STATEMENT OF
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DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
ON

BRIDGING THE GAP: ENHANCING OUTREACH TO SUPPORT VETERANS MENTAL HEALTH

April 29, 2025

Chairman Moran, Ranking Member Blumenthal, and other Members of the Committee, thank you for inviting us here today to present our views on several bills that would affect VA programs and services, particularly the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP). Joining me today is Mr. Mike Fisher, Chief Officer, Readjustment Counseling Service (RCS).

The SSG Fox SPGP enables VA to provide resources toward community-based suicide prevention efforts to meet the needs of Veterans and their families through outreach, suicide prevention services, and connection to VA and community resources. In alignment with VA's National Strategy for Preventing Veteran Suicide (2018), this grant program assists in further implementing a public health approach that blends community-based prevention with evidence-based clinical strategies through community efforts. The grant program is part of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (the Hannon Act) (P.L. 116-171), signed into law on October 17, 2020.

The SSG Fox SPGP began on September 19, 2022, when VA awarded $52.5 million to 80 community-based organizations in 43 States, the District of Columbia, and American Samoa. Since its launch in September 2022, the SSG Fox SPGP has awarded $157.5 million to 95 organizations across 43 States, U.S. territories, and Tribal lands. Early results show that 33% of participants are new to VA services, and 75% of participants who complete services show improvement in mental health status, well-being, social supports, and financial stability, as well as a decrease in suicide risk.

All the bills on today's agenda would, in whole or in part, amend the authority for the SSG Fox SPGP. The reauthorization of the SSG Fox SPGP is critically important for sustaining and expanding the notable progress we have made thus far. The initial grants have already shown promising results, and continued Congressional support will be essential for ensuring that we can reach even more Veterans in need. We greatly

appreciate the Committee's interest in continuing this program and stand ready to implement the extension of this authority as soon as possible to continue this important work in fiscal year (FY) 2026. We also want to ensure that any amendments to the terms of the grant program do not delay these FY 2026 awards.

S. 609 BRAVE Act of 2025

The BRAVE Act of 2025 consists of 4 titles and 14 sections. Each section will be discussed separately.

Title I: Improvement of Workforce in Support of Mental Health Care

Section 101(a) would state Congress' findings that VA reviews market pay surveys in each RCS District to compare the salaries of RCS employees, including licensed professional mental health counselors (LPMHC), social workers, and marriage and family therapists, to the salaries of similarly situated employees in VA and the private sector. Section 101(b) would require VA, not later than 180 days after enactment, to submit to Congress a report on the findings specified in subsection (a), including (1) an assessment of pay disparities between RCS employees and similarly situated employes within VA and the private sector, and (2) an identification of pay-related staffing challenges, and if they exist, a determination if each RCS District has initiated a review of third-party survey data for the identified occupations. Section 101(c) would require each report submitted under subsection (b) to include reports from all RCS Districts, including areas that are geographically diverse, rural areas, highly rural areas, urban areas, and areas with health care shortages. Section 101(d) would require each report submitted under subsection (b) include an assessment of pay based on third-party survey data, geographic location, equivalent qualifications (licensure, education level, or experience), and short-term incentives.

VA does not support this section.

VA does not support this section because it is unnecessary. Coordinated pay assessments are important and will ensure RCS staff are compensated at rates competitive with similarly situated employees in VA and the private sector. However, this section would not alter RCS' recruitment and retention authorities, it would merely require VA to submit a report to Congress. This section, particularly considering other sections in this bill (and existing provisions of law), would require RCS to prepare several reports within a short time period, which would divert resources from supporting Vet Centers and eligible beneficiaries. If pursued, VA would request input to ensure that market pay surveys accurately capture total compensation packages. A pure salary comparison does not capture the numerous benefits and advantages that Federal service brings and that greatly increases the value of Federal employment. This includes benefits such as a basic benefit retirement plan (retirement annuity for life) that is in addition to a thrift savings plan (401K) matching, childcare subsidies, annual leave increasing up to 26 paid days per year plus Federal holidays, and numerous special pays that significantly increase the value of Federal employment.

VA does not have a cost estimate for this section.

Section 102(a) would amend 38 U.S.C. § 7402(b)(8)(C), which currently allows psychologists to be appointed without licensure of certification in a State for a period not to exceed 2 years on the condition that the psychologist provides patient care only under the direct supervision of a psychologist who is licensed or certified in a State. Instead, the Under Secretary for Health (USH) could recommend that psychologists without licensure or certification in a State be appointed for a reasonable period of time. Section 101(b) would amend 38 U.S.C. § 7402(b)(11)(B), which currently requires LPMHCs to be licensed or certified to independently practice mental health counseling. The amendment would allow VA to waive this requirement for licensure or certification for an LPMHC for a reasonable period of time recommended by the USH.

VA supports this section.

VA supports this section because it would provide consistency across disciplines for considering candidates not yet licensed. It also would provide VA the flexibility to be consistent with State licensing standards.

VA does not have a cost estimate for this section.

