Statement of Ronald Burke,
Assistant Deputy Under Secretary for Field Operations,
Department of Veterans Affairs (VA)
Before Senate Committee on Veterans' Affairs
Field Hearing, Columbus Ohio

November 21, 2017

Good afternoon, Senator Brown, and distinguished Members of the Committee. Thank you for inviting us to discuss Veterans health care, educational, and disability benefits. I am accompanied today by Robert Worley, Director of Education Services, Mr. Robert McDivitt, Network Director for the Veterans Integrated Service Network (VISN) 10, and Dr. Kameron Matthews, Deputy Executive Director, Provider Relations and Services. We have provided a brief background and important context for all of the topics that this hearing will cover since there are a wide range of issues.

Post 9/11 GI Bill

The Post-9/11 GI Bill (Chapter 33) provides eligible Veterans, Servicemembers, dependents, and survivors with educational assistance, generally in the form of tuition and fees, monthly housing allowance, and a stipend for books-and-supplies all to assist these men and women in reaching their educational or vocational goals. This program also assists in the Veteran's readjustment to civilian life, supports the armed services recruitment and retention efforts, and enhances the Nation's competitiveness through the development of a more highly educated and productive workforce.

Since inception of this benefit in August 2009, VA has issued over $80 billion in benefit payments on behalf of approximately 1.8 million individuals. In fiscal year (FY) 2017 alone, all of VA's education programs (chapters 30, 32, 33, 35, 1606 and 1607) provided 1 million beneficiaries with educational assistance. Of those, 21,000 direct beneficiaries received education benefits in the state of Ohio. Further, VA provided Post-9/11 GI Bill benefits to approximately 790,000 Veterans, Servicemembers and dependents in this same period; of those, approximately 15,000 were in Ohio. Since FY 2013, VA has processed an average of 4 million education claims per year. In fiscal year 2017, the average time to process all education claims was approximately 25 days for original claims and nine days for enrollment certifications.

<u>Colmery Act</u>

On August 16, 2017, the President signed the Harry W. Colmery Veterans Educational Assistance Act of 2017, also referred to as the "Forever GI Bill." This law made numerous changes to the Post-9/11 GI Bill. The Harry W. Colmery Veterans Educational Assistance Act of 2017 contains 34 new provisions, the vast majority of which will enhance or expand education benefits for Veterans, Servicemembers, Families and Survivors. Most notably, the new law eliminates the 15-year time limit on the use of Post-9/11 GI Bill benefits for Veterans who transitioned out of the military on or after January 1, 2013. This law also restores benefits to Veterans impacted by school closures since 2015, expands benefits for certain Reservists,

surviving dependents, Purple Heart recipients, and provides many other enhancements to education benefits. 13 of the 34 provisions were effective on the date of enactment, while the remaining provisions have future effective dates ranging from January 1, 2018, to August 1, 2022.

VA is utilizing social media to inform individuals about these changes. In addition, VA has launched a multifaceted campaign (social media, website, targeted emails, and traditional media) to highlight the Colmery Act. The campaign will heavily focus on restoration of entitlement, Reserve Educational Assistance Program (REAP), work-study permanent authorization, and expansion of independent study to career and technical education schools.

The implementation of the Forever GI Bill will require additional claims examiners at regional processing offices. VA has begun the process of bringing those full time equivalents on board in the form of temporary employees. All employees are expected to be on board by May 30, 2018.

To manage the overall process for implementing this legislation, VA Education Service established a program executive office comprised of business-line managers, management analysts, individuals with program and project management experience, and contract support. This office is responsible for monitoring and coordinating all Forever GI Bill implementation activities. In addition, we will need to make targeted investments in our IT infrastructure to support the expanded access to education benefits the new law provides. We look forward to working with the Administration and the Congress to ensure these initiatives are properly resourced.

