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DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
SENATE COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND
RELATED AGENCIES
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Good morning Chairman Moran, Ranking Member Schatz, and distinguished members of the Subcommittee. Thank you for the opportunity to discuss the important topic of suicide prevention among our Nation's Veterans. I am joined today by Dr. Harold Kudler, Chief Consultant for Mental Health Services for the Veterans Health Administration (VHA) and Dr. Stephanie Davis, Suicide Prevention Coordinator for the VA Eastern Kansas Health Care System.

Recent research suggests that 20 Veterans die by suicide each day, putting Veterans at even greater risk than the general public. VA is committed to ensuring the safety of our Veterans, especially when they are in crisis. Losing one Veteran to suicide shatters their family, loved ones and caregivers. Veterans who are at risk or reach out for help must receive assistance when and where they need it in terms that they value. Our commitment is to do everything possible to prevent suicide among the Veterans we serve and to reach all Veterans through partnerships and collaboration.

Suicide Prevention Overview

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, epidemiologists, and researchers, who spend each and every day solely working on suicide prevention efforts and care for our Veterans. Screening and assessment processes have been set up throughout the system to assist in the identification of patients at risk for suicide. VA also developed a chart "flagging" system to ensure continuity of care and provide awareness among providers. Patients who have been 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 their suicidality.

Reporting and tracking systems have been established in order to learn more about Veterans who may be at risk and help determine areas for intervention. We also have two centers devoted to research, education, and clinical practice in the area of suicide prevention. VA's Veterans Integrated Service Network (VISN) 2 Center of Excellence in Canandaigua, New York, develops and tests clinical and public health intervention strategies for suicide prevention. VA's VISN 19 Mental Illness Research Education and Clinical Center (MIRECC) in Denver, Colorado, focuses on: (1) clinical conditions and

neurobiological underpinnings that can lead to increased suicide risk; (2) the implementation of interventions aimed at decreasing negative outcomes; and (3) training future leaders in the area of VA suicide prevention.

Current Initiatives

Every Veteran suicide is a tragic outcome and regardless of the numbers or rates, one Veteran suicide is too many. We continue to spread the word throughout VA that “Suicide Prevention is Everyone’s Business.” The ultimate goal is to proactively eliminate suicide among Veterans via: strategic community partnerships, identification of risk, training, treatment engagement, effective treatment, lethal means education, research, and data science. Although we understand why some Veterans may be at increased risk, we continue to investigate and take proactive steps. The ultimate goal is eliminating suicide among Veterans. VA’s basic strategy for suicide prevention requires ready access to high quality mental health services supplemented by programs designed to help individuals and families engage in care, and to address suicide prevention in high-risk patients.

REACH VET

Suicide prevention is VA’s highest clinical priority. As part of VA’s commitment to put resources, services, and all technology available to reduce Veteran suicide, Recovery Engagement and Coordination for Health Veterans Enhanced Treatment (REACH VET) was initiated. This new program was launched by VA in November 2016 and was fully implemented in February 2017. REACH VET uses a new predictive model in order to analyze existing data from Veterans’ health records to identify those who are at a statistically-elevated risk for suicide, hospitalization, illnesses, and other adverse outcomes. Not all Veterans who are identified have experienced suicidal ideation or behavior. However, REACH VET allows VA to provide support and pre-emptive enhanced care in order to lessen the likelihood that challenges Veterans face will become a crisis.

The VA REACH VET team and Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) teams have worked closely together, as both groups have developed predictive analytics capabilities. Because modeling risk is highly dependent on the available data, the approaches of both groups differ.

DoD and VA have integrated a public health approach to suicide prevention, intervention, and postvention using a range of medical and non-medical resources through:

- Data and Surveillance
- Messaging and Outreach
- Evidence-based Practices
- Workforce Development
- Federal and Non-government Organization Engagements

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

options are indicated. The provider will then reach out to Veterans to check on their well-being and inform them that they have been identified as a patient who may benefit from enhanced care. This allows the Veteran to participate in a collaborative discussion about their health care, including specific clinical interventions to help reduce suicidal risk.

Veterans Crisis Line

Since 2007, VCL has answered over 2.8 million calls and dispatched emergency services to callers in crisis over 75,000 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 more than 336,000 requests for chat.
- Expanding modalities to our Veteran population by adding text services in November 2011, resulting in nearly 69,000 requests for text services.
- Opening a second VCL site in Atlanta in October 2016, with over 200 crisis responders and support staff.
- Implementing a comprehensive workforce management system and optimizing staffing patterns to provide callers with immediate service and achieve 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 463,000 referrals to local Suicide Prevention Coordinators on behalf of Veterans to ensure continuity of care with their local VA providers. Initially housed in 2007 at the Canandaigua VA Medical Center in New York, it began with 14 responders and 2 health care technicians answering four phone lines. In the past 6 months, VCL has nearly doubled the capacity to ensure appropriate access to Veterans. 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 200 call responders and 25 social service assistants and support staff, while Canandaigua houses 310 and 43, respectively. Despite all this, there still is more that we can do.

