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STRENGTHENING NURSES. EMPOWERING VETERANS.

September 7, 2020

The Honorable Mark Takano Chairman House Committee on Veterans' Affairs B234 Longworth House Office Building Washington D.C. 20515

The Honorable Phil Roe Ranking Member House Committee on Veterans' Affairs 3460 O'Neill House Office Building Washington, D.C. 20024

Dear Chairman Takano and Ranking Member Roe:

On behalf of the nearly 3,000 members of the Nurses Organization of Veterans Affairs (NOVA), we would like to provide our thoughts as you consider an array of mental health and suicide prevention legislation on what we believe to be critical to any bipartisan comprehensive package passed by the Committee and this Congress.

As nurses who provide care for all Veterans enrolled in VA healthcare, as well as coordination of outside (community care) services, we believe we have a unique perspective. Our sole mission is to provide a "Whole Health" approach of which mental health care is vital.

Strengthening VA mental health care services is at the forefront of the many bills being discussed by your Committee. We would like to advocate and offer our strong support for the following provisions:

 Setting clinical standards for community care providers equal to those mandated for VA employees, to include training on military cultural competency and suicide prevention, and confirmation that providers have credentials that are equivalent to VA's own high standards. This was mandated as part of the MISSION Act (Sec. 133) and intended to fix previous Veterans Choice Program's lack of standards for providers who treat Veterans in the private sector. To date, no mandatory credentials, training, and service delivery standards have been created or implemented. These gaps in care must be closed in order to properly treat those Veterans with signature conditions of PTSD, TBI, MST and other core mental health issues. (HR. 7504, VA Clinical Training in Evidence-based treatments and Military Culture Act of 2020 is a good start).

2. Increasing staffing of mental health providers, suicide prevention coordinators, and counselors is essential. No program or service works without clinical staff to provide the care – VA mental health provider vacancies remain in the top five of staffing needs nationwide. Addressing mental health care and suicide rates goes hand in hand with the availability of care and access to those providers. Access to care must include treating Veterans where they live and work. Additional suicide prevention coordinators, peer specialists, family and marriage counselors, psychologists, psychiatrists and APRNs are critical to addressing suicide preventive services. Legislation must include removing gaps in care and improving access for minority, women, and rural Veterans to include Alaskan and Native American Veterans who are at higher risks of suicide. It must include breaking down barriers to hiring and streamlining the hiring process. NOVA supports several bills that look to improve staffing to grow suicide prevention and mental health teams. (HR 7964, HR 8033, VA Mental Health Staffing Improvement Act, VA Peer Specialists Act, VA Mental Health Counseling Act, HR 8068, American Indian and Alaska Native Veterans Mental Health Act).

3. Providing Lethal Means Safety Training by reducing access to firearms/ lethal suicide methods is an evidence-based approach to decrease suicide rates and save lives. VA has had an existing training program for 5 years which was developed in partnership with mental health experts, suicide prevention organizations and the firearm community to provide lethal means safety training for its mental health providers. Expansion of this effort would include providing this training to all employees – not just VHA, but for VBA, Vet Centers, VOC Rehab, caregivers and most importantly community care providers. The training emphasizes a clear message respectful of firearm ownership and based on the latest evidence of suicide prevention research. (NOVA supports HR 8084, Lethal Means Safety Training Act)

4. Proper funding for expanding and improving mental health care services is crucial. Adequate funding for all VA needs – like increasing hiring and staffing, training providers inside and outside the VA - must be part of any comprehensive legislation. Providing the proper tools needed to ensure mental health and suicide prevention programs are successful will impact lives now and in the future. We understand that many of these bills will be added as part of the Chairman's Veterans Comprehensive Prevention Access to Care and Treatment Act of 2020 (Veterans COMPACT). NOVA supports the Chairman bill, and applauds the changes made to Section 201 which we have voiced our opinion on since introduction. We believe that any clinical services provided must remain with VHA or its community care networks. Removing language that includes individual and group therapy will ensure the funding awarded via grants concentrates on Veteran suicide prevention that is considered "emergent," while giving Veterans not currently enrolled the opportunity to seek care in the VA system to include its community care networks.

We also strongly support Title VI which looks to enhance and strengthen services for women Veterans. Recent VA data shows that the fastest growing cohort using VHA are women Veterans, many of whom have reported barriers to care as well as harassment at facilities when seeking care. Provisions in Title VI provide a good start with studies on gender-specific healthcare, counseling and treatment for sexual trauma, as well as substance abuse, rehabilitative serves, and homelessness programs.

Providing essential mental health programs and services to combat suicide takes a myriad of services supported by leadership and healthcare providers. VA continues to be the leader in mental health for PTSD, TBI, and MST. We believe that by including the priorities we have mentioned in any final bipartisan legislation, you will help to continue that most important work, and truly show your commitment to serving Veterans by providing proven outcomes and the highest quality mental health care services they earned and deserve.

*Attached is a list of stand-alone bills being considered by the Committee that NOVA has indicated its support for.

Sincerely,

Kelly D. Skinnel

Kelly D. Skinner, DNP, APRN, NP-C, GNP-BC, CRRN, WCC, CFCN President Nurses Organization of Veterans Affairs (NOVA) *NOVA Supported Stand Alone Bills being considered by the Committee September 10, 2020

Discussion DRAFT - ANS for Veterans' ACCESS

- H.R. 7504 VA Clinical TEAM Culture Act of 2020
- H.R. 7964 Peer Support for Veterans Families Act
- H.R. 8033 Access to Suicide Prevention Coordinators Act
- H.R. 8068 American Indian and Alaska Native Veterans Mental Health Act
- H.R. 8084 Lethal Means Safety Training Act
- H.R. 8130 VA Peer Specialist Act
- H.R. 8144 VA Mental Health Staffing Improvement Act
- H.R. 8145 VA Mental Health Counseling Act

Discussion DRAFT - Veterans Comprehensive Prevention Access to Care and Treatment Act of 2020 (Veterans COMPACT)