Overpayment/Debt Issues

VA makes every attempt to timely and accurately process benefit payments to Veterans and their family members, based on benefits to which they are entitled to receive under the law. However, in certain instances where the Veteran is not entitled to receive payments, such as those resulting from life events or dual payments from multiple agencies, VA is required by law to recoup payments in excess of what is allowable. VA's policy for recouping such overpayments includes notifying Veterans and beneficiaries regarding the reason(s) for and amounts of overpayment, along with the steps they must take to make repayment. VA also takes steps to minimize overpayments and has established policy regarding the recoupment processes by which Veterans can arrange repayment or waivers.

Reasons for Overpayments

In general, VA identifies an overpayment when it finds a Veteran or other beneficiary has received monetary payment for benefits to which he or she was not entitled. Overpayments are considered improper payments under the Improper Payments Elimination and Recovery Act of 2010. VA is required by law to retroactively recover overpayments to the extent the Veteran or beneficiary was not entitled to them. Title 38 of the U.S. Code § 5112, and Title 38 of the Code of Federal Regulations §3.500, directs the effective dates of reduction or discontinuance of an award.

Overpayments may occur when Veterans or beneficiaries, receiving disability compensation or pension benefits, fail to timely notify VA of certain circumstances or life events such as divorce, incarceration, return to active duty, or other loss of dependent status. They may also occur when Veterans or beneficiaries advise VA of changes but VA is untimely in processing the claim. It is important to note VA does not require repayment when VA employees make claims processing errors. Such cases are resolved as administrative errors and are not required to be recouped.

Process of Notifying Beneficiaries of Overpayments

Before a debt can be established, VA is required by law to provide due process notice to the Veteran or beneficiary, advising him or her of the proposed adjustment to his or her benefits. The beneficiary then has 60 days to submit evidence regarding why VA should not make the proposed adjustment to the award. Veterans or beneficiaries may also request a predetermination hearing to provide information pertaining to this proposed action. After the due process period expires, VA reviews all evidence submitted and makes the final decision to create a debt or to adjust the proposed action based on the evidence received. VA notifies the Veteran or beneficiary of the decision or date of benefit termination, and provides applicable appeal rights. If VA determines there has been an overpayment, the beneficiary also receives a letter explaining the debt owed and repayment options.

Steps VA is Taking to Prevent Overpayments

VA employs a number of measures to minimize overpayments. First, the Veterans Benefits Administration (VBA) includes important reminders in benefit decision notification letters about the need for Veterans and beneficiaries to inform VA immediately of issues or life events that could impact monthly payment amounts.

Second, VA has data matching agreements with the Social Security Administration, Federal Bureau of Prisons, and other Federal agencies to minimize individuals receiving benefits that are not statutorily permissible. VA also works with these agencies to ensure critical data feeds, such as information for dates of death, dates of incarceration, etc., are transmitted to VA as timely and efficiently as possible.

Third, VBA is deploying technological solutions and leveraging automation to reduce overpayments. For example, drill pay from the Department of Defense (DoD) has been a major contributor to VA overpayments. By law, Servicemembers are not entitled to receive both drill pay and VA disability compensation for the same periods of time. In 2016, VA automated the notification process required when Guardsmen and Reservists receiving VA compensation actively drill and receive pay. The new process, with DoD collaboration, has improved VA's management of drill pay adjustments. Prior to the new process, drill pay claims took a monthly average of 308 days (May 2016) to complete compared to a current monthly average of 97 days (August 2017) to complete. This progress results in Veterans receiving more timely adjustments.

VA's Policy Regarding Recouping Overpayments and Potential Waivers

VA's Debt Management Center (DMC) provides the collection guidelines and practices for recouping overpayments that have been established against a beneficiary. VA navigates recoupment of the overpayment (or debt collection process) in a manner that provides the best care to our Veterans and beneficiaries and complies with Federal debt collection statutes and policy. The DMC services beneficiary debts through a centralized debt collection program while offering all Federal collection tools provided by the Department of the Treasury. Most importantly, DMC counselor's work with Veterans and beneficiaries individually to resolve debts through extended payment plans, benefit offsets, waivers, compromises, dispute resolution and hardship refunds.

