

**STATEMENT OF  
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SECRETARY OF VETERANS AFFAIRS  
BEFORE THE  
SENATE COMMITTEE ON VETERANS' AFFAIRS  
SEPTEMBER 27, 2017**

Good morning, Chairman Isakson, Ranking Member Tester, and distinguished Members of the Committee. Thank you for the opportunity to discuss the Department of Veterans Affairs' (VA) suicide prevention programs, including the implementation of the Clay Hunt Suicide Prevention for American Veterans (SAV) Act (Public Law 114-2). I am accompanied today by Dr. David Carroll, Executive Director, Office of Mental Health and Suicide Prevention.

**Introduction**

Recent research suggests that 20 Veterans die by suicide each day, putting Veterans at even greater risk than the general public. VA is committed to ensuring the safety of our Veterans, especially when they are in crisis. Losing one Veteran to suicide shatters their family, loved ones, and caregivers. Veterans who are at risk or reach out for help must receive assistance when and where they need it in terms that they value. Our commitment is to do everything possible to prevent suicide among the Veterans we serve and to reach all Veterans through partnerships and collaboration.

September is Suicide Prevention Month. VA is closely working with the Department of Defense (DoD) and other stakeholders, including families who have lost loved ones to suicide, to do everything we can to be there for Veterans to prevent suicide. We have held a month of facility Suicide Prevention Declaration signings.

Veterans Service Organizations (VSO) participated in the declaration signing at the Suicide Prevention Advisory Group meeting. We are also partnering with the Substance Abuse and Mental Health Services Administration to establish Mayor Challenge programs in seven communities and local outreach and partnership activities in 20 more. VA's Readjustment Counseling Service, Canteen Service, Pharmacy, Chaplains, and many other programs are all playing a role in supporting Suicide Prevention Month and our on-going initiative so we connect with Veterans in as many different ways as possible.

### **Suicide Prevention Overview**

VA has developed the largest integrated suicide prevention program in the country. We have over 1,100 dedicated and passionate employees, including Suicide Prevention Coordinators, Mental Health providers, Veterans Crisis Line staff, epidemiologists, and researchers, who spend each and every day working on suicide prevention efforts and care for our Veterans. Screening and assessment processes have been set up throughout the system to assist in the identification of patients at risk for suicide. VA also has developed a chart "flagging" system to ensure continuity of care and provide awareness among providers about Veterans with known high risk of suicide. Patients who have been identified as being at high risk receive an enhanced level of care, including missed appointment follow ups, safety planning, weekly follow-up visits, and care plans that directly address their suicidality.

We also have two centers devoted to research, education, and clinical practice in the area of suicide prevention. VA's Veterans Integrated Service Network (VISN) 2

Center of Excellence in Canandaigua, New York, develops and tests clinical and public health intervention strategies for suicide prevention. VA's VISN 19 Mental Illness Research Education and Clinical Center in Denver, Colorado, focuses on: (1) clinical conditions and neurobiological underpinnings that can lead to increased suicide risk; (2) the implementation of interventions aimed at decreasing negative outcomes; and (3) training future leaders in the area of VA suicide prevention.

Every Veteran suicide is a tragic outcome, regardless of the numbers or rates; one Veteran suicide is too many. We continue to spread the word throughout VA that "Suicide Prevention Is Everyone's Business." The ultimate goal is to eliminate suicide among Veterans via strategic community partnerships, identification of risk, training, treatment engagement, effective treatment, lethal means education, research, and data science. Although we understand why some Veterans may be at increased risk, we continue to investigate and take proactive steps to understand all risk factors for all Veterans. VA's strategy for suicide prevention requires ready access to high-quality mental health services supplemented by programs designed to help individuals and families engage in care and to address suicide prevention as a public health issue for all Veterans.

Suicide prevention is VA's highest clinical priority. As part of VA's commitment to make resources, services, and technology available to reduce Veteran suicide, VA initiated Recovery Engagement and Coordination for Health Veterans Enhanced Treatment (REACH VET) in November 2016, and fully implemented it by February 2017. REACH VET uses a new predictive model to analyze existing data from Veterans' health records to identify those who are at a statistically elevated risk for

suicide, hospitalization, illnesses, and other adverse outcomes. Once a Veteran is identified, his or her mental health or primary care provider reviews the Veteran's treatment plan and current condition(s) to determine if any enhanced care options are indicated. The provider will then reach out to Veterans to check on their well-being and inform them that they have been identified as a patient who may benefit from enhanced care. This allows the Veteran to participate in a collaborative discussion about his or her health care, including specific clinical interventions to help reduce suicidal risk.

