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WOUNDED WARRIOR PROJECT®

WOUNDED WARRIOR PROJECT
STATEMENT FOR THE RECORD

COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

"VETERAN SUICIDE PREVENTION: CAPITALIZING ON WHAT WORKS AND INCREASING INNOVATIVE APPROACHES"

September 29, 2022

Chairman Takano, Ranking Member Bost, and distinguished members of the House Committee on Veterans' Affairs – thank you for inviting Wounded Warrior Project (WWP) to submit this written statement for the record of today's hearing on veteran suicide prevention. Suicide is a serious public health challenge that causes immeasurable pain, suffering, and grief for individuals, families, and communities nationwide. Preventing veteran suicide is among the greatest challenges WWP is working to address in the community we serve. We share and appreciate the Committee's continued commitment to bringing veteran suicide into greater focus and are pleased to share our perspective on how Congress can assist efforts that are reducing suicide risk in the veteran community.

Wounded Warrior Project was founded to connect, serve, and empower our nation's wounded, ill, and injured veterans, Service members, and their families and caregivers. We are fulfilling this mission by providing more than 20 life-changing programs and services to over 174,000 registered post-9/11 warriors and over 44,000 of their family members. We continually engage with those we serve and strive to capture an informed assessment of the challenges this community faces.

Additionally, our investments in partner organizations provide a network of support for warriors and their families, reinforce our programmatic efforts, and expand our impact. Our partnerships reflect the challenges and opportunities before the military and veteran community. While individual grants and collaborative efforts often address specific areas of need, they collectively address the high level of requests for mental health support from members of this community as they process and navigate challenges ranging from food and housing insecurity, job placement challenges, and family stressors. Creating a high-touch referral system between diverse WWP services and a robust partner network helps ensure that gaps in care and support are minimized and that opportunities to address suicide risk factors are maximized.

Closing Gaps in Care and Support and Mitigating Suicide Risk Factors

With nearly 9 in 10 respondents to WWP's Annual Warrior Survey reporting at least one mental health injury or condition, WWP is committed to a public health approach that addresses suicide prevention and prioritizes providing high-quality mental health resources and treatment to veterans. We integrate universal prevention programs targeted to our entire warrior population, as well as selective programming that targets high-risk groups, and indicated programs targeted toward individuals who have displayed significant risk.

Our Mental Health Continuum of Support is comprised of a series of programs – clinical and non-clinical, both internal to WWP and in collaboration with external partners and resources – intended to assist warriors and their families along their journeys to improved mental health. The Mental Health Continuum of Support provides diverse programming and services to better meet their needs. At WWP, we understand that warriors have individualized paths of recovery, so that it may not be optimal to engage all warriors with the same program or even in a linear fashion. WWP's Mental Health Continuum of Support addresses and meets warriors where their needs are at their current stage of recovery. Warriors are engaged with the appropriate mental health program (i.e., the program that can best address current levels of psychological well-being and resiliency). This allows for warriors to be empowered by programs that can best address their needs and increase both psychological resilience and psychological well-being.

Insights gathered from components of the Mental Health Continuum of Support also inform how our programs develop, how we invest and collaborate with partners, and how we advocate for public policies that can help prevent veteran suicide. Developing a direct, high-touch referral system within WWP and among our partner organizations has been transformational and we believe the committee can help direct support for the Department of Veterans Affairs and the wider community of support by following a similar path that considers the issues below.

Speed and Quality of Connection to Care

When a veteran, Service member, or caregiver approaches WWP for help, our goal is to connect that individual with the right level of care at the right time. While our diverse array of programming invites interest related to social connection, physical well-being, and financial health, our primary investment is in clinical and non-clinical mental health services. From October 2020 to September 2021 (our last full fiscal year), WWP invested $77 million in support of mental and brain health programming[1]. Over that same period, WWP made over 22,000 emotional support calls to warriors and their families and provided nearly 44,000 hours of PTSD treatment through clinical partners.

One of the most critical investments in our mental health programming has been minimizing the amount of time it takes to connect with a warrior, gain a deeper understanding of their needs, and then directing them to the most appropriate service. Knowing where a warrior is

[1] This figure represents WWP expenditures on our Project Odyssey, Talk, Warrior Care Network, and Complex Case Coordination programs. For an overview of our mental health programs, please see Appendix 1.

in their recovery, or what their primary challenges or needs are, is critical to connecting them to the right program or resource. This is what we would refer to as the Triage process; a step to identify how the warrior or family member wants to receive mental health care and what he or she is ready for. WWP has expanded its staff dedicated to this specific practice and subsequently reduced the path from first contact to program referral to less than two days – a significant feat considering WWP's Triage team has received over 12,000 referrals from other WWP programs in 2022. When clinical needs are apparent, veterans receive support through VA programs, private care, and WWP's partners like Centerstone and eHome that have hired more clinicians and expanded their targeted treatment paths in areas like military sexual trauma, co-occurring substance use disorder, and co-occurring traumatic brain injury thanks to investments from WWP.

