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BEFORE THE
SENATE COMMITTEE ON VETERANS' AFFAIRS

"CONNECTIONS TO CARE: IMPROVING SUBSTANCE USE DISORDER CARE FOR VETERANS IN RURAL AMERICA AND BEYOND"

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Good morning, Chairman Tester, Ranking Member Moran, and distinguished Members of the Committee. Thank you for the opportunity today to discuss VA's substance use disorder (SUD) treatment programs in rural America. Accompanying me today is Dr. Tamara Campbell, Executive Director, Office of Mental Health and Suicide Prevention, and Dr. Bradley Watts, Director, Veterans Rural Health Resource Center.

There has been an upsurge in morbidity and mortality from SUDs over the past 10 years as powerful and hazardous illicit drugs have become more widespread in the United States. From fiscal year (FY) 2018 to FY 2022, the number of Veterans diagnosed with a SUD (which includes alcohol use disorder) and receiving treatment in VHA increased from 522,544 to 550,412.

Due to the complexity of SUD, no single remedy, no clinical or law enforcement intervention alone, nor any single agency, VA or otherwise, will suffice in meeting our nation's challenges with substance use and the associated overdose epidemic. Therefore, VA is working alongside the White House's Office of National Drug Control Policy (ONDCP) and other Federal agencies to implement an evidence-based, comprehensive strategy to address the Nation's challenges with SUD and the threat they pose to the well-being of the American people. VA embraces its role in helping to fulfill the National Drug Control Strategy and is grateful for the support VA has received from Congress in implementing programs to ensure that Veterans receive the highest quality SUD prevention and treatment services they need and deserve. Treatment for rural Veterans with SUD occur in the context of VA's overall efforts to treat Veterans experiencing substance use concerns. Enterprise-wide efforts are focused on ensuring the needs of all Veterans with SUD are met with no wrong door to accessing care and focused attention to ensure application of those efforts to rural Veterans.

To reduce the burden of SUD in the Veteran population, it is important to use broad-based national preventative and treatment strategies. To achieve its goals, VA uses both whole-of-Government and whole-of-Nation approaches. These are exemplified by VA's interagency collaborations. As an illustration, the Department of Defense (DoD) and VA collaborated to produce clinical practice guidelines for the management of SUDs. To meet the needs of Veterans with or at risk of SUD, VA also

collaborates closely with several other Departments and agencies, including the Departments of Health and Human Services, Energy, Justice, and Housing and Urban Development. VA's efforts in coordination with other Federal agencies support the priorities defined by the National Drug Control Strategy. In alignment with the Strategy and the President's Unity Agenda's priority to address the overdose crisis, VA is working to expand access to evidence-based treatment for SUDs and enhancing evidence-based harm reduction efforts aimed at reducing overdose fatalities. VA offers a comprehensive continuum of specialty SUD services for Veterans founded in the evidence. Our VA/DoD Clinical Practice Guidelines,[1] updated in FY 2021, provide the foundation for evidence-based treatment within VA and have positioned VA to respond to emerging drug use trends.

Overview of SUD Treatment at VA

Rates of substance use, types of substances used, and treatment for SUD vary geographically. VA is committed to ensuring Veterans have access to treatment for SUD regardless of where they live. Using the Census Bureau's Rural-Urban Community Area (RUCA) coding system that designates census tracts as urban, rural, highly rural, or unknown, we assigned patients these applicable codes based on their home address. Consequently, of the over 550,000 Veterans currently receiving SUD care from VHA (8.5% of all patients who received care from VHA), we determined that VA treated a total of 124,275 rurally-located Veterans with alcohol use disorder (AUD) and 66,439 rurally-located Veterans with drug use disorders through the second quarter of FY 2023 (Note: a Veteran may be counted in both data points). Of those Veterans with drug use disorders, 18,880 were treated for opioid use disorder (OUD), 20,581 were treated for stimulant use disorder, and 38,465 were treated for cannabis use disorder.

Over the last decade, VHA has worked to mitigate risk factors associated with opioids and stimulants use among Veterans, including by launching a national Opioid Safety Initiative a decade ago and a national Stimulant Safety Initiative last year. In addition, VA provides comprehensive services for the treatment of SUD, including screening and brief intervention for alcohol use disorder; outpatient and intensive outpatient SUD specialty services; pharmacotherapy for OUD, including office-based buprenorphine, extended-release injectable naltrexone and Opioid Treatment Programs that provide methadone; evidence-based treatments for stimulant use disorder; SUD residential treatment programs; and withdrawal management. Peer specialists also are being embedded across the continuum to support Veterans in recovery and treatment for SUD within primary and specialty care settings, pain management clinics, emergency departments, and general mental health clinics. Beyond treatment for SUD, VA provides both primary and secondary prevention specific to OUD in addition to efforts specific to risks associated with substance use in general.

