



STATEMENT FOR THE RECORD

House Committee on Veterans' Affairs

Subcommittee on Health Legislative Hearing

March 11, 2025

Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished members of the subcommittee:

On behalf of the Veterans Healthcare Policy Institute, we thank you for inviting us to submit a statement for the record for today's hearing on improving the health care and services for veterans. Many members of our organization are veterans or have family members who are veterans. Many of us have had long careers serving veterans, published papers on veterans' healthcare in peer-reviewed journals, or presented Congressional testimony. In today's statement, we wish to convey our appreciation for your leadership and commitment to ensuring that veterans receive the highest level of health care within the Veterans Health Administration (VHA) and supplementary care in the private sector when it's both needed and authorized by the VHA.

While today's hearing considers 12 bills, we limit our comments to only one of them— The No Wrong Door for Veterans Act.

Background

The No Wrong Door for Veterans Act proposes to renew and modify the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program. This pilot initiative allocated \$174 million over three years to a diverse array of private and government community entities to supplement VA efforts, including veterans' associations, social service agencies, and tribal nations that partnered with the VHA at the local level.

Under the Fox Grant Program, 80 grantees receive up to \$750,000 annually. Their primary role is to identify and engage veterans exhibiting one or more of 14 defined suicide risk factors. Once identified, these at-risk veterans and their families are provided with peer support, case management, benefits navigation assistance and/or other targeted services aimed at reducing suicide risk factors before they escalate into crises.

The Importance of the Fox Grant Program's Use of Outcome Measurement

The original Fox Grant law vastly improved the use of comprehensive outcome data to be able to discern which community programs effectively enhanced veterans' lives and reduced long-term suicide risk. As Congressman Jack Bergman, the bill's co-author, emphasized: "This bill would develop measurement tools to track the effectiveness of these community-level programs in order to address the suicide crisis and its impact on Veterans."

The law authorized the VA to establish and apply a comprehensive baseline mental health screening for outcome metrics. Five well-validated measures were identified for grantees to administer at the beginning and end of participants' involvement. These additional measures are crucial, given that the programs are not clinical and are expected to impact suicidality downstream. The VA was expected to analyze changes in these scores to direct renewal funding to the interventions that demonstrated improvement in these instrument scores.

Senator John Boozman (R-AR) [hailed](#) the Fox Grant Program for establishing "a common tool to measure the effectiveness of our programs and promote better information sharing, data collection, and continual feedback in order to identify what services are having the most impact."

Concerns with the No Wrong Door for Veterans Act

As the three-year pilot comes up for reauthorization, the proposed "No Wrong Door for Veterans Act" contains several concerning elements that significantly undermine the Fox Grant program. Amendments are needed to remedy these shortcomings.

1. Eliminating Demonstrated Effectiveness as a Criterion for Continued Funding

The bill explicitly states that previously funded entities need only demonstrate "serving a significant number of veterans" to qualify for continued funding. That eliminates the core feature of the Fox Grant program to utilize participants' pre-post changes for decisions about continued funding. Grant recipients would only need to demonstrate throughput, not a track record of any successful improvements, leaving open the strong possibility that taxpayer funds would be misdirected into programs without proven effectiveness.

2. Ambiguous Language About Screening Requirements

As noted above, the original Fox program required grantees to screen for acute suicide risk and collect pre/post measurements of five psychosocial suicide risk factors.

The language in the No Wrong Door legislation is unclear whether both types of screening remain mandatory. At a HVAC hearing last December, testimony suggested the new bill might eliminate pre/post screening requirements. Without these crucial evaluation metrics, it will be challenging to accurately assess any program's success in addressing the issues surrounding veteran suicide prevention.

The bill also explicitly permits grantees to use their own protocols to screen for risk, undermining the ability to make apples-to-apples comparisons or aggregate data reporting, which require uniform protocols.

3. Insufficient Safeguards on Overpayment to Grantees

The bill provides \$500,000 per grantee "plus \$10,000 per eligible individual who receives suicide prevention services provided or coordinated by such grantee." This ambiguous wording could allow a grantee to be reimbursed \$10,000 for nominal activities. For example, a grantee could be reimbursed for:

- Providing services to an individual that another funder is already fully covering
- Conducting a screening with no follow-up services
- Giving a pamphlet to an individual at an outreach event

There needs to be far more explicit definitions for what constitutes reimbursable "suicide prevention services provided or coordinated by such grantee."

4. Premature Extension of an Unproven Program

The bill calls for a three-year extension through 2028 despite the lack of a proven track record. Yet, the [Interim Report](#) on the Fox Suicide Prevention Grant Program revealed extremely significant gaps:

- Of the 80 grantees, 55 failed to report any post-service outcome measurements
- The remaining 25 grantees had only 196 participants total who completed services and underwent some degree of pre/post measurement
- 27% of eligible participants did not complete even one instrument upon entering their program
- 23% of grantees served fewer than ten veterans/family members in their first year
- 80% of grantees had less than fifty participants

Thus, as of today, grantee effectiveness has been impossible to ascertain—either at the disaggregated grantee level or even at the Fox Grant program level—as required by law. The purpose of requiring both internal VA and external MITRE program evaluations of the pilot is to determine whether the Fox Grant program is effective for its intended purpose of reducing suicide risk factors. The program should not be extended *carte blanche* for three more years until its effectiveness is, as Bergman and Boozman intended, identified by data.

Recommendations:

1. **Tie funding to demonstrated effectiveness:** Add language specifying that reauthorizing an entity's funds is based on it serving a significant number of veterans **and** demonstrated improvements in participant outcomes on the mandated wellbeing measures.
2. **Strengthen outcome measurement requirements:** The Act must explicitly reinforce the requirement that Fox Grant recipients conduct pre- and post-intervention assessments

across all relevant metrics. This ensures robust data collection that shows how veterans' scores on the five key measures improve after participating in each grantee's services. All grantees should use the identical measures.

3. **Clarify payment structure:** Tighten language to ensure that entities are paid \$10,000 per enrollee only for a defined and substantial amount of provided services, not nominal interventions.
4. **Implement a one-year renewal before blindly funding a long-term commitment:** Until there is concrete proof of the Fox Grant program's effectiveness, and until the Congressionally mandated MITRE Corporation 18-month and 3-year evaluations show systematic success, renewal should proceed on a year-to-year basis rather than a multi-year extension.

While leveraging non-clinical community organizations is a crucial component of an effective upstream public health approach to suicide prevention, rigorous evaluation must be maintained to ensure these programs truly benefit veterans and represent good stewardship of taxpayer dollars.

We respectfully thank you for the opportunity to provide our perspectives on these essential matters. We look forward to working with the committee to ensure that veterans can receive timely, high-quality compassionate care in the VHA and the community now and in the future.