



April 2016

VETERANS JUSTICE OUTREACH PROGRAM

VA Could Improve Management by Establishing Performance Measures and Fully Assessing Risks

GAO Highlights

Highlights of [GAO-16-393](#), a report to congressional requesters

Why GAO Did This Study

Most veterans transition to civilian life trouble-free. For those who struggle with their transition to the point that they are arrested and jailed, VA created the VJO Program, which connects veterans with supports and services to help avoid re-incarceration. The program relies on VJO specialists to link veterans to treatment. GAO was asked to review the management of the VJO Program.

This report examines 1) how the program delivers services and the number and characteristics of veterans in the program, 2) the extent to which VA uses performance assessment of the program, and 3) the key challenges VA has identified and the extent to which VA has developed mitigation strategies. GAO obtained VA data on program participants for fiscal years 2012 through 2015; reviewed documents; interviewed VA officials and staff from nine areas served by a VA medical center and selected for their geographic diversity and differences in the structures of local criminal justice systems; and in three of the areas interviewed criminal justice system stakeholders and veterans. While information from these interviews cannot be generalized, they provide insights on program challenges and operations.

What GAO Recommends

To improve program management, VA should establish performance goals and measures and conduct a comprehensive risk assessment. In commenting on a draft of this report, VA agreed with the recommendations and discussed actions it plans to take to implement them.

View [GAO-16-393](#). For more information, contact Daniel Bertoni at (202) 512-7215 or bertonid@gao.gov.

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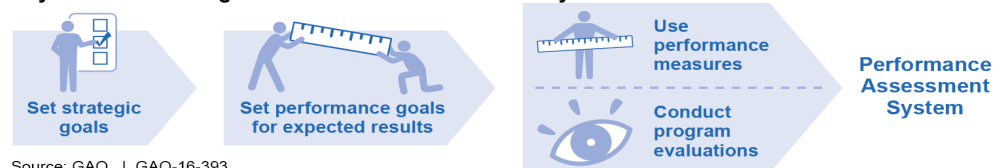
VA Could Improve Management by Establishing Performance Measures and Fully Assessing Risks

What GAO Found

The Veterans Justice Outreach (VJO) Program—created by the Department of Veterans Affairs (VA)—operates through VA medical centers to provide services to veterans involved in local criminal justice systems, and in fiscal year 2015 served about 46,500 veterans, mostly men and many diagnosed with mental health or substance abuse problems. Officials from VA medical centers manage more than 260 VJO Program specialists who identify veterans in jails and local courts, assess their health and social needs, and link them to supports and services. VJO specialists monitor veterans' services and treatment in courts dedicated to veteran offenders. According to VA data, the number of veterans served by the program increased 72 percent from fiscal years 2012 - 2015. In addition, many veterans involved in the program were Post-9/11 veterans; about two-thirds were diagnosed with one or more mental health problems.

VA has taken some steps to incorporate a performance assessment system into the VJO Program, one component of effective program management (see figure). Specifically, VA developed strategic goals and plans to conduct evaluations. However, VA has not established performance goals with related targets, timeframes, and performance measures for any of the program's five broad strategic goals. VA officials told GAO they have not taken this step, in part, because VA medical centers have flexibility in determining the activities of VJO specialists. GAO's past work has highlighted strategies that agencies can use in this situation, such as developing measures based on common activities. Best practices call for agencies to establish performance goals and associated performance measures. Until VA incorporates performance goals and measures, it will lack a systematic way to obtain ongoing information to identify possible underperforming areas for improvements.

Key Elements of Program Performance Assessment Systems



Source: GAO. | GAO-16-393

VA identified several key challenges—most of which were related to the demand for services outpacing the program's resources—but has not fully developed appropriate mitigation strategies. One key challenge, for example, is addressing increased program demand as jail administrators more widely use VA's online system that better identifies incarcerated veterans. In addition, a major reason for the demand-resource imbalance is the heavier workload of VJO specialists serving veterans in an expanding number of courts dedicated to veterans, according to VA officials and stakeholders that GAO interviewed. However, GAO found that VA did not comprehensively identify and assess risks posed by each of the key challenges it identified, contrary to federal internal control standards. Absent a comprehensive risk assessment, VA is not well-positioned to develop appropriate strategies to mitigate the greatest risks, which may limit its ability to help justice-involved veterans receive assistance and avoid re-incarceration.

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Abbreviations

PTSD	Post-traumatic Stress Disorder
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VJO	Veterans Justice Outreach

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April 28, 2016

The Honorable Johnny Isakson
Chairman
The Honorable Richard Blumenthal
Ranking Member
Committee on Veterans' Affairs
United States Senate

The Honorable Corrine Brown
Ranking Member
Committee on Veterans' Affairs
House of Representatives

While most veterans transition to civilian life relatively trouble-free, others face difficulties, such as mental illness, substance abuse, unemployment, homelessness, and other serious issues. For some veterans, these issues may go unaddressed and may lead them to commit crimes and other offenses.¹ To help veterans who become involved with their local criminal justice systems (referred to as “justice-involved veterans”), the Department of Veterans Affairs (VA) established the Veterans Justice Outreach (VJO) Program in 2009. The VJO Program is designed to connect veterans to supports and services to reduce and prevent reincarceration and homelessness.² The program relies on VJO specialists across the United States to forge and maintain relationships with jails and municipal courts at the local level (i.e., local criminal justice systems).

Given the importance of helping veterans readjust to civilian life, you asked us to examine the management of the VJO Program. This report provides information on the following questions:

1. How does the Veterans Justice Outreach Program deliver services, and what are the number and characteristics of veterans served by the program?

¹GAO, *Veterans Affairs: Better Understanding Needed to Enhance Services to Veterans Readjusting to Civilian Life*, [GAO-14-676](#) (Washington, D.C.: Sept. 10, 2014).

²The VJO Program's fiscal year 2016 budget is set at about \$31 million, according to VA.

-
2. To what extent has VA used performance assessment to help manage the Veterans Justice Outreach Program?
 3. What key challenges, if any, has VA identified and to what extent has the agency developed mitigation strategies, as necessary?

To address our objectives, we reviewed relevant federal laws and regulations, as well as documents from VA's central office, including the VJO Program fiscal year 2012-2016 strategic plan (the most recent available), policies, procedures, guidance, and program fact sheets. We did not independently verify the actions described in such documents. We obtained data about the number and characteristics of veterans served by the VJO Program from VA for fiscal years 2012 through 2015 (the most recent data available). We determined that VA's compilation of data about veterans served by the VJO Program were sufficiently reliable to include in our report. Specifically, we obtained and assessed official documentation such as user guides, frequently asked questions, and disclaimers; and we discussed our planned use of the data and any limitations with VA officials. To assess the degree to which VA uses program performance assessment—setting program goals, using performance measures, and evaluating programs—to manage the VJO Program, we compared VA's use of performance assessment against best practices for assessing program performance and federal standards for internal control.³ We compared VA's efforts to identify challenges and respective mitigation strategies with criteria established in the federal

³We have previously stated that performance goals and measures are important management tools that can serve as leading practices for planning at lower levels within federal agencies, such as individual programs or initiatives. For example, see GAO, *Environmental Justice: EPA Needs to Take Additional Actions to Help Ensure Effective Implementation*, [GAO-12-77](#) (Washington, D.C.: Oct. 6, 2011); *Federal Prison System: Justice Could Better Measure Progress Addressing Incarceration Challenges*, [GAO-15-454](#) (Washington, D.C.: July 19, 2015); *DHS Training: Improved Documentation, Resource Tracking, and Performance Measurement Could Strengthen Efforts*, [GAO-14-688](#) (Washington, D.C.: Sept. 10, 2014); *Program Evaluation: Strategies to Facilitate Agencies' Use of Evaluation in Program Management and Policy Making*, [GAO-13-570](#) (Washington, D.C.: June 26, 2013); *Performance Measurement and Evaluation: Definitions and Relationships*, [GAO-11-646SP](#) (Washington, D.C.: May 2011); *Managing for Results: Enhancing Agency Use of Performance Information for Management Decision Making*, [GAO-05-927](#) (Washington, D.C.: Sept. 9, 2005); *Standards for Internal Control in the Federal Government*, [GAO/AIMD-00-21.3.1](#) (Washington, D.C.: Nov. 1999).

standards for internal control.⁴ Specifically, we chose to use risk assessment—one of five key components in standards for internal control—because analyzing risk provides the basis for developing appropriate mitigation strategies.

We also conducted semi-structured interviews with stakeholders in nine areas served by VA medical centers. They are: (1) Baltimore, Maryland; (2) Bedford, Massachusetts; (3) Chicago, Illinois; (4) Fargo, North Dakota; (5) Houston, Texas; (6) Orlando, Florida; (7) Salt Lake City, Utah; (8) San Diego, California; and (9) Seattle, Washington. In all areas we conducted interviews with VJO specialists and Veterans Integrated Service Network (VISN) officials responsible for overseeing the VA medical centers included in our review. In addition, for three areas—Baltimore, Maryland; Orlando, Florida; and San Diego, California⁵—we also interviewed VA medical center officials; local criminal justice system stakeholders, including court coordinators and judges, as well as jail administrators; and held discussion groups with a small nonprobability sample of veterans participating in the VJO Program.⁶ We selected the nine areas based on the size of their veteran populations, proximity to veterans treatment courts, geographic diversity, and VA central office officials' recommendations.⁷ The interviews we conducted in the nine areas are nongeneralizable but provided insights on the challenges facing the program and its operations. We also interviewed relevant VA central office officials.

⁴Internal controls are the plans, methods, policies, and procedures that an entity uses to fulfill its mission, strategic plan, goals, and objectives. [GAO/AIMD-00-21.3.1](#). The most recent version of these standards was issued in September 2014. GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 10, 2014). These new standards became effective October 1, 2015. We used the previous version of the standards because we began our audit work prior to October 1, 2015.

⁵We conducted our interviews in person in Baltimore and San Diego. Due to inclement weather, which prevented our travel, we conducted our Orlando interviews via teleconference. While we were not able to observe a veterans treatment court in Orlando, we were able to speak with veterans who participated in the Orlando court. As an alternative, we observed a veterans treatment court in Fairfax, Virginia.

⁶VJO specialists in Baltimore, Orlando, and San Diego referred us to veterans who were participating in the Veterans Justice Outreach Program.

⁷We considered a VA medical center to be located near a veteran treatment court if the court is in the same state and within 40 driving miles. Our selection process included some VA medical centers located near a court and some not near a court.

Additional information about our methodology and the selection criteria for areas in our review is provided in appendix I.

We conducted this performance audit from February 2015 to April 2016 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

Description of Local Criminal Justice Systems

Local jurisdictions (i.e., counties and municipalities) administer criminal courts and permit pretrial detention of defendants accused of serious offenses and deemed to be dangerous to prevent them from committing crimes prior to trial, according to the Bureau of Justice Statistics.⁸ Many local jurisdictions have begun adopting alternatives to incarceration, which are intended to improve public health and safety while reducing costs. Such alternatives generally represent a shift in emphasis away from prosecuting those associated with lower-level crimes toward providing treatment for underlying mental health or substance abuse disorders and include programs for individuals in jail or court who screen positive for mental illness. Veterans treatment courts are one such alternative. These courts are typically local courts dedicated to handling criminal cases involving veterans with mental health or substance abuse problems.

