STATEMENT OF
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VETERANS HEALTH ADMINISTRATION
DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
U.S. SENATE

OCTOBER 28, 2015

Good morning, Chairman Isakson, Ranking Member Blumenthal, and members of the Committee. Thank you for the opportunity to discuss the important topic of access to and timeliness of Veterans' mental health care. I am accompanied by Dr. David Carroll, Executive Director, Mental Health Operations and Dr. Michael Davies, Executive Director, Access and Clinical Administration Program.

VHA Mental Health Care

The Veterans Health Administration's (VHA) mission is to honor America's Veterans by providing exceptional healthcare that improves their health and well-being. Providing timely access to that care is a critical aspect of our mission. Access enables VHA to provide personalized, proactive, patient-driven health care; achieve measurable improvements in health outcomes; and align resources to deliver sustained value to Veterans. VHA is continually monitoring wait times and making adjustments as needed to ensure that Veterans have access to the best care they rightfully deserve.

Between 2005 and 2014, the number of Veterans who received mental health

care from VA grew by 71 percent. This rate of increase is more than 3 times that seen in the overall number of VA users. The increase in the number of mental health encounters or treatment visits, from 10.5 million in 2005 to 19.6 million in 2014, has been even more dramatic – an 87-percent increase. This reflects VA's concerted efforts to engage Veterans that are new to our system and stimulate better access to MH services for Veterans within our system. These include outreach and engagement through 300 Vet Centers, 70 Mobile Vet Centers, Primary Care/MH Integration at VA Medical Centers, and large community-based clinics. VA Telemental Health innovations provided more than 335,000 encounters to over 108,000 Veterans in 2014. Telemental Health reaches Veterans where and when they are best served. VA is a leader across the US and internationally in these efforts. VA's MaketheConnection.net, Suicide Prevention campaigns, and the PTSD mobile app (which has been downloaded over 208,000 times) add to the increase in MH access and utilization. These efforts align with VA's interagency activities including the Cross Agency Priority (CAP) Goals and expanding VA MH policy and practice. As a result of these trends, the proportion of Veterans served by VA who receive mental health care increased to more than 1.5 million Veterans. In 2005, 19 percent of VA users received mental health services, and in 2014, the figure was 27 percent.

GAO Report

This month the Government Accountability Office (GAO) released a report regarding the need for clearer guidance on access policies and wait time data relating to VA mental health care. VA is committed to providing timely access to high quality, recovery-oriented mental health care that anticipates and responds to Veterans' needs

and supports their reintegration into their communities. VA appreciates the GAO review of timely access to mental health care issues at VA Medical Centers (VAMC) and concurs with GAO's recommendations. We take the findings very seriously and have implemented action plans to address the recommendations.

The GAO report found that the way in which VHA calculates mental health wait times may not always reflect the overall amount of time Veterans wait for care. Specifically, GAO notes that a patient who presents with Mental Health concerns receives an initial evaluation within 24 hours and may not receive a full evaluation until a later date. However, this initial evaluation is the start of treatment. It includes initial diagnostic evaluation and treatment of the most acute problems as appropriate. It may result in a patient being admitted to the hospital, for example, or medication adjustments. At the same time, these patients are often scheduled for a full and comprehensive evaluation at a later time. Of the 100 Veterans whose records GAO reviewed, 86 received full mental health evaluations within 30 days of their preferred date.

The GAO report noted four findings. First, the Veterans' preferred dates were, on average, 26 days after their initial requests or referrals for mental health care, and ranged from 0 - 279 days. Second, the conflicting access policies for a full mental health evaluation - one which mandates a 14-day deadline versus another which allows for 30 days from the Veteran's preferred date - created confusion among VAMC officials about which policy they are expected to follow. Third, GAO found that data may not be comparable over time as the definitions or updated definitions of new patients have not been communicated with VISN and Medical Center leadership and managers. Fourth,

GAO found inconsistencies in the implementation of these appointments; including one VAMC that manually maintained a list of Veterans seeking mental health outside of VHA's scheduling system.

GAO recommended three items for action in response to its findings. First, VA should issue clarifying guidance on which of VHA's policies (14 or 30 days) should be used for scheduling new Veterans' full mental health evaluations. Second, VA should issue guidance on how appointment scheduling for open-access appointments is required to be managed. Third, VA should issue guidance about the definitions used to calculate wait times, such as how a new patient is defined, and communicate this to VISN and Medical Center leadership and managers any changes in wait time data definitions.

