

**STATEMENT OF BETH MURPHY
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DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON DISABILITY ASSISTANCE
AND MEMORIAL AFFAIRS AND
SUBCOMMITTEE ON HEALTH**

“Supporting Survivors: Assessing VA's Military Sexual Trauma Programs”

November 17, 2021

Good morning Chair Luria, Chair Brownley, Ranking Member Nehls, Ranking Member Bergman and Members of the Subcommittees. Thank you for the invitation to speak today on the important topic of the Department of Veterans Affairs (VA) support for survivors of military sexual trauma (MST). I am accompanied today by Ms. Cheryl Rawls, Executive Director of Outreach, Transition and Economic Development, Veterans Benefits Administration (VBA), and Dr. Marsden McGuire, Director, Continuum of Care and General Mental Health, Office of Mental Health and Suicide Prevention, Veterans Health Administration (VHA).

VA is committed to supporting Veterans who suffer from chronic mental health conditions and other disabilities due to MST and helping these survivors receive the health care services and benefits they need for MST-related mental and physical health disabilities. VA's efforts include outreach and compassionately addressing their needs for transition to civilian employment, treatment, benefits and services. In this statement, I will provide an update on specific efforts within VBA and VHA to improve services and care for Veterans who have experienced MST and on the collaboration between VBA and VHA in support of MST Survivors.

MST-Related Claims Processing

VA strives to provide accurate and timely benefits to our Veterans. The sensitive and complex nature of MST-related claims makes it critically important that VBA provide compassionate assistance to affected Veterans in gathering all necessary evidence to decide their claims fairly and accurately. We understand the process itself can be uncomfortable for Veterans filing MST-related claims and we welcome all stakeholder comments that can help us to improve our approach.

In August 2020, based on feedback from MST claimants and VBA employees, VBA revised procedures concerning the role of regional office (RO) personnel assigned to assist Veterans who have experienced a personal trauma caused by sexual harassment or assault related to MST. VBA made those changes to improve processing, timeliness and the experience for Veteran MST survivors. To avoid retraumatizing these Veterans, VBA revised procedures to remove the requirement for MST-related claims processors to make a telephone call to the Veteran to obtain

information concerning their personal trauma incident unless such contact is absolutely necessary to support the claim.

VBA also has made significant changes and improvements processing MST claims, including those recommended in a VA Office of Inspector General (OIG) audit report from August 2018. MST disability claims data shows a dramatic increase in the percentage of claims granted for MST-related posttraumatic stress disorder (PTSD) and other mental health conditions over the past several years. In Fiscal Year (FY) 2018, the grant rate for these claims was 57% and in FY 2021, the grant rate was 74%. VBA attributes this increase to the combined impact of factors including enhanced training, revised procedural guidance, ongoing outreach efforts, and consolidation of MST claims to specially trained processors. We believe these results are the product of these improvements in training, procedural guidance and operational processes.

In an August 2021 report, OIG found that VBA did not effectively implement previous recommendations designed to improve the processing of MST claims in large part due to failures in governance. OIG found that VBA leaders did not monitor compliance with required procedures for processing MST claims, leading to continued deficiencies. VBA acknowledges that OIG recommends additional action, and we are actively assessing further improvements.

To improve MST-related PTSD claims processing, in FY 2021 VBA established an Office of Review, Compliance and Accountability (ORCA) that serves as a detailed working group focused on conducting comprehensive assessments of VBA countermeasures, improving sustainability of corrective actions and improving continuity and consistency. Through ORCA, VBA facilitated an analysis in April 2021 regarding OIG's findings of deficiencies in implementing their recommendations to identify themes and develop potential strategies to mitigate those findings. VBA then established a Tiger Team to review and complete corrections of errors OIG discussed in its 2018 audit. By July 1, 2021, VBA initiated appropriate actions on all 97 claims identified by OIG. ORCA developed a playbook to ensure corrective claim actions were properly documented. Through ORCA, VBA also developed a sustainable action plan to document VBA's actions to address OIG's previously identified deficiencies. The sustainable action plan documents the timeline of activities undertaken and rationale for decisions.

