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BEFORE THE
COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON MILITARY CONSTRUCTION, VETERANS AFFAIRS
AND RELATED AGENCIES
U.S. HOUSE OF REPRESENTATIVES
ON
MEETING VETERANS' FULL NEEDS
April 27, 2022

Good morning, Madam Chair Wasserman Schultz, Ranking Member Carter and distinguished Members of the Subcommittee. My colleagues and I appreciate the opportunity to discuss how the Department of Veterans Affairs (VA) provides a unified approach to Veteran health care by leveraging all our capabilities, including those in Women's Health, Mental Health, Homelessness and Whole Health. I am accompanied today by Dr. Benjamin Kligler, Executive Director, Office of Patient-Centered Care & Cultural Transformation; Dr. Patricia Hayes, Chief Officer, Women's Health; and Dr. David Carroll, Executive Director, Office of Mental Health and Suicide Prevention (OMHSP).

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. The 2023 President's Budget request for VA includes $122.7 billion (with medical care collections) for VA medical care, which is $21.5 billion (21%) above the 2022 President's Budget. This 2022 budget and the 2023 Budget request will ensure that the Veterans Health Administration (VHA) has the resources essential to provide 9.2 million enrolled Veterans with the high-quality, timely health care they need and have earned. The Nation's Veterans are strong, capable and 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 171 VA Medical Centers (VAMC), over 1,000 outpatient clinics, 300 Vet Centers and 83 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. VA's proactive, Veteran-centered Whole Health approach is integral to our mental health care efforts and includes online and telehealth strategies.

Mental health, opioid and other substance use disorders (SUD), and suicide are serious public health concerns that affect communities nationwide. Veterans possess

unique experiences related to their military service that may increase their risk of mental health needs; 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

VA has made suicide prevention a top clinical priority and is implementing a comprehensive public health approach to reach all Veterans. This approach is in full alignment with the President's new National Strategy for Reducing Military and Veteran Suicide, advancing a comprehensive, cross-sector, evidence-informed public health approach with focal areas in lethal means safety, crisis care and care transition enhancements, increased access to effective care, addressing upstream risk and protective factors and enhanced research coordination, data sharing and program evaluation efforts. The 2023 Budget includes $497 million to support suicide prevention initiatives and programs. Funding for mental health in total grows to $13.9 billion in 2023, up from $12.3 billion in 2022. This funding will support our system of comprehensive treatments and services to meet the needs of each Veteran and the family members involved in the Veteran's care.

From the 2021 National Veteran Suicide Prevention Annual report, we know the number of Veteran suicides overall fell from 6,660 in 2018 to 6,261 in 2019. The unadjusted overall suicide rate for Veterans fell from 33.0 per 100,000 in 2018 to 31.6 per 100,000 in 2019. Age- and sex-adjusted suicide rates fell from 2018 to 2019 by 7.2% among Veterans and 1.8% among non-Veterans. These trends are a welcome change from the rising rates of the prior decade. Despite these decreases, Veterans continued to have a greater suicide risk. Age and sex adjusted suicide rates were 52.3% higher among Veterans than non-Veteran US adults.

VA's 2021 annual suicide report provides several anchors of hope. These include:

- There were 399 fewer Veterans who died from suicide in 2019 than in 2018, reflecting the lowest raw count of Veteran suicides since 2007.
- From 2005 to 2018, identified Veteran suicides increased on average by 48 deaths each year. A reduction of 399 suicides within 1 year (from 2018 to 2019) is unprecedented, dating back to 2001.
- The single-year decrease in the adjusted suicide rate for Veterans from 2018 to 2019 was larger than any observed for Veterans from 2001 through 2018. Further, the Veteran rate of decrease (7.2%) exceeded four times the non-Veteran population decrease (1.8%) from 2018 to 2019.
- There was a 14.9% age-adjusted suicide rate decrease for women Veterans from 2018 to 2019.
- Coronavirus Disease 2019 (COVID-19)-related data continue to emerge regarding the impact the pandemic has had on Veterans, and data thus far do not indicate an increase in Veteran suicide-related behaviors.

We highlight these as a reminder to all that there is always hope, as we continue to move together in the mission to end Veteran suicide. 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 and evidence-based treatment.

