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STATEMENT OF
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DEPUTY UNDER SECRETARY FOR HEALTH
OPERATIONS AND MANAGEMENT
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BEFORE THE
SENATE COMMITTEE ON VETERANS' AFFAIRS

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Chairman Murray, Ranking Member Burr, and Members of the Committee: Thank you for the opportunity to appear and discuss the Department of Veterans Affairs' (VA) provision of mental health care to America's Veterans. I am accompanied today by my colleagues Dr. George Arana, Assistant Deputy Under Secretary for Health for Clinical Operations; Dr. Antonette Zeiss, Acting Deputy Chief Consultant for Mental Health; and Dr. Mary Schohn, Acting Director for Mental Health Operations.

Mental health care is an important component of overall health care and well being. VA recently realigned the Veterans Health Administration (VHA) to enhance effective oversight and to better support VA's health care programs, including mental health. By establishing the Office of Mental Health Operations in the Office of the Deputy Under Secretary for Health for Operations and Management, VA ensures that there is a structure for implementing policies developed by VHA under the guidance of the Office of Mental Health Services. The Office of Mental Health Operations reports to me, and I work closely with the Directors of all of the Veterans Integrated Service Networks (VISNs), thereby making one entity responsible for ensuring that organizational priorities concerning mental health are met. The Office of Mental Health Operations will monitor compliance and provide technical assistance to networks to support implementation of national policies. Priorities will continue to be guided by the Office of Mental Health Services, which serves as the locus of policy development for mental health care in VA. The Offices of Mental Health Services and Mental Health Operations work very closely, supporting each other's efforts fully. This realignment is expected to reduce variance across clinical specialties, including mental health, and to promote an integrated approach to the delivery and management of health care for America's Veterans.

My testimony today will discuss our initiatives to improve access to and the availability of mental health services, and our initiatives to enhance the quality of mental health care VA delivers.

Improving Access
Access to care is the first step toward treatment and recovery. One particularly important barrier to accessing care is the stigma that some believe comes from seeking mental health care. To reduce this stigma and improve access, VA has integrated mental health into primary care

settings to provide much of the care that is needed for those with the most common mental health conditions, when appropriate. Mental health services are incorporated in the ongoing evolution of VA primary care to Patient Aligned Care Teams (PACT), an interdisciplinary structure to organize holistic care of the Veteran in a single primary health care team. Between fiscal year (FY) 2008 and FY 2010, the number of unique individuals receiving mental health care in a primary care setting increased by 102 percent, from 77,041 to 155,554. Recent program evaluation studies demonstrate the integration of mental health services into primary care settings has increased access to large numbers of younger, elderly, and women Veterans; these cohorts do not typically access specialty mental health services to the same degree as other populations. In parallel with the implementation of these programs, VA has been modifying its specialty mental health care services to emphasize psychosocial as well as pharmacological treatments and to focus on principles of rehabilitation and recovery. In addition, VA is designing and will deploy this fall important public messaging campaigns to combat stigma and emphasize the strengths of Veterans and the invaluable contributions they make to our country.

VA has responded aggressively since FY 2005 to address previously identified gaps in mental health care by expanding our mental health budgets significantly with the support of Congress. In FY 2011, VA's budget for mental health services, not including Vet Centers, pharmacy, and primary care, reached over $5.7 billion, while the amount included in the President's budget for FY 2012 is $6.15 billion. Both of these figures represent dramatic increases from the $2.4 billion obligated in FY 2005. This funding has been used to greatly enhance mental health services for eligible Veterans. VA has increased the number of mental health staff in its system by more than 7,500 full time employees since FY 2005. There has been recent concern over the use of resources to fill vacant positions, and we share this concern. We will discuss these vacancies with VISN leadership and ask for reports to determine if recent evidence is simply an aberration or a part of a larger trend. If the latter, we will develop strategies and action plans to rapidly address this issue.

For Veterans under VA care, identifying and treating patients with mental health conditions is paramount. VA's efforts to facilitate treatment while removing the stigma associated with seeking mental health care are yielding valuable results. VA screens any patient seen in our facilities for depression, post-traumatic stress disorder (PTSD), problem drinking, and a history of military sexual trauma, usually on their first visit. Thereafter, screenings for depression and problem drinking are repeated annually throughout the time the Veteran comes for care. PTSD screening is annual for the first 5 years and subsequently is done every 5 years. Screening for MST is only formally done once, though the response on the electronic health record screen can be changed at any time if the Veteran volunteers new information suggesting a past history that was not reported on the initial screen. Any positive screen must be followed by a full diagnostic evaluation; if the screening is positive for PTSD or depression, an additional suicide risk assessment is conducted. This screening and treatment have been incorporated into primary care settings, resulting in the identification of many Veterans who benefit from early treatment, before they may have reached the point of initiating discussion of mental health difficulties they are facing.

