KEEPING OUR PROMISE TO AMERICA'S VETERANS

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STATEMENT OF
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FOR THE RECORD OF THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
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Chairman Moran, Ranking Member Blumenthal, and Members of the Committee:

Thank you for inviting DAV (Disabled American Veterans) to submit testimony on ways to strengthen mental health outreach and suicide prevention programs for veterans and to comment on bills under consideration by the Committee. As you may know, DAV is a Congressionally chartered non-profit veterans service organization (VSO) with nearly one million wartime service-disabled veterans. Our single purpose is to empower veterans to lead high-quality lives with respect and dignity.

Mr. Chairman, despite significant efforts in recent years to address veteran suicide, veterans still have disproportionately high suicide rates compared to the general population. According to VA's most recent *National Veteran Suicide Prevention Annual Report*, the *National Strategy for Preventing Veteran Suicide,* which was released in 2024, approximately 6,400 veterans died by suicide in 2022, reflecting an average of 17.6 veteran suicides per day. While this number is slightly lower than 12 of the past 14 years, it remains devastatingly high. Since 2001, veteran suicide rates have increased 49%, compared to a 36% rise among non-veteran adults. In this same period, the veteran population has declined by 28.4%, amplifying the significance of these numbers. The *2024 National Veteran Suicide Prevention Annual Report* highlights persistent risk factors, such as the use of firearms in suicides, isolation during military-to-civilian transitions, and co-occurring conditions like homelessness and substance use disorders (SUDs). Veterans transitioning into civilian life, particularly within their first-year post-separation, are especially vulnerable due to fragmented support systems and limited access to specialized care.

Women veterans face particular challenges. Suicide rates for women veterans remain 92% higher than those for civilian women, driven by military sexual trauma (MST), intimate partner violence (IPV), and other service-connected conditions. DAV's 2024 report, *Women Veterans: The Journey to Mental Wellness*, highlights the need for trauma-informed, gender-specific care to address these disparities. However, the challenges facing women veterans also point to broader systemic issues impacting all veterans, such as insufficient infrastructure, staffing shortages, and inequities in care delivery.

Despite these challenges, several successful initiatives provide hope. The Veterans Crisis Line has contributed to significantly reduced suicide rates among veterans who engage with its services. The Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET) program, which uses predictive analytics to identify and intervene with high-risk veterans, demonstrates the VA's commitment to proactive prevention. Telehealth services have expanded access to mental health care, particularly for veterans in rural or underserved areas. Gender-specific care for MST survivors has improved, though gaps in resources and infrastructure continue to limit its reach.

While important progress has been made, barriers persist, including inconsistent standards within VA community care networks (VCCN), disparities in the quality of care, and staffing shortages in the VA's workforce. These challenges underscore the urgency of adequate resourcing and systemic reforms to improve access, increase capacity, and ensure equitable outcomes for all veterans.

DAV supports the implementation of recommendations outlined in the VA's *2024 Suicide Prevention Report*, *Suicide*, which include expanding access to Veterans Health Administration (VHA) services to ensure timely support for those in crisis and promoting integrated care models that address co-occurring conditions such as chronic pain, depression, and substance use disorder. VA should target interventions to assist high-risk groups, including younger veterans (ages 18–34) and those facing challenges like homelessness or mental health conditions. Additionally, VA must strengthen partnerships with community organizations to provide comprehensive support, enhance social connectedness, and reduce isolation among vulnerable groups, including older veterans and those transitioning from incarceration or residential care.

The report's recommendations further stress the importance of promoting firearm safety campaigns and educating veterans on secure and temporary off-site storage options to reduce suicide risks. Collaborating with veterans to develop personalized safety plans that address both physical and mental health needs is also highlighted as a priority. VA must continue leveraging data-driven strategies, such as predictive analytics and behavioral health autopsy reviews, to identify risk factors and tailor interventions for high-risk subgroups. Lastly, the reports emphasize the necessity of providing robust support for transitioning service members during the critical period following military separation to ensure a smooth transition and mitigate risks.