Similar commitment to those warriors facing the most urgent mental health challenges – generally those with multiple clinical diagnoses and expressed interest in residential or intensive outpatient care – has revealed additional ways to help veterans at heightened risk for suicide. For those warriors presenting in crisis situations, WWP has a dedicated team of individuals who advocate on behalf of the veteran and connect them to continuity of care while having intentional discussions about personal safety and security. Conversations candidly address substance use, mental health, risk of self-harm, the closest emergency room, and how to access crisis hotlines. The WWP team is also trained to call for wellness checks when contact is lost, or discussions indicate greater potential for a negative outcome. Although a majority (93%) of these warriors are enrolled in VA and VA is most often knowledgeable about current challenges (72%), most veterans utilizing this service at WWP indicate that they have been in distress for more than 6 months (69%). As such, WWP often employs our own programs and partners while engaging their provider teams at VA to help identify the best clinical opportunities and support structures at home and in the community.

Taken together, the experiences above guide WWP to advocate for the following:

- **Increased investment in VA's mental health workforce**: Delaying or discouraging help-seeking behaviors, poorer quality care, and suboptimal patient provider relationships are all barriers that create challenges in receiving the care individuals need. Despite a high volume of use among WWP warriors (69% of warriors who reported VA enrollment), VA's provider turnover and long wait times are two of the most frequently cited reasons for not continuing treatment. Additionally, VA's Suicide Prevention 2.0 campaign is dependent on adequate mental health staffing, defined as 7.72 outpatient mental health full-time equivalent employees per 1,000 Veterans in outpatient mental health. To meet this need, the VA has developed strategies to bolster their mental health workforce, but high turnover rates for staff and providers as well as an increase in need have left the VA with a mental health staff shortage.

  To that end, WWP strongly supports the *STRONG Veterans Act* (H.R. 6411), applauds the House for passing it under suspension of the rules in June 2022, and urges the Senate to pass this legislation – in particular, sections 102 (Vet Center workforce expansion), 103 (paid training positions across mental health disciplines), and 104 (mental health

provider scholarships and loan repayments), which will increase VA's ability to meet the demand for mental health services.

- **Creation of an access standard for residential/inpatient mental health care**: In November 2021, WWP specified the challenges our organization has encountered while assisting veterans needing residential care, especially veterans presenting with co-occurring mental health and substance use disorders[2]. We believe that the absence of an access standard specifically for Residential Rehabilitation Treatment Programs (RRTPs) has permitted inconsistent experiences for veterans seeking these placements. Without clearer regulations or definitive policies to ensure consistent and predictable RRTP referral practices, we believe that veterans will continue to face unnecessary wait times for care that can jeopardize health and discourage health-seeking behavior.

  In this context, WWP also supports Sections 503 and 504 of the *STRONG Veterans Act* which would collectively require VA to conduct studies on (1) access to care through RRTPs, (2) whether new SUD tracks should be added to RRTP offerings, and (3) VA's capacity to treat co-occurring mental health and SUDs.

Peer Support and Cultural Competence

Recent research provides increasing evidence of the benefits of social support on mental health outcomes and in decreasing risk of suicide.[3] Both transitioning Service members and veterans who have been separated from the military for some time need support when integrating into the community. WWP's programs and partnerships follow a coordinated approach to connect the veteran and military population with others who have similar experiences, as well as customized trusted resources to meet their unique needs and foster enduring relationships.

Our Project Odyssey program is developing evidence to show that empowering veterans to serve in closer proximity to a clinical environment can also help save lives and improve quality of life for those who receive support. Each Project Odyssey – a 12-week mental health program that encompasses adventure-based learning and resiliency skill training – is staffed by at least two WWP teammates, a mental health clinician, and a peer mentor (or peer mentor couple). Peer mentors must complete suicide awareness and prevention training because they are empowered to support participating veterans during a 5-day mental health workshop designed to challenge a warrior's comfort zone and develop coping and communication skills. Veterans recognize that their peers – all of whom have traveled a similar path in mental health recovery – can help traverse a system and journey that can feel complicated and foreign. With heightened training, peer mentors at WWP have indicated that they are better able to identify when someone is exhibiting concerning behaviors and more confident to interact with that person to get them to professional help. Throughout a Project Odyssey, these peer mentors are developing

[2] *See* Request for Information Regarding Health Care Access Standards, 86 Fed. Reg. 60970 (Nov. 4, 2021).
[3] U.S. DEP'T OF VET. AFFAIRS, *Social Support and Belonging as Protective Factors* (2019), *available at* https://www.mentalhealth.va.gov/suicide_prevention/docs/Literature_Review_FSTP_Social_Support_508_FINAL_07-11-2019.pdf.

relationships with participants that often endure beyond the program and serve as a connection point to additional support.

