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WOUNDED WARRIOR PROJECT

Statement of
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On

"Invisible Wounds of War: Improving Mental Health and Suicide Prevention Measures for Our Nation's Veterans"

September 20, 2023

Chairman Tester, Ranking Member Moran, and distinguished members of the Senate 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 mental health and suicide prevention. We share your commitment to easing the pain of veterans who are suffering from invisible wounds and appreciate the opportunity to offer our perspective on potential congressional action to improve post-9/11 veterans' access to mental health care and suicide prevention measures.

For 20 years WWP has been dedicated to our mission to honor and empower wounded warriors. In addition to our advocacy before Congress, we offer more than a dozen direct service programs focused on connection, independence, and wellness in every spectrum of a warrior's life. These programs span mental, physical, and financial domains to create a 360-degree model of care and support. This holistic approach empowers warriors to create a life worth living and helps them build resilience, coping skills, and peer connection. Our organization has grown alongside the warriors we serve, and we strive to tailor our programming to the evolving needs of a post-9/11 generation of warriors that has become increasingly diverse. Our reach extends to more than 195,000 veterans who are being served in various ways across the United States.

In this context, assisting warriors with their mental health challenges has consistently been our largest programming investment over the past several years. In Fiscal Year 2022, WWP spent more than $82 million in mental and brain health programs – an investment consistent with the fact that more than 7 in 10 respondents to our 2022 Annual Warrior Survey self-reported at least one mental health condition, and nearly the same amount (66.3%) reported visiting a professional in the past 12 months to help with issues such as stress, emotional, alcohol, drug, or family problems.[1]

[1] WWP's 2022 Annual Warrior Survey can be viewed at https://www.woundedwarriorproject.org/mission/annual-warrior-survey.

As diagnoses of post-traumatic stress disorder (PTSD), depression, and anxiety have consistently ranked among the top five most self-reported conditions across previous editions of our Annual Warrior Survey, our Mental Health Continuum of Support has matured over the last decade and now allows us to engage each individual based on their unique needs.[2] WWP supports warriors by providing accessible and innovative solutions to mental health support including four programs focused specifically on mental health: Warrior Care Network, WWP Talk, Project Odyssey, and Complex Case Coordination. Each of these programs are designed to support and empower post-9/11 veterans and their families in building resilience and overcoming the challenges before them. Through these four programs in Fiscal Year 2022 alone, WWP provided warriors and their family members with nearly 55,000 hours of treatment for mental health conditions, including PTSD, traumatic brain injury, substance use disorder, and other mental health conditions.

Of course, WWP believes that no one organization can meet the needs of all wounded, injured, or ill veterans alone. Partnerships with and investments in other military and veteran support organizations help guide collaboration that allows WWP to amplify the effects of our efforts. For purposes of today's hearing, we will focus on our largest and most significant partner in meeting the needs of post-9/11 wounded warriors: the Department of Veterans Affairs (VA). The perspectives that follow are intended to identify and discuss what we believe to be among the most critical areas of concern related to mental health and suicide prevention as viewed through access to care, workforce, long-term care, financial wellness, and research perspectives.

Access to Care

- ***Ensure adherence to access standards and promote transparency in community care network wait times***
- ***Improve timely access to residential rehabilitation treatment programs***
- ***Encourage use of telehealth to remove barriers to care***
- ***Prioritize evaluation of SSG Parker Gordon Fox Suicide Prevention Grant Program***

More than 9 in 10 (91%) warriors who responded to the 2022 Annual Warrior Survey use VA for their health care needs. Only a segment of these respondents rely exclusively on VA for care however, and many use a variety of sources for mental health support – to include WWP programs and services. When dealing with stress, emotional challenges, or mental health concerns, WWP warriors report that they most often turn to: talking with family and friends (65.5%), talking with another veteran (60.6%), prescription medication (59.0%), services at VA medical centers (55.3%), and physical activity (54.6%). By offering peer support and a variety of programs tailored to address stressors across physical, mental, and financial domain, WWP is able to capture an informed perspective on why veterans seek care and why they turn to WWP.

Access to Mental Health Care

Currently when a warrior reaches out to WWP for mental health support, their first step to finding care is a conversation with our Triage team. The Triage team conducts screenings of a warrior's mental health history, provides the warrior with information about our various mental

[2] More information on WWP's Mental Health Continuum of Support can be found at the end of the document.

health offerings, and refers the warrior to the most appropriate mental health program within WWP or an external resource. In FY 22, our Triage team received 12,610 referrals to find warriors appropriate treatment, placed 10,634 referrals for mental health support (including 5,630 referrals to external outpatient care providers), and made their first connection with interested warriors an average of 1.04 days later.