Section 103(a) would require VA, not later than 60 days after enactment, to submit to Congress a report regarding coordination between VHA's clinical care system and RCS. Section 103(b) would require this report to include an adherence assessment to VHA policies—which state that each Veterans Integrated Service Network (VISN) Director must ensure that a VA support facility is laterally aligned with each Vet Center to provide supportive administrative and clinical collaboration to better serve Veterans eligible for Vet Center services, particularly those at high risk for suicide—from each VISN Director. Section 103(c) would require the report to include an analysis of whether: (1) Vet Center staff in the local area of a VA medical facility have the updated contact information for appropriate staff at the medical facility to ensure proper coordination of care; (2) the external clinical consultant and suicide prevention coordinator (SPC) of a VA medical facility are providing Vet Center counseling staff in the local area professional consultation not less frequently than monthly through regularly scheduled peer case presentations onsite at the Vet Center or via virtual or telephone consultation as necessary to fully support the coordination of care of patients, particularly those at high risk for suicide; (3) the external clinical consultant and SPC are documenting any such consultation; and (4) the USH is coordinating with the outreach specialist at each Vet Center to ensure active duty members of the Armed Forces who are participating in the Transition Assistance Program receive information regarding Vet Centers and their available services. Section 103(d) would define the term "Vet Center",

for purposes of this section, as having the same meaning given that term in 38 U.S.C. § 1712A(h).

VA does not support this section.

VA does not support this section because VA already complies with many of the requirements this section would establish. However, if this legislation moves forward, VA recommends, in the context of item (2), above, referring only to other VA mental health professionals instead of SPCs specifically. This would ensure that appropriate staff can provide these consultations while not adding to the SPC's workload, whose time and experience may not be needed (although where needed, SPCs could participate). Regarding item (3), above, VA also would recommend removing the requirement that the SPC document such consultation to reflect the prior recommended change.

As part of the mandatory Benefits and Services course, all Service members participating in the Transition Assistance Program are provided information on Vet Centers and their available services, website, and phone number, as well as resources to find their nearest Vet Center. The Benefits and Services course also encourages transitioning Service members to take the Vet Centers Military Life Cycle module, which transitioning Service members can do at any time. The module also describes how transitioning Service members and other eligible individuals can connect with local Vet Centers as a confidential resource at no cost to them.

VA does not have a cost estimate for this section.

Title II: Improvement of Vet Center Infrastructure and Technology

Section 201 would define the term "Vet Center", for purposes of this title, as having the same meaning given that term in 38 U.S.C. § 1712A(h).

VA has no objection to this section.

VA has no objection to this section because it would simply define a term consistent with current law.

This section would not result in any additional cost.

Section 202(a) would require the Comptroller General, not later than 1 year after enactment, to submit to Congress a report assessing the model RCS used to guide the expansion of the real property footprint of Vet Centers. Section 202(b) would require the report assess whether: (1) this model adequately accounts for the demand for Vet Center services in rural areas; (2) the frequency with which VA is reassessing areas for potential expansion of Vet Center services is often enough to address any population shifts; (3) such model adequately considers the needs of Veterans in areas with high

rates of calls to the Veterans Crisis Line (VCL) or high rates of suicide by Veterans or members of the Armed Forces; (4) such model adequately accounts for trends in usage of mobile Vet Centers in a given area; and (5) such model considers the unique needs of Veterans and members of the Armed Forces in areas being assessed. Section 202(c) would define the term VCL, for purposes of this section, as the hotline established under 38 U.S.C. § 1720F(h).

VA does not support this section.

VA does not support this section because the Comptroller General has only recently completed a November 2024 report, “Opportunities Exist to Improve Asset Management and Identification of Future Counseling Locations” (Government Accountability Office (GAO)-25-106781), and VA is currently working to implement its recommendations. In this regard, requiring the Comptroller General to conduct a second report in such a short period would seem inadvisable.

VA does not have a cost estimate for this section.

Section 203 would require VA, not later than 180 days after enactment, to (1) ensure each Vet Center has demographic data (e.g., age, gender, race, ethnicity) for individuals eligible for Vet Center services in the Vet Center’s service area; this demographic data would be used to tailor outreach activities, including data on Veterans who have recently transitioned from service in the Armed Forces; (2) provide Vet Centers with guidance for assessing the effectiveness of outreach activities, including guidance on metrics for those activities and targets against which to assess those metrics to determine effectiveness; (3) develop and implement a process to periodically assess the extent to which Veterans and members of the Armed Forces who are eligible for services from Vet Centers experience barriers to obtaining such services (including a lack of awareness about Vet Centers and challenges accessing Vet Center services); and (4) develop and implement a process to periodically assess the extent to which Vet Center staff may encounter barriers to providing services.

VA does not support this section.

VA does not support this section because, while we agree that Vet Centers should have access to this information, it is not clear that the bill would actually address this concern effectively.

Initially, VA is unsure whether this demographic data exists, and if it exists, how easily accessible it would be. VA can access information in the VA/Department of Defense (DOD) Identity Repository (VADIR), but VADIR does not include all information for all individuals that would be covered by this section. Vet Center eligibility requires specific conditions of service to be met, which is determined based on specific pieces of information that would not likely be viewable in any demographic dataset. This could

limit the utility of this intended requirement. VA is also already assessing much of the information that would be required by items (2), (3), and (4), above.

We would welcome the opportunity to discuss the concerns prompting this section with the Committee to determine what can be done under current authority and where VA may require new authority.

VA does not have a cost estimate for this section, but we anticipate that there would be information technology (IT) costs associated with implementation.