A Veteran can request a waiver of his/her debt within 180 days of receiving the debt notice. If the Veteran requests a waiver outside of the 180 day timeframe, the debtor receives appeal rights. If received timely, the waiver request goes to the VBA Committee on Waivers and Compromises (COWC) at the Regional Offices in St. Paul, MN, or Milwaukee, WI. Once the COWC receives a waiver request, elements such as fault, unjust enrichment, and financial hardship are considered when deciding to grant, partially grant, or deny the request following the principles of equity and good conscience.VA will not demand payment when it would be unfair, unconscionable, or unjust. However, the COWC will automatically deny a waiver if there is any indication of fraud, misrepresentation, or bad faith. If the waiver is not approved, the debtor receives applicable appeal rights. Completed waiver decisions are returned to DMC for processing. If denied, the debt collection process resumes. If the waiver is granted, collection action is terminated, and any collections received are refunded, if required.

A separate process also enables Veterans and/or beneficiaries to submit a compromise offer for acceptance of a partial payment in settlement and full satisfaction of the offeror's indebtedness.

Disability Claims Backlog

VBA is committed to providing Veterans with the care and services they have earned and deserve. For the eighth consecutive year, VBA has completed over a million disability compensation claims and anticipates sustaining this effort in FY 2017. As of October 28, 2017, the average age of pending compensation and pension (C&P) claims was 93.8 days. For Ohio Veterans, the average age of pending C&P was 97.5 days. 321,208 C&P claims were pending nationally, with 23.1 percent pending over 125 days. In Ohio, there are 8,945 compensation claims pending, with 22.4 percent pending over 125 days.[1]

VA's claims modernization efforts focus on improving its performance to better serve Veterans, their families, caregivers, and Survivors while being good

[1] Source: 30 October 20"17 - Monday Morning Workload Report - WHCO: Please provide a full citation and a link.

stewards of taxpayer dollars. As such, VA has initiated several claims process improvements and leveraged operational levers to improve claims timeliness.

Overtime

Mandatory overtime was re-instituted at all VBA regional offices effective March 7, 2017, in a strategic effort aimed at reducing the number of claims pending longer than 125 days. Overtime requirements are assessed every 30 days and guidance provided to the regional offices based on workload management needs.

VA executed $114.6M in Compensation and Pension overtime nationally in FY 2017, while executing $2.6M at the Cleveland Regional Office.

Through October 28, 2017, VA has executed nearly $10M in C&P overtime nationally in FY 2018, while executing $208.SK at the Cleveland Regional Office.

National Work Queue

In 2016, VBA transitioned to the National Work Queue (NWQ), which nationally prioritizes and distributes rating claims to VBA's network of stations, matching their capacity with resources available, and minimizing the time to adjudicate a claim. . Implementation of NWQ has improved timeliness for several phases of the claim processing process. Average time for initial development of a claim has improved from 25 days in January 2016 to 8 days is September 2017. In the rating phrase, average time for rating decisions on claims has improved from 29 days in January 2016 to 3 days in September 2017. In award and authorization, NWQ has improved timeliness by 2.9 days, down to 5.9 days. Combined, these improvements result in more timely service for Veterans and move VBA closer to the goal of processing 90 percent of claims within 125 days.

These administrative adjustments are part of VBA's non-rating workload. During FY 2017, VBA made several changes to allow for a more balanced approach to the overall workload. VBA appreciates Congress' support in providing resources to staff specific teams across the nation dedicated to the non-rating workload, and we have prudently used these additional resources to lower the non-rating claims inventory. As of April 2017, NWQ is distributing non-rating claims, which allows this work to be moved efficiently based on capacity. Additionally, VBA has adapted a strategic approach to how we use our overtime resources. We now target specific claims and steps within the claims process to ensure we direct our overtime expenditures on where we receive the most benefit. These enhancements have led to improvements in performance. Overall non-rating inventory dropped by 23 percent with a 19 percent decrease in the average number of days pending for these claims. The inventory of Dependency claims decreased by 26 percent with a 50 percent improvement in timeliness, and the inventory of Drill pay claims dropped by 58 percent. We still have work to do and will remain focused on continuing our work on appropriate preventative measures.