A common point of feedback from warriors seeking care and support through WWP is that VA wait times for mental health are offered at future dates that exceed VA's access standard of 20 days for mental health care. Appointments that are many weeks – if not months – away erode trust in VA's ability to provide care at reasonable intervals. Appointment cancellations that result in even more delay can further discourage health seeking behavior or push veterans toward finding care independently. And when group therapy is offered in place of individual counseling to expedite care delivery, a veteran patient may feel that they are getting a lesser service or be turned off by the idea entirely. Options for seeking care in the community are rarely discussed in detail and more often left to the veteran to navigate (and enforce) their path to receiving care sooner. Instances like these allow organizations like WWP to step in and fill the need for rapid access to care that is tailored to meet individual needs and desires.

To this end, WWP supports taking additional congressionally directed measures intended to make community care more accessible for veterans seeking mental health care. WWP is pleased to support both the *Making Community Care Work for Veterans Act* (S. 2649) and the *Veterans' Health Empowerment, Access, Leadership, and Transparency for Our Heroes (HEALTH) Act* (S. 1315) and their respective embrace of addressing disparities on VA's adherence to access standards. While there are distinctions discussed in more detail in the sections that follow, both bills would recognize that the current access standards for mental health have been deemed appropriate across two Administrations – and that the key to success will be ensuring that they are clearly communicated and adhered to.

Access to Residential Rehabilitation Treatment Programs

The access standards contemplated by the *VA MISSION Act* (P.L. 115-182 § 104) and memorialized in the Code of Federal Regulations (38 C.F.R. § 17.4040) do not, in practice, extend to mental or substance use disorder care provided in a residential setting. VA has maintained adherence to access standards for this type of care through Veterans Health Administration (VHA) Directive 1162.02, which establishes a priority admission standard of 72 hours and, for all other cases, 30 days before a veteran must be offered (not necessarily provided) alternative residential treatment or another level of care that meets the veteran's needs and preferences at the time of screening.

Due to this approach, veterans seeking mental or substance use disorder care provided in a residential setting are not subject to the access standard protections assigned under law. VA is not required to inform these veterans of their expected wait time. *See* P.L. 117-328, Div. U, § 122. Veterans are not guaranteed the soonest possible starting time before a community referral must be made. *See* P.L. 117-328, Div. U, § 121; 38 U.S.C. § 1703(d)(4). The access standards used are not applicable to community care network providers who receive referrals for these veterans' care. *See* P.L. 117-328, Div. U, § 125; 38 U.S.C. § 1703B(f).

Most importantly, if appropriate community-based providers are identified and available to provide treatment, veterans waiting beyond VHA's policy-backed access standards have no dependable, clear, and consistent recourse to be referred for that care. VA has presented data suggesting that only 38% of veterans meeting priority admission criteria were admitted to VA within 72 hours, and that the average wait time before admission among all veterans receiving Mental Health Residential Rehabilitation Treatment Program (MH RRTP) care was 24 days – just 6 days less than the 30-day access standard and among a population where 53% were admitted within 14 days. Although information on admissions within 30 days was not provided in the presentation where this data was cited, we believe it reflects that many veterans have waited more than 30 days for admission to care.

We are excited to see a number of bills that are aimed at improving access to mental or substance use disorder care provided in a residential setting or VA's MH RRTP. There are currently three pieces of legislation seeking to address this issue in different ways. The first, the *Making Community Care Work for Veterans Act* (S. 2649) would require VA to update the policies and operational guidance for the MH RRTP program. VA would also be required to standardize the referral, screening, and admission process and complete the screenings and admission decisions within 72 hours for veterans who meet priority admission standards. Additionally, an appeals process would be established for any veteran denied entry to the program or not offered a timely placement and VA would be required to update and conduct training for VA providers and care coordinators regarding these changes.

Next, the *Veterans' HEALTH Act* (S. 1315) would incorporate MH RRTP with the existing extended care services access standard (30-minute average drive time/20 days). This approach would remove the "non-institutional" qualification around extended services but would expressly exclude nursing home care. Lastly, the *Veteran Care Improvement Act* (H.R. 3520) would create a new access standard for alcohol and drug dependence MH RRTP (30-minute average drive time/10 days) and VA would be required to consider a veteran's eligibility within 72 hours of receiving their request.

