

**STATEMENT OF
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SUBCOMMITTEE ON MILITARY CONSTRUCTION, VETERANS AFFAIRS,
AND RELATED AGENCIES**

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Good morning Madam Chair, Ranking Member Carter, and distinguished Members of the Subcommittee. I appreciate the opportunity to discuss mental health issues facing Veterans, and how VA provides a unified approach by leveraging all our capabilities including those in Mental Health, Homelessness and Whole Health. I am accompanied today by Dr. Roger Casey, the Director of Education and Dissemination, for VA's National Center on Homelessness Among Veterans, and Dr. Tracy Gaudet, the Director for VA's Office of Patient Centered Care & Cultural Transformation.

Introduction

Our commitment at VA is to promote, protect, and restore Veterans' health and well-being, to empower and equip them to achieve their life goals, and to provide state-of-the-art treatments as needed. Mental health issues, to include opioid and other substance use disorders, and suicide are serious public health concerns that affect communities nationwide. Veterans possess unique characteristics and experiences related to their military service that may increase their risk; however, they also tend to possess skills and protective factors, such as resilience or a strong sense of belonging

to a group. Our Nation's Veterans are strong, capable, valuable members of society, and it is imperative that we ease their transition back into civilian life and support them over their lifetime.

The health and well-being of the Nation's men and women who have served in uniform is the highest priority for VA. 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 Service-members into their communities. Mental health care at VA comprises an unparalleled system of comprehensive treatments and services to meet the needs of each Veteran and the family members who are involved in the Veteran's care. These services support Veteran resilience, identify and treat mental health conditions at their earliest onset, address acute mental health crises, and deliver recovery-oriented treatment. VA is working every day to meet the increasing demand for mental health services through cutting-edge research, education, and technology, supporting Veterans where they live, work, and thrive.

VA provides a continuum of forward-looking outpatient, residential, and inpatient mental health services across the country. Points of access to care span 172 VA medical centers (VAMC), 1,046 Community Based Outpatient Clinics (CBOC), 300 Vet Centers, and 80 mobile Vet Centers. In Fiscal Year (FY) 2018, 1.7 million Veterans received VHA mental health services. These patients received more than 84,000 psychiatric hospital stays, approximately 41,700 residential stays and more than 21 million outpatient encounters. Nationally, in the first quarter of FY 2019, 90 percent of new patients completed an appointment in a mental health clinic within 30 days of

scheduling an appointment, and 96.8 percent of established patients completed a mental health appointment within 30 days of the day they requested. For FY 2018, 48 percent of initial, in-person Primary Care – Mental Health Integration (PC-MHI) encounters were on the same day as the patient’s PC encounter. During the first quarter of FY 2019, 51 percent of initial, in-person PC-MHI encounters were on the same day as the patient’s PC encounter. To meet the growing demand for care, VA has hired more than 3,900 new mental health providers, from among all disciplines, and that has yielded a net increase in VA mental health staff of over 1,000 providers, since July 2017.

Mental Health and Suicide Prevention

We know that an average of approximately 20 Veterans die by suicide each day. This number has remained relatively stable over the last several years. Of those 20, only six had used VA health care in the two years prior to their death, while the majority (14) had not. In addition, we know from national data that more than half of Americans who died by suicide in 2016 had no mental health diagnosis at the time of their death. Maintaining the integrity of the mental health care system is vitally important, but it is not enough. That’s why we are implementing broad, community-based, evidence-based prevention strategies, driven by data, to connect Veterans outside our system with care and support on national and local facility levels. In June 2018, VA published a comprehensive national Veteran suicide prevention strategy that encompasses a broad range of bundled prevention activities to support the Veterans who receive care in the VA health care system, as well as those who do not — and may never — come to us for

care. VA is also implementing Mayor and Governor Challenges to help cities and states step up to engage and support the Veterans and families in their communities.

VA's Office of Mental Health and Suicide Prevention is the national leader in making high quality mental health care and suicide prevention resources available to Veterans through a full spectrum of outpatient, inpatient, and telehealth services. VA is committed to identifying and treating mental health conditions at the earliest onset, addressing acute crises, and delivering recovery-oriented treatment. The focus remains on high-risk individuals in health care settings while also emphasizing the need for comprehensive, community-based engagement.

