

**STATEMENT OF  
DR. KAMERON MATTHEWS  
ASSISTANT UNDER SECRETARY FOR HEALTH FOR CLINICAL SERVICES  
VETERANS HEALTH ADMINISTRATION (VHA)  
DEPARTMENT OF VETERANS AFFAIRS (VA)  
BEFORE THE  
HOUSE APPROPRIATIONS COMMITTEE  
SUBCOMMITTEE ON MILITARY CONSTRUCTION, VETERANS AFFAIRS  
AND RELATED AGENCIES**

**March 12, 2021**

Good morning Madam Chair, Ranking Member Carter and distinguished Members of the Subcommittee. My colleagues and I appreciate the opportunity to discuss how VA provides a unified approach to Veteran care by leveraging all our capabilities including those in Women's Health, Mental Health, Homelessness and Whole Health. I am accompanied today by Laura Duke, Chief Financial Officer; Dr. Patricia Hayes, Chief Officer, Women's Health; and Dr. David Carroll, Executive Director, Office of Mental Health and Suicide Prevention.

### **Introduction**

Our commitment at VA is to promote, protect and restore Veterans' health and well-being, to empower and equip them to achieve their life goals and to provide state-of-the-art treatments as needed. Our Nation's Veterans are strong, capable, valuable members of society, and it is imperative that we ease their transition back into civilian life and provide them continued support over their lifetime. VA provides a continuum of forward-looking outpatient, residential and inpatient mental health services across the country. Points of access to care span 170 VA medical centers (VAMC), over 1,000 outpatient clinics, 300 Vet Centers and 80 mobile Vet Centers. Over 1.7 million Veterans received mental health services at VA last year—ranging in services from peer support with other Veterans to counseling, therapy, medication, or a combination of these options. Mental health issues, to include opioid and other substance use disorders (SUD), and suicide are serious public health concerns that affect communities Nationwide. Veterans possess unique characteristics and experiences related to their military service that may increase their risk of mental health issues; however, they also tend to possess skills and protective factors, such as resilience or a strong sense of belonging to a group.

### **Mental Health and Suicide Prevention**

We know that an average of approximately 17 Veterans died by suicide each day in 2018. Tragically, this number has remained relatively stable over the last several years. Of those 17, about six had used VA health care in the two years prior to their death, while the majority (11) had not. In 2018, the suicide rate for Veterans was 1.5

times the rate for non-Veteran adults, after adjusting for differences in age and sex, and suicide deaths continue to rise in the US Adult population and the Veteran population. The Veteran rate of suicide rose slightly from 2017 (27.3 per 100,000) to 2018 (27.5 per 100,000).<sup>1</sup>

VA care matters, and our recent annual report provides several anchors of hope. These include:

**Anchor 1:** From 2017 to 2018, age and sex adjusted suicide rates fell among Veterans with recent VHA care, while rising among Veterans without VHA care.

- Between 2017 and 2018, the age- and sex-adjusted suicide rate among Veterans with recent VHA use decreased by 2.4%, while among Veterans who did not use VHA care the rate increased by 2.5%.

**Anchor 2:** Among Veterans in VHA care, rates fell from 2005 to 2018 in those with depression, anxiety and SUDs.

- For VHA patients diagnosed with depression, the suicide rate decreased from 2005 to 2018, from 72.9 per 100,000 to 66.4 per 100,000. The 2018 suicide rate was an increase from 2017's rate, 65.1 per 100,000.
- For VHA patients diagnosed with anxiety, the suicide rate decreased from 2005 to 2018, from 83.1 per 100,000 to 67.0 per 100,00. The 2018 suicide rate was an increase from 2017's rate, 65.6 per 100,000.
- In 2018, VHA patients with any mental health or substance use disorder diagnosis had a suicide rate of 57.2 per 100,000, compared with 58.6 per 100,000 in 2005 and 57.9 per 100,000 in 2017.

