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Good afternoon Mr. Chairman, Ranking Member Moran and members of the Committee. I am pleased to be here today to discuss VA's delivery of Mental Health Care during the COVID-19 pandemic and the implementation of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (Hannon Act).* I am accompanied by Dr. Matthew Miller, Director of Suicide Prevention, Dr. Clifford Smith, Director of Field Support and Analytics, and Dr. Lisa Kearney, Deputy Director for Suicide Prevention and Acting Director for the Veterans Crisis Line.

Introduction

Nothing is more important to VA than supporting the health and well-being of our Nation's Veterans and their families. Suicide prevention is one of VA's top clinical priorities and this effort will take all of us to achieve. Building off the national strategy of the U.S. Surgeon General and National Action Alliance for Suicide Prevention, VA developed the *National Strategy for Preventing Veteran Suicide* (2018),[1] which laid the foundation of concepts core to VA's approach to suicide. This national vision for preventing Veteran suicide is grounded in three major tenets which we firmly believe: 1) Suicide is preventable, 2) Suicide requires a public health approach, combining community-based and clinical approaches, and 3) Everyone has a role to play in suicide prevention.

While the development of the National Strategy was groundbreaking in defining the vision of reaching and serving Veterans both within and outside VHA clinical care, VA moved to translate the vision of the 10-year National Strategy into operationalized plans of actions in: Suicide Prevention 2.0 (SP 2.0) combined with the Suicide Prevention Now initiative. SP 2.0 is a 6-year plan with national reach focused on the implementation of clinical and community-based prevention, intervention, and postvention services that reflect the National Strategy's four pillars. The SP 2.0 community-based domain focuses on enacting the National Strategy through the Veterans Integrated Service Network-Based Community Coalition and Collaboration Building, Veteran-to-Veteran coalition building through Together with Veterans (TWV) in rural communities, and state-based coalition and collaboration building in our joint

[1] Department of Veterans Affairs (2018). National Strategy for Preventing Veteran Suicide. Washington, DC. Available at https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf.

efforts with the Substance Abuse and Mental Health Services Administration (SAMHSA) in the Governor's Challenge, now in 27 states. The SP 2.0 clinical domain focuses on a practical strategy for implementing clinical practice guideline evidence-based treatments, such as Cognitive Behavioral Therapy for Suicide Prevention, through TeleMental Health services across all 140 VHA health care systems.

While VA works on the longer-term plan of SP 2.0 implementation in collaboration with community partners, 2020 also saw the launching of the SP Now initiative, a bundled set of interventions, across five key domains, in alignment with the vision of the National Strategy. The focus of SP Now includes goals that can be achieved within one year, including activities that will have a meaningful impact in preventing Veteran suicide, such as lethal means safety, enhancing suicide prevention in identified medical populations, paid media to reach Veterans inside and outside the VHA system, identification and outreach to Veterans who previously accessed VHA care, and enhancements of suicide prevention clinical efforts. The SP Now initiative was also adapted to include new COVID-19 related suicide prevention efforts when the pandemic began.

COVID-19 Impact and VA's Mental Health COVID-19 Response Plan

The Nation has now lost over 500,000 lives to COVID-19. We know that pandemics, especially those involving quarantines, create psychological distress and negatively impact societal infrastructure. Our public health approach to mental health and suicide prevention was critical to inform our mental health COVID-19 response plan, organized around universal, selective and indicated strategies. Based on historical evidence and the most recent research, OMHSP developed a Mental Health COVID Response focusing on both immediate and long-term impacts on suicide prevention and mental well-being, including supporting the most vulnerable Veterans, as well as providing outreach and resources to all 20 million Veterans and mental health leaders and providers across VHA. This has also included a targeted market segmentation approach related to our communications strategy, informed by data, to best reach a diverse population of Veterans and those who care about them. For example, VA is working with the George W. Bush Institute Veteran Wellness Alliance to better inform our suicide prevention outreach to segmented populations. Likewise, to ensure our communication strategies are grounded in research, VA developed an updated strategic communications plan in FY20 based on new data, innovative and creative communications approaches, emerging technologies, and proven public health best practices. This plan provides an overarching strategy that guides the development of all communications with a targeted market approach across four main communication initiatives: *Be There*, lethal means safety, Veterans Crisis Line, and Suicide Prevention Month.

