

**Written Testimony of  
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Committee on Veterans' Affairs, Subcommittee on Health**

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**Introduction**

Good morning, Chairwoman Brownley, Ranking Member Bergman, and esteemed Members of the Veterans' Affairs Subcommittee on Health. I am Eric Frieman, co-founder and CEO of Forge Health, and I am honored to be here today to testify on our experience as a community provider working with the Veterans Health Administration (VHA).

We know there is an important conversation happening across the country and throughout Congress around unmet mental health and substance use needs. We are encouraged to know that this Subcommittee is focused on addressing these challenges for our Veterans, too. Being here today to discuss the challenges we face in serving our Veterans as a community care provider is somber, too, though, since from our perspective on the ground, we see Veterans facing bureaucratic obstacles to getting the care they need. The *VA MISSION Act* was an incredibly important step forward for our Veterans, but it is only as good as its implementation. Until it is implemented as intended, Veterans will continue to suffer unnecessarily long wait times for appointments, and in too many cases, will die as a result.

My brother, Captain Jonathan Sidney Frieman, served honorably as a U.S. Army Infantry Officer deployed to two combat zones: Iraq during Operation New Dawn and Egypt as part of the Multinational Force and Observers. Since then, my brother has lost more soldiers to suicide and alcohol and drug-related deaths than he did overseas.

***Let that sink in: my brother, a U.S. Army Veteran, has lost more soldiers to suicide and alcohol and drug-related deaths than he did in combat zones.***

This statistic is devastating – and unacceptable. Unfortunately, this is a sobering statistic shared by many Veterans.

I, along with Eric Golnick, a former Naval Officer who suffered from Post-Traumatic Stress, founded Forge Health in 2016 to lead the charge in driving innovation, improving care delivery, and shaping the future of behavioral health care so there is accessible, affordable, and effective mental health and substance use treatment for all.

Forge's Veteran and First Responder Services (Forge VFR), led by Eric Golnick, is mission-driven on increasing the access to, and quality of, substance abuse and mental health treatment for Veterans, First Responders, and their families. Our clinical and medical leadership team, all of whom are Veterans, developed trauma-informed clinical programming designed to address the specific issues and unique needs, preferences, and values of Veterans, first responders, and their families.

Since we founded Forge in 2016, Forge VFR has earned a strong reputation and the trust of thousands of patients by providing the highest quality trauma-informed, evidence-based mental

health and substance use treatment for active-duty service members, Veterans, first responders, and their families.

### *Levels of Care*

Forge's trauma-informed clinical programs are designed to be flexible in terms of intensity, frequency, focus, and progression to assure that each client is given the therapeutic environment, treatment, support, and prevention services that reflects each client's severity, level of function, progress in treatment, and individual needs, preferences, and values.

Forge provides two nationally recognized levels of care for mental illness and substance use disorder:

- *Outpatient Treatment*: such programs and services are significantly less intensive than Intensive Outpatient programs, and can include individual, family, and/or group counseling and medication management. Services provided in outpatient treatment can range from fifteen minutes (e.g., medication checks) to sixty minutes (e.g., individual or family psychotherapy), and are typically provided once or twice a week.
- *Intensive Outpatient Treatment (IOP)*: such programs are less intensive than inpatient or residential programs, but significantly more intensive than outpatient treatment. IOP programs are typically two to three hours per day, ranging from nine to nineteen hours per week. IOP programs are designed for individuals who do not require 24-hour care yet need more structure than is available in traditional outpatient treatment. Clinical interventions in IOP programs include structured individual, family, and group counseling sessions provided by multidisciplinary care teams to provide the education, support, structure, and therapy needed to help individuals address critical issues, better manage symptoms, process life events, and enhance the ability to function in social, occupational, educational, and interpersonal settings; as well as to live healthy, self-directed lives.

### *Relationship with the VA*

In June 2018, Forge Health and the U.S. Department of Veterans Affairs (VA) officially executed a Memorandum of Agreement to partner together to enhance Veterans' access to substance abuse and mental health services to reduce suicide. Since then, we have been working together hand-in-hand to advance and improve Veterans' mental health and well-being, and expand and promote community collaboration to increase all Veterans' access to mental health and substance abuse resources at the VA. I am pleased to say that this partnership has been successful, and there is evidence to support this claim.