A corollary to this approach can be seen in our investment on making sure that all WWP and partner staff who routinely interact with warriors are trained in suicide prevention. Crisis and suicide-specific trainings such as ASIST and safeTALK are made available by WWP to these team members and partner organization employees. Similarly, we believe that VA should be encouraged to provide evidence-based and/or research-informed professional suicide prevention training to organizations receiving VA grant funding through the new Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program[4]. We also encourage Congress to pass specific legislation that will leverage the power of peer support:

- **Create stronger peer support for MST survivors**: WWP believes that better integrating peer support into the VBA system can help to alleviate stress for veterans seeking benefits, improve awareness of and access to resources, and build trust in VA programs and services. With this goal in mind, we support H.R. 2724, the *VA Peer Support Enhancement for MST Survivors Act*, which would establish a VBA Peer Support Specialist program designed to serve MST survivors. We believe this program could serve as an essential companion to MST Coordinators by acting akin to a victim advocate, symbolically holding a veteran's hand through the process and preparing him or her for potentially triggering moments along the way.

- **Empower veterans to provide peer wellness checks**: WWP has undertaken significant efforts to reach out to our warrior population, particularly during times of potentially heightened emotional distress. For instance, during the early stages of the COVID-19 public health emergency and during the withdrawal of U.S. Armed Forces from Afghanistan, WWP placed over 39,000 and 33,000 calls respectively to warriors who may be in need of mental health support. We believe VA can undertake similar efforts by empowering veterans with training to conduct peer wellness checks, and that Congress can support those efforts by passing Section 302 (designation of Buddy Check Week) of the *STRONG Veterans Act*.

- **Expand availability of culturally competent care**: Several objectives presented in VA's *National Strategy for Preventing Veteran Suicide 2018–2028* reinforce a growing body of research and clinical studies that have consistently demonstrated the value of military cultural competence to treating veterans. WWP supports the *Veterans' Culturally Competent Care Act* (H.R. 4627) which would make use of the latest research from VA to educate private mental health care providers through a series of courses, all of which are designed to meet continuing education requirements.

[4] *See* Wounded Warrior Project public comment in response to AR16 – Notice of Request for Information on the Department of Veterans Affairs' Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program, 86 Fed. Reg. 17,268 (Apr. 1, 2021), *available at* https://www.regulations.gov/document/VA-2021-VHA-0008-0001.

Financial Strain and Suicide Risk

As part of our 2021 Annual Warrior Survey, WWP learned that approximately 1 in 4 warriors (24.8%) had suicidal thoughts in the past 12 months. While PTSD and moderate to severe depressive symptoms were the most prevalent characteristics (respectively 76.2% and 80.8%) of those who reported suicidal thoughts, more than half (54%) indicated financial strain[5]. Conversely, financial wellness is an important indicator of quality of life, and the ability to meeting current or future responsibilities can impact health and well-being. Recent research indicates that post-9/11 veterans who reported to have enough money to meet basic needs were less likely to misuse alcohol and drugs and report suicidal behavior.[6]

In sum, financial strain appears to be a significant risk factor for suicide amongst post-9/11 veterans. Understanding the relationship between suicide, unemployment, VA benefits rating, and debt-to-income ratio can help inform upstream prevention efforts. Further research into comorbid risk factors, such as PTSD, depression, and anxiety in the veteran population is necessary to fully assess and address the risk, especially considering the economic instability resulting from the COVID-19 pandemic.

- **Continue oversight of programs that support veterans' financial wellness**: WWP's 2021 Annual Warrior Survey indicates that the WWP warrior unemployment rate (13.4%) is the highest compared with the post-9/11 veteran population (2.1%), all veterans (3.2%), the U.S. general population (5.2%), and the U.S. general population with a disability (10.9%). Mental or psychological distress was the most commonly cited barrier to employment (44.1%) and the top cited reason for not being a part of the labor force. Nevertheless, Congress should continue to oversee how VA's education and employment programs are reaching these populations and helping veterans navigate paths to financial security.

  In this context, WWP is grateful for the opportunity to testify before the Subcommittee on Economic Opportunity earlier this month and is now pleased to repeat its support for the House-passed *Veteran Eligibility for Necessities to Undertake Rewarding Entrepreneurship Act* or the *VENTURE Act* (H.R. 7369), which will make the Veteran Readiness and Employment program more accessible to wounded, ill, and injured veterans.

Addressing Suicide Risk Through Specific Populations

Veterans with History of Traumatic Brain Injury (TBI)

Wounded Warrior Project has previously advocated for new and continuing investment in programs and research to address near- and long-term needs and risks associated with brain

[5] Financial strain was measured as those not being able to cover the costs of basic needs in the past 12 months.
[6] Eric B. Elbogen et al., *Financial Well-Being and Postdeployment Adjustment Among Iraq and Afghanistan War Veterans*, MILITARY MED., 177(6):669–75 (2012), *available at* https://pubmed.ncbi.nlm.nih.gov/22730842/.

injury. The current state of research in TBI indicates that there is still much to learn, but existing research continues to support further investment. Most specific to today's hearing, TBI frequently co-occurs with other physical and psychological health conditions and can be associated with certain health behaviors, including suicidal thoughts or death by suicide.[7]