Universal strategies to reach all Veterans include communication campaigns, which shifted a focus from driving awareness to engagement and activation. VA conducts a range of paid education and awareness campaigns focused on mental health literacy, crisis intervention, suicide prevention, reducing the stigma associated with mental health challenges, and encouraging help-seeking behavior among Veterans

and these efforts were further enhanced during COVID-19 with integrated and highly targeted paid media campaigns serving tailored messaging to specific populations. Our COVID-19 mental health and suicide prevention communication approach has included informative and targeted content across VA social media environments, such as Facebook, Instagram, and Twitter, advertising information on Be There, lethal means safety and Veterans Crisis Line information. ***Be There*** emphasizes that suicide is preventable and encourages Veterans and their loves ones to reach out to Veterans in crisis, focusing on a broader market to engage individuals to take action with those they care about proactively. Lethal Means Safety is focused on a selective population and aims to educate and encourage Veterans to safely store their guns and unused medication. Finally, our Veterans Crisis Line communications initiative focuses on those at highest risk, promoting the call, chat, and text resources available 24/7 to Veterans in crisis and their supporters. Wide-spread educational information has also been disseminated on newly developed websites, such as VA's MH Website for COVID-19[2] and the National Center for PTSD site on COVID-19[3]. VA's data-driven approach to our communications strategy guides our ongoing updates to our implementation, providing a consistent and sustained national presence of VA's suicide prevention and mental health resources among Veterans and their families and friends.

Selective Strategies, which target Veterans who may be at increased suicide risk or at increased risk of burden related to mental illness due to COVID-19 related stressors, physical distancing, changes in treatment resources, or loss of key supports, have been largely deployed. This has included launching the COVID Coach Mobile App, VA Medical Center outreach to identified Veterans with appointment cancellations to ensure engagement with mental health services, implementing a dashboard to identify Veterans who may be at increased risk due to COVID-19-related isolation and coordinating increased outreach, and shifting to telehealth modalities of care. VHA rapidly shifted to offer predominantly virtual mental health care. In February 2021, VHA provided over 1 million mental health telephone and televideo visits (77% of total VHA mental health visits). This includes over 630,000 telephone calls to over 383,000 Veterans. The February VA Video Connect (VVC) encounters represent an increase to over 452,000 visits, which is the highest monthly VVC volume to date. In February, over 109,000 VVC group visits were completed with over 30,000 Veterans, the highest VVC group utilization to date. VA has also continued to support the ongoing efforts of Solid Start, a program designed to conduct outbound calls to all Service members within 90 days of their expected date of separation from military service and at key intervals after separation (e.g., 90-, 180-, 365-days). From the onset of the program in 2019 until the end of January, over 152,000 individuals have been outreached with a successful outreach of 57.1%. Likewise, the program specifically prioritizes calls to Veterans who had a mental health appointment within their last year before separation and within this group the successful outreach is 72.4%.

[2] https://www.mentalhealth.va.gov/coronavirus/index.asp
[3] https://www.ptsd.va.gov/covid/COVID_managing_stress.asp

Indicated Strategies, which target a smaller segment of Veterans at elevated risk of suicide or of escalation in mental illness associated with COVID-related stressors, have also been increased greatly. These include the expansion of the Recovery Engagement And Coordination for Health – Veterans Enhanced Treatment (REACH VET) program, which uses predictive modeling to identify Veterans at risk for suicide and other adverse outcomes, and the Safety Planning in the Emergency Department (SPED initiative), with timely safety plan implementation improving by 20.65% from March to December 2020. The Veterans Crisis Line (VCL) has also implemented Caring Letters, an evidence-based intervention for suicide prevention found to reduce the rate of suicide death, attempts, and ideation. Since the launch of the VCL Caring Letters program in June 2020, 60,000 Veterans have been reached and are receiving 9 follow-up letters after their call to the VCL. VCL call volume has grown from FY19 to present, seeing an average annual rate of 13.2% with significant ongoing increases in call volume forecasted with the onset of 988. Signed into law in 2020, the National Suicide Hotline Designation Act authorized 988 as the new three-digit number for the National Suicide Prevention Lifeline. All telephone service providers in the U.S. must activate the number no later than July 2022; however, many providers will implement the service sooner. Once a Veteran's telephone service provider makes 988 available, Veterans will be able to dial 988 and press 1 to contact the Veterans Crisis Line.