Mr. Chairman, as you know, DAV together with our veteran service organization (VSO) partners PVA and VFW, have published *The Independent Budget* (IB) for almost four decades, providing unbiased, needs-based estimates of VA's resource needs as well as policy recommendations. In the IB for FY 2026 and 2027, released in February, we called for VA to prioritize funding for initiatives aimed at improving mental health care and suicide prevention for veterans. We recommended $179 million plus up for workforce expansion of suicide prevention programs, focusing on the recruitment and retention of qualified mental health professionals to address staffing shortages identified in recent VA Inspector General reports. The IB also recommended an increase of 3,000

clinical social workers who have a rising workload of veterans with complex cases involving mental health issues, substance use disorders, and housing instability – all contributing factors for suicide.

The IB also includes recommendations to strengthen gender-specific programs, calling for $130 million plus up to enhance medical services for women veterans, including care for survivors of MST, intimate partner violence, and reproductive mental health needs as outlined in DAV's women veterans report. Together, these funding priorities reflect a commitment to strengthening the accessibility and effectiveness of mental health care for veterans across diverse backgrounds and communities.

Congress and the VA must work together to implement a multi-pronged approach to mental health and suicide prevention for veterans. VA must require standardized suicide prevention training for all community care providers, while simultaneously addressing internal workforce shortages through prioritized hiring, competitive salaries, and streamlined recruitment processes. Expanding telehealth services is also a priority, including the development of crisis telehealth options that provide immediate access to VA mental health providers for veterans in acute need. Additionally, VA must expand lethal-means safety campaigns to help educate veterans on firearm safety and secure storage, both proven to reduce the lethality of suicide attempts. Finally, VA must develop and expand programs that foster social connectedness and community involvement, which are essential to reducing isolation and its associated risks among veterans. Congress and VA must work together, in collaboration with VSOs and other stakeholders, to advance impactful strategies that address mental health and suicide prevention across the veteran population.

DAV is also pleased to provide our views and specific recommendations on the following bills pending before the Committee.

S. 609, the Building Resources and Access for Veterans' Mental Health Engagement (BRAVE) Act of 2025

The BRAVE Act is a comprehensive bill that, if enacted, would improve the mental health services provided by the VA in several key areas: workforce support, infrastructure and technology, women veterans' needs, and other important provisions.

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

Today, the Readjustment Counseling Service (RCS) operates more than 300 Vet Centers, 83 Mobile Vet Centers, nearly 1,000 Community Access Points, and more than 20 Outstations nationwide. These centers provide free, confidential counseling, outreach, and referrals to eligible veterans, active-duty service members (including those with problematic discharges), and their families. Services include individual, group, marriage, and family counseling for challenges like post-traumatic stress disorder (PTSD), substance use disorder, suicidal ideation, and socio-economic issues. Vet

Centers also connect clients with VA benefits and provide bereavement counseling for families of those who died in active duty.

Recent legislation, including the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* (P.L. 116-315), *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* (P.L. 116-171), *Vet Center Eligibility Expansion Act* (P.L. 116-176), and *William M. (Mac) Thornberry National Defense Authorization Act* (P.L. 116-283), has broadened Vet Center program eligibility and enhanced services, ensuring greater access to counseling for veterans, service members, and their families. To sustain these improvements, competitive pay for mental health professionals is essential to attract and retain a skilled workforce capable of meeting the growing demand for high-quality, first-class care at VA.

Title I directs the VA Secretary to strengthen the VA's RCS workforce by addressing pay disparities for mental health professionals, such as counselors, social workers, and therapists, through improved assessments and market pay surveys. By promoting equitable compensation, the legislation would empower the VA to attract and retain high-quality mental health providers. It would also authorize greater hiring flexibility to bring in licensed mental health counselors, ensuring that Vet Centers are adequately staffed to meet growing demands. Moreover, the bill seeks to codify VHA Directive 1500(5), reinforcing efforts to enhance collaboration between the VHA clinical care system and the RCS. This partnership aims to ensure the seamless delivery of effective care, particularly for veterans at elevated risk of suicide. Additionally, the legislation emphasizes the importance of providing active-duty service members in the Transition Assistance Program with information about Vet Centers and their services, facilitated through coordination between the Under Secretary for Health and Outreach Specialists at each Vet Center.