While each of these bills address the issues we are seeing in terms of access to mental health and substance use disorder care in a residential setting in different ways, we believe they all represent an improvement from the status quo. We believe each approach would enhance accountability, transparency, and oversight on this critical provision of care and ultimately lead to better outcomes for veterans and ensure they are receiving the care they need in a timely manner.

Telehealth

Since the onset of the COVID-19 pandemic, VA has been a leader in embracing and providing telehealth. VA has seen a rapid rise in the numbers of veterans using telehealth to receive their care, and telehealth is similarly popular in the WWP warrior community. Among warriors who were offered a telehealth appointment in the last 12 months, 89.3% reported using telehealth during that period. Among those not offered a telehealth appointment, a majority (63.9%) said they would have used it if presented as an option. Telehealth is a cost-effective

way to improve access to care for many warriors that may face barriers to care, including long driving distances, work schedules, and the need for childcare.

We are pleased to see that telehealth is addressed as an access to care issue in both the *Making Community Care Work for Veterans Act* (S. 2649) and the *Veterans' HEALTH Act* (S. 1315). Section 103 of the *Making Community Care Work for Veterans Act* would allow VA to offer telehealth appointments to veterans as means of satisfying access standards when the telehealth appointment is accepted by the veteran. Section 101(a) of the *Veterans' HEALTH Act* would omit telehealth appointment availability at VA from determinations of eligibility for community care network access; however, Section 105 would require VA to discuss telehealth appointment options with the veteran when it is available, clinically appropriate, and acceptable to the veteran.

While these two approaches are not in complete alignment, both hold potential to deliver better access to care than current practices. Generally speaking, veterans that seek mental health care through WWP express that options for care in the community are not clearly discussed with VA providers. As noted earlier in this section, the VA appointment is often the only option discussed in detail even when offered at a date that exceeds current access standards. Better outcomes can be achieved when options are clearly laid out, and in our experience, telehealth is often a preferred method for those we serve. However, these preferences should not be assumed, and veterans should be provided with more clarity and transparency when weighing their options for care. According to WWP's 2022 Annual Warrior Survey, of those WWP warriors who were not offered a telehealth appointment, 36.1% reported they would have said no to utilizing the appointment even if they were offered it (30.1% for women and 37.1% for male warriors). For that reason, WWP believes telehealth can met the access standards require only when a veteran has agreed to. Additionally, if a veteran choses to stop using telehealth in favor or in-person care, they should not be denied the right for in-person care and community care should be made available if VA is unable to meet the access standards.

Lastly, we should take additional steps to ensure better telehealth connectivity because access to broadband service benefits veterans in several important ways. Like all Americans, veterans benefit from strong and reliable internet access that can foster career opportunities through telework, access to online education, and more opportunities to participate in the digital economy. In addition, as the use of telehealth resources continues to expand, the access to a stable and affordable internet network is increasingly becoming instrumental in maintaining a veteran's physical and mental health and wellness.

Despite these benefits, veteran households subscribe to mobile broadband services at lower rates than households without veterans. 2.2 million veteran households lack either fixed or mobile broadband connections at home. The monthly cost of service or the cost of a computer is often cited as a key barrier to broadband adoption.[3] VA and Census Bureau data show that almost 7% of veterans live below the poverty level leading many to forgo home internet access

[3] *See* JOHN HORRIGAN and MAEVE DUGGAN, PEW RESEARCH CTR., HOME BROADBAND 2015 4 (Dec. 2015), *available at* https://www.pewresearch.org/wp-content/uploads/sites/9/2015/12/Broadband-adoption-full.pdf; Colin Rhinesmith et al., Benton Inst. for Broadband & Society, *The Complexity of 'Relevance' as a Barrier to Broadband Adoption* (Jan. 2016), *available at* https://www.benton.org/blog/complexity-relevance-barrier-broadband-adoption.

and instead seek access in libraries or community centers.[4] This is especially pronounced in rural areas. Of the 4.4 million rural and highly rural veterans, 44% earn less than $35,000 a year and 27% do not access the internet at home.[5]

The Affordable Connectivity Program (ACP) is a Federal Communications Commission benefit program that helps ensure that households can afford the broadband they need for work, school, healthcare and more. The benefit provides a discount of up to $30 per month toward internet service for eligible households and up to $75 per month for households on qualifying Tribal lands. Eligible households can also receive a one-time discount of up to $100 to purchase a laptop, desktop computer, or tablet from participating providers if they contribute more than $10 and less than $50 toward the purchase price. The ACP is limited to one monthly service discount and one device discount per household. To be eligible, a household's income must be at or below 200% of the poverty level ($60,000 a year for a family or $29,000 for an individual) or participating in certain government programs including veterans' pension or VA survivor benefits.