Decision Ready Claims

Beginning in May 2017, VBA initiated a pilot program in the St. Paul Regional Office (RO) called Decision Ready Claims (DRC), an expedited claims submission option available to Veterans who have elected accredited Veterans Service Organizations (VSOs) to assist them with preparing and submitting their supplemental disability claims. , National implementation of this program was completed in September 1, 2017.

Under the DRC Program, VSOs work with Veterans to ensure all supporting evidence for a claim is included at the time of submission. This program will also enhance partnerships with VSOs by improving access and capabilities to assist with gathering all required evidence and information to accelerate claims decisions. Claims submitted in the DRC Program will result in a supplemental claims decision within 30 days of submission to VA.

Centralized Mail

VBA completed deployment of the Centralized Mail Program to all ROs in 2015, and to the Pension Management Centers in FY 2016. Since deployment, VBA has gained proficiency in electronic mail processing and is now able to provide assistance with virtual mail processing, as needed across ROs. In FY 2017, VBA focused on File Bank Extraction (FBE), an effort to rapidly extract all inactive paper claims from ROs on a national level while having the Office of Business Process Integration and its Veterans Claims Intake Program assume logistical tracking control at the point of origin. FBE is a continuation of VBA's transformation and transition from paper-based to electronic claims processing. The benefits of FBE are it ensures claim materials are in the Veterans Benefits Management System (VBMS) on day 1 of future claims, as well as reduces the overall amount of space dedicated to storage and directly supports VBA's strategic transformation goal to become completely paperless.

Appeals Modernization

VBA is striving to improve its appeals processing, support appeals modernization, and provide relief for Veterans with pending appeals particularly in light of recently enacted legislation. The system is complex, inefficient, ineffective, confusing, and splits jurisdiction of appeals processing between VBA and the Board of Veterans' Appeals (Board). Veterans wait much too long for final resolution of an appeal. Within the current legal framework, the average processing time for all appeals resolved in FY 2017 was 3 years. For those appeals that reach the Board, on average, Veterans are waiting at least 7 years from the date that they filed their notice of disagreement for a decision, which means that many are waiting much longer. In an effort to maximize its appeals resources, effective January 4, 2017, VBA realigned its appeals policy and operational control under a single responsible office, the Appeals Management Office (AMO). This realignment provides direct control of appeals policy activities, field staffing and resource allocation, the appeals budget, and program performance by AMO. Critical to VBA’s success in transforming its administration of appeals is the ability to quickly and directly influence operational staffing and resource allocation, and accountability for policy implementation, program performance, and

Veterans' and stakeholders' satisfaction with the program. By the end of FY 2017, VBA had processed 272,986 appeal actions and resolved 124,666 appeals, which was 24 percent above its appeals production in FY 2016. Moreover, despite receiving approximately 160,000 new appeals in 2016, VBA reduced its total appeals inventory by 10 percent.

The Cleveland VA RO, which serves approximately 800,000 Ohio Veterans and their families, has shown significant progress in its appeals processing metrics since the realignment. Consistent with the AMO's guidance of processing the oldest appeals first, the RO has decreased its appeals inventory in each appeal stage, to include a 62 percent decrease in its inventory of Veterans waiting for certification of their appeal to the Board and a reduction of remands by 29 percent.

VA was aware that increased oversight and accountability alone would not resolve the pending legacy appeals inventory. Accordingly, VA also sought legislation to replace the current VA appeals process with a new legislative framework that makes sense for Veterans, their advocates, VA and other stakeholders. On August 23, 2017, President Trump signed into law, the Veterans Appeals Improvement and Modernization Act of 2017 (Appeals Modernization Act), creating a new claims and appeals process for disagreements with VA's decisions on benefit claims. The new process provides streamlined choices for claimants seeking review of a VA decision. The framework for the new process features three lanes: a higher-level review lane, which consists of an entirely new review of the claim by a senior adjudicator, a supplemental claim lane, which provides an opportunity to submit additional evidence, and an appeal lane that provides an opportunity to appeal directly to the Board. VA's goals in this new process are an average of 125 days in the supplemental claim and higher-level review lanes and 1year in the Board's appeal lane for those Veterans who do not seek a hearing or wish to submit additional evidence.