According to VA, veterans treatment courts share several general characteristics but vary in their specific policies and procedures because of, among other things, differences in local jurisdictions and criminal justice system practices. Veterans treatment courts are modeled after adult drug courts, which are specialized courts that target criminal offenders who have drug addiction and dependency problems. As in the case of adult drug courts, judges preside over veterans treatment court

⁸Offenders sentenced to incarceration usually serve time in a local jail or a state prison. Offenders sentenced to less than 1 year generally go to jail; those sentenced to more than 1 year go to prison, according to the Bureau of Justice Statistics.

proceedings and monitor veterans' progress with treatment in collaboration with a team that usually includes a court coordinator, prosecutor, public defender, and probation officer. Additionally, the team includes a VJO specialist.⁹ Veterans treatment courts vary in terms of criteria for taking a case, such as the types or levels of criminal offenses.

Involvement of Veterans in Local Criminal Justice Systems

As was the case with past generations of veterans, the transition from military life to civilian life can be challenging for Post-9/11 veterans. Most veterans are not involved with local criminal justice systems,¹⁰ but some veterans—particularly if their mental health, family readjustment, or other needs remain unmet—may become justice-involved. The Bureau of Justice Statistics reported that about 7 percent (about 50,000) of the total population of inmates in jail between February 2011 and May 2012 were veterans.¹¹ According to the Bureau of Justice Statistics report, this estimate represents a 25 percent decrease from the number of veterans in jail in 2004. Moreover, veterans were incarcerated in jails at lower rates than nonveterans between February 2011 and May 2012, according to the Bureau of Justice Statistics.

While many veterans who served in the military have successfully readjusted to civilian life with minimal difficulties, researchers and policymakers have identified concerns about how the experience of Post-9/11 servicemembers may affect the incarceration rates among these veterans. According to VA, military experience (particularly combat) has

⁹Veterans treatment courts and related programs rely heavily on VA for services and benefits provided to veterans.

¹⁰Currently there are approximately 22 million veterans in the United States.

¹¹See, J. Bronson; A. Carson; M. Noonan; and M. Berzofsky (2015). *Veterans in Prison and Jail, 2011 – 12. Bureau of Justice Statistics*. These findings are based on the February 2011 through May 2012 fielding of the National Inmate Survey (NIS-3). The NIS-3 surveyed veterans age 18 and older identified in a survey of inmates in a sample of 233 state and federal prisons, 358 local jails, and 15 special facilities (military, Indian country, and Immigration and Customs Enforcement (ICE)) nationwide. However, these findings underreport the number of veterans in the local criminal justice system. For example, the survey does not provide separate data on the number of veterans under direct community supervision, such as those on probation, or those involved in specialty courts, such as veterans treatment courts. Further, the survey relies on inmates to self-report their veteran status and according to several researchers, veterans may be reluctant to disclose their veteran status (see W. Brown, R. Stanulis, B. Theis, J. Farnsworth., and D. Daniels (2013), *The Perfect Storm: Veterans, culture and the criminal justice system*. Justice Policy Journal, vol. 10, no. 2 (Fall)).

been an underlying factor in behavior that prompts a response from law enforcement, such as domestic conflicts. During the last 14 years of U.S. military operations, many servicemembers have experienced numerous deployments, which can increase the risk of developing post-traumatic stress disorder (PTSD) and traumatic brain injury. According to VA, a strong relationship exists between PTSD and substance abuse.¹² Research has demonstrated that justice-involved veterans have high rates of mental illness, substance abuse, homelessness, and other health issues. At the same time, some veterans may be unwilling or unable to access the supports and services they need. For example, we have previously reported that some veterans do not seek mental health treatment due to concerns about negative career outcomes, lack of understanding or awareness of treatment, and logistical challenges to accessing care.¹³ Left unaddressed, a combination of homelessness, unemployment, mental-health, or substance abuse issues can place veterans experiencing a difficult transition at higher risk of committing a crime.

Description of the Veterans Justice Outreach Program

VA initiated the VJO Program in 2009.¹⁴ The mission of the program is to reduce and prevent criminal justice recidivism and homelessness among veterans by linking justice-involved veterans with appropriate supports and services. According to VA, incarceration is a strong predictor of veteran homelessness, and recidivism can limit VA's ability to provide continuous care for mental health and other issues.

The VJO Program's fiscal year 2012-2016 strategic plan contains five broad strategic goals for the program as well as a number of related objectives (see table 1).

¹²Department of Veterans Affairs, National Center for PTSD, *PTSD and Substance Abuse in Veterans*, accessed Feb. 10, 2016, http://www.ptsd.va.gov/public/problems/ptsd_substance_abuse_veterans.asp.

¹³GAO, *VA Mental Health: Number of Veterans Receiving Care, Barriers Faced, and Efforts to Increase Access*, [GAO-12-12](#) (Washington, D.C.: Oct. 14, 2011).

¹⁴According to a program official, VA has associated the VJO Program with 38 U.S.C. § 2023, and the language in 38 U.S.C. § 2022 is believed to be broad enough to authorize much of the program's operations. A bill has been introduced in the Senate that would formally require VA to carry out the VJO Program. S. 2120, 114th Cong. (2015).

Table 1: Veterans Justice Outreach (VJO) Program Strategic Goals and Related Objectives

Strategic Goals	Strategic Objectives
Goal 1: Increase the identification of justice-involved veterans and promote their engagement with VA.	Objective 1: Collaborate with the justice system and other community entities to develop opportunities for identifying veterans. Objective 2: Conduct outreach to justice-involved veterans to link them to the appropriate VA and community services.
Goal 2: Build VJO capacity to serve justice-involved veterans through a comprehensive workforce development program that attracts and retains high-quality staff, supports their professional development efforts, and supports succession planning.	Objective 1: Attract and retain high-quality staff. Objective 2: Support professional development. Objective 3: Initiate succession planning strategies.
Goal 3: Match justice-involved veterans with the medical, psychiatric, vocational, and social services that will improve health and optimize successful community integration and safety.	Objective 1: Assess justice-involved veterans for biopsychosocial needs and problems. ^a Objective 2: Develop VA-community partnerships that address the needs of justice-involved veterans.
Goal 4: Optimize community integration for justice-involved veterans by removing attitudinal barriers through improving stakeholder understanding of the population. ^b	Objective 1: Educate stakeholders on veteran’s available treatment options and potential for community integration after becoming involved in the criminal justice system, particularly those with mental illness and those returning after military deployment.
Goal 5: Develop systems for program evaluation and dissemination of knowledge on justice-involved veterans.	Objective 1: Ensure capacity for program data collection and analysis, promotion of research on justice-involved veterans, and knowledge development and dissemination. Objective 2: Develop national data collection, management, and evaluation systems. Objective 3: Develop a VJO research initiative to promote timely identification and successful community integration.

Source: VA’s fiscal year 2012-2016 Veterans Justice Outreach Program Strategic Plan. | GAO-16-393

^aBiopsychosocial assessments include the collection of medical, psychiatric, social, developmental, legal, and abuse histories along with other key information.

^bIn the program’s fiscal year 2012-2016 strategic plan, VA identifies a number of internal stakeholders, such as VA homeless and mental health program officials; as well as external stakeholders, such as representatives from the National Association of Drug Court Professionals and the Association of State Correctional Administrators.

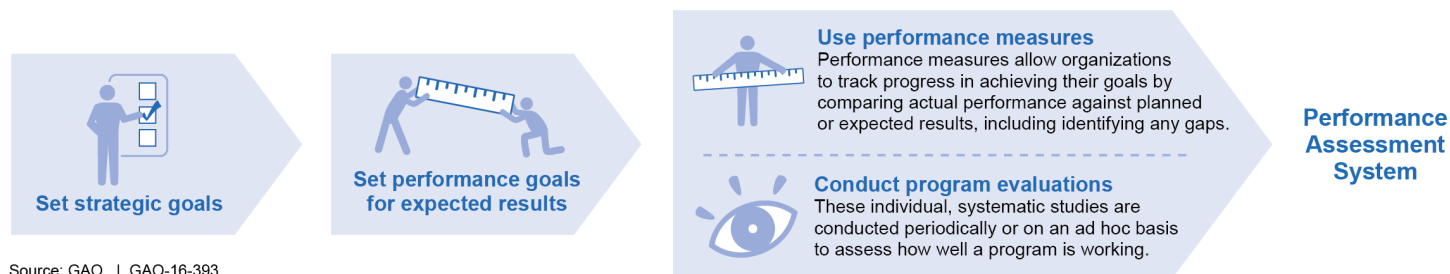
Importance of Program Performance Assessment

Evaluative information helps the executive branch and congressional committees make decisions about the programs they oversee; that is, evaluative information tells them whether and why a program is working well or not. We have previously reported that an important system to

obtain such information is through program performance assessment.¹⁵ (See fig. 1.) A program performance assessment system is an important component of effective program management and contains three key elements:

1. **Program goals** communicate what the agency proposes to accomplish and allow agencies to assess or demonstrate the degree to which those desired results were achieved.
 - Strategic goals and related objectives are long-term goals that set a general direction for a program's efforts.
 - Performance goals are the specific results an agency expects its program to achieve in the near term.
2. **Performance measures** are concrete, objective, observable conditions that permit the assessment of progress made toward the agency's goals. Performance measures show the progress the agency is making in achieving performance goals.
3. **Program evaluations** are individual systematic studies using performance measures and other information to answer specific questions about how well a program is meeting its objectives.

Figure 1: Key Elements of Program Performance Assessment Systems



Source: GAO. | GAO-16-393

¹⁵GAO, *Program Evaluation: Strategies to Facilitate Agencies' Use of Evaluation in Program Management and Policy Making*, [GAO-13-570](#) (Washington, D.C.: June 26, 2013); *Performance Measurement and Evaluation: Definitions and Relationships*, [GAO-11-646SP](#) (Washington, D.C.: May 2011); and *Managing for Results: Enhancing Agency Use of Performance Information for Management Decision Making*, [GAO-05-927](#) (Washington, D.C.: Sept. 9, 2005).

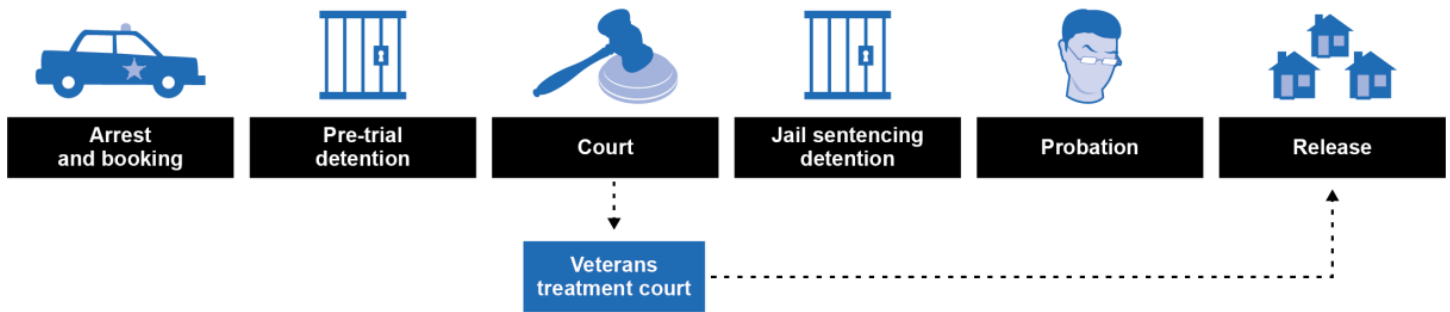
The VJO Program Operates Through VA Medical Centers and Has Linked Many Post-9/11 Veterans to Supports and Services

VJO Program Operates Through VA Medical Centers to Respond to Local Needs

The VJO Program operates through VA medical centers. VA's central office provides each VA medical center the flexibility to determine how to best respond to the needs of justice-involved veterans within the local community. More specifically, VA established broad program parameters that allow VA medical center officials to set VJO specialists' activities to meet the needs of veterans in local criminal justice systems. VA issued guidelines on the operations of the VJO Program through a series of memorandums to program officials.¹⁶ According to VA, the program is to serve veterans as they interact with the local criminal justice system at multiple points and settings—from initial contact with local law enforcement to release from jail. VA guidelines define a "justice-involved veteran" as a veteran who is (1) arrested by local law enforcement who can be appropriately diverted from arrest into treatment; (2) incarcerated in a local jail, and who either has a pending trial or is serving a sentence after a conviction; or (3) involved in adjudication or monitoring by a court. (See fig. 2.)