To date, over 600,000 veterans have signed up for the ACP; however, funding for the program is expected to run out by late Fiscal Year 2023 or early Fiscal Year 2024. The ACP was appropriated $14.2 billion in the *Infrastructure and Jobs Act* (P.L. 117-58, Div. J, Title IV) and WWP supports a reauthorization of funding for 1-2 years until the program can be made permanent.

Suicide Prevention Grant Program

Section 201 of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* (P.L. 116-171) authorized the launch of the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program, an innovative new approach to bolstering VA partnerships and enhancing collaboration on community-based suicide prevention strategies. In Fiscal Year 2022, the first year of this three-year pilot program, VA awarded $52.5 million to 80 organizations that provide or coordinate a range of suicide prevention programs for veterans and their families.[6] WWP was an early supporter of this initiative, and we remain committed to its success.

While metrics and impact are in the earliest stages of review, our feedback to date is largely anecdotal and based on our organizational experience. We agree that no one organization – and no single agency – can fully meet all veterans' needs. We recognize that empirically supported mental health treatment works when it is available and when it is pursued, but the best results will be found by embracing a public health approach focused on increasing resilience and psychological well-being and building an aggressive prevention strategy. In this context, we offer two important considerations for the Committee.

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[4] *See* U.S. DEP'T OF VET. AFFAIRS, *Veterans Poverty Trends Report* 3 (May 2015), *available at* https://www.va.gov/vetdata/docs/specialreports/veteran_poverty_trends.pdf (noting an 8.7% increase in veterans living in poverty in the 2010-2012 time period, compared to the 2005-2007 time period).

[5] *Rural Veterans*, U.S. DEP'T OF VET. AFFAIRS, https://www.ruralhealth.va.gov/aboutus/ruralvets.asp (last visited Sep. 18, 2023).

[6] Matthew Miller, *VA grant funding helping prevent Veteran suicides*, U.S. DEP'T OF VET. AFFAIRS (Aug. 15, 2023), https://news.va.gov/122642/va-grant-funding-help-prevent-veteran-suicides/.

First, organizations WWP has worked with have expressed concern that the application and compliance requirements can be onerous. Although expectations were clearly laid out by VA[7], some participants have shared with WWP that aligning a veteran's eligibility with delivery of specific services can be challenging. A veteran must meet definitions set out at Section 201(q)(4) of the *Hannon Act*, which includes consideration of a myriad of health, environmental, and historical risk factors for suicide. While acknowledging these predispositions are important in early and direct conversations about suicide, approaching such considerations without a foundation of trust can sometimes discourage veterans from being honest with their responses or willing to accept and engage in services. Allowing some time to foster a relationship enables engagement in difficult conversations that stem from place of care and compassion, rather than obligation. Navigating discussions in such a way can foster more immediate connect to services that mitigate their risk for suicide and reduce emergent needs while also making the delivery of those services ineligible for grant purposes. Others have noted that the high volume of veteran assessments required can induce incentives (like providing small gifts) for completion that may skew the quality of data gathered and what practices are sound under the premises of the grant. We encourage more investigation into how administrative practices can better align with the intended purpose of connecting more veterans with support.

Second, the provision of clinical care under this grant program should be more grounded in practical considerations for delivering veterans evidence-based mental health care. Currently, when grantees are treating eligible individuals at risk of suicide or other mental or behavioral health conditions, the grantee must refer that individual to VA for follow-on care. If they do not, any care given is at the expense of the grantee.[8] However, some veterans are not comfortable receiving care at VA for a variety of reasons. This puts the grantee in a difficult situation where they are forced to stop providing care or provide care at their own expense, something many programs may be unable to afford. Additionally, if a grantee is a part of VA's Community Care Network, they are still required to get additional VA authorization to provide a veteran follow-up care. We would ask the Committee to consider if there are ways this process can be improved so that more veterans at risk of suicide can be connected to care they know and trust as soon as possible.