DoD and VA have a new joint effort to institute a public health approach to suicide prevention, intervention, and postvention using a range of medical and non-medical resources through data and surveillance, messaging and outreach, evidence-based practices, workforce development, and Federal and non-government organization partnerships. We know that 14 of the 20 Veterans who die by suicide on average each day did not receive care within VA in the past two years. We need to find a way to provide care or assistance to all of these individuals. Therefore, VA is expanding access to emergent mental health care for former Servicemembers with other than honorable (OTH) administrative discharges. This initiative specifically focuses on expanding access to assist former Servicemembers with OTH administrative discharges who are in mental health distress and may be at risk for suicide or other adverse behaviors. It is estimated that there are a little more than 500,000 former Servicemembers with OTH administrative discharges. As part of the initiative, former Servicemembers with OTH administrative discharges who present to VA seeking mental health care in emergency circumstances for a condition the former Servicemember

asserts is related to military service would be eligible for evaluation and treatment for their mental health condition.

VA has authority to furnish care for service-connected conditions for former Servicemembers with OTH administrative discharges if those individuals are not subject to a statutory bar to benefits. Individuals with OTH discharges may access the system for emergency mental health services by visiting a VA emergency room, outpatient clinic, or Vet Center or by calling the Veterans Crisis Line. Services may include assessment, medication management/pharmacotherapy, lab work, case management, psycho-education, and psychotherapy. We may also provide services via telehealth.

At VA, we have the opportunity and the responsibility, to anticipate the needs of returning Veterans. As they reintegrate into their communities, we must ensure that all Veterans have access to quality mental health care. To serve the growing number of Veterans seeking mental health care, VA has deployed significant resources and increased its staff for mental health services. The number of Veterans receiving specialized mental health treatment from VA has risen each year, from over 900,000 in fiscal year (FY) 2006 to more than 1.65 million in FY 2016.

We anticipate the need for VA to provide this level of mental health care will continue to grow for a decade or more after current operational missions have come to an end. VA has taken aggressive action to recruit, hire, and retain mental health professionals to improve Veterans' access to mental health care. As part of our ongoing comprehensive review of mental health operations, VA has considered a number of factors to determine additional staffing levels distributed across the system, including: Veteran population in the service area; the mental health needs of Veterans

in that population; and the range and complexity of mental health services provided in the service area.

Since there are no industry standards defining appropriate mental health staffing ratios, VA is setting the standard, as we have for other dimensions of mental health care. VA has developed a prototype staffing model for general mental health and is expanding the model to include specialty mental health. VA will build upon the successes of the primary care staffing model and apply these principles to mental health practices. VA has developed and implemented an aggressive recruitment and marketing effort to fill specialty mental health care occupations. Key initiatives include targeted advertising and outreach, aggressive recruitment of qualified trainees/residents to leverage against mission critical mental health vacancies, and providing consultative services to VISN and VA stakeholders.

Earlier this year VA announced plans to hire 1,000 additional mental health employees. VA expects to meet the goal of hiring 1,000 new mental health FTE by December and expects to continue hiring to meet the recommended levels beyond that date. This initiative began in January 2017. As of September 1, VA has hired 649 new mental health providers, including 173 psychiatrists, 198 psychologists, 118 social workers specifically in mental health, 87 mental health registered nurses, 39 counselors, and 34 in various other occupations.

VA is committed to working with public and private partners across the country to support full hiring to ensure that no matter where a Veteran lives, he or she can access quality, timely mental health care. VA is working with its partners to expand the ways it engages with Veterans through innovation, social media, and new technologies. VA is

also working within its facilities and with DoD, Service Organizations, and other partners to advance and promote lethal means safety.

### **Clay Hunt SAV Act Implementation**

Since its enactment in 2015, VA has been aggressively implementing the Clay Hunt SAV Act, as amended, participating in a third party evaluation of mental health programs, developing a publicly available resource tool, and fostering an abundance of public and private partnerships, all in support of VA's goal to eliminate Veteran suicide.