VA mental health care starts with health providers who are integrated into our Primary Care teams through our Primary Care Mental Health Integration (PCMHI) program. These providers focus on early identification, engagement and intervention and often prevent 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, the world in which we live and the latest technology and evidence. For example, in August 2019, the VA and Department of Defense (DoD) Evidence-Based Practice Work Group updated the Suicide Risk Clinical Practice Guidelines. VA determined that it is clinically imperative to align with these guidelines and make several new psychotherapies available for Veterans who have exhibited recent evidence of self-directed violence. To that end, VA's Suicide Prevention Program is in an advanced phase of partnership with VA's Clinical Resource Hubs to leverage national telehealth capability to provide these treatments to all VAMCs. Through this national program entitled Suicide Prevention 2.0 (SP 2.0) Clinical, we seek to build innovative practices that support VA's top clinical priority, suicide prevention, with a focus on the expansion of evidence-based treatments.

SP 2.0 also includes a community-based program that rounds out a comprehensive public health approach that targets *all* Veterans, even those who do not receive VHA care. The program supports cross-agency collaborations and community partnerships through three initiatives. For state-level prevention, OMHSP is supporting expanding the Governor's Challenges to Prevent Suicide Among Service Members, Veterans, and Their Families, where state-level policymakers will partner with local leaders to implement a comprehensive suicide prevention plan, to reach all 50 states by the end of fiscal year (FY) 2022. For local community action, OMHSP is supporting expansion across all Veterans Integrated Service Networks (VISN) of a Community Engagement and Partnerships—Suicide Prevention program focused on community coalition-building coupled with targeted outreach and education, as well as the Together With Veterans program, a VA Office of Rural Health program focused on empowering and supporting Veteran leadership for suicide prevention.

For Veterans in acute crisis, VA established the Veterans Crisis Line (VCL) in 2007 to provide confidential support to Veterans. 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 FY 2021, VCL answered approximately 1,819 calls per day, saw an additional 373 contacts through chat and text programs and submitted approximately 444 referrals per day to local VA Suicide Prevention Coordinators who contact Veterans to ensure continuity of care with local VA providers. The VCL dispatched emergency services to callers at immediate risk approximately 101 times per day. The VCL met its performance targets, answering 93.2% of calls in 20 seconds or less with an average speed of 9 seconds, maintaining a call abandonment rate of 3.0% and had a rate of rollover to our contracted back-up center of 0.096%. VCL also provides support to Veterans beyond the call. In FY 2021, VCL began outreach to Veterans through the Peer Support Outreach Center to provide support, hope and recovery-oriented services to Veterans who are identified as being at increased risk for suicide and had called the VCL.

The VCL Caring Letters project launched in June of 2020, and in FY 2021 the project completed its first year of enrollment and mailing. Caring Letters is an evidence-based intervention found to reduce the rate of suicide death, attempts, and ideation (VA/DoD 2019 Clinical Practice Guideline). In the first 21 months of the project, VCL mailed approximately 1,216,000 letters to over 175,500 Veterans and over 72,500 Veterans participated for the full 12-months of the targeted intervention, ensuring follow-up outreach in the year following their call to the VCL.

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. 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 that focuses both on the implementation of evidence-based clinical interventions and community-based, evidence-informed-practices prevention strategies, to reach all Veterans, both inside and outside of our system.

We must also do more to support Veterans before they reach a crisis point, which is why we are working with internal partners with VA like our Homeless Program Office (HPO) and Whole Health Program, as well as with multiple external partners and organizations.

A core strategy for increasing access to mental health care is telehealth. During the pandemic, VA greatly expanded telehealth across the Veteran population and the mental health continuum of care. Nearly 13,000 (98%) outpatient mental health providers have completed at least one telehealth visit to a Veteran’s home, and providers have used multiple ways of reaching Veterans via technology including clinical video telehealth in clinics, homes and other non-VA locations such as regional Clinical Resource Hubs to cover staffing and service gaps; National Telemental Health Center expert consultations; mobile apps; and secure messaging. In FY 2020, VA provided telemental health (TMH) services to nearly 550,000 Veterans during more than 2.4

million visits, which is 1.6 million more TMH visits than took place in FY 2019—a 207% increase. In FY 2021, VA provided TMH services to over 873,000 Veterans during 5.6 million visits, which is more than double the FY 2020 TMH visit numbers. This trend continues in FY 2022, with current numbers on track to outpace previous years.

Mental Health and Suicide Prevention Within the Veteran Homeless Population

VA obligated $963 million in Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136) funding for VHA HPO to assist Homeless Veterans during the COVID-19 pandemic. The Supportive Services for Veteran Families program (SSVF) obligated $775 million to provide emergency assistance, including hotel rooms, and homelessness prevention assistance to mitigate the expected wave of evictions and potential homelessness that will result from extensive unemployment. In April 2020, COVID-induced lockdowns lifted unemployment to 14.8%, leading to widespread fears of a housing crisis that could greatly jeopardize public health. VA addressed this by placing nearing 32,000 Veterans in hotels and motels between March 2020 and September 2021 and 20,000 of these Veterans have moved into permanent housing. Of the remaining 12,000, 5,200 exited to temporary or transitional housing, 3,000 remained in hotel/motels, and the remaining 3,800 exited to homelessness or unknown status.