In an effort to provide some of the benefits of the new law's streamlined process, VA has initiated the Rapid Appeals Modernization Program (RAMP) for Veterans with pending appeals. This program allows participants the option to have their decisions reviewed in the higher-level or supplemental claim lanes outlined in the new law. Participation in RAMP is voluntary; however, Veterans can expect to receive a review of VA's initial decision on their claim much faster in RAMP than if they were to remain in the legacy appeals process. The program began on November 1, 2017, and will continue through monthly invitation mailings to eligible Veterans until February 2019 when VA expects to fully implement the Appeals Modernization Act.

Suicide Prevention

Recent research suggests that 20 Veterans die by suicide each day, putting Veterans at even greater risk than the general public . After adjusting for age and sex, the risk for suicide is 22% higher among Veterans than among non-Veterans. (The National suicide rate is 17.0 suicides per 100,000 and the Ohio Veteran suicide rate is 32.1 suicides per 100,000). VA is committed to ensuring the safety of our Veterans, especially when they are in crisis. Losing a 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. To accomplish this objective, VA is instituting public health approach to reach all Veterans, whether or not they are enrolled in VA care, through partnerships and collaboration.

VA has developed the largest integrated suicide prevention program in the country. We have over 1,100 dedicated employees, including Suicide Prevention Coordinators, Mental Health providers, Veterans Crisis Line staff, epidemiologists and researchers, who spend each and every day 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 has developed a chart "flagging" system to ensure continuity of care and provide awareness among providers about Veterans with known high risk of suicide. 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.

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 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.

Every Veteran suicide is a tragic outcome, 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 eliminate suicide among Veterans via public health strategies, which include initiatives focusing on strategic community partnerships, identification of risk, training, treatment engagement, effective treatment, safe storage of lethal means (such as medications and firearms), research, and data science. Although we understand why some Veterans may be at increased risk, we continue to investigate and take proactive steps to understand all risk factors for all Veterans. VA's strategy for suicide prevention addresses suicide prevention as a public health issue for all Veterans. This requires programs designed to help individuals and families problem solve effectively, and to engage in care when needed, with ready access to high-quality mental health services.

Suicide prevention is VA's highest clinical priority. As part of VA's commitment to make resources, services, and technology available to reduce Veteran suicide, VA initiated Recovery Engagement and Coordination for Health Veterans Enhanced Treatment (REACH VET) in November 2016, and fully implemented it by February 2017. REACH VET uses a new predictive model 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. Once a Veteran is identified, his or her mental health or primary care provider reviews the Veteran's 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 his or her health care, including specific clinical interventions to help reduce suicidal risk.

DoD and VA have a new joint effort to institute a public health approach to suicide prevention, intervention, and post intervention using a range of medical and non-medical resources through data and surveillance, messaging and outreach, evidence-based practices, workforce development, and Federal and non-government organization partnerships. We know that 14 of the 20 Veterans who die by suicide on average each day did not receive care within VA in the past two years. We need to find a way to provide care or assistance to all of these individuals. Therefore, VA is expanding 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.

VA has authority to furnish care for service-connected conditions for former Servicemembers with OTH administrative discharges if those individuals are not subject to a statutory bar to benefits. Individuals with OTH discharges may access the system for emergency mental health services by visiting a VA emergency room, outpatient clinic, Vet Center or by calling the Veterans Crisis Line. Services may include assessment, medication management/pharmacotherapy, lab work, case management, psycho-education, and psychotherapy. We may also provide services via telehealth.