Section 204 would require VA, not later than 60 days after enactment, to submit to Congress a report identifying: (1) whether VA is retaining or replacing the current IT platform, the RCS Network (RCSNet), which is currently used to manage certain parts of the daily work of RCS employees and RCS operational data and management function; (2) if VA intends to keep RCSNet, the rationale for that decision and an identification of the steps VA is taking to maintain or improve the functionality of RCSNet and the timeline for those steps; and (3) if VA intends to replace RCSNet, the rationale for that decision and an identification of the steps VA is taking to implement that replacement, including a timeline for that replacement.

VA does not support this section.

VA does not support this section because it is unnecessary.

Several months ago, VA began compiling a full needs assessment based on input from both Vet Center and Office of Information and Technology staff. In this regard, we anticipate we will have the information needed to make a decision this year. We do not believe a statutory requirement to report to Congress is necessary; VA can brief Congress on its decisions when they have been made.

VA does not have a cost estimate for this section.

Title III: Women Veterans

Section 301(a) would require VA, not later than 240 days after enactment, to conduct surveys and host listening sessions with women Veterans to determine: (1) how women Veterans perceive and accept suicide prevention, lethal means safety (LMS), and VA mental health resources and messaging campaigns; (2) whether women Veterans find those resources and messaging campaigns effective and sufficiently tailored towards them; (3)whether the integration into those resources and messaging campaigns of information pertaining to military sexual trauma (MST), intimate partner violence (IPV), and trauma-informed health care would make those resources and messaging campaigns more effective for women Veterans; (4) if VA could make additional improvements to those resources and messaging campaigns, including the

Women's Health Transition Training Program, to make those resources and messaging campaigns more effective for women Veterans; and (5) if VA programs and services are targeted at women Veterans of different ages and eras of service, racial and ethnic backgrounds, and geographical areas. Section 301(b) would require VA to conduct these surveys and listening sessions in urban and rural areas, ensuring surveys and listening sessions are targeted at different demographics. Section 301(c) would require VA, no later than 1 year after the surveys and listening sessions are complete, to submit to Congress a report on the findings of such surveys and listening sessions, which would have to document the steps VA intends to take to refine the VA suicide prevention, LMS, and mental health resources and messaging campaigns based on the feedback from such surveys and listening sessions to ensure VA is utilizing the most effective strategies.

VA does not support this section.

VA does not support this section because existing law already requires VA to integrate and evaluate suicide prevention and mental health messaging and resources for women. This section would duplicate the existing requirement to include in each contract to develop media relating to suicide prevention and mental health materials and campaigns a requirement that the contractor convene focus groups of Veterans to assess the effectiveness of suicide prevention and mental health outreach. *See* section 401(e) of the Hannon Act. In addition, section 402(a)(6) of the same Act requires an annual report on VA's progress in meeting the goals and measurable targets established to evaluate the effectiveness of the mental health and suicide prevention media outreach campaign. These current laws appear sufficient to address the intended aim of this section.

VA does not have a cost estimate for this section.

Section 302 would require VA, not later than 60 days after enactment, to modify the Recovery Engagement and Coordination for the Health-Veterans Enhanced Treatment program (REACH VET) to incorporate into such program risk factors weighted for women, such as MST and IPV.

VA does not support this section.

VA supports the intent of section 302; it is important to reevaluate and update the REACH VET model to optimize performance for men and women. However, VA has already updated the REACH VET model to include new additional predictor model variables that are more commonly experienced by women, such as MST and IPV, as well as other predictors that are newly recognized as potential risk factors. Therefore, legislation is not needed for an update VA has already made.

VA does not have a cost estimate for this section.

Section 303(a) would require VA, not later than 60 days after enactment, to review all requests for reintegration and readjustment services for Veterans and their family members in group retreat program settings under 38 U.S.C. § 1712A(a)(1)(B)(ii) to determine if current retreat programming meets demand. VA would need to specifically review requests for women only retreats, disabled access retreats (particularly wheelchair accessible retreats), and retreats for Veterans with specific medical needs. Section 303(b) would require VA, not later than 120 days after enactment, to submit to Congress a report on whether VA's provision of reintegration and readjustment services for Veterans and their family members in group retreat program settings should be increased and made permanent, including women only retreats, disabled access retreats (particularly wheelchair accessible retreats), and retreats for Veterans with specific medical needs.

VA does not support this section.

VA does not support this section because this would be another reporting requirement due within a short time period and is unnecessary. VA currently reports on RCS activities pursuant to an annual reporting requirement under 38 U.S.C. § 7309(e); if Congress needs additional information about these retreats specifically, VA can brief the Committee as needed. Regarding the requirement to review whether retreats are wheelchair accessible, VA already requires contractors supporting retreats to ensure both the retreat settings and transportation are compliant with the Americans with Disabilities Act.

VA does not have a cost estimate for this section.

Title IV: Other Matters

Section 401 would amend section 201 of the Hannon Act, which authorized the SSG Fox SPGP, in two ways. First, section 401 would increase the maximum amount of each grant award from $750,000 to $1 million; second, it would extend the duration of the SSG Fox SPGP from 3 years after the date of the first award to 6 years after the date of the first award.

VA supports this section, subject to amendments and the availability of appropriations.

