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VETERANS HEALTH ADMINISTRATION
DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
ON
COMBATING A CRISIS: PROVIDING VETERANS ACCESS TO LIFE-SAVING SUBSTANCE ABUSE DISORDER TREATMENT

April 18, 2023

Good morning, Chairman Miller-Meeks, Ranking Member Brownley and distinguished Members of the Subcommittee. Thank you for the opportunity today to discuss VA's substance use disorder treatment programs through Mental Health Residential Rehabilitation Treatment Programs (MH RRTP) and through community care referrals. Accompanying me today is Dr. Sachin Yende, Chief Medical Officer, Office of Integrated Veteran Care (IVC).

Veterans are increasingly struggling with substance use disorders (SUD). From fiscal year (FY) 2018 to FY 2022, the number of Veterans diagnosed with a SUD and receiving treatment in the Veterans Health Administration (VHA) increased from 522,544 to 550,412. This increase also reflects an increase in Veterans with a diagnosis of alcohol use disorder receiving care in VHA which increased from 393,531 to 411,615 over the same time period. Of the over 550,000 Veterans receiving care from VHA in FY 2022, or 8.5 % of all patients who received care from VHA, received treatment for a substance use disorder. While the annual number of Veterans receiving treatment from VHA for opioid use disorder has stabilized at about 67,000 patients per year, a rising number of VA patients are receiving treatment for cannabis use disorder and amphetamine stimulant use disorder, which includes methamphetamine use disorder. The number of patients treated in VHA for amphetamine stimulant use disorder has climbed by almost 8% over the previous 5 years to more than 40,000 patients annually, while the number of patients treated in VHA for cannabis use disorder has increased by more than 12% to more than 139,000 patients annually. The number of Veterans who have been diagnosed with an alcohol use disorder over the same time period has increased by nearly 5%. Together with each of you, VA is totally committed to providing a wide range of interventions that are supported by evidence to cater to the requirements of every Veteran.

Care for Veterans who have co-occurring SUD and mental health issues is a crucial component of general health care. Because it has an integrated health care system, VA is in a unique position to meet the requirements of Veterans with SUD by offering assistance for co-occurring medical, mental health, and psychosocial issues,

including by providing supports for employment and housing. Due to the complexity of SUD, neither a single remedy nor solely clinical or VA interventions will suffice to solve address the issue. To reduce the burden of SUD in the veteran population, it is important to use broad-based national preventative and treatment strategies. To achieve its goals, VA uses both whole-of-Government and whole-of-Nation approaches. These are exemplified by VA's interagency collaborations. As an illustration, the Department of Defense (DoD) and VA collaborated to produce clinical practice guidelines for the management of substance use disorders. To meet the needs of Veterans with or at risk of substance use disorder, VA also collaborates closely with several other Departments and agencies, including the Departments of Health and Human Services, Energy, Justice, and Housing and Urban Development.

Also, VA is incorporating Oak Ridge National Laboratory data into predictive models for targeted prevention programs so we can better identify Veterans with the greatest challenges to recovery and get them the additional support they need. Through collaborations with the Lawrence Berkeley, Los Alamos, and Sandia National Labs, VA is making better use of medical record information to identify high-risk VA patient populations. Through work with JJR Solutions in Dayton, Ohio, a service-disabled Veteran-owned small business, VA has found that provider education sessions on opioid safety practices lead to more effective treatment for Veterans in primary care and reduction in overdoses.

Overview of SUD Treatment at VA

There has been an upsurge in morbidity and mortality from substance use disorders during the past 10 years or more as powerful and hazardous illicit drugs have become more widespread in the United States. Federal, State and community prevention and treatment efforts have been developed in response, particularly aimed at reducing overdose deaths and addressing the opioid epidemic.

Within VA, patients with at-risk alcohol use or the SUDs of mild severity may be treated with evidence-based brief interventions and/or medical management in primary care or general mental health. For those with more severe disorders impairment, specialty SUD treatment programs provide intensive services including withdrawal management, evidence-based psychosocial treatments, SUD medication, case management and relapse prevention provided in outpatient, intensive outpatient and residential settings of care. VA has developed services specifically focused on engagement in care for vulnerable Veteran populations. VA efforts include universal screening for at-risk alcohol use, urine drug screening for at-risk Veterans, the provision of peer support services, integration of SUD treatment within homeless programs, and collaboration with Veterans' courts and the work of our re-entry specialists to engage Veterans with SUD involved with the legal system.