Overall, studies are mixed on whether the risk of suicide is higher for those with TBI[8] but they do find that severity of the TBI and the numbers of TBIs are often useful for predicting outcomes, and those with multiple TBIs are at higher risk for suicide[9]. There is also evidence to support the claim that overall, long-term outcomes for those with TBI are worse[10]. Exposure to TBI has also been associated with increased risk of mental health challenges including PTSD, anxiety, and depression, which in turn are associated with suicide and accident-related mortality[11]. Additionally, veterans with TBI have worse physical outcomes, including increased levels of pain[12]. Unmanaged, chronic pain can have a cascade effect and is associated with depression, anxiety, decreased quality of life, poor sleep patterns, and substance use disorders. Further evidence indicates that PTSD, depression, and pain can have additive and deleterious impacts on health and even contribute to suicidal thoughts and behavior.

Based on these considerations, WWP advocates for the following:

- **Continue recognition of TBI as a risk factor for suicide**: WWP was pleased to see TBI listed as a heightened risk factor for suicide within the new SSG Parker Gordon Fox Suicide Prevention Grant Program (P.L. 116-171 § 201) and the announcement of grant distributions earlier this September. We are hopeful to see positive outcomes from this innovative pilot program and its embrace of upstream interventions to protect against veteran suicide. We are similarly encouraged by the announcement of grants under VA's Mission Daybreak (formerly known as the Suicide Prevention Grand Challenge), which included awards to organizations that are advancing the application of technology like virtual reality to mitigate risk of suicide in veteran populations affected by symptoms like anxiety, isolating behavior, or agoraphobia due to co-occurring TBI and PTSD.

- **Improve case management services for veterans with TBI**: The Federal Recovery Coordination Program has had a history of success in this pursuit; however, that office has since transformed into the Federal Recovery Consultant Office in February 2018 in response to the Presidential Executive Order, "Comprehensive Plan for Reorganizing the Executive Branch." While this shift may have created some efficiencies, WWP encourages a fresh assessment of whether the FRCO is sufficiently resourced to meet the needs of veterans with complex needs, including those who may be at risk for suicide as a

[7] KATHRYN E. BOUSKILL ET AL., RAND, IMPROVING CARE FOR VETERANS WITH TRAUMATIC BRAIN INJURY ACROSS THE LIFESPAN 15 (2022).
[8] *Id*. at 17.
[9] *Id*. at 5.
[10] *Id*. at 115.
[11] Jeffrey T. Howard et al., *Association of Traumatic Brain Injury with Mortality Among Military Veterans Serving After September 11, 2001*, JAMA NETWORK OPEN, 11:5(2) (2022), *available at* https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2788974.
[12] BOUSKILL at 14.

result of their brain injuries who also have co-occurring SUD and/or mental health diagnoses.

- **Increase investment in TBI research**: WWP supports the prioritization of TBI research set in the VA's FY 2022 budget proposal (increase of $20 million) and FY 2023 budget proposal (increase of $10 million), which included references to brain imaging, biomarkers, blast exposure, and longitudinal research among other areas[13]. Similarly, WWP supports Section 508 of the *STRONG Veterans Act*, which authorizes increased funding for VA's Translational Research Center for TBI and Stress Disorders (TRACTS).

  More generally, WWP also supports the *VA Infrastructure Powers Exceptional Research Act* (H.R. 5721, or *VIPER Act*), which would propel VA research efforts forward with new authorities to expedite research, improve recruitment, and enhance cooperative endeavors with other federal agencies. Research on evidence-based treatments, including longitudinal studies and studies on holistic treatments, are needed for all Veterans, but especially those with TBI and substance use disorders.

Women Veterans

Women veterans are twice as likely to commit suicide as nonveteran women.[14] According to WWP's Women Warrior Initiative Report, the most commonly cited challenge women veterans faced during their military-to-civilian transition was "coping with mental health such as post-traumatic stress disorder (PTSD), anxiety, depression, etc."[15] Other commonly cited issues included, "coping with mental health issues related to MST" and "feeling isolated". For post-9/11 veterans, women were found to experience higher rates of depression and non-PTSD anxiety compared with men, but experience PTSD at similar rates. It is clear that women veterans face unique mental health challenges compared to their male counterparts.

While MST is not just experienced by women, it is experienced by women at a disproportionate rate. According to RAND, MST is one of the primary causes of the rise of suicide among women in the military over recent years.[16] In fact, sexual trauma is a significant risk factor for suicide and those who report experiencing MST have a higher risk of dying by suicide than those who do not.[17] Anxiety was also found to be the top reported health issue among women warriors, especially amongst MST survivors.