To strengthen accountability and oversight over MST claims processes, VBA has developed a variety of Tableau dashboards that focus on special issue categories such as Blue Water Navy, Gulf War Particulate Matter, and *Nehmer* claims processing available on VBA's Tableau Server. The MST dashboard is unique in that it not only provides data on the workload, but also provides information about the employees completing the work. VBA also drafted an MST Standard Operating Procedure (SOP) that all business lines can use to address how VBA will process and oversee MST operations going forward. Finally, in addition to the SOP, VBA holds regular recurring meetings for VBA Executive Leadership to formalize communications and accountability.

In May 2021, VBA took proactive measures to centralize MST-related rating claims to only five ROs—Lincoln, Hartford, Columbia, New York and Portland—to further improve benefits delivery to Veterans who file MST-related claims. A specialized group of trained Veterans Service Representatives and Rating Veterans Service Representatives process MST claims at these ROs, demonstrating high quality standards. VBA also is working to stand up a single MST Remote Operations Center at the New York Regional Office during the second quarter of FY 2022. This effort will allow for better oversight, streamlined operations, targeted sensitivity training, enhanced skills development and greater accountability for MST claims decisions.

MST-related Training

VBA has significantly updated and improved its training for the processing of MST-related claims. VBA requires all MST claims processors to use a detailed checklist designed to assist the processors and decision makers in completing all necessary steps in processing MST claims. In addition, VBA requires completion of a training course on how to use these checklists. Starting in FY 2019, 150 MST claims processors were required to complete an expanded mandatory course on claims development and rating procedures. This training included detailed descriptions of the types of evidence that may be considered in support of MST-related claims. These courses were available to ROs, as needed, to train new MST claims processors and as refreshers for those who were previously certified. These courses continue to be updated. VBA uses various models of evaluation to determine the effectiveness of training.

In FY 2020 and FY 2021, VBA provided a required national, annual refresher course for specialized rating personnel that included an in-depth review of MST error trends identified during the previous fiscal year and pertinent procedural and manual references. Furthermore, in December 2019, at a semi-annual training event for VBA managers, VBA held multiple small group breakout training sessions focused on the importance of handling MST claims appropriately and with sensitivity. The importance of consistency in claims development and ratings is reinforced during frequent communications between VBA headquarters and field stations. MST-related claims have been a recurring topic for training on VBA's national Compensation Service Quality calls. In addition, VBA conducted a Special Focus Review (SFR) of MST claims in FY 2019 to establish a baseline accuracy level. Then, in June 2020, VBA conducted a follow-up SFR on MST claims to monitor progress and provide feedback. VBA also hosted two virtual MST National Training Symposiums in November 2020 and April 2021, reaching an audience of over 500 MST Outreach Coordinators and MST Claims Processors. Presentations included: a panel of Veterans Service Organizations; Veterans who provided testimonials about their positive interaction with VA and the MST-related claims process; opportunities for collaboration with Department of Defense; whole health and well-being; suicide prevention and awareness; MST roles; customer sensitivity; marker development; and medical exams.

Furthermore, VA recognizes that all staff members in our health care system play a role in improving access and reducing barriers to care. VHA has a range of initiatives

to ensure clinical and frontline staff are prepared to assist MST survivors. Since 2006, VHA has funded a national MST Support Team to promote best practices in the field. The Team has established an MST Consultation Program that is available to any VHA staff member with questions related to assisting Veterans who have experienced MST. These consultations are an important way to assist staff in providing high quality care and services. In addition, all VHA mental health providers and primary care providers are required to complete mandatory training on MST. The training courses include information on health issues frequently related to MST, the types of reactions and challenges MST survivors may experience while seeking MST-related care, and how providers can adapt their care accordingly—with the goal of preparing providers to furnish trauma-sensitive services. VHA also offers a range of supplemental national MST-related training for staff, including monthly training calls, an annual conference on treatment program development, online courses and a community of practice intranet website.