These efforts also have required close collaboration with other Federal partners in support of priorities defined by the Office of National Drug Control Policy (ONDCP). In alignment with ONDCP's National Drug Control Strategy, VA is working to expand

access to evidence-based treatment for SUDs and enhancing evidence-based harm reduction efforts aimed at reducing overdose fatalities. VA offers a comprehensive continuum of specialty SUD services for Veterans. Our VA/DoD Clinical Practice Guidelines,[1] updated in fiscal year (FY) 2021, provide the foundation for evidence-based treatment within VA and have positioned VA to respond to emerging drug use trends. Current policy requires facilities provide access to a comprehensive continuum of SUD treatment services ranging from early intervention and harm reduction services through intensive outpatient and, when needed, residential or inpatient treatment for SUD. In addition, current policy requires facilities provide same day outpatient access for Veterans with emergent substance use treatment needs. This care may be provided in several settings including general mental health, primary care mental health integration clinics, and SUD specialty clinics. Core characteristics of SUD services include timely same day triage, a no wrong door approach, concurrent treatment for co-occurring needs and Veteran-centered and individualized treatment based on the needs and preferences of the Veteran.

With national initiatives like Stepped Care for Opioid Use Disorder, Train the Trainer, and the Psychotropic Drug Safety Initiative, VA emphasizes access to evidence-based treatments for SUDs. These initiatives also aim to increase access to both evidence-based pharmacotherapies and evidence-based psychotherapies for substance use disorders. According to the National Survey on Drug Use and Health conducted by the Substance Abuse and Mental Health Services Administration, only 22% of the general population with opioid use disorder received medication for opioid use disorder in 2021. In calendar year 2022, VA more than doubles that rate, with over 47% of patients with opioid use disorder receiving medications for opioid use disorder from VA within the last 12 months. Appropriate use of FDA-approved medications for opioid use disorder can lower the risk of illicit opioid use, overdose, suicide, and other mortalities.

In 2022, VA provided psychosocial or behavioral therapy for SUD to almost 172,000 Veterans. VA is using national training initiatives to ensure that these treatments are as effective as possible, expanding access to highly evidence-based cognitive behavioral therapies and contingency management programs. Notably, contingency management is the most effective, evidence-based treatment for stimulant use disorder and has shown success in treating cannabis use disorder, two substance use disorders that are increasingly common in the VHA patient population. More than 6,200 Veterans have received contingency management treatment since 2011. Over 90% of the nearly 80,000 urine samples that those Veterans submitted tested negative for the target drugs, which are frequently stimulants and occasionally cannabis (THC). For Veterans with alcohol use disorder, VA offers both evidence-based medications as well as evidence-based psychotherapies separately or in combination depending on the shared decision-making between each Veteran and his/her treatment provider.

VA recognizes that not all Veterans with SUD will embrace abstinence among their recovery goals. Furthermore, SUD, like hypertension or diabetes, is a chronic,

[1] https://www.healthquality.va.gov/guidelines/MH/sud/.

relapsing condition; even Veterans who are striving to abstain from substances may not always be consistently successful. Because any exposure to substances can be fatal for individuals with SUD, VA provides Veterans with evidence-based interventions to protect them from harms, like overdose or infectious diseases like HIV and hepatitis, that could otherwise lead to their death. In just the past year, VHA equipped over 70,000 Veterans with naloxone to reverse potentially fatal opioid overdoses. Furthermore, nearly 1 million naloxone prescriptions have been provided to Veterans since 2014, when we launched our Overdose Education and Naloxone Distribution (OEND) initiative. This initiative has led to more than 3,700 overdose reversals. As part of this effort, VA uses data-driven modeling to identify Veterans at high risk of overdose and conducts clinical case reviews to inform their customized treatment plans. Support from Congress has been critical for the success of VA's overdose prevention efforts with passage of the Jason Simcakoski Memorial and Promise Act allowing VA to provide naloxone at no cost to Veterans at risk for overdose.

In support of its comprehensive approach to the treatment of SUD, VA has developed a wide array of substance use education programs in its efforts to expand SUD education and outreach. The programs are being implemented across the Department and can be classified as follows:

- Initiatives to educate primary care practitioners on the diagnosis and treatment of alcohol use disorders.
- Harm reduction approaches to reduce negative consequences of substance use including planned/developed mobile and internet-based treatment to expand VA's efforts related to SUD treatment, education, and outreach.
- Programs developed for Veterans and Veterans' families.
- Clinician training and consultation programs to improve their knowledge, skills, and abilities to treat Veterans with SUD.
- SUD training programs for trainees participating in clinical training with VA.