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 increased its staff for mental health services. The number of Veterans receiving specialized mental health treatment from VA has risen each year, from over 900,000 in FY 2006, to more than 1.65 million in FY 2016 Executive Leadership Board within VISN 10 founded a time-limited workgroup entitled: Suicide Prevention - Overdose

Prevention (SPODP). The workgroup was designed to enhance regional VA capabilities and collaboration among State and community partners to improve outcomes for Veterans at high risk of death from suicide or accidental opioid overdose. Several strong practices have been identified and shared throughout the VISN via this group. For example, efforts are underway to spread practices such as: Community based outreach workers carrying naloxone kits, Community Police training on Veteran issues, and public displays focused on suicide prevention (e.g. https://www.facebook.com/CincinnatiVAMC/photos/pcb.1440977745941595/1440975605941809/?type=3&theater). Furthermore, all facilities are participating in "REACH Vet" which is designed to identify, and escalate care, for the most vulnerable Veterans we serve.

Mental Health

VA is committed to providing timely access to high-quality; recovery-oriented, evidence-based mental health care that anticipates and responds to Veterans' needs and supports the reintegration of returning Servicemembers into their communities.

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 eleven regional telemental health hubs across the VA health care system. Hubs are located in Seattle, WA; Long Beach, CA; Salt Lake City, UT; Harlingen, TX; Charleston, SC; Sioux Falls, SD; Battle Creek, MI; Pittsburgh, PA; Brooklyn, NY; West Haven, CT; and Honolulu, HI. VA telemental health 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'swww.MaketheConnection.net, Suicide Prevention campaigns, and the 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 May 2017, VA has provided over 7.2 million PC-MHI clinic encounters, serving over 1.6 million individuals since October 1, 2007.

VA recognizes the importance of the Veterans Crisis Line (VCL) as a life-saving resource for our Nation's Veterans who find themselves at risk of suicide. Of all the Veterans we serve, we most want those in crisis to know that dedicated, expert VA staff, many of whom are Veterans themselves, will be there when they are needed. The primary mission of VCL is to provide 24/7, world class, suicide prevention and crisis intervention services to Veterans, Servicemembers, and their family members. However, any person concerned for a Veteran's or Servicemember's safety or crisis status may call VCL.

VCL is the strongest it has been since its inception in 2007. VCL staff has forwarded over 504,000 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 (VAMC) in New York, it began with 14 responders and two health care technicians answering four phone lines. Since 2007, VCL has answered over 3 million calls and dispatched emergency services to callers in crisis more than 84,000 times. Consistent with our mission, we have 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 nearly 359,000 requests for chat.

- Expanding modalities to our Veteran population by adding text services in November 2011, resulting in nearly 78,000 requests for text services.

- Opening a second VCL site in Atlanta in October 2016, with over 250 crisis responders and support staff.

- Hiring a permanent VCL Director in July 2017, psychologist, Dr. Matthew Miller.

Prior to the opening of our new Atlanta call center in October 2016, VCL had a call rollover rate to back-up call centers of more than 30 percent. Currently, the average rate is 1.24 percent, with calls being answered by the VCL within an average of 8 seconds. Overall, VCL performance is above the National Emergency Number Association service level standard of answering greater than 95 percent of calls in less than 20 seconds; specifically, the VCL's average service level exceeds 98 percent.

VCL continues to exceed these metrics, despite overall call volume continuing to rise. Overall call volume has increased 12 percent since April 2017, and increased 15 percent over the course of the 2 weeks marked by notable adverse weather events earlier this month.

Today, the combined VCL facilities employ more than 500 professionals, and VA is hiring more to handle the growing volume of calls. VA will also be opening a third VCL site in Topeka, Kansas, which will give VCL the additional capacity needed as we expand the 'automatic transfer' function, Press 7, to all of its community-based outpatient clinics (CBOC) and Vet Centers. Despite all of these accomplishments and plans, there still is more that we can do.

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 received by VCL, including at a backup call center, is

answered in a timely manner by a person. 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. VA also implemented a quality management system, to monitor the effectiveness of the services provided by VCL. This will enable VA to identify opportunities for continued improvement. As required by law, VA submitted a report containing this document and the required plan to the House and Senate Veterans' Affairs Committees on May 23, 2017. The Veterans Crisis line can be reached by dialing 1-800-273-8255, Press 1.