¹⁶See, for example, Under Secretary for Health, *Information and Recommendation for Services Provided by VHA Facilities to Veterans in the Criminal Justice System*, Information Letter 10-2009-005, April 30, 2009; and Acting Deputy Under Secretary for Health, *Access to VA services for re-entry and justice-involved veterans*, Information Letter, July 20, 2009. Also, during the course of our audit, VA central office officials were in the process of drafting a handbook for Veterans Justice Programs—which include VJO and Health Care for Re-entry Veterans programs—that will establish policies and procedures for implementation of these programs, such as monitoring.

Figure 2: Overview of Steps in the Local Criminal Justice Process in which Veterans Justice Outreach (VJO) Program Interacts with Veterans



Source: Department of Veterans Affairs' Veterans Justice Outreach (VJO) Program 2012-2016 Strategic Plan. | GAO-16-393

The Veterans Health Administration (VHA), which operates VA's health care system, administers the VJO Program. VA policy requires each of the 167 VA medical centers around the country to provide outreach to justice-involved veterans. VA prioritizes veterans charged with nonviolent crimes, but VA must consider a veteran's current legal circumstances—and not legal history alone—to determine whether the program can meet the individual veteran's needs while maintaining safety, according to VA policy. The program does not provide legal representation, nor does it accept legal custody of a veteran.

Specifically, VHA staff in Veterans Integrated Service Networks (VISN) help oversee the VJO Program and provide technical assistance to VJO specialists. Further, VA's central office, its VISNs, and VA medical centers manage different aspects of program operations. VA central office officials directed each medical center to have at least one full-time VJO specialist position, most of which are funded by central office funds, according to VA.¹⁷ Some VA medical centers employ one VJO specialist position while others have multiple positions. VA central office officials also train new VJO specialists and manage national data collection efforts. VJO specialists report directly to VA medical center officials, typically in the homelessness prevention or mental health services.

¹⁷VA central office officials we interviewed said that although most of the VJO specialist positions are funded by central office funds, a few of the VA medical centers have chosen to fund additional VJO specialist positions.

According to VA central office officials, as of September 2015, VA employed 261 full-time VJO specialists, who are mostly social workers, and seven other VJO specialists who play a hybrid role between the VJO and the Health Care for Re-entry Veterans programs.¹⁸

To accomplish the program mission of serving justice-involved veterans, VA tasks VJO specialists to perform three core functions: identify, assess, and link justice-involved veterans to appropriate supports and services.

Identification

To identify veterans, VJO specialists conduct outreach to justice-involved veterans and officials in local criminal justice systems. Outreach activities include, for example, providing information about the availability of VA supports and services, developing relationships with municipal and county jail officials and court officials, as well as obtaining appropriate security clearances. VJO specialists in seven of the nine areas we selected for interviews stated that once VJO specialists have developed a professional relationship with criminal justice system officials, they primarily identify justice-involved veterans by obtaining a list from local jail administrators of self-identified veterans in their jails. Other veterans are identified by veterans treatment court officials, according to VA central office officials and staff we interviewed. However, some incarcerated veterans may be reluctant to disclose their veteran status.¹⁹ Thus, jail administrators may have more incarcerated veterans in their jails than they are able to identify and report to VA. To address the potential for underreporting of incarcerated veterans, VA developed the Veterans Re-entry Search Service for administrators of jails and state and federal prisons, and VA central office officials we interviewed said that the system

¹⁸The Health Care for Re-entry Veterans program was established in 2006. It serves veterans in prison (not jails) to plan their transition from incarceration back into the community, and connects veterans being released from prison with VA services, such as housing assistance and vocational counseling.

¹⁹Some of the reasons that inmates do not self-identify include being ashamed of their breakdown in military discipline, embarrassed over being arrested, and fear of losing VA benefits for themselves or their families. See, for example, William B. Brown, Robert Stanulis, Bryan Theis, Jordan Farnsworth and David Daniels, "The Perfect Storm: Veterans, culture and the criminal justice system," *Justice Policy Journal*, vol. 10, no. 2 (Fall 2013).

Experience of Veterans Who Have Participated in the VJO Program

All of the veterans participating in our group discussions were appreciative of the VJO Program. At one location, veterans said that the VJO specialists understood their needs, educated them about available VA supports and services, assisted them in determining their eligibility, and helped them obtain VA supports and services.

An example from a VJO Specialist

To illustrate the effect of the program on one veteran's life, VJO specialists we interviewed in one of our selected areas provided the following anecdote. A homeless veteran—who had served in Operation Enduring Freedom—was arrested for trespassing for sleeping behind a VA building. The veteran had substance abuse issues. When he appeared before a veterans treatment court, he met a VJO specialist who assessed his needs and assisted him in enrolling in VA housing and substance abuse treatment. When the veteran was stable, the VJO specialist was able to link him to permanent housing and VA vocational training. After several years of treatment and assistance, the veteran was hired by VA and purchased a home with a VA loan.

Source: Veterans participating in Veterans Justice Outreach Program and VJO specialists interviewed by GAO. | GAO-16-393

helps jail administrators identify incarcerated veterans by comparing the names of inmates with VA's list of veterans.²⁰

Assessment

After they identify justice-involved veterans, VJO specialists determine the veterans' treatment needs by assessing their mental health, social well-being, appearance, and attitude.²¹ VJO specialists also collect information on employment history, current housing situation, military service, and discharge status. According to VA staff, upon completing the assessment, VJO specialists develop a treatment plan to meet the veteran's needs. A treatment plan typically includes recommendations for

²⁰Veterans Re-entry Search Service is an online tool that enables jail administrators to identify veterans among their incarcerated population. Jail administrators can upload a list of their current inmates into VA's system, which is checked against the list of veterans found in the VA-DoD Identity Repository. Jail administrators can use this information to provide VJO specialists with a list of veterans in their jails.

²¹According to VJO specialists in five of the nine areas we selected for interviews, the assessment protocol to evaluate a veteran is generally the same for all justice-involved veterans.

medical or mental health services, housing, or other services, according to VJO specialists in five of the nine selected areas.²²

Linkage

After they identify and assess justice-involved veterans, VJO specialists link veterans to VA or community supports and services.²³ VJO specialists do not directly provide treatment to justice-involved veterans. VA staff said once VJO specialists refer and link veterans to the appropriate supports and services, they perform follow-up visits with veterans to ensure they are receiving them. For example, VJO specialists may assist veterans to find adequate housing or with any transportation issues. Some veterans in jails may receive one follow-up visit while others may receive more, depending on their needs according to a VJO specialist. In contrast, VJO specialists work with veterans who participate in veterans treatment courts for 1 to 2 years, depending on the local criminal justice system and on the amount of time a veteran is required to participate in the court program.

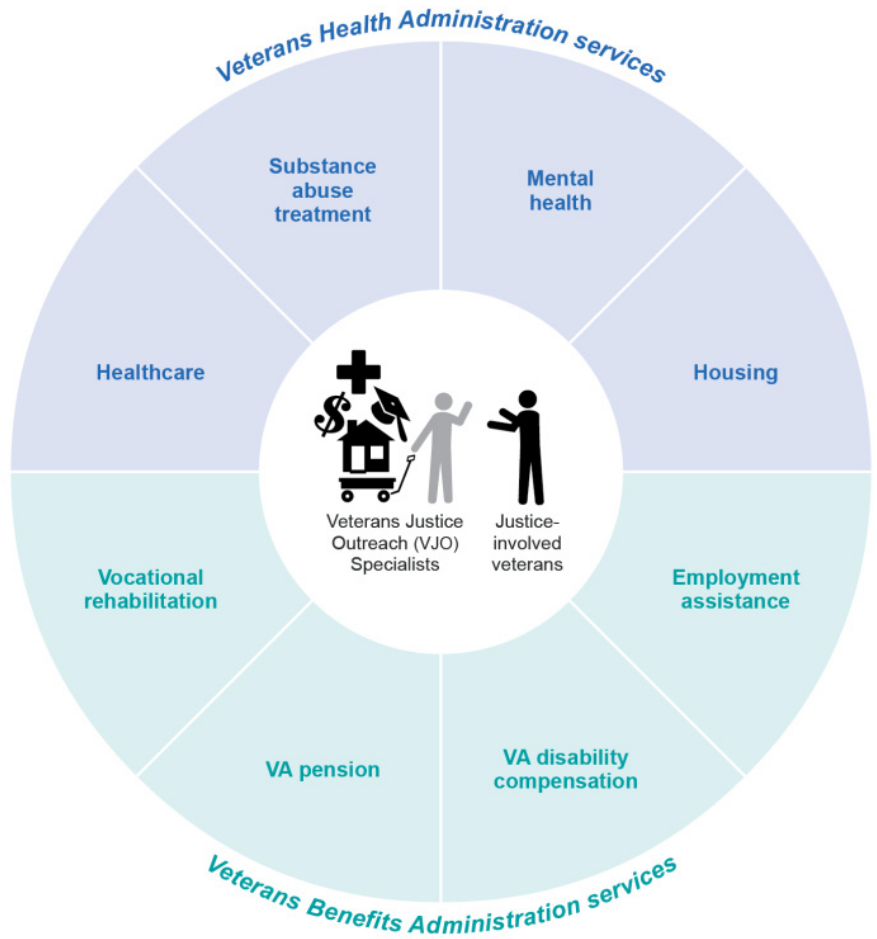
VJO specialists refer and link veterans to the VHA for health care, mental health, substance abuse treatment, or housing services where the overseeing staff determine the type of treatment and services provided.²⁴ VJO specialists also link veterans to the Veterans Benefits Administration for disability compensation, pension benefits, or vocational rehabilitation to be determined by overseeing staff based on a veteran's eligibility, according to VA (see fig. 3). In addition, VJO specialists link veterans to community service providers when the VA-provided treatment is too far away for a veteran to participate, or when a veteran is not eligible for VA health care services or benefits according to VA.

²²VJO specialists enter the veteran's information into VA Homeless Operations Management and Evaluation System and the Computerized Patient Record System. Once the veteran's information is entered into VA's databases, it is accessible to other VA clinicians treating the veteran, according to VA staff.

²³Veterans not participating in court can decide whether or not to accept VA supports and services since the program is voluntary.

²⁴Under VHA's Homelessness Division, the Housing and Urban Development-Veterans Affairs Supportive Housing Program provides permanent housing for eligible homeless veterans and their families.