[1] https://www.healthquality.va.gov/guidelines/MH/sud/

As an integrated health care system, VA is uniquely situated to address the needs of Veterans diagnosed with SUD by providing support to address co-occurring medical, mental health and psychosocial needs, including support for employment and housing.

Also, VA is incorporating data from both VA medical records and from public sources that, when combined, characterize communities in terms of social and environmental determinants of health. Oak Ridge National Laboratory is assisting VA with analyzing these data into predictive models for targeted prevention programs so we can better identify Veterans with the greatest challenges to recovery and get them the additional support they need. Through collaborations with the Lawrence Berkeley, Los Alamos, and Sandia National Labs, VA is making better use of medical record information to identify high-risk VA patient populations. Through work with JJR Solutions in Dayton, Ohio, a service-disabled Veteran-owned small business, VA has found that provider education sessions on opioid safety practices lead to more effective treatment for Veterans in primary care and reduction in overdoses.

Current policy, grounded in the latest evidence, requires facilities provide access to a comprehensive continuum of SUD treatment services ranging from early intervention and harm reduction services through intensive outpatient and, when needed, residential or inpatient treatment for SUD. In addition, current policy requires facilities provide same day outpatient access for Veterans with emergent substance use treatment needs. This care may be provided in person or via telehealth in several settings including general mental health, primary care mental health integration clinics, and SUD specialty clinics. Core characteristics of SUD services include timely same day triage, a no wrong door approach, concurrent treatment for co-occurring needs and Veteran-centered and individualized treatment based on the needs and preferences of the Veteran.

VHA national policy explicitly states that Veterans cannot be denied access to care due to their use of a substance. Further, both national policy and the VA/DoD Clinical Practice Guideline for Management of Substance Use Disorders define expectations that Veterans be retained in care and that programs do not use criteria that would require automatic discharge from treatment due to substance use. Over the last several years, there has been significant emphasis on engagement in care with a focus on meeting Veterans where they are in their recovery. Meeting people where they are is the underlying principle in harm reduction.

In addition, VHA continues to improve service delivery and efficiency by integrating services for mental health disorders, including SUD, into primary care settings. VHA-enrolled Veterans from all service eras have primary care teams (Patient Aligned Care Teams, or PACTs) with co-located mental health staff to identify and address potential mental health and substance use treatment needs. Secondary prevention services include diagnosis and assessment of possible SUD in patients presenting with medical problems that suggest elevated risk of SUD. While most Veterans with SUD are treated in outpatient programs, providers in these outpatient

treatment settings are expected to collaborate with colleagues in inpatient and residential SUD care settings to coordinate Veterans' transitions across these levels of SUD care. Such efforts are necessary for helping ensure continuity of SUD care that is consistent with a chronic disease model of care and responsive to changes in Veterans' clinical status.

Considering the frequent co-occurrence of SUDs with posttraumatic stress disorder (PTSD), VHA also has assigned a SUD specialist to each of its hospital-level PTSD services or teams. The SUD-PTSD specialist is an integral member of the PTSD clinical services team and works to integrate SUD care with all other aspects of PTSD-related care. Among the specialists' responsibilities are identification and treatment of Veterans with co-occurring SUD and PTSD. Specialists also promote preventive services for Veterans with PTSD who are at risk for developing a SUD.

VHA provides two types of 24-hour care to patients with severe or complex SUD. These include inpatient withdrawal management and stabilization in numerous medical and general mental health units, equivalent to Level 4, Medically Managed Intensive Inpatient Treatment as specified by the American Society of Addiction Medicine Patient Placement Criteria (https://www.asam.org/asam-criteria/about-the-asam-criteria), and provision of care in Mental Health Residential Rehabilitation Treatment Programs (MH RRTP) otherwise referred to as Domiciliary SUD beds. VHA offers care in MH RRTPs to Veterans with complex, co-occurring mental health, substance use, medical, and psychosocial needs. Specialty Domiciliary SUD programs provide treatment equivalent to Level 3.7, Medically Monitored Intensive Inpatient Services, as specified by the American Society of Addiction Medicine Patient Placement Criteria. Today, more than 70 Domiciliary SUD programs are in operation with more than 1,700 beds focused specifically on intensive, medically monitored residential SUD treatment. In addition to those MH RRTPs formally designated as Domiciliary SUD programs, additional SUD specialized services are offered through tracks in other MH RRTPs, and most Veterans served (more than 95%) by MH RRTPs are diagnosed with a SUD. Several new Domiciliary SUD programs are under development with the number of programs expected to grow over the next few years.