VA has contracted with an independent evaluator to conduct an evaluation of the VA mental health and suicide prevention programs to determine the effectiveness, cost effectiveness and Veteran satisfaction with VA mental health and suicide prevention programs. An interim report was dispatched to Congress last year and a second interim report is due at the end of this month. The first annual report with findings from the independent evaluation will be delivered to Congress in December 2018. We plan to use the results of this evaluation to improve the mental health care and services that VA provides to Veterans. In addition, VA has VA Resource Locator tools that include information regarding posttraumatic stress disorder (PTSD), substance use disorder, and Vet Center programs, as well as contact and resource information. This tool is accessible at [www.vets.gov](http://www.vets.gov) and on [www.MaketheConnection.net](http://www.MaketheConnection.net). VA is also making strides in implementing the pilot program to repay psychiatrist student loans as a recruitment incentive, as required by section 4 of the Clay Hunt SAV Act. VA published regulations for this pilot program in the first quarter of 2017, 81 FR 66815. VA is currently finalizing the advertisement, application policy, and procedures. Recruitment

will target medical residents in their final year in the next cycle of residency applications in July, 2018. The Clay Hunt SAV Act prohibited additional appropriations for its implementation, so VA is working to identify sources of funding for this initiative.

VA has set up community peer support networks in five VISNs where there are large numbers of Servicemembers transitioning to Veteran status. Since January 2016, networks have been developed in Virginia, Arkansas, Texas, Arizona, and California. Outreach teams of Peer Specialists and their supervisors have formed coalitions with VSOs, employers, educational institutions, community mental health providers, military installations, and existing VA and DoD transition teams to connect Veterans in the community with mental health assistance when necessary. This has included providing community partners with training on Veteran and military culture, peer support skills, and interventions, as well as invitations to annual mental health summits.

VA is working with and/or building new partnerships with non-federal mental health organizations around suicide prevention. Areas for collaboration include patient and provider marketing of educational materials and research. VA has partnered with Psych Armor, a non-profit devoted to free, online training for non-VA providers to better serve Veterans. Psych Armor uses VA expertise to help inform its course content, which is geared towards health care providers, employers, caregivers and families, volunteers, and educators. These types of partnerships are a powerful strategy to increase outreach to vulnerable Veterans. Under the Expanded Period of Eligibility provided by the Clay Hunt Act, 1,192 combat Veterans discharged between January 1, 2009, and January 1, 2011, who did not enroll in the VA health care during their initial 5-



year period of eligibility have enrolled in VA care under this additional enrollment opportunity.

## **Mental Health Programs**

VA is committed to providing timely access to high-quality; recovery-oriented, evidence-based mental health care that anticipates and responds to Veterans' needs and supports the reintegration of returning Servicemembers into their communities.

While focusing on suicide prevention, we know that preventing suicide for the population we serve does not begin with an intervention as someone is about to take an action that could end his or her life. Just as we work to prevent fatal heart attacks, we must similarly focus on prevention, which includes addressing many factors that contribute to someone feeling suicidal. We are aware that access to mental health care is one significant part of preventing suicide. VA is determined to address systemic problems with access to care in general and to mental health care in particular. VA has recommitted to a culture that puts the Veteran first. To serve the growing number of Veterans seeking mental health care, VA has deployed significant resources and increased staff in mental health services. Between 2005 and 2016, the number of Veterans who received mental health care from VA grew by more than 80 percent. This rate of increase is more than three times that seen in the overall number of VA users. This reflects VA's concerted efforts to engage Veterans who are new to our system and stimulate better access to mental health services for Veterans within our system. In addition, this reflects VA's efforts to eliminate barriers to receiving mental health care, including reducing the stigma associated with receiving mental health care.

Making it easier for Veterans to receive care from mental health providers also has allowed more Veterans to receive care. VA is leveraging telemental health care by establishing eleven regional telemental health hubs across the VA health care system. Hubs are located in Seattle, WA; Long Beach, CA; Salt Lake City, UT; Harlingen, TX; Charleston, SC; Sioux Falls, SD; Battle Creek, MI; Pittsburgh, PA; Brooklyn, NY; West Haven, CT; and Honolulu, HI. VA telemental health provided more than 427,000 encounters to over 133,500 Veterans in 2016. Telemental health reaches Veterans where and when they are best served. VA is a leader across the United States and internationally in these efforts. VA's [www.MaketheConnection.net](http://www.MaketheConnection.net), Suicide Prevention campaigns, and the PTSD mobile app (which has been downloaded over 280,000 times) contribute to increasing mental health access and utilization. VA has also created a suite of award-winning tools that can be utilized as self-help resources or as an adjunct to active mental health services.