Figure 3: Veterans Justice Outreach Specialists Link Justice-Involved Veterans to Services



Source: GAO analysis of Department of Veterans Affairs (VA) services. | GAO-16-393

Within these broad program parameters, a VA medical center determines the type and amount of investment it makes in serving justice-involved

veterans.²⁵ VJO specialists' activities vary based on whether they are working in courts, jails, or both. For example:

- **Specialty courts:** VJO specialists provide services to veterans in a variety of specialty courts, such as veterans treatment courts, drug courts, and mental health courts.²⁶ However, VJO specialists work most often with veterans treatment courts compared to other specialty courts, according to VA central office officials.
- **Local criminal justice systems:** In local criminal justice systems without established veteran-focused programs, VJO specialists spend significant time attempting to develop or plan these types of programs, according to VISN officials. These activities involve but are not limited to planning veterans treatment court (or other alternative court) programs and negotiating the terms of access to conduct outreach in jail facilities. In other areas, VJO specialists work with local criminal justice officials who may be unaware of veteran-focused programs. In such cases, VJO specialists focus their work on educating local law enforcement about VA resources available to veterans in crisis and working with veterans in jails, according to two VISN officials with whom we spoke.
- **Jail administrators:** VJO specialists in two of the nine areas we selected for interviews worked with local jail administrators to set up a program that provides veteran-specific housing units. These housing units are a designated block of jail cells only for veterans. Within these units, local community service organizations provide incarcerated veterans with treatment and services while they are in jail, and VJO specialists assess and develop community re-entry plans for housing, VA treatment, or other necessary services. In another area we visited, VJO specialists developed a program to help “high-risk” veterans released from jail. VJO specialists used information from the veterans’

²⁵The associated costs of providing treatment and benefits to veterans involved with local criminal justice systems are borne primarily by the federal government, according to VA. Further, veterans treatment courts would not likely be able to fully function and proliferate without VA, as the agency provides viable access to VA services, according to VA’s 2013 inventory of VA involvement in veterans treatment courts.

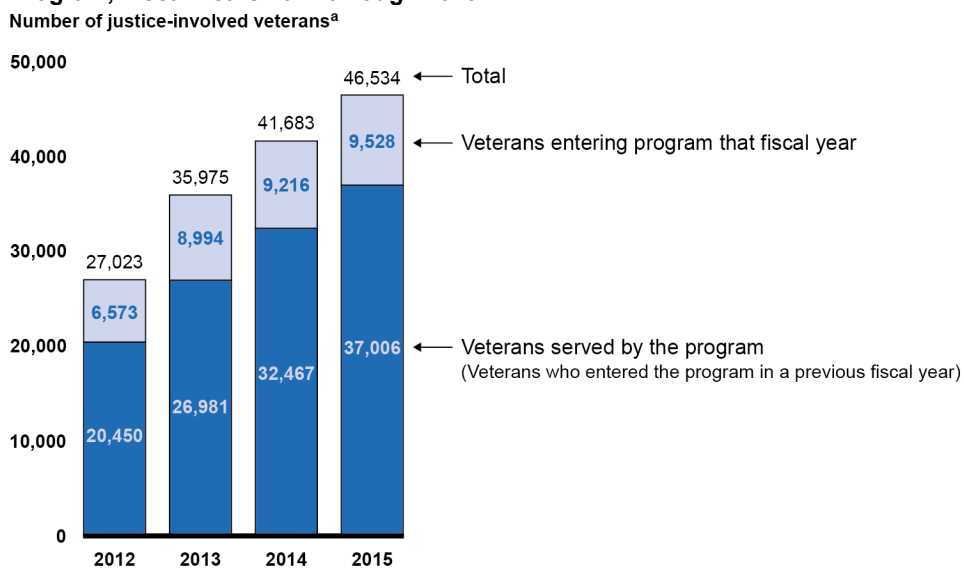
²⁶The types of drug courts include but are not limited to adult drug courts and veterans drug courts for offenders with mental health and substance addiction issues. GAO, *Adult Drug Courts: Studies Show Courts Reduce Recidivism, but DOJ Could Enhance Future Performance Measure Revision Efforts*, [GAO-12-53](#) (Washington, D.C.: Dec. 9, 2011).

clinical assessment to determine which veterans were high-risk for re-offending, dropping out of treatment, or becoming homeless. One VJO specialist at that VA medical center said the program serves these veterans by providing weekly follow-up services within the first month of their release from jail, and offers regular follow-up services and support after the first month, based on the individual veteran's needs.²⁷

In fiscal year 2015, the VJO Program Served about 46,500 Veterans, Many of Whom Served in Post-9/11 Conflicts and Reported Substance Abuse Problems

In fiscal year 2015, the VJO Program served about 46,500 justice-involved veterans, and the program has experienced steady growth in the number of veterans served, according to data from VA. During fiscal years 2012 through 2015, the number of justice-involved veterans annually served by the VJO Program increased from about 27,000 to 46,500, a 72 percent increase (see fig. 4).

Figure 4: Number of Veterans Served Annually by the Veterans Justice Outreach Program, Fiscal Years 2012 through 2015



Source: GAO analysis of Department of Veterans Affairs data. | GAO-16-393

²⁷VJO specialists address veterans' issues such as obtaining and maintaining housing, maintaining treatment compliance, applying for VA benefits, accessing VA healthcare services, and obtaining gainful employment.

^aThe number of justice-involved veterans represents veterans who were assessed by Veterans Justice Outreach specialists and agreed to enter the program.

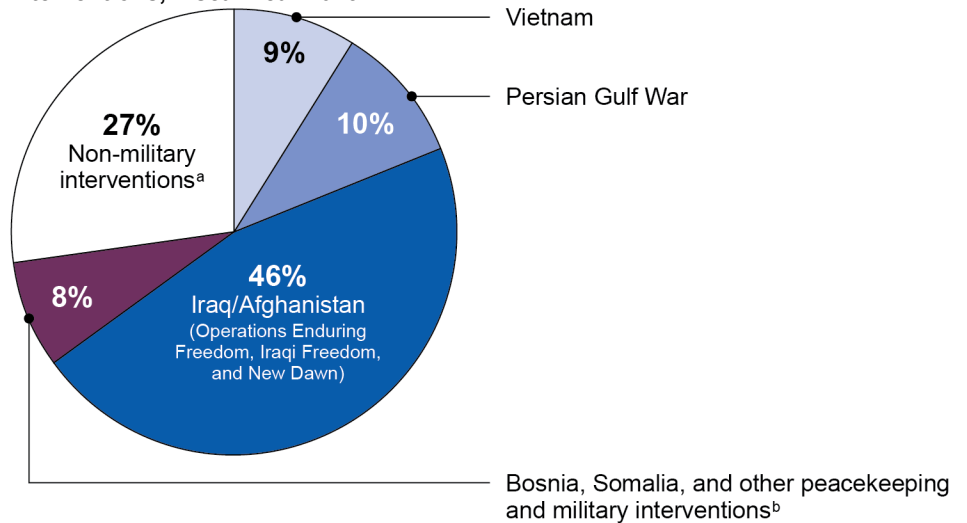
Justice-involved veterans who were served by the VJO Program in fiscal year 2015 had the following characteristics:²⁸

- **Most were young men.** Nearly 95 percent of the veterans served by the program were male and 52 percent of justice-involved veterans were between the ages of 18 and 44.
- **Many reported not working full-time during the past 3 years.** Approximately 40 percent of the veterans served by the program reported working part time, working irregularly, or having been unemployed during the past 3 years. Another one-third (33 percent) reported being retired or disabled.
- **Almost three-fourths reported serving during a U.S. military intervention.** Of veterans who received services through the VJO Program in fiscal year 2015, 73 percent had served during a military intervention (see fig.5).²⁹

²⁸As part of the assessment, VJO specialists ask veterans to report their demographic information, employment, military history, living situation, and other personal information.

²⁹According to VA, a veteran is considered to have served in a military intervention if he/she served during and within the geographic proximity of a military conflict.

Figure 5: Percent of Justice-Involved Veterans Who Served During Military Interventions, Fiscal Year 2015



Source: GAO analysis of Department of Veterans Affairs data. | GAO-16-393

^aNon-military interventions include veterans who served during peacetime.

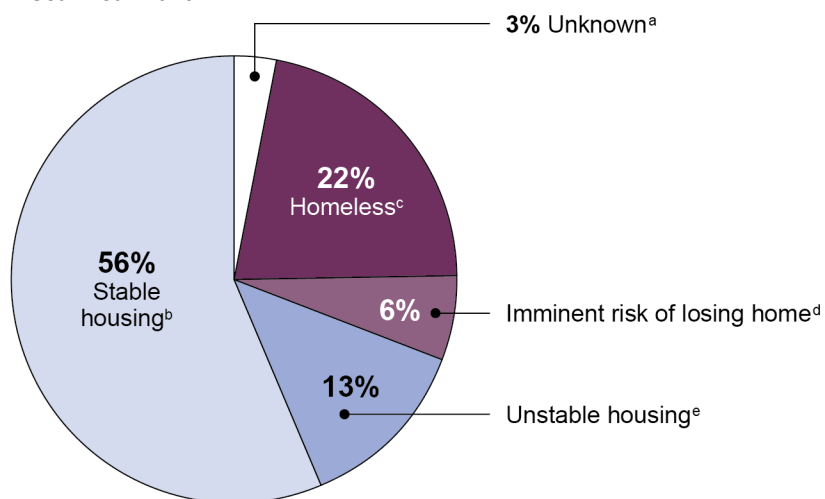
^bOther peacekeeping or military interventions include veterans who served during World War II and during interventions in Korea, Lebanon, Panama, or Kosovo.

- **Two-thirds reported mental health problems and the vast majority had substance abuse problems.** During the clinical assessment performed by VJO specialists, about two-thirds (68 percent) of the veterans reported one or more mental health problems, and 69 percent had substance abuse problems.
- **Public order offenses were the most common type of reported criminal charges.**³⁰ The types of criminal offenses that veterans were charged with during fiscal year 2015 included, but were not limited to, public order offenses (33 percent), drug offenses (22 percent), property offenses (16 percent), and probation violations (12 percent).

³⁰According to VA, public order offenses include weapons offenses, prostitution, public intoxication, disorderly conduct, and driving while intoxicated; drug offenses include possession and trafficking; and property offenses include burglary, breaking and entering, larceny, motor vehicle theft, fraud, stolen property, arson, shoplifting, and vandalism.

- **More than 40 percent reported either being homeless, losing a home, or living in an unstable housing environment** (see fig. 6). VJO specialists we interviewed in two of the nine areas we selected said that some veterans become homeless once they leave jail because they are unable to pay their rent while incarcerated.

Figure 6: Current Housing Situation of Justice-Involved Veterans, by Percentage, Fiscal Year 2015



Source: GAO analysis of Department of Veterans Affairs data. | GAO-16-393

^a“Unknown” refers to a veteran who did not answer the question.

^b“Stable housing” refers to a veteran who is not experiencing homelessness and who is not at risk of becoming homeless.

^c“Homeless” refers to veterans who live in places not designed for habitation such as a car, park, or abandoned building.

^d“Imminent risk of losing home” refers to a veteran who will lose his or her residence within 14 days.

^e“Unstable housing” refers to a veteran who does not have resources to prevent him or her from moving into a shelter.

Additional information about the characteristics of veterans in the VJO Program is provided in appendix II.

VA Has Taken Steps toward Partially Incorporating Key Elements of a Performance Assessment System

VA Is at the Beginning Stage of Planning VJO Program Evaluations

VA has taken some steps toward evaluating the VJO Program via a longitudinal program evaluation that examines the extent to which veterans are being linked to services for which they are referred.³¹ VA planned to obtain information through interviews with 1,500 veterans. However, after the contractor submitted an interim report that detailed problems it encountered recruiting veterans to interview as part of the study, VA central office officials terminated the contract. As an alternative, VA plans to use administrative data to complete this evaluation. However, at the time of our review, VA central office officials were in the process of determining how to complete such a re-tooled evaluation.