VA supports this section, subject to amendments and the availability of appropriations, because it would provide needed flexibility to continue and enhance the SSG Fox SPGP. However, as discussed in more detail in VA's views on S. 793 and S. 1139, the Helping Optimize Prevention and Engagement (HOPE) for Heroes Act of 2025, VA believes additional edits are needed to give effect to the intent of this section, particularly by increasing and extending the authorization of appropriations. VA

prefers the longer extension the HOPE for Heroes Act of 2025 (S. 1139) would grant through FY 2030, instead of only until September 19, 2028.

VA estimates the bill, if amended, and the authorization of appropriations is increased, would cost approximately $110 million in FY 2026, and approximately $590 million from FY 2026 through FY 2030.

Section 402(a) would require VA, not later than 60 days after enactment, to submit to Congress a plan to ensure access to VA mental health residential treatment programs for Veterans with spinal cord injuries or disorders (SCI/D). The plan would have to include: (1) a staffing plan for how VA would incorporate staff from other facilities to support a pilot program required by subsection (b) and ensure adequate staffing to support the needs of Veterans with SCI/D; (2) an assessment of medical equipment needs; and (3) an assessment of the best location to deliver treatment and health care under VA mental health residential treatment programs, including through the use of SCI/D centers and SCI/D spokes. Section 402(b) would require VA, commencing not later than 120 days after enactment, to carry out a pilot program to provide access to VA mental health residential treatment programs for Veterans with SCI/D at not fewer than three VA medical facilities. Section 402(c) would require VA, not later than 1 year after enactment, to submit to Congress a report on the implementation of the plan required by subsection (a), the initial results from the pilot program under subsection (b), and plans to expand VA's mental health residential treatment programs to address demand for the highly specialized treatment provided under such programs for Veterans with an SCI/D.

VA does not support this section.

Although VA supports the intent of this section, VA is concerned it would be unable to execute the legislation as written within the time frames defined. Specifically, the time frame of 120 days to carry out a pilot program at three (or more) locations of care introduces risks given the need to hire or realign staff with appropriate competencies to meet the needs of Veterans during admission; there is also the potential need for infrastructure modifications, which would take more time. VA believes current authority provides sufficient flexibility to provide residential treatment for Veterans with SCI/D and would welcome the opportunity to discuss other options to meet the intent of this section.

VA assumes the references in this section to "mental health residential treatment programs of the Department" is intended to refer to VA mental health residential rehabilitation treatment programs, or MH RRTPs. It is less clear, though, whether the reference to "programs of the Department" is intended to only apply to VA facilities or if it is intended to include non-VA facilities. If Congress does not alter this language, we would interpret it only to apply to VA facilities.

VA does not have a cost estimate for this section.

Section 403(a) would make technical corrections to the 38 U.S.C. § 1167 related to mental health consultations to instead be codified at 38 U.S.C. § 1169. It would also make amendments to the table of contents to reflect this change. This statute requires VA, not later than 30 days after the date on which a Veteran submits to VA a claim for compensation under chapter 11 for a service-connected disability relating to a mental health diagnosis, to offer the Veteran a mental health consultation to assess the mental health needs of, and care options for, the Veteran. VA is required to offer such a consultation without regarding to any previous denial or approval a claim for a service-connected disability relating to a mental health diagnosis for the Veteran and ensure the Veteran offered a mental health consultation can elect to receive such consultation during the 1-year period beginning on the date on which the consultation is offered (although VA can provide a longer time period if appropriate).

Section 403(b) would amend the re-designated 38 U.S.C. § 1169 to clarify that the current subsection (a) would refer only to initial mental health consultations. Section 403 would insert a new subsection (b) that would require VA, not less frequently than annually, to offer to each Veteran who is receiving compensation under chapter 11 for a service-connected disability relating to a mental health diagnosis a mental health consultation to assess the mental health needs of, and discuss other mental health care options for, the Veteran. VA would also have to conduct annual outreach to each such Veteran regarding the availability of mental health consultations and other mental health services from VA. Current subsections (b) and (c) would be redesignated as subsections (c) and (d), respectively. Section 403 would add a new subsection (e) that would require VA, not later than 1 year after enactment and not less frequently than once every 2 years thereafter, to review the efficacy of VA's outreach with respect to consultations under this section and submit to Congress a report on the findings of this review and the plans to address these findings. To facilitate the review, VA would have to ensure Veterans could provide VA feedback on its outreach and the mental health consultations and analyze the feedback. Each review would have to cover Veterans' feedback, consultations sought pursuant to offers under this section and matters that deter Veterans from seeking consultations offered under this section.

VA supports this section, subject to amendments and the availability of appropriations.

VA supports this section, subject to amendments and the availability of appropriations. In particular, VA supports the technical corrections in section 403(a) as this would provide clarity to the U.S. Code.

VA partially supports section 403(b), subject to amendments and the availability of appropriations. VA currently offers an annual screening to enrolled Veterans for commonly occurring mental health conditions. Veterans who screen positive receive further evaluation and treatment, if they are willing to engage in care. In the first quarter

of FY 2025, 73% of Veterans receiving compensation under chapter 11 for a service-connected disability relating to a mental health diagnosis were enrolled in VA health care and receive the annual mental health screenings described above.