**Anchor 3:** In 2018, suicide rates decreased for specific Veteran populations engaged in VHA care.

- Findings document a recent decrease in suicide risk among male Hispanic Veterans engaged in VHA care. The ratio of suicide rates among VHA-engaged Hispanic male Veterans to rates among Hispanic male U.S. adults was lower in 2018 than in 2017.
- Further, overall suicide rates and trends of increase were lower among Black Veterans than among White Veterans.
- Among women Veterans with recent VHA care, suicide counts and rates decreased from 2017 to 2018. Among other women Veterans, the number of suicide deaths was unchanged from 2017 to 2018.

**Anchor 4:** The Veteran suicide rate did not increase significantly between 2017 and 2018.

---

<sup>1</sup> The change from 2017 to 2018 was not statistically significant.

- The age- and sex-adjusted rate among Veterans was not significantly different in 2018 (27.5 per 100,000) than in 2017 (27.3 per 100,000). However, the 2018 rate was significantly higher than the rate in 2005 (18.5 per 100,000).

**Anchor 5:** There is a groundswell of support for coordinated efforts at the local, regional and national levels to implement a public health approach to end suicide.

We highlight these as a reminder to all that there is always hope, as we continue to move together in this daily mission to end Veteran suicide. Maintaining the integrity of the mental health care system is vitally important, but it is not enough. That is why we are implementing a public health approach which focuses both on the implementation of evidence-based clinical interventions and community-based, evidence-informed prevention strategies, to reach all Veterans, both those inside and outside of our system.

VA's Office of Mental Health and Suicide Prevention (OMHSP) is the national leader in making high-quality mental health care and suicide prevention resources available to Veterans through a full spectrum of integrated outpatient, inpatient, residential and telehealth services. Because of this, VA is a leading provider of mental health care and suicide prevention services in America. VA is committed to identifying and treating mental health conditions at the earliest onset, addressing acute crises and delivering recovery-oriented treatment. Mental health care and mental health providers are integrated within our Primary Care teams through our Primary Care Mental Health Integration (PCMHI) program which focuses on early identification, engagement and intervention and often prevents problem escalation. PCMHI has been shown to improve clinical outcomes for Veterans and to be cost-effective. Our mental health and suicide prevention services are agile and continuously adapt to the changing needs of Veterans and the world in which we live and the latest technology and evidence.

Established in 2007, the Veterans Crisis Line (VCL) provides confidential support to Veterans in crisis. Veterans, as well as their family and friends, can call, text, or chat online with a caring, qualified responder, regardless of VHA eligibility or enrollment. VA is committed to providing free and confidential crisis support to Veterans 24 hours a day, 7 days a week, 365 days a year. In Fiscal Year (FY) 2020, VCL engaged approximately 1,756 calls per day, saw an additional 294 contacts through chat and text programs and submitted approximately 371 referrals per day to local VA Suicide Prevention Coordinators who contact Veterans to ensure continuity of care with local VA providers. In FY 2020, VCL launched Caring Letters, an evidence-based intervention for suicide prevention found to reduce the rate of suicide death, attempts and ideation. Caring letters will reach over 90,000 Veterans annually with nine letters over the course of a year after their call to VCL. We must also do more to support Veterans before they reach a crisis point, which is why we are working with internal partners like the Homeless Program Office, Whole Health Program and with multiple external partners and organizations. One recent initiative as part of *SP Now* was OMHSP's partnership with the Supportive Services for Veteran Families (SSVF) Program Office to award \$1.3

million in grants to 11 regional homelessness nonprofits to bolster suicide prevention in homeless populations. SSVF grantees and VA Suicide Prevention Coordinators are participating in Community of Practice sessions to enhance collaboration.

VA is focused on increasing access to mental health care or other needed services for Veterans whose lives have circumstances that may increase their risk for suicide. Ready access to high-quality mental health care is critical, but suicide prevention is not just a mental health problem. Based upon a review of the data, several populations are at an increased risk of suicide: transitioning Service members, especially in the first 12 months after separating from service, women Veterans, homeless Veterans and former Service members with Other Than Honorable discharges. That is why we are using a public health approach to include evidence-based clinical interventions and community-based, evidence-informed prevention strategies, to reach all Veterans.

