****

**STATEMENT OF THE**

**VETERANS AFFAIRS AND REHABILITATION COMMISSION**

**THE AMERICAN LEGION**

**BEFORE THE COMMITTEE ON VETERANS AFFAIRS**

**ON**

**“HONORING THE COMMITMENT: OVERCOMING BARRIERS TO QUALITY MENTAL HEALTH CARE FOR VETERANS”**

**February 13, 2013**

Chairman Miller, Ranking Member Michaud and distinguished Members of the Committee:

The United States of America lost 22 veterans to suicide every day in 2010 according to the Department of Veterans Affairs (VA) study released earlier this month. According to the report’s estimations, a veteran took his or her own life every 66 minutes[[1]](#footnote-1). With veteran suicide at an all time high, naturally we must question whether VA’s mental health care system is equipped to meet the demands of the veteran population it was created to serve. The VA may offer veterans the best mental health care option available, but if we face difficult barriers to access that care, then veterans are not really being served.

On behalf of Commander James Koutz and the 2.4 million veterans of The American Legion, we would like to thank you for this opportunity to provide testimony for the record in order to highlight issues with overcoming barriers to quality mental health care provided by VA.

Specifically, we will address the following five issues:

1. Fulfilling the promise to hire additional mental health personnel and fill the large number of vacancies
2. Implementation of the E.O to improve access to mental health care for veterans and their families
3. Addressing the recommendations in the IG and GAO report
4. Correcting lengthy wait times and misleading access measures, and cumbersome scheduling processes, and
5. Effective partnering with non-VA resources to address gaps and create a more patient-centric network of care focused on wellness-based outcomes

***The Large Number of Existing Vacancies***

During the past half decade, VA has nearly doubled their mental health care staff, jumping from just over 13,500 providers in 2005 to over 20,000 providers in 2011. However, during that time there has been a massive influx of veterans into the system, with a growing need for psychiatric services. With over 1.5 million veterans separating from service in the past decade, 690,844 have not utilized VA for treatment or evaluation. The American Legion is deeply concerned about nearly 700,000 veterans who are slipping through the cracks unable to access the health care system they have earned through their service.

On June 11th, 2012, a VA Press Release outlined an aggressive recruitment effort to hire 1,600 mental health professionals and 300 support staff. The release stated that all of the positions would be filled by the 2nd Quarter of FY2013. Unfortunately, despite repeated requests for updates on the progress of the hiring, The American Legion had not received any numbers or date until a belated, eleventh hour press release from VA that was released just hours before this hearing.

In order to instill confidence in the veterans’ mental health care stakeholders, VA must improve the transparency of their process and work to foster meaningful two-way communication. The veteran community wants to work with VA to ensure the needs of our veterans are being met, yet effective communication is impossible without open access to the information we need to discuss. The American Legion urges VA to provide more information on the status of hiring for these positions, throughout the entire process. If the concerned veterans’ community only learns of unfilled positions after a deadline is missed, it will be too late for stakeholders and partners to work together to achieve meaningful solutions.

***Implementing the Executive Order on Improving Access to Mental Health Services for Veterans, Servicemembers and Military Families***

The Executive Order on Improving Access to Mental Health Services for Veterans, Servicemembers and Military Families dealt with suicide prevention, enhancing partnerships between the VA and community providers, expanding VA mental health services staffing,improved research & development, and the creation of a Military and Veterans Mental Health Interagency Task Force.

After reviewing the Executive Order and examining the implementation, The American Legion has identified certain gaps that may need to be considered in the future development and implementation of this Executive Order.

The Executive Order Section 1: Policy order states that “as part of our ongoing efforts to improve all facets of military mental health, this order directs the Secretary of Defense, Health and Human Services, Education, Veterans Affairs, and Homeland Security to expand suicide prevention strategies and take steps to meet the current and future demand for mental health and substance abuse treatment services for veterans, service members and their families.”

However, The American Legion is gravely concerned about the February 5, 2012 decision by VA and DOD to abandon efforts to create a single medical records system. Rather than supporting the vision of the Executive Order to work with multiple agencies, this decision can only lead to greater distance and fragmentation. With veterans waiting on average 374 days for Medical Evaluation Board (MEB)/Physical Evaluation Board (PEB) claims and 257 days for a traditional VA claim, veterans need faster processing which will only come from a smooth transition of records. These records are needed for decisions and the lack of a shareable record is hurting veterans.