In addition, VA is supporting SUD training for our future workforce and is implementing novel harm reduction approaches including the development of mobile and internet-based applications. Beginning with the President's Budget for FY 2022, VA has requested support to directly respond to national priorities defined by ONDCP. The plan directly addressed the unique needs of Veterans with substance use concerns within the context of broader national priorities.

VA honors Veterans' autonomy in determining their recovery goals, and our providers support them with evidence-based treatments and subject matter expertise. Consequently, VA is making a positive difference in Veterans' quality of life by building confidence in their treatment and helping motivate them in their recovery. Indeed, Veterans receiving treatment for their SUD in VA are experiencing benefits in terms of their mental and physical health and across many other aspects of their lives such as housing stability, employment, and improved interpersonal relationships (See DeMarce

et al. for an example of such impact).[2] These are the goals VA is pursuing. We want to help Veterans do more than just survive – we want to help them learn how to thrive.

FY 2024 President's Budget Expands Access to Treatment for Substance Use Disorders (SUD)

President Biden's FY 2024 Budget proposes continued support for initiatives started during FY 2022, with over 1,100 additional staff awarded enterprise-wide to help meet VA's SUD treatment priorities to include the following:

- Stepped Care to expand access to evidence-based treatment for SUD in settings outside specialty SUD Care;
- SUD Residential Treatment to reduce wait times and improve the quality of SUD care with expansion of staff and programs;
- SUD Telehealth to expand access to evidence-based SUD treatment via telehealth;
- Homeless Program SUD Treatment Coordinators to engage Veterans with SUD into VA SUD outpatient and residential services;
- Supported Employment Specialists to expand access to employment opportunities for Veterans in recovery; and
- SUD Peer Specialists to increase engagement and retention in evidence-based SUD treatment.

As of March 7, 2023, over 55% of the more than 1,100 positions have been filled or are in the final steps of the hiring process. VA continues to respond to emerging illicit drug threats to ensure the needs of Veterans experiencing substance use concerns are met. VA will establish program management leads for harm reduction and will work collaboratively to develop policy and national tools to support implementation of targeted harm reduction strategies throughout VHA addressing critical issues such as stigma and the need for technical assistance for the field to support implementation.

Mental Health Residential Rehabilitation Treatment Programs (MH RRTP)

VA's MH RRTPs are a critical component of VA's broader efforts to address the needs of Veterans with substance use concerns. With origins that date back to the National Homes for Disabled Volunteer Soldiers, the Domiciliary Care programs have evolved over time to meet the changing needs of Veterans. Today, residential treatment for mental health and substance use concerns in VA is provided through Mental Health Residential Rehabilitation Treatment Programs (MH RRTP) located throughout the country. The MH RRTP continuum includes Domiciliary Care (SUD, Posttraumatic Stress Disorder (PTSD), General and Domiciliary Care for Homeless Veterans – DCHV) as well as Compensated Work Therapy-Transitional Residence programs, which

[2] Josephine M. DeMarce, Maryann Gnys, Susan D. Raffa, Mandy Kumpula & Bradley E. Karlin (2021) Dissemination of cognitive behavioral therapy for substance use disorders in the Department of Veterans Affairs Health Care System: Description and evaluation of Veteran outcomes, Substance Abuse, 42:2, 168-174, DOI: 10.1080/08897077.2019.1674238.

provide transitional housing for Veterans actively engaged in vocational rehabilitation and participating in either transitional work or supported employment. There are currently more than 250 MH RRTPs across 121 locations of care with more than 6,700 operational beds. This includes more than 70 programs for the treatment of SUD and more than 40 programs for the treatment of PTSD with the expectation that all programs provide integrated, concurrent treatment for co-occurring SUD and mental health treatment needs (dual diagnosis services) as more than 90% of all Veterans served by the MH RRTPs have a SUD diagnosis.