VA also developed a research agenda to evaluate the outcomes for veterans served by the VJO Program. For example, one research topic is to identify outcomes for veterans who participate in veterans treatment courts. In addition, officials said they plan to evaluate the extent to which veterans served by the VJO Program avoided incarceration and homelessness.

VA Has Not Established Performance Goals or Performance Measures

Although VA has developed five broad strategic goals for the VJO Program and taken steps to evaluate it, VA has not fully measured progress toward any of the strategic goals because it has developed neither performance goals nor performance measures, contrary to leading practices for managing programs. Performance measures focus on whether a program has achieved measurable standards. They allow

³¹Program evaluations are individual systematic studies conducted periodically or on an ad hoc basis to assess how well a program is working. They are one component of a performance assessment system, which also includes strategic goals, performance goals, and performance measures. See GAO, *Performance Measurement and Evaluation: Definitions and Relationships*, [GAO-11-646SP](#) (Washington, D.C.: May 2011).

agencies to monitor and report program accomplishments on an ongoing basis.³²

VA collects ongoing information about program operations and veterans served by the program, but this information does not help VA measure its progress toward accomplishing any of the five goals outlined in its strategic plan. According to VA central office officials, VA collects some information, such as (1) the number of VJO specialists and vacancies at each VA medical center; (2) VJO specialists' workload, including the number of veterans that VJO specialists serve and their nonclinical activities, such as the number of trainings they conduct; and (3) information on veterans served in the program, such as demographic characteristics and medical histories. This information is useful for some aspects of program management. For example, VA central office officials told us that supervisors need information about the clinical and administrative workloads of VJO specialists to assess the need for additional staff and to monitor productivity. However, VA does not have a way to use the information it currently collects to compare actual program performance against expected results, or to analyze significant differences, contrary to federal standards for internal control.³³ We have previously reported that performance measurement gives managers crucial information to identify gaps in program performance and plan any needed improvements.³⁴ The information that VA currently collects does not allow VA to fully answer key questions, such as the reasons for observed performance, what are effective approaches to program implementation, and how to improve program performance.

VA central office officials cited the need to be responsive to local conditions as the main reason why they have not set or used performance goals and measures for the VJO Program. Specifically, the areas served by each VA medical center have their own unique circumstances, they said, such as having or not having a veterans treatment court, being located in an urban or rural area, or being located in an area with a large or small population of veterans. Due to these

³²[GAO-11-646SP](#).

³³GAO, *Standards for Internal Control in the Federal Government*, [GAO/AIMD-00-21.3.1](#) (Washington, D.C.: November 1999).

³⁴GAO, *Managing for Results: Enhancing Agency Use of Performance Information for Management Decision Making*, [GAO-05-927](#) (Washington, D.C.: Sept. 9, 2005).

unique local conditions, the officials stated, the program needs to be flexible. VA medical centers have discretion in determining the activities of VJO specialists. VA central office officials added that a broad measure, such as the number of veterans served by each VJO specialist per month, would not be appropriate because it could be misleading to compare VJO specialists since their work circumstances vary. For example, officials said that given VJO specialists work in different criminal justice systems, it would not be reasonable to set a national goal for the number of veterans they reach out to each month. While some VJO specialists conduct outreach to a large number of veterans in jails, others may focus their attention on a smaller number of veterans in veterans treatment courts. Similarly, they pointed out that while some VJO specialists in VA medical centers in large urban areas may be able to serve a large number of veterans, others in rural areas may need to drive several hours to see a veteran and can only see a few in any given day.

We recognize that measuring progress toward goals within the VJO Program's decentralized service delivery model poses challenges in designing performance goals and measures. Our past work has also acknowledged the challenges in developing national performance measures when flexible programs vary in their activities so as to meet local needs. Nonetheless, we have found one approach agencies used to successfully overcome this challenge was to develop common national measures. For example, our past work found that to assess the performance of the Expanded Food and Nutrition Education Program—a program that assists low-income families in acquiring skills to improve their family diet—the U.S. Department of Agriculture assessed local offices on common activities used by all offices. Another approach used by agencies with flexible programs was to encourage local projects to evaluate progress toward their own performance goals. For example, the National Tobacco Control Program—a program operated by the Centers for Disease Control and Prevention—has four goals connected to its mission to reduce tobacco-related diseases and death, including reducing youth's tobacco use. To accomplish its goals, the agency allows states to direct their own activities. The agency provided states with guidance about identifying short term, intermediate, and long term outcomes, and encouraged states to assess their own individual efforts.³⁵

³⁵GAO, *Program Evaluation: Strategies for Assessing How Information Dissemination Contributes Toward Agency Goals*, [GAO-02-923](#) (Washington, D.C.: Sept. 30, 2002).

VA central office officials we interviewed also said that they have not established performance goals or measures because some of the outcomes that veterans experience are influenced by factors outside the program's control. For example, VJO Program-related outcomes—such as mental health recovery or criminal recidivism—can often depend on factors such as whether a community has a veterans treatment court or if a veteran is willing to adhere to his treatment plan, according to VA central office officials.

We have highlighted strategies in our past work that agencies can use when faced with the challenge of having limited control over external factors that can affect a program's outcomes.³⁶ These strategies include: selecting a mix of outcome goals over which the agency has varying levels of control; using data on external factors to statistically adjust for their effect on the desired outcome; and disaggregating goals for distinct target populations for which the agency has different expectations. For example, our past work found that to measure progress toward its strategic goal to eliminate transportation related deaths, injuries, and property damage, the National Highway Traffic Safety Administration measured an intermediate outcome—the rate of front-seat safety belt use—and an end outcome—the rate of transportation related injuries. The agency also statistically adjusted the results of its performance measures by using the ratio of fatalities per vehicle mile driven to control for the simple fact that if more miles are driven, then more crashes are likely to result. Our past work also found that the Natural Resources Conservation Service created separate performance goals for each type of habitat (e.g., croplands, watersheds, wetlands, and grazing lands) so it could measure progress toward its strategic goal of maintaining healthy and productive land. Additionally, to help interpret the results of performance measures, we have also emphasized in our past work the importance of communicating adequate contextual information, such as factors inside or outside the agency's control that might affect performance.³⁷

VA central office officials said they plan to update the VJO Program's strategic plan, which contains the program's broad strategic goals, by the

³⁶GAO, *Managing for Results: Measuring Program Results That Are Under Limited Federal Control*, [GAO/GGD-99-16](#) (Washington, D.C.: Dec. 11, 1998).

³⁷GAO, *Federal Prison System: Justice Could Better Measure Progress Addressing Incarceration Challenges*, [GAO-15-454](#) (Washington, D.C.: July 19, 2015).

end of fiscal year 2016, but they do not intend to include performance measures. Leading practices demonstrate that developing ways to measure VJO Program efforts could help VJO specialists, VA central office officials, and Congress measure and monitor the extent to which program efforts are achieving their intended results, make needed improvements, and make funding decisions. Further, a fundamental element in an organization's efforts to manage for results is its ability to set performance goals with specific targets and time frames that reflect strategic goals and to measure progress toward them as part of its strategic-planning efforts.³⁸ Our previous work has highlighted characteristics of successful performance measures that could be helpful.³⁹ Without a robust performance assessment system—which includes both performance measures and evaluations—officials managing the VJO Program lack a full picture of its success and of potentially underperforming areas for improvements.

³⁸GAO, *Executive Guide: Effectively Implementing the Government Performance and Results Act*, [GAO/GGD-96-118](#) (Washington, D.C.: June 1996); *Government Reform: Goal-Setting and Performance*, [GAO/AIMD/GGD-95-130R](#) (Washington, D.C.: March 27, 1995); *Managing for Results: Critical Actions for Measuring Performance*, [GAO/IT-GGD/AIMD-95-187](#) (Washington, D.C.: June 20, 1995); *DHS Training: Improved Documentation, Resource Tracking, and Performance Measurement Could Strengthen Efforts*, [GAO-14-688](#) (Washington, D.C.: Sept. 10, 2014).

³⁹Our past work has identified nine key characteristics of successful performance measures. These include (1) *linkage*: a relationship between the performance goals and measures and an agency's goals and mission; (2) *clarity*: clearly stated performance measures; (3) *measurable targets*: quantifiable, numerical targets or other measurable values that allow for easier comparison with actual performance; (4) *objectivity*: reasonably free of significant bias or manipulation that would distort the accurate assessment of performance; (5) *reliability*: likely to produce the same results if applied repeatedly to the same situation; (6) *measure core program activities*: measure the activities that an entity is expected to perform to support the intent of the program; (7) *limited overlap*: minimal overlap between different measures that provide the same information; (8) *balance*: measure the organization's various priorities; and (9) *governmentwide priorities*: a range of related performance measures to address governmentwide priorities, such as quality, timeliness, efficiency, cost of service, and outcome. GAO, *Tax Administration: IRS Needs to Further Refine Its Tax Filing Season Performance Measures*, [GAO-03-143](#) (Washington, D.C.: Nov. 22, 2002).

VA Has Identified Capacity Challenges but Has Not Comprehensively Assessed Related Risks or Developed Mitigation Strategies

VA Identified Key Challenges Related to Justice-involved Veterans' Demand for Services Outpacing VJO Program Resources

VA identified several key challenges related to the demand for services outpacing the VJO Program's resources, which could limit the program's capacity to serve all justice-involved veterans. These demand-resource imbalances were identified through VA's strategic planning process and in consultation with VJO specialists and VISN officials.⁴⁰ In developing its list of five challenges, which it reported out in 2012, VA assumed that demands on the VJO Program would continue to increase. Specifically, two of the five challenges VA identified relate to demand for services: (1) demand may increase due to greater use of VA's Veterans Re-entry Search Service system and result in the program not being able to properly serve all eligible veterans;⁴¹ and, (2) demand from homeless veterans may increase if economic conditions worsen. The remaining three challenges VA identified relate to resources; (3) the program may not be able to link veterans to treatment due to shortages in VA clinical programs; (4) the program lacks direct control over information

⁴⁰In 2011, VA convened a task team to identify challenges facing the program. The task team—which was brought together as part of the 2012 strategic planning process—consisted of senior VA central office officials and staff, VJO specialists, and internal consultants from VA's policy and planning office. The effort took about a year to complete. According to VA central office officials we interviewed, the key challenges in the VJO Program strategic plan were identified by consensus of the group. As part of their update to the strategic plan, VA central office officials said they are considering including external stakeholders to help with the fiscal year 2016 strategic planning process.

⁴¹As noted previously in this report, the Veterans Re-entry Search Service system allows for more reliable information on the number of incarcerated veterans by allowing jail and prison officials to compare a list of individuals among their populations with VA's list of veterans.

technology on which it is highly dependent; and, (5) the program may face funding cuts.

The range of stakeholders we interviewed—VISN officials, VJO specialists, justice-involved veterans, and local criminal justice system officials—affirmed many of the challenges identified in the VJO Program strategic plan. In general, many stakeholders said that demand for VJO specialist assistance is outpacing the program’s ability to serve all potentially eligible veterans, and the gap may worsen over time. For example, VJO specialists and VISN officials we spoke with in five of the nine areas we selected for interviews told us workload challenges have intensified in recent years.