Instead of requiring annual offers of mental health consultations to those Veterans receiving compensation as described above, VA believes it would be more appropriate only to conduct annual outreach to such Veterans advising them of VA mental health services and how to access them. Veterans who elect to enroll, or to seek care without enrolling (if eligible), would receive a mental health assessment as part of an initial appointment. If mental health needs are identified, the Veteran will also receive information about treatment goals and options. This would connect Veterans directly to existing mental health services, and every VA health care facility must screen Veterans requesting mental health services for urgent needs and immediately address them.

VA also has concerns with the reporting requirements section 403(b) would establish. Compliance would require significant resources in terms of dedicated staff and would likely affect other important monitoring and evaluation efforts. Although 38 U.S.C. § 1167 does not currently require reporting, VA is developing data capabilities to track the number of mental health consultations offered and the number of consultations provided. Veterans' satisfaction with mental health services is assessed through several existing mechanisms. We recommend allowing these efforts to develop before codifying new requirements.

VA would appreciate the opportunity to discuss other technical issues with the Committee regarding current 38 U.S.C. § 1167 (regarding mental health consultations) and section 2068 (regarding mental health consultations for Veterans entering Homeless Programs Office programs). VA has been working to implement these authorities since their enactment, but we believe Congress could facilitate this implementation with additional revisions to these statutes.

VA does not have a cost estimate for this section.

Section 404(a) would require VA and DOD, not later than 180 days after enactment, to jointly submit to Congress a report on the actions taken, or that will be taken, by each Department (either independently or jointly) to improve the effectiveness of VA and DOD programs that promote access to mental health services for members of the Armed Forces transitioning from service in the Armed Forces to civilian life. Section 404(b) would require this report to include an assessment of the status of the response by VA and DoD to the Comptroller General's recommendations in the July 2024 report entitled "DOD and VA HEALTH CARE: Actions Needed to Better Facilitate Access to Mental Health Services During Military to Civilian Transitions" (GAO-24-106189). Section 404(c) would require the report to Congress to identify any duplicative efforts or gaps in services and recommend changes to VA and DOD

programs to address such duplicative efforts or gaps, including recommendations for legislative action.

VA does not support this section.

VA does not support this section because it is unnecessary. VA is currently working to respond to the Comptroller General's recommendations to the July 2024 report referenced above. In this context, requiring an additional report would be unnecessary and duplicate these efforts.

We note as a technical matter that this section would require VA and DoD submit a report on their programs regarding members of the Armed Forces, but the Coast Guard, which is included within the definition of the term "Armed Forces" in 38 U.S.C. 101(10), does not fall under DoD's jurisdiction

VA does not have a cost estimate for this section.

S. 793 Modifying and Reauthorizing the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program

This bill would make seven amendments to section 201 of the Hannon Act, which authorized the SSG Fox SPGP. Specifically, the bill would:

1. Remove references to the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) Task Force.
2. Increase the maximum amount of grant funds that could be awarded from $750,000 to $1,250,000 per fiscal year.
3. Require VA to develop measure and metrics, as appropriate, to accurately reflect the aims of the SSG Fox SPGP; provide accountability to Congress related to grant funds; and reflect lessons learned from interim reporting on and evaluation of the SSG Fox SPGP.
4. Require VA to provide to the appropriate personnel of each VA medical center (VAMC) within 100 miles of the primary location of a grantee a briefing, not less than once per year, about the grant program to improve the coordination between a grantee and VAMC personnel.
5. Extend the authority to carry out this program until September 30, 2028.
6. Authorize appropriations of $285 million for FYs 2026-2028.
7. Expand eligibility to the SSG Fox SPGP for two cohorts of individuals currently eligible for RCS, namely individuals who participated in a drug interdiction operation as a member of the Coast Guard (regardless of the location of that operation) and individuals who received counseling under 38 U.S.C. § 1712A before the date of the enactment of the National Defense Authorization Act (NDAA) for Fiscal Year 2013 (January 2, 2013).

VA supports the bill, subject to amendments and the availability of appropriations.

VA supports five of the amendments this bill would make, specifically:

1. Removing the reference to the PREVENTS Task Force, which is no longer operational.
2. Increasing the maximum award from $750,000 to $1.25 million.
3. Extending the duration of the SSG Fox SPGP through FY 2028.
4. Increasing the authorization of appropriations to $285 million for FYs 2026-2028.
5. Expanding eligibility to two additional cohorts of individuals currently eligible for RCS.

VA supports extending the authority for the SSG Fox SPGP (item 5, above) so that grantees can continue to provide critical support for eligible Veterans, former Service members, and individuals eligible for RCS at risk for suicide. VA supports increasing the maximum award amount (item 2, above), which would allow current grantees seeking renewal grants to keep pace with inflation and ensure there is no reduction in support for eligible individuals and their families. Similarly, VA supports the increase in the authorization of appropriations (item 6, above), which would permit scaling the program to a nationwide effort; however, we recommend the increased authorization of appropriations appear as a new paragraph (2) under subsection (p), with the current content (authorizing appropriations of $174 million for FYs 2021-2025) being designated as a new paragraph (1) to avoid any questions regarding the authorization of appropriations for FY 2025 that may arise if this bill is enacted before the end of FY 2025. This increased authorization of appropriations may also address more effectively the concern that appears to be the basis for S. 1361 (Every State Counts for Vets Mental Health Act), as this increased authorization of appropriations, if fully supported with appropriations, would allow VA to provide more grants in more areas, including applicants from States in which no entity has been awarded a grant under this section. Increased resources would address this need more effectively than attempting to alter the scoring standards, as discussed further below.