According to a recent report of VA's Office of Inspector General (VA OIG 24-00803-222), *Determination of Veterans Health Administration's Severe Occupational Staffing Shortages Fiscal Year 2024*, psychology has been one of VA's top five reported clinical severe occupational staffing shortages since FY 2019 and was among the top five most frequently reported shortages in FY 2018, when VHA did not have a formal designation for clinical and nonclinical occupations.

We support strengthening staffing for mental health care, in accordance with DAV Resolution No. 196, calling for effective recruitment, retention and development of the VA health care system workforce and that VA applies best practices from the private sector to human capital management to include pay and benefits that are competitive with the private sector.

Title II: Improvement of Vet Center Infrastructure and Technology (IT)

Title II focuses on upgrading infrastructure and technology for the RCS. **Section 202** would mandate the Government Accountability Office (GAO) to evaluate and report

on Vet Center needs, especially in underserved and rural areas. It requires an assessment of whether the system should be retained or replaced, along with steps, timelines, and cost estimates for improvement. **Section 203** aims to improve outreach and service delivery by providing demographic data for tailored activities, guidance to assess outreach effectiveness, and processes to identify barriers for veterans and staff. **Section 204** addresses delays in the RCS Network modernization, and mandates a report on whether it will be retained or replaced, along with steps, timelines, and the costs for improvement or replacement.

In alignment with DAV Resolution No. 51, we support the modernization of Vet Center IT infrastructure and the implementation of secure digital information sharing protocols between the VA and the DoD.

Title III: Women Veterans

Mr. Chairman, nearly one million women veterans are currently enrolled in the VA health care system. This population has unique needs; research shows high rates of service-connected disabilities and medically complex health histories among women veterans. Women veterans use specialty care such as mental health and substance use disorder services at higher rates than men. The proportion of women veteran VHA users with a service-connected disability increased from 48% in FY 2000 to 73% in FY 2020. Many struggle with multiple, clinically complex health and mental health conditions, including trauma-related post-traumatic stress, depression, eating and mood disorders. As discussed above, the suicide rate among women veterans was more than 92% higher than for non-veteran women. Additionally, the VA reports a 154% increase in the number of women veterans accessing VA mental health services over the past decade.

Title III aims at improving mental health care and support for women veterans. By requiring studies and modifications to existing programs, it seeks to ensure that the VA's services are effective in addressing the unique challenges faced by this growing population, particularly concerning suicide prevention and successful reintegration into civilian life.

Section 301 of this title would mandate a comprehensive study to evaluate the effectiveness of the VA’s existing suicide prevention and mental health outreach programs as they apply specifically to women veterans, including in the area of lethal means safety. This provision aligns with a recommendation in DAV’s women veterans report, which calls on VA to assess whether current services adequately meet the distinct needs of this population and to identify any gaps that may exist.

Section 302 would enhance the VA's suicide risk identification efforts for women veterans through the REACH VET program. This section would require the VA to modify the REACH VET predictive analytics tool to incorporate risk factors that are specifically weighted for women veterans. The intent behind this requirement is to improve the program's accuracy and sensitivity in identifying women veterans who may be at a

higher risk of suicide, facilitating timelier and more proactive outreach and support. This is in direct alignment with recommendations from DAV's women veterans report. We have found that the current model uses male-baseline and overlooks factors like MST, a known risk factor that disproportionately affects female veterans.

The VA has been testing potential designs for an updated REACH VET. This new version is considering adding risk factors like intimate partner violence, MST, and specific medical conditions affecting women, such as pregnancy, fibroids, endometriosis, and ovarian cysts. The VA previously announced plans to roll out an improved REACH VET program in early 2025. We recommend that the Committee formally request an update from the Under Secretary for Health regarding the status and progress of the launch.

