Wounded Warrior Project
4899 Belfort Road, Suite 300
Jacksonville, Florida 32256
O 904.296.7350
F 904.296.7347

WOUNDED WARRIOR PROJECT

Statement of:
John Eaton
Vice President for Complex Care

Submitted for the Oversight Hearing:
"PROTECTING VETERAN CHOICE: EXAMINING VA'S COMMUNITY CARE PROGRAM"
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE

January 28, 2025

Chairman Moran, Ranking Member Blumenthal, and distinguished members of the Senate Committee on Veterans' Affairs – thank you for inviting Wounded Warrior Project (WWP) to submit this written statement for record of today's hearing on the Department of Veterans Affairs' community care program. We share your commitment to ensuring that veterans receive high quality care in a timely manner, and we are grateful for your attention to this topic in the earliest days of the 119th Congress.

For over 20 years WWP has been dedicated to a 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. 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. More than 225,000 veterans are currently registered and 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 2023, WWP spent more than $93 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]

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. WWP helps support warriors by providing accessible and innovative solutions to mental health support

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

including four programs focused specifically on mental health: WWP Talk, Project Odyssey, Complex Case Coordination, and WWP's Warrior Care Network – a partnership with four world-renowned academic medical centers providing veterans and Service members first-class treatment for PTSD, traumatic brain injury (TBI), military sexual trauma (MST), and other related conditions. Each of these programs are designed to support and empower post-9/11 veterans and their families in building resilience and overcoming any mental health challenges. Through these programs in Fiscal Year 2024 alone, WWP provided warriors and their family members with over 68,000 hours of treatment for 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 however, we will focus on our largest and most significant partner in meeting the needs of post-9/11 wounded warriors: the U.S. 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 accessing mental health care in the community.

Access to Residential Rehabilitation Treatment Programs

Congress delivered a significant victory for veterans across the country by passing the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* (P.L. 118-210); however, WWP and other leading veteran service organizations were discouraged by the omission of a provision to define an access to care standard for VA's mental health residential rehabilitation treatment programs (RRTPs). While VA has made strides to address access barriers in recent months, WWP remains firmly committed to finding a legislative solution to ensure that veterans can receive this critical, and in some cases, life-saving treatment.

VA's mental health RRTP provides residential rehabilitative and clinical care to eligible veterans who have a wide range of problems, illnesses, or rehabilitative care needs. To be clear, VA provides inpatient acute stabilization for veterans in crisis – a service expanded by the *Veterans COMPACT Act* (P.L. 116-214 § 201). RRTPs serve as the step down to those acute stabilizations and as a more intense treatment option for those veterans in need of substance use, PTSD, and dual diagnosis treatment, for example, in a residential setting. RRTPs serve a small but high-need, high-risk population of veterans – approximately 32,000 veterans received RRTP treatment at VA or in the community in 2023.[2] By contrast, 1.96 million veterans received individual or group mental health treatment in a VA setting in 2023.[3]

Despite the logical association between RRTP and mental health care, 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 VHA Directive 1162.02, which establishes a

[2] JENNIFER BURDEN, U.S. DEP'T OF VET. AFFAIRS, PARTNERSHIP STAKEHOLDER MEETING JANUARY 2024: MENTAL HEALTH RESIDENTIAL REHABILITATION TREATMENT PROGRAM (digital slide deck) (2024).
[3] U.S. DEP'T OF VET. AFFAIRS, FISCAL YEAR 2025 BUDGET SUBMISSION, Medical Programs and Information Technology Programs at VHA-109, https://www.va.gov/opa/docs/remediation-required/management/fy2025-va-budget-volume-ii.pdf (last visited January 23, 2025).

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, consistent recourse to be referred for that care. In May 2024, VA presented data indicating that around 1,600 veterans are pending admission to RRTPs on any given day.[4] And while statistics about declining wait times (average time from referral to admission was 21.8 days during Q2 FY 2024) are encouraging, there remains significant variability across programs and Veteran Integrated Service Networks (VISNs).

For these reasons, WWP strongly encourages Congress to continue its pursuit of a legislative solution to address RRTP access. During this process, we encourage consideration of certain key facts. First, at the end of September 2023, VA operated 120 mental health RRTP facilities across the entire country.[5] Second, RRTP facilities may offer one or more of five discrete services: domiciliary substance use disorder programs (72 locations), domiciliary PTSD programs (43 locations), general domiciliary programs (53 locations), domiciliary care for homeless veterans (43 locations), and compensated work therapy – transitional residence (39 locations).[6] As illustrated here, not all VA RRTP access points provide the same level of services and may not appropriately match a veteran's care needs. VA's 2022 Asset and Infrastructure Review (AIR) Report offers a close approximation of VA's RRTP facility footprint and generally illustrates that VA's RRTP services are not widely available in every state.[7]

Finally, VA's third-party administrators of the Community Care Network are charged with sourcing needed RRTP options across the country to meet the demand. These organizations meet the appropriate care standards, and many provide specific military and first responder programs. While similar market assessments for community-based RRTP services are not included in the AIR Report, more detailed information about where community-based RRTPs are located can help inform future policy decisions. For example, we encourage careful review of the potential long-term impact on RRTP care supply if VA must adhere to a distance-based access standard for this critical but not abundant variety of care.

