



Written Testimony of:

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Legislative Hearing on the following 13 bills: **H.R. 2819**, the Solid Start Act of 2021; **H.R. 2916**, the VA Medical Cannabis Research Act of 2021; H.R. 4575, the Veteran Peer Specialist Act of 2021; **H.R. 4794**, the Making Advances in Mammography and Medical Options (MAMMO) for Veterans Act; **H.R. 5029**, the Expanding the Families of Veterans Access to Mental Health Services Act; **H.R. 5073**, the Revising and Expediting Actions for the Crisis Hotline (REACH) for Veterans Act; **H.R. 5317**, the VA Governors Challenge Expansion Act; the Veterans Census-Enabled National Treatment Equitable Resources Supplement (Vet CENTERS) for Mental Health Act of 2021 (discussion draft); legislation authorizing VA to furnish seasonal influenza vaccines to individuals who are eligible for COVID-19 vaccines under the SAVE LIVES Act, P.L. 117-4 (discussion draft); legislation to amend title 38, United States Code, to expand eligibility for hospital care, medical services, and nursing home care from the Department of Veterans Affairs to include veterans of World War II (discussion draft); the Department of Veterans Affairs Nurse and Physician Assistant Retention and Income Security Enhancement (VA Nurse and Physician Assistant RAISE) Act (discussion draft); legislation to improve VA's Veterans Justice Outreach Program (discussion draft); and legislation to require VA to report to Congress within one year of enactment on the Veterans Integration to Academic Leadership (VITAL) program, which supports student veteran mental health (discussion draft).

Chairwoman Brownley, Ranking Member Bergman, and distinguished members of the subcommittee, thank you for inviting the Association of VA Psychologist Leaders (AVAPL) to testify at this important legislative hearing. There are many critical bills being considered before the Subcommittee, and AVAPL looks forward to sharing our expertise as psychologists.

AVAPL is the largest professional body representing psychologists in the Department of Veterans Affairs (VA). Our members include trainees, clinicians, researchers, clinical executives, and VA Central Office policymakers. While AVAPL is comprised of VA psychologists, the views expressed in this document as well as the oral testimony are those of AVAPL and do not represent VA's position. No VA resources were used in preparing and

presenting this testimony. AVAPL members are on the front lines of caring for our nation's veterans. We see the impact of war and military service on our men and women in uniform. We also see the impact of VA policy and federal legislation on the way we are able to treat veterans.

AVAPL broadly supports new and innovative programs that will improve access to and quality of care for Veterans, and strongly believe that any new programs or expansion of old programs must include funding increases specifically for those programs. In the past, AVAPL members have been diverted from patient care in order to serve in administrative roles for new programs, which, while beneficial, has the effect of reducing access to the care that our veterans have earned. We believe that VA is on the cutting edge of mental health research, treatment, and wrap-around services, and want to see that innovation continue. But that innovation should not come at the cost of access to in-house VA care. For all the bills that AVAPL supports here, there must be requisite funding increases to ensure the intent is implemented faithfully and does not impact ongoing patient care.

H.R. 2819: Solid Start Act of 2021

Research shows us that recently separated servicemembers are at increased risk for dying by suicide within the first year of leaving the Armed Forces, with that risk usually peaking between 6-12 months after separatingⁱ. Based on this research and Executive Order 13822, VA implemented the Solid Start Program. The Solid Start Program attempts to contact new veterans at least three times within their first year after discharge. Outreach to people experiencing suicidal ideation and other mental health issues has been shown to reduce risk of suicide^{ii,iii,iv}.

Codifying and expanding the Solid Start Program will help VA continue reducing suicide rates among our nation's veterans, as occurred between 2018 and 2019^v. **AVAPL supports the Solid Start Act of 2021.**

H.R. 2916: VA Medicinal Cannabis Research Act of 2021

Veterans have long experienced an increased burden of disease and disability^{vi,vii,viii}, including mental health issues, compared to the general population. Because mental health issues have long been undertreated and under-researched, many veterans have turned to self-medicating or seeking alternative forms of treatment. Some of these veterans have turned to medicinal and recreational cannabis^{ix} to alleviate their mental and physical health concerns.

Due to restrictions from the Drug Enforcement Administration and other federal bans, little research has been done on the safety and efficacy of medicinal cannabis for either civilians or veterans. The studies that have been completed point to a need for more rigorous, large, controlled trials to truly understand the risks and benefits of the use of medicinal cannabis^{x,xi}. To keep our veterans safe from the possible risks and to better understand some of the possible benefits of medicinal cannabis, VA must conduct a more comprehensive study than those already underway.

