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Witness Testimony of Vietnam Veterans of America

Hearing on 01/20/2010: Roundtable on Veterans Service Organization Priorities for 2010

Chairman Miller, Ranking Member Filner and distinguished members of the House Veterans' Affairs Committee, on behalf of President John Rowan, our Board of Directors, and our membership, Vietnam Veterans of America (VVA) thanks you for the opportunity to present our statement for the record on "VA Mental Health Care Staffing: Ensuring Quality and Quantity".

As has been already reported by various sources, the Inspector General (IG) report of April 23, 2012, concluded that the VA does not have a reliable or accurate method of determining whether they are providing veterans timely access to mental health care services and that the VA is unable to make informed decisions on how to improve the provision of mental health care to veteran patients due to the lack of meaningful access data. VVA finds this absolutely unacceptable

Veterans Health Administration policy requires that all first-time patients requesting mental health services receive an initial evaluation within 24 hours, and a comprehensive diagnostic appointment within two weeks. For years now, VHA officials have claimed that 95 percent of its new patients were seen in that time frame. But the recent IG report called those calculations confused and inaccurate. By IG researchers' count, fewer than half of those patients were seen within the 14-day requirement. The average wait for a full evaluation among the rest was 50 days.

The report also sharply criticized VHA staffers for not following proper scheduling procedures, further confusing the data collection. For new patients, scheduling clerks frequently stated they used the next available appointment slot as the desired appointment date for new patients, thereby showing deceptively short wait times. For established patients, medical providers scheduled return appointments based on known availability, rather than the patient's clinical need. The report found that the V.A.'s system for measuring waiting times for evaluations "had no real value" because it measured how long it took the department to conduct the evaluation, not how long the patient waited to receive it. As a result, the report said, even if a patient waited weeks for an appointment, the V.A. could say there was zero waiting time if it completed the evaluation on the same day it was conducted.

Although IG investigators also blamed some of the long wait times on shortages in mental health staff throughout the department and noted that from 2005 to 2010 mental health services increased their staff by 46 percent. However, according to the report "VHA's mental health care service staff still did not believe they had enough staff to handle the increased workload and consistently see patients within 14 days of the desired dates." These flaws in the VA's appointment system has for example, led to an average wait time of 28 days for patients at the Milwaukee VA Medical Center and over 80 days at the Spokane VA center in Washington state. And in several extreme cases reported in the media, lack of immediate access to mental health services has resulted in veteran suicides.

Although the IG recommended, among other things, that the VA revise its method of measuring waiting times and analyze its staffing levels to ensure that it is able to abide by its own policies, it remains unclear as to how this will be accomplished so that VA facility and VISN directors can no longer "game" the system. Under Secretary for Health, Dr. Robert A. Petzel, said in a letter to the IG that the VA generally agreed with the recommendations and that it would initiate a timeliness review of its entire medical system, not just the four regions analyzed by the inspector general. Thus VVA is forced to ask the questions: **Precisely how will this be accomplished** so as to finally end this and other "gaming the system" practices that we know are used in many (if not most) clinics around the

country, and exactly what productivity and performance measures will be utilized to determine whether the VA's measurements and analyses are real and correct?

Furthermore, in July 2011, the Senate Committee on Veterans' Affairs requested VA to conduct a survey that among other questions, asked mental health professionals whether their medical center had adequate mental health staff to meet current veteran demands for care; 71 percent responded their medical center did not have adequate numbers of mental health staff. Now in May 2012 we hear of VA's plan to hire an additional 1,900 mental health staff. VVA asks if there is or will be a staffing analysis to determine if mental health staff vacancies represent a systemic issue impeding the VA's ability to meet mental health timeliness goals, and if so, will the VA develop a transparent but accurate action plan to correct the impediments.

Clearly the VA mental health scheduling and staffing systems needs a complete major overhaul.

VVA agrees with a statement from the Chair of the Senate Veteran Affairs Committee who said earlier this spring: "Getting our veterans timely mental-health care can quite frankly often be the difference between life and death." VVA also hopes that this HVAC Committee will directly oversee VA's efforts to do so, and we offer our assistance.

Again, thank you for the opportunity to offer a statement for the record on this important veterans' issue.

Thomas J. Berger, Ph.D.

Dr. Tom Berger is a Life Member of Vietnam Veterans of America (VVA) and founding member of VVA Chapter 317 in Kansas City, Missouri. Dr. Berger served as a Navy Corpsman with the 3rd Marine Corps Division in Vietnam, 1966-68. Following his military service and upon the subsequent completion of his postdoctoral studies, he held faculty, research and administrative appointments at the University of Kansas in Lawrence, the State University System of Florida in Tallahassee, and the University of Missouri-Columbia, as well as program administrator positions with the Illinois Easter Seal Society and United Cerebral Palsy.

After serving as chair of VVA's national PTSD and Substance Abuse Committee for almost a decade, he joined the staff of the VVA national office as "Senior Policy Analyst for Veterans' Benefits & Mental Health Issues" in 2008. Then in June 2009, he was appointed as "Executive Director of the VVA Veterans Health Council", whose primary mission is to improve the healthcare of America's veterans through education and information.

Dr. Berger has been involved in veterans' advocacy for over thirty years, and he is a member of VVA's national Health Care, Government Affairs, Agent Orange and Toxic Substances, and Women Veterans committees. In addition, he is a member (and the former Chair) of the Veterans Administration's (VA) Consumer Liaison Council for the Committee on Care of Veterans with Serious Mental Illness (SMI Committee) in Washington, D.C.; he is also a member of the VA's Mental Health Quality Enhancement Research Initiative Executive Committee (MHQUERI) based in Little Rock, Arkansas and the South Central Mental Illness Research and Education Clinical Center (SC MIRECC) based in Houston, Texas. Dr. Berger holds the distinction of being the first representative of a national veterans' service organization to hold membership on the VA's Executive Committee of the Substance Use Disorder Quality Enhancement Research Initiative (SUD QUERI) in Palo Alto, CA and serves as a committee member on the National Association of Alcohol and Drug Abuse Counselors (NAADAC) veterans' working group and member of the National Leadership Forum on Behavioral Health-Criminal Justice Services with the CMHS-funded national GAINS Center. He has

also served as a reviewer of proposals for the Department of Defense (DoD) "Congressionally Directed Medical Research Programs", and he is a current member of the Education Advisory Committee for the National Center for PTSD in White River Junction, VT.

Dr. Berger has addressed veterans' health care issues on local Washington, D.C. and national media outlets including CNN, ABC, the BBC, and National Geographic, before FDA committees and Justice Department commissions, and on many occasions, has presented on-the-record testimony before both the U.S. House of Representatives and Senate Veterans' Affairs Committees, Subcommittees and other federal agencies regarding mental health, substance abuse and related health issues affecting America's veterans.

Dr. Berger's varied academic interests have included published research, books and articles in the biological sciences, wildlife regulatory law, adolescent risk behaviors, domestic violence, substance abuse, suicide, and post-traumatic stress disorder. He currently resides in Silver Spring, Maryland.

VIETNAM VETERANS OF AMERICA

Funding Statement

May 8, 2012

The national organization Vietnam Veterans of America (VVA) is a non-profit veterans' membership organization registered as a 501(c) (19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For further information, contact:
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