The MST Support Team also conducts an “Answer the Call” campaign to ensure Veterans who call VA medical facilities with MST-related questions have positive experiences with frontline staff and are quickly connected with a VHA MST Coordinator. As part of the campaign, VHA employees conduct test calls to VA medical centers and select community-based outpatient clinics to verify that frontline staff, such as telephone operators and clinic clerks, are familiar with the terms “military sexual trauma” and “MST,” can readily identify and direct callers to a VHA MST Coordinator and are sensitive to Veterans’ privacy concerns. Facilities receive feedback on the results of these calls and use them to improve the Veteran experience. Facility and network-level leadership are informed of call results and may choose to initiate action plans to address any identified issues. Rounds of test calls are conducted approximately every six months, with results over time showing significant improvements in successful call rates that have been maintained.

VA also provides MST-related training to clinicians who conduct contracted Medical Disability Examinations (MDE). VA requires completion of a certification for all VHA and contracted clinicians who conduct contract examinations for MST-related issues. This certification includes training courses that equip all examiners with the sensitivity and skills to interact with Veterans who have experienced MST and to recognize behavioral changes indicative of MST. VBA and VHA continue to collaborate to improve and update these training courses. VBA completes routine training validations to confirm compliance with contractual training requirements. Also, VBA identifies a statistically valid quality sample for each contract, resulting in approximately 1,200 quality reviews conducted by VBA each month. VBA provides feedback on quality in various ways, to include monthly Error Citation Reports for each contract; vendor-specific monthly quality calls; vendor-specific monthly clinician calls; and ad hoc questions and answers. In addition, VBA conducts special focused reviews on specific examination types and providers based on error trends to provide additional oversight and feedback.

MST-Related Health Care

VA provides care for mental and physical health conditions related to MST, free of charge to eligible former Service members. The care is available both to Veterans and most former Service members with an Other than Honorable or uncharacterized discharge. This care includes outpatient, residential and inpatient care as well as pharmaceuticals. Eligible former Service members may, as clinically warranted, receive free MST-related care even if they are not eligible to enroll in VA's health care system. For example, there are no minimum active duty service requirements or income requirements as a condition of receiving MST-related health care. Very importantly, having an adjudicated claim of service connection for the presenting MST-related condition is not required. Former Service members do not need to report their MST experiences at the time they occurred or have other documentation that the trauma occurred to receive MST-related health care. Eligible former Service members do not need to initiate MST-related health care within a certain time period after their experiences of MST or within a certain time after discharge or release.

VHA offers a full continuum of mental health services for eligible male and female former Service members who experienced MST. Specialty services are available to target obstacles such as PTSD, substance use disorders, depression and homelessness. Outpatient MST-related services are available at every VA health care system, and MST-related outpatient counseling services are available through VA's community-based Vet Centers. VHA also offers residential programs for eligible former Service members who need more intensive treatment and support, and inpatient programs are available for acute care needs. As with other VA health care services, former Service members who are eligible for VA community care can receive care for MST-related conditions from authorized community providers.

MST Outreach and Partnerships

VBA MST Coordinators and Outreach

VA is dedicated to improving outreach to Veterans who have experienced MST. VBA maintains at least two trained MST Outreach Coordinators at every RO (one female and one male) whose names are posted on contact signs and VBA's public-facing website at <https://www.benefits.va.gov/benefits/mstcoordinators.asp>. VBA's 177 MST outreach coordinators assist Veterans with filing claims by ensuring they understand the types of information needed. MST Outreach Coordinators serve as the primary point of contact for all claims related to MST and are subject matter experts for all Veteran and/or VBA staff questions regarding MST. MST Outreach Coordinators can assist Veterans during the claims process and connect Veterans to MST-related resources available within VHA and within the local community. Also, there are two MST program managers in VBA Central Office who provide guidance to the field on MST-related outreach. They personally engage with MST Outreach coordinators in the field regularly. I am personally committed to ensuring that MST remains a priority topic for all leaders in VBA.