Mental Health Workforce

- ***Provide support for VA to recruit and retain high quality mental health providers***
- ***Advance policies that promote a stronger mental health and substance use treatment provider base across the United States***

Currently we are facing a dire shortage of mental health providers, both in VA and in the community. The Health Resources & Services Administration estimates that 164 million Americans live in areas with mental health professional shortages.[9] They estimate over 8,000 providers are needed to fill this need.[10] Within VA there is a similar story. While VA has made good progress on filling vacancies, a recent report from the Office of Inspector General (OIG)

[7] Funding Opportunity: Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program, 87 Fed. Reg. 22630 (Apr. 15, 2022).
[8] *Id*.
[9] HEALTH RES. AND SERVS. ADMIN., U.S. DEP'T OF HEALTH AND HUMAN SERVS., HEALTH WORKFORCE SHORTAGE AREAS (Sep. 18, 2023), https://data.hrsa.gov/topics/health-workforce/shortage-areas.
[10] *Id*.

found severe shortages in a number of critical areas. The OIG found that 91 VHA facilities identified psychology as a severe shortage occupation, 73 VHA facilities identified psychiatry as a severe shortage occupation, and 33 VHA facilities identified inpatient mental health registered nurse (RN) staff as a severe shortage area.[11] These shortages are directly impacting veterans' access to care, increasing wait times for mental health treatment, and putting veterans' lives in danger.

Wounded Warrior Project urges Congress to take urgent action to invest in a more robust mental health workforce. One way to do this is by passing the *VA CAREERS Act* (S. 10). This legislation would help to address the current mental health workforce shortages at VA by giving them additional tools to recruit and retain providers. It would modernize VA's pay system for physicians and high-level clinicians, allow VA to pay for licensure exam costs for future clinicians that are participating in VA scholarship programs, expand eligibility for health care staff that can be reimbursed for professional education costs, and improve VA's workforce data reporting systems so they are able to better track hiring and onboarding. While this legislation's scope exceeds mental health, it can build upon momentum from previous legislation focused on mental health like the *STRONG Veterans Act* (P.L. 117-328, Div. V) which expanded the Vet Center workforce (§ 102), created more paid trainee positions in mental health disciplines (§ 103), and offered more scholarship and loan repayment opportunities for those pursuing degrees or training in mental health fields (§ 104).

To help address the shortage outside of VA and for those veterans who utilize VA's Community Care Network, Congress should pass the *Mental Health Professionals Workforce Shortage Loan Repayment Act* (S. 462/H.R. 4933). This bill would provide up to $250,000 in eligible student loan repayment for mental health professionals in substance use disorder treatment who pursue employment in Mental Health Professional Shortage Areas. With increasing numbers of veterans specifically seeking treatment for substance use disorder, passing this legislation will allow additional providers into this space, resulting in better access to care for veterans and shorter wait times for treatment.

Traumatic Brain Injury and Long-Term Care

- ***Remove barriers to care that can impede quality of life and promote better mental health***

For many post-9/11 veterans, brain health is a crucial factor in overall quality of life. Brain trauma, specifically traumatic brain injury (TBI), has been referred to as a "signature injury" for post-9/11 veterans, and this remains true for many we serve. 37% of WWP warriors self-report experiencing TBI as a result of their military service. Research shows that TBI can have a serious impact on a veteran's mental health. Some of the most common symptoms reported from warriors after a brain injury include feeling anxious or tense, problems with sleep, and irritability. Of warriors who self-reported experiencing TBI, 72% visited a mental health professional within the last 12 months to help with issues such as stress, emotional, alcohol, drug, or family problems and 60% presented with moderate to severe symptoms for two or more mental health conditions. Warriors who self-reported experiencing TBI are also more likely to

[11] OFF. OF INSP. GENERAL, U.S. DEP'T OF VET. AFFAIRS, OIG DETERMINATION OF VETERANS HEALTH ADMINISTRATION'S SEVERE OCCUPATIONAL STAFFING SHORTAGES FISCAL YEAR 2023 (Aug. 2023).

report suicidal thoughts in the past 12 months than warriors who did not report experiencing TBI, more likely to have suicidal ideations, and have a higher rate of needing aid and assistance from another person.

Other research has studied the relationship between TBI and suicide finding that the risk of suicide was 2.19 times higher for those with TBI than those without.[12] The risk was even greater for those with moderate to severe TBI.[13] Due to the elevated risk for this population, it is crucial that we support and create better programs and more options for veterans with moderate to severe TBI that can help to mitigate other compounding factors for this population like financial needs, caregiving needs, and access to care.

One recent success in this area was the passage of the *Long-Term Care Veterans Choice Act* which was included in the *Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act* (P.L. 117-328, Div. U § 165) last year. This law will allow veterans increased flexibility with their health benefits, authorizing VA to cover the cost of medical foster homes for veterans that are otherwise eligible for nursing home care. Not only will this result lower costs for VA, as the cost of a medical foster home is significantly lower than nursing homes, but veterans will also be given an option that allows them more independence and a potentially higher quality of life in a non-institutional setting.