### *Partnership Results*

Over the past year Forge Health and the VA worked together on a program evaluation study to measure outcomes and recognize opportunities to improve the quality of Veterans' healthcare and treatment services. This retrospective cohort study looked at Veterans receiving care in our intensive outpatient program for mental health and substance use disorder, who were also receiving other health services at the VA. The study found that over a 12-month period post initial engagement in Forge's intensive outpatient program, Veterans experienced:

- A significant reduction in Emergency Department utilization;
- Fewer all-cause hospital admissions;
- Shorter inpatient lengths of stay;

- An increase in usage of VA primary care physician services; and
- An increase in usage of VA housing services.

While there is more research to conduct, this preliminary study suggests that a care model where the VHA and a community care partner work collaboratively can serve as an effective and achievable health strategy to improve quality and overall wellbeing of Veterans and their families.

We are honored to be partnered with the VA and have had the privilege of working alongside many mission-driven, dedicated individuals who work in the VA in Washington and throughout the country.

### **Challenges**

As a Veteran-led Community Care provider, we are mission focused on ensuring that Veterans and their families are getting the highest quality care that they need in a timely and efficient manner. **We fundamentally believe that the VA is the most essential resource to a Veteran's overall health and well-being, and community care serves as a critical force multiplier to ensure Veterans have timely access to essential services.** As every community care provider should, when a Veteran comes to us who is not VA-connected, we work with the local VA team to get them enrolled to ensure they can access care at the VA.

Over the past few years, Congress has approved several landmark laws to strengthen the health and well-being of our Veterans. One of the most important of these was the *VA MISSION Act*, which expanded Veterans' access to health care through an integrated community care program.

However, as powerful of a tool as the *VA MISSION Act* is, there are several challenges in its implementation that greatly diminish its impact. It is our hope that by illuminating these issues and providing some insight as a community provider we can assist in making the VA Community Care Network more effective and ensure Veterans have access to care – care which for many Veterans makes the difference between life and death.

#### *First: Uncertainty Around Eligibility Requirements*

The *VA MISSION Act* sets clear criteria for Veteran community care eligibility. Among these criteria are access standards, which include (i) drive time to a specific VA medical facility; and (ii) appointment wait time at a specific VA medical facility. Too often though, the process of being referred to a community provider is much more complicated than it sounds and takes far too long, or does not occur at all. For any individual, and certainly for our Veterans, if you are suffering from mental illness or substance use disorder, the difference of hours or days – and unfortunately in many cases weeks or months – is the difference between life and death.

For example, a Veteran we treated lived over 60 minutes away by car from the closest VA medical facility that provided the care needed. Due to the severity of this Veteran's needs, the Veteran would need to receive treatment at least three times per week. The Veteran's attempts to receive a Community Care referral were denied, and we and the Veteran were told that the 60-minute each way commute was not long enough to qualify for a Community Care referral.

A complete and accurate training on these standards is critical to ensuring that proper referrals are generated, and accurate information is provided to Veterans and referring providers through the VA.

#### *Second: Unclear Delineation of Access Standards for High-Acuity and Low-Acuity Services*

Like most other medical conditions, there are different levels of acuity for mental illness and substance use disorder, ranging from severe, moderate, to mild. Individuals who are experiencing moderate to severe mental illness or substance use disorder acuity need treatment services with different focus, frequency, and intensity than those whose conditions are classified as mild. So, even though a mental health appointment might be available at a VA medical facility in a timely manner, a clinically appropriate mental health appointment might be unavailable.

For example, we have a Veteran who called the crisis line over the holidays in December 2021 asking for help. This Veteran was connected to a VA clinician in a timely manner, but this VA clinician was only able to provide low frequency care meant for low-acuity patients. This particular Veteran has *yet to receive a referral to the community*, with a first projected appointment that meets the Veteran's needs at his VA available in September 2022.

While the VA was able to provide mental health services in a timely manner, the VA was unable to provide the *right* mental health services in a timely manner. In our experience the available care at a VA medical facility can be too intensive, such as inpatient care, or not intensive enough, such as once a week individual counseling. Creating a clear differentiation between high acuity and low acuity mental health and substance use disorder access standards is critical to ensuring Veterans receive the right care at the right time at the lowest cost.

#### *Third: Misconception of Impact to VA*

We believe the perceived potential negative impact of utilizing the Community Care Network often prevents VA health systems from utilizing the Community Care Network. We have been told in confidence by VA employees across different VISNs that they are skeptical of using the Community Care system because they are concerned that their future budget allocation will be negatively impacted if they do.

#### *Fourth: Lack of Transparency*

As discussed earlier, we are an intensive outpatient provider, which is a critical level of care on the care continuum and has been proven to be effective in improving Veterans' mental health and physical health – all the while decreasing medical costs and increasing Veterans receipt of care at the VA.