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[13] U.S. DEP'T OF VET. AFFAIRS, FISCAL YEAR 2022 BUDGET SUBMISSION, Medical Programs and Information Technology Programs at VHA-545–46 (2021); U.S. DEP'T OF VET. AFFAIRS, FISCAL YEAR 2023 BUDGET SUBMISSION, Medical Programs and Information Technology Programs at VHA-577–80 (2022).
[14] ERIC R. PEDERSON ET AL., RAND, IMPROVING SUBSTANCE USE CARE: ADDRESSING BARRIERS TO EXPANDING INTEGRATED TREATMENT OPTIONS FOR POST-9/11 VETERANS 13 (2020).
[15] To read the full WWP Women Warriors Initiative report, please visit https://www.woundedwarriorproject.org/media/tt0ftq4a/wwp-women-warriors-initiative-report-2021.pdf.
[16] *Veterans in America, Episode 2: Why So Many Military Women Think About Suicide*, RAND, *available at* https://www.rand.org/multimedia/podcasts/veterans-in-america/why-so-many-military-women-think-about-suicide.html.
[17] *Id*.

In addition, many women veterans report a lack of understanding of their options in terms of mental health treatment from VA resources. It is important to ensure that those who need it the most are better educated and connected to the resources at their disposal, including both DoD and VA furnished mental health care.

Increased social support has been found to be a protective factor against suicide. However, the Women Warrior Initiative Report found that less than half of the women veterans they surveyed felt they had strong connections with male veterans and just over half felt they had strong connections with female veterans. Additionally, the report found that 80 percent of women warriors were classified as in the "lonely range" according to the UCLA Loneliness Scale. The implementation of additional women-only support groups and peer support groups for transitioning service members, may be a way to help fight this loneliness and social isolation amongst women veterans.

- **Create stronger peer support for MST survivors**: WWP reiterates its support for the *VA Peer Support Enhancement for MST Survivors Act* and thanks the House for passing this measure in May 2022. We encourage committee members to reach out to their Senate colleagues to support its companion S.4441.

- **Improve benefits processing and support for MST survivors**: WWP supports the *Servicemembers and Veterans Empowerment and Support Act* (H.R. 2724), particularly Section 302, which would require VA to send a communication to MST survivors who submit a disability claim with information on MST Coordinators, types of services the veteran may be eligible for, and information to reach the Veterans Crisis Line. This is a step in the right direction – one that we believe could be strengthened by incorporating more personalized interaction. Conducting wellness checks, for instance, after potentially re-traumatizing events like compensation and pension exams may offer more immediate connection to mental health support for struggling MST survivors. Doing so would lessen the burden on veterans to find help in the complex, often overwhelming VA system.

Veterans with Substance Use Disorder (SUD)

Co-occurring SUDs and mental health disorders are common among post-9/11 veterans. Screening positive for PTSD or depression has also been associated with being almost 20 percent more likely to also screen positive for hazardous alcohol use or a potential SUD. Veterans with co-occurring SUDs and mental health disorders often do not seek behavioral health care, but when they do, they are more likely to have worse treatment outcomes than those with single disorders.[18]

Substance use disorder is often present in veteran suicide. According to VA's 2022 National Suicide Prevention Annual Report, 58% of veterans who died from suicide in 2020 had

[18] PEDERSON at iii.

documented VHA mental health or SUD diagnoses. Of those, 19.6% were diagnosed with alcohol use disorder, 8.3% had cannabis use disorder, and 4.9% had opioid use disorder. From 2001 to 2020, suicide rates fell for recent veteran VHA users with diagnoses of alcohol use disorder and substance use disorders but rose for those with opioid use disorder, cocaine use disorder, cannabis use disorder, and stimulant use disorder.

Substance use is often a barrier to receiving mental health treatment and can interfere with a veteran's care. Mental health treatment facilities – particularly within VA's community network – often require veterans to abstain from substance use; however, veterans may be using substances to manage their mental health symptoms. However, veterans who receive substance use treatment alone may be at risk for failing to meet their treatment goals if their mental health symptoms are not addressed. Addressing both conditions simultaneously can be necessary for lasting improvement, however, VA's access standards do not always allow veterans to receive this concurrent treatment in a timely fashion.

- **Create an access standard for residential/inpatient mental health care**: WWP reiterates its support – as seen above in the discussion on access to care – for an access standard for residential inpatient care. We also encourage the Senate to take action to pass the *STRONG Veterans Act*, which mandates a VA study on the availability of treatment programs for veterans with co-occurring mental health and substance use disorders (including both inpatient and outpatient care), any geographic disparities in access to such programs, and average wait times for care under those programs.

Looking Beyond VA: Additional Areas to Consider

Non-VA Telehealth

One of VA's greatest strengths in meeting veterans' care needs has been its progress on telehealth delivery. In 2018, VA implemented new rules to allow their providers to practice telehealth over state lines regardless of where in the United States the provider or the veteran patient are located. COVID-19 created a surge in demand for telehealth care and while much of that may very well be due to necessity, there are surely thousands of veterans who have now used these services for the first time. And as veterans – just like many non-veterans – have struggled with mental health challenges during this era, the heightened accessibility to mental health care and suicide prevention services offered through the VA has unquestionably helped connect more veterans to care faster and easier than if they had to rely on other health systems.