Today, we urge Congress to take additional steps to increase options for care for veterans with TBI. One way to do this is by passing the *Elizabeth Dole Home Care Act* (S. 141/H.R. 542). This legislation would improve veterans' access to long term support services through provisions that would instruct VA to provide informal Geriatrics and Extended Care (GEC) program assessment tools to help veterans and caregivers identify expanded services they are eligible for. Other provisions would codify existing GEC programs and provide assistance to caregivers that are denied or discharged from the Program for Comprehensive Assistance for Family Caregivers into other VA provided support. These provisions will help to provide additional resources to veterans with complex needs, many suffering from the effects of TBI. We also urge you to include the important provision that would increase the non-institutional expenditure cap from 65% to 100% to help ease the economic burden that many of these veterans and their families face.

Another piece of legislation that will improve options for veterans with TBI is the *Expanding Veterans' Options for Long-Term Care Act* (S. 495/H.R. 1815). Like the new law allowing VA to pay for medical foster home lodging (with annual caps), this bill requires VA to implement a three-year pilot program that will assess the effectiveness of providing assisting living services to eligible veterans. This would allow veterans serious needs more flexibility and the option to live more independently. Lastly, the *Innovative Cognitive Care for Veterans Act* (H.R. 5002) would establish a pilot program at VA to partner with private organizations, nonprofit foundations, and other community support entities to provide veterans access to telehealth and other innovative technologies that slow the progression of cognitive disorders through interactive engagement and stimulation solutions. Given that TBI often results in

[12] Trisha A. Hostetter et al., *Suicide and Traumatic Brain Injury Among Individuals Seeking Veterans Health Administration Services Between Fiscal Years 2006 and 2015*, 35(5) J. HEAD TRAUMA REHAB. E1, E1-E9 (2019).
[13] *Id*.

cognitive issues, this program will give veterans with TBI access to new, innovative care that we believe will result in overall improved mental health outcomes.

While the above laws primarily focus on long-term care resources and the wellbeing of caregivers, it is not lost on WWP that the stressors impacting family members of those suffering from TBI can negatively impact the mental health wellbeing of the warrior.

Financial Wellness

- ***Foster financial security by advancing legislation that will provide economic empowerment***
- ***Improve the standards for pursuing service-connected disabilities related to military sexual trauma***

Another important factor that can have a considerable effect on a warrior's mental health is their financial well-being. According to our 2022 Annual Warrior Survey, 64% of WWP warriors reported that they did not have enough money to make ends meet at some point in the last 12 months. Amongst these warriors, 64% presented with moderate to severe depression symptoms, 57% presented with PTSD symptoms, 17% reported using recreational drugs within the past year, and 71% reported visiting a mental health professional in the last year.

The link between mental health and financial health is well established. Higher degrees of financial worries are significantly associated with higher levels of psychological distress.[14] Additionally, the Annual Warrior Survey found that warriors who reported moderate and high financial well-being were 4.6 times more likely to report having better mental health than the general U.S. population.

Financial Security Legislation

We believe that there are several important legislative paths Congress can take to improve veterans' financial security and with it, their mental health. The first is by passing the *Major Richard Star Act* (S. 344, H.R. 1282). This legislation would allow Chapter 61 retirees whose disabilities arose from combat-related activities, to receive both their Department of Defense retirement pay and their VA disability compensation concurrently. We believe these are two distinct benefits established by Congress for two different purposes and passing this legislation would give over 50,000 veterans the benefits, and improved financial stability, they have been unfortunately denied until now.

Additionally, we know that meaningful employment not only improves a veteran's financial situation but can also have a powerful impact on their overall mental health. There are currently several pieces of legislation WWP has endorsed to provide additional employment opportunities for veterans, a number of which leverage the vast number of opportunities with the federal government. The *Get Rewarding Outdoor Work (GROW) for our Veterans Act* (H.R. 1786) would establish a two-year pilot program, administered by the Secretary of the Interior, to employ veterans in federal positions that relate to conservation, environmental protection, and

[14] Soomin Ryu & Lu Fan, *The Relationship Between Financial Worries and Psychological Distress Among U.S. Adults*, 44(1) J. FAM. ECON. ISSUES 16, 16-33 (2022).

resource management. The *Veterans Border Patrol Training Act* (S. 774) would establish a pilot program through the Department of Defense's SkillBridge program to train and hire transitioning Service members at the U.S. Customs and Border Patrol (CBP). And finally, the *Employing Veterans to Feed America Act* (H.R. 5014) would establish a pilot program to provide veterans employment at the Department of Agriculture, particularly in positions that would allow veterans access to the outdoors. In addition to the other benefits a veteran may receive from employment, these careers allow for other mental health advantages that have been found from being outdoors. A growing body of research has shown these to include reduced depression, improved physical and psychological well-being, social connection, and resilience.