Increasing Access and Hiring Practices

The GAO report found that VHA met Mental Health hiring initiative goals, but that VAMCs reported continued challenges in ongoing hiring of mental health staff and in meeting the increasing demands for such care.

In 2012, VHA began a two-part hiring initiative under Executive Order 13625 issued in August 2012. The first part focused on recruiting 1,600 new mental health professionals, 300 new non-clinical support staff (such as scheduling clerks), and filling existing vacancies as of June 2012. The second part was the hiring of 800 peer specialist positions by December 31, 2013. As a result of this initiative, VHA hired approximately 5,300 new clinical and non-clinical mental health staff. As of the third quarter of fiscal year (FY) 2013, this included 1,667 new mental health staff, 304 non-

clinical support staff, and 2,357 staff to fill existing mental health vacancies and those that opened during the initiative. As of December 31, 2013, VHA had hired 932 peer specialists. GAO found that VAMC officials reported local improvements due to the additional hiring, such as more evidence-based therapies offered, mental health care provided at new locations, and a variety of benefits provided by the new peer specialists such as modeling effective coping, engaging Veterans who are resistant to discussing mental health issues, and providing peer-to-peer counseling. VAMC officials also cited several challenges to hiring mental health care providers such as pay disparity with the private sector, competition among VAMCs, the lengthy hiring process, lack of space and support staff, and an underlying nationwide shortage of mental health professionals.

At a national level, VHA outpatient mental health staff totals increased from 11,138 full-time equivalents in 2010 to 13,975 in FY 2014. Over the same time period, the number of Veterans receiving outpatient mental health care increased from 1,259,300 to 1,533,600. The increase in Veterans receiving mental health care outpaced both the related hiring and the overall growth in the number of Veterans using VHA services.

The recent rapid growth in the number of Veterans seeking mental health treatment in VA has posed challenges in the area of staffing. In Figure 1 below, the solid line shows the growth in numbers of Veterans using mental health services, from 897,600 in 2005 to 1,533,600 in 2014. The number of patients is expressed in terms of hundreds to show staff and patient numbers on the same graph. For example, 10,000 on the vertical axis represents 1,000,000 patients and 10,000 full time equivalents employees (FTEs).