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[4] JENNIFER BURDEN, U.S. DEP'T OF VET. AFFAIRS, MAY 2024 PRESENTATION AT THE 27TH ANNUAL VA PSYCHOLOGY LEADERSHIP CONFERENCE (digital slide deck) (2024).
[5] U.S. DEP'T OF VET. AFFAIRS, FISCAL YEAR 2025 BUDGET SUBMISSION, Medical Programs and Information Technology Programs at VHA-131, https://www.va.gov/opa/docs/remediation-required/management/fy2025-va-budget-volume-ii.pdf (last visited January 23, 2025).
[6] BURDEN at footnote 3.
[7] U.S. DEP'T OF VET. AFFAIRS, VA RECOMMENDATIONS TO THE AIR COMMISSION – VOLUME II APPENDICES: THE MARKEY ASSESSMENTS, https://www.va.gov/AIRCOMMISSIONREPORT/Appendices.asp (last visited January 23, 2025).

General Observations on Access to Community Care Through VA

Wounded Warrior Project has built our organization around providing care and support to post-9/11 wounded, ill, and injured veterans and Service members in many forms, including mental health care. In FY 24 (October 1, 2023, to September 30, 2024), WWP provided over 19,000 warriors and family members with mental health services – and were connected to support, on average, in 3.5 days. Some of these veterans have used VA for mental health care, others have not – using VA is not a pre-requisite to accessing WWP's free programs and services. However, for some warriors, VA experiences are a driver of engagement with WWP. Common themes are discussed in more detail below:

Culture of CCN referrals at VA: WWP has observed trends indicating downward pressure from VA administrators on VA providers to not place referrals outside of VA direct care. Even when placed, referrals are being denied by administrators. Accordingly, we generally cosign the Senator Moran-led letter to Secretary McDonough on July 25, 2024, which commented, "[i]n line with these examples from veterans, VA whistleblowers have disclosed the establishment of burdensome processes to have VA medical center leaders highly scrutinize community care referrals in an effort to recapture care in VA medical facilities."

Long wait times for VA mental health care: Despite efforts to expedite access through the *VA MISSION Act*, many warriors have reported wait times of several weeks to months before being provided with a mental health appointment. That is typically when a veteran – or their family – reaches out to organizations like WWP for help. WWP has contractual relationships with direct care providers and can help triage veterans into care sooner in many cases. If we are unsuccessful at helping a warrior get into VA care quickly, WWP pays a premium for that faster connection to military competent care, paid from donor-dollars, and with almost no opportunity to secure any reimbursement from the veteran's existing benefits.

Community-based care referrals do not guarantee faster access: Once authorized for care in the community, veterans may still experience longer than desired wait times. For example, a WWP warrior recently moved and began pursuing care through their new VA Medical Center (VAMC). The VAMC referred the veteran to community-based care because it did not have enough staff to provide a timely appointment. After VA placed the referral, the veteran did not receive any information about the provider's name, location, or what services would be provided. It took several months for the veteran to be seen by the community-based provider and the veteran did not have any information to help advocate for more timely care.

In this context, WWP recognizes that we simply need more providers in the field regardless of whether they choose to practice at VA or in the community. To that end, we supported several bills in the 118th Congress that will help develop and sustain a mental health workforce that can begin to close the gap with demand for services. For example, the *Mental Health Professionals Workforce Shortage Loan Repayment Act* (S. 462, H.R. 4933) would authorize the federal government to repay up to $250,000 in eligible student loan repayment for mental health professionals who provide substance use disorder care in mental health shortage areas. Similarly, the *Better Mental Health Care, Lower-Cost Drugs, and Extenders Act* (S.

3430) would provide incentives under Medicare and Medicaid to health care providers to provide mental health and substance use disorder treatment in health professional shortage areas.

Mental health provider turnover (VA and community): Veterans have consistently reported churn in their assigned VA mental health care providers. In the often-personal mental health context, frustration with turnover is amplified as veterans are forced to restart care with a new provider and redevelop trust, rapport, and familiarity with symptoms and back story. However, we also hear about community-based providers accepting referrals with knowledge that they will not be able to deliver care over a longer-term period. In those scenarios, a veteran will receive a limited amount of care only to be referred back to VA before a course of treatment is completed.

Ineffective treatment at VA: For mental health specifically, warriors may be assigned a psychiatrist for medication management, but with no additional referral to a provider who can deliver evidence-based psychotherapy. This is contrary to a best practice to maximize treatment outcomes, which is to concurrently receive psychopharmacology and evidence-based psychotherapy. In addition, some veterans have approached VA with requests to receive a specific variety of care in the community – for example, individual counseling – only to have that request denied upon a VA decision that it can offer comparable care directly. When that care is of a different nature, like group therapy, it can leave the veteran feeling unheard and invalidated. Often times the type of care the veteran is hoping to receive is not conducive, and potentially counterintuitive, to be provided in a group setting.

Community-based provider billing: While the community care network's third-party administrators have shared encouraging statistics on their pace of paying providers, veterans have relayed to WWP that some providers complain that they are not receiving prompt payment. When some veterans receive provider complaints of this nature, it may have one of several effects. The provider may cease the veteran's treatment until payment is received. Veterans may experience stress related to the responsibility that follows receiving a bill for unpaid care in the community, even if that responsibility is just working with VA to reconcile and pay the balance. Some veterans have also suggested that they would stop seeking the care out of concern they will be presented with more bills or may stop seeking care because they feel that the care is being provided as a charity.

CONCLUSION

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 surrounding the delivery of health care to veterans around the country. 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.