



Testimony

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

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DOD AND VA TRANSITION PROGRAMS

Recommendations for Improving Mental Health Support

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Income Security

GAO Highlights

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

Why GAO Did This Study

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

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

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

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

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

September 2024

DOD AND VA TRANSITION PROGRAMS

Recommendations for Improving Mental Health Support

What GAO Found

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

We conducted the work on which this statement is based in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

DOD's inTransition program

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

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

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

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

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

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

DOD Warm Handovers

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

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

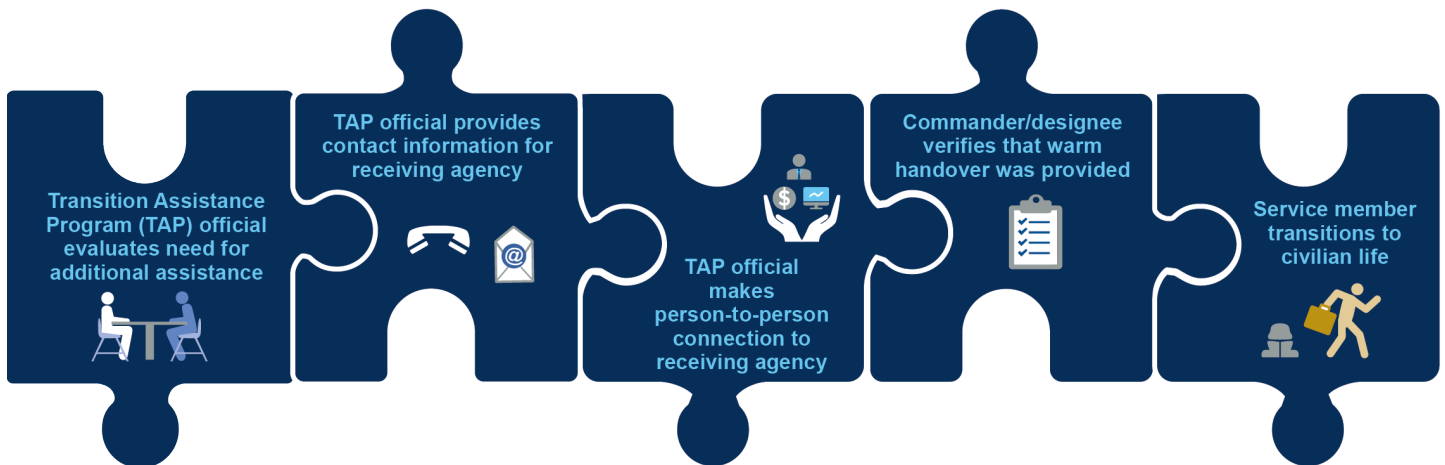
⁷More specifically, the program automatically enrolls service members who have had a mental health or moderate-to-severe TBI encounter in the 30 days prior to separation, at least two outpatient mental health or moderate-to-severe TBI encounters in the year before separation, or at least one inpatient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