While it can be challenging to complete outreach for MST due to the sensitivity of the trauma, VBA ensures that all public contact representatives receive training to help them identify indicators of stressors resulting from MST and signs of possible MST. VBA conducts routine targeted outreach that includes briefings on MST to assist, inform, educate and empower Veterans on how to access the benefits and resources available to them. This outreach includes information on how to file an MST-related claim, how to contact an MST Outreach Coordinator and how to contact a general or mental healthcare provider. For FY 2021, VBA completed a total of 552 hours of MST-related outreach at over 336 events, reaching 93,343 Veterans, family members, beneficiaries and other partners.

VBA collaborates with VHA to assist Veterans with obtaining consults for MST-related counseling and treatment and ensures a warm hand-off for healthcare and services. VBA also has provided MST-related training to Department of Defense (DoD) personnel and Veterans Service Organizations.

VBA's MST Outreach Coordinators also work with the Women Veteran Coordinators (WVC) at each RO, including in National Call Centers and Pension Management Centers. WVCs conduct local outreach and VA benefit briefings to women Veterans within their jurisdiction. At some locations, the WVC also fulfills the role of the female MST Outreach Coordinator. MST Coordinators and WVCs work together with Veterans, their families and local groups advocating for Veterans to increase awareness and provide access to VA services and programs. Furthermore, VBA ensures all public contact representatives who interact with Veterans and their families receive annual training to help them identify indicators of stressors and signs that a Veteran may have experienced MST.

To support transitioning Service members, VA provides a benefits and services briefing as part of the Transition Assistance Program (TAP), which includes:

- An overview of MST.
- Information about MST-related care available at VA medical centers.
- Eligibility requirements for MST-related health care.
- Information on how to locate and connect with a VA MST Coordinator.
- Information on Vet Centers that provide counseling and referrals for those who have experienced MST.

Through TAP, VA informs transitioning Service members of where to find MST-related information including the MST Fact Sheet and other VA resources on VA.gov. Information about VA's MST-related services is provided through the Separation Health Assessment and DoD's Safe Helpline for Service members who experience sexual assault during their service.

VA uses an online presence by publishing MST-related information across its public-facing websites and social media channels. In August 2021, VBA partnered with

VHA's Office of Mental Health and Suicide Prevention to update the VBA MST Fact Sheet, which can be found at <https://www.benefits.va.gov/BENEFITS/factsheets/serviceconnected/MST.pdf>. This VA Fact Sheet for Veterans filing claims for MST-related disability conditions provides guidance, including how VA can assist, even if the Veteran or transitioning Service member never reported the MST-related incident.

VHA MST Coordinators and Outreach

Every VA health care system has a VHA MST Coordinator who serves as a point of contact for eligible former Service members seeking help for MST-related issues. VHA promotes engagement into care and works to ensure that these individuals are aware of MST-related services. Recognizing that many survivors of sexual trauma do not disclose their experiences unless asked directly, it is VA policy that all patients seen in VA medical facilities be screened for experiences of MST. This policy is an important way to ensure that those who are subsequently determined to be eligible for these services are able, should they wish, to receive MST-related health care from the Department.

Every VA medical facility must designate at least one MST Coordinator to serve as administrative point person on MST issues and requirements for this position are described in VHA Directive 1115, Military Sexual Trauma (MST) Program. The MST Coordinator is responsible for supporting facility implementation of MST policies; coordinating local staff education and Veteran outreach programs; and assisting Veterans as needed with accessing MST-related care. Of note, the MST Coordinator is an administrative, not a clinical, position; there is no expectation that they provide clinical care, treatment planning or treatment coordination for every MST survivor in the facility's care as part of this role. MST Coordinators play a vital role by helping to ensure that facilities have sensitive, appropriate treatment services available; MST survivors are aware of and have timely access to these services; and VHA providers and staff are well-prepared to assist with these survivors' recovery.

Per the VHA Directive 1115, the position may be assigned as a collateral set of duties, in which case facilities must give the MST Coordinator protected administrative time dedicated to that role that is independent of time spent on duties associated with other roles. Current guidance is that typically at least 0.2 full-time equivalent (FTE), or 8 hours a week, should be allocated for MST Coordinator duties, but facilities also are directed to allocate more time if necessary, based on the facility's assessment of its local needs.