Within VA jurisdiction, WWP also supports extending an important pilot to prepare veterans for careers in STEM fields. Congress can pass the *VET-TEC Authorization Act* (H.R. 1669) which would fund the Veteran Employment Through Technology Education Courses (VET-TEC) program that offers eligible veterans training in high-demand areas including computer software, computer programming, data processing, information science, and media applications. VET-TEC participants have been more racially and ethnically diverse and more likely to have a service-connected disability when compared to the wider population of working-age veterans in the U.S. population.[15] At a time when wounded veterans continue to have challenges finding and maintaining employment, we believe that extending VET-TEC under this legislation will allow more veterans to prepare for and access better, higher-paying careers, allowing them to have reduced financial stress and improved outcomes.

Service Connection Related to MST

Lastly, Congress should pass the *Servicemembers and Veterans Empowerment and Support (SAVES) Act* (S. 1028/H.R. 2441). According to VA, 1 in 3 women and 1 in 50 men report experiencing military sexual trauma (MST) when they are screened by their VA provider.[16] However, we know that many instances of MST go unreported for a variety of reasons, including feelings of shame, fears of reprisal, and concerns that they won't be believed. Because so many instances of MST go unreported, it can be challenging to provide the necessary evidence when filing claims with VBA. This results in many individuals not being able to receive the benefits that they deserve, putting them in a more challenging financial position. The *SAVES Act* would expand the evidentiary standard for MST survivors applying for VA benefits by requiring VA to consider non-DoD evidence sources when reviewing MST claims. The legislation would also make other improvements to the MST claims process to ensure greater accuracy resulting in survivors having better support and resources moving forward.

[15] U.S. GOV'T ACCOUNTABILITY OFF., VETERANS EMPLOYMENT: PROMISING VA TECHNOLOGY EDUCATION PILOT WOULD BENEFIT FROM BETTER OUTCOME MEASURES AND PLANS FOR IMPROVEMENT 8 (Oct. 2022)

[16] *Military Sexual Trauma*, U.S. DEP'T OF VET. AFFAIRS, https://www.ptsd.va.gov/understand/types/sexual_trauma_military.asp (last visited Sep. 18, 2023).

Oversight and Research

- ***Protect veterans from the dangers of opioid prescriptions***
- ***Improve reporting on veteran suicide***

Protect warriors from the dangers of opioid prescriptions

Studies have shown that chronic pain is negatively associated with physical and mental health quality of life. Chronic pain may significantly reduce individuals' quality of life by causing functional, social, emotional, and socioeconomic changes, such as changes in sleep patterns, isolation, an increase in depression, and lack of productivity.[17] About three in four (75.8%) WWP warriors responding to the 2022 Annual Warrior Survey scored in a range indicating moderate or severe pain. The overall average Pain, Enjoyment of Life, and General Activity (PEG) scale score among all WWP warriors was 5.3, which indicates moderate pain that interferes with activities and enjoyment of life.

For a number of reasons, it is concerning that over half of warriors (51.5%) responding to the Annual Warrior Survey are managing pain with prescription pain medication. Within an opioid epidemic that has touched countless lives across the country, drug overdose mortality rates among veterans increased by 53% from 2010 to 2019[18] resulting in over 42,000 deaths[19]. According to a 2019 study, nearly half of combat wounded veterans have reported misuse of prescription opioids.[20] VA's annual suicide prevention report revealed that the suicide rate for recent VHA users with a diagnosis of opioid use disorders rose by 35.4% between 2019 and 2020 (the highest rate of increase across all observed health diagnoses).

For these reasons, we encourage the Committee to provide veterans with more options to prevent addiction. First, we recommend oversight of VA's Opioid Safety Initiative. Launched in 2013, this initiative has led to many positive results including fewer veterans prescribed opioid use.[21] However, there may be other consequences worth exploring in consideration of statistics shared above. Second, new laws and approaches pursued outside of the VA health system may reveal best practices and research that can be tailored to VHA. For example, the *Non-Opioids Prevent Addiction In the Nation (NOPAIN) Act* (P.L. 117-328) addressed the prescription of non-opioid treatments used to manage pain in both the hospital outpatient department (HOPD) and the ambulatory surgery center (ASC) settings by expanding non-opioid options for patients. With precedent as a guide, TRICARE may soon follow a similar path and implement a comparable policy.[22] We encourage the Committee to explore the possibility of extrapolating the framework implemented in the *NOPAIN Act* (P.L. 117-328) into VA's system.