### **Mental Health and Suicide Prevention Within the Veteran Homeless Population**

Due to the CARES Act provisions, VA received \$971 million in funding which has been allocated to several Homeless Programs to assist Homeless Veterans during the pandemic. This funding was allocated within these programs as follows: SSVF received \$716 million to provide emergency housing, including hotel rooms, and homelessness prevention assistance to mitigate the expected wave of evictions and potential homelessness that will result from extensive unemployment. Over 24,000 hotel/motel placements occurred from April 2020 through January 2021, to reduce the risk of COVID-19 exposure for vulnerable Veterans. Grant & Per Diem received \$170 million to support per diem increases as per the approved waiver. Health Care for Homeless Veterans received \$20 million to support increases in Contract Residential Services costs due to the pandemic. Another \$65 million was allocated to various programs to include Veterans Justice Outreach and Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH) for efforts to support the needs of homeless Veterans during the crisis.

Equally important, VA remains committed to the objective of ending Veteran homelessness. The ultimate goal is to ensure that every Veteran has permanent, sustainable housing with access to high-quality health care and other supportive services and that Veteran homelessness in the future is prevented whenever possible or is otherwise rare, brief and nonrecurring. VA has partnered closely with other Federal agencies and with state and local programs, striving to implement a systemic end to homelessness, which means communities across the country will be able to:

- Identify all Veterans experiencing homelessness;
- Provide shelter immediately to any Veteran experiencing unsheltered homelessness;
- Provide service-intensive transitional housing to Veterans who prefer and choose such a program;
- Move Veterans swiftly into permanent housing (increased capacity); and

- Have resources, plans, partnerships, and system capacity in place should any Veteran become homeless or be at risk of homelessness in the future.

VA has also worked to integrate resources in the Homeless Program Office that address the mental health concerns of Veterans who are homeless or at risk of being homeless, with an emphasis on suicide prevention and SUDs.

In HUD-VASH, using the Housing First Model, case managers who are often Licensed Clinical Social Workers assist Veterans with referrals and linkages for mental health treatment, and in some instances, provide this treatment directly through evidence-based practices such as Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI). We recently worked with the Beck Psychopathology Research Center, part of the Center for the Prevention of Suicide at the University of Pennsylvania, to train clinicians in CBT. We also coordinated with VA's National Evidence-Based Psychotherapy Program in OMHSP, to train case managers in MI. Case managers assist Veterans struggling with symptoms of depression, SUDs and other mental health conditions, including suicide. Case managers also work with Veterans on their recoveries and help to integrate Veterans back into their daily living situations and community environments, including employment designed to promote greater housing stability and treatment engagement. VA makes training resources, such as its Operation S.A.V.E. Training and its community provider toolkit, available to all its community partners.

## **Homelessness**

VA has made significant progress to prevent and end Veteran homelessness. The number of Veterans experiencing homelessness in the United States has declined by nearly half since 2010. On any given night in January 2019, an estimated 37,085 Veterans were experiencing homelessness, which is 2.1% fewer than in 2018 (37,878). Since 2010, over 850,000 Veterans and their family members have been permanently housed or prevented from becoming homeless. Efforts to end Veteran homelessness have greatly expanded the services available to permanently house homeless Veterans and implemented new programs aimed at prevention, treatment, low-threshold care/engagement strategies and the capacity to track and monitor homeless outcomes.

As of March 10, 2021, there were 84 areas (81 communities and 3 states: Delaware, Connecticut and Virginia) that met the benchmarks and criteria established by the U.S. Interagency Council on Homelessness, VA, and HUD, and those areas have publicly announced an effective end to Veteran homelessness. VA offers a wide array of interventions designed to find Veterans experiencing homelessness, engage them in services, find pathways to permanent housing and prevent homelessness from reoccurring.

VA Homeless Services rapidly responded to the COVID-19 health crisis by making critically needed resources available to homeless and at-risk Veterans as VA sought to stem the spread of the disease.

