

**STATEMENT OF DR. HAROLD KUDLER  
ACTING ASSISTANT DEPUTY UNDER SECRETARY  
FOR PATIENT CARE SERVICES  
VETERANS HEALTH ADMINISTRATION, DEPARTMENT OF VETERANS AFFAIRS  
BEFORE THE  
HOUSE COMMITTEE ON VETERANS' AFFAIRS  
JUNE 7, 2017**

Good morning Chairman Roe, Ranking Member Walz and Members of the Committee. Thank you for the opportunity to discuss Department of Veterans Affairs' (VA) mental health treatment services and programs that promote recovery for post-traumatic stress disorder (PTSD) and support Veteran wellness.

**Introduction**

VA is committed to providing timely access to high-quality, recovery-oriented, evidence-based mental health care that anticipates and responds to Veterans' needs and supports the reintegration of returning Servicemembers into their communities. In Fiscal Year (FY) 2016, more than 1.6 million Veterans received mental health treatment in a VA mental health specialty program. This number has risen each year from over 900,000 in FY 2006. Concurrently, VA has accelerated translation of effective treatments for PTSD into clinics and mandated Veteran access to these treatments at all VA medical centers (VAMC) and large VA community outpatient clinics (CBOC). VA ensures integrated PTSD treatment across a continuum of care which respects Veterans' values and preferences. Innovations, such as delivery of effective treatments to Veterans with PTSD via Telehealth, optimize access to care when and where the Veteran needs. Research has recently documented that PTSD treatment delivered directly to the Veteran's home via telehealth is as effective as treatment rendered in the clinic. This creates new opportunities which Veterans and VA are eager to act upon.

**PTSD Treatment Services and Programs**

Specialized PTSD treatment is an integral component of VA's mental health services. In FY 2016, more than 583,000 Veterans (over 178,000 of whom served in Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) received state-of-the-art treatment for PTSD in VAMCs and clinics, totaling more than 10 million clinical visits. Since FY 2010, the number of OEF/OIF/OND Veterans receiving mental health services has more than doubled and PTSD services overall have grown by over 50 percent.

VAMCs, CBOCs and specialized mental health programs provide a continuum of specialty PTSD care. This includes psychologists based in primary care mental health integration clinics, PTSD specialists working on behavioral health integration teams, specialized PTSD residential rehabilitation treatment programs, and specialized outpatient PTSD clinical teams (PCTs) around the country. Nationwide, VA operates 131 specialized PCTs, which provide individual and group therapy for PTSD. Each team includes a staff member trained to treat Veterans with PTSD and concurrent substance

use disorder. There are also increasing numbers of PTSD treatment programs to specifically treat Veterans with special needs, including women Veterans or Veterans with co-morbid substance use disorder, traumatic brain injury or military sexual trauma.

VA also continues to lead efforts at increasing the quality and availability of evidence-based care for PTSD. VA recently partnered with the Department of Defense (DoD) to develop the third edition of their joint practice guideline for PTSD and has developed policies and implemented programs to facilitate adoption of guideline recommendations. These include a national training initiative to disseminate two of the most effective psychotherapies for PTSD, Cognitive Processing Therapy and Prolonged Exposure. VA requires that every VAMC offer access to these treatments and has thus far trained over 7,000 VA clinicians in one or both. VA is also acting to ensure that all Veterans have access to Eye Movement Desensitization and Reprocessing (EMDR) therapy and is conducting research on the therapeutic value of Service Dogs for Veterans with PTSD.

VA recognizes the importance of including complementary and integrative health (CIH) services into the services offered to Veterans with PTSD. According to an internal survey conducted in 2015 by the VA Healthcare Analysis and Information Group, 93 percent of Veterans Health Administration (VHA) facilities were offering some type of CIH therapy. For PTSD, the most common approaches reported were guided imagery (81 percent of facilities), stress management relaxation therapy (80 percent), progressive muscle relaxation (73 percent), yoga (61 percent), and mindfulness (58 percent). CIH approaches promote self-healing and complement traditional medical approaches to support Veterans on their path to health and well-being, and some evidence exists supporting the use of acupuncture, chiropractic, yoga and/or mind-body therapies in helping treat chronic pain and mental health conditions. The Integrative Health Coordinating Center, an office within the Office of Patient Centered Care and Cultural Transformation, was established to help standardized and expand access to evidence-based CIH therapies for Veterans around the country.