In addition to the high demand for the program cited by program stakeholders, the increase in veterans treatment courts is further increasing demand for program services, according to stakeholders and VA internal documents. In particular:

- **The number of veterans treatment courts is growing.** While these courts can help improve veterans’ mental health and sobriety, the increase in the number of these courts is a major reason for the VJO Program’s workload challenges, according to VJO specialists, VISN officials, VA central office officials, and justice system partners we interviewed. According to these stakeholders, VJO specialists had already been working in many local jails and traditional courts across the country, and the expansion of veterans treatment courts added to their existing workload. Specifically, the number of veterans treatment courts nationwide grew from 65 in fiscal year 2010 to 360 in fiscal year 2015, according to VA data.⁴² Moreover, hundreds of additional veterans treatment courts are in the planning stages, according to an

⁴²To compile a list of veterans treatment courts, VA relied on VJO specialists to identify the veterans treatment courts they are serving. The number of veterans treatment courts identified by VA differs from other organizations that use different criteria for identifying such courts, according to VA. For example, the National Association of Drug Court Professionals focuses solely on courts meeting standards required specifically for either drug or mental health treatment courts. This organization cited a national total of 220 veterans treatment courts as of June 2014. In contrast, the criteria for VA’s inventory of veterans treatment courts is more expansive because it includes any court focused on veterans as a target population.

organization that advocates on behalf of veterans treatment courts.⁴³ During fiscal years 2012 through 2015, justice-involved veterans served by the VJO Program and who participated in veterans treatment courts increased from about 1,900 to about 3,900.

- **Working with veterans in veterans treatment courts is more time consuming than working with veterans in jails.** According to VA central office officials, working with individual veterans participating in veterans treatment courts typically requires more of VJO specialists' time than working with veterans in jail. VJO specialists we interviewed in seven of our nine selected areas also said working with veterans treatment courts is more time consuming than working in jails. For example, VJO specialists meet regularly with veterans and their treatment providers and apprise other members of the court team of a veteran's adherence to court-ordered treatment.⁴⁴ A veteran in a veterans treatment court generally participates in the VJO Program for 12 to 24 months. In contrast, VJO specialists we interviewed in seven of the nine areas said they generally work with veterans in jails for much shorter durations.

According to VA central office officials, VA attempts to ease workload demands by hiring additional VJO specialists, as funds allow, but this has not fully addressed demand for program services. VA increased staffing for the VJO Program from 43 specialists in fiscal year 2010 to 261 in fiscal year 2015, according to VA data. VA central office officials said they have used an annual hiring process to allocate new VJO specialist positions. Through this process they added 13 VJO specialists in 13 locations in fiscal year 2015. VA central office officials said that the process for hiring additional VJO specialists consists of collecting information from VA medical centers about the current clinical and administrative activities of VJO specialists, and about any imminent workload demands, including those attributable to a new veterans treatment court, to determine which VA medical centers receive additional

⁴³Justice for Vets, a division of the National Association of Drug Court Professionals, is a national membership and advocacy organization of veterans treatment courts that provides for the collection and dissemination of information, technical assistance, and mutual support to association members.

⁴⁴A veterans treatment court team typically consists of a judge, court coordinator, prosecutor, public defender, probation officer, and a VJO specialist. Veterans treatment courts and related programs rely heavily on VA for services and benefits provided to veterans.

specialist positions. In fiscal year 2015, 54 of the 167 VA medical centers requested 1 or more of the 13 new VJO specialist positions. However, VA central office officials, VJO specialists, and VISN officials acknowledged that despite additional positions, VJO specialists are at capacity and are not able to fully address the demand for VJO Program services.

VA central office officials also told us that they try to address the challenge of limited existing workload capacity by advising VJO specialists and VA medical center officials to avoid overcommitting program resources. For example, VA central office officials told us they advised VJO specialists that they should consider their existing workload and commitments before deciding to work with new veterans treatment courts or visit additional jails. Some VJO specialists we spoke with chose to focus on serving veterans in jails while others decided that serving those in veterans treatment courts was more effective. For example, VJO specialists and two criminal justice system officials in one area expressed concerns about the workload and resources associated with serving veterans treatment courts. In their view, a more cost-effective approach is to focus the program's efforts on providing case management to justice-involved veterans on probation.⁴⁵ However, VA central office officials acknowledge that without VA involvement, these courts likely would not function and proliferate. VJO specialists in five areas with veterans treatment courts told us they decided to prioritize working with veterans in treatment courts over incarcerated veterans given their workloads and because veterans participating in these courts are mandated to seek treatment. Specifically, veterans in these courts are generally held accountable for remaining in treatment for longer periods of time than those released from jails, which tends to produce more stable behavioral changes, according to these VJO specialists. A consequence, however, is that the specialists may see fewer veterans in veterans treatment courts or have less time to spend serving those in jails and other criminal justice settings, according to these VJO specialists we interviewed. In addition, almost every justice-involved veteran (13 of 14) we interviewed said that although they have benefitted from the program, VJO specialists do not frequent the jails enough to fully meet veterans' needs.

⁴⁵Case management may include referrals and direct assistance in establishing linkages with needed VA and community programs, and providing mentoring and crisis intervention if a veteran's treatment plan is not progressing smoothly.

VA central office officials we interviewed also said they recognize that demand for the VJO Program could increase beyond existing capacity if its Veterans Re-entry Search Service becomes more widely used by jail administrators. VA developed the Veterans Re-entry Search Service in 2013 to meet a key strategic goal to identify justice-involved veterans more effectively. This online system improves the jails' identification process compared with the self-identifying process currently used by most jail administrators. According to VA central office officials, jail administrators who are using the self-identification process are reporting a much smaller percentage of veterans. For example, an administrator in one local jail reported that 23 inmates self-identified as veterans, but the Veterans Re-entry Search Service revealed that there were 64 incarcerated veterans in the jail during the same time-period. In another jail system, the administrator reported that 220 inmates self-identified as veterans, but the online search revealed there were 400 incarcerated veterans.

VA central office officials we interviewed recognize the risk the Veterans Re-entry Search Service poses to existing capacity. VA central office officials told us they plan to promote the new system to jail officials in small phases because they recognize that this system may overtax existing program capacity. VA central office officials told us that they decided to initially promote VA's new system to 180 of the largest jails rather than roll it out to jail systems (over 3,000 in the United States) so as to avoid overwhelming VJO specialists with an unmanageable influx of new veterans. Once VA completes its outreach to these larger jail systems, it plans to promote the service to other jail systems, and VA central office officials expect about 1,000 jails to eventually use the service.

In addition to challenges related to capacity, VJO specialists and VISN officials in several of our selected areas told us that shortages in clinical programs—especially residential drug treatment programs—can be a challenge because it limits treatment options for veterans. They also reported challenges associated with shortages in public housing and public transportation, the latter of which can impede veterans' ability to readily attend court and medical appointments for treatment. These capacity challenges include:

- **Limited capacity in residential substance abuse programs.** VJO specialists and VISN officials in several of our selected areas reported that the high demand for residential substance abuse treatment—which provide appropriate housing to facilitate sobriety—limits the

extent to which these programs are a viable option for justice-involved veterans. When openings are unavailable, VJO specialists said they refer veterans to the next best available treatment option. However, officials from one of the veterans treatment courts we interviewed said the next best available treatment option may not always fully meet a veteran's treatment needs. For example, officials we interviewed at one veterans treatment court said that a veteran in the program has a heroin addiction and has tested positive for drug use. Thus, they would expect this veteran to be in a residential substance abuse treatment program, which provides greater monitoring. In this case, however, VA has recommended out-patient substance abuse treatment due to limited availability of residential slots.

- **Limited housing options for sex offenders.** VJO specialists and VISN officials in several of our selected areas also reported that housing options available for individuals who are required to register as sex offenders are limited. VA central office officials said that they are aware of this issue, which cuts across many of VA's homeless programs.
- **Limited public transportation options.** VJO specialists and VISN officials in several of our selected areas also reported that many justice-involved veterans—some of whom have lost their driving licenses due to their offenses—rely on public transportation to take them to court and VA- or community-provided treatment. VJO specialists told us that the public transportation can be slow, limited, or nonexistent. For example, VJO specialists in one area we visited said it can take a full day for a veteran to travel to and from treatment. VJO specialists in another rural location said they have tried to address this challenge by hiring veterans who have received VJO Program assistance to help drive other veterans to their medical appointments.

VA Has Not
Comprehensively
Assessed Program Risks,
which Would Allow It to
Develop Strategies to
Mitigate Their Effects

VA has not performed a comprehensive assessment of risks posed by the challenges the VJO Program faces, which is inconsistent with federal standards for internal control and one component of effective program management.⁴⁶ These standards call for agencies to both identify all relevant risks and analyze risks that may prevent them from achieving their goals. Further, this assessment should include an estimation of a risk's significance, an examination of the likelihood of any risk's occurrence, and a decision as to what actions should be taken to manage the risk. Risk assessment is important because it also informs an entity's policies, planning, and priorities. Without understanding risks, an agency may not be able to set appropriate policies, plans, and priorities because it would not be able to account for events that can adversely affect its ability to implement its objectives.

In 2014, VHA leadership requested that each homelessness prevention program, including the VJO Program, identify risks that may affect veterans' access to VA supports and services and identify possible actions that could be taken to mitigate those risks. To identify risks, VJO Program central office officials examined their broad strategic goals. In an October 2014 assessment report, VJO Program officials identified six risks.⁴⁷ Identified risks included, for example, lack of an automated interface between the Veterans Re-entry Search Service and correctional facilities' information technology systems to identify incarcerated veterans; reassignment of VJO specialists to other programs by VA medical centers; and prioritizing clinical services for veterans already receiving treatment over new justice-involved veterans by VA medical centers, thus limiting timely access to appropriate services.

VA central office officials, as part of this 2014 effort, also estimated the significance and likelihood of the risks, consistent with federal standards for internal control. For example, regarding the significance if VA medical centers were to de-prioritize outreach to veterans, VA found that the program's relationship with its criminal justice system partners could be weakened and justice-involved veterans may suffer. In addition, the assessment indicated actions VA would take to address each of the six

⁴⁶GAO, *Standards for Internal Control in the Federal Government*, [GAO/AIMD-00-21.3.1](#) (Washington, D.C.: November 1999).

⁴⁷In June 2014, VA central office officials produced an initial risk assessment, which they updated in October 2014.

identified risks, such as collecting additional information to monitor identified risks.

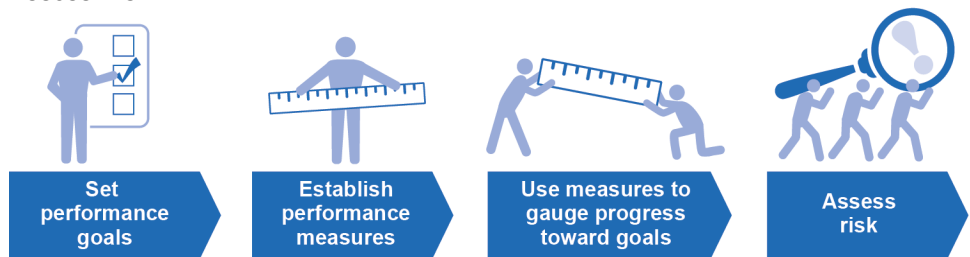
VA did not, however, identify or analyze the risks posed by each one of the challenges identified in its strategic plan. Notably absent were the workload challenges facing the VJO Program. VA central office officials we interviewed acknowledged that the challenges identified in the strategic plan still exist and could affect the operations of the program. VA expects the VJO Program's workloads to increase and its funding and workforce to remain level, raising questions about how VA can best deploy its resources and align its policies to best meet increasing demand. Not identifying all relevant risks limits VA's ability to effectively compare and prioritize risks faced by the program.⁴⁸

In addition, VA's lack of performance goals, as previously discussed, negatively affects its ability to effectively identify and assess risk. As demonstrated in our previous work,⁴⁹ federal standards for internal control state that a precondition to risk assessment is the establishment of clear performance goals (see fig. 7). Translating its broad strategic goals into measurable performance goals would allow VA to target the risks that may impede achievement of the program's objectives.