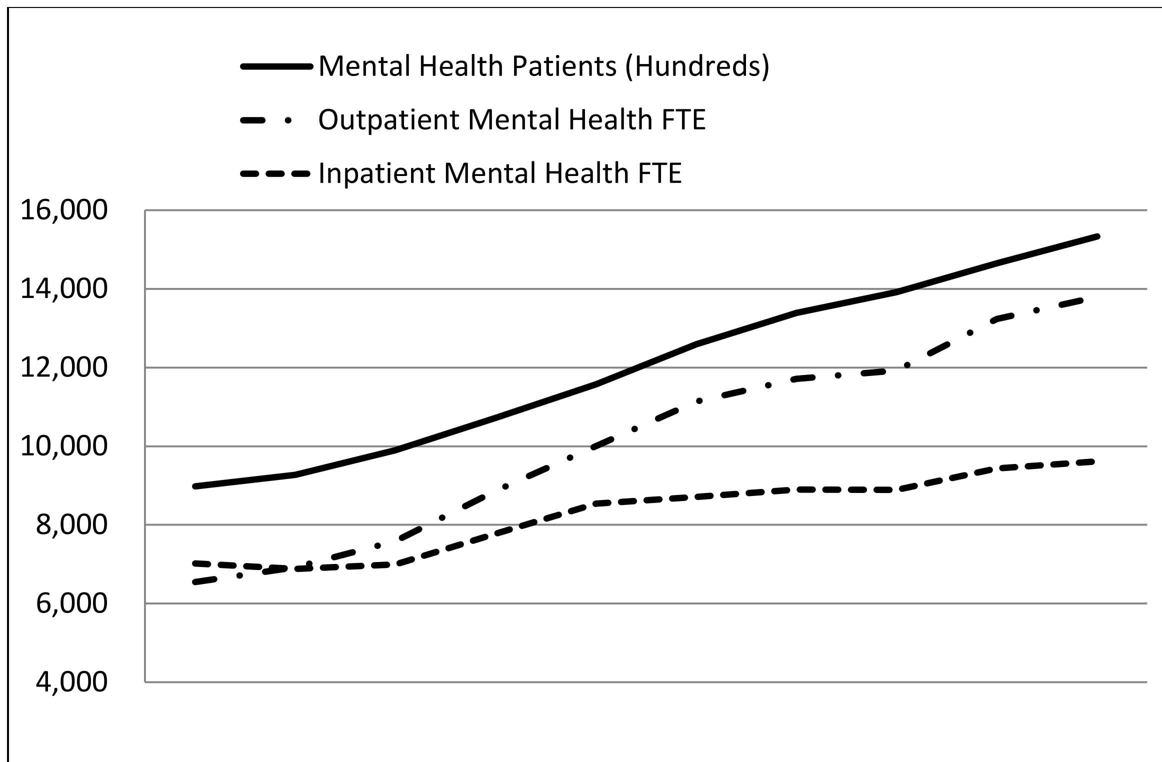

Figure 1. Growth in annual numbers of patients using mental health services and in outpatient and inpatient FTE levels, 2005 to 2014.

This graph also shows the growth in numbers of mental health clinical staff, measured in terms of the FTE providing outpatient and inpatient treatment. Consistent with a shift to outpatient care, the inpatient mental health FTEs began to level off after 2009. Outpatient mental health FTEs began to lag behind the growth in patient numbers in 2012, but as part of the President's 2012 Executive Order 13625, "*Improving Access to Mental Health Service Members, and Military Families,*" VA hired more than 1,600 new clinical providers by the June 30, 2013, target date.

In the absence of any national benchmark related to mental health staffing, VA continues to refine a model that is intended to inform local facility decision-making about the number of staff necessary to meet local demand for mental health services. In addition, VA is addressing access through the following efforts:

- Veteran-centered operating hours: Extended hours help increase capacity when space is limited and improve the match between available staff hours and the needs of Veterans who are employed or have other competing responsibilities during day-time hours.
- Leveraging trainees and fellows: These professionals provide substantial amounts of clinical care under the direct supervision of appropriately licensed and privileged mental health staff. Training programs also provide ready access to well-qualified candidates for recruitment into vacant positions.
- Support staff, adjunct professions, and peer support staff: VA has hired over 900 peer specialists and is developing a pilot program in response to the President's August 2014 Executive Actions to expand the role of peer specialists into primary care settings.

Community Provider Pilot Program

In 2013, 12 VA Medical Centers (VAMCs) partnered with 24 Community Mental Health Clinics (CMHCs) across the country to establish Community Mental Health (CMH) pilots. These pilots were created in response to Section 3(a) of Executive Order 13625 which focused on the creation of "Enhanced Partnerships between the Department of Veterans Affairs (VA) and Community Providers" designed specifically to decrease wait times and increase the geographic reach of VA mental health services. Pilot sites were able to select a model of care to best meet the needs of local Veterans. All sites used one of two broad approaches: Non-VA care or VA telemental health (TMH), with most sites choosing to provide Non-VA care to Veterans. Non-VA care

uses community providers that are paid by VA. TMH care utilizes technology to deliver mental health services via modalities such as video conferencing and allows for real-time (or "synchronous") encounters between health care providers and patients who are not in the same location. During the VA/CMHC Pilot partnerships, TMH services enabled Veterans to receive care at designated community clinics that were closer to their homes than the nearest VA medical facilities or clinics.

VA and CMHC staff worked together in determining roles and responsibilities within each pilot partnership. Partnerships using telemental health required space, equipment, a technician, and a protocol for handling emergencies (e.g., a Veteran becoming distressed during a TMH session). For Non-VA care partnerships, there were other responsibilities that needed to be addressed: coordination of care (between VA and CMHCs), billing, and payment. While some pilot site VAMCs developed strong systems for coordinating care, monitoring patients, and billing, other sites, especially smaller ones, experienced challenges in these areas.