VA also supports expanding the population of eligible individuals (item 7, above), as this would address what VA believes was an inadvertent change in scope resulting from two separate laws that were enacted within days of each other in 2020. As originally enacted, the Hannon Act established as eligible individuals those persons described in clauses (i) through (iv) of 38 U.S.C. § 1712A(a)(1)(C). The Hannon Act was enacted on October 17, 2020. On October 20, 2020, the Vet Center Eligibility Expansion Act (P.L. 116-176) was signed into law. This law created new clauses (iv) and (v) in section 1712A and redesignated the existing clauses (iv) and (v) to be clauses (vi) and (vii). As a result of this, for 3 days during October 2020, well before VA could implement the SSG Fox SPGP, individuals who received counseling under section 1712A before the date of enactment of the NDAA for Fiscal Year 2013 were eligible for the SSG Fox SPGP but are not currently eligible unless they meet another condition of eligibility under section 201(q)(4) of the Hannon Act. While we anticipate this would affect only a small number of individuals, we believe amending the Hannon

Act to include this population would be fair to them and more consistent with Congressional intent.

Regarding the proposed change to incorporate additional measures and metrics for the SSG Fox SPGP, VA generally has no objection to this requirement. We understand and support Congress' interest in understanding the value and efficacy of this grant program, and we appreciate the flexibility this language would provide VA in defining those measure and metrics.

VA does not support the required annual briefings to VAMCs, as these would likely require resources disproportionate to the value that would be realized from sharing this information. VA currently provides information to facilities and staff to support coordination, and we believe these efforts are sufficient. Further, the specification of not more than 100 miles from the primary location of a grantee is less useful than the service area of the grantee.

VA continues to appreciate Congress' support of the SSG Fox SPGP, and we look forward to Congress reauthorizing the program; we also appreciate the opportunity to meet with the Committee to discuss the concerns we identify below.

We would be happy to provide technical assistance to the Committee, including specific line edits, to address these recommendations.

VA estimates that S. 793, as drafted would cost $285 million over the three-year period FY 2026-2028 (equal to the authorization of appropriations).

S. 1139 HOPE for Heroes Act of 2025

This bill would make 15 amendments to section 201 of the Hannon Act, which authorized the SSG Fox SPGP. Specifically, the bill would:

1. Change the requirement for the Secretary to consult with the Office of Mental Health and Suicide Prevention in carrying out this program. The Secretary would instead be required to consult with the Assistant USH for Clinical Services.
2. Increase the maximum amount of grant funds that could be awarded from $750,000 to $1,000,000 per fiscal year. It would also authorize VA to award additional amounts based on the number of individuals who go through the intake process to receive suicide prevention services from the grantee, although VA could not award more than $500,000 in additional amounts per grantee per fiscal year.
3. Restrict grantees from using more than 30% of the grant funds for administrative costs, and it would also provide that no more than 5% of grant funds could be spent on food and beverages.
4. Amend subsection (e)(3), which generally establishes requirements for grantees to coordinate with VA or participating Veterans, to require grantees to coordinate with VA to develop a plan for communication between the entity and local suicide

prevention coordinators regarding whether Veterans receiving assistance under this section from the entity are attending appointments to ensure continuity of care.

5. Amend subsection (g), which generally establishes requirements regarding training and technical assistance, to require VA to provide training and technical assistance to grantees on how to properly use the Columbia Protocol (also known as the Columbia-Suicide Severity Rating Scale (C-SSRS)).
6. Amend subsection (g) further to require VA to provide training to VA employees on this grant program.
7. Require VA to provide to the appropriate personnel of each VAMC within 100 miles of the primary location of a grantee a briefing, not less than once per calendar quarter, about the grant program to improve the coordination between a grantee and VAMC personnel.
8. Extend the authority to carry out this program until September 30, 2030.
9. Amend subsection (k), which requires VA to provide reports to Congress on the SSG Fox SPGP, to include a description of VA's compliance with the requirement to train employees under subsection (g), as added by the 5thchange described above.
10. Amend subsection (n), which requires VA to provide behavioral and mental health care to eligible individuals when clinically necessary, to state that if VA does not provide mental health or behavioral health care within 72-hours following a referral from a grantee, the eligible individual must be treated as eligible for emergent suicide care under 38 U.S.C. § 1720J.
11. Amend subsection (p), which authorizes appropriations of $174 million for FYs 2021-2025, to extend this period to FY 2030.
12. Make two technical changes to the definition of emergency treatment in subsection (q)(5).
13. Amend subsection (q)(8)(A), which generally defines the term "risk of suicide", to make this term mean exposure to, or the existence of, any of the following health, environmental, or historical risk factors to any degree.
14. Amend subsection (q)(11)(A)(ii), which defines "suicide prevention services" as including a baseline mental health screening for risk. The amendment would provide that, entities awarded a grant after enactment of this Act in conducting the baseline mental health screening for risk, must use C-SSRS.
15. Amend further the definition of suicide prevention services to include transportation and rideshare services for eligible individuals to use for appointments.

VA supports the bill, subject to amendments and the availability of appropriations.