While VA has implemented a comprehensive and proactive COVID-19 mental health response plan, we have also been conducting COVID-19 suicide prevention surveillance work since the onset of the pandemic. This includes evaluation of trends in VHA site-reported suicide-related behavior and information from VHA patient encounters, in the context of the COVID-19 pandemic. Findings to date do not indicate pandemic-related increases in site-reported Veteran suicides, nonfatal suicide attempts, on-campus attempts or deaths, or volume of emergency department visits related to suicide attempts. However, full assessment of the impact of COVID-19 on Veteran suicide requires death record searches for 2020, which will not be available until 2022. Our work continues and is also informed and influenced by recent legislation allowing us the opportunity to further expand our public health approach to mental health and suicide prevention.

Hannon Act

The Hannon Act was signed into law in October 2020 and builds upon VA's National Strategy for Preventing Veteran Suicide and public health approach model: blending community-based prevention and clinically-based intervention strategies. The Hannon Act supports the improvement of mental health care and suicide prevention services for Veterans three areas of focus. The first is improving access to mental health and suicide prevention services through grants that help improve rural Veterans' access to care through telehealth technology and through VA's development of a strategic plan for providing health care to Veterans during the first year following discharge or release from military service. The second is by expanding the scope and breadth of services available to Veterans through research and investment in innovative and alternative therapies. This expanded scope includes building on Veterans' access

to complementary and integrative health programs through animal therapy, agritherapy, sports and recreation therapy, and art therapy. In addition, the Hannon Act directs VA to explore posttraumatic growth programs through partnerships with non-Federal Government entities and to study the effectiveness of hyperbaric oxygen therapy for the treatment of traumatic brain injury and posttraumatic stress disorder among Veterans. The final focus is on improving equity for sub-populations of Veterans, with the expansion of capabilities of the Women Veterans Call Center to include text messaging and updating VA's websites to provide more information on services available to women Veterans.

A critical portion, Section 201 of the Hannon Act, is the grant-making authority for VA, which established the *Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program* (SSG Fox SPGP). This grant program enables VA to provide resources for community-based suicide prevention efforts to meet the needs of Veterans and their families through outreach, suicide prevention services, and connection to VA and community resources. VA currently has limited grant-making authorities. Three sections of the Act expand VA's portfolio by enabling VA to award grants and scholarships to support partnerships in the broader Veteran community as described below:

- **Section 201** establishes the SSG Fox SPGP, which will be modeled after VA's Supportive Services for Veteran Families (SSVF) grant program. Under SSVF, grants are awarded to community-based organizations to provide supportive services, including outreach, case management, and financial assistance to Veterans (who may not have had any contact with VA). SSG Fox SPGP is a $174 million, 3-year community-based grant program that will provide resources to community organizations serving certain Veterans and their families across the country. Organizations can apply for grants of up to $750,000 per fiscal year for up to 3 years.

- **Section 502** establishes a professional education scholarship program through the Readjustment Counseling Service for the professional education for mental health providers. Individuals eligible are pursuing a terminal degree in psychology, social work, marriage and family therapy, or mental health counseling. Recipients agree to six years of full-time employment at VA with priority selection given to Veterans and those who agree to work at strategically located Vet Centers following completion of their program of study, thereby improving community outreach and suicide prevention efforts.

- **Section 701** enables VA to award grants to entities for the expansion of telehealth technology for secure and private telehealth services. VA is currently spearheading several initiatives with private partners, including Philips, Veterans of Foreign Wars and The American Legion, to provide convenient locations with the broadband and telehealth technology necessary to expand telehealth services and reach Veterans in underserved communities.

Conclusion

Each of us has a role in suicide prevention and in the implementation of VA's National Strategy. Community prevention efforts are as critical as our clinical intervention efforts. We are grateful to Congress for the Hannon Act to assist in further implementation of the public health approach to prevent Veteran suicide and to improve Veterans mental health and well-being over the course of their lifetime. We appreciate the Committee's continued support and partnership in this shared mission.