*Suicide Prevention*

According the Executive Order, the Veterans Crisis Line was to be increased by 50%, which The American Legion applauds because it increases the capacity to serve veterans in a timely manner. It also called for the creation of a 12 month national suicide prevention campaign, and on bringing down the negative stigma associated with mental health needs for the veteran, but the American Legion is concerned this campaign does not adequately target families and community members. Because PTSD is comparable to other societal issues such as substance abuse, where the victim may not recognize their own problem, reaching out to the existing support structures around those victims is all the more critical. Veterans may have a lack of understanding or awareness of mental health care, and may not understand their conditions or may feel that their mental health conditions are not severe enough to warrant asking for help. Family and community members can help increase awareness and encourage the veteran to seek help[[2]](#footnote-2).

One of the impediments VA has faced has been with the collecting and tracking of accurate suicide data. In the Suicide report, it found that “as of November 2012, data had only been received from 34 states and data use agreements have been approved by an additional eight states.” However, agreements are still under approval or development by other states which impacts VA’s ability to accurately calculate the total number of veteran suicides. In order to improve the collection and reporting of suicide data, Congress should urge the states to share this information with VA. Without accurate suicide prevention and mortality data, the estimates that 18 to 21 veterans commit suicide are not truly accurate and these estimates in reality in all actuality could be much higher or lower.

*Enhanced Partnerships Between the VA and Community Providers*

VA and Health & Human Services (HHS) were asked to establish at least 15 pilot programs with community providers in order to ensure that the needs of veterans are being met, by providing access to mental health services within 14 days of the patient’s requested date.

While DOD has led the effort in utilizing pro-bono community provider programs to treat service members for mental health conditions, including PTSD; Senate testimony from a November 30th, 2011 Veterans Affairs Committee hearing[[3]](#footnote-3) made it clear that VA was not working with non-profit organizations to minimize patient wait times for appointments, thus exacerbating the problem of the veterans ability to receive care in a timely manner.

In a congressional hearing, VA Fee Basis Care: Examining Solutions to a Flawed System, on September 14, 2012 The American Legion found many problems with VA’s non-VA purchased care programs such as:

* need for VA to develop and implement fee-basis policies and procedures with a patient-centered strategy that takes veterans’ interest and travel distance into account;
* lack of training and education programs for non-VA providers; lack of integration of VA’s computer patient record system with non-VA providers which creates delay in contractors submitting appointment documentation;
* VA does not have a process to ensure all VA and non-VA purchased care contracts are inputted into a tracking system to ensure they do not lapse.

Without these VA reforms and improvements, VA cannot adequately leverage non-VA and community partnerships.

The American Legion demands that veterans have access to quality and timely mental health care, which should be based in an adequately funded budget for mental health. However, the VA should be leveraging community resources to help alleviate the issue associated with wait times whenever possible. In addition, it is crucial that the VA ensure that the community providers performing this important work are trained to provide the quality of care equal to what is delivered by VA providers. Ultimately, given the experience in dealing with military matters such as the unique complexities of PTSD, VA and DOD providers are, and should be, the gold standard of care, and VA planning should have the ultimate goal of fulfilling the needs of veterans within the VA system. While working to achieve that goal VA should ensure that no veterans slip through the cracks by leveraging all available community resources until the care can be completely met by VA resources.

It should be noted that the VA is working with community providers through the five-site, 3-year pilot program, Project Access Received Closer to Home (ARCH), which is administered through the Office of Rural Health. This program utilizes contracting and a fee-basis payment system to help meet the needs of rural veterans. The American Legion notes that processing the authorizations for certain services were concerns that were brought up in April 2012 during the evaluation of the Montana Project ARCH program. The 2012 System Worth Saving Task Force Report on Rural Health recognized that the ARCH project was a three year pilot, yet concerns existed regarding effective utilization of budget for patient care, a lack of outreach guidelines and communication and the difference in structures between VA care and non-VA care.

While Community providers are an option, The American Legion is concerned that a main issue associated with using community providers lies in the continuity of care. To address this concern, the VA is implementing a program that will address the lack of providers, while increasing the continuity of care, called; VA Specialty Care Access Networks – Extension for Community Healthcare Outcomes (SCAN-ECHO). This unique program utilizes primary care physicians to provide specialty care to veterans who choose to enroll in the program. The primary care physician presents the veteran’s case to a panel of medical professionals, including specialists, who discuss diagnoses and treatments. By incorporating the primary care physician in the treatment, there is an increased level of continuity of care. Primary care physicians bring in a more holistic approach of the veteran that The American Legion believes will benefit the veteran patient.