AVAPL supports the VA Medicinal Cannabis Research Act of 2021

H.R. 4575: Veteran Peer Specialist Act of 2021

Psychologists perform critical services to veterans by providing psychotherapies, many of which are evidence-based, for mental and behavioral health conditions that affect veterans. Social workers, licensed professional mental health counselors, and marriage and family therapists also provide necessary counseling for many mental health and adjustment issues. This work has been significantly augmented by the addition of peer specialists.

There is evidence that peers can provide important perspective for veterans transitioning from the active duty military or experiencing mental health issues^{xii,xiii,xiv}. Military culture is unique, and no civilian can truly know what it is like to serve. Hearing from and working with veteran peers provides an opportunity to interact with their healthcare through the lens of a military peer who has their own recovery history.

Veteran peers are a crucial component of the VA healthcare system, and all veterans should be able to have access to these services. **AVAPL supports the Veteran Peer Specialist Act of 2021.**

H.R. 5029: Expanding the Families of Veterans Access to Mental Health Services Act

There is an oft cited statistic that each death by suicide impacts up to 135 people^{xv,xvi} and families of servicemembers and veterans are not immune. Losing a veteran family member to suicide is devastating and having Vet Centers available to family members would provide an important avenue for them to seek help. AVAPL has collected anecdotal evidence that some Vet Centers and VA facilities already provide some version of these services as part of the mandate “to care for him who shall have borne the battle and for *his widow, and his orphan*” [emphasis added]. Codifying Vet Center’s ability to provide this care is very important.

While considering this bill, it is also critical to think about the staffing implications of increasing eligibility in this way. While all people deserve access to mental health care when they are in need, Vet Center services should be prioritized for veterans and active duty servicemembers to ensure they are able to get timely care. Vet Centers are already understaffed, experiencing similar vacancy rates as the Veterans Health Administration – 11 percent in Fiscal Year (FY) 2019^{xvii}. If eligibility for Vet Center care is expanded, additional funding must also be appropriated to increase staffing to ensure that timely appointments are available to veterans, servicemembers, and their families.

AVAPL supports the Expanding the Families of Veterans Access to Mental Health Services Act.

H.R. 5073: Revising and Expediting Actions for the Crisis Hotline (REACH) for Veterans Act

The Veterans Crisis Line (VCL) staff handle tens of thousands of calls, chats, and texts each month, including dispatching emergency personnel across the country^{xviii}. VCL employees are specially trained to handle veteran callers compared to the civilian National Suicide Prevention Lifeline (NSPL). Additionally, rollover rates are significantly higher for the NSPL compared to

the VCL. In 2019 for example, 11% of NSPL callers in California were rolled over to a call center outside of the state, and 71% of Michigan callers were rolled over to a call center outside the state^{xix,xx}. That compares to **0.027%** of calls that were rolled over from the VCL to a backup call center in 2019^{xxi}. While data is not yet available for the rollover rate for the VCL in 2020, in California and Michigan, the rollover rate improved to 10% and 46% respectively^{xxii,xxiii}.

VCL call center staff face a challenging work environment, working everyday with veterans experiencing suicidal or other crises. While AVAPL believes that VCL staff are the most well-trained call center staff in the country, there is always room for improvement. Ensuring that VCL staff feel confidently about their job performance and are retrained to maintain their skills will make the VCL stronger.

Specifically, AVAPL is excited for, Sec. 211, which authorizes \$5 million for the MIRECC (Mental Illness Research, Education, and Clinical Centers) to conduct research on effectiveness and opportunities for improvement of the VCL. Conducting research into the effectiveness of the VCL as well as new opportunities for improvement will only serve to strengthen the program. This research will allow the VCL to remain the gold standard for crisis call centers in the U.S. and will ensure that veterans in crisis will continue to have access to high-quality services. We also applaud the work that the VCL has made since November 2020 when the VA Office of Inspector General (OIG) released a report about deficiencies in the crisis line^{xxiv}. Since that time, a subsequent VA OIG report on the VCL was released^{xxv} and the VCL has closed 17 of the 18 recommendations from those two reports.