VHA's Historical Approach to the Protected Time Requirement

VHA has long sought to ensure that MST Coordinators have adequate protected time to fulfill that job role, while also recognizing that the exact time required will vary by facility in accordance with local needs. The policy, therefore, is intended to allow for flexibility. Facilities are recommended to consider 0.2 FTE as the typical minimum but

are encouraged to account for their facility's characteristics and operational status and assign more time as needed. For example, systems that are larger in size, more complex or treat larger than average local MST survivor patient populations are generally expected to allocate more than the 0.2 FTE minimum, as are facilities that have chosen to assign the MST Coordinator the additional responsibility to manage referrals for care initiated as part of MST screenings.

How facilities weigh local factors in determining MST Coordinator protected time needs has been left to the facilities' discretion. However, VHA's Office of Mental Health and Suicide Prevention (OMHSP), which provides oversight and support for the MST Coordinator positions, has developed tools to assist facilities with this assessment. OMHSP has, for example:

- Developed a detailed Position Guidance document to delineate core responsibilities that must be fulfilled as part of the role as well as supplemental activities that represent best practices and optimal implementation; this guidance is provided to every new MST Coordinator when they enter their position.
- Developed a Facility Self-Rating Tool that allows facilities to evaluate themselves point by point against the major provisions in VHA Directive 1115; concrete standards of practice and tips for meeting each policy requirement are included, along with informal guidance on how the provision affects the amount of dedicated time that should be allocated.
- Regularly consulted with individual MST Coordinators to assist with advocating for additional dedicated time they need to fulfill the role responsibilities; discussion of these issues is promoted as part of the office's annual MST training conference and other meetings.

In June 2020, an operational memorandum was disseminated to Veterans Integrated Services Network (VISN) leadership, facility MST Coordinators and VISN MST points of contact which requested that all facilities and VISNs take action to ensure that facility MST Coordinators have sufficient protected time to accomplish the responsibilities of the role. The memorandum clarified that the 0.2 FTE described in existing policy documents is the minimum time that may be appropriate but will be insufficient in many cases, particularly for larger and more complex facilities or where the MST Coordinator manages initial processing of referrals for MST-related care. Facilities were requested to conduct a local review to assess whether their MST Coordinator has sufficient dedicated time to meet the needs of their facility and to ensure compliance with national MST policy.

VHA also engages in a variety of outreach efforts to ensure former Service members are aware of the array of MST-related care and services available through VA and the law's administrative and clinical eligibility requirements. Throughout the year, VHA MST Coordinators engage in local outreach efforts. These efforts include educational events designed to increase knowledge and awareness of MST among all

staff throughout the medical facility; informational events about the impact of MST and VA services for former Service members; and events to raise awareness that include opportunities for survivors to share their stories of MST and recovery. VHA also provides additional special focus on MST during the month of April to recognize Sexual Assault Awareness and Prevention Month. To support these efforts, VHA developed national outreach posters, handouts and educational documents for former Service members, provides information about MST on relevant va.gov Web sites and developed a publicly accessible MST-specific informational Web site at <https://www.mentalhealth.va.gov/msthome/index.asp>. Outreach materials include gender-inclusive and gender-specific (i.e., targeting women and men) products.

Conclusion

VA remains committed to ensuring all Veterans receive the benefits and services they have earned and deserve, in a manner that honors their service. VA has made significant positive changes over the last 3 years for Veterans who have experienced MST. Due to the sensitive nature of MST-related claims, it is particularly critical for VA to ensure all interactions with MST survivors demonstrate compassion, empathy and understanding. To that end, VA will continue to improve its claims process and healthcare services by ensuring that MST survivors are in contact with the right highly skilled employees who have received specialized training on MST. VA also will ensure all staff have the information and resources they need to provide streamlined services. VA will continue to take action to improve outreach to MST survivors with compassion and sensitivity.

This concludes my testimony. Thank you for the opportunity to appear before you today, and we are happy to answer any questions you may have.