VA's enhanced mental health capabilities include outreach to help those in need to access services, a comprehensive program of treatment and rehabilitation for those with mental health

conditions, and programs established specifically to care for those at high risk of suicide. VA has a full range of sites of care, including inpatient acute mental health units, extended care Residential Rehabilitation Treatment Programs, outpatient specialty mental health care, telehealth, mental health care in integrated physical health/mental health settings such as the PACT, geriatrics and extended care settings, and Home-Based Primary Care, which delivers mental health services to eligible home-bound Veterans and their caregivers in their own homes. VA also offers "after hours" clinics that make services available to Veterans during non-regular hours, such as evenings and weekends.

Our efforts to improve access and provide the full range of needed mental health services have increased the numbers of Veterans receiving mental health care in VA. In FY 2010, VA treated more than 1.25 million unique Veterans in a VA specialty mental health program within medical centers, clinics, inpatient settings, and residential rehabilitation programs; this was an increase from 905,684 treated in FY 2005. If including care delivered when mental health is an associated diagnosis in integrated care settings, such as primary care, VA treated almost 1.9 million Veterans in FY 2010, an increase of almost a half million Veterans since FY 2005.

The policy guiding VA's significant advances in mental health services since 2005 was developed by the Office of Mental Health Services, beginning with the VA Comprehensive Mental Health Strategic Plan, which was implemented utilizing special purpose funds available through the Mental Health Enhancement Initiative. In 2008, implementation of the strategic plan culminated in development of the VHA Handbook on Uniform Mental Health Services in VA Medical Centers and Clinics, which sets mental health policy for VA by defining what mental health services should be available to all enrolled Veterans who need them, no matter where they receive care. Current efforts focus on fully implementing the Handbook, and continuing progress made, emphasizing additional areas for development, and sustaining the enhancements made to date. These implementation efforts have the promise of being even more fully successful, with the reorganization described in my opening comments that created the office of Mental Health Operations.

According to VHA policy guidelines, all new patients requesting or referred for mental health services must receive an initial evaluation within 24 hours, and a more comprehensive diagnostic and treatment planning evaluation within 14 days. These guidelines help support VA's Suicide Prevention Program which is based on the concept of ready access to high quality mental health care and other services, and is discussed in more detail later in this testimony. Data closely monitored by VA confirm that our established standards for access to mental health care have generally been met through FY 2010 and the first half of FY 2011; however, we have noted some concern that the system may not be fully meeting this requirement in the most recent month. Up to the most current data, over 96 percent of all Veterans referred for new mental health care receive an appointment leading to diagnosis, and when warranted a full treatment plan, within 14 days. Similarly, data showed that over 95 percent of established mental health patients were receiving appointments for continuing care within 14 days of their preferred date, based on the treatment plan. As successful as this appears, we note that the waiting time data is starting to show some decline, with the percentage of patients meeting the requirement falling from a high of 96 percent in 2010 to just over 95 percent in 2011. Because of the importance of this indicator, and because the Uniform Mental Health Services Handbook is not yet fully

implemented, the Office of Mental Health Operations is developing a comprehensive monitoring system to identify problems proactively in conjunction with the VISNs and to develop action plans to ensure that full implementation occurs. Based on assessments already conducted, current efforts at improving implementation are targeted towards increasing utilization of the psychosocial and recovery model across all areas of mental health service delivery, increasing development and integration of mental health into primary care, geriatric and specialty care services, and increasing the utilization of specialty substance abuse services.

The VA Suicide Prevention Program builds on all of the components described above; it is based on the concept of ready access to high quality mental health care and other services. VHA has added Suicide Prevention Coordinators (SPC) at every facility and large community-based outpatient clinics (CBOC); these are an important component of our mental health staffing. The SPCs ensure local planning and coordination of mental health care and support Veterans who are at high risk for suicide, they provide education and training for VA staff, they do outreach in the community to educate Veterans and health care groups about suicide risk and VA care, and they provide direct clinical care for Veterans at increased risk for suicide. One of the main mechanisms to access enhanced care provided to high risk patients is through the Veterans Crisis Line, and the linkages between the Crisis Line and the local SPCs. The Crisis Line is located in Canandaigua, New York, and partners with the Substance Abuse and Mental Health Services Administration National Suicide Prevention Lifeline. All calls from Veterans, Servicemembers, families and friends calling about Veterans or Servicemembers are routed to the Veterans Crisis Line. The Crisis Line started in July 2007, and the Veterans Chat Service was started in July 2009. To date the Crisis Line has:

- Received over 400,000 calls;
- Initiated over 15,000 rescues;
- Referred over 55,000 Veterans to local VA SPCs, who are available in every VA facility and many large CBOCs, for same day or next day services;
- Answered calls from over 5,000 Active Duty Servicemembers; and
- Responded to over 16,000 chats.