From October 2021 through February 2022, nearly 6,300 Veteran households were placed in hotels or motels. As of February 28, 2022, there were 2,100 Veteran households in hotels or motels.

By offering hotels and motels, SSVF has created attractive new emergency housing alternatives to engage more seriously ill Veterans. Between FY 2019 (pre-pandemic) and FY 2020, SSVF participants with substance use disorders increased from 46% to 59% and major depressive disorders increased from 35% to 56%. Hotels and motels offer safer, less restrictive and more private accommodations than many traditional shelters or other program-based temporary housing.

VA obligated approximately $160 million in CARES Act funding to the Grant & Per Diem (GPD) Program to support per diem increases as per the approved waiver. VA allocated $26 million to Health Care for Homeless Veterans (HCHV) to support increases in Contract Residential Services costs due to the pandemic. This has allowed contracted community providers, who serve high-risk Veterans experiencing literal street homelessness, to expand their bed capacity and continue providing services throughout the pandemic, with safety mitigation strategies in place.

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, local and tribal programs, striving to implement a systemic end

to homelessness, which means communities across the country will be able to do the following:

- 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;
- Increase capacity of services and funding resources to swiftly move Veterans into permanent housing; 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 HPO that address the mental health concerns of Veterans who are homeless or at risk of becoming homeless, with an emphasis on suicide prevention and SUDs.

The SP 2.0 Clinical Telehealth Program was presented on national homeless program calls to ensure that staff is aware of how to make referrals for telehealth evidenced-based psychotherapy for suicide prevention.

VA Homelessness Efforts

VA is dedicated to preventing Veterans and their families from becoming homeless and building a system that will sustain these efforts for the future Veteran population whenever possible. Since 2010, VA and its Federal and nonprofit partners have helped house or have prevented more than 938,000 Veterans and their families from experiencing homelessness. These efforts have led to a 55% reduction in sheltered homelessness among Veterans since 2010. In February 2022, Secretary McDonough announced VA's goal to place at least 38,000 Veterans experiencing homelessness into permanent housing in calendar year 2022. VA is adopting innovative strategies, including stronger collaboration with state and local partners to lower barriers to care and service, to drive best practices across the our system to achieve this national goal.

The FY 2023 Budget request increases resources for Veterans' homelessness programs to $2.7 billion, to ensure every Veteran has permanent, sustainable housing with access to high-quality health care and other supportive services. This Budget includes funds to assist with the design and development of project-based housing partnerships for aging Veterans, a growing need and area of focus for the U.S. Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) program. In addition, funds will be used to provide additional grant funds for special needs grants that provide transitional housing through the GPD. Funds will also be used to support the following staffing initiatives: 1) HCHV program will hire an additional 140 social workers to assist homeless Veterans in enrolling in VA health care or community

health care; 2) the Veterans Justice Programs will support outreach and linkages to VA services for justice-involved Veterans by providing funding to expand Veteran Justice Outreach to approximately 440 staff; and 3) SSVF will sustain its recent national expansion of its Shallow Subsidy initiative and continue to maintain health care navigator positions to connect Veterans to VA or community health care.

Our vision is to prevent or end homelessness for all Veterans and their households by providing access to permanent housing using evidence-based, innovative practices and utilizing partnerships to ensure services are Veteran-centered, equitable and inclusive, leading to personal empowerment and increased independence.

SSVF is an example of VA's delivery of evidence-based services. In 10 years of operation, SSVF has exited more than 80% of participating Veterans and their families to permanent housing. SSVF's success has significantly contributed to decreasing the number of homeless Veterans since 2010. Annual reports published since the inception of the SSVF program continue to demonstrate the efficiency and effectiveness of the .SSVF program (reports and additional research areas are are available at https://www.va.gov/homeless/ssvf/research-library). SSVF interventions help keep families of Veterans together. Research conducted by the National Center on Homelessness Among Veterans found that of those placed in permanent housing, only 7% of families and 9% of individuals re-enter the homeless system 6 months after discharge from SSVF. As a point of comparison, these return rates were generally lower or equal to the percent of Veterans in poverty who are estimated to experience homelessness on an annual basis. This is a particularly important finding as it is well established that those who have previously been homeless are at higher risk of future homelessness. Based on these findings, SSVF may reduce this elevated risk.