Established in 2007, the Veterans Crisis Line provides confidential support to Veterans in crisis. Veterans, as well as their family and friends, can call, text, or chat online with a caring, qualified responder, regardless of VHA eligibility or enrollment. VA is committed to providing free and confidential crisis support to Veterans 24 hours a day, 7 days a week, 365 days a year. However, we must do more to support Veterans before they reach a crisis point, which is why we are working with internal partners like the Homeless Program Office, Whole Health Program, and with multiple external partners and organizations.

VA's premier, and award-winning digital mental health literacy and anti-stigma resource, *Make the Connection* (www.MakeTheConnection.net), highlights Veterans' true and inspiring stories of recovery and connects Veterans and their family members with local VA and community mental health resources. Over 600 videos from Veterans of all eras, genders, and backgrounds are at the heart of the Make the Connection resource. The resource was founded to encourage Veterans and their families to seek

mental health services (if necessary), educate Veterans and their families about the signs and symptoms of mental health issues, and promote help-seeking behavior in Veterans and the general public.

With more than 593,000 visits to more than 180,000 Veterans in FY 2018, VA is a national leader in providing mental health services via telehealth platforms. This is a critical strategy to ensure all Veterans, and especially those living in rural communities, can access mental health care when and where they need it. VA offers evidence-based mental health care to rural and underserved areas via telehealth infrastructure supporting 11 regional hubs that provide expert consultation for patients through the National Telemental Health Center, and telemental health services between any U.S. location — into clinics, homes, mobile devices, and non-VA sites via VA Video Connect, an app that promotes ‘Anywhere to Anywhere’ care. VA also offers tablets for Veterans without necessary technology to promote engagement in care. VA’s goal is that all VA outpatient mental health providers will be capable of delivering telehealth care to Veterans in their homes or other preferred non-VA locations by the end of FY 2020.

VA has deployed a suite of 16 award-winning mobile apps supporting Veterans and their families by providing tools to help them manage emotional and behavioral concerns. These apps are divided into two primary categories: those for use by Veterans to support personal work on issues such as coping with Posttraumatic Stress Disorder (PTSD) symptoms or smoking cessation, and those used with a mental health provider to support Veterans’ use of skills learned in psychotherapy. Enabling Veterans to engage in on-demand self-help before their problems reach a level of needing professional assistance can be empowering to Veterans and their families. It also

supports VA's commitment to be there whenever Veterans need us. In FY 2018, VA's apps were downloaded 700,000 times.

Additionally, we have developed six award-winning online courses that give Veterans desktop access to tools that help them tackle challenges like parenting, goal setting, and problem solving — issues where having the opportunity to write, reflect, and print out worksheets is important — as well as addressing symptom management. The following courses are available:

- Path to Better Sleep (www.veterantraining.va.gov/insomnia/index.asp), which includes cognitive behavioral therapy for insomnia as well as information to modify sleep behaviors.
- Moving Forward (www.veterantraining.va.gov/movingforward), an educational and life-coaching program that teaches problem-solving skills to help Veterans better handle life's challenges.
- Veteran Parenting (www.veterantraining.va.gov/parenting), a course to help parents learn how to address everyday parenting challenges and family issues unique to military families.
- Anger and Irritability Management Skills (AIMS) (www.veterantraining.va.gov/aims/), which offers a wide range of practical skills and tools to manage anger and develop self-control over thoughts and actions.
- PTSD Coach Online (www.ptsd.va.gov/apps/ptsdcoachonline/default.htm), a Web-based version of the award-winning PTSD Coach, is for trauma survivors, their families, or anyone coping with stress.

- VetChange (www.ptsd.va.gov/apps/change/), a free, confidential program to help Veterans take control of their drinking and learn to manage PTSD symptoms without using alcohol.

VA's research programs implement studies to better understand and treat all mental health conditions, focusing on crucial care questions raised by VA's mental health care providers. VA also uses data to inform and guide shared decision-making in the clinical encounter between a Veteran and a provider, and to improve the mental health care delivery system itself. The Measurement Based Care in Mental Health Initiative is deploying the use of patient-reported outcome measures for individualized treatment planning and shared-decision making as the standard of care with VA mental health. The mantra is to Collect-Share-Act, patient and provider together, to improve outcomes and experience. In addition to VA's Opioid Safety Initiative to improve appropriate prescribing and minimize risk and unintended consequences, VA has had a Psychotropic Drug Safety Initiative (PDSI) in place for the past five years, again an effort to use data to improve care and reduce risk. PDSI has improved safety and increased the effectiveness of treatment across multiple domains of care including PTSD, opioid and other substance use disorders, dementia, and suicide prevention.