Evaluation of the pilots included both gathering data from not only Veterans about their experiences, but also from key staff at each of the participating Veterans Integrated Service Networks (VISN) and VA Central Office (VACO) and a review of key documents associated with the pilots. Results from follow up surveys indicate that Veterans were very satisfied with the services they received via these pilots. When the pilots concluded, each participating VAMC was allowed to determine whether to continue the partnership. Since that time, VA has also moved to Patient Centered Community Care, a centralized contracting mechanism, and has implemented the Veteran's Choice Program. Regardless of how such care is provided, the growing

Veteran’s need for mental health services will increase the need for efficient leveraging of Non-VA community providers when access to care is not available within the VA system of care. VA is rising to the challenge through its Community Mental Health Summit program which engaged over 11,000 individuals at 144 sites in FY 14 and continues annually to bring together DoD, VA, State, and Community providers and stakeholders for vital conversations at the local level. VA and DoD developed a joint Military Cultural Competence Training Program as part of the Integrated Mental Health Strategy which is now housed on the public facing TRAIN website and which, to date, has provided free training to over 2,000 providers. Whether mental health care is delivered directly by Non-VA mental health care providers, through TMH care at Non-VA sites, or any other means, it is critical for VA to continue to provide Veterans with access to high quality mental health care in coordination with other VA services.

VA Response Letter to GAO Report

VA concurred with all of GAO’s recommendations in its October 7, 2015, response and added some additional explanation for some of VA’s policies.

Regarding the recommendation to clarify guidance on which deadline to use, VA cited VHA Handbook 1160.01, which established that all new patients requesting or referred to mental health services must receive an initial evaluation within 24 hours and a more comprehensive diagnostic and treatment planning evaluation within 14 days. The primary goal of the initial evaluation is to identify patients who require urgent care, such as hospitalization or immediate outpatient care. VHA’s policy directs that patients needing mental health care receive clinically indicated care as quickly as possible.

VA explained that the 30-day policy was a result of a goal published in the Federal Register as required by the August 2014 Veterans Access, Choice and Accountability Act. VHA has since revised and tested its metrics and management process and is ready to update its policy to the 30-day standard consistent with the published goal, rather than a 14-day standard developed internal to VA for new mental health patients. Once the policy is updated, VHA will announce it on the appropriate national calls with key stakeholders. The target completion date for this recommendation is March 2016.

For patients who already have a mental health provider who need follow up care, VHA's policy of less than 30 days wait time from a Veteran's preferred dated is consistent with The Veterans Access, Choice and Accountability Act. Therefore, this policy does not require revision.

Management of Open-Access Appointments

Open access, also known as same-day scheduling, is a method of scheduling in which all patients can receive an appointment on the day they call in or walk in. VHA's open access is an essential component of VHA's standard of care for conducting an initial mental health evaluation within 24 hours of a Veteran's request for care. As the identification of a Veteran who may need or request mental health services can occur at several entry points to care, each facility must have a defined process that identifies a "warm hand-off" to a professional who can conduct the same-day initial mental health evaluation and arrange any appropriate follow-up.

Open access scheduling for an initial mental health evaluation ensures that if during a visit to a treatment facility, a Veteran requests or is identified as needing a mental health assessment, it will be provided or at least offered to the Veteran who has the option to accept care prior to the Veteran's departure from the facility.

VHA Directive 2010-027, paragraph 4c(1) established the requirements for documenting same day unscheduled appointments. VHA conducted extensive scheduler training this year. To date, more than 23,000 schedulers have undergone training. VHA finds that the combination of current policy and training constitutes clear guidance on how to manage and schedule open access appointments. Many schedulers are still developing proficiency with the training, and therefore there are still occasional errors. VHA continues to aggressively monitor appointment management and identify areas of local inconsistency in scheduling procedures.

VA agrees with GAO's finding that one medical center was using inappropriate processes for scheduling open access appointments. VA continues to work with this facility to ensure their processes are aligned with VHA.

Mr. Chairman, VA is committed to providing the highest quality care our Veterans have earned and deserve. Our work to effectively and timely treat Veterans who desire or need mental health care and ensure Veterans have access to the counseling and care they need continues to be a top priority. We appreciate Congress' support and look forward to responding to any questions you may have.