There are some conditions that have relatively straightforward and highly successful treatment plans, such as antibiotics for pneumonia or direct-acting antiviral agents for Hepatitis C. However, VA recognizes that there are other conditions with varied, complex symptom presentations that require more nuanced treatment approaches. That was the rationale for creating the Center for Compassionate Innovation (CCI), which serves as an entry point for the private sector to share new treatments or therapies with the VA. CCI seeks to offer hope to a subset of Veterans who struggle with their physical and mental health conditions after traditional, evidence-based treatments have failed to yield the desired or optimal outcome. CCI oversees a rigorous review process to answer whether it is advisable and feasible to offer therapies that have promising anecdotal evidence, but lack significant structured scientific research to a population of Veterans who have exhausted the evidence-based options.

In addition to providing an extensive and comprehensive set of services for Veterans with PTSD, VA also strives to educate Veterans and providers about PTSD treatment and to advance our understanding of PTSD through research. VA's National

Center for PTSD (NCPTSD), which has emerged as the world's leading research and educational center of excellence on PTSD, serves as a major resource for information regarding PTSD treatment, research, and education for Veterans, VA clinicians, community providers and other organizations. For example, NCPTSD partnered with DOD to launch the first publicly available VA app, the award-winning PTSD Coach and now supports an entire suite of apps to support Veterans, family members, and providers living with or treating PTSD. The Center also provides, among other things, assessment tools and treatment manuals, online trainings, mobile smartphone applications, on its award-winning website, [www.ptsd.va.gov](http://www.ptsd.va.gov).

The PTSD Consultation Program was launched by NCPTSD in 2011 to provide expert consultation to VA clinicians treating Veterans with PTSD so that Veterans will receive maximum benefit from treatment. This program was expanded in 2015 to offer consultation and resources to non-VA providers who treat Veterans with PTSD in the community. This has become an especially important program given the number of community providers now providing care for Veterans under the Choice program.

To improve Veteran engagement in treatment, NCPTSD created *AboutFace*, an award-winning website of Veterans sharing their personal experience of how PTSD treatment has helped them turn their lives around. In this way, *AboutFace* Veterans serve as peers who can provide accurate information about PTSD and challenge misperceptions about mental illness and the value of treatment. A new online PTSD Decision Aid developed by the Center will help patients learn about the benefits and risks of evidence-based treatment options and guide them as they clarify their treatment preferences and goals.

NCPTSD also advances patient care through basic research. A major new initiative is the VA Leahy-Friedman National PTSD Brain Bank. This is the first brain tissue repository dedicated to understanding how psychological trauma and biological systems interact to create anatomical and functions changes in brain tissue in PTSD. The Brain Bank accepts tissue donations from both Veterans and non-Veterans who wish to donate their brains for scientific study after they pass away. Researchers will examine four brain regions critical to PTSD and will be the first ever to use brain tissue to perform RNA sequencing in these areas to examine gene expression unique to PTSD. The brain bank is already generating findings, which may serve as new PTSD biomarkers. In addition, funding through a \$45 million award to establish the Consortium to Alleviate PTSD (CAP) will support an array of new cutting-edge clinical treatment trials and biological studies including efforts to learn more about the biology/physiology of PTSD development and patterns of treatment response to better inform diagnosis, prediction of disease outcome, and new or improved treatment methods.

## **Suicide Prevention**

Recent VA research finds that 20 Veterans die by suicide each day. This means that Veterans are at greater risk than the general public. In 2014, Veterans accounted for 18% of all deaths from suicide among U.S. adults, while Veterans constituted 8.5% of the U.S. population. After adjusting for differences in age and gender, risk for suicide

was 22% higher among Veterans when compared to U.S. civilian adults. We know that 14 of the 20 Veterans who die by suicide on average each day do not receive care within VA. We need to find a way to provide care or assistance to these individuals.

VA is committed to ensuring the safety of all Veterans, especially when they are in crisis. When a Veteran's life ends in suicide the lives of those who care about them are also shattered, and the tragedy resonates across communities and the Nation as a whole. Veterans who are at risk or who reach out for help must receive assistance when and where they reach out, in ways that matter to them and can make a difference in their lives. We are committed to preventing Veteran suicide among those who seek VA care and to save the lives of other Veterans through partnerships and community collaboration.

VA has developed the largest integrated suicide prevention program in the country. We have over 1,100 dedicated and passionate employees, including Suicide Prevention Coordinators, Mental Health providers, Veterans Crisis Line staff, Peer Specialists, epidemiologists, and researchers, who spend each day focused on suicide prevention and Veteran engagement. Screening and assessment processes have been set up throughout the system to help identify those at risk for suicide. VA also developed a chart "flagging" system to ensure continuity of care and provide awareness among providers. Those identified as being at high risk receive an enhanced level of care including missed appointment follow-ups, safety planning, weekly follow-up visits, and care plans that directly address the unique individual aspects of their tendency to commit suicide.