VA also has put in place sensitive procedures to enhance care for Veterans who are known to be at high risk for suicide. Whenever Veterans are identified as surviving an attempt or are otherwise identified as being at high risk, they are placed on the facility high-risk list and their chart is flagged such that local providers are alerted to the suicide risk for these Veterans. In addition, the SPC will contact the Veteran's primary care and mental health provider to ensure that all components of an enhanced care mental health package are implemented. These include a review of the current care plan, addition of possible treatment elements known to reduce suicide risk, ongoing monitoring and specific processes of follow-up for missed appointments, individualized discussion about means reduction, identification of a family member or friend with the Veteran's consent (either to be involved in care or to be contacted, if necessary), and collaborative development with the Veteran of a written safety plan to be included in the medical record and provided to the Veteran. In addition, pursuant to VA policy, SPCs are responsible for, among other things, training of all VA staff who have contact with patients, including clerks, schedulers, and those who are in telephone contact with Veterans, so they know how to get immediate help when Veterans express any suicide plan or intent.

So far, I have been describing mental health care provided in VA facilities and their associated CBOCs. VA also offers important services through the national system of Vet Centers. Vet Centers provide a non-clinical environment that addresses the needs of Veterans as individuals and as members of families and communities. Vet Centers are community-based counseling centers that provide a wide range of social and psychological services, including professional readjustment counseling, military sexual trauma (MST) counseling, and bereavement counseling for families of Servicemembers who died while on Active Duty.

A core value of the Vet Center program is to promote access to care by helping Veterans and families overcome barriers that impede them from utilizing other benefits or services. A recent survey found that 97 percent of Vet Center clients would refer a fellow Veteran to a Vet Center. Vet Centers remain a unique and proven component of care not found in any other government or private sector organization by providing an alternate door for combat Veterans not ready to access the VA health care system. By the end of 2011, VA will operate 300 Vet Centers across the country and in surrounding territories (the U.S. Virgin Islands, Puerto Rico, Guam, and American Samoa). Thirty-nine (39) of these Vet Centers are currently located in rural or highly rural areas. Seventy (70) Mobile Vet Centers provide early access to returning combat Veterans through outreach to a variety of military and community events, including demobilization activities.

Vet Centers are designed to be both accessible and welcoming. Veterans who walk into a Vet Center will talk to a Counselor on the same day, and Vet Centers frequently maintain evening and even weekend hours to better serve Veterans. Approximately 72 percent of all Vet Center staff are Veterans, and almost one-third have served in Iraq or Afghanistan. The Vet Center Combat Call Center (1-877-WAR-VETS, or 1-877-927-8387) is available for Veterans and their families to speak confidentially to a fellow combat Veteran about their military experience and transition home. Family members are central to the combat Veteran's readjustment, and every Vet Center is adding a licensed family counselor to help meet the specialized needs of the readjusting family.

In FY 2010, Vet Centers provided more than 191,500 Veterans and families support through 1.2 million visits. While Vet Centers annually make approximately 120,000 referrals to VA medical facilities and collaborate with these facilities to enhance the continuum of care available to those who have served, more than 39 percent of Veterans did not access service at any other VA facility.

Vet Centers maintain a trained and professional workforce consisting of mental health and other licensed counselors. More than 60 percent of Vet Center direct readjustment counseling staff members are VHA-qualified mental health professionals (licensed psychologists, social workers, and psychiatric nurses). If a Veteran requires more complex mental health care, Vet Centers actively refer Veterans to VA medical facilities. Each Vet Center also has an assigned external clinical consultant, who provides peer consultation services for complex and emergent cases. External clinical consultants are VHA-qualified mental health professionals who support referrals to VA medical facilities.