Despite this success, accessibility gaps remain. A majority of veterans do not use VA for health care, including a majority of veterans who die by suicide. Across 734 rural counties in the United States, 93% have no licensed psychologists[19]. Approximately 1 in 4 veterans, or nearly 5 million veterans, live in rural or highly rural areas. Telehealth can create more mobile access points to care and help overcome barriers such as travel time and distance, but for those who do

[19] Tom Klobuchar, Office of Rural Health, *An Introduction to the VA Office of Rural Health* (slide deck), U.S. DEP'T OF VET. AFFAIRS (May 5, 2021).

not currently use VA for health care, the agency's progressive telehealth laws do not afford a benefit. Congress can help.

First, Congress should act to extend telehealth flexibilities for mental health and substance use disorders created during the COVID-19 pandemic. The *Advancing Telehealth Beyond COVID-19 Act of 2022* (H.R. 4040) would create a long-term extension through 2024 for key improvements like the waiver of Medicare's originating site and geographic restrictions which allowed millions of beneficiaries nationwide to receive telehealth services, including audio-only services, without ever leaving their homes. According to the White House, waivers like this increased Medicare telehealth visits by "63-fold in 2020 alone, especially benefitting patients in rural areas and those seeing behavioral health providers."[20] Telehealth has also served as a bridge for patients to continue accessing behavioral health care or potentially has increased the comfort level to seek this type of care from their own home – a third of Medicare visits via telehealth were with behavioral health specialists, compared to 8% with primary care providers and 3% with other specialists.[21] We encourage committee members to reach out to their Senate colleagues to pass this House-passed legislation before the end of the 117th Congress.

Second, Members should encourage policymakers in their home states to join the Psychological Interjurisdictional Compact (PSYPACT). PSYPACT is an interstate compact designed to facilitate telehealth and temporary in-person, face-to-face practice of psychology across state boundaries without requiring that an individual provider become licensed in every state to practice. While there are additional efforts to address licensure and reimbursement, PSYPACT legislation at the state-level has had promising momentum that can hopefully continue with persistent advocacy from stakeholders at the national level. To date, 33 states have enacted PSYPACT legislation.

Lastly, Members should support legislation to strengthen the Veterans Crisis Line. The *REACH for Veterans Act* (H.R. 5073, S. 2283) would better prepare the Veterans Crisis Line to handle transition to the 9-8-8 national suicide prevention hotline by making improvements to staff training, quality review and management, and guidance for high-risk calls. Most elements of this critical legislation are included in Title II of the House-passed *STRONG Veterans Act*.

Veteran Treatment Courts

As of 2016, the Bureau of Justice Statistics estimated that there were 107,400 veterans in federal and state prisons. In 2019, over 10,000 veteran offenders were in the custody of the Federal Bureau of Prisons (BOP), accounting for almost six percent of BOP inmates. Four-fifths

[20] OFFICE OF MGMT. & BUDGET, EXEC. OFFICE OF THE PRESIDENT, STATEMENT OF ADMINISTRATIVE POLICY: H.R. 4040 – ADVANCING TELEHEALTH BEYOND COVID-19 ACT OF 2022 (2022).
[21] OFFICE OF THE ASST. SEC. FOR PLANNING AND EVALUATION, U.S. DEP'T OF HEALTH AND HUMAN SERVS., MEDICARE BENEFICIARIES' USE OF TELEHEALTH IN 2020: TRENDS BY BENEFICIARY CHARACTERISTICS AND LOCATION (2021).

of veterans had a substance use disorder prior to incarceration, and a quarter were identified as mentally ill.

The *Justice and Mental Health Collaboration Reauthorization Act of 2022* (H.R. 8166, S. 3846) would reauthorize the Justice and Mental Health Collaboration Program (JMHCP) and make several improvements to provide grantees with additional options to respond and treat individuals experiencing a mental health crisis. The goal of JMHCP is to support cross-system collaboration among law enforcement and behavioral health providers to improve responses and outcomes for people who have mental illnesses or co-occurring mental illness and substance abuse issues who come into contact with the justice system. JMHCP funds are also used to support veteran treatment courts and veterans' treatment programs for veterans that are involved in the criminal justice system.

