STATEMENT OF

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FOR THE RECORD

UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON VETERANS' AFFAIRS

WITH RESPECT TO

H.R. 3495 and Draft Legislation

WASHINGTON, D.C. NOVEMBER 20, 2019

Chairman Takano, Ranking Member Roe, and members of the committee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide views on H.R. 3495, *Improve Well-Being for Veterans Act*, and related amendments.

Suicide among America's veterans is a serious and stubbornly persistent issue. Tragically, 16.8 veterans completed suicide in 2017, which was an increase from previous years. We also know that there are undoubtedly more who attempt but do not complete the act. Thanks to recent Department of Veterans Affairs (VA) efforts, we have data that gives us a better picture of what populations of veterans are completing suicide. Veterans represent approximately 22 percent of U.S. suicides; younger veterans have a higher rate of suicide but veterans over 60 years of age account for the most suicides; veterans over 50 years of age account for 65 percent of veterans completing suicide; around 62 percent of veterans completing suicide have not been seen by the Veterans Health Administration (VHA) in the year of or year preceding their suicides.

The VFW is supportive of the intent of H.R. 3495, *Improve Well-Being for Veterans Act*, to utilize non-VA affiliated community programs to reach veterans not currently being seen by VA. This concept has been advocated by VA in the National Strategy for Preventing Veteran Suicide promulgated by the VA Office of Mental Health and Suicide Prevention, to wit "A wide range of community partners also have an important role to play in delivering prevention programs and services to Veterans at the local level."

The VFW does not agree, however, with the inclusion of clinical care in the services covered under the grant program established by H.R. 3495. Suicide prevention efforts are often focused on clinical factors that lead to veteran suicide, such as drug or alcohol dependency, post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and others. We know that veterans who use VA health care have access to such clinical programs, but do not know if lack

of access to clinical care is a contributing factor in suicides among veterans who do not use VA health care.

We do know that VA, other public health care options, and private sector health care providers do not always provide access to services and programs that address the non-clinical factors of suicide, such as life skills, financial instability, housing instability, and emotional issues that frequently need to be addressed. These factors often coincide and a suicidal act is the culminating event in a chain of issues that have developed over time. The National Strategy for Preventing Veteran Suicide (National Strategy) recognizes as much, saying, "In addition, many risk factors related to suicide are influenced by community and societal factors outside the bounds of VA's influence. This will require VA to reach beyond the health care setting, through which it has traditionally supported Veterans' health, and empower actors to prevent Veteran suicide in other sectors."

The VFW has recognized the need to cast a broad net in the community as well. The VFW is proud to have partnered with VA and community and corporate partners through the VFW Mental Wellness Campaign. The campaign raises awareness of mental health conditions, fosters community engagement, improves research, and provides intervention for those affected by invisible injuries and emotional stress. Since September 2016, more than 300 VFW posts around the world and 13,000 volunteers have successfully reached 25,000 people in three "Day to Change Direction" events hosted in partnership with Give an Hour's Campaign to Change Direction.

The purpose of the VFW's Mental Wellness Campaign is to teach veterans and caregivers how to identify when they or their loved ones are experiencing the signs of emotional suffering — personality change, agitation, being withdrawn, poor self-care, and hopelessness — as well as promote emotional well-being. In an effort to destigmatize mental health, participants learn that mental health conditions such as PTSD are common reactions to abnormal experiences.

The VFW's worldwide cadre of VFW-accredited Veterans Service Officers helps veterans and their families as they seek care or benefits from VA, and navigate issues and roadblocks. The VFW's Unmet Needs program also assists active-duty service members, veterans, and their immediate families to assist with basic life needs by providing grants and referrals to other organizations. However, those assisted do not receive cash directly; the Unmet Needs program makes payments directly to creditors. The VFW National Home for Children provides active-duty military personnel, veterans, and relatives of VFW and VFW Auxiliary members case management services to help families set up their plans and goals for the future; educational, recreational, and enrichment opportunities; community resources and counseling; and free housing and daycare.

The VFW does not receive federal funds for any of these programs. However, these are among the types of programs that H.R. 3495 must support, and the VFW believes in the efficacy of these programs to alleviate stressors on veterans and their families. These kinds of emotional, financial, housing, and familial stressors are cited as potential precursors to suicide attempts. Complementary and integrative health programs that have shown evidence of improving the non-clinical stressors that contribute to suicide, such as mindful meditation, must also be included.

We believe that the programs mentioned above are of the kind envisioned in Objective 1.4 of the National Strategy for Preventing Veteran Suicide: "Promote the development of sustainable public-private partnerships to advance Veteran suicide prevention. In addition, VA encourages creation of public-private partnerships that focus specifically on preventing Veteran suicide at the local, state/territorial, and national levels."

