

**STATEMENT OF
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**DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
U.S. SENATE**

OCTOBER 6, 2015

Good afternoon Chairman Isakson, Ranking Member Blumenthal, and Members of the Committee. Thank you for inviting us here today to present our views on several bills that would affect VA benefits programs and services. Joining me today are Vince Kane, Special Assistant to the Secretary and Jennifer Gray, Staff Attorney in VA's Office of General Counsel

We do not have cleared views on sections 5 and 8 of S. 1885. We also do not have cleared views on S. 1676, a bill to increase the number of graduate medical education positions treating veterans, to improve the compensation of health care providers, medical directors, and directors of Veterans Integrated Service Networks, and for other purposes. We will be glad to work with the Committee on prioritization of those views and cost estimates not included in our statement.

S. 717 Community Provider Readiness Recognition Act of 2015

VA does not support S. 717, which would require the Department of Defense (DoD) and VA to jointly develop a system to provide a mental health provider readiness designation to non-Department mental health care providers who demonstrate knowledge of military culture and of evidence-based medical treatments approved by DoD and VA for treating the mental health issues of members of the Armed Forces and Veterans. This bill would also require DoD and VA to jointly establish and update a public registry with this information.

Requiring VA and DoD to give the mental health provider readiness designation to non-Department providers would confuse Veterans and Servicemembers; they might think that VA has certified or endorsed the providers' competence and ability to provide quality care, which could lead Veterans to assume a level of specialized competence that may not be warranted. Moreover, VA and DoD would be required to put providers on the list based only on their knowledge of military culture and medical treatments without consideration for other factors that Veterans and Servicemembers should be aware of before choosing a provider of mental health care. These factors may include Veteran and Servicemember preferences for provider type, location, and provider acceptance of VA or Third Party Administration payment as paid in full, or a host of many other factors that may create potential barriers or incentives to care.

VA has invested in the development of multiple resources to assist non-Department mental health care providers who may work with Servicemembers and Veterans. Two key resources are the DoD/VA Military Cultural Competence course and VA's Community Provider Toolkit. However, VA does not use these resources to evaluate or certify outside providers' competence or skills. For providers who complete the DoD/VA Military Cultural Competence course, which is currently open to the community, awarding free continuing education units if the learner scores 80% on the post-test. However, there is no process in place to determine if the knowledge transfers reliably and consistently or if it leads to a demonstrable behavior change or improved competence in clinical care. Assessment of providers' knowledge also would require significant additional resources.

VA understands the appeal of such a registry and agrees that the availability of information about providers with evidence of training in military culture and knowledge of evidence-based treatment of mental health conditions would make it more likely that beneficiaries could identify more knowledgeable providers. However, VA's ability to create and maintain such a registry would be constrained by the limitations described above. A registry of this sort would be difficult to manage, qualifications would be difficult to assess beyond course completion, and maintaining accuracy would be very challenging.

The Veterans Health Administration extensively explored this idea in collaboration with DoD as part of the Integrated Mental Health Strategy. Specifically, a workgroup explored the possibility of VA/DoD "certifying" rural community mental health clinicians who VA and DoD believed were adequately trained. The workgroup ultimately concluded that the legal, credentialing, and privacy challenges would be too difficult. The workgroup suggested a self-report registry as opposed to VA and/or DoD developing a certification process.

We estimate that implementation of this provision would cost around \$1.7 million in FY 2016, \$5.9 million over 5 years and \$10.4 million over ten years.

S. 1754 Veterans Court of Appeals Support Act of 2015

S. 1754 would amend section 7253(a) of title 38, United States Code, by permanently increasing the maximum number of judges presiding over the United States Court of Appeals for Veterans Claims (Veterans Court) from seven to nine. Because the bill would primarily affect the Veterans Court and would not affect the operation of VA, we defer to the Veterans Court as to whether S. 1754 should be enacted.

S. 1885 Veteran Housing Stability Act of 2015

Section 2 of S. 1885 would expand the definition of "homeless Veteran" to include those Veterans fleeing domestic violence and interpersonal violence (DV/IPV), aligning VA's definition with that of the Department of Housing and Urban Development (HUD). VA supports section 2. Since Veterans fleeing from DV/IPV are considered at high risk for

homelessness, they are already served in VA's homeless programs when it is clinically appropriate.