VA supports four of the amendments this bill would make, specifically:

1. Extending the duration of the program through FY 2030.
2. Increasing the maximum award from $750,000 to $1 million,

3. The technical correction to the definition of emergency treatment (which would have no substantive effect on benefits for eligible individuals).
4. The inclusion of transportation and rideshare services for eligible individuals to use for appointments within the definition of "suicide prevention services."

Although VA strongly supports extending the duration of the program (the 8th change described above), and the bill would extend the period of the authorization of appropriations (the 11th change described above), the bill would not increase the amount of authorized appropriations. Without increasing the amount, VA would have no additional funds to carry out the program, which would frustrate the intent of VA and Congress. Consequently, VA recommends increasing the authorized amount of appropriations to reflect the extended time period in which the SSG Fox SPGP could operate. An increased authorization amount would also permit scaling the program to a nationwide effort. VA continues to appreciate Congress' support of the SSG Fox SPGP, and we look forward to Congress reauthorizing the program. We also appreciate the opportunity to meet with the Committee to discuss the concerns we identify below.

Regarding transportation, grantees can currently assist with emergent needs relating to transportation, under section 201(q)(11)(A)(ix)(IV), and grantees can also provide legal services to assist eligible individuals with issues that may contribute to the risk of suicide, including issues that interfere with the eligible individual's ability to obtain or retain transportation. See 38 C.F.R. 78.80(d) and (g). However, non-emergent needs for transportation are not covered. We note that if grantees are providing transportation directly, VA would likely need to establish requirements or conditions on such transportation to ensure safety and the appropriate use of resources.

VA has concerns with some of the changes this bill would make and seeks amendment to these provisions.

First, the proposed additional amount of $500,000 per grantee per fiscal year does not align with the way Federal assistance through grants is operated by funders and recipients. Applicants propose the number of Veterans to be served and estimate their costs within their application. It would be difficult to implement this type of additional amount, as it would require significant reconciliation based on the actual versus projected number of eligible individuals served. Furthermore, any upward adjustments at the end of the year would likely have little effect in terms of further outreach or support. It is also not clear that increasing award amounts based purely on the number of individuals who go through the intake process to receive suicide prevention services is actually "performance-based", as this does not consider the quality or quantity of services provided to eligible individuals, or their effect on an eligible individual's status.

Second, the required quarterly briefings are redundant, as VA currently provides information to facilities and staff to support coordination, and we believe these efforts are sufficient.

Third, VA is concerned about codifying the use of the C-SSRS, which is currently a tool VA uses as one component of eligibility screening, in that it identifies individuals with suicidal thoughts and behaviors. Placing this in statute would prohibit VA from adopting another more effective tool should one be identified as more appropriate for the community-based setting. VA is invested in robust program evaluation to measure long term outcomes and ultimately identify and scale best practices for maximum benefit.

Fourth, VA also has concerns with the proposed amendment to subsection (n) (the 10th proposed change described above) to state that if VA does not provide mental health or behavioral health care within 72 hours following a referral from a grantee, the eligible individual must be treated as eligible for emergent suicide care under 38 U.S.C. § 1720J. This raises significant concerns over its potential inadvertent effects. The term eligible individual, for purposes of the SSG Fox SPGP, already overlaps significantly with eligibility under section 1720J(b), as Veterans (under 38 U.S.C. § 101) and individuals described in section 1720I(b) (referring generally to former Service members with Other-Than-Honorable discharges) already qualify for both programs. Including the 72-hour limitation in section 201 of the Hannon Act could be read to infer that these individuals are not eligible under section 1720J until the 72-hour period has lapsed.

Additionally, the SSG Fox SPGP provides support and services to individuals who screen at low-, moderate-, and high-risk for suicide, and participants are already referred to VA for routine mental health assessments and care. Consequently, the mental and behavioral health care VA would provide may not even rise to the level of emergent suicide care. Emergent suicide care under 38 U.S.C. § 1720J is available only for Veterans experiencing acute suicide risk. Given the overlapping authority, most SSG Fox SPGP participants are already eligible for emergent suicide care under section 1720J. Another potentially positive effect that could result from this provision would be the inclusion under section 1720J of members of the Armed Forces who are eligible for RCS under 38 U.S.C. § 1712A(a)(1)(C)(i)-(iv). It is unclear, though, if this is the intent; if it is, it would seem simpler to amend section 1720J itself, or else only those individuals who are referred through the SSG Fox SPGP would be eligible. For Veterans or former Service members described in section 1720I(b), VA provides same-day care and assessments for mental health issues. In this context, current authority and programs seem to meet or exceed what the bill would provide.

Fifth, VA has reservations about the proposed change to the definition of “risk of suicide.” Given that eligible individuals must be “at risk of suicide”, changes to this definition would directly affect eligibility for participation in the SSG Fox SPGP. We would appreciate the opportunity to meet with the Committee to better understand the intent behind this proposed change to determine whether it raises any significant concerns.

Sixth, VA is concerned about the language that would authorize grantees to use up to 30% of the grant funds for administrative costs. This would be a significant increase from current practice, Current regulations at 38 CFR 78.140 require that costs

for administration by a grantee must be consistent with 2 CFR part 200. We believe this is a more appropriate limitation than allowing all grantees to use up to 30% of a grant award for administrative expenses.

Beyond these concerns, several of the amendments this bill would make are unnecessary.