*Expanding VA Mental Health Services Staffing*

The Executive Order also calls for the addition of 800 peer-to-peer counselors by December 2013, while providing hiring incentives and evaluating reporting requirements to reduce paperwork requirements to bring on new staff.

Peer-to-peer counseling has been used as an effective treatment to help veterans in the rehabilitation process, which is clearly exemplified by the Vet Center program implemented across the nation. The American Legion advocates expanding the program of peer-to-peer support networks, and believe this would be very instrumental in moving from a treatment based model to a recovery model.

The American Legion continues to encourage the Secretary of Veterans Affairs to utilize returning service members for positions as peer support specialists in the effort to provide treatment, support services and readjustment counseling for those veterans requiring these services. If appropriately skilled unemployed veterans can receive training to fulfill staffing needs in the mental health care system, VA will be solving multiple problems with a single, forward thinking solution. Robust recruitment and vocational training in this area should be a priority and The American feels so strongly about this issue that we passed a resolution during our National Convention last year specifically to call upon VA to institute a peer to peer outreach program[[4]](#footnote-4).

Hiring incentives may entice providers to apply to work for the VA over the private sector, and reducing the cumbersome process of credentialing and privileging to bring providers on board more quickly could help meet VA’s needs, provided it is done in a manner that does not sacrifice quality and competency of care. VHA needs to conduct a staffing analysis to determine if psychiatrists or other mental health provider vacancies are systemic issues impending VHA’s ability to meet mental health timeliness goals[[5]](#footnote-5). Many facilities visited through The American Legion’s System Worth Saving program have demonstrated difficulties competing with the private sector, and complained that the Credentialing & Privileging process for physicians is too lengthy.

*Improved Research & Development*

The Executive Order called for the creation of a National Research Action Plan to be developed within 8 months by DOD, VA, HHS, and the Office of Science & Technology Policy (OSTP). This plan was supposed to develop better prevention, diagnosis, and treatment for PTSD, other mental health conditions, and Traumatic Brain Injury (TBI). Additionally it calls for DOD and HHS to engage in a comprehensive longitudinal health study on PTSD, TBI, and related injuries with minimum enrollment of 100,000 service members.

The American Legion applauds this effort, because it is inclusive of TBI which has a high level of co-morbidity with PTSD. It also looks at long term effects of TBI, PTSD, and other mental health conditions, while focusing on the whole process of prevention, diagnosis, and treatment. The American Legion has long supported research efforts that address the signature wounds of the Iraq and Afghanistan conflicts and supports these efforts through a series of membership based resolutions that were passed during our National Convention last summer[[6]](#footnote-6).

In addition to traditional treatment measures currently in use through the VA and DOD health care systems, The American Legion urges Congress to provide oversight and funding to the DOD and VA for innovative TBI and PTSD research currently used in the private sector, such as Hyperbaric Oxygen Therapy and Virtual Reality Exposure Therapy, as well as other non-pharmacological treatments. The American Legion also recommends the creation of a joint office for DOD & VA research in order to increase agency collaboration and communication. Finally, The American Legion finds it troubling that DOD and VA are not designated as the lead agencies for this effort, with HHS and OSTP providing advisory roles.

*Military and Veterans Mental Health Interagency Task Force*

The creation of a taskforce, which is designed to implement the Executive Order, met with all the stakeholders in January. The American Legion encourages the Task Force to continue to involve VSOs at all stages of their work.

***Addressing the recommendations in recent VA Inspector General (OIG) and Government Accountability Office (GAO) reports***

Since 2005, multiple reports from the OIG have stated that the schedulers were entering incorrect desired appointment dates for veterans who were requesting mental health appointments. Recommendations have repeatedly directed VA to reassess their training, competency, and oversight methods to ensure reliable and accurate appointment data is captured.

The American Legion is extremely concerned that an overall lack of accountability will make this goal difficult to achieve. Much like the school system, the VA medical centers are trying to meet a standard they are mandated to achieve, and as in the case of the school systems, tests can be modified by the states to show success that is not occurring. The American Legion is further concerned that VHA statistics and data are being manipulated in order to show the desired results, and that this data is not accurately depicting the situation. Policies and measurements are created in order to monitor the information, but if individuals feel that their performance is based upon this measure, then the predilection to alter the data becomes problematic.

The American Legion also notes that the measurements are not always the issue. Staffing, technology, and veteran perceptions & circumstances also can play a big role in delaying treatment provided to veterans.