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

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

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

Figure 1: General Overview of the Warm Handover Process



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

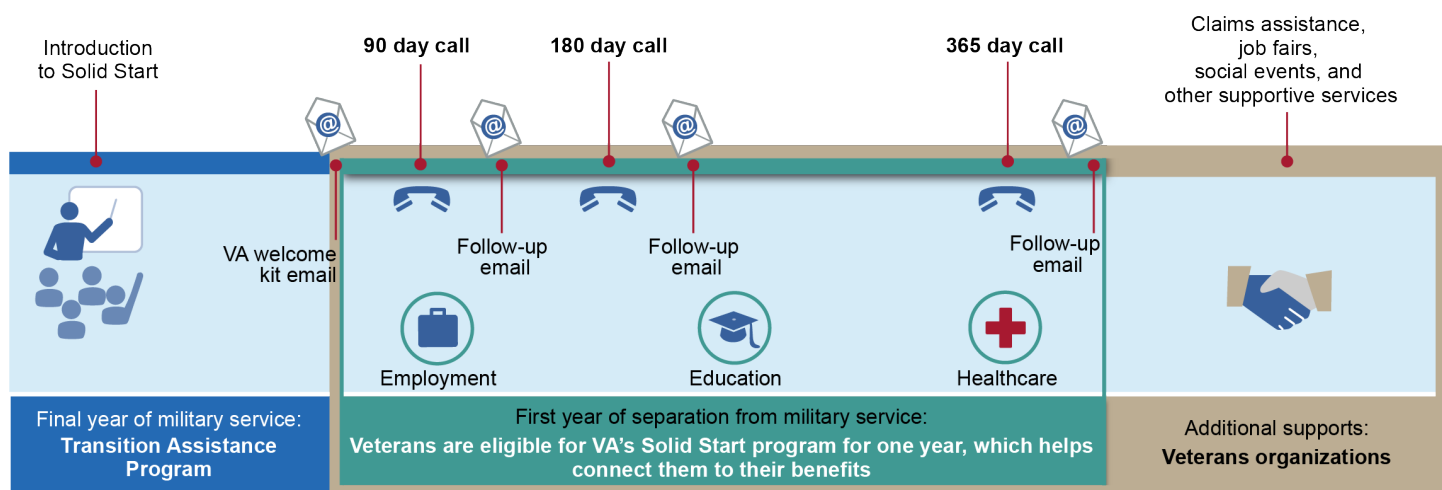
VA’s Solid Start Program

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

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

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

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



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

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

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

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

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

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

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

The DOD-VA Joint Executive Committee

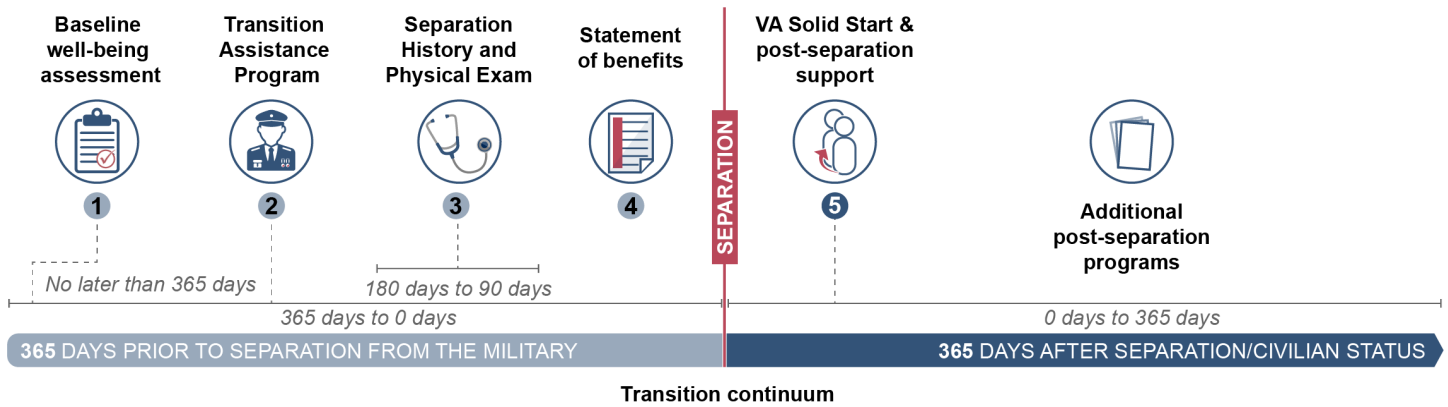
The DOD-VA Joint Executive Committee was established to oversee DOD's and VA's coordination with providing health care and benefits and to provide annual reports to Congress on its efforts.¹⁵ In this capacity, the Committee serves as the primary federal interagency body for overseeing military transition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

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

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

¹⁵See 38 U.S.C. § 320(c).