Through the HUD-VASH program, which pairs HUD-funded rental subsidies administered by local public housing authorities with case management and supportive services from VA, VA is working closely with HUD, the United States Interagency Council on Homelessness (USICH) and community partners to ensure that homeless Veterans are able not only to obtain permanent housing but also to sustain that housing over time. The William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (P.L. 116-283, § 9103), expanded eligibility for the HUD-VASH program to include Veterans who meet the definition in 38 U.S.C. 2002(b), which includes some Veterans who are not otherwise eligible for VA health care. Since the passage of the law, more than 1,500 of these vulnerable Veterans have been enrolled in HUD-VASH and now have access to these critical services. Additionally, the HUD-VASH program is working closely with VA's Geriatric and Extended Care services to implement innovative models that allow aging Veterans to continue to use their HUD-VASH rental subsidy when they need a higher level of support, such as placement in a Medical Foster Home or Assisted Living Facility.

As of March 23, 2022, there were 86 areas (83 communities and 3 states: Delaware, Connecticut and Virginia) that met the benchmarks and criteria for ending Veteran homeless as established by the USICH, 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.

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

- **Housing Assistance:** During FY 2021, 69,947 Veterans at risk of or experiencing homelessness and their family members were placed into permanent housing or avoided homelessness with help from HPO.
- **Expanding the Supply of Affordable Housing:** In November 2021, SSVF expanded its Shallow Subsidy initiative nationally, with $350 million in the American Rescue Plan Act of 2021 (P.L. 117-2, § 8002) and discretionary funding. The Shallow Subsidy provides a rental subsidy of up to 50% of reasonable rent as defined in 38 C.F.R. § 62.34(a)(4) for a 2-year period without recertification to extremely low-income and very low-income Veteran families. This rental support remains the same throughout the entire 2-year period regardless of changes in household income, incentivizing income growth. SSVF is partnering with the Department of Labor's Homeless Veterans' Reintegration Program, a Veteran-specific employment and training program, co-enrolling and coordinating care for participants so that they may reach economic self-sufficiency by the end of the 2 years of rental subsidy.
- **Improving Telehealth Access:** Early in the COVID-19 pandemic, HPO rapidly mobilized resources and strategies to move Veterans into independent, permanent housing and hotels or motels to promote physical distancing. It became clear that additional technology resources would be needed to support VA's homelessness initiatives. These telehealth resources were vital to prevent vulnerable Veterans from socially isolating and missing critical health care appointments, which may trigger or exacerbate mental health symptoms. Technology provides a crucial mechanism for these Veterans to remain engaged with homeless programs and other service providers to monitor safety and well-being, participate in preventative health care, attend virtual groups and recovery programs and conduct virtual housing and job searches in accordance with their treatment goals. On April 16, 2020, VHA obtained authority for HPO to utilize CARES Act funding to procure disposable smartphones, which included a case, charger and time-limited prepaid data plan. As of January 2022, a total of 59,748 disposable smartphones have been procured utilizing CARES Act funding. Of those, 52,742 have been allocated to VAMCs, with over 73% being distributed to

Veterans with an assessed need. HPO continues to assess needs and has sufficient inventory to continue providing this resource throughout FY 2022.

- **Improving Transitional Housing Options:** VA awarded approximately $116.4 million in grants through the GPD program to approximately 200 community organizations for projects starting October 1, 2021. The projects comprise a variety of different grants designed to support the targeted needs of Veterans experiencing homelessness as they transition back to permanent housing. VA distributed three different types of grants: Capital Grants, Case Management Grants and Special Needs Grants.
    - Capital grants: These grants transform existing transitional housing facilities from congregate or shared accommodations into individual unit-style housing for Veterans. The improvements protect the safety, health and dignity of Veterans as they move to permanent housing.
    - Case Management grants: These grants support Veterans who recently experienced homelessness or who are at risk for homelessness to retain their permanent housing.
    - Special Needs grants: These grants provide transitional housing with supportive services for Veterans from specific populations as they regain housing stability. Populations include women Veterans, individuals who have care of minor dependents, those with chronic mental illnesses, those who are terminally ill and senior Veterans who are medically vulnerable, all of whom are experiencing homelessness.
- **Flexible Assistance to Homeless Veterans:** Section 4201(a) of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Isakson Roe Act; P.L. 116-315) authorizes the Secretary of Veterans Affairs to use amounts appropriated or otherwise made available to VA to carry out 38 U.S.C. §§ 2011, 2012, 2031 and 2061 to provide homeless Veterans and Veterans participating in HUD-VASH, as the Secretary determines as needed, the following: assistance required for safety and survival, such as food, shelter, clothing, blankets and hygiene items; transportation required to support stability and health, such as for appointments with service providers, conducting housing searches and obtaining food and supplies; communications equipment and services, such as tablets, smartphones, disposable phones and related service plans; and such other assistance as the Secretary determines is needed. From May 2021 through February 2022, VAMCs across the United States have directly helped nearly 23,700 Veterans using more than $1.2 million in funding through the expanded flexibilities authorized by the Isakson Roe Act. In addition, this authority has allowed for the creation of a nationally coordinated rideshare program, which provides support to Veterans who need transportation to meet health, housing, legal and employment needs. As of February 2022, this service has provided more than 51,000 rides to over 12,600 Veterans at a value of over $2.2 million.