We continue to spread the word throughout VA that "suicide prevention is everyone's business." This is part of VA's embracing the Zero Suicide concept through newly engineered application of best practices gleaned from our own experience and from leading programs around the world. These include development of a leadership culture which drives organizational understanding that suicide is a preventable cause of death, which is VA's highest clinical priority; engagement of all VA staff and leaders, building new community partnerships, fielding high quality mental health treatment; and promoting universal education about safety related to lethal means, and robust research and data science on Veteran suicide. Although we understand why some Veterans may be at increased risk, we continue to investigate and take proactive steps.

As part of this commitment, VA has fielded the groundbreaking Recovery Engagement and Coordination for Health Veterans Enhanced Treatment (REACH VET) program. REACH VET launched in November 2016 and was fully implemented in February 2017. It uses a new predictive model to analyze existing data from millions of Veterans' health records to identify those who are at a statistically elevated risk for suicide, hospitalization, illnesses, and other adverse outcomes. Not all Veterans identified have experienced suicidal ideation or behavior; however all have certain risk factors. REACH VET allows VA to provide support and pre-emptive enhanced care to those at greatest risk in order to lessen that risk before challenges become crises.

Once a Veteran is identified, his or her mental health or primary care provider reviews the treatment plan and current condition(s) to determine if enhanced care

options are indicated. The provider then reaches out to check on the Veteran's well-being and inform him or her that he/she has been identified as someone who may benefit from enhanced care. This allows the Veteran to participate in a collaborative discussion about their health care, including specific clinical interventions which can help reduce suicide risk.

Since 2007, the Veterans Crisis Line (VCL) has answered nearly 2.9 million calls and dispatched emergency services to callers in crisis over 77,000 times. The VCL implemented a series of initiatives to provide the best customer service for every caller, making notable advances to improve access and the quality of crisis care available to our Veterans, such as:

- Launching "Veterans Chat" in 2009, an online, one-to-one chat service for Veterans who prefer reaching out for assistance using the Internet. Since its inception, we have answered nearly 344,000 requests for chat;
- Expanding modalities to our Veteran population by adding text services in November 2011, resulting in over 71,000 requests for text service;
- Opening a second VCL site in Atlanta in October 2016, with over 200 crisis responders and support staff; and
- Implementing a comprehensive workforce management system and optimizing staffing patterns to provide callers with immediate service and achieving zero percent routine rollover to contracted back-up centers.

VCL is the strongest it has ever been since its inception in 2007. VCL staff has forwarded over 473,000 referrals to local Suicide Prevention Coordinators on behalf of Veterans to ensure continuity of care with their local VA providers. Today, the facilities in Canandaigua and Atlanta employ more than 500 professionals, and VA is hiring more to handle the growing volume of calls. Atlanta offers 258 call responders and 23 social service assistants and support staff, while Canandaigua houses 254 and 37, respectively. In fact, 99 percent of all calls to the VCL are answered by VA VCL staff. Despite all this, there still is more that we can do.

From October 1, 2015 through March 31, 2016, VA Office of Inspector General conducted an evaluation of suicide prevention programs at 28 VHA facilities during Combined Assessment Program (CAP) reviews. The purpose of the review was to evaluate facility compliance with selected VHA guidelines.

In the report published on May 18, 2017, OIG included six recommendations to VHA, citing inadequate oversight and accountability, and inadequate training for VHA staff. Action plans have been developed to address the recommendations, with target date for completion of all actions by September 2017. The OIG recommended that:

1. Suicide Prevention Coordinators provide at least five outreach activities per month.
2. Clinicians complete Suicide Prevention Safety Plans for all high-risk patients, include in the plans the contact numbers of family or friends for support, and give the patient and/or caregiver a copy of the plan.

3. When clinicians, in consultation with Suicide Prevention Coordinators, identify high-risk inpatients, they place Patient Record Flags in the patients' electronic health records and notify the Suicide Prevention Coordinator of each patient's admission.
4. A Suicide Prevention Coordinator or mental health provider evaluates all high-risk inpatients at least four times during the first 30 days after discharge.
5. When clinicians identify outpatients as high risk, they review the Patient Record Flags every 90 days and document the review and their justification for continuing or discontinuing the flags.
6. Clinicians complete suicide risk management training within 90 days of hire.

America's Veterans are at higher overall risk for suicide than the general public, and Veterans with conditions like depression, PTSD, insomnia and chronic pain are particularly at risk. The Department of Veterans Affairs (VA) is strongly committed to ensuring Veterans in crisis get immediate in-person care if needed, and developing long-term solutions that mitigate risks to the timeliness, cost-effectiveness, quality and safety of VA's healthcare system.