All Domiciliary Care programs within VHA provide 24/7 professional and peer support with comprehensive services addressing mental health, medical and psychosocial needs provided by an interdisciplinary team; these programs are accredited by The Joint Commission and the Commission on Accreditation of Rehabilitation Facilities. VHA Directive 1162.02 defines expectations for clinical services within the programs with the Domiciliary SUD (DOM SUD) programs expected to adhere to the VA/DoD Clinical Practice Guidelines for the Management of SUD. Given the nature of the care provided in the residential programs, VA's MH RRTPs often are at the forefront in implementation of critical services for Veterans. For example, efforts to support implementation of OEND within VA have their origins with work that was started by the MH RRTPs in 2012, as part of the first Culture of Safety Stand Down, which was established in response to concerns about opioid overdose. At that time, only 11% of Veterans served by the MH RRTP received medications for opioid use disorder. During FY 2022, more than 40% of Veterans received medications to treat opioid use disorder during their stay. Further, during FY 2023 to date, more than 70% of Veterans with an opioid use disorder have received a prescription for naloxone[3] during their MH RRTP stay. Several studies have demonstrated the impact of VA residential treatment.[4] Studies completed within the SUD residential programs have shown sustained

[3] We note that U.S. Food and Drug Administration (FDA) recently approved the first nonprescription naloxone product. See *FDA Approves First Over-the-Counter Naloxone Nasal Spray,* U.S. FOOD & DRUG ADMIN. (Mar. 29, 2023), https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray#:~:text=Today%2C%20the%20U.S.%20Food%20and,for%20use%20without%20a%20prescription.

[4] Smith, N. B., Sippel, L. M., Rozek, D. C., Spangler, P. T., Traber, D., Straud, C. L., Hoff, R., & Harpaz-Rotem, I. (2020). Courses of suicidal ideation among military veterans in residential treatment for posttraumatic stress disorder. *Depression and anxiety*, *37*(3), 273–284. https://doi.org/10.1002/da.22993
Holliday, R., Smith, N. B., Holder, N., Gross, G. M., Monteith, L. L., Maguen, S., Hoff, R. A., & Harpaz-Rotem, I. (2020). Comparing the effectiveness of VA residential PTSD treatment for veterans who do and do not report a history of MST: A national investigation. *Journal of psychiatric research*, *122*, 42–47. https://doi.org/10.1016/j.jpsychires.2019.12.012
Cook, J. M., Schnurr, P. P., Simiola, V., Thompson, R., Hoff, R., & Harpaz-Rotem, I. (2019). Adoption by VA Residential Programs of Two Evidence-Based Psychotherapies for PTSD: Effect on Patient Outcomes. *Psychiatric services (Washington, D.C.)*, *70*(7), 553–560. https://doi.org/10.1176/appi.ps.201800338

reductions in substance use and changes in other factors related to recovery (e.g., Blonigan & Macia, 2021;[5] Boden & Moss, 2009;[6] Lash et al., 2007,[7] 2013[8]).

Access to Mental Health Residential Treatment within VHA

VHA affirms the critical importance of timely access to residential treatment for mental health and substance use concerns and has taken steps to remove barriers to care. Veterans may self-refer or may be referred by their provider (internal or external to VHA) to mental health residential treatment. In accordance with nationally defined admission criteria, Veterans must be screened for appropriateness for admission with a decision provided within 7 business days. VHA's goal is to admit Veterans as quickly as possible, and the admission date should take into consideration the Veteran's preference. Timely access to residential treatment has been a priority area of focus for VHA with several efforts underway to ensure Veterans have access to residential treatment when clinically indicated. One such effort included development of a process to facilitate access to residential care in the community. Prior to the time of enactment of the VA MISSION Act of 2018 (June 6, 2018), residential treatment in the community was not readily accessible, with a limited number of care providers and no direct pathway to authorize and pay for such treatment. When care did occur, it was provided either through inpatient programs for the treatment of substance use disorder or through contracts with community care providers. Recognizing a need to ensure access to this critical level of care, VA worked to verify authority to provide residential treatment in the community and to provide a mechanism to pay for such care. The Mental Health Residential standardized episode of care (SEOC) and the technical mechanism to place a consult for this care were released to VA medical centers in October 2020.

VHA's formal guidance to facilities defined how and when referrals for residential care in the community should occur. This guidance was informed by VHA Directive 1162.02, which defines requirements for ensuring timely access to residential treatment. While the MH RRTPs are considered institutional extended care and not subject to the designated access standards established by VA at 38 CFR § 17.4040, which can establish eligibility to elect to receive care in the community, access standards for MH RRTPs still do exist. VHA policy requires that when a Veteran is assessed as requiring residential treatment and the program is unable to meet the Veteran's needs (72 hours for Veterans requiring priority admission and 30 days for

[5] Blonigen, D. M., & Macia, K. S. (2021). Personality change during substance use disorder treatment is associated with improvements in abstinence self-efficacy post-treatment among U.S. military veterans. *Journal of Substance Abuse Treatment*, *120*, 108187. https://doi.org/10.1016/j.jsat.2020.108187