VA's Office of Readjustment Counseling Service (RCS) operates VA Vet Centers (www.vetcenter.va.gov), which are welcoming community-based counseling centers situated apart from larger VA medical facilities and placed in convenient, easily accessible locations. Based on the Veteran peer model, clinical staff at these Centers provide confidential professional mental health services and psychosocial counseling services as needed to help assist Veterans and active duty Servicemembers (ADSM) (including members of the National Guard and Reserve components) who served in a combat-theater or area of hostilities achieve a successful readjustment to civilian life. Readjustment counseling services and other services (e.g., consultation, counseling, training, and mental health services) are available to their family members if essential to the effective treatment and readjustment of the Veteran or ADSM. Readjustment counseling services include, but are not limited to, individual counseling, group counseling, marital and family counseling for military-related readjustment issues. Use of non-professional Veteran peer counselors at the Vet Centers also helps contribute to the RCS mission. Readjustment counseling services are provided through 300 Vet Centers, 80 Mobile Vet Centers, and the Vet Center Call Center. In FY 2016, Vet Centers provided over 258,000 Veterans, ADSMs, and their families with 1,797,000 visits.

In addition, Vet Center staff facilitates community outreach and the brokering of services with community agencies that link Veterans and ADSMs with other VA and non-VA services that can help with their successful readjustment to civilian life. One of the Vet Center core values is reducing barriers to access to readjustment counseling services. To this end, all Vet Centers offer services during non-traditional times such as early mornings, evenings, and weekends. Barriers to access based on distance (i.e., communities distant from the 300 "brick and mortar" Vet Centers) are ameliorated by having Vet Center staff regularly deliver readjustment counseling services in Vet Center Community Access Points (CAP). Generally speaking, CAPs are established when community partners, pursuant to a no-cost arrangement, permit Vet Center counselors to provide readjustment counseling services on their premises on a regular recurring schedule (ranging from service provision once a month to several times a week). CAPs allow Vet Center clinicians to provide services at a level that is in line with the fluid readjustment demands and needs of that community. Currently, Vet Center staff operates over 820 CAPs. In FY 2016, Vet Center CAPs provided 236, 435 readjustment counseling visits, a 6% increase over FY 2015.

RCS leadership is also working in close collaboration with the Veterans Health Administration's Office of Mental Health and Suicide Prevention to implement improved collaboration to better improve coordination and referral between Vet Centers and VA medical facilities. A memorandum of understanding was signed in August 2017 to formalize this relationship and outline improved communication processes, training, collaboration, and access to important suicide predictive data to help decrease suicide within the Veteran population. Vet Center counselors are trained, as part of assessment, to identify Veterans or ADSMs who are at high risk of harm or suicide. They refer these clients to their treating mental health providers (or for emergency services, if appropriate). And if a Veteran client is getting his/her care through VA, Vet Center staff refers the shared Veteran client to the local VAMC and the Vet Center counselor also contacts the facility's Suicide Prevention Coordinator to ensure that enhanced care delivery procedures for suicide prevention are in effect.

In 2017, VISN 10, whose average was 2.62 percent, exceeded national averages of 1.9 percent in the provision of Evidence-Based Psychotherapy to Veterans suffering from PTSD, Depression, and Serious Mental Illness.

Community Care

VA is extremely grateful the House and Senate Committees on Veterans' Affairs are actively working on legislation concerning the future of VA's community care program. We appreciate the Committees willingness to meet with VA and discuss the various proposals, including the Department's Veteran CARE Act, and look forward to seeing the swift enactment of legislation to this effect. While progress has been made, there is still more work to be done to serve our nation's Veterans. VA needs a different approach to ensure we can fully care for Veterans. We believe that a redesigned community care program will not only improve access and provider greater convenience for Veterans, but will also transform how VA delivers care within our facilities.

This redesigned program must have several key elements. First, we need to move from a system where eligibility for community care is based on wait times and geography to one focused on clinical need and quality of care. This will give Veterans real choice in getting the care they need and ensure it is of the highest quality. At a minimum, where VA does not offer a service, Veterans will have the choice to receive care in their communities. Second, we need to make it easier for Veterans to access convenient care services when they need it. This will ensure that Veterans will always have a choice and pathway to get more immediate needs addressed. Third, the new program must maintain a high performing integrated network that includes VA, Federal partners, academic affiliates, and community providers. We need to ensure that VA is partnering with the best providers across the country to take care of our nation's Veterans.