Additionally, in 2007, VA began national implementation of integrated mental health services in primary care clinics. Primary Care-Mental Health Integration (PC-MHI) services include co-located collaborative functions and evidence-based care management, as well as a telephone-based modality of care. By co-locating mental health providers within primary care clinics, VA is able to introduce Veterans on the same day to their primary care team and a mental health provider in the clinic, thereby reducing wait times and no show rates for mental health services. Additionally, integration of mental health providers within primary care has been shown to improve the identification of mental health disorders and increase the rates of treatment. Several studies of the program have also shown that treatment within PC-MHI

increases the likelihood of attending future mental health appointments and engaging in specialty mental health treatment. Finally, the integration of primary care and mental health has shown consistent improvement of quality of care and outcomes, including patient satisfaction. The PC-MHI program continues to expand, and through May 2017, VA has provided over 7.2 million PC-MHI clinic encounters, serving over 1.6 million individuals since October 1, 2007.

### **Veterans Crisis Line (VCL)**

VA recognizes the importance of VCL as a life-saving resource for our Nation's Veterans who find themselves at risk of suicide. Of all the Veterans we serve, we most want those in crisis to know that dedicated, expert VA staff, many of whom are Veterans themselves, will be there when they are needed. The primary mission of VCL is to provide 24/7, world class, suicide prevention and crisis intervention services to Veterans, Servicemembers, and their family members. However, any person concerned for a Veteran's or Servicemember's safety or crisis status may call VCL.

VCL is the strongest it has been since its inception in 2007. VCL staff has forwarded over 504,000 referrals to local Suicide Prevention Coordinators on behalf of Veterans to ensure continuity of care with their local VA providers. Initially housed in 2007 at the Canandaigua VA Medical Center (VAMC) in New York, it began with 14 responders and two health care technicians answering four phone lines. Since 2007, VCL has answered over 3 million calls and dispatched emergency services to callers in crisis more than 84,000 times. Consistent with our mission, we have implemented a series of initiatives to provide the best customer service for every caller, making notable

advances to improve access and the quality of crisis care available to our Veterans, such as:

- Launching “Veterans Chat” in 2009, an online, one-to-one chat service for Veterans who prefer reaching out for assistance using the Internet. Since its inception, we have answered nearly 359,000 requests for chat.
- Expanding modalities to our Veteran population by adding text services in November 2011, resulting in nearly 78,000 requests for text services.
- Opening a second VCL site in Atlanta in October 2016, with over 250 crisis responders and support staff.
- Hiring a permanent VCL director in July 2017, psychologist, Dr. Matthew Miller.

Prior to the opening of our new Atlanta call center in October 2016, VCL had a call rollover rate to back-up call centers of more than 30 percent. Currently, the average rate is 1.24 percent, with calls being answered by the VCL within an average of 8 seconds. Overall, VCL performance is above the National Emergency Number Association service level standard of answering greater than 95 percent of calls in less than 20 seconds; specifically, the VCL’s average service level exceeds 98 percent. VCL continues to exceed these metrics, despite overall call volume continuing to rise. Overall call volume has increased 12 percent since April 2017, and increased 15 percent over the course of the 2 weeks marked by notable adverse weather events earlier this month.

Today, the combined VCL facilities employ more than 500 professionals, and VA is hiring more to handle the growing volume of calls. VA will also be opening a third

VCL site in Topeka, Kansas, which will give VCL the additional capacity needed as we expand the 'automatic transfer' function, Press 7, to all of its community-based outpatient clinics (CBOC) and Vet Centers. Despite all of these accomplishments and plans, there still is more that we can do.

The No Veterans Crisis Line Call Should Go Unanswered Act (Public Law 114-247) directed VA to develop a quality assurance document to use in carrying out VCL. It also required VA to develop a plan to ensure that each telephone call, text message, and other communication received by VCL, including at a backup call center, is answered in a timely manner by a person. This is consistent with the guidance established by the American Association of Suicidology. In addition to adhering to the requirements of the law, VCL has enhanced the workforce with qualified responders to eliminate routine rollover of calls to the contracted backup center. We also implemented a quality management system, to monitor the effectiveness of the services provided by VCL. This will also enable us to identify opportunities for continued improvement. As required by law, VA submitted a report containing this document and the required plan to the House and Senate Veterans' Affairs Committees on May 23, 2017. The Veterans Crisis line can be reached by dialing 1-800-273-8255, Press 1.