### **Update on Clay Hunt Suicide Prevention for American Veterans Act**

Since its enactment in 2015, VA has been aggressively implementing the Clay Hunt Suicide Prevention for American Veterans Act, as amended, participating in a third party evaluation of mental health programs, developing a publicly available resource tool, and fostering an abundance of public and private partnerships, all in support of VA's goal to eliminate Veteran suicide.

VA has also contracted with an independent evaluator to conduct an evaluation of the VA mental health and suicide prevention programs to determine the effectiveness, cost effectiveness and Veteran satisfaction with VA mental health and suicide prevention programs. An interim report was dispatched to Congress last year and a second interim report is due in September of this year. The first annual report with findings from the independent evaluation will be delivered to Congress in December 2017. It is our plan to use the results of this evaluation to improve the mental health care and services that VA provides to Veterans.

In addition, VA has developed a VA Resource Locator tool that includes information regarding PTSD, Substance Use Disorder, and Vet Center programs, as well as contact and resource information. This tool is accessible at [www.vets.gov](http://www.vets.gov) and on the Make the Connection website mentioned above. The Vets.gov Facility Locator will continue to be enhanced throughout 2017.

VA is also making strides in implementing the pilot program to repay psychiatrist student loans as a recruitment incentive, as required by Section 4 of the Clay Hunt Act. VA published regulations for this pilot program in the first quarter of 2017, 81 Fed. Reg. 66815. VHA is currently finalizing the advertisement, application policy, and procedures. The Clay Hunt Act prohibited additional appropriations for its implementation, so VA is working to identify sources of funding for this initiative.

In addition to the Peer Specialists mentioned above, VA has set up community peer support networks in five Veterans Integrated Service Networks where there are large numbers of Servicemembers transitioning to Veteran status. Since January 2016, networks have been developed in Virginia, Arkansas, Texas, Arizona, and California. Outreach teams of Peer Specialists and their supervisors have formed coalitions with Veterans Service Organizations, employers, educational institutions, community mental health providers, military installations, and existing VA and DoD transition teams to connect Veterans in the community with mental health assistance when necessary. This has included providing community partners with training on Veteran and military culture, and peer support skills and interventions, as well as invitations to annual mental health summits.

VA is working with and/or building new partnerships with more than 150 non-federal mental health organizations around suicide prevention, to include collaboration with the George W. Bush Institute to host 10 executives from the pharmaceutical industry to discuss the invisible wounds of war and suicide prevention collaborations. Areas for collaboration include patient and provider marketing of educational materials and research. For example, VA has partnered with Psych Armor, a non-profit devoted to free, online training for non-VA providers to better serve Veterans. Psych Armor uses VA expertise to help inform its course content, which is geared towards healthcare providers, employers, caregivers and families, volunteers, and educators. These types of partnerships are a powerful strategy to increase outreach to vulnerable Veterans.

### **Expanding Mental Health Services**

VA is determined to address systemic problems with access to care in general and to mental health care in particular. To serve the growing number of Veterans seeking mental health care, VA has deployed significant resources and increased staff in mental health services. Between 2005 and 2016, the number of Veterans who received mental health care from VA grew by more than 80 percent. This rate of increase is more than three times that seen in the overall number of VA users. This reflects VA's concerted efforts to engage Veterans who are new to our system and stimulate better access to mental health services for Veterans within our system. In addition, this reflects VA's efforts to eliminate barriers to receiving mental health care, including reducing the stigma associated with receiving mental health care. VA is committed to working with public and private partners across the country to support full hiring to ensure that no matter where a Veteran lives, he or she can access quality, timely mental health care. For example, multiple professional organizations, including the American Psychiatric Association and American Psychological Association, have offered support in getting announcements to their members about career opportunities in VA.

Making it easier for Veterans to receive care from mental health providers has allowed more Veterans to receive care. VA is leveraging telemental health care by establishing four regional telemental health hubs across the VA health care system. VA telemental health innovations provided more than 427,000 encounters to over 133,500 Veterans in 2016. Telemental health reaches Veterans where and when they are best served. VA is a leader across the United States and internationally in these efforts.

VA's Make the Connection campaign ([www.maketheconnection.net](http://www.maketheconnection.net)), Suicide Prevention outreach campaigns, and mobile apps contribute to increasing mental health access and utilization. VA has also created a suite of award-winning tools that can be utilized as self-help resources or as an adjunct to active mental health services.