Section 303 of this bill mandates a review and report from VA on the effectiveness of group retreat settings for veteran and family member reintegration and readjustment services, with a specific interest in the benefits for women veterans. The report must assess whether these services should be increased and made permanent, including an examination of the potential value of specialized retreat formats such as women-only retreats, disabled access retreats (particularly wheelchair accessible ones), and retreats tailored for veterans with specific medical needs.

DAV supports all provisions within Title III, in accordance with our Resolution No. 39, calling for medical services and benefits for women veterans. This resolution seeks to ensure that the provision of health care services and specialized programs, including gender-specific services, by the VA to eligible women veterans is delivered to the same degree and extent as those provided to eligible male veterans. This includes counseling and psychological services related to combat exposure, intimate partner violence, or sexual trauma.

Title IV: Other Matters

Title IV addresses a range of important issues related to veterans' mental health care, including suicide prevention, access to specialized treatment, ongoing mental health support, and coordination between the VA and DOD.

This section includes an amendment and reauthorization of the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program, which supports nonprofit community organizations and government agencies working to serve veterans at risk of suicide. The Fox Suicide Prevention Grant Program is a three-year pilot initiative aimed at enhancing efforts to prevent veteran suicide. Its core mission is to identify and engage veterans who present one or more of 14 defined suicide risk factors. Once these at-risk veterans and their families are identified, they receive access to peer support, case management, benefits navigation assistance, and other specialized services designed to reduce suicide risks before they escalate into crises.

A March 2024 congressionally-mandated report by VA, *An Interim Report on the Provision of Grants through the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program,* noted under "Measurement Outcomes" that grantees spent much of the first year, since January 2023, building and staffing their programs before starting to provide services and screening potential eligible individuals.

Although limited, the data collected from Fox Suicide Prevention Grant Program grantees was considered to be beneficial for reporting, program management, and evaluation. VA indicated it is using the initial year's program data to assess the suitability of benchmarks for future performance standards. Over time, VA predicts an increase in available data and the potential for more program graduates. The final report will better assess the effectiveness, capacity, and the feasibility of expanding the grant.

Due to the limited data collected demonstrating its effectiveness, DAV recommends amending the reauthorization on an annual basis as determined by the VA Secretary.

The VA's Residential Rehabilitation Treatment Program (RRTP) provides comprehensive, intensive care to veterans with co-occurring mental health and substance use disorders, medical conditions, and psychosocial challenges such as homelessness and unemployment. With 24/7 nursing support and assistance for medication compliance, the RRTP delivers high-quality residential treatment services tailored to veterans' complex needs.

Section 402 reinforces this mission by requiring the VA to ensure veterans with spinal cord injuries or disorders have access to mental health residential treatment programs. This includes developing a staffing plan, assessing medical equipment and optimal treatment locations, and implementing a pilot program at a minimum of three facilities. The section further mandates reporting on the plan's execution, pilot results, and recommendations for expansion.

Recognizing the necessity of accessible care for veterans with catastrophic disabilities, DAV supports Section 402 and its measures to enhance facility access to this vital program.

Section 403 would require the VA to provide regular mental health consultations and proactive outreach for veterans with service-connected mental health disabilities. Furthermore, it mandates the VA to submit biennial reports to Congress on the implementation and effectiveness of these outreach and consultation efforts.

Section 404 would require the VA Secretary and the Secretary of Defense to include an assessment of the status of their response to the recommendations in their joint report on the effectiveness of programs that promote access to mental health services for transitioning service members. This would involve evaluating how each Secretary has addressed the recommendations outlined in the GAO's report *Actions*

Needed to Better Facilitate Access to Mental Health Services During Military to Civilian Transitions, GAO-24-106189.

In accordance with DAV Resolution No. 224, which calls for program improvement and enhanced resources for VA's mental health and suicide prevention programs, we support sections 403 and 404.