### **Peer Support and Vet Centers (Readjustment Counseling Service)**

Peer support is integral to VA mental health care. The introduction of Peer Specialists to the mental health workforce provides unique opportunities for engaging Veterans in care. VA has nearly 1,100 peers providing services at VAMCs and CBOCs. Peer support programming has been implemented at every VAMC and very large

CBOCs since 2013. Peers provide services in mental health programs and some primary care clinics. Certified peer specialists are Veterans who have recovered from or are recovering from a mental health condition and who have been certified by a non-profit engaged in peer specialist training or by a State as having satisfied relevant State requirements for a peer specialist position. These peer specialists are employed by VA to provide support and advocacy for Veterans coming to VA for treatment of mental health conditions, including PTSD. Crisis intervention and suicide prevention are skills that peer specialists apply from the moment they first meet Veterans coming in for treatment and throughout their treatment cycles. Working with Veterans who have recovered from mental health conditions, including many who have also survived suicidal ideation or attempts themselves, demonstrates to other Veterans that there is hope for recovery and a quality life after treatment.

VA's Office of Readjustment Counseling Service (RCS) operates VA Vet Centers ([www.vetcenter.va.gov](http://www.vetcenter.va.gov)), which are welcoming community-based counseling centers situated apart from larger VA medical facilities and placed in convenient, easily accessible locations. Based on the Veteran peer model, clinical staff at these Centers provide confidential professional mental health services and psychosocial counseling services as needed to help assist Veterans and active duty Servicemembers (ADSM) (including members of the National Guard and Reserve components) who served in a combat-theater or area of hostilities achieve a successful readjustment to civilian life. Readjustment counseling services and other services (e.g., consultation, counseling, training, and mental health services) are available to their family members if essential to the effective treatment and readjustment of the Veteran or ADSM. Readjustment

counseling services include, but are not limited to, individual counseling, group counseling, marital and family counseling for military-related readjustment issues. Use of non-professional Veteran peer counselors at the Vet Centers also helps contribute to the RCS mission. Readjustment counseling services are provided through 300 Vet Centers, 80 Mobile Vet Centers, and the Vet Center Call Center. In FY 2016, Vet Centers provided over 258,000 Veterans, ADSMs, and their families with 1,797,000 visits.

In addition, Vet Center staff facilitates community outreach and the brokering of services with community agencies that link Veterans and ADSMs with other VA and non-VA services that can help with their successful readjustment to civilian life. One of the Vet Center core values is reducing barriers to access to readjustment counseling services. To this end, all Vet Centers offer services during non-traditional times such as early mornings, evenings, and weekends. Barriers to access based on distance (i.e., communities distant from the 300 “brick and mortar” Vet Centers) are ameliorated by having Vet Center staff regularly deliver readjustment counseling services in Vet Center Community Access Points (CAP). Generally speaking, CAPs are established when community partners, pursuant to a no-cost arrangement, permit Vet Center counselors to provide readjustment counseling services on their premises on a regular recurring schedule (ranging from service provision once a month to several times a week). CAPs allow Vet Center clinicians to provide services at a level that is in line with the fluid readjustment demands and needs of that community. Currently, Vet Center staff operates over 820 CAPs. In FY 2016, Vet Center CAPs provided 236, 435 readjustment counseling visits, a 6% increase over FY 2015.

RCS leadership is also working in close collaboration with Veterans Health Administration's Office of Mental Health and Suicide Prevention to implement improved collaboration to better improve coordination and referral between Vet Centers and VA medical facilities. A memorandum of understanding was signed in August 2017 to formalize this relationship and outline improved communication processes, training, collaboration, and access to important suicide predictive data to help decrease suicide within the Veteran population. Vet Center counselors are trained, as part of assessment, to identify Veterans or ADSMs who are at high risk of harm or suicide. They refer these clients to their treating mental health providers (or for emergency services, if appropriate). And if a Veteran client is getting his/her care through VA, Vet Center staff refers the shared Veteran client to the local VAMC and the Vet Center counselor also contacts the facility's Suicide Prevention Coordinator to ensure that enhanced care delivery procedures for suicide prevention are in effect.

## **Conclusion**

Mr. Chairman, all of us at VA are saddened by the crisis of suicide among Veterans. We remain focused on providing the highest quality care our Veterans have earned and deserve and that our Nation trusts us to provide. Our work to effectively treat Veterans who desire or need mental health care continues to be a top priority. We emphasize that we remain committed to preventing Veteran suicide, and aware that prevention requires our system-wide support and intervention in preventing precursors of suicide. We appreciate the support of Congress and look forward to responding to any questions you may have.