Prior to opening the Atlanta VCL call center in October 2016, VCL saw in excess of 3,000 calls per week roll over to back-up call centers. From January 8-14, 2017, we rolled over only 58 phone calls. Since then, we continue to keep rollover calls well below 1 percent. This means that on average, we answer over **99 percent** of calls received on a daily basis by the Canandaigua and Atlanta call centers.

The No Veterans Crisis Line Call Should Go Unanswered Act (Public Law 114-247) directed VA to develop a quality assurance document to use in carrying out VCL. It also required VA to develop a plan to ensure that each telephone call, text message, and other communication to VCL, including at a backup call center, is answered in a timely manner by a trained crisis hotline responder. This is consistent with the guidance established by the American Association of Suicidology. In addition to adhering to the

requirements of the law, VCL has enhanced the workforce with qualified responders to eliminate routine rollover of calls to the contracted backup center. We also implemented a quality management system, to monitor the effectiveness of the services provided by VCL. This also will enable us to identify opportunities for continued improvement. As required by law, VA will submit a report containing this document and the required plan to the House and Senate Veterans' Affairs Committees by May 27, 2017.

Other Than Honorable Discharges

We know that 14 of the 20 Veterans who commit suicide on average each day do not receive care within VA. We need to find a way to provide care or assistance to all of these individuals. Therefore, VA intends to expand access to emergent mental health care for former Servicemembers with other than honorable (OTH) administrative discharges. This initiative specifically focuses on expanding access to assist former Servicemembers with OTH administrative discharges who are in mental health distress and may be at risk for suicide or other adverse behaviors. It is estimated that there are a little more than 500,000 former Servicemembers with OTH administrative discharges. As part of the initiative, former Servicemembers with OTH administrative discharges who present to VA seeking mental health care in emergency circumstances for a condition the former Servicemember asserts is related to military service would be eligible for evaluation and treatment for their mental health condition.

VA has authority to furnish care for service-connected conditions for former Servicemembers with OTH administrative discharges if those individuals are not legally barred from benefits. Such individuals may access the system for emergency mental health services by calling the Veteran Crisis Line, or visiting a VA Emergency Room, Outpatient Clinic, or Vet Center. Services may include: assessment, medication management/pharmacotherapy, lab work, case management, psycho-education, and psychotherapy. We may also provide services via telehealth.

Expanding Mental Health Services

While focusing on suicide prevention, we know that preventing suicide for the population we serve does not begin with an intervention as someone is about to take an action that could end his or her life. Just as we work to prevent fatal heart attacks, we must similarly focus on prevention, which includes addressing many factors that contribute to someone feeling suicidal. We are aware that access to mental health care is one significant part of preventing suicide. VA is determined to address systemic problems with access to care in general and to mental health care in particular. VA has recommitted to a culture that puts the Veteran first. 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.

Making it easier for Veterans to receive care from mental health providers also 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 MakeTheConnection.net, Suicide Prevention campaigns, and the Posttraumatic Stress Disorder (PTSD) mobile app (which has been downloaded over 280,000 times) 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.

Hiring Practices

At VA, we have the opportunity, and the responsibility, to anticipate the needs of returning Veterans. As they reintegrate into their communities, we must ensure that all Veterans have access to quality mental health care. To serve the growing number of Veterans seeking mental health care, VA has deployed significant resources and increases in staff toward mental health services. The number of Veterans receiving specialized mental health treatment from VA has risen each year, from over 900,000 in fiscal year (FY) 2006 to more than 1.65 million in FY 2016.

We anticipate that VA's requirements for providing mental health care will continue to grow for a decade or more after current operational missions have come to an end. VA has taken aggressive action to recruit, hire, and retain mental health professionals in order to improve Veterans' access to mental health care. As part of our ongoing

comprehensive review of mental health operations, VA has considered a number of factors to determine additional staffing levels distributed across the system, including the following: Veteran population in the service area; the mental health needs of Veterans in that population; and the range and complexity of mental health services provided in the service area.

Since there are no industry standards defining accurate mental health staffing ratios, VA is setting the standard, as we have for other dimensions of mental health care. VHA has developed a prototype staffing model for general mental health and is expanding the model to include specialty mental health. VHA will build upon the successes of the primary care staffing model and apply these principles to mental health practices. VHA has developed and implemented an aggressive recruitment and marketing effort to fill specialty mental health care occupations. Key initiatives include targeted advertising and outreach, aggressive recruitment of qualified trainees/residents to leverage against mission critical mental health vacancies, and providing consultative services to VISN and VA stakeholders.

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 fulfilling career opportunities with VA.

Conclusion

Mr. Chairman, all of us at VA are saddened by the crisis of suicide among Veterans. We remain focused on providing the highest quality care our Veterans have earned and deserve and which our Nation trusts us to provide. Our work to effectively treat Veterans who desire or need mental health care continues to be a top priority. We emphasize that we remain committed to preventing Veteran suicide, aware that prevention requires our system-wide support and intervention in preventing precursors of suicide. We appreciate the support of Congress and look forward to responding to any questions you may have.