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PREPARED STATEMENT

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COMMANDER JOHN SCOTT HANNON VETERANS MENTAL HEALTH CARE

IMPROVEMENT ACT OF 2019 (PUBLIC LAW NO: 116-171)

BEFORE THE

SENATE COMMITTEE ON VETERANS' AFFAIRS

March 24, 2021

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Chairman Tester, Ranking Member Moran, and members of the Committee, thank you for the opportunity to testify before you today, along with our colleagues from the Department of Veterans Affairs (VA).

The Department of Defense (DoD) is committed to providing the highest level of mental health care to Service members and Veterans. Toward this effort, DoD supports the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019. Like you, we are steadfast in our commitment to ensuring that those who serve our Nation receive timely and quality health care, including care to addressing their mental health needs, and access to suicide prevention resources. Certainly this is of even greater importance now given the coronavirus pandemic. During this time, Service members and Veterans may be experiencing heightened feelings of stress, anxiety, uncertainty, and disconnectedness. For some, such experiences can be associated with an increased risk for suicide. Like our colleagues from the VA, we are closely monitoring the potential impacts on the well-being of our Service members and families, and have been taking proactive measures since the start of the pandemic to support our military community. We look forward to discussing the Department's collaboration with the VA to implement provisions of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 to ensure transitioning Service members and Veterans have seamless access to mental health care and suicide prevention resources.

Today, the Department will provide an update to the Committee on six sections of this Act. The first, Section 101, directs the creation of a strategic plan on expansion of health care coverage for veterans transitioning from service in the Armed Forces. The second Section 102, calls for a review of records of former members of the Armed Forces who die by suicide within one year of separation from the Armed Forces. The third, Section 405, pertains to the joint

mental health programs by the VA and DoD. The fourth, Section 302, directs the establishment of a clinical provider treatment toolkit and accompanying training materials for comorbidities by the VA, in consultation with DoD. The fifth, Section 303, calls for an update of clinical practice guidelines for assessment and management of patients at risk for suicide. The sixth, Section 304, requires the establishment of clinical practice guidelines for the treatment of serious mental illness by VA, in consultation with DoD and the Secretary of Health and Human Services.

The Department regularly and closely collaborates with the VA on matters related to Service members' and veterans' mental health. In January 2021, the Department joined with the VA in a newly formed, inter-agency Integrated Project Team (IPT) to support VA's response to Section 101. The Section 101 IPT is established to determine metrics for success, project increased demand of care against current availability and what level of expansion is required for successful delivery, perform enrollment analysis, provide input on communication to Veterans and reduce barriers to seeking mental health services, and identify points of integration throughout the Veterans Health Administration, Veterans Benefits Administration, and DoD that will inform the overall strategic plan. The outcome of this work will be reviewed by senior leaders in both Departments and delivered within the legislatively directed timeline.

Section 102 states that DoD and VA shall jointly review the records of each former member of the Armed Forces who died by suicide within one year following the discharge or release of the former member from active military, naval, or air service during the five-year period preceding the date of the enactment of this Act. The DoD and VA respective collaboration offices – the DoD/VA Collaboration Office within DoD and VA's Interagency Collaboration Office – are currently making progress to develop the inter-agency working group structures to fulfill this requirement. The Department is committed to executing this important

effort in partnership with VA and is currently working to ensure the appropriate infrastructure and other resources are in place for success.

The Department joined with the VA to form an inter-agency work group in response to Section 405 of the Act, which (a) established a new annual report on all VA and DoD mental health programs, including transition and secondary programs that support mental health, such as employment, housing assistance, and financial literacy programs; (b) asked to identify any areas for potential joint programming to improve mental health care at VA and DoD, and (c) directed evaluation of efforts to create a joint Intrepid Spirit Center at a location that is geographically distinct from already existing and planned Spirit Centers, may be located in a rural or highly rural area, is on an installation of DoD or property of a VA Medical Center, and potentially involves private or philanthropic entities in carrying out the activities of the center.

The work group completed planning sessions to discuss the requests and identify the specific information required to address each request. We solicited and received feedback from key stakeholders and subject matter experts and are currently formulating a response. We remain on schedule to meet the established timeline for completion.

Sections 302, 303, and 304 call for VA and DoD collaboration in the establishment of a clinical provider treatment toolkit and accompanying training materials for comorbidities, on an update to the VA/DoD CPG for Assessment and Management of Patients at Risk for Suicide that: 1) considers gender-specific factors; and 2) includes guidance with respect to the efficacy of certain alternative therapies, such as meditation and animal therapy, and 3) to publish a CPG on serious mental illness. VA and DoD are developing the comorbidities toolkit and most effective catalog of training opportunities. The VA/DoD CPG on Suicide Risk was most recently updated in 2019 with accompanying provider and patient toolkits. Gender considerations were included

and will continue to receive attention in future updates. DoD will continue to collaborate with our colleagues at VA to develop two CPGs on serious mental illness: an update to an archived CPG on bipolar disorder, and a new CPG on schizophrenia and schizoaffective disorder.

We are grateful for the opportunity to speak with you today and discuss the Department's efforts, in collaboration with VA, to support our Service members and Veterans, including various resources, support, and care to addressing their mental health and well-being, among other needs. We are also happy to discuss other mental health and clinical and non-clinical suicide prevention efforts underway, including new promising practices we are piloting based on research advances from the civilian sector. Supporting our military and Veteran communities, particularly during these unprecedented times, is paramount. We acknowledge we have more work to do, and more progress to make. We take this charge very seriously. Our efforts will continue to address the many aspects of life that impact mental health and suicide, and we are committed to addressing these challenges comprehensively.

Thank you for the opportunity to provide further detail on DoD efforts in support of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019. We also thank the members of this Committee for your commitment to the men and women of our Armed Forces, our Veterans, and the families and communities who support them.