Fourth, it must assist in coordination of care for Veterans served by multiple providers. Finally, we must apply industry standards for quality, patient satisfaction, payment models, health care outcomes, and exchange of health information. By doing so, Veterans can make informed decisions about their care and VA can have the tools to better compete within communities.

We believe redesigning community care will result in a strong VA that can meet the special needs of our Veteran population. Where VA excels, we want to make sure that the tools exist to continue performing well in those areas. Veterans need the VA and for that reason, community care access must be guided by principles based on clinical need and quality. VA needs the support of Congress to level the playing field with industry by making it easier to modernize our infrastructure, leverage IT technologies, hire the best talent, and operate more like the private sector. A good example is management of our real property and infrastructure portfolio, where numerous barriers prevent VA from being agile in response to Veterans health care needs in different geographic areas. We want to work with Congress to discuss the best ways to bring common sense to this area.

VA also needs tools to improve our recruitment, hiring and retention of the best professionals to serve our Veterans. These tools could include improvements to hiring and pay authorities to better address vacancies in our medical center and VISN director positions, to help at least in part address disparities with the private sector. As a final example, there is federal law that requires VA facilities to have a smoking area. We all know the impact on health from smoking, and smoking cessation is the most immediate and dramatic step a Veteran, or anyone, can take to improve their health. VA strongly supports H.R. 1662 which would repeal this requirement. Action in these areas will make VA more modern, and be an enabler for our dedicated workforce to be more effective in their service to Veterans.

VA is committed to moving care into the community where it makes sense for the Veteran. Finally, I want to make sure that everyone understands that making better use of community care must be done in a fiscally responsible way. We cannot continue to grow our funding in the same way we have done over this past decade. And, I want to be clear that I am committed to strengthening the VA system and will not support efforts to privatize this much needed and essential system. The ultimate judge of our success will be our Veterans. With your help, VA can continue to improve Veteran's care, in both VA and the community.

VA continued to maintain exceptional management in the area of Community Care throughout the fiscal year despite many program challenges and system wide changes to program model. These challenges coupled with re-work challenges due to contractor inefficiencies; have had great impact on expediency of care coordination for Veterans.

Despite these challenges, VISN 10 has performed well; specifically leveraging our internally created network of community providers through our robust use of provider agreements. VA is able to quickly coordinate care through this network when our contractor support fails to make the Veteran's appointment. In FY 2017, VISN 10 coordinated the care of over 34,000 Veterans using our robust community provider network of over 1,600 providers in the VISN; second in the nation in terms of volume and third in use.

In addition, VA has formed a robust partnership with our DoD sharing partner, Wright Patterson Air Force Base; establishing a consortium designed and developed to standardize business processes to increase the quality of care for Veterans, reduce the overall cost of care, expedite Veteran access to care, and support Air Force combat preparedness. VISN 10 has successfully referred over 4,600 Veterans to Wright Patterson over the last 2 years from VA facilities in Cincinnati, Dayton, Chillicothe and Columbus. VA has realized substantial cost avoidance using V*A/DoD* partnership over traditional NVCC -Saving realized over $3M through July 2017.

There are also weekly community care huddles to share strong practices, implement changes and provide VISN level support to each VISN 10 facility to support our Veterans. VISN 10 strongly supports learning, sharing, and growing together to support Veterans in the delivery of their care needs.

In 2017 the VA Central Office made a change in the distribution and participation in the formulation of policies, memorandums and handbooks which have greatly enhanced field staff ownership and accountability. These documents are distributed for field input and subsequently finalized and distributed. VISN program leads share and discuss the direction and subsequently cascade it down to the field for implementation.

Conclusion

VA remains focused on providing the highest quality care our Veterans have earned and deserve and which our Nation trusts us to provide. VA appreciates the support of Congress and look forward to responding to any questions you may have.