Additionally, in 2007, VA began national implementation of integrated mental health services in primary care clinics. Primary Care-Mental Health Integration (PC-MHI) services include co-located collaborative functions and evidence-based care management, as well as a telephone-based modality of care. By co-locating mental health providers within primary care clinics, VA is able to introduce Veterans on the same day to their primary care team and a mental health provider in the clinic, thereby reducing wait times and no-show rates for mental health services. Additionally, integration of mental health providers within primary care has been shown to improve the identification of mental health disorders and increase the rates of treatment. Several studies of the program have also shown that treatment within PC-MHI increases the likelihood of attending future mental health appointments and engaging in specialty mental health treatment. Finally, the integration of primary care and mental health has shown consistent improvement of quality of care and outcomes, including patient satisfaction. The PC-MHI program continues to expand, and through January 2017, VA has provided over 6.8 million PC-MHI clinic encounters, serving over 1.5 million individuals since October 1, 2007.

### **Peer Support Is Integral to VA Mental Health Care**

The introduction of Peer Specialists to the mental health workforce provides unique opportunities for engaging Veterans in care. As of April 2016, there were almost 1,100 peers providing services at VAMCs and CBOCs. Peer support programming has been implemented at every VAMC and very large CBOCs since 2013. Peers provide services in many mental health programs and some primary care clinics. Certified peer specialists are Veterans in recovery from mental health conditions, employed by VA to provide support and advocacy for Veterans coming to the VA for treatment of mental health conditions, including PTSD. Crisis intervention and suicide prevention are skills that peer specialists apply from the moment they first meet Veterans coming in for treatment and throughout their treatment cycles. Having Veterans who have recovered from mental health conditions, including many who have also survived suicidal ideation or attempts themselves, demonstrates to Veterans that there is hope for recovery and a quality life after treatment.

### **Vet Centers**

Vet Centers ([www.vetcenter.va.gov](http://www.vetcenter.va.gov)) provide free readjustment services for Veterans who served in combat. Vet Centers are community-based counseling centers within VHA's Readjustment Counseling Service (RCS). They provide a wide range of social and psychological services, including professional readjustment counseling, to Veterans and active duty Servicemembers. This includes individual and group counseling, family and bereavement counseling, and more.



There are 300 community-based Vet Centers and 80 mobile Vet Centers located across the 50 states, the District of Columbia, American Samoa, Guam, Puerto Rico, and the U.S. Virgin Islands. In FY2015, Vet Centers provided more than 228,000 Veterans, Servicemembers, and their families with over 1,664,000 visits. When determined to be necessary to facilitate the successful readjustment of Veterans to civilian life, Vet Centers refer them, within the limits of Department facilities, to receive needed VA outpatient mental health care.

## **Other than Honorable Servicemembers**

Driven by the need to reduce the number of suicides and treat mental illnesses in at-risk populations, VA will expand provisions for urgent mental health care needs to former Servicemembers with other-than-honorable (OTH) administrative discharges by using existing legal authorities to expand the provision of emergent mental health services.

This initiative is specifically focused on expanding access to assist former OTH Servicemembers who are in mental health distress and may be at risk for suicide or other adverse behaviors. This is for emergent mental health services only. Individuals seeking mental health care in emergency circumstances may enter the system to use this benefit by calling the Veteran Crisis Line or visiting the VA Emergency Department, Urgent Care Center, or Vet Center. Those who assert that their condition is related to military service would be eligible for evaluation and treatment for their mental health condition.

Eligible individuals may receive follow-up outpatient, residential and inpatient mental health and substance use disorder services for up to 90 days, with social work engagement and non-VA covered community transition to longer term care and appropriate transition of medical needs. Services may also include: medical assessments, medication management, therapy, lab work, case management, psycho-education, and psychotherapy. We may also provide services via telehealth. It is important to note, VA does not have the legal authority to utilize Community Care at VA's expense to provide care to former Servicemembers with OTH discharges.

This is a national emergency that requires bold action. It is estimated that there are approximately 500,000 former Servicemembers with OTH discharges who could need mental health care in the future. We know the rate of death by suicide among Veterans who do not use VA care is increasing at a greater rate than Veterans who use VA care. We must and we will do all that we can to help former Servicemembers who may be at risk. When we say even one Veteran suicide is one too many, we mean it.

## **Conclusion**

Our work to effectively treat Veterans who desire or need mental health care, including care for PTSD, continues to be a top priority. We remain focused on providing the highest quality care our Veterans have earned and deserve and which our Nation

trusts us to provide. We emphasize that we are committed to preventing Veteran suicide, aware that prevention requires our system-wide support and intervention in preventing its precursors. We appreciate the support of Congress and look forward to responding to any questions you may have.