First, regarding the proposed amendment to VA's reporting requirement under subsection (k), while VA generally has no objection to reporting on its training of its employees, the bill would amend the requirement for the interim report, which VA has already submitted. We believe a technical change to include this as a requirement in the final report would be more appropriate.

Beyond these comments on the bill as drafted, VA also recommends including additional amendments to section 201 of the Hannon Act in this bill. VA recommends removing the requirement to coordinate with the PREVENTS Task Force because it is no longer operational.

VA also recommends amending the definition of eligible individual in section 201(q)(4)(C) as it relates to individuals eligible for RCS. S. 793 would include such language.

We would be happy to provide technical assistance to the Committee, including specific line edits, to address these recommendations.

VA estimates the bill, if the authorization of appropriations is increased, would cost approximately $110 million in FY 2026, and approximately $590 million from FY 2026 through FY 2030.

S. 1361 Every State Counts for Vets Mental Health Act

This bill would amend section 201(d) of the Hannon Act, which generally sets forth how VA will distribute and award preferences to grant applicants. Specifically, the bill would create a new paragraph (3) establishing additional priority for States that have not received a grant. The bill would require VA to prioritize consideration of any eligible entity located in a State in which an entity has applied but not received a grant under the SSG Fox SPGP. It would further provide that if no entity in a particular State has received a grant under the SSG Fox SPGP, VA would have to give all eligible entities in that State that apply for such a grant a scoring preference until at least one grant was awarded to an eligible entity in that State.

VA does not support this bill.

VA understands the intent of this bill but believes it is unnecessary and would result in unnecessary complications that could result in worse outcomes for Veterans.

Currently, VA awards grants under the SSG Fox SPGP based on a careful, objective analysis of five aspects of an application: (1) the applicant's background, qualifications, experience, and their past performance (and any identified community partners); (2) the program concept and suicide prevention services plan; (3) the applicant's quality assurance and evaluation plan; (4) the applicant's financial capability and plan; and (5) the applicant's area linkages and relations. VA has set forth and defined these five aspects in regulation at 38 C.F.R. § 78.25, which is how VA exercised the authority delegated by Congress in section 201(h)(1) of the Hannon Act. VA has also complied with the requirements currently in section 201(d) of the Hannon Act regarding prioritization of and preference for certain applicants.

VA is concerned that the bill's amendments to section 201(d) of the Hannon Act would result in unnecessary complication and could worsen outcomes for Veterans and other eligible individuals. It is unclear exactly how VA could operationalize the proposed subsection (d)(3). Subparagraph (A) would require VA prioritize "consideration" of any eligible entity located in a State in which an entity has applied but not received a grant under this section. It is not clear, though, how exactly VA would prioritize such consideration. Subparagraph (B) presumably clarifies this, as it would provide that VA would have to "give all eligible entities in [a State where no entity has received a grant under this section] that apply for such a grant a scoring preference until at least one grant is awarded to an eligible entity in that State." However, this language is unclear as to whether the "scoring preference" VA would have to give would require VA, during one award cycle, to continue increasing the preference given to applicants from States where no entity has received a grant until such an entity qualifies for award, or if this would instead require VA to give a set preference during each award cycle until an entity was chosen to receive a grant from that State. Under either scenario, applicants who have scored lower on objective measures would receive funding before better qualified applicants. This process could delay awards, which could jeopardize continuity of support, and result in current grantees losing their award, which would end support for eligible individuals and their families currently receiving suicide prevention services. Depending on when this bill was enacted, such a change could also disrupt an awards cycle already underway if VA had already published a Notice of Funding Opportunity setting forth the scoring criteria for the SSG Fox SPGP. Such a disruption could also result in delays in awards that could threaten grantees' ability to provide suicide prevention services to eligible individuals and their families. VA has some experience in ensuring that different States receive awards for ongoing projects in the context of the State home construction grant program (under 38 U.S.C. § 8135); however, that statute and program set forth the various criteria and how VA is to award funds much more clearly than this bill would for the SSG Fox SPGP.

Moreover, VA awards grants currently to entities that provide services in multiple States; the requirement that a grantee be "located in a State" does not necessarily mean that the grantee only provides support within that State. By focusing on where the grantee is located instead of where the grantee is providing suicide prevention services, the bill appears to place more emphasis on residence than performance. This could also result in poorer outcomes for Veterans and other eligible individuals.

VA believes a better approach that could increase the number of States where grantees are located would be to increase the amount and authorization of appropriations. With additional resources, VA could award more grants in more locations (when there are several qualified applicants). This would not interrupt an award cycle already underway at the time of enactment and would still ensure that only the most qualified applicants receive support. In this regard, S. 793 appears to offer a better solution to this problem, and VA prefers that approach. VA notes that in the past, when there was concern from Congress regarding how State home construction grants were awarded, rather than altering the priority list criteria, Congress allocated more resources to ensure more projects were funded. Such an approach would seem the appropriate solution here as well.

As a matter of interpretation, VA notes that it has defined the term “state” in section 201 of the Hannon Act to mean any of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a State exclusive of local governments. See 38 C.F.R. § 78.5. VA would apply this interpretation, which is consistent with the definition of the term “state” in 38 U.S.C. § 101(20), if this bill were enacted.

VA does not have a cost estimate for this bill.

Conclusion

This concludes my statement. We would be happy to answer any questions you or other Members of the Committee may have.