- **Vaccinating Veterans Experiencing Homelessness:** Internal data show that as of March 17, 2022, over 108,000 homeless Veterans have been vaccinated against COVID-19 by VHA.

Whole Health Initiative

As a leader in modernizing health care, VA is shifting to a Whole Health approach. This means providing care in a manner that empowers and equips Veterans to take charge of their health and well-being and to live their lives to the fullest. All VA facilities have begun the journey from a system primarily focused on disease management to one that is focused on the Veteran's Whole Health. The 2023 Budget includes $75.9 million to support the Whole Health program, but it is important to note that this approach to care is embedded throughout VA's delivery of health care. The three components of the Whole Health System are the following:

- Pathway: through which, in a partnership with Veteran peers, Veterans explore their mission, aspiration and purpose, and begin to formulate their personal health plan;
- Well-Being Programs: through which Veterans can access complementary and integrative health (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: through which Veterans are seen by clinicians trained in Whole Health who align clinical care services with the Veteran's personal mission and ongoing self-care activities.

The shift to a Whole Health model gained significant momentum in 2016 when Congress passed the Comprehensive Addiction and Recovery Act (CARA) of 2016 (P.L. 114-198) 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 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 approach across the system. Initial outcomes demonstrated Veterans with chronic pain who engaged in Whole Health services reduced opioid use up to three times more than Veterans engaged in conventional care.[1] Evaluations of outcomes associated with the Whole Health fare are ongoing at these flagship facilities. The evaluations are being performed by the VHA Health Services Research and Development's Quality Enhancement Research Initiative. The information gained from these evaluations continues to guide our transformation efforts across the entire system for Veterans and employees.

Recent preliminary outcomes suggest that Veterans engaged in Whole Health are more likely to participate in evidence-based psychotherapy treatment regimens.

[1] Bokhour, BG, Hyde, J, Kligler, B, et al. From patient outcomes to system change: Evaluating the impact of VHA's implementation of the Whole Health System of Care. Health Serv Res. 2022; 1- 13. doi:10.1111/1475-6773.13938.

Additionally, initial evaluations demonstrate that Veterans with low back pain who are using Whole Health approaches have fewer invasive spinal procedures compared to Veterans not engaged in Whole Health. In FY 2021, the number of Veterans participating in Whole Health grew by 20% to 573,940 and there were 2,682,171 Whole Health encounters, which is an increase of 18% from FY 2020. In response to the COVID-19 pandemic, tele-Whole Health CIH services were rapidly expanded and resulted in a three-fold increase in virtual CIH encounters between FY 2020 and FY 2021. Simultaneously, VA accelerated Employee Whole Health efforts as part of our pandemic response. As a critical component of the Whole Health System transformation, Employee Whole Health establishes a collaborative culture of well-being in direct support of employee resilience through the integration of Whole Health principles into daily practices and workflows. Examples include tools such as the Employee Resource web page that was created in response to the COVID-19 pandemic. Launched on April 10, 2020, it has had 144,905 pageviews through February 2022. By the end of FY 2021, 85% of VAMCs had an Employee Whole Health Coordinator identified who received and implemented tools and resources for local employees. Additionally, there are Chief Well-being Officer pilots underway at nine VAMCs and two VISNs that began at the end of FY 2021. Evaluations are included in these pilots and VHA has based the Chief Well-being Officer role on models such as the Stanford Model of Professional Fulfillment (https://wellmd.stanford.edu/about/model-external.html).

Building on the experience at the 18 flagship sites, and despite the pandemic, the system-wide rollout of Whole Health continues to move ahead. We continue to focus on Veteran feedback and formal collaborations with Primary Care and Mental Health clinical teams as we pursue the goal of seamless incorporation of the Whole Health approach at all VAMCs. Furthermore, VA is committed to rapidly expanding Employee Whole Health approaches in support of reducing burnout and increasing the well-being, resiliency, and retention of our invaluable staff.