- **Housing Assistance:** During FY 2020, 71,171 Veterans at risk of or experiencing homelessness and their family members were placed into permanent housing, or avoided homelessness with help from VA Homeless Services.
- **Emergency Placements:** Between April 2020 and February 2021, SSVF made more than 25,000 placements in hotels and motels, significantly reducing potentially severe health impacts for these Veterans.
- **Improving Telehealth:** At the end of April 2020, the VHA Homeless Program Office (HPO) obtained authority to purchase smartphones and data plans using appropriated funds for Veterans, and in June 2020, received \$17 million in CARES Act funding to purchase approximately 50,000 disposable smartphones with unlimited data plans for Veterans in VA homeless programs to ensure that Veterans remain connected with caregivers and supports, participate in telehealth and have access to employment and housing resources. As of February 2021, 28,101 phones have been disseminated to VAMCs for distribution to Homeless Veterans. HPO continues to assess need and has sufficient inventory to continue providing this resource through FY 2022.
- **Vaccinating Veterans Experiencing Homelessness:** Internal VA data show that as of February 1, 2021, over 16,000 Veterans experiencing homelessness have been vaccinated by VHA.

## Whole Health Initiative

As a leader in modernizing health care, VA is shifting to a Whole Health approach to care that empowers and equips people to take charge of their health and well-being and to live their life to the fullest. This shift has been underway for a number of years but gained significant momentum in 2016 when Congress passed the Comprehensive Addiction and Recovery Act of 2016 (CARA) to address the national epidemics of pain and opioid overuse. Section 933 of CARA included provisions regarding pain management for Veterans through VA and section 932 of CARA directed VA to develop a plan to conduct research on the implementation and impact of Complementary and Integrative Health (CIH), among other requirements related to the health and well-being of Veterans. In response, VA identified 18 flagship VAMCs to fully implement a Whole Health System approach across the system in which VA delivers CIH and well-being approaches described in the legislation. The legislation directed VHA to identify 15 sites for a 3-year demonstration project to evaluate the provision of CIH and wellness-based programs to complement the provision of pain management and related health care services, including mental health care services to Veterans.

As of the end of FY 2020, there were 222,808 Veterans nationally who have had at least two Whole Health encounters. In FY 2020, VA provided over 1.1 million Whole

Health encounters to Veterans. Our initial evaluation of the flagship facilities done by the VHA Health Services Research and Development's QUERI program indicates several positive impacts.<sup>2</sup> Specifically, 31% of Veterans with chronic pain at the 18 flagship facilities have utilized Whole Health in some way at the time of the initial evaluation in January 2020, with over 50% utilization at one of the sites. Whole Health had a positive impact on reducing opioid use among Veterans. There was a threefold reduction in opioid use among Veterans with chronic pain who used Whole Health System services compared to those who did not. Further, opioid use among comprehensive Whole Health users (defined as eight or more Whole Health visits, over a 1-year period) decreased 38% compared with an 11% decrease among those Veterans with no Whole Health use.

Whole Health outcome evaluation at the Flagship facilities is ongoing, and this information is being used to guide our transformation efforts across the system. Building on the experience at the 18 flagship sites, the system-wide roll-out of Whole Health is well underway with an emphasis on collaborations with Primary Care and Mental Health clinical teams, with the ultimate goal being a seamless incorporation of the Whole Health approach into all VA services. The current phase of the roll-out includes 37 additional VAMCs that are initially focusing on evaluation of specific dimensions of the Whole Health System based on lessons learned from the original 18 Flagship sites. For example, Veteran peer coaches and support to employees are specific areas of focus as we work expeditiously to ensure that we have an inclusive and evidence-based approach, which importantly includes feedback from Veterans and their families.

Based on Veteran feedback and the preliminary results from the flagship evaluation, all VA facilities have begun the journey from a system designed around episodic points of clinical care, primarily focused on disease management, to one that is based on a partnership across time, focused on Whole Health. The three components of the Whole Health System are the:

- Pathway: where in a partnership with peers, Veterans explore their mission, aspiration and purpose, and begin to formulate their personal health plan;
- Well-Being Programs: where Veterans can access CIH approaches such as yoga, tai chi, mindfulness and acupuncture, as well as self-management skills through health coaching and educational programs; and
- Whole Health Clinical Care: where Veterans are seen by clinicians trained in Whole Health who align clinical care services with the Veteran's personal mission and on-going self-care activities.