Programs to end homelessness among Veterans are encouraged to have SUD specialists as a part of their multidisciplinary teams. There are SUD specialists working in the Department of Housing and Urban Development – VA Supportive Housing, Grant and Per Diem and the Health Care for Homeless Veterans programs; however, the use of SUD specialists can vary locally based on site-specific needs. These specialists emphasize early identification of SUDs as a risk for maintaining permanent housing, promote engagement or re-engagement in SUD specialty care programs, provide evidence-based SUD treatment services, and link Veterans to specialty SUD treatment when such Veterans need more intensive SUD treatment services. In 2022, VHA supported the expansion of VA case managers integrated with existing homeless program staff to assist Supported Services for Veteran Families (SSVF) grantees with engaging Veterans experiencing SUD concerns into VA services, including but not limited to SUD specialty care or residential treatment when needed.

VHA's existing infrastructure within the Homeless Program Office provides a foundation by which HPO can quickly direct resources, through grants, to community providers with the intent of rapidly engaging or re-engaging Veterans with SUD services specific to their treatment needs. Because people experiencing unstable housing or homelessness are at high risk of overdose, VHA has been working to place Veterans experiencing homelessness into permanent housing.

Treatment for Alcohol Misuse

Within VA, patients with at-risk alcohol use or mildly severe SUDs may be treated with evidence-based brief interventions or medical management in primary care or general mental health. For those with more severe impairment, specialty SUD treatment programs provide intensive services, including withdrawal management, evidence-based psychosocial treatments, SUD medication, case management and relapse prevention provided in outpatient, intensive outpatient, and residential settings of care. VA has developed services specifically focused on engagement in care for vulnerable Veteran populations. VA efforts include universal screening for at-risk alcohol use, urine drug screening for at-risk Veterans, the provision of peer support services, integration of SUD treatment within homeless programs, and collaboration with Veterans' courts and the work of our re-entry specialists to engage Veterans with SUD involved with the legal system.

Treatment for Opioid Use Disorder

With national initiatives like Stepped Care for OUD, Train the Trainer, and the Psychotropic Drug Safety Initiative, VA emphasizes access to evidence-based treatments for SUDs. These initiatives aim to increase access to both evidence-based pharmacotherapies and evidence-based psychotherapies for SUD. According to the National Survey on Drug Use and Health conducted by the Substance Abuse and Mental Health Services Administration, only 22% of the general population with OUD received medication for OUD in 2021. In calendar year 2022, VA more than doubled that rate, with over 47 percent of patients with OUD having received medications for OUD from VA within the last 12 months ending March 31, 2023. Appropriate use of medications approved by the Food and Drug Administration for OUD can lower the risk of illicit opioid use, overdose, suicide, and other mortalities.

Treatment for Stimulant and Cannabis Use Disorders

In 2022, VA provided psychosocial or behavioral therapy for SUD to almost 172,000 Veterans. VA is using national training initiatives to ensure that these treatments are as effective as possible, expanding access to strong, evidence-based cognitive behavioral therapies and contingency management programs. Notably, contingency management is the most effective evidence-based treatment for stimulant use disorder and has shown success in treating cannabis use disorder, two SUDs that are increasingly common in the VHA patient population. More than 6,200 Veterans have

received contingency management treatment since 2011. Over 90% of the nearly 80,000 urine samples that those Veterans submitted tested negative for the target drugs, which are frequently stimulants and occasionally cannabis (THC). For Veterans with AUD, VA offers both evidence-based medications as well as evidence-based psychotherapies, separately or in combination depending on the shared decision-making between Veterans and their treatment providers. VA recognizes that not all Veterans with SUD will embrace abstinence among their recovery goals.

Harm Reduction

SUD, like hypertension or diabetes, is a chronic, relapsing condition; even Veterans who are striving to abstain from substances may not always be consistently successful. Because any exposure to substances can be fatal for individuals with SUD, VA provides Veterans with evidence-based interventions to protect them from harms, like overdose or infectious diseases like human immunodeficiency virus (HIV) and hepatitis, that could otherwise lead to their death. In just the past year, VHA equipped over 70,000 Veterans with naloxone to reverse potentially fatal opioid overdoses. Furthermore, over 1 million naloxone prescriptions have been provided to Veterans since 2014, when we launched our Overdose Education and Naloxone Distribution (OEND) initiative. This initiative has led to more than 3,700 overdose reversals. As part of this effort, VA uses data-driven modeling to identify Veterans at high risk of overdose and conducts clinical case reviews to inform their customized treatment plans. We appreciate Congress' support, which has been critical for the success of VA's overdose prevention efforts by allowing VA to provide naloxone at no cost to Veterans at high risk for overdose.