⁴⁸Federal standards for internal control call for agencies to clearly document any internal controls, which can be done through the development of a plan. The standards also state that the attitude and philosophy of management toward control operations can have a major effect on internal control. See [GAO/AIMD-00-21.3.1](#).

⁴⁹See the following reports for examples of agencies that had not translated high-level strategic goals into measurable performance goals to assess and mitigate risks: GAO, *Telecommunications Relay Service: FCC Should Strengthen Its Management of Program to Assist Persons with Hearing or Speech Disabilities*, [GAO-15-409](#) (Washington, D.C.: April 29, 2015); *Risk Management: Further Refinements Needed to Assess Risks and Prioritize Protective Measures at Ports and Other Critical Infrastructure*, [GAO-06-91](#) (Washington, D.C.: Dec. 15, 2005); and [GAO/AIMD-00-21.3.1](#).

Figure 7: Defining Measurable Program Goals and Performance Measures to Assess Risk



Source: GAO. | GAO-16-393

VA plans to conduct another risk assessment as part of its upcoming strategic planning efforts, using the same methodology it used in its risk assessment in 2014. As VA completes future assessments, it is important that the agency incorporates all of the elements of risk assessment detailed in federal standards for internal control, including identifying all relevant risks posed to achieving performance goals. Lacking comprehensive risk assessments may limit VA's ability to target areas posing the greatest risks and, in turn, develop appropriate mitigation strategies.

Conclusions

Perhaps some of the most challenging veterans to serve in this country are veterans who have committed a crime or other offense and who face significant long-term consequences for their actions. If VA intervention is timely and targeted, then these justice-involved veterans and their families have a better chance to avoid a detrimental future. A relatively new VA program, the VJO Program is designed to help justice-involved veterans—who often have high rates of mental illness, substance abuse, and other issues that may stem from their military service—avoid re-incarceration and homelessness. In designing the program, VA intended for support to respond to local conditions. While this flexibility can help the program cater to veterans' needs in local communities, VA lacks a complete national perspective necessary to strategically manage the program. We are encouraged that VA has taken some initial steps toward assessing program performance and risks. However, as VA moves forward, it is especially important that the agency fully incorporate key practices for assessing performance and risks to strategically guide program decisions. Incorporating these key practices will allow VA to compare the program's actual performance against expected results and comprehensively assess risks to develop appropriate mitigation strategies. More specifically, without developing a national perspective

that comprehensively considers program performance and the greatest risks to the program's goals, VA cannot fully target its resources toward efforts that achieve the intended results. As a result, justice-involved veterans may not receive the proper supports and services needed to re-establish healthy lives and avoid re-incarceration. If this lack of a national perspective persists, it will be difficult for VA to know whether its resources are being used to serve justice-involved veterans in the best manner possible.

Recommendations for Executive Action

To improve management of the Veterans Justice Outreach Program, we recommend that the Secretary of Veterans Affairs direct the Undersecretary for Health to take the following two actions:

1. Establish performance goals with specific targets, time frames, and related performance measures that are linked to strategic goals to provide a basis for comparing actual program performance against expected results; and
2. Conduct a comprehensive assessment of the risks that challenges pose to achieving the program's strategic and performance goals, and develop, as necessary, applicable mitigation strategies.

Agency Comments

We provided a draft of this report to the Department of Veterans Affairs (VA) for review and comment. In written comments, which are reproduced in appendix III, VA agreed with our recommendations and noted steps it plans to take to address them. Specifically, VA agreed to develop a plan linking VJO Program strategic goals with performance goals that sets specific targets at the VA medical center level. With regard to risk assessment, VA agreed to conduct a comprehensive assessment of risks using federal standards for internal control and begin collecting information from VA medical centers about workload challenges to fully inform any efforts to redefine how it delivers services. VA did not provide technical comments.

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

If you or your staff have any questions about this report, please contact me at (202)-512-7215 or bertonid@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 major contributions to this report are listed in appendix IV.



Daniel Bertoni
Director, Education, Workforce, and Income Security Issues

Appendix I: Objectives, Scope, and Methodology

The objectives of this review were to examine: (1) how the Veterans Justice Outreach (VJO) Program delivers services, and the number and characteristics of veterans served by the program; (2) the extent the Department of Veterans Affairs (VA) has used performance assessment to help manage the Veterans Justice Outreach Program; and (3) what key challenges, if any, VA has identified and to what extent the agency has developed mitigation strategies, as necessary.

To address all three objectives, we conducted semi-structured interviews and reviewed documentation from nine areas served by VA medical centers. These areas are: (1) Baltimore, Maryland; (2) Bedford, Massachusetts; (3) Chicago, Illinois; (4) Fargo, North Dakota; (5) Houston, Texas; (6) Orlando, Florida; (7) Salt Lake City, Utah; (8) San Diego, California; and (9) Seattle, Washington. For all nine areas we conducted interviews with VJO specialists and Veterans Integrated Service Network (VISN) officials responsible for overseeing the VA medical centers included in our review. In addition, for three of these areas—Baltimore, Maryland; Orlando, Florida; and San Diego, California¹—we also interviewed VA medical center officials; local criminal justice system stakeholders, including court coordinators and judges, and jail administrators; and held discussion groups with a small nonprobability sample of veterans participating in the VJO Program.² The interviews we conducted with officials and stakeholder at the nine areas are nongeneralizable but provided insights on the challenges facing the program and its operations. We also interviewed relevant VA central office officials.

¹We conducted our interviews in person in Baltimore and San Diego. Due to inclement weather which prevented our travel, we conducted our interviews with Orlando via teleconference. While we were not able to observe a veterans treatment court in Orlando, we were able to speak with veterans who participated in the Orlando court. As an alternative, we observed a veterans treatment court in Fairfax, Virginia.

²VJO specialists in Baltimore, Orlando, and San Diego referred us to veterans who were participating in the Veterans Justice Outreach Program.

Selection Criteria for Areas Served by VA Medical Centers in our Review

We selected the nine areas in our review based on the size of the population of veterans in the area, geographic diversity, VA officials' recommendations, and proximity to veterans treatment courts.³ (See table 2.) Specifically:

- To identify areas with veterans treatment courts, we obtained a list of veterans treatment courts from Justice for Vets, an organization that advocates on behalf of veterans treatment courts. We considered a VA medical center to be located near a veterans treatment court if the court is located in the same state and is within 40 miles of the center. Our selection process included some VA medical centers located near a court and some which were not.
- We obtained information about the population of veterans from VA's Veteran Population Projection Model 2014, an actuarial model developed by VA. This model projects the veteran population from fiscal years 2014 through 2043 by using data through fiscal year 2013. We used this model to select VA medical centers in counties with varying numbers of veterans, ranging from approximately 11,000 (in Cass County, North Dakota, which includes Fargo) to 232,000 (in San Diego, California).

³We also interviewed VJO specialists in San Francisco, California early in this review to learn about the program and to explore potential methodologies.

Table 2: Selected Characteristics of Areas Served by VA Medical Centers in Our Review

	County-level veteran population in fiscal year 2013 ^a	Geography	Recommended by VA central office officials	Veterans treatment court
Areas where we interviewed VJO specialists and VISN officials				
Bedford, Massachusetts	73,408	Northeast		x
Chicago, Illinois	207,586	Midwest		x
Fargo, North Dakota	10,540	Upper Midwest		
Houston, Texas	190,829	Southwest		x
Salt Lake City, Utah	50,388	Mountain	x	x
Seattle, Washington	120,816	Pacific		x
Areas where we interviewed VJO specialists, VISN officials, criminal justice system stakeholders, and veterans^b				
Baltimore, Maryland	61,139	Northeast		
Orlando, Florida	70,100	Southeast	x	x
San Diego, California	231,664	Pacific		x

Source: GAO. | GAO-16-393

^aThe population data are for the counties associated with the areas served by the VA medical centers in our review. For example, the data represent the veteran population for Cook County, Illinois rather than the city of Chicago.

^bWe selected these areas based on their general reflection of the overall criteria used to select all 9 areas.

In addition we used these cross-question methodologies:

- To better understand how the VJO Program delivers services to veterans, we reviewed relevant federal laws and regulations, VA policies, procedures, guidance, program fact sheets, the VJO Program’s fiscal year 2012-2016 strategic plan, documents from VJO specialists, and other types of documentation that describe the types of program activities and services used to serve justice-involved veterans. We did not independently verify the actions described in such documents. To describe the number and characteristics of the veterans served by the VJO Program, we obtained data from VA.⁴ This data included summary information on the number of veterans in

⁴We obtained data from VA’s Homeless Operations Management Evaluation System (HOMES)—used to track veterans in VA’s homelessness prevention programs—and the Computerized Patient Record System, which contains the medical records of veterans that VA is serving.

the program from fiscal year 2012 through fiscal year 2015 (the most recent data available) as well as sex, age, race, and types of criminal offense.⁵ We also obtained fiscal year 2015 data from VA about veterans' education level, marital status, the number of years since the veterans separated from the military, and mental health status. We determined that VA's compilation of data about veterans served by the VJO Program was sufficiently reliable to include in our report by reviewing related documentation and interviewing knowledgeable agency officials. Specifically, we obtained and assessed official documentation such as users' guides, frequently asked questions, and disclaimers, and we discussed our planned use of the data and any limitations with VA officials.

- We assessed the degree to which VA uses program performance assessment—setting program goals, evaluating programs and using performance measures—to manage the VJO Program by reviewing VA reports and documents, including the program's fiscal year 2012-2016 strategic plan, which is the most recent plan; program evaluation plans and preliminary results; and reports on veteran receipt of program services. We also interviewed VA central office officials and other knowledgeable individuals about VA's current efforts to evaluate the VJO Program and about the program's goals and efforts to measure progress toward those goals. We compared VA's use of performance assessment against best practices for assessing program performance and federal standards for internal control.⁶

⁵VJO Program data were not available for fiscal years 2010 and 2011. VA's first year of reporting program operations was fiscal year 2012.

⁶We have previously stated that performance goals and measures are important management tools that can serve as leading practices for planning at lower levels within federal agencies, such as individual programs or initiatives. For example, see GAO, *Environmental Justice: EPA Needs to Take Additional Actions to Help Ensure Effective Implementation*, [GAO-12-77](#) (Washington, D.C.: Oct. 6, 2011); *Federal Prison System: Justice Could Better Measure Progress Addressing Incarceration Challenges*, [GAO-15-454](#) (Washington, D.C.: July 19, 2015); *DHS Training: Improved Documentation, Resource Tracking, and Performance Measurement Could Strengthen Efforts*, [GAO-14-688](#) (Washington, D.C.: Sept. 10, 2014); *Program Evaluation: Strategies to Facilitate Agencies' Use of Evaluation in Program Management and Policy Making*, [GAO-13-570](#) (Washington, D.C.: June 26, 2013); *Performance Measurement and Evaluation: Definitions and Relationships*, [GAO-11-646SP](#) (Washington, D.C.: May 2011); *Managing for Results: Enhancing Agency Use of Performance Information for Management Decision Making*, [GAO-05-927](#) (Washington, D.C.: Sept. 9, 2005); *Standards for Internal Control in the Federal Government*, [GAO/AIMD-00-21.3.1](#) (Washington, D.C.: November 1999).