---

<sup>2</sup> [https://www.va.gov/WHOLEHEALTH/docs/EPCCWholeHealthSystemofCareEvaluation-2020-02-18FINAL\\_508.pdf](https://www.va.gov/WHOLEHEALTH/docs/EPCCWholeHealthSystemofCareEvaluation-2020-02-18FINAL_508.pdf)

## Women Veterans

The number of women Veterans enrolling in VA health care is increasing, placing new demands on VA's health care system. Women make up 16.5% of today's Active Duty military forces and 19% of National Guard and Reserves. Based on the upward trend of women in all service branches, the expected number of women Veterans using VA health care will rise rapidly. More women are choosing VA for their health care than ever before, with women accounting for over 30% of the increase in Veterans served over the past 5 years. The number of women Veterans using VHA services has more than tripled since 2001, growing from 159,810 to more than 500,000 today. To address the growing number of women Veterans who are eligible for health care, VA is strategically enhancing services and access for women Veterans by investing \$50 million in a hiring and equipment initiative in 2021. This initiative provides sites funding for a total of over 400 women's health personnel nationally such as primary care providers, gynecologists, mental health providers and care coordinators. It is also available for innovative programs such as pelvic floor physical therapy or lactation support.

Every one of the 140 VA health care systems across the United States now has a full-time Women Veteran's Program Manager tasked with advocating for the health care needs of women Veterans. Mini-residencies in women's health with didactic and practicum components have been disseminated system wide to enhance clinician proficiency; since 2008, more than 7,600 health care providers and nurses have been trained in the local and national programs. Under a new collaboration with the Office of Rural Health, a pathway for accelerating access to women's health training for rural primary care providers has been established. Meanwhile, VHA actively recruits additional providers with experience in women's health care. Numerous initiatives have been launched to improve access to state-of-the-art reproductive health services, mental health services and emergency services for women Veterans, as well as focusing on enhancing care coordination through technological innovations such as registries and mobile applications.

To provide the highest quality of care to women Veterans, VA offers women Veterans assignments to trained and experienced designated Women's Health Primary Care Providers (WH-PCP). The providers offer general primary care and gender specific primary care in the context of a longitudinal patient/provider relationship. National VA satisfaction and quality data indicate that women who are assigned to WH-PCPs have higher satisfaction and higher quality of gender specific care than those assigned to other providers. Importantly, we also find that women assigned to WH-PCP's are twice as likely to choose to stay in VA care over time. VA provides many services for women Veterans, from gynecology and maternity care, infertility services and mental health services that also assist with military sexual trauma.

OMHSP continues to implement new initiatives to expand access to gender-sensitive women's mental health (WMH) services. Launched in FY 2020, the Women's



Reproductive Mental Health Consultation Program offers prompt, expert consultation to all VA clinicians on topics such as treating premenstrual, perinatal and perimenopausal mood disorders. This ensures that women Veterans everywhere can benefit from optimal diagnosis and treatment of reproductive mental health concerns. To address the need to expand gender-tailored peer support programming, in FY 2021 OMHSP will pilot female Veteran peer-led support groups, including virtual formats to accommodate COVID-19 restrictions and promote access for rural Veterans and others who may experience barriers to in-person services. To ensure ongoing responsiveness to local needs, WMH Champions are now in place at all VAMCs. Although this is a collateral position, WMH Champions fill a crucial role by supporting and expanding local WMH initiatives and resources. Together they form a national infrastructure and WMH community of practice for sharing resources and spreading best practices.

## **Conclusion**

VA's goal is to meet all Veterans where they are in life and walk with them to ensure they can achieve their goals by teaching skills, connecting them to resources and providing the care needed along the way. We want to empower communities to do the same for Veterans who do not use VA services. Additionally, VA is transforming its approach to health care through the Whole Health Initiative, which frames how we are operating, whether it is in mental health, homeless prevention, suicide prevention, or any other service. We are committed to advancing our outreach, prevention, empowerment and treatment efforts, to further restore the trust of our Veterans every day and continue to improve access to care. Our objective is to give our Nation's Veterans the top-quality experience and care they have earned and deserve.

We appreciate the Subcommittee's continued support and encouragement as we identify challenges and find new ways to care for Veterans.