The VHA system has multiple issues with scheduling that could be alleviated with more funding[[7]](#footnote-7). Chief among these concerns are an outdated VistA Scheduling System, problems with scheduler turnover, and the ongoing provider staffing gaps. As the primary scheduling system, the outdated VistA can cause difficulties in scheduling due to a lack of multitasking ability inherent to the software. A more modern system could alleviate this, and will require funding to develop and implement. Consistency with staffing, not only of providers but also with schedulers, will ensure more consistency delivering appointments.

Although not mentioned in the report, the centralization of Informational Technology (IT) has created a shared pot where the different VA entities are now competing for the same technology storage space and resources. This creates and issue with updating programs such as the VistA Scheduling System or other IT solutions for scheduling. Facilities need to have flexibility in meeting their IT needs.

The more recent GAO report focuses on barriers faced and efforts to increase access[[8]](#footnote-8). The report mainly addresses the negative stigma, lack of understanding of mental health, logistical challenges, and concerns about the VA that may hinder veterans from accessing care.

Most notable in this report was the information regarding the values and priorities that veterans may have. For example, due to family, work, or schooling commitments, many veterans have concerns about scheduling VA appointments during traditional hours of operation.

VA attempted to address this issue with a Directive issued on September 5th, 2012 developed by the VHA[[9]](#footnote-9), however, the directive was rescinded less than a week later on September 11th, 2012 through VHA Notice 2012-13, and the changes never took place. On January 9, 2013, VHA Directive 2013-001 was sent to the field to extend hours access for veterans requiring primary care, including women’s health and mental health services. Unfortunately, the implementation of this regular is expected by July 31, 2013 and they are only required to have one weekend shift that is limited to only two hours. In addition, extended hours are only required in VA Medical Centers and Community Based Outpatient Clinics with 10,000 unique patients or greater. The American Legion is concerned about the impact of this on veterans, particularly in rural areas.

***Correcting lengthy wait times, misleading access measures, and cumbersome scheduling processes and procedures.***

Thus far, VA is taking a multi pronged approach to address the scheduling issue, by looking at the issues associated with technology, access measures, training, and funding.

*Technology*

The VA announced in the Federal Register in October of 2012 the opportunity for companies to provide adjustments to the open-source VistA electronic health system, and all submissions are due by June 2013. By creating the Medical Appointment Scheduling System (MASS) contest, the VA appears to be moving ahead on this issue.

Additionally, the GAO has determined that the VA telephone system is outdated[[10]](#footnote-10). The VHA directed all VISN directors to provide plans to assess their current phone system needs, and develop strategic improvements plans with a target completion of March 30th, 2013, 6 weeks from now.

Because the correction of the substandard VistA system and phone systems is vital to helping alleviate some of the associated difficulties with access to mental health care, The American Legion urges Congress to ensure VA’s budget receives adequate funding to address these issues.

*Access Measures and Training*

The VA is scheduled to have both the new measurements and the training package for schedulers by November 1st, 2013. The American Legion would like the VA to be more transparent regarding the updates associated with any progress associated with scheduling procedures. Furthermore, as VA develops these methods, The American Legion encourages strong cooperation with veterans’ groups and other stakeholders throughout the entire process.

*Funding*

In FY 2012 H.R. 2646 authorized the VA sufficient appropriations to continue to fund and operate leased facility projects that support our veterans all across the country. In November of 2012 the FY 2013 appropriations for the same facilities was eliminated from appropriations due to a “scoring change” initiated by the Congressional Budget Office (CBO). While the locations, projects, leases, and funding requirements did not change – the way in which CBO scored the projects did, which resulted in the appearance that the project would cost more than 10 times the actual needed revenue. According to VA, CBO refuses to share their evaluation process and will only issue the final score. As a result of CBO’s adjustment in scoring review, Congress refused to introduce the FY 2013 appropriations bill needed to keep these community based centers open. As these leases now become due, there are 15 major medical facilities that will be forced to close unless Congress acts quickly to provide the appropriate funding to these centers.

If these centers are allowed to close due to insufficient funding, the impact on our veterans, and the VA would be devastating. Not only would the center employees have to either relocate within the VA or be terminated, the VA could be subject to legal action for prematurely defaulting on their leases. The veterans currently being served by these facilities would then have to either travel long distances to the nearest VA facility, or would have to find care at local hospital that the VA would be required to pay for, at a fee-for-services basis. This would ultimately cost the VA an estimated 4 times what the original appropriations would have cost for these shuttered facilities. The facilities currently in jeopardy are located in; Albuquerque, New Mexico, Brick, New Jersey, Charleston, South Carolina, Cobb County, Georgia, Honolulu, Hawaii, Lafayette, Louisiana, Lake Charles, Louisiana, New Port Richey, Florida, Ponce, Puerto Rico, San Antonio, Texas, West Haven, Connecticut, Worchester, Massachusetts, Johnson County, Kansas, San Diego, California, and Tyler, Texas.