VA is focused on increasing access to mental health care for Veterans whose lives have circumstances that may increase their risk for suicide. This includes transitioning Servicemembers, especially in the first 12 months after separating from service, women Veterans, homeless Veterans, and former Servicemembers with Other Than Honorable discharges.

Mental Health and Suicide Prevention Within the Veteran Homeless Population

VA remains committed to the objective of ending Veteran homelessness. The ultimate goal is to make sure that every Veteran has permanent, sustainable housing with access to high-quality health care and other supportive services, and that Veteran homelessness in the future is prevented whenever possible or is otherwise rare, brief, and nonrecurring. VA has partnered closely with other Federal agencies and with State and local programs, striving to implement a systemic end to homelessness, which means communities across the country will have identified all Veterans experiencing homelessness; are able to provide shelter immediately to any Veteran experiencing unsheltered homelessness; provide service-intensive transitional housing to Veterans who prefer and choose such a program; have the capacity to help Veterans swiftly move into permanent housing; and have resources, plans, partnerships, and system capacity in place should any Veteran become homeless or be at risk of homelessness in the future. VA has also worked to integrate resources in the Homelessness Program that address the mental health concerns of Veterans who are homeless or at risk of being homeless, with an emphasis on suicide prevention and substance abuse disorder.

In the Housing and Urban Development – Veterans Affairs Supportive Housing (HUD-VASH) Program, using the Housing First Model, master’s-degree holding prepared case managers assist Veterans with referrals and linkages for mental health treatment, and in many instances, provide this treatment directly through evidence-based practices such as Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI). Currently we are working with the Beck Psychopathology Research Center, in the Center for the Prevention of Suicide, University of Pennsylvania, training

clinicians in CBT for Depression; and coordinating with VA's National Evidence-Based Psychotherapy Program in the Office of Mental Health and Suicide Prevention, training case managers in MI. Case managers assist Veterans struggling with symptoms of depression, substance use disorders, and other mental health conditions; work with Veterans on recovery; as well as focus on suicide risk; and enhancing skills of daily living designed to promote greater housing stability and treatment engagement. VA makes training resources, such as its Operation S.A.V.E. Training and its community provider toolkit, available to all its community partners.

Through case management services in the HUD-VASH program, clinicians have the ability to work with Veterans in their homes, as well as build relationships with landlords who can also help raise concerns. Clinicians also have the ability to conduct individual on-site welfare checks and incorporate police or community response teams if needed. In addition, teams from the Health Care for Homeless Veterans program can provide case management for Veterans who are in permanent housing other than HUD-VASH and are in need of support to successfully maintain their housing.

In the past the Homeless Providers Grant and Per Diem (GPD) Program provided training to GPD-funded organizations and their staff through our continuing education series. The specific training related to suicide risk assessment and safety planning was conducted last year and it still available to GPD grantees on the GPD Web site (www.va.gov/HOMELESS/GPD_Staff_Dev_Training.asp).

The Supportive Services for Veterans Families (SSVF) Program provides grantees with training on suicide prevention through national webinars and online resources. Training is available on the SSVF University Web site

(www.va.gov/HOMELESS/ssvf/docs/VA_Suicide_Prevention_Overview_Power__of_1_FINAL.pdf). This training is also included in the SSVF list of required training for new grantee staff and completion of this training is part of SSVF annual monitoring of all grantees. All SSVF grantees have been linked to local VA Suicide Prevention Coordinators who can assist in facilitating access to local, in-person training and helping connect Veterans to VA Mental Health services as needed.

In light of the high-risk nature of the initial period of time following release from State or Federal prisons or local county jails, outreach and re-entry planning by Veterans Justice Program (also known as VJP) staff is critically important and includes:

- Appointments and/or screenings scheduled prior to Veterans' release, such that initial appointments (or admissions) are accomplished immediately upon or as soon after release as feasible.
- Arrangements made in advance of Veterans' release from custody so that the shelter or housing can be accomplished at the time of or as soon after release as feasible.
- Established protocols (including necessary Release of Information documentation) with corrections facility staff/departments to facilitate information passage regarding Veterans which may include:
 - Expressing ideation suggestive of suicidal risk or self-harm at the time of an outreach visit; and
 - Veterans with VA-documented suicide risk histories.
- Established protocols internal to VA to facilitate information passage regarding releasing Veterans with suicide risk histories while incarcerated to:

- VA Suicide Prevention Coordinators;
- Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET) Coordinators; and
- VA clinical staff in programs to whom Veterans are being triaged.