[6] Boden, M. T., & Moos, R. (2009). Dually diagnosed patients' responses to substance use disorder treatment. *Journal of Substance Abuse Treatment*, *37*(4), 335–345. https://doi.org/10.1016/j.jsat.2009.03.012

[7] Lash, S. J., Stephens, R. S., Burden, J. L., Grambow, S. C., DeMarce, J. M., Jones, M. E., Lozano, B. E., Jeffreys, A. S., Fearer, S. A., & Horner, R. D. (2007). Contracting, prompting, and reinforcing substance use disorder continuing care: A randomized clinical trial. *Psychology of Addictive Behaviors*, *21*(3), 387–397. https://doi.org/10.1037/0893-164X.21.3.387

[8] Lash, S. J., Burden, J. L., Parker, J. D., Stephens, R. S., Budney, A. J., Horner, R. D., Datta, S., Jeffreys, A. S., & Grambow, S. C. (2013). Contracting, prompting and reinforcing substance use disorder continuing care. *Journal of Substance Abuse Treatment*, *44*(4), 449–456. https://doi.org/10.1016/j.jsat.2012.09.008

Veterans assessed as appropriate for routine admission) an alternate treatment program must be offered. Alternate treatment may include another MH RRTP in the Veterans Integrated Service Network (VISN), a comparable program appropriate to meet the Veteran's needs (e.g., a homeless grant and per diem program) or referral for care in the community. The policy in question does not reflect a new policy requirement but rather was the first step to provide a clear expectation for provision of residential treatment within the community and a mechanism to facilitate access.

Through the second quarter (Q2) of FY 2022, the average time between screening and admission for all Veterans admitted for residential treatment was 23 days, with half of Veterans admitted within 12 days of being screened for admission. For the DOM SUD programs the average time was 24 days, but with half of Veterans admitted within 9 days of being screened for admission. It is important to note that a small subset of Veterans request or require a later admission date (18% for DOM SUD programs during FY 2022). VHA is committed to ensuring timely access to care with a focus on moving towards same day/next day admission consistent with priorities defined by the National Drug Control Strategy. Through Q2 of FY 2023, 40% of Veterans were admitted either directly from an inpatient mental health stay or within 1 day of screening.

Further, since the publication of the MH Residential SEOC, the number of Veterans receiving residential care in the community has increased rapidly. During FY 2021, there were more than 7,000 referrals for mental health residential care in the community using the new SEOC, with that number increasing to roughly 11,000 unique referrals during FY 2022 and exceeding 6,800 to date during FY 2023. Expenditures for residential care in the community since 2021 have exceeded $1.2 billion. By comparison, during FY 2022, VA's Domiciliary Care programs overall served more than 20,000 unique Veterans with the DOM SUD program serving more than 9,800 Veterans.

Community care residential treatment programs are critical resources when a facility is unable to furnish residential treatment for a Veteran within the VISN. Facilities are actively working with community providers to ensure that when a Veteran is referred to a residential treatment program, the program meets quality standards and that there are clear processes for referral and for engagement in post-discharge continuing care with VHA. Collaboration with community providers also has allowed VISNs to communicate about specific treatment needs where residential treatment options may be limited in VHA.

Beyond ensuring that mechanisms exist to ensure Veterans have access to community residential treatment when applicable, VA is committed to addressing internal access challenges. The MH RRTPs were significantly impacted by the pandemic with many programs reducing capacity to ensure both Veteran and staff safety. VA began communicating on the importance of ensuring access to MH RRTP services as early as July 2020, with a focused effort to resume MH RRTP services and increase capacity initiated in February 2021. Since that time, VA's Office of Mental Health and Suicide Prevention (OMHSP) has been working collaboratively with the VISNs to increase capacity and reduce wait times with the average number of days

between screening and admission approaching pre-pandemic levels. However, VHA recognizes the need to establish accelerated targets informed by Veteran feedback. Beginning in August 2022 and concluding in December 2022, VHA conducted regional meetings specifically focused on access to residential care emphasizing a goal of providing same day or next day admission when clinically indicated. Since the start of those conversations in August 2022, the average daily census has grown from around 3,300 Veterans to just over 3,800 Veterans in March 2023.

In addition to efforts to return MH RRTP capacity to pre-pandemic levels of operation, several new DOM SUD programs have recently been established or are under development and expected to open within the next few years. During FY 2022 and FY 2023 year to date, 55 DOM SUD beds have been established at 3 new locations of care with 14 additional beds at 2 additional programs projected to open during FY 2023.

