

**STATEMENT OF
MARIA D. LLORENTE, M.D.
ACTING ASSISTANT UNDER SECRETARY FOR HEALTH
FOR INTEGRATED VETERAN CARE
VETERANS HEALTH ADMINISTRATION (VHA)
DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
U.S. HOUSE OF REPRESENTATIVES
ON
"Breaking Down Barriers: Getting Veterans ACCESS to Lifesaving Care"**

March 25, 2025

Chairwoman Miller-Meeks, Ranking Member Brownley, and other Members of the Subcommittee. Thank you for the opportunity today to discuss the provision of residential substance use disorder (SUD) treatment through VA's Mental Health Residential Rehabilitation Treatment Programs (MH RRTP) and community care residential treatment programs. Joining me here today is Dr. Ilse Wiechers, Deputy Director, Office of Mental Health, VHA.

Introduction

VA's MH RRTPs are a critical component of VA's broader efforts to address the needs of Veterans with substance use concerns. The MH RRTPs provide care within specialized SUD residential programs, referred to as Domiciliary SUD programs, as well as across the full MH RRTP continuum, which includes programs for the treatment of posttraumatic stress disorder, general mental health concerns, and services for homeless Veterans. In fact, more than 95% of Veterans served within the MH RRTPs have a SUD diagnosis, and all programs provide treatment for SUD either as the primary treatment or concurrently with other services.

Innovation has been a priority within MH RRTPs, focused on ensuring the provision of high-quality care that is responsive to Veterans' needs. For example, in 2012, MH RRTPs moved quickly to implement procedures to prevent fatal overdoses with the first Culture of Safety Stand Down launched in November 2012 and the introduction of naloxone as a critical tool. VA also established clear expectations to support access to life-saving medications for the treatment of opioid use disorder.

The enactment of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (VA MISSION Act of 2018) (P.L. 115-182) further transformed the landscape of Veteran care by expanding access to community care options. This law expanded access to eligible Veterans to elect to receive care in the community in certain situations. In October 2020, VA developed the MH RRTP Standardized Episode of Care, which made it easier for VA to order residential treatment in the community. This has led to significant growth in the number of

community programs providing residential treatment and the number of Veterans receiving this care. To help maintain high quality care for Veterans, VA requires residential community care providers to maintain appropriate credentials, such as by Commission on Accreditation of Rehabilitation Facilities or by Joint Commission.

Improvements in MH RRTP

In the past few years, VA has expanded MH RRTP care. As of March 25, 2025, there are more than 260 MH RRTPs across 125 locations of care, with more than 6,600 operational beds. These programs provide integrated, concurrent treatment for co-occurring SUD and mental health treatment needs, ensuring comprehensive care for Veterans. During fiscal year (FY) 2024, around 32,000 Veterans utilized VA's MH RRTP care with just over 25,000 receiving care at a VA-operated facility and the remaining Veterans receiving care from community providers.

During FY 2024, 97% of Veterans served across all MH RRTPs, had an SUD diagnosis, and more than 92% had a co-occurring SUD and mental health diagnosis. Recognizing the importance of ensuring access to residential SUD treatment, VA has increased access through the addition of new Domiciliary SUD programs with four programs opening in 2024 and additional programs expected to open this year. VA's commitment to providing timely access to care is evident and has been a priority focus area over the last several years. During the first quarter of FY 2025, 70% of Veterans were admitted to VA Domiciliary care within 20 days. The average wait time for Veteran admission for VA MH RRTP in FY 2024 was 17.1 days.

VA also emphasizes the critical role of community care in expanding access to residential treatment. When Veterans are eligible and elect to receive such care, referrals to community providers help address gaps in specialized residential treatment programs that may not be available within VA. By leveraging both VA's continuum of programs within regions and programs in the community, VA ensures that Veterans can access residential treatment as close to home as possible. On average, Veterans must travel 150 minutes or more to receive this specialized care, whether through VA or community care.

Leveraging Community Care to Maximize Access

Increasing access to community care is a significant component of VA's strategy to ensure Veterans have access to the care they need. The VA MISSION Act of 2018, its implementing regulations, and subsequent laws and policies have facilitated this expansion by allowing eligible Veterans to receive care in the community. For VA to continue to meet the growing need for MH RRTP care, we acknowledge that changes are needed to VA's current access standards. As a result, VA was proud to support the Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025 before the full House Committee on Veterans' Affairs on February 25, 2025, while ensuring the offsets or additional appropriations are provided. We are committed

to working with Congress and other stakeholders to reduce barriers and improve access to the care Veterans have earned.

Conclusion

We want to thank the Committee for its continued oversight. This concludes my statement. We would be happy to answer any questions you or other Members of the Subcommittee may have.