Department of Veterans Affairs
Biography

Harold Kudler

Dr. Kudler received his M.D. from Downstate Medical Center in Brooklyn, trained in Psychiatry at Yale and is Adjunct Associate Professor at Duke. He has received teaching awards from the Duke Department of Psychiatry and Behavioral Sciences, the American Psychiatric Association and the American Psychoanalytic Association. From 2002 to 2010, Dr. Kudler coordinated mental health services for a three state region of the U.S. Department of Veterans Affairs (VA) and from 2000 through 2005 co-chaired VA's Special Committee on PTSD which reports to Congress. He founded the International Society for Traumatic Stress Studies' (ISTSS) PTSD Practice Guidelines taskforce and has served on the ISTSS Board of Directors. He co-led development of the joint VA/Department of Defense Guideline for the Management of Posttraumatic Stress and serves as advisor to Sesame Street's Talk Listen Connect series for military families. From 2006 to 2014, he co-led the North Carolina Governor's Focus on Returning Military Members and their Families. In 2012, he was appointed to the North Carolina Institute of Medicine. From 2004 to 2014, Dr. Kudler was Associate Director of the VA's Mid-Atlantic Mental Illness Research, Education, and Clinical Center (MIRECC) which focuses on Deployment Mental Health. From 2010 to 2013, Dr. Kudler was also Medical Lead for the VISN 6 Rural Health Initiative. In July, 2014, he joined VA Central Office in Washington DC where he serves as Chief Consultant for Mental Health Services.

Department of Veterans Affairs

Senior Executive Biography

David Carroll, Ph.D.

Executive Director, Office of Mental Health Operations (10NC5)
Veterans Health Administration (VHA)

- **Implements, coordinates, monitors, and evaluates mental health services in VHA with a focus on Veteran experience, recovery-oriented outcomes, and effectiveness**
- **Manages multiple 10NC5 work units including the Veterans Crisis Line, the Northeast Program Evaluation Center, the Program Evaluation Resource Center, the Serious Mental Illness Resource and Evaluation Center, Therapeutic and Supported Employment Services, the National Clozapine Coordinating Center, and Mental Health Technical Assistance**
- **Builds alliances with field leadership and relevant VHA program offices and with Veteran Service Organizations, professional associations, and community partners**
- **Advises senior VA and VHA leadership regarding planning, resource needs, and management of VHA mental health operations**
- **Received the Patrick DeLeon Advocacy Award from the Association of VA Psychologist Leaders (2015), the John Beard Award from the United States Psychiatric Rehabilitation Association (2010), and the Professional Services Award from the Association of VA Psychologist Leaders (2010).**

CAREER CHRONOLOGY:

2015 – present	Executive Director, Office of Mental Health Operations, VA Central Office (VACO)
2014 – 2015	Acting Deputy Chief Consultant, Mental Health Services, VACO
2013 – 2014	Acting Chief Consultant, Mental Health Services, VACO
2011 – 2012	Lead, VA Major Initiative, Improve Veterans Mental Health, VACO
2007 – 2011	Director, Recovery Services, Mental Health Services, VACO
2003 – 2007	Lead Psychologist/ Program Manager, VA Medical Center (VAMC), Milwaukee, WI
1990 – 2003	Staff Psychologist, Geriatrics and Extended Care, VAMC, Milwaukee, WI

EDUCATION:

2007	VHA Executive Career Field Development Program
2003	VHA Behavioral Health Leadership Training Program
1987	Fellowship, Gerontological Society of America, VA Medical Center, Hines, IL
1986	Ph.D., Clinical Psychology, Ohio University, Athens, OH
1981	M.S., Clinical Psychology, Marquette University, Milwaukee, WI
1973	B.A., Philosophy, St. Francis de Sales College, Milwaukee, WI

Department of Veterans Affairs
Biography

Michael Davies

Dr. Mike Davies is the VA's Executive Director of the Access and Clinic Administration Program, a new program office organizationally within the office of the ADUSH for Clinical Operations. Dr. Davies was formerly the Director of the VHA Systems Redesign program. In the past, he worked as a hospitalist for 6 years, Chief of Medicine, then as Chief of Staff for 14 years. He was a key player during this time in service, hospital, and network integrations as well as maintaining his clinical practice. During this time he lead local, network, and national initiatives to implement clinical guidelines. He co-led a group that created VA's Clinical Reminders, which shares the credit for the remarkable improvements in Quality in VA. In addition, Dr. Davies has worked with thousands of healthcare providers nationally and internationally in all kinds of healthcare systems outside the VA to improve access to care in clinics and improve flow through hospitals.