STATEMENT OF
ROBERT L. WILKIE
SECRETARY
DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS

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Chairman Takano, Ranking Member Roe, and Members of the Committee, thank you for inviting us here today to present our views on two bills regarding the establishment of suicide prevention grants. Joining me today are Dr. Richard Stone, Executive in Charge for the Veterans Health Administration (VHA), and Dr. David Carroll, Executive Director, Office of Mental Health and Suicide Prevention.

Mr. Chairman, in the House Veterans' Affairs Health Subcommittee hearing on September 11, 2019, VA presented on its own initiative views on H.R. 3495, which are reproduced below. Regarding the second bill on the agenda, the Draft bill to establish a pilot program for the issuance of grants to eligible entities, VA only received the bill last Thursday, November 14, and thus was not able to include written views on it today. However, we will follow up with the Committee soon with a views letter on that legislation.

H.R. 3495 Improve Well-Being for Veterans Act

H.R. 3495 would require VA to provide financial assistance to eligible entities approved under this section through the award of grants to provide and coordinate the provision of services to Veterans and Veteran families to reduce the risk of suicide. VA would award a grant to each eligible entity whose application was approved by VA. VA could establish a maximum amount to be awarded under the grant, intervals of payment for the administration of the grant, and a requirement for the recipient of the grant to provide matching funds in a specified percentage. VA would ensure, to the extent practicable, that financial assistance is equitably distributed across geographic regions, including rural communities and Tribal land. VA also, to the extent practicable, would

need to ensure that financial assistance is distributed to provide services in areas of the country that have experienced high rates or a high burden of Veteran suicide and to eligible entities that can assist Veterans at risk of suicide that are not currently receiving health care furnished by VA.

VA would have to give preference in the provision of financial assistance to eligible entities providing or coordinating (or who have demonstrated the ability to provide or coordinate) suicide prevention services or other services that improve the quality of life of Veterans and their families and reduce the factors that contribute to Veteran suicide. Each grant recipient would have to notify Veterans and Veteran families that services they provide are being paid for, in whole or in part, by VA. If a grant recipient provided temporary cash assistance to Veterans or Veteran families, the recipient would have to develop a plan, in consultation with the beneficiary, to ensure that any beneficiary receiving such temporary cash assistance is self-sustaining at the end of the period of eligibility for such assistance.

VA would require each grant recipient to submit an annual report describing the projects carried out with VA's financial assistance; VA would also specify to each recipient the evaluation criteria and data and information to be included in the report, and VA could require entities to submit additional reports as necessary. An eligible entity seeking a grant would submit a form to VA containing such commitments and information as VA considers necessary to carry out this section. Each application would have to include a description of the suicide prevention services to be provided, a detailed plan describing how the entity proposes to coordinate and deliver suicide prevention services to Veterans not currently receiving care furnished by VA (including an identification of community partners, a description of arrangements currently in place with such partners, and identification of how long those arrangements have been in place), a description of the types of Veterans at risk of suicide and Veteran families proposed to be provided suicide prevention services, an estimate of the number of Veterans at risk of suicide and Veteran families that would be provided services (including the basis for the estimate and the percentage of those Veterans not currently receiving VA care), evidence of the experience of the applicant (and the proposed partners) in providing suicide prevention services (particularly to Veterans at risk of

suicide and Veteran families), a description of the managerial and technological capacities of the entity, and other application criteria VA considers appropriate.

VA would be required to provide training and technical assistance to eligible entities under this section regarding the data that must be collected and shared with VA, the means of data collection and sharing, familiarization with and appropriate use of any tool to measure the effectiveness of the financial assistance VA provided, and how to comply with VA's reporting requirements. VA would have to establish criteria for the selection of eligible entities that have submitted applications. In establishing these criteria, VA would have to consult with Veterans Service Organizations (VSO), national organizations representing potential community partners of eligible grant recipients, organizations with which VA has a current memoranda of agreement or understanding related to mental health or suicide prevention, State Departments of Veterans Affairs, national organizations representing members of the reserve components of the Armed Forces, Vet Centers, organizations with experience in creating measurement tools for purposes of determining programmatic effectiveness, and other organizations VA considers appropriate.