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[17] Bruno Saconi et al., *The Influence of Sleep Disturbances and Sleep Disorders on Pain Outcomes Among Veterans: A Systemic Scoping Review*, 56 SLEEP MED. REV. 101411 (2021); ARIEL BARIA ET AL., CHRONIC PAIN IN MILITARY VETERANS, FEATURES AND ASSESSMENTS OF PAIN, ANESTHESIA, AND ANALGESIA 225-234 (Academic Press, 2022).
[18] *Substance Use and Military Life DrugFacts*, NAT'L INST. DRUG ABUSE, SUBSTANCE USE AND MILITARY LIFE DRUGFACTS, https://nida.nih.gov/publications/drugfacts/substance-use-military-life (last visited Sep. 18, 2023).
[19] Mark Begley et al., *Veteran Drug Overdose Mortality, 2010-2019*, 233 DRUG AND ALCOHOL DEPENDENCE 109296 (Apr. 2022).
[20] Michelle Kelley et al., *Opioid and Sedative Misuse Among Veterans Wounded In Combat*, 92 ADDICTIVE BEHAVIORS 168, 168-92 (May 2019).
[21] Press Release, U.S. DEP'T OF VET. AFFAIRS, VA Reduces Prescription Opioid Use By 64% During Past Eight Years (July 30, 2020) (*available at* https://news.va.gov/press-room/va-reduces-prescription-opioid-use-by-64-during-past-eight-years/).
[22] *See* 10 U.S.C. §§ 1079(h), (j)(2).

Reporting on Veteran Suicide

To best address and prevent veteran suicide, it is critical that we have as much data about the issue as possible. The *Not Just a Number Act* (S. 928/H.R. 4157) will improve our understanding of what factors play a role in veteran suicide and what the most affective interventions are. First, the legislation will require submission of the "National Veteran Suicide Prevention Annual Report" before the end of September of each year. The legislation also requires VA to include essential data on not only veteran health care usage but also VA benefits usage such as VA home loans, GI bill benefits, and disability compensation. This will allow all stakeholders insight into not only what mental health practices impact veteran suicide, but also what additional benefits may play a factor. While each year's report includes important and illuminating data points, what is included in one year's report is not always included in the next year's report, which complicates our ability to track the overall issue and what interventions are most beneficial. The *Not Just a Number Act* will help to standardize the data that is collected and presented in each year's report.

Additionally, the legislation will require VA to report on what upstream programs and services at VA have the greatest impact on veteran suicide prevention and to provide recommendations on how these services and benefits may be expanded. It will require VA, along with the Centers for Disease Control and Prevention, to develop a publicly available toolkit for state and local coroners and medical examiners with the best practices for how best to identify and report veteran suicide deaths. Lastly, the bill will require VA to review and provide recommendations on whether the VA's Office of Mental Health and Suicide Prevention should be moved to the Office of Secretary level at VA. WWP believes this legislation will make necessary improvements to the VA's "National Veteran Suicide Prevention Annual Report" and will help the community learn how we can continue to best prevent veteran suicide. We urge Congress to pass this legislation.

CONCLUDING REMARKS

Wounded Warrior Project thanks the Committee and its distinguished members for inviting our organization to submit this statement. We are grateful for your attention and efforts towards addressing the critical issues of mental health and suicide prevention affecting our nation's veterans. We look forward to continuing to work with you on these issues and are standing by to assist in any way we can towards our shared goals of serving those that have served this country.

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

INPATIENT CARE

WARRIOR CARE NETWORK®

PROJECT ODYSSEY®

WWP TALK

WARRIORS LIVING THE LOGO

WOUNDED WARRIOR PROJECT®

OUTPATIENT THERAPY

CLINICAL

INCREASED PSYCHOLOGICAL WELL-BEING

WOUNDED WARRIOR PROJECT®

WARRIOR CARE NETWORK®

EMORY HEALTHCARE Veterans Program

HOME BASE VETERAN AND FAMILY CARE

ROAD HOME PROGRAM RUSH

UCLA Health OPERATION MEND

eHome COUNSELING GROUP

headstrong HEALING THE HIDDEN WOUNDS OF WAR

CENTERSTONE

NR Neuro-Rehab Management

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.