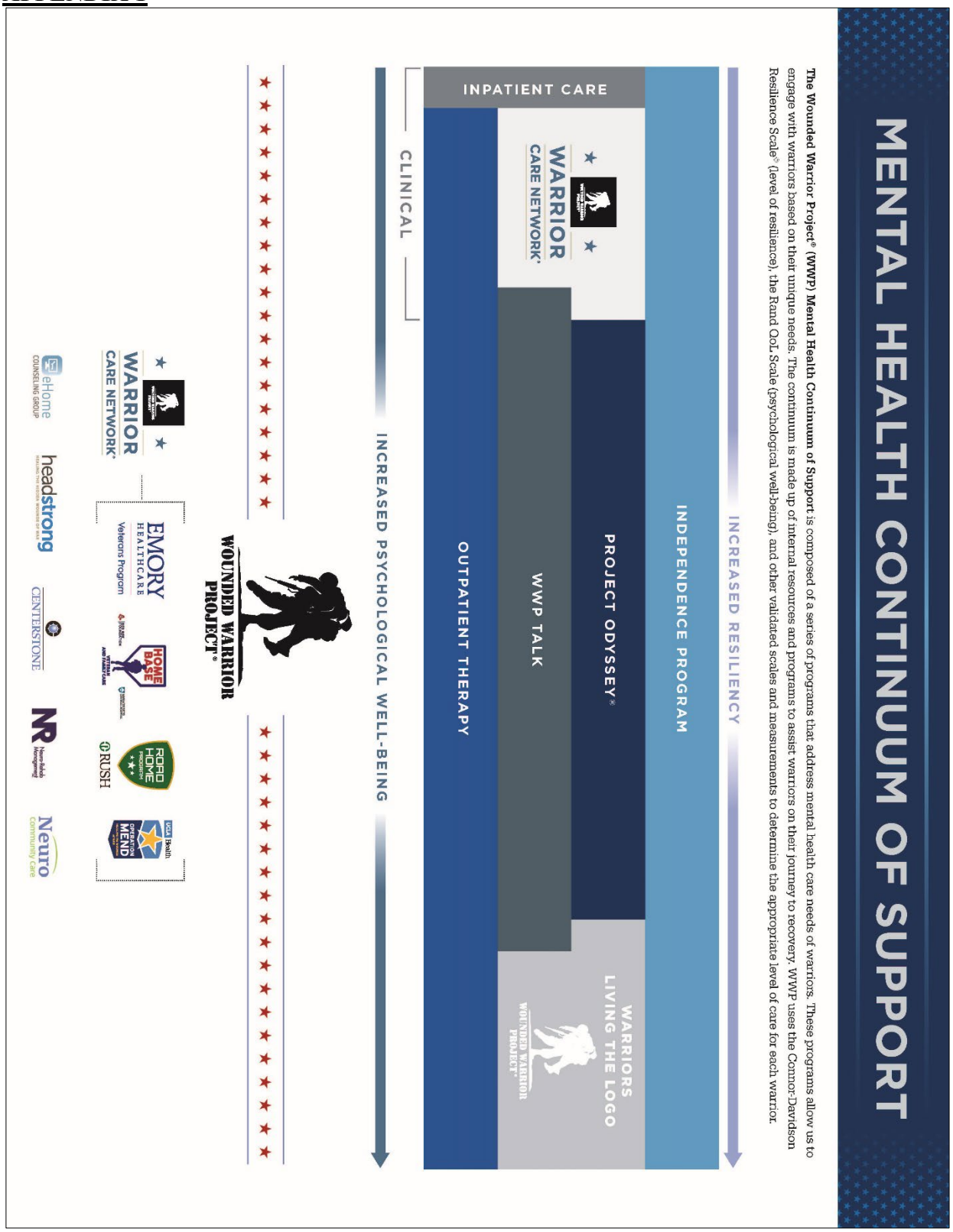
Veterans treatment courts seek to treat veterans suffering from mental health disorders and/or substance abuse disorders, while also ensuring public safety. These courts combine rigorous treatment and personal accountability, with the goal of breaking the cycle of drug use and criminal behavior. Through JMHCP, veterans are connected to federal, state, and local services that are uniquely designed for the distinct needs that arise from military service, while also being held accountable to a judge. Positive outcomes include lower rates of recidivism and increased rates of housing, employment, and VA benefits for participating veterans. By focusing on sobriety, recovery, and stability, veterans have experienced life-changing results.

Wounded Warrior Project supports the *Justice and Mental Health Collaboration Reauthorization Act of 2022*, and we are pleased that it has already passed the Senate. We encourage committee members to ensure this critical piece of legislation is passed into law before the end of the 117th Congress.

Concluding Remarks

Wounded Warrior Project thanks the House Committee on Veterans' Affairs, its distinguished members, and all who have contributed to the policy recommendations about reducing veteran suicide. We share a sacred obligation to serve our nation's veterans, and WWP appreciates the Committee's effort to identify and address the issues that challenge our ability to carry out that obligation as effectively as possible. We are thankful for the invitation to submit this statement for record and stand ready to assist when needed on these issues and any others that may arise.