Section 3 would require VA to create a new program to provide intensive case management interventions to homeless Veterans in at least six locations selected by VA based on criteria which is described in the bill. VA would also be required to prepare a report for Congress on the outcomes of the program. VA does not believe section 3 is necessary, as VA is already authorized to provide intensive case management through the HUD-VASH program. HUD-VASH is similarly already authorized to provide flexible team-based care management and thus does not require the proposed program to provide such services.

Section 4 would require VA to award grants for the provision of case management services for Veterans who are transitioning to permanent housing and those who are at risk for homelessness. This would help address a current gap in case management service delivery. The Homeless Providers Grant and Per Diem (GPD) program, for example, lacks the authority to provide funding for case management services once a Veteran exits a GPD-funded transitional housing program. However, such services may be currently provided by grantees in VA's Supportive Services for Veteran Families (SSVF) program.

Section 4 would also require the Secretary to prioritize for grant funding those organizations that would voluntarily stop receiving per diem payments under the GPD program (38 U.S.C. Section 2012) or Special Need awards (38 U.S.C. Section 2061), and be willing to use their transitional housing facility for permanent housing. VA supports this section of the bill. Currently there are nearly 9,000 transitional housing beds developed through VA investment of capital in partnership with community organizations. As the number of homeless Veterans decreases, the need for some of this transitional housing will diminish, but there will be a continued need for permanent housing interventions like rapid re-housing and permanent supportive housing. This grant funding could enable VA to help fill this need for permanent housing interventions, consistent with the VA's Housing First approach to assisting homeless Veterans.

VA supports section 6, which would require VA and HUD to collaboratively provide outreach to public housing authorities, tribally designated housing entities, realtors, landlords, property management companies, developers, and other relevant audiences to educate them about the housing needs of Veterans and encourage them to rent to Veterans. VA and HUD currently collaborate on such efforts.

VA supports section 7, which would codify the role of the VA National Center on Homelessness Among Veterans as a center of research, evaluation, and dissemination of best practices regarding services for homeless Veterans.

S. 2013 Los Angeles Homeless Veterans Leasing Act of 2015

S. 2013 would authorize the Secretary of Veterans Affairs to enter into Enhanced-Use Leases and other agreements for housing and services at VA's West Los Angeles Campus in Los Angeles, California. The leases would principally benefit Veterans and their families, including severely disabled, aging, and women Veterans.

VA strongly supports this legislation. It would enable VA to enter into agreements with housing providers, local governments, community partners, and non-profits to provide additional housing and services for homeless and disadvantaged Veterans. Such leases would be squarely Veteran focused, as the benefits resulting from them would be designed to principally benefit Veterans and their families. The legislation would also enable VA to work with state entities such as the University of California, Los Angeles, to obtain improved services for Veterans, over and above the range of benefits generated from the current VA-UCLA medical affiliation arrangement. This effort is in line with VA's goal to foster and improve its medical affiliations nationwide, to help ensure that sufficient quality and quantity of doctors, nurses, and research are available, to help ensure that Veterans will receive improved care and services well into the 21st Century and beyond.

The legislation is important to VA's goal of revitalizing the campus into a rich and vibrant community, which Veterans will be proud to call home. It would dovetail with existing law contained in Section 224 of Public Law 110-161, and the Consolidated Appropriations Act of 2008, to prohibit VA from selling or disposing of any land interests in the West Los Angeles Campus, to third parties. Additionally, the legislation contains several significant protections, to ensure fulfillment of the bill's objectives. The protections including the following:

- All leases must be consistent with the new Master Plan under development, with community input, that will detail how the campus will be used to benefit all Veterans;
- Office of Inspector General (OIG) audit reports on lease and land-use management of the West Los Angeles Campus will be required to be issued two years following enactment of this legislation, five years following enactment, and then as necessary;
- VA will be prohibited from entering into new leases during any periods where it is found by the OIG to be out of compliance with federal policy or law pertaining to leases and land-use on the campus, until the Department certifies it has corrected any non-compliance or mismanagement; and
- VA will be required to notify the Senate and House Veterans' Affairs Committees and the congressional delegation for the area encompassing the campus 45 days before entering into or renewing any lease, and submit an annual report evaluating all leases and land-sharing agreements on the campus.