The American Legion implores Congress to fund these centers as originally planned. The funds that these centers need has already been obligated, and refusal to fund these centers will cause a false perception of excess monies to exist within the federal budget, which The American Legion is afraid will be falsely reported as a money saving initiative.

***Effectively partnering with non-VA resources to address gaps and create a more patient-centric network of care focused on wellness-based outcomes***

The Department of veteran Affairs has not engaged The American Legion in the development of any of the 15 pilot programs that VA is engaging in, pursuant to the Presidential Executive Order. As such, we have concerns regarding the quality and viability of the non-VA resources. The American Legion has made clear that they would prefer to be one of the VA’s primary resources for dealing with mental health care for veterans, for a variety of reasons which should be obvious.

The VA health care program is a holistic program as it takes into account all of the patient’s doctors, to develop an approach that recognizes the interconnectivity of multiple or complicated disorders. Doctors in the VA system have access to all of a patient’s records, which is helpful and relevant when dealing with disorders having co-morbid symptoms such as PTSD and TBI. Furthermore, VA mental health care providers are perhaps the most uniquely qualified practitioners available to address military related PTSD and other related emotional conditions. Civilian providers may lack the requisite experience and finite training to deal with these issues.

Because outside providers lack the sharing of information and military experience inherent to the VA system, the ideal solution is to ensure that veterans receive their care in the VA system. They have earned access to this system through their service, and deserve to be able to benefit from the VA’s healthcare system, sans scheduling difficulties or unreasonable and potentially deadly delays. However, when that system proves unable to cope with the demand, outside help may be needed until the VA system can be adjusted to once again handle the scope and scale of the influx of veterans who need mental health care assistance.

The American public has expressed a tremendous outpouring of support for those who serve and there is a vast and growing assortment of community based groups who are eager to provide help to veterans who are suffering. Given this level of community support veterans should be able to find the help they need within their communities. Understanding that the VA health care system is uniquely qualified to meet the needs of the veterans, and the ultimate goal should be to ensure that the system has the capacity to serve all veterans; local resources can and should be used to fill in the gaps until a suitable system is in place.

***Conclusion***

In conclusion, The American Legion is deeply concerned about the issues associated with the barriers to access, the timeliness, and quality of care available to our veterans, many of whom are suffering. The Legion urges VA to work with stakeholders, the Veterans Service Organizations, and Congress to develop a plan to increase transparency and address existing barriers to quality healthcare so we can all work together to ensure that veterans receive the timely and quality mental health services they deserve – especially for those veterans located in remote rural areas.

The American Legion recognizes that the VA is working hard to fulfill its mission; however they will only be successful if they are able to enjoy the full support of Congress, the VSOs, and the community.

1. “Suicide Data Report, 2012” Department of Veterans Affairs Mental Health Services Suicide Prevention Program, p 15 [↑](#footnote-ref-1)
2. *GAO Report 13-130, December 2012* [↑](#footnote-ref-2)
3. Testimony of Dr. Van Dahlen – 11/30/11 Senate Veterans Affairs Committee [↑](#footnote-ref-3)
4. American Legion Resolution No. 136: The Department of Veterans Affairs to Develop Outreach and Peer to Peer Programs for Rehabilitation [↑](#footnote-ref-4)
5. OIG Report *12-00900-168*, April 23, 2012 [↑](#footnote-ref-5)
6. Resolution No. 108: Request Congress Provide the Department of Veterans Affairs Adequate Funding for Medical and Prosthetic Research, Resolution No. 285: Traumatic Brain Injury and Post Traumatic Stress Disorder Programs [↑](#footnote-ref-6)
7. GAO Report13-130, December 2012 [↑](#footnote-ref-7)
8. Ibid [↑](#footnote-ref-8)
9. Directive 2012-023, “Extended Hours Access for Veterans Requiring Primary Care Including Women’s Health and Mental Health Services at Department of Veterans Affairs Medical Centers and Selected Community Based Outpatient Clinics” [↑](#footnote-ref-9)
10. GAO Report13-130, December 2012 [↑](#footnote-ref-10)