APPENDIX 1


MENTAL HEALTH CONTINUUM OF SUPPORT
The Wounded Warrior Project® (WWP) Mental Health Continuum of Support is composed of a series of programs that address mental health care needs of warriors. These programs allow us to engage with warriors based on their unique needs. The continuum is made up of internal resources and programs to assist warriors on their journey to recovery. WWP uses the Connor-Davidson Resilience Scale® (level of resilience), the Rand QoL Scale (psychological well-being), and other validated scales and measurements to determine the appropriate level of care for each warrior.
INCREASED RESILIENCY
INDEPENDENCE PROGRAM
PROJECT ODYSSEY®
WWP TALK
WARRIORS LIVING THE LOGO
INPATIENT CARE
WARRIOR CARE NETWORK®
OUTPATIENT THERAPY
CLINICAL
INCREASED PSYCHOLOGICAL WELL-BEING
WOUNDED WARRIOR PROJECT®
WARRIOR CARE NETWORK®
EMORY HEALTHCARE Veterans Program
HOME BASE
ROAD HOME PROGRAM
RUSH
eHome COUNSELING GROUP
headstrong
CENTERSTONE
Neuro Community Care

The continuum of support doesn't define an exact, prescriptive path to recovery, rather the individual needs of each warrior to determine the order and frequency of appropriate program engagement. For example, a warrior in acute psychological distress may be referred to a number of clinical intervention programs. Another warrior with less severe mental health issues may participate in only one or two programs. Subsequently, any warrior who has a setback may be re-evaluated and referred back to one or more programs for additional care. The goal is to provide the appropriate amount of care a warrior may need to get to his or her highest possible level of resilience, psychological well-being, and healing.

INPATIENT CARE
Clinical Intervention

Inpatient care is reserved for warriors in severe psychological distress who have exhausted all other resources. WWP may be able to fund inpatient services in order to stabilize warriors so that they can be engaged with other mental health programs in the continuum. The goal is to sustain and facilitate movement in the continuum through other programs.

WARRIOR CARE NETWORK
Clinical Intervention

To accelerate the development of advanced models of mental health care, WWP partners with four world-renowned academic medical centers to form Warrior Care Network®, leveraging our collective commitment and expertise. The Warrior Care Network treatment model delivers a year's worth of mental health care during a two- to three-week intensive outpatient program (IOP). This unique veteran-centric approach increases access to treatment and improves outcomes. Warrior Care Network provides a path to long-term wellness, improving the way warriors are treated today and for generations to come.

PROJECT ODYSSEY
Engagement Intervention

Project Odyssey is a 12-week mental health program that uses adventure-based learning to help warriors manage and overcome their invisible wounds, enhance their resiliency skills, and empower them to live productive and fulfilling lives. Based on their unique needs, warriors can participate in an all-male, all-female, or couples Project Odyssey. The program starts with a five-day mental health workshop, where warriors are challenged to step outside the comfort of their everyday routines. This opens them up to new experiences that help develop their coping and communication skills. After the workshop, participants work together with WWP to stay engaged, achieve their personal goals, and make lifelong positive changes.

★ PROGRAMS WITH MULTIPLE STAGES OF ENGAGEMENT ★

Within the continuum of support there are additional programs/resources that can be engaged at nearly any point in the continuum. These are WWP Talk and outpatient therapy. The Independence Program, which also encompasses multiple stages of engagement, is a unique component of the continuum. The resources provided by the Independence Program allow the most severely wounded warriors the ability to lead a full life at home instead of a long-term facility.

OUTPATIENT THERAPY • *Engagement and Clinical Intervention*

An additional clinical resource available to warriors across the stages of the continuum is outpatient therapy. Here WWP funds external partners to provide individual, family, or couples therapy delivered by a culturally competent therapist in the closest geographic location to the warriors as possible. With multiple funded clinical partners, warriors are able to engage in traditional outpatient sessions or, if in a remote location, engage in virtual therapy.

WWP TALK • *Engagement and Coordination Intervention*

WWP Talk is a telephonic emotional support program that breaks down the barriers of isolation and helps both warriors and family members plan an individualized path toward their personal growth. Participants work one-on-one with a dedicated team member during weekly emotional-support calls. Together, they set tangible goals and develop skills that lead to positive changes, like increased resilience and improved psychological well-being.

INDEPENDENCE PROGRAM
Engagement, Coordination, and Clinical Intervention

The Independence Program provides long-term support to catastrophically wounded warriors living with injuries such as: a moderate to severe brain injury, spinal cord injury, or neurological condition that impacts independence. The program is designed to support warriors who, without high-touch services, would struggle to live day to day due to the severity of their injuries. The Independence Program increases access to community services, provides rehabilitation through alternative therapies, and empowers warriors to achieve goals leading to a more independent life. Because every journey is different, we work as a team with warriors, their family members, and their caregivers to set goals to live a fulfilling life, at home, with their loved ones.

★ LIVING THE LOGO ★

WOUNDED WARRIOR PROJECT®

The WWP logo is much more than a trademark — it is what we see as the ultimate goal for all warriors engaged with the continuum of support to achieve. It is the collective goal of the continuum of support (through resources and teammates) to empower warriors to make it to this final phase and live our logo. The logo, one warrior carrying another warrior, represents a peer assisting a fellow veteran — in essence, carrying him through the recovery process until he can walk of his own accord (through heightened resiliency and psychological well-being). Eventually, as resiliency reaches the highest levels in the continuum, warriors are empowered to help carry fellow veterans, essentially becoming force multipliers as they are engaged as peer mentors.