Recently, however, even if we receive a proper Community Care referral authorizing the provision of intensive outpatient treatment, all intensive outpatient claims are being denied. We have been told that the VA updated its Standard Episodes of Care for Community Care and removed intensive outpatient treatment as a covered service. We, and seemingly the local VA Medical Centers, were given no warning and we have yet to get an explanation from anyone at the VA as to why this happened. All the while we continue providing care – the Veterans and their well-being must come first in our view. It has been almost a month since this issue began and we are no closer to resolving this matter.

#### *Fifth: Lack of Accountability*

Implementing a new protocol like the *VA MISSION Act* across a large organization is extraordinarily complex. As such, setting and adhering to accountability protocols is paramount to ensuring that policies and procedures are followed by all, and that Veterans have a recourse to ensure they get access to life saving care in a timely manner.

For example, over the past year one of our clinics has served 41 Veterans who each met the VA *MISSION Act* eligibility and access standard criteria. Of these 41 Veterans, we received zero community care referral authorizations from the VA, with no transparency as to why the care was denied, and even some VA employees responding that they have been told not to refer to community providers. We have escalated these issues, but to no avail. This, sadly, is not a one-off experience:

- We have a Veteran in treatment right now who, over the course of eight weeks, called his local VA medical facility *over a dozen times*, speaking to a different VA employee each time, trying to get a referral into the community.
- Another Veteran in our care called his VA for an appointment in February 2022 and still *has yet to speak to a VA clinician*. This is a brave Veteran, who risked it all for our country, has a history of an unsuccessful suicide attempt from the trauma he endured, yet he is still waiting for an appointment with a VA clinician.

Any barrier to care, especially wait times, for mental health or substance use treatment is incredibly dangerous. According to the 2020 National Veteran Suicide Prevention Annual Report published by the Office of Mental Health and Suicide Prevention, U.S. Department of Veterans Affairs, Veterans suicide rates among Veterans with a mental illness or substance use disorder was 2x – 7x higher compared to Veterans without a mental illness or substance use disorder. Importantly, the report also highlighted that Veterans with Opioid Use Disorder or other Substance Use Disorder had an elevated risk for suicide.

To highlight what happens when a Veteran does not receive timely access to mental health or substance use care, I would like to tell the story of Casey. Casey went to his local VA seeking care for post-traumatic stress related to his service. The VA failed to offer Casey an appointment in a timely manner, instead opting to provide information on the Crisis Line. Over the next few months Casey started to self-medicate with alcohol while waiting for an appointment. The vicious cycle of traumatic stress and alcohol use, coupled with no near-term solution in sight, led Casey to the decision to end his life with his firearm.

Again, this far-too-common story is devastating – and unacceptable

Fortunately, this story has a miraculous ending. Casey survived a gunshot wound to the head, and has dedicated his life to sharing his story so that no other Veteran has to experience what he went through.

## **Conclusion**

We appreciate the opportunity to address the Subcommittee today to assist the VA with its collective mission to enhance the health and well-being of our nation's Veterans. We continue to believe that the VA is the most essential resource to a Veteran's overall health and well-being, and community care serves as a critical force multiplier to ensure Veterans have timely access to essential services. As such, it is imperative that processes, systems, and controls are in place so the VA and community providers can work seamlessly together to enhance access to care for Veterans and strengthen the relationship Veterans have with the VA.

There are many things the VA does well. There are certain types of care, though, that the VA does not offer at every VA medical facility, and there are certain times and places when the VA cannot get our Veterans the care they urgently need quickly. In these cases, there needs to be a streamlined process for getting these Veterans care in the community. Forge and providers like us are trained

and prepared to offer that care, and we strive to get every Veteran who comes to us scheduled for an appointment within 24 hours and, if clinically appropriate, to start receiving their care immediately. Enabling providers like Forge to provide the care our Veterans need to help the VA was the intent of the *VA MISSION Act*. We would like to work with the VA, and with the Committee and Subcommittee to ensure a more seamless process so we completely remove the excessive burdens our Veterans face. We started this company with a mission, and we are here today with a mission – to make sure our brothers and sisters can access the care they need while also strengthening their relationship with the VA. It is not acceptable for Veterans with mental illness or substance use disorder to have to wait months and weeks for appointments. Our country expects more for our Veterans. We are standing by to help ensure this is possible, and are ready to work with the Health Subcommittee, the full Committee, and the VA to do this.

Chairwoman Brownley, Ranking Member Bergman, and honorable Members of the Health Subcommittee, this concludes my statement. We would be happy to answer any questions you have.