Women Veterans

VA continues to reach out to women Service members and Veterans encouraging them to enroll and use the services they have earned. As a result, the number of women Veterans enrolling in VA health care is rapidly increasing. 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 600,000 today. VA is committed to providing high-quality, equitable care to women Veterans at all sites of care. To address the growing number of women Veterans who are eligible for health care, VA is strategically improving services and access for women Veterans. This Budget requests an estimated $9.8 billion for all women Veterans' health care, including an estimated $767 million to support women's gender-specific care. The Budget also includes $134 million for women's health program efforts.

Women's Health Innovation and Staffing Enhancements (WHISE)

Due to significant staffing gaps in women's health personnel, including primary care providers, gynecologists, mental health providers, care coordinators and others across VA, in FY 2021 VA launched the WHISE program. WHISE provides an opportunity for sites to apply for funding for women's health personnel or programs such as pelvic floor physical therapy or lactation support, to mitigate local gaps in the availability of women's health personnel.

Between FY 2021 and FY 2022, the Office of Women's Health will have distributed $150 million to the field across all 18 VISNs in support of over 800 full-time employee equivalents, as well as mammography equipment, low mobility equipment and innovative programs.

Primary Care

VA has continued to enhance the quality of care for women Veterans by requiring that women are offered an assignment to designated Women's Health Primary Care Providers (WH-PCP). These providers offer general primary care and gender-specific primary care in the context of a longitudinal patient/provider relationship. VA research has shown that women Veterans assigned to designated WH-PCPs have higher satisfaction and higher quality of care than women assigned to other providers.[2,3] In addition, the congressionally mandated Barriers to Care Survey completed in 2015 of over 8,000 women Veterans found that women assigned to women's health providers were more satisfied overall with their care and reported higher comfort levels and feelings of safety in VA facilities. Development of the second Barriers to Care Survey is currently underway.

Presently, 85.1% of women Veterans assigned to Primary Careare assigned to WH-PCPs nationwide. All VA health care systems have at least two designated WH-PCPs, and 93% of Community Based Outpatient Clinics (CBOC) have at least one WH-PCP. However, due to the growing population of women Veterans and ongoing turnover and attrition of providers, VA continues to have a staffing deficit of WH-PCPs, especially in rural CBOCs.

Care Coordination

[2] Bastian LA, Trentalange M, Murphy TE, Brandt C, Bean-Mayberry B, Maisel NC, Wright SM, Gaetano VS, Allore H, Skanderson M, Reyes-Harvey E, Yano E, Rose D, Haskell SG.Association between Women Veterans' Experiences with VA Outpatient Health Care and Designation as a Women's Health Provider in Primary Care Clinics. Women's Health Issues, Nov-Dec 2014, 24(6): 605-12.

[3] Bean-Mayberry B, Bastian L, Trentalange M, Murphy T, Skanderson M, Allore H, Reyes- Harvey E, Maisel N, Gaetano V, Wright S, Haskell SG, Brandt C. Associations Between Provider Designation and Female-specific Cancer Screening in Women Veterans. Medical Care, April 2015, Suppl 1:S47-S54.

VA is focusing on enhancing care coordination for gender-specific care, such as breast and cervical cancer screening. Breast and cervical cancer screening programs require meticulous tracking to ensure that all eligible Veterans receive appropriate screening and receive results of screening tests, and that follow-up care is arranged as needed. VA policy requires each facility to have a process for tracking results and timely follow-up for breast and cervical cancer screening. VA policy also requires that facilities have personnel assigned to breast and cervical cancer care coordination. To ensure accuracy, timeliness and reliability, VA tracks the provision of breast and cervical cancer screening and the availability of breast and cervical cancer care coordinators across the system. In FY 2021, 82% of age eligible women had received breast cancer screening and 84% had received cervical cancer screening, far exceeding rates in Medicaid, Medicare, and commercial populations. Eighty-four percent of sites had a full or part-time Breast Cancer Screening Coordinator, and 73% of sites had a full or part-time Cervical Cancer Screening Coordinator.

Gynecology Services

VA recognizes that a history of military service may put Veterans at increased risk of certain gynecologic conditions such as chronic pelvic pain and pelvic floor disorders.[4,5] VA also recognizes the importance of providing trauma-informed gynecologic care to Veterans given the burden of post-traumatic stress disorder and other mental health conditions in the Veteran population. To that end, VA is building a gynecologic workforce equipped to meet the unique needs of the Veterans we serve. VA holds National Gynecology Conferences biannually to provide training on the specific gynecologic needs of Veterans. VA has also built an enterprise-wide gynecology community of practice as a vehicle for VA gynecologists to share best practices and clinical expertise. VA is proud to offer high-quality comprehensive gynecologic services, including complex gynecology care such as gynecologic surgery and treatment of gynecologic cancers to Veterans. At the end of FY 2021, 80% of VA health care systems had a gynecologist on site and 64,000 women Veterans utilized VA Gynecology Care.