Further, VA Healthcare for Homeless Veterans (also known as HCHV) and community partners are engaged in outreach to Veterans and can help them connect with other VA services and community resources for which they are eligible. This includes Veterans who may not be eligible for VA health care but can be referred to VA programs such as GPD transitional housing and SSVF.

To this end, VA's homeless and mental health program's strategy for addressing the needs of homeless and potentially homeless Veterans will be improved by integrating resources for suicide prevention, mental health, including opioid and other substance use disorders with the programs that are currently available through VA's Homeless Program.

Whole Health Initiative

VA is currently in the midst of a transformative shift in our overall approach to health care. VA has embarked on a transformation in health care that we believe will be profoundly impactful. Today, health outcomes in our country are poor; the U.S. is ranked 37th in life expectancy, despite spending far more on health care than any other country. The financial and human costs are crippling our Nation. It is time to radically re-envision and redesign in order to transform health care and create a health system, rather than a disease care system. To transform, we must start from a different place. We must expand our understanding of what health care is by developing a Whole

Health System that empowers and equips Veterans to take charge of their health and well-being. VA is uniquely positioned to make this a reality not only for our Veterans, but to model it for our Nation.

Whole Health empowers and equips people to take charge of their health and well-being and to live their lives to the fullest. VA facilities have been exploring what it takes to shift from a system designed around episodic points of clinical care, primarily focused on disease management, to one that is based on a partnership across time, focused on whole health. We have learned that clinical encounters like those we provide today are essential but nowhere near sufficient. We need a health system focused not only on treatment but also on self-empowerment, self-healing, and self-care. The Whole Health delivery system includes three components:

- Empower: Pathway - In a partnership with peers, Veterans explore their mission, aspiration, and purpose, and begin to formulate their personal health plan.
- Equip: Self-care and Well-being Programs – With a focus on self-care, skill building, and support, these services support the personal health plan of each individual. Proactive, complementary, and integrative health (also known as CIH) approaches such as health coaching, stress reduction, yoga, tai chi, mindfulness, nutrition, and acupuncture are just some of the examples.
- Treat: Whole Health Clinical Care - In VA, their community, or both, clinicians are trained in Whole Health and align the Veteran's clinical care with their personal mission and on-going self-care.

This approach not only partners and supports Veterans in improving their whole health, but it is also critically important for Veterans with complex conditions, such as

chronic pain and mental health concerns. Additionally, by expanding health care delivery to include Self Care and Well-Being programs, the Whole Health approach provides another point of access and can reduce the use of primary care, while improving clinical outcomes.

We have been working with Veterans around the country to implement this transformation. Our approach is based on the experience of over 200 innovation projects. There were followed by seven specifically selected design sites (pilot sites at which models and assumptions are tested and refined before wider deployment) in FY 2016 and eleven more in FY 2017. At this time, there are more than 140 facilities that are implementing and refining aspects of this approach. In conjunction with the Comprehensive Addiction and Recovery Act legislation, VA launched the full Whole Health System at 18 flagship facilities in FY 2018. The first wave in full-scale national deployment of the Whole Health System. In addition to a detailed implementation guide, the flagship facilities are receiving education and training, resources and tools, onsite support, and the flexibility to implement effectively. Veteran health outcomes, satisfaction, cost, and utilization are being tracked, as well as the impact on opioid safety, suicide prevention, and the overall effects on the VHA workforce. The next 36 facilities will begin to implement the Whole Health System this coming Spring.

Many Veterans sacrificed their lives, health, and well-being to be mission-ready and defend our country. Now we can, in some measure, repay them by helping them optimize their health so they can focus on what matters most to them. This health care transformation is the future of health care for VA, and for the Nation.

Conclusion

VA's goal is to meet Veterans where they are in life and walk with them to ensure they can achieve their goals, teaching them skills, connecting them to resources, and providing the care needed along the way; and we want to empower communities to do the same for Veterans who do not use VA services. Additionally, VA is transforming its approach to health care via the Whole Health Initiative which is how we are operating, whether it's in mental health, homeless prevention, suicide prevention, or any other service. We are committed to advancing our outreach, prevention, empowerment, and treatment efforts, to further restore the trust of our Veterans every day and continue to improve access to care. Our objective is to give our Nation's Veterans the top-quality experience and care they have earned and deserve. We appreciate this Subcommittee's continued support and encouragement as we identify challenges and find new ways to care for Veterans. Madam Chair, this concludes my testimony. My colleagues and I are prepared to respond to any questions you may have.