The broad nature of the services eligible for grants under H.R. 3495 will allow for grants to many programs and organizations not previously seen in the VA pantheon. Because of the new territory being covered, the VFW believes that the legislation creating any community grant program and regulations implementing such a program must:

- Focus on non-clinical social factors of suicide prevention and protective factors for suicide to include positive coping skills, having reasons for living or a sense of purpose in life, and feeling connected to other people.
- Facilitate access to mental health care, excluding clinical care except in case of emergency.
- Complement and supplement VA suicide prevention efforts.
- Accord with VA's focus on evidence-based suicide prevention programs.

The grant program as written in both bills is still too amorphous. The VFW urges the committee to amend the scope of the grant program to:

- Define the population the grant program will target, to include service members who do not meet VA's definition of veteran.
- Restrict funding of clinical care solely to emergency care.
- Identify clinical care options, if necessary, for the population engaged, including a warm handoff to VA for those eligible or to other health care options for those not eligible.
- Require the establishment of strong metrics before VA awards grants that capture definable measures of success and can serve as indicators of therapeutic modalities that should receive further funding and study.

Without both strong, well-defined criteria for programs that will receive grant awards and strong, well-defined metrics of success, the program envisioned under H.R. 3495 risks conflating a flurry of activity with achievement.

The Supportive Services for Veteran Families (SSVF) grant model upon which H.R. 3495 is based has very clearly defined success criteria. From the VA's website, SSVF "support[s] outreach, case management and other flexible assistance to rapidly re-house Veterans who become homeless or prevent Veterans from becoming homeless." Put more simply, the success criteria for SSVF is that formerly homeless veterans are no longer homeless. That is a straightforward metric. Because one cannot prove a negative, services that are meant to ameliorate suicide factors and prevent suicide cannot be measured against an obvious, simple standard. However, the stated goals of H.R. 3495 are to alter negative circumstances and connect with veterans who are not engaged with VA. Therefore, success must be defined through effectiveness in addressing the supportive factors identified, and facilitating connection to and utilization of continued services provided by VA or other entities as appropriate.

VA has done excellent work on clinical factors that contribute to suicide, such as genetic markers, PTSD, TBI, and even insomnia. The grant program proposed under H.R. 3495 should not be used to research clinical topics, but for the goal stated by VA leadership and the bill's sponsors — to reach the oft-cited 10-veteran cohort not engaged with VA and those who have served and are commonly viewed as veterans but who are ineligible to use VA. That is why the VFW opposes the use of grants under H.R. 3495 to provide clinical care, except in an emergency. VA has an established health care system. With the MISSION Act, VA has a standardized process to appoint eligible people to providers in the community. The VFW believes that eligible people should use VA care programs — either VA direct care or VA community care — as a matter of course. For consistency and clarity of purpose, VA must use these resources as intended.

If the goal of H.R. 3495 is to "catch" veterans in the community who are not using VA with a safety net of VA grant-supported community programs, the question becomes what to do with the cohort once they have been identified? For the VFW, the answer is obvious — connect them with VA or health care options for which they are eligible, such as TRICARE, Medicare, or employer-sponsored insurance. VA has wraparound services that already exist and are funded. H.R. 3495 must not set up a parallel track of community providers that supplant VA in provision of services. The grants distributed under H.R. 3495 should complement VA capabilities to deliver supportive services where applicable and supplement VA capabilities where necessary. A grantee that encounters a veteran in need of routine mental health care should connect that veteran to a local VA medical facility or help the veteran to find health care options under a health plan for which the veteran is eligible.

To summarize, the VFW applauds and accepts the stated goal of H.R. 3495 to engage eligible people who are not utilizing VA services through resources in their communities. The purpose of the program, criteria for grants, and metrics for success must be strong and clearly defined. H.R. 3495 cannot create an alternate path for clinical care or supportive services in the community for those eligible to use VA. Community services should complement and supplement VA efforts and services, and serve as an entryway to VA benefits accompanied by a warm handoff. Grants established by H.R. 3495 should not be clinically focused, but focused on the protective factors for suicide identified by the VA Office of Mental Health and Suicide Prevention: positive coping skills, having reasons for living or a sense of purpose in life, feeling connected to other people, and others (such as housing, financial, and relationship stability and access to education and training), as well as access to mental health care through appropriate channels.

The VFW stands ready to assist in the reduction of veteran suicides and helping veterans connect and thrive in their communities through service. The VFW is willing and able to share its experience in assisting veterans through our well-established programs such as Unmet Needs and the VFW National Home for Children, and the activities of our National Veterans Service.