These restrictions will help to ensure the campus is Veteran focused going forward, in a manner consistent with the underlying 1888 deed of the property to the United States.

Along with supporting this legislation, VA is working intensely to positively revitalize the West Los Angeles Campus, to make it more Veteran focused. Such efforts include pursuing a new master plan for the campus; providing additional funding to VA's homeless-related programs; and working with several entities in the Greater Los Angeles area, to help end Veteran homelessness in Greater Los Angeles. Such entities include the California congressional delegation; the former plaintiffs in the West Los Angeles litigation (*Valentini v. McDonald*) that was settled in January 2015; Veterans Service Organizations; Veterans; State and local authorities; non-profit entities; VA contractors; the local community; and charitable organizations. Through such efforts and hopeful enactment of this proposed legislation, VA is confident that all homeless Veterans of Greater Los Angeles will be able to obtain housing and wrap around supportive services, so that they can have restored dignity and improve their lives and well-being.

The ongoing Master Planning process takes into account VA's clear priority to prospectively operate the campus as a vibrant, welcoming, and sustainable community where all Veterans – including homeless, severely disabled, women, and elderly Veterans will feel comfortable accessing care, living, and interacting with one another, their families, VA personnel, and visitors.

Since March of this year, almost 1,400 Los Angeles area Veterans have been placed into permanent housing through the implementation of housing first principles. Housing first is the proven method where homeless Veterans are placed into housing with the needed supportive services to keep them in housing and more effectively help them reintegrate into their community. On average, almost 275 Veterans per month are being placed into housing, largely through VA outreach, coordination efforts, and funding commitments. VA has also increased resources to expand capacity to care for homeless and at-risk of homelessness Veterans. Specifically, in 2015 an additional \$30 million was provided for Supportive Services for Veteran Families homeless prevention, and rapid rehousing programs. Approximately 800 HUD-VASH vouchers were awarded for Greater Los Angeles. This increased the total vouchers in Greater Los Angeles to nearly 6,000. An additional 325 new beds have also been added at the West Los Angeles Campus, for bridge or emergency housing for Veterans in need.

Despite these enhancements, there is more to do to care for our Veterans. The legislation will address gaps in services and facilitate the revitalization of the 388 acre campus to better serve Veterans. It will also ensure we care for disadvantaged Veteran populations to ensure they have needed healthcare and housing.

VA estimates that S. 2013 will be cost-neutral because it provides for outleases of certain properties on the VA West Los Angeles Campus, without additional cost to VA. The bill does not create an obligation by VA to fund the housing or services contemplated by Section 2(b). There is also no obligation for VA to use future appropriations to fund capital or other costs related to the outleases authorized by this section.

S. 2022 Special Pension of Medal of Honor Recipients

S. 2022 would amend section 1562(a) of title 38, United States Code, by increasing the monthly rate for the Medal of Honor Pension to \$3,000. VA administers the Medal of Honor Pension, a special pension benefit that is not based on income level, need, or disability, to recipients of the Medal of Honor. For reference, the monthly Medal of Honor Pension rate established pursuant to 38 U.S.C. § 1562 is currently \$1,299.61.

The bill would be effective either (1) 180 days after the date of enactment, or (2) if the date 180 days after the date of enactment does not fall on the first day of a month, the first day of the first month beginning after the date that is 180 days after the date of enactment. If the increased rate for the Medal of Honor Pension is effective prior to December 1, 2016, the monthly rate would not be increased by a cost of living adjustment (COLA) for FY 2017. Annual COLA increases would resume beginning on December 1, 2017.

VA supports S. 2022, subject to Congress identifying acceptable offsets for the additional benefit costs. This legislation would be consistent with Congress' original intent for the Medal of Honor Pension, which was to serve as a "recognition of superior claims on the gratitude of the country" and to "reward . . . in a modest way startling deeds of individual daring and audacious heroism in the face of mortal danger when war is on."

VA estimates that benefit costs to the appropriation for compensation and pension would be \$788,000 in FY 2016, \$7.2 million over five years, and \$16.1 million over ten years.