H.R. 5317: VA Governors Challenge Expansion Act

VA has partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) since 2018^{xxvi} to administer the Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families. This program is now operational in 35 states and 19 cities across the nation^{xxvii}. This program is in alignment with VA's National Strategy for Preventing Veteran Suicide, 2018-2028^{xxviii}, which calls for prevention services within the community. Teams participating in the Governor's and Mayor's Challenges develop suicide prevention plans that are tailored to their state or city and with outreach and training that is relevant to the veterans in their area. SAMHSA provides training opportunities and technical assistance to each team.

This program, however, does not fund implementation of any of the plans developed by the Governor's or Mayor's Challenge teams. This has led to teams spending significant amounts of time seeking funds rather than implementing their suicide prevention plans.

This bill would assist in that process by providing grants to implement the Governor's Challenge suicide prevention plans. **AVAPL supports the VA Governor's Challenge Expansion Act.**

DRAFT Veterans Census-Enabled National Treatment Equitable Resources Supplement (Vet CENTERS) for Mental Health Act of 2021

Vet Centers provide crucial mental health services to servicemembers, veterans, and their families. Increasing the number of Vet Centers, especially in areas with large numbers of veterans or lack of access to services would go a long way to increasing access to high-quality mental health care for veterans. While AVAPL cannot speak directly to the specific requirements for where a Vet Center or new community-based outpatient clinic (CBOC) should be located, AVAPL supports robust access to mental health services provided by the Department through VA Medical Centers, CBOCs, and Vet Centers.

DRAFT legislation to improve VA’s Veterans Justice Outreach Program

Research suggests^{xxix,xxx} that incarcerated people are more likely to die by suicide than the general population, and the implication for incarcerated veterans are striking. By diverting veterans through Veteran Treatment Courts rather than through jail or prison, there is an opportunity to avoid that increased risk. Additionally, by providing immediate support upon release from prison or jail, Veteran Justice Outreach (VJO) specialists also help to reduce risk by introducing protective factors such as access to a support structure and potentially mental and physical healthcare.

Redirecting veterans from the criminal-legal system and supporting veterans once they are released is suicide prevention work, as outlined by the Center for Disease Control and Prevention’s (CDC) Risk and Protective Factors for Suicide^{xxxii}. Increasing the number of VJO specialists, requiring training, and increasing outreach about the VJO program will help veterans gain access to this important program. We encourage the Department of Justice (DOJ) and National Institute on Corrections^{xxxiii} to be consulted as part of the required report on Veterans Treatment Courts, as DOJ administers that program.

AVAPL supports the discussion draft legislation to improve VA’s Veterans Justice Outreach Program.

DRAFT legislation to require VA to report to Congress within one year of enactment on the Veterans Integration to Academic Leadership (VITAL) program, which supports student veteran mental health

Student veterans face unique needs compared to their civilian peers, and VA’s VITAL program has long served them. This program provides confidential access to mental health services as well as wrap-around services to get connected with VA and non-VA veteran benefits to ensure that student veterans have everything they need to succeed in college.

The transition from active duty service to college is challenging, and can include an increased risk for mental health issues, including suicide^{xxxiii}. Veterans want or at least are open to specifically tailored interventions that address their unique needs^{xxxiv,xxxv} and we believe that tailored interventions are more likely to be effective, although more evidence is needed. The increased outreach required by this bill will ensure that more student veterans are aware of this

program and may access its services. The creation of best practices will allow programs across the country to share their successes and learn from other high-performing programs.

AVAPL supports the discussion draft legislation to require VA to report to Congress within one year of enactment on the Veterans Integration to Academic Leadership (VITAL) program, which supports student veteran mental health.

AVAPL thanks the subcommittee for this opportunity to testify on these important bills. If you have further questions, feel free to reach out to me at president1@avapl.org.



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Kaki York-Ward is the Deputy Clinical Executive for Mental Health at the Houston VA, the first psychologist to hold this position. She is board certified in Clinical Health Psychology. Dr. York also served as the Treasurer for the Academy of Clinical Health Psychology from 2013 through 2016. In addition to her role as a clinician and administrator, Dr. York is a strong supporter of both the research and teaching missions of VA. She is a past preceptor for the HIV HEP C Fellowship, instructor for several seminars throughout the year and has demonstrated service to research as a past member of the local IRB, and co-author on academic projects as time permits. Dr. York is also an advocate for VA's public health initiatives and for the critical role of Psychologists in developing patient centered integrated health services.

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