Improving Quality of Care

Improving access is important to ensuring more Veterans receive our care, but VA is equally

focused on continuing to improve the quality of care Veterans receive. In addition to general mental health care services, VA offers a range of specialty care programs for Veterans with substance use disorders, PTSD, depression, homelessness, or other mental health conditions. It is essential that mental health professionals across our system provide the most effective treatment for PTSD, once the diagnosis has been identified. In addition to use of effective psychoactive medications, VA supports use of evidence-based psychotherapies. VA has conducted national training initiatives to educate therapists in two particular exposure-based psychotherapies for PTSD that have especially strong research support, as confirmed by the Institute of Medicine in their 2008 report, Treatment of Posttraumatic Stress Disorder : Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). To date, VA has trained over 3,400 VA clinicians in the use of CPT and PE. For both of these psychotherapies, following didactic training, clinicians participate in clinical consultations to attain full competency in the therapy. VA is also using new CPT and PE treatment manuals developed for VA, with inclusion of material on the treatment of unique issues arising from combat trauma during military service.

VA has developed Staff Experience and Training Profiles (STEP) criteria to establish the qualifications of family counselors working in Vet Centers. All Vet Center clinical staff are trained in relevant evidence-based practices to better serve the needs of Veterans and their families. Recently, 100 Vet Center staff participated in Cognitive Processing Therapy (CPT) training, and many more are working toward certification. Eleven (11) Vet Center counselors have received training that will allow them to train fellow staff on CPT. Vet Center counselors are also trained to help identify and refer Veterans who are at risk for suicide. VA will continue to train and prepare these professionals to ensure they provide the highest quality readjustment counseling to combat Veterans.

With the publication and dissemination of VHA Directive 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics, in September 2008, VHA required that all mental health services must be recovery-oriented, with special emphasis on those services provided to Veterans with serious mental illness. VA has adopted the definition of recovery as developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), which states: "Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential." It is important to note that this definition does not refer to the individual being "cured" of mental illness. Rather, it is a functional definition that describes an improved quality of life—often while managing ongoing symptoms of mental illness—as a result of engaging in recovery-oriented services.

Recovery-oriented services are strengths-based, individualized, and person-centered. These services strive to help the Veteran feel empowered to realize his or her goals and to engender hope that symptoms of mental illness can be managed and integration into the community can be achieved. They rely on support for the Veteran from clinical staff, family, and friends and allow the Veteran to take responsibility for directing his or her own treatment, within the range of viable, evidence-based approaches to care.

Although reducing the symptoms of mental illness that the Veteran is experiencing is important, the goal of recovery-oriented treatment services does not focus solely on symptom reduction, as

symptoms may wax and wane over the course of the individual's life. While reducing the symptoms of mental illness the Veteran is experiencing is important, the reduction of symptoms alone does not mean that the Veteran has the skills necessary to lead a meaningful life. The goal of recovery is to help Veterans with mental illness achieve personal life goals that will result in improved functioning, while managing the symptoms they experience to the extent possible. It is important to emphasize that the path to recovery is not necessarily linear. Periods of significant growth, improvement, and stability in functioning are sometimes interrupted by periods of increased difficulty that may be accompanied by a worsening of symptoms or other setbacks. Such setbacks may have a significant effect on Veterans' ability to reach their goals. In addition, while life events or environmental stressors might cause a relapse, there are many times when there is no identifiable cause. Because experiencing a relapse can be significantly disruptive, and because relapses are often unpredictable, Veterans with serious mental illness are sometimes hesitant to engage in recovery-oriented activities without assurance that their basic needs can be met during times when they are unable to work.

Evidence indicates our mental health programs are successful. We have seen a continuing decline in the number of homeless Veterans over the last several years. Our suicide prevention efforts have saved hundreds of Veterans, and our programs are reaching those in greatest need. A recent research study found that evidence-based psychotherapies for PTSD are more effective approaches to treatment and are more cost effective in the long run as well. VA participated from FY 2006 through FY 2010 in a Government Performance and Results Act review, which was recently submitted to Congress. That review, conducted by RAND/Altarum, concluded that VA mental health care was superior to other mental health care offered in the United States on almost all dimensions surveyed. These data speak to the great strides made in the mental health care VA provides.

Conclusion

While we have made progress in improving the availability and quality of our mental health services, new information suggests we can strengthen and sustain the growth we have accomplished. In addition, we continue to follow research, best practices, and other emerging information that can guide policy development and focused concurrent implementation efforts. No matter how strong our mental health programs are, they can and should continually strive for constant, evolving improvement. We will continue to monitor the outcomes and utilization of our programs and will regularly update the Committee on any changes in conditions. We appreciate your attention to this matter and look forward to working with the Committee to ensure Veterans receive the quality mental health care they deserve.

Thank you again for this opportunity to speak about VA's efforts to improve access to quality care for Veterans with mental health concerns. My colleagues and I are prepared to answer any questions you may have.