Compliance with Community Care Referrals for Substance Abuse Residential Treatment

VA is grateful for the independent investigation of the Office of Inspector General (OIG) in the review of the DOM SUD treatment program and residential community care referrals.[9] As noted in VHA's response in the OIG report, the ability to refer for mental health residential treatment in the community is a relatively new process with the first SEOC for mental health residential treatment released in October 2020 and updated in August 2021. OMHSP worked collaboratively with VISNs during this time to clarify requirements and expectations for when referrals for mental health residential care in the community may occur. These efforts have continued with targeted efforts to ensure familiarity with access requirements and processes for ensuring access to residential treatment in the community when indicated.

Specifically, in response to recommendations in the report, VA has taken several steps to ensure a clear understanding by all programs of access requirements and when referrals for mental health residential treatment in the community should be completed. Further, in response to the OIG report, VA has ensured clarification on the existing guidance regarding the role of the mental health treatment coordinator and expectations for engagement with the coordinator as part of the referral and admission process for Veterans requiring mental health residential treatment. Further, VA has several efforts currently underway to address access for MH RRTP services, with a workgroup convening to determine potential changes in national policy responsive to access challenges that have been communicated by stakeholders with the expectation that a formal plan and path forward would be finalized within 45 days of the workgroup convening. In addition, OMHSP is working to put in place a process that leverages existing monitoring efforts to inform procedures for notifying VISN leadership when there are concerns with conformance to national policy.

[9] Department of Veterans Affairs Office of Inspector General. "Noncompliance with Community Care Referrals for Substance Abuse Residential Treatment at the VA North Texas Health Care System". Report No. 21-03864-34. January 31, 2023.

Implementation of Veterans COMPACT Act, Section 201

The Veterans COMPACT Act created a new authority in 38 U.S.C. § 1720J for VA to provide emergent suicide care to eligible individuals in acute suicidal crisis at no cost both in VA and in the community. This authority increases access to care, including residential care, and is in full alignment with VA's National Strategy for Preventing Veteran Suicide.[10] Building upon VA's comprehensive public health approach, this new emergency suicide care and treatment health care benefit enhances our ability to provide critical treatment for eligible individuals experiencing a suicidal crisis. Eligible individuals in suicidal crisis can go to any VA or community health care facility for emergent suicide care. VA is responsible for providing, paying for, or reimbursing for this care, depending on the setting it is provided in, and therefore, this care is provided to eligible individuals at no cost. Eligible individuals receiving emergent suicide care will also have the costs of ambulance transportation and related prescriptions covered. Emergent suicide care can be provided in multiple settings, including inpatient or crisis residential care for up to 30 days and crisis-related outpatient care for up to 90 days. The access standards for mental health residential treatment outside of an acute suicide crisis (72 hours for priority admission and 30 days for routine admission) would not apply. This health care benefit has the potential to increase access to acute suicide care to an additional 9 million unenrolled Veterans and reduce the number of Veteran suicides by offering immediate care when Veterans are most vulnerable.

On January 17, 2023, VA published an interim final rule outlining eligibility for emergent suicide care and immediately began providing this new benefit to eligible individuals. As part of implementation, VA developed a robust communications plan targeted toward eligible individuals, Veterans, and community providers. VA continues to aggressively address critical cross-platform information technology enhancements to ensure that multiple administrative and clinical systems work seamlessly together to ensure timely and efficient care at no cost. The Veterans Crisis Line serves a critical role in the coordination of life-saving resources, such as emergency dispatch for Veteran crisis care. VHA provided external resources for Veterans and providers, as well as internal resources and training for VA staff on section 201 of the COMPACT Act. We are committed to ongoing education and training efforts within VA and in the community as we deploy this new, life-affirming benefit in our ongoing suicide prevention efforts.

Conclusion

We appreciate the Committee's continued support in this shared mission. Nothing is more important to VA than supporting the health and well-being of the Nation's Veterans and their families. VA has employed broad, evidence-based strategies to address the opioid epidemic, including patient and provider education, pain

[10] U.S. Department of Veterans Affairs. (2018). *National Strategy for Preventing Veteran Suicide*. http://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf.

management and access to non-pharmacological modalities, risk mitigation strategies, and addiction treatment for Veterans with SUD. This critical work saves lives.

My colleagues and I are prepared to respond to any questions you may have.