VA has also aligned its policies and operations with interventions in the National Drug Control Strategy related to harms related to bloodborne infections spread through contaminated injection equipment, particularly HIV infection and chronic hepatitis C virus infection. VA pioneered integrated care for SUD patients with these life-threatening conditions, with cure rates among Veterans with alcohol, substance use, and mental health disorders that are similar to cure rates in those without these conditions.[2]

Education and Training

Overall, in support of its comprehensive approach to the treatment of SUD, VA has developed a wide array of substance use education programs for Veterans and providers in its efforts to expand SUD education and outreach. The programs are being implemented across the Department and can be classified as follows:

- Initiatives to educate primary care practitioners on the diagnosis and treatment of AUDs.
- Harm reduction approaches to reduce negative consequences of substance use.
- Programs developed for Veterans and Veterans' families.

[2] Belperio PS, Chartier M, Ross DB, Alaigh P, Shulkin D. Curing Hepatitis C Virus Infection: Best Practices From the U.S. Department of Veterans Affairs. Ann Intern Med. 2017 Oct 3;167(7):499-504

- Clinician training and consultation programs to improve their knowledge, skills, and abilities to treat Veterans with SUD.
- SUD training programs for trainees participating in clinical training with VA.

In addition, VA is supporting SUD training for our future workforce and is implementing novel harm reduction approaches, including the development of mobile and internet-based applications. Beginning with the President's Budget for FY 2022, VA has requested support to directly respond to national priorities defined in the National Drug Control Strategy. The plan directly addressed the unique needs of Veterans with substance use concerns within the context of broader national priorities.

SUD Treatment Programs for Rural Veterans

To expand access to SUD treatment for Veterans, including those who reside in rural areas, who may not seek treatment in specialty care settings, VHA continues to invest in a complement of team members to increase access to evidence-based treatment for SUD both within and outside specialty SUD care. One of the essential interprofessional care team providers is the Clinical Pharmacist Practitioner (CPP). The CPP serves as the medication expert delivering comprehensive medication management (CMM) to Veterans using a patient-centered, collaborative approach in conjunction with all members of the health care team.

In delivering CMM care, the CPP focuses on ensuring medications are assessed for appropriateness, effectiveness, and safety given the patient's clinical status, comorbidities, other medications, and patient's ability to adhere to a medication regimen. CPPs improve VHA's ability to accomplish the quintuple aim of better care, reduced health care costs, improved patient experience, provider well-being, and health equity; CPPs have demonstrated positive impacts on access, Veteran engagement, treatment retention, and telehealth care delivery. CPPs provide risk mitigation strategies, perform screening, and deliver brief interventions, referrals, and treatment. The CPP is part of the solution for the unmet need in OUD and AUD treatment, especially for rural Veterans.

Starting in FY 2020, as part of a rural health initiative, VA hired 64 CPPs across 52 rural facilities to support VHA's strategy to provide the best care in a timely manner. These CPPs ensure Veterans have access to a medication expert providing CMM services to 43,262 Veterans over 129,078 patient care encounters with over 68% of the visits delivered using telehealth modalities. To scale best practices and drive innovation, this project delivered system-wide training focused on SUD screening, care, and treatment with a whole health focus to 266 CPPs across the system. As a result of the training, there has been a 52% increase in CPPs delivering overall SUD care, 53% increase in CPPs providing AUD care, and a 97% increase in the number of CPPs providing OUD care since FY 2018. To continue improving SUD access to rural Veterans, VA has provided funding to 24 facilities to hire 30 new CPPs in Primary Care Mental Health Integration and Behavioral Health Integrated Programs teams, which will include a provision of SUD care within their practice, including AUD, OUD, and

stimulant use disorder in the fourth quarter of FY 2023. Priority will be placed on specific populations to decrease SUD disparities.

Veterans living in rural communities often face unique challenges that limit their access to health care. Barriers such as long distances to clinical facilities and a shortage of qualified providers can put rural Veterans and their families at risk. Rural Veterans have a 20% greater risk of suicide than their urban counterparts.[3] At the same time, rural areas have fewer mental health care providers than their urban counterparts.[4] To overcome these challenges and reach rural Veterans with critical health care needs, VA has expanded access through telehealth programs. This includes the development and ongoing expansion of Clinical Resource Hubs (CRH) – a network of VA centers in large, urban settings that are skilled in delivering their services to Veterans in rural areas at medical centers, VA community clinics, and in the home through telehealth technology.

