the timing of their outreach. Both programs’ outreach lists include individuals who had an appointment with a mental health provider in the year prior to their separation. During our review, we found that approximately 95 percent of the veterans on VA’s Solid Start lists of “priority” veterans also appear on DOD’s inTransition lists of automatically enrolled service members for calendar year 2022.⁵⁹ As a result, almost all of these veterans may have received multiple outreach calls from both programs during the same post-separation time period—starting approximately 2 to 3 months after they have left the military. This could be confusing for veterans who may have difficulty determining which program is best suited for their needs. The Transition Executive Committee’s 2022 identification of mental health touchpoints also found that service members and veterans may be unaware of the various programs offering touchpoints, unable to distinguish the difference between them, and could be confused by multiple programs.

Conclusions

Ensuring service members have access to mental health care is essential during their transition out of the military, especially in light of the many challenges they may face in readjusting to civilian life. DOD’s inTransition program is designed to offer specialized coaching and assistance to those who may need access to mental health services, including transitioning service members. However, the delayed timing for automatically enrolling eligible members into the program—late in the transition continuum—may leave a gap in assistance to mental health services during the vulnerable post-separation period. Modifying the

⁵⁹Officials told us the same Defense Health Agency contractor prepares both DOD’s monthly list of service members automatically enrolled to inTransition and VA’s monthly list of Solid Start “priority” veterans. According to the contractor, the lists are provided to the programs at approximately the same time, 2 to 3 months after the veterans have separated from the military.

program's criteria for identifying eligible service members for automatic enrollment prior to their separation could help address this gap and would help inTransition better ensure the continuity of any needed mental health services during the critical transition period.

The inTransition program aims to contact all automatically enrolled service members to determine whether they would like to participate in the program, but the program has faced difficulties in successfully connecting with a significant portion of eligible service members due, in part, to its reliance on telephone calls. Revising the program's policy to expand its outreach methods, such as by adding requirements for outreach through email, text, or exploring the use of services to help locate enrollees, could improve the program's ability to successfully connect with eligible service members and increase participation in the program.

Additionally, inTransition program officials track some performance information, such as data on contacts with enrollees, but the program has not defined the level of performance it aims to achieve. Setting measurable goals that have quantitative targets and time frames will better allow the program to assess its performance. Importantly, implementing a process to use such information to make any needed improvements will help the program accomplish its primary objective of ensuring continuity of mental health services during times of transition.

Furthermore, the DOD-VA Joint Executive Committee is uniquely positioned to assess overall how well DOD and VA's many programs, processes, and services facilitate access to mental health services across the transition continuum. The 2022 identification of an inventory of mental health programs and processes by the Transition Executive Committee—one of its subcommittees—was a critical first step. By also assessing the effectiveness of these efforts overall in facilitating access to mental health services, the Joint Executive Committee would be better positioned to identify and recommend appropriate changes to the departments to address any identified gaps or unnecessary duplication or overlap across the transition continuum. Such an assessment would help the departments better ensure that transitioning service members and veterans have access to the mental health support they may need when they need it.

Recommendations for Executive Action

We are making a total of five recommendations, including four to DOD's Defense Health Agency and one to the DOD-VA Joint Executive Committee. Specifically:

The Defense Health Agency should revise the inTransition program's criteria for auto-enrollment as outlined in its policy to identify and enroll eligible service members prior to their separation from the military. (Recommendation 1)

The Defense Health Agency should revise the inTransition program's policy to expand the outreach methods used by the program to contact automatically enrolled service members, such as by adding requirements for outreach through email, text, or the use of location services. (Recommendation 2)

The Defense Health Agency should establish measurable performance goals for the inTransition program that have quantitative targets and time frames. (Recommendation 3)

The Defense Health Agency should implement a process for the inTransition program to use performance information to assess its effectiveness and make any needed improvements, as appropriate. (Recommendation 4)

The DOD-VA Joint Executive Committee should assess the effectiveness of DOD and VA programs and processes overall in facilitating access to mental health services across the transition continuum, and recommend any needed changes to DOD and VA, including changes to address any identified gaps or unnecessary duplication or overlap. (Recommendation 5)

Agency Comments

We provided a draft of this report to DOD and VA for review and comment. VA's comments are reproduced in appendix I; DOD did not provide formal comments. VA concurred with our recommendation directed to the DOD-VA Joint Executive Committee. In its response, VA agreed that the Joint Executive Committee is the appropriate body to assess the effectiveness of mental health services across the transition continuum. To address our recommendation, VA said the Joint Executive Committee will ensure the proper executive subcommittees are coordinated and establish plans of action, milestones, and metrics to identify gaps or duplicative efforts. DOD and VA also provided technical comments, which we incorporated, as appropriate.