Fertility and Family-Building Services

VA views fertility and family-building services as an essential component of the care provided to Veterans. Infertility services are in demand within VA, with over 7,000 new cases of male infertility and 5,500 new cases of female infertility diagnosed in FY 2018 – 2020. VA provides a wide range of evaluations and treatments of infertility for all eligible Veterans regardless of sexual orientation, gender identity and marital status.

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[4] Sara B Cichowski, MD, Rebecca G Rogers, MD, Yuko Komesu, MD, Erin Murata, MD, Clifford Qualls, PhD, Allison Murata, Glen Murata, MD, A 10-yr Analysis of Chronic Pelvic Pain and Chronic Opioid Therapy in the Women Veteran Population, *Military Medicine*, Volume 183, Issue 11-12, November-December 2018, Pages e635–e640, https://doi.org/10.1093/milmed/usy114.

[5] Rogo-Gupta LJ, Nelson DA, Young-Lin N, Shaw JG, Kurina LM. Incidence of Pelvic Floor Disorders in US Army Female Soldiers. Urology. 2021 Apr;150:158-164. doi: 10.1016/j.urology.2020.05.085. Epub 2020 Jul 7. PMID: 32650018.

This includes fertility preservation for Veterans with medical indications (for example, for Veterans with cancer diagnoses). Certain Veterans with service-connected conditions causing infertility and their spouses are eligible for in-vitro fertilization/assisted reproductive services. Over 700 couples have received service-connected infertility services, including in-vitro fertilization/assisted reproductive technology services through VA from FY 2017 to current date.

In the 2023 Budget, VA further supports all Veterans by including legislative proposals to enhance equity by expanding access to assisted reproductive technology, including in vitro fertilization and adoption reimbursement, and to eliminate cost sharing for contraception-related health care and services.

Maternity Care Coordination

A significant number of Veterans use maternity services. In FY 2021, 39% of women Veterans using VA were of childbearing age (between age 18 and 44). There were 11,412 new pregnancies diagnosed among users of VA care in FY 2021 and VA provided coverage for 5,904 deliveries. Maternity care is not provided in VA facilities. Instead, it is provided through VA-authorized care in the community. Pregnant and postpartum Veterans continue to receive care in VA for other conditions and may also need primary care, emergency care and require coordination of Community Care services. To support pregnant and postpartum Veterans, VA has developed a Maternity Care Coordination program in all VA health care systems to ensure coordination of care both in VA and in the community. In FY 2021 there were 154 Maternity Care Coordinators (MCC) across the system.

VA MCCs support pregnant Veterans through every stage of pregnancy and postpartum. MCCs help pregnant Veterans navigate health care services both inside and outside of VA, connect to community resources, cope with pregnancy loss, connect to needed care after delivery and answer questions about billing. MCCs screen Veterans for intimate partner violence, perinatal mental health conditions, substance use disorders, homelessness and food insecurity and ensure Veterans are connected to appropriate resources and needed services.

VA has also enhanced our capacity to provide lactation services to Veterans. VA has funded the training of lactation support providers and developed a lactation support toolkit and a lactation support community of practice to ensure Veterans have access to the lactation support they need.

Maternal Morbidity and Mortality

VA recognizes that severe maternal morbidity and mortality rates are higher in the United States than in other high-income countries and that Black and American Indian/Alaska Native people are disproportionately affected. The Veteran population has characteristics that may put them at higher risk of severe maternal morbidity and

mortality. VA is committed to understanding severe maternal morbidity and mortality among Veteran users of VA care to identify areas where VA can intervene to reduce maternal morbidity and mortality and improve outcomes. VA is reviewing in-house care and Community Care data, to identify cases of maternal morbidity and mortality among Veterans using VA-paid maternity care, and has convened a Maternal Mortality Review Committee. VA is leveraging our maternity care coordination program and the tremendous resources that exist within VA to enhance the support of pregnant and postpartum Veterans. The Office of Women's Health (OWH) is collaborating with OMHSP, the Intimate Partner Violence Assistance Program, VA HPO and others to ensure pregnant and postpartum Veterans are connected to the services they need. We are also expanding our maternity care coordination services to follow Veterans for 1 year postpartum, which is a particularly vulnerable time for families.