- We obtained information on the challenges and VA’s respective mitigation strategies by reviewing VA documents, including a 2014 report assessing program risks. We also interviewed VA central office officials about the challenges and associated risks, how they are addressing the challenges, and what strategies, if any, they have developed to mitigate risks to achieving the program’s goals. We compared VA’s approach for assessing risks with criteria established in the federal standards for internal control.⁷ Specifically, we chose to use risk assessment—one of five key components in standards for internal control—because analyzing risk provides the basis for developing appropriate mitigation strategies. We also obtained data from VA on the number of veterans treatment courts and other veteran-focused courts the VJO Program serves, and on the number of full-time VJO specialists from fiscal year 2012 through fiscal year 2015. We compared this list of veterans treatment courts with other authoritative sources and discussed any limitations with VA. We found this number to be sufficiently reliable for our purposes.

⁷Internal controls are the plans, methods, policies, and procedures that an entity uses to fulfill its mission, strategic plan, goals, and objectives. [GAO/AIMD-00-21.3.1](#) (Washington, D.C.: November 1999). The most recent version of these standards was issued in September 2014. *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 10, 2014). These new standards became effective Oct. 1, 2015. We used the previous version of the standards because we began our audit work prior to Oct. 1, 2015.

Appendix II: Demographics of Veterans Served by the VJO Program during Fiscal Year 2015

Table 3 provides data from VA's Homeless Operations Management and Evaluation System. The selected demographics of veterans include characteristics, military history, criminal justice system involvement, living situation, employment and income, and clinical impression of veterans served by the VJO program during fiscal year 2015.

Table 3: Selected Demographics of Veterans served by the Veterans Justice Outreach (VJO) Program during Fiscal Year 2015

		Number
Number of veterans served by the program		9,528
Veterans' characteristics		
Gender	Percent	Number
Male	94.9	9,038
Female	5.1	489
Age at intake	Percent	Number
18-24	2.4	224
25-34	32.2	3,064
35-44	17.1	1,631
45-54	20.7	1,975
55-64	20.5	1,955
65 and older	7.1	676
Race/ethnicity	Percent	Number
African American	23.2	2,339
White	64.4	6,495
Hispanic	9.0	903
American Indian/Alaskan	2.3	230
Asian	0.6	57
Hawaiian/Pacific Islander	0.5	55
Marital status	Percent	Number
Married/Partnered	24.0	2,236
Widowed	2.4	226
Separated	11.6	1,078
Divorced	35.3	3,286
Never married	26.8	2,494
Education attainment	Percent	Number
less than high school	0.8	73
High school diploma	43.6	3,782
Associate degree or some college	44.7	3,880
Bachelor degree	7.9	683

**Appendix II: Demographics of Veterans Served
by the VJO Program during Fiscal Year 2015**

Graduate degree or professional	3.0	262
Military history		
Number of years veteran separated from military service	Percent	Number
less than 3 years	15.2	1,448
3-5 years	14.1	1,344
6-10 years	14.7	1,404
11-20 years	13.0	1,239
21 years or longer	43.0	4,093
Branch of military (served in the longest)^a	Percent	Number
Army	57.4	5,399
Navy	16.7	1,573
Marines	16.7	1,567
Air Force	8.5	797
Coast Guard	0.7	70
Component of the Military	Percent	Number
Active Duty	90.7	8,515
National Guard	6.1	572
Reserves	3.2	300
Military service era	Percent	Number
Pre-World War II (1941 and earlier)	0.0	0
World War II (1942 - 1946)	0.0	2
Pre-Korean Conflict (1947 - 1948)	0.0	0
Korean Conflict (1949 - 1954)	0.1	9
Pre-Vietnam (1955 - 1960)	0.3	26
Vietnam (1961 - 1974)	11.4	1,066
Pre-Persian Gulf War (1975 -1990)	30.5	2,838
Persian Gulf War (1991 - 2001)	15.1	1,407
Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (2002 - Present)	42.6	3,966
Veterans reporting service in theatres of operations of military interventions	Percent	Number
World War II	0.2	15
Korean War	0.2	20
Vietnam	9.1	869
Persian Gulf War (Desert Storm)	10.2	972
Afghanistan (Operation Enduring Freedom)	16.6	1,581
Iraq (Operation Iraqi Freedom)	25.7	2,447
Iraq (Operation New Dawn)	3.9	368
Other peace keeping or military intervention (Bosnia, Kosovo, Lebanon, Panama, Somalia)	7.0	665
Combat veteran (receive hostile or friendly fire in a combat zone)	Percent	Number

**Appendix II: Demographics of Veterans Served
by the VJO Program during Fiscal Year 2015**

Yes	44.6	4,095
No	55.4	5,081
Involvement in criminal justice system		
Type of offense	Percent	Number
Violent offense	26.9	2,437
Property offense	15.9	1,438
Drug offense	21.8	1,971
Public order offense	32.5	2,944
Probation violation	12.6	1,145
Other	11.0	993
Other involvements	Percent	Number
Driving Under the Influence	26.9	2,433
Domestic dispute	18.6	1,681
Child support orders	7.5	676
Living situation		
Housing status	Percent	Number
Homeless	21.9	2,084
Imminent risk of losing housing	5.9	559
Unstably housed	13.0	1,238
Stably housed	56.2	5,353
Don't know	3.1	292
Employment and income		
Three year employment pattern	Percent	Number
Full time	21.1	1,810
Part-time or irregular	18.0	1,542
Compensated work therapy/Vocational training	0.5	44
Student	3.8	325
Military service	2.4	210
Retired /Disabled	32.6	2,800
Unemployed	19.7	1,693
Controlled environment (hospitalized or incarcerated)	1.8	156
Income during past 30 days	Percent	Number
Any income	60.9	5,802
Employment income	19.2	1,832
Compensation income ^b	33.4	3,187
Pension income	7.7	732
Disability income	13.5	1,282
Other income	6.0	567

**Appendix II: Demographics of Veterans Served
by the VJO Program during Fiscal Year 2015**

Clinical impressions		
Psychiatric indicators during assessment	Percent	Number
Psychiatric problems	67.7	6,445
Serious mental illness	13.2	1,257
Alcohol use problem	51.9	4,942
Drug use problem	38.6	3,680
Any substance use problem	69.0	6,572
Psychiatric and substance use problems	47.4	4,512
Serious mental illness and substance use problems	9.2	878
Either psychiatric or substance use problems	89.3	8,505
Past psychiatric hospitalization	37.0	3,525

Source: GAO Analysis of Department of Veterans Affairs Data. | GAO-16-393

^aThe Army is the largest branch of the U.S. military. VA data show that, as of September 30, 2015, approximately 10 million veterans served in the Army, 4.4 million served in the Navy, 3.5 million served in the Air Force, and 2.6 million served in the Marine Corps.

^bCompensation income includes, but is not limited to, veteran's service-connected compensation and worker's compensation.

Table 4 provides data on the number of justice-involved veterans by states and the District of Columbia, who were served by the VJO Program during fiscal year 2015. The highest concentrations of justice-involved veterans were in Florida (1,433), California (1,202), Ohio (1,062), Texas (991), and New York (886).

**Appendix II: Demographics of Veterans Served
by the VJO Program during Fiscal Year 2015**

Table 4: Number of Justice-Involved Veterans Served by the Veterans Justice Outreach (VJO) Program, by State and the District of Columbia, in Fiscal Year 2015

State	Number of justice-involved veterans	State	Number of justice-involved veterans
Alabama	430	Montana	56
Alaska	42	Nebraska	74
Arizona	681	Nevada	275
Arkansas	318	New Hampshire	75
California	1,202	New Jersey	53
Colorado	402	New Mexico	92
Connecticut	201	New York	886
Delaware	73	North Carolina	221
District of Columbia	175	North Dakota	36
Florida	1,433	Ohio	1,062
Georgia	311	Oklahoma	196
Hawaii	54	Oregon	132
Idaho	64	Pennsylvania	797
Illinois	533	Rhode Island	85
Indiana	181	South Carolina	50
Iowa	376	South Dakota	140
Kansas	20	Tennessee	688
Kentucky	193	Texas	991
Louisiana	208	Utah	209
Maine	50	Vermont	95
Maryland	141	Virginia	215
Massachusetts	473	Washington	464
Michigan	667	West Virginia	179
Minnesota	403	Wisconsin	267
Mississippi	190	Wyoming	117
Missouri	392		

Source: GAO analysis of Department of Veterans Affairs data. | GAO-16-393

Appendix III: Comments from the Department of Veterans Affairs



DEPARTMENT OF VETERANS AFFAIRS
Washington DC 20420

April 11, 2016

Mr. Daniel Bertoni
Director
Education, Workforce,
and Income Security
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Mr. Bertoni:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office's (GAO) draft report, "**VETERANS JUSTICE OUTREACH PROGRAM: VA Could Improve Management by Establishing Performance Measures and Fully Assessing Risks**" (GAO-16-393). VA agrees with GAO's conclusions and concurs with GAO's recommendations to the Department.

The enclosure sets forth the action to be taken to address the GAO draft report recommendation.

Sincerely,


Robert D. Snyder
Chief of Staff

Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
***“VETERANS JUSTICE OUTREACH PROGRAM: VA Could Improve Management
by Establishing Performance Measures and Fully Assessing Risks”***
(GAO-16-393)

GAO Recommendation: To improve management of the Veterans Justice Outreach Program, GAO recommends that the Secretary of the Department of Veterans Affairs direct the Undersecretary of the Veterans Health Administration to take the following two actions:

Recommendation 1: Establish performance goals with specific targets, time frames, and related performance measures that are linked to strategic goals to provide a basis for comparing actual program performance against expected results.

VA Comment: Concur. The Veterans Health Administration’s Veterans Justice Outreach (VJO) program office will develop a plan linking existing strategic goals with performance goals that sets specific targets at the VA medical center (VAMC) level. Targets will be developed based on local conditions at each VAMC. Existing clinical and administrative data sources will be used to measure local performance. Target Completion Date: September 2016.

Recommendation 2: Conduct a comprehensive assessment of the risks that challenges pose to achieving the program’s strategic and performance goals and develop, as necessary, applicable mitigation strategies.

VA Comment: Concur. The VJO program office will revise the risk assessment conducted on the VJO program in October 2014, using the Federal standards for internal control referenced in GAO’s draft report. VA has identified, and GAO confirmed, that existing VJO resources are at capacity. To fully understand the risk posed in each community, VJO will request an assessment of capacity and encourage VAMCs to submit requests for needed resources. VJO does not have financial resources to meet increased staff demand, but this process will inform our understanding of the need in the field and help redefine how services are delivered in the community. Target Completion Date: September 2016.

Appendix IV: GAO Contact and Staff Acknowledgments

GAO Contact

Daniel Bertoni, (202) 512-7215 or bertonid@gao.gov

Staff Acknowledgments

In addition to the contact mentioned above, the following staff members made significant contributions to this report: Brett Fallavollita (Assistant Director), James Whitcomb (Analyst in Charge), Hedieh Fusfield, and John Lack. In addition, key support was provided by James Bennett, Joy Booth, Valarie Caracelli, David Chrisinger, Alexander Galuten, Benjamin Licht, Amy Moran Lowe, Paul Schearf, Stephanie Shipman, Almeta Spencer, and Andrew Stavisky.

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