Utilization of Telehealth for SUD Treatment

During the pandemic, VA was able to ensure continued access to SUD treatment to Veterans in rural areas through expanded use of telehealth. This was facilitated by pandemic prescribing flexibilities under Federal law that improved access to OUD pharmacotherapy (e.g., Buprenorphine) through virtual modalities in the absence of a prior in-person medical evaluation.

While the Drug Enforcement Administration (DEA) and the U.S. Department of Health and Human Services (HHS) have extended pandemic prescribing authorities while modernizing national telehealth regulations, not all States have . Variable restrictions in State rules may be barriers to rural Veterans getting SUD treatment through telemedicine, including for some of our most rural and vulnerable Veterans. This is a significant concern, which is why VA has endorsed a legislative proposal in the FY 2024 budget request (Maintaining Consistent Access to Critical Treatments Through Telehealth) to ensure VA providers can furnish clinically appropriate telehealth care to every Veteran they treat, regardless of where the patient is or resides or where the provider is licensed or located.

Despite telehealth challenges, the rates of SUD treatment and risk mitigation efforts are comparable between urban and rurally located Veterans based on the SUD treatment metrics that VA monitors. This includes the percentage of Veterans with OUD who receive life-saving medication for OUD, the percentage of Veterans with OUD and stimulant use disorder who received naloxone, and the percentage of Veterans with an overdose who receive an interdisciplinary team case risk review.

[3] McCarthy, J.F., Blow, F.C., Ignacio, R.V., Ilgen, M.A., Austin, K.L., & Valenstein, M. (2012). Suicide among patients in the Veterans Affairs health system: Rural–urban differences in rates, risks, and methods. American Journal of Public Health,102(S1), S111-S117. doi: 10.2105/AJPH.2011.300463

[4] Varia, S.G., Ebin, J., & Stout, E.R. (2014). Suicide prevention in rural communities: Perspectives from a Community of Practice. Journal of Rural Mental Health, 38(2), 109

FY 2024 President's Budget Expands Access to Treatment for Substance Use Disorders (SUD)

President Biden's FY 2024 Budget proposes continued support for VA initiatives started during FY 2022, with over 1,100 additional staff awarded enterprise-wide to help meet VA's SUD treatment priorities, including:

- Stepped Care to expand access to evidence-based treatment for SUD in settings outside specialty SUD Care;
- SUD Residential Treatment to reduce wait times and improve the quality of SUD care with expansion of staff and programs;
- SUD Telehealth to expand access to evidence-based SUD treatment through telehealth;
- Homeless Program SUD Treatment Coordinators to engage Veterans with SUD into VA SUD outpatient and residential services;
- Supported Employment Specialists to expand access to employment opportunities for Veterans in recovery; and
- SUD Peer Specialists to increase engagement and retention in evidence-based SUD treatment.

As of May 31, 2023, over 61% of the more than 1,100 positions have been filled or are in the final steps of the hiring process. VA continues to respond to emerging illicit drug threats to ensure the needs of Veterans experiencing substance use concerns are met. During FY 2024, VA plans to establish program management leads for harm reduction at each facility and will work collaboratively to develop policy and national tools to support implementation of targeted harm reduction strategies throughout VHA by addressing critical issues such as stigma and the need for technical assistance for the field to support implementation of emerging treatment approaches.

The VHA Office of Rural Health also continues to invest in research and innovation focused on meeting the needs of rural Veterans experiencing SUD. These projects, often proposed by rural VA medical centers, seek to understand opportunities and develop novel solutions in the rural SUD space. Examples include a telehospitalist-led pilot for inpatient management of AUD, a project developing a telehealth model to improve treatment access for rural Veterans with SUD, collaborative pain care for rural patients with OUD and other SUDs using telehealth technologies, and research to understand drivers of mental health services utilization at remote locations. These are ongoing projects without final results, but each will contribute to the future treatment options for rural residing Veterans experiencing SUD.

Conclusion

We appreciate the Committee's continued support in this shared mission. Nothing is more important to VA than supporting the health and well-being of the Nation's Veterans and their families. VA has employed broad, evidence-based strategies to address the opioid epidemic, including patient and provider education, pain

management and access to non-pharmacological modalities, risk mitigation strategies, and addiction treatment for Veterans with SUD. This critical work saves lives. My colleagues and I are prepared to respond to any questions you may have.