Breast Health

VA follows the American Cancer Society Breast Cancer Screening Guidelines and offers mammograms to women Veterans beginning at age 40, or even earlier in those with specific risk factors. VA offers onsite mammography at 69 medical centers and provides mammography at convenient community locations for women receiving care at sites without on-site mammography. VA is working to streamline processes for mammography coordination and tracking across the system. Two novel Information Technology projects, the Breast Care Registry and the System for Mammography, have enhanced breast cancer tracking processes. Mammogram coordinators have been hired at many sites as a result of the WHISE initiative. VA is excited to be setting up a Breast Cancer System of Excellence that will ensure the availability of nationally recognized expert consultative services enterprise-wide through electronic consultation, telehealth, and a virtual tumor board, including partnerships with VA and non-VA research entities.

Implementation of Title V of Public Law 116-315, The Deborah Sampson Act of 2020

With the help of Congress and the Isakson-Roe Act, VA continues to improve the health care of women Veterans. Since the law was passed in January 2021, OWH has had many accomplishments that include developing and implementing a training module for community providers in the care of women Veterans, adding mini-residency training for primary care and emergency room providers and enhancing our training at the Women Veterans Call Center.

In addition, VA is engaged in several activities to determine how best to understand and identify potential child care barriers for Veterans with younger children, and opportunities for increased child care services for Veterans across the VA system. Since VA does not have a comprehensive understanding of the preference or demand for child care assistance, OWH is conducting a needs assessment to understand the voice of the Veteran population. The needs assessment is a four-pronged approach to

include 1) using a Vet Resources Veteran email blast outreach survey; 2) a structured process interview-based survey; 3) Veteran focus groups; and 4) a question added to the Signals appointment survey module to better understand the demand for and desired scope of child care services.

Training Initiatives

Since 2008, OWH has led a Women's Health Mini-Residency to improve VA clinicians' skills in and knowledge of women's health topics. To help meet the deficit of WH-PCPs, over 8,500 primary care providers and nurses have been trained. In 2017, OWH and the Office of Rural Health began a partnership to bring the mini-residency directly to rural facilities. As a result of this mobile training program thus far, OWH has trained 924 rural clinicians to enhance rural women Veterans' VA experience.

Despite these initiatives, VA has an ongoing need to train approximately 800 primary care providers to become WH-PCPs. Beginning in FY 2022 through FY 2025, OWH will host an additional mini-residency training, supporting three large national pieces of training per year to help address this need.

Women's Mental Health

VA's mental health programming for women Veterans is guided by the principles of gender-sensitive care. Gender-sensitive care is informed by gender influences on prevalence, expression, course and treatment response for mental health conditions, including the importance of offering choice, flexibility and options for care. To ensure that VA mental health providers have the skills and expertise to meet women Veterans' unique and diverse treatment needs and preferences OMHSP has developed innovative clinical training and initiatives to strengthen mental health services for the growing population of women Veterans, such as a Reproductive Mental Health Consultation Program, Women's Mental Health Mini-Residency and a national infrastructure of Women's Mental Health Champions at each VAMC. OMHSP is also taking active steps to expand VA peer support services for women Veterans. In FY 2021, OMHSP stood up a national women's mental health training series for peer specialists and their supervisors and initiated a 2-year pilot of "WoVeN in VA," which is an adaptation of the community-based Women Veterans Network (WoVeN) support groups. In FY 2022, OMHSP will conduct a needs assessment to determine training needs for peer specialists who work with women Veterans and to identify additional gender-tailored strategies and tools to support VA peer specialists' work with women Veterans.

Anti-Harrasment and Anti-Sexual Assault Efforts

VA is committed to ensuring all of its facilities are safe, welcoming, and free of harassment or sexual assault. The VA Sub Council for Sexual Harassment and Assault Prevention & Survivor Care and Support, chaired by the VA Deputy Secretary, was established to sustain the awareness and visibility this important work and to achieve

integrated improvement across the enterprise. In addition, VA has committed substantial resources to promoting a safe and welcoming health care environment for its employees and Veterans, free of sexual assaults and other disruptive behaviors. Continuous process improvements including implementing the Deborah Sampson Act and robust national campaigns like White Ribbon VA demonstrate VA's dedication and proactive approach to ending harassment and sexual assault. VA will not cease its efforts to prevent these harmful behaviors and will continue to work conscientiously and diligently to respond to those in need.

Conclusion

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. We take this very seriously and will ensure this quality of care is standard throughout VA. Thank you for the opportunity to discuss VA's approach to health care to ensure we are meeting Veterans' unique needs and leveraging our integrated system and the Whole Health approach to set a new standard for a health care system that addresses what matters most to our Veterans and their families and caregivers.

This concludes my testimony. I am happy to respond to any questions that you may have.