S. 1361, Every State Counts for Vets Mental Health Act

This legislation seeks to allocate Fox Suicide Prevention Grant Program grants to states that have not previously received funding. While expanding geographic access to services is valuable, prioritizing states with no prior grants may inadvertently benefit areas lacking established mental health infrastructure or experienced providers. Rural areas, in particular, face shortages of mental health professionals, leading to longer wait times and fewer specialized services.

To address this concern, we recommend ensuring that the Fox Suicide Prevention Grant Program allocation prioritizes organizations with proven expertise and established mental health service networks. Without stringent quality measures, funding could inadvertently flow to organizations unable to provide effective suicide prevention programs for veterans.

S. 1139, the Helping Optimize Prevention and Engagement (HOPE) for Heroes Act of 2025

This legislation would reauthorize and modify the Fox Suicide Prevention Grant Program by increasing maximum grant amounts and allowing for performance-based funding based on the number of individuals who complete intake services. The bill rightly emphasizes collaboration among VA grant recipients, further training for VA employees, and regular briefings to enhance coordination of suicide prevention efforts.

A crucial component of this bill is the integration of Columbia Protocol training—also known as the Columbia-Suicide Severity Rating Scale (C-SSRS). Ensuring accurate suicide risk assessment is vital, yet this tool is not currently incorporated into pre- and post-program evaluations. We recommend including it as a standard measure to enhance intervention efforts.

The VA Interim Report on the Fox Suicide Prevention Grant Program revealed substantial shortcomings in the program and highlighted critical areas in need of improvement. Of the 80 grant recipients, 55 failed to report any pre/post-service outcome measurements for participants. The remaining 25 grantees recorded just 196 participants who completed services, averaging only eight per program. This lack of measurable outcomes severely limits the ability to assess program effectiveness. We recommend implementing both internal VA and external MITRE program evaluations to thoroughly evaluate the impact of suicide prevention services.

Further concerns arise from the bill's 72-hour referral provision, which allows veterans to seek emergent suicide care in the community if the VA cannot provide direct care within the timeframe. However, without structured mental health assessments during emergent care, veterans may receive inconsistent evaluations and inadequate support. A GAO report, *Opportunities Exist to Improve Assessment of Network Adequacy for Mental Health*, GAO-24-106410, found that demand for VA mental health care has significantly increased, leading to more veterans seeking treatment in the community, where wait times average 44 days compared to 34 days for VA direct services. The rising cost of community care now accounts for nearly one-third of VA's total health care spending.

We recommend expanding telehealth options for veterans experiencing a mental health crisis, allowing them to connect directly with VA mental health providers for immediate support. This approach could ensure continuity of care, reduce unnecessary community referrals, and help to reduce wait times for mental health services.

S. 793, to amend the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 to modify and reauthorize the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program of the Department of Veterans Affairs

S. 793 would extend the authorization for the Fox Suicide Prevention Grant Program and make several changes intended to strengthen the program to better achieve its primary objective—reducing risk among veterans.

To maximize the program's effectiveness, we recommend requiring all grantees be required to provide or coordinate baseline mental health screenings for every eligible individual at the onset of services. These screenings should utilize validated tools to assess suicide risk and behavioral health conditions, ensuring early detection and intervention. Additionally, grantees and partner organizations must employ pre- and post-evaluations using validated measures to assess suicide risk and mood-related symptoms.

Funding reauthorization should be based on demonstrated improvements in veterans' outcomes. We recommend a carefully monitored, annual renewal process to ensure effectiveness with funding decisions guided by comprehensive data, verifying the program's impact. While the intent of extending the Fox Suicide Prevention Grant Program is commendable, DAV recommends strengthening the proposed legislation to ensure it meets its primary objective—reducing risk of suicide in this population.

Mr. Chairman, DAV remains steadfast in our commitment to improving mental health care and preventing suicide among veterans. Through sustained investments, systemic reforms, and collaborative efforts, we can honor the promise made to those who served.