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



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

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

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

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

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

¹⁶[GAO-24-106189](#).

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

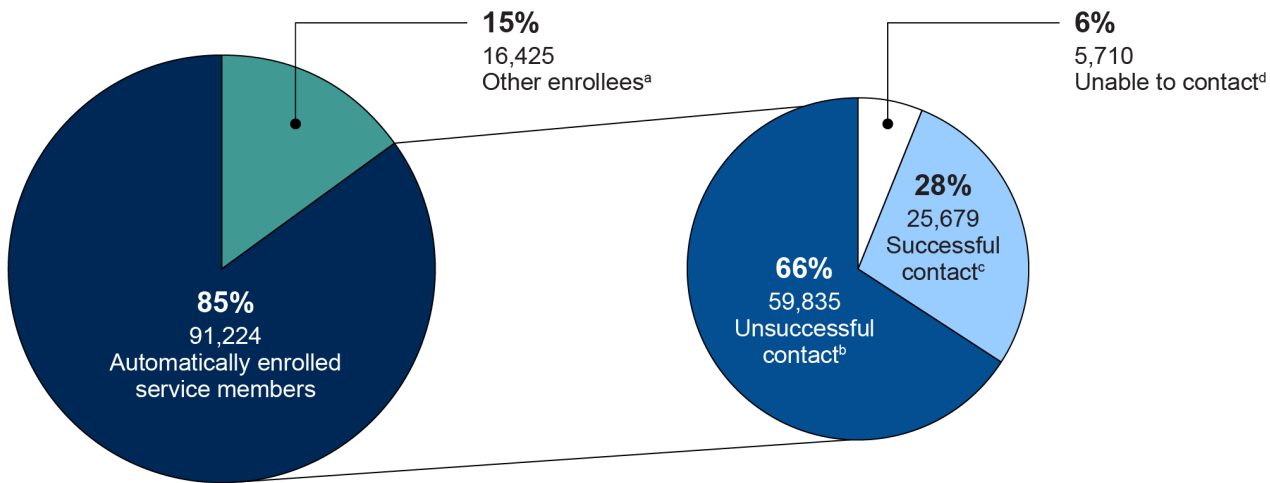
Identifying eligible service members for automatic enrollment prior to their separation would help inTransition better ensure the continuity of any needed mental health services during the critical transition period. For example, under revised criteria, service members with mental health needs could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

inTransition's outreach strategy contributed to difficulties in contacting enrollees. We also found the inTransition program was unable to successfully connect with over 70 percent of the service members it identified through its automatic enrollment process (65,545 of 91,224), based on our analysis of inTransition data for 2022.¹⁷ As a result, these service members may not have known that they were identified through inTransition's automatic enrollment process and may not have been aware of the program and the assistance it could provide. See figure 4.

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

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

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



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

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

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

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

Program officials explained that the program's method of outreach—telephone calls—may help explain the program's difficulty in successfully connecting with its automatically enrolled service members, because cold calls are an outdated form of communication. When asked about using alternative methods of outreach, program officials said that the program's policy requires phone calls as the primary contact method.¹⁸

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

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

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

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

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

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

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

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

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

¹⁹[GAO-24-106248](#).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

²³[GAO-23-105699](#).

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

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

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

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

As described in our report, officials told us that the Committee directed the Transition Executive Committee (its subcommittee focused on transitioning from the military) to identify DOD and VA mental health-related programs and processes across the transition continuum in 2022.²⁵ The Transition Executive Committee identified a number of DOD and VA programs and processes that may provide mental health touchpoints for service members during this time.

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

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

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

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

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

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

Chairman Van Orden, Ranking Member Levin, and Members of the Subcommittee, this concludes my statement. I would be pleased to respond to any questions that you may have at this time.

GAO Contacts and Staff Acknowledgments

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

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

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

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