VA would have to develop measures and metrics for grant recipients in consultation with the same group of entities or organizations. Before issuing a Notice of Funding Availability under this section, VA would have to submit to Congress a report containing the criteria for the award of a grant under this section, the tool to be used by VA to measure the effectiveness of the use of financial assistance provided under this section, and a framework for the sharing of information about entities in receipt of financial assistance under this section. VA could make available to grant recipients certain information regarding potential beneficiaries of services, including confirmation of the status of a potential beneficiary as a Veteran and confirmation of whether a potential beneficiary is currently receiving or has recently received VA care.

VA's authority to provide financial assistance would end on the date that is 3 years after the date on which the first grant is awarded. Not later than 18 months after the date on which the first grant is awarded, VA would have to submit a detailed report on the provision of financial assistance under this section. Not later than 3 years after the date on which the first grant is awarded, VA would have to submit to Congress a

follow up on the interim report containing the same elements and a final report on the effectiveness of the financial assistance provided through this authority, an assessment of the increased capacity of VA to provide services to Veterans at risk of suicide and Veteran families as a result of this financial assistance, and the feasibility and advisability of extending or expanding the provision of financial assistance.

Eligible entities would be: (1) an incorporated private institution or foundation that is approved by VA as to financial responsibility and no part of the net earnings of which incurs to the benefit of any member, founder, contributor, or individual and that has a governing board that would be responsible for the operation of the suicide prevention services provided under this section; (2) a corporation wholly owned and controlled by an organization meeting the same requirements; (3) a tribally designated housing entity (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)); or a community-based organization that is physically based in the targeted community and that can effectively network with local civic organizations, regional health systems, and other settings where Veterans at risk of suicide and the families of such Veterans are likely to have contact. Suicide prevention services would be services to address the needs of Veterans at risk of suicide and Veteran families and includes outreach; a baseline mental health assessment; education on suicide risk and prevention; direct treatment; medication management; individual and group therapy; case management services; peer support services; assistance in obtaining any VA benefits for which the Veteran or Veteran family may be eligible; assistance in obtaining and coordinating the provision of other benefits provided by the Federal Government, a State or local government, or an eligible entity; temporary cash assistance (not to exceed 6 months) to assist with certain emergent needs; and such other services necessary for improving the resiliency of Veterans at risk of suicide and Veteran families as VA considers appropriate. Veteran family would mean, with respect to a Veteran at risk of suicide, a parent, a spouse, a child, a sibling, a step-family member, an extended family member, or any other individual who lives with the Veteran. VSOs would be those organizations recognized by VA for the representation of Veterans included as part of an annually updated list available online.

VA strongly supports this bill. VA's efforts to reduce the incidence of suicidal ideations and behavior (and suicide completions) among all Veterans could be complemented by partnering with community-based providers who are able to replicate VA's suicide prevention programs in the community and to connect with Veterans that are currently beyond VA's reach. This novel approach would assist VA in reaching more of the 14 of the 20 Veterans dying each day by suicide who are not under VA care at the time of their deaths; effective partnering with eligible grantees would be key to our being able to reduce, if not prevent, the number of these tragic occurrences. Additionally, the legislation aligns with VA's proposal submitted with the President's FY 2020 budget. This proposal has been identified as the Secretary's top legislative priority and the legislation provides the necessary authorities clinicians believe will help the Department combat suicide among Veterans. Lastly, we note that the legislation is aligned with the President's strategic taskforce to combat suicides in the Nation. The taskforce will assist in planning and providing strategic guidance with our stakeholders allowing VA to operate and implement the grant program. The need for this legislation is evident and will enhance and increase the suicide prevention measures the Department is currently taking to combat and reduce suicides in the Nation.

We offer one comment for the Committee's consideration, but we emphasize that this is not an issue that would alter VA's position on the bill. The definition of "risk of suicide" in section 2(k)(4) would include exposure to or the existence of any of the specified conditions. We believe this definition is overly broad and recommend instead allowing the Secretary to implement this definition by regulation to include the addition of a process for determining degrees of risk of suicide based on consideration of the factors set forth in section 2(k)(4). Risk is obviously variable, ranging from no risk to high risk. Even without this recommended change, the bill would give VA sufficient authority to prefer applicants that ensure their services go to those Veterans who have the highest risk of suicide.

We estimate the bill would cost $19.10 million in FY 2021, $28.36 million in FY 2022, and $37.70 million in FY 2023, for a total cost of approximately $85.16 million over the 3-year period of the program.

This concludes my statement. Thank you for the opportunity to appear before you today. We would be pleased to respond to questions you or other Members may have.