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

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or hundrupa@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 II.



Alyssa M. Hundrup
Director, Health Care

Appendix I: Comments from the Department of Veterans Affairs



DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON

June 7, 2024

Ms. Alyssa M. Hundrup
Director
Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Hundrup:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: **DOD AND VA HEALTH CARE: Actions Needed to Better Facilitate Access to Mental Health Services During Military to Civilian Transitions** (GAO-24-106189).

The enclosure contains technical comments and the action plan to implement the draft report recommendation. VA appreciates the opportunity to comment on your draft report.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly Jackson".

Kimberly Jackson
Chief of Staff

Enclosure

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

Enclosure

The Department of Veterans Affairs (VA) Response to the
Government Accountability Office (GAO) Draft Report:
***DOD and VA HEALTH CARE: Actions Needed to Better Facilitate Access to
Mental Health Services During Military to Civilian Transitions***
(GAO-24-106189)

Recommendation 5: The DOD-VA Joint Executive Committee should assess the effectiveness of DOD and VA programs and processes overall in facilitating access to mental health services across the transition continuum, and recommend any needed changes to DOD and VA, including changes to address any identified gaps or unnecessary duplication or overlap.

VA Response: Concur. The Department of Defense (DOD)-Department of Veterans Affairs (VA) Joint Executive Committee (JEC) is the appropriate governing body to assess the effectiveness of mental health services across the transition continuum. The JEC will ensure the proper executive subcommittees are coordinated and establish plans of action, milestones, and metrics to identify gaps or duplicative efforts. Mental health services during this difficult transition from military to civilian life are critical and will be highlighted in the upcoming JEC Co-Chair Annual Priority Guidance Memorandum and the JEC Joint Operating Plan.

Appendix II: GAO Contact and Staff Acknowledgments

GAO Contact

Alyssa M. Hundrup at (202) 512-7114 or HundrupA@gao.gov.

Staff Acknowledgments

In addition to the contact named above, Bonnie Anderson (Assistant Director), Nick Bartine (Analyst in Charge), Amy Andresen, and Ester Weir made key contributions to this report. Also contributing to this report were Deborah Healy, Roxanna Sun, Cathy Hamann Whitmore, Jennifer Whitworth, and Bobby Younce.

GAO's Mission

The Government Accountability Office, the audit, evaluation, and investigative arm of Congress, exists to support Congress in meeting its constitutional responsibilities and to help improve the performance and accountability of the federal government for the American people. GAO examines the use of public funds; evaluates federal programs and policies; and provides analyses, recommendations, and other assistance to help Congress make informed oversight, policy, and funding decisions. GAO's commitment to good government is reflected in its core values of accountability, integrity, and reliability.

Obtaining Copies of GAO Reports and Testimony

The fastest and easiest way to obtain copies of GAO documents at no cost is through our website. Each weekday afternoon, GAO posts on its [website](#) newly released reports, testimony, and correspondence. You can also [subscribe](#) to GAO's email updates to receive notification of newly posted products.

Order by Phone

The price of each GAO publication reflects GAO's actual cost of production and distribution and depends on the number of pages in the publication and whether the publication is printed in color or black and white. Pricing and ordering information is posted on GAO's website, <https://www.gao.gov/ordering.htm>.

Place orders by calling (202) 512-6000, toll free (866) 801-7077, or TDD (202) 512-2537.

Orders may be paid for using American Express, Discover Card, MasterCard, Visa, check, or money order. Call for additional information.

Connect with GAO

Connect with GAO on [Facebook](#), [Flickr](#), [Twitter](#), and [YouTube](#).
Subscribe to our [RSS Feeds](#) or [Email Updates](#). Listen to our [Podcasts](#).
Visit GAO on the web at <https://www.gao.gov>.

To Report Fraud, Waste, and Abuse in Federal Programs

Contact FraudNet:

Website: <https://www.gao.gov/about/what-gao-does/fraudnet>

Automated answering system: (800) 424-5454 or (202) 512-7700

Congressional Relations

A. Nicole Clowers, Managing Director, ClowersA@gao.gov, (202) 512-4400, U.S. Government Accountability Office, 441 G Street NW, Room 7125, Washington, DC 20548

Public Affairs

Sarah Kaczmarek, Acting Managing Director, KaczmarekS@gao.gov, (202) 512-4800, U.S. Government Accountability Office, 441 G Street NW, Room 7149 Washington, DC 20548

Strategic Planning and External Liaison

Stephen J. Sanford, Managing Director, spel@gao.gov, (202) 512-4707
U.S. Government Accountability Office, 441 G Street NW, Room 7814,
Washington, DC 20548