

# United States Senate

COMMITTEE ON VETERANS' AFFAIRS  
WASHINGTON, DC 20510

January 26, 2018

President Donald J. Trump  
The White House  
1600 Pennsylvania Ave, NW  
Washington, DC 20500

Dear President Trump,

We write to you regarding your January 8, 2018 Executive Order to the Department of Defense (DoD), Department of Veterans Affairs (VA), and Department of Homeland Security (DHS) directing them to conduct additional collaboration, a Joint Action Plan, to address the provision of care to transitioning service members and newly discharged veterans. We will support any effort to ensure more service members and more veterans receive high-quality mental and behavioral health care when they need it most - before a crisis occurs. For this endeavor to be worthy of our troops' sacrifices, the Joint Action Plan must be a robustly developed and well-resourced initiative, that handles head-on the lack of a long-term, unified strategy to address the delivery of mental health care to our nation's veterans.

Between 2001 and 2014, the age-adjusted rate of suicide among Veterans increased roughly 32 percent. This risk can be more pronounced during the first year following separation from the military. Periods of transition in a person's life are always fraught with challenge. VA has indicated that the suicide rate during the first year of separation is 36.2 suicides per 100,000, compared to the 20.7 rate during years two through seven. That statistic alone provides an endorsement for ensuring separated veterans have access to mental health care and veterans who separated while in treatment have a seamless transition to VA from DoD or DHS.

But, the statistics also tell us that treatment at VA makes a difference. Veterans who seek care at VA are less likely to complete suicide than veterans who are not enrolled, highlighting the need to continue to educate veterans and their families about VA's treatment options. It also points out that more work must be done to ensure civilian providers are educated about VA's effective treatments and techniques.

It is encouraging to see the nation take additional steps to find ways to expand mental health care services for service members and veterans, and we look forward to learning more about the specific actions the Joint Action Plan will propose in the months ahead. To that end, we write today to bring attention to items we believe would lead to a more effective Plan:

- Include veterans who are administratively discharged from the service under other than honorable conditions. Facilitating treatment of potential conditions up front can minimize emergent conditions that place greater strain on a veteran and their provider.

- Involve the Department of Labor's Veterans Employment and Training Service and the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration in the creation of the Plan.
- Ensure that geographically diverse Federally Qualified Health Centers are utilized to provide services convenient to veterans.
- Promote the use of clinically effective on-line Cognitive Behavior Therapy programs as well as Crisis Response Planning to augment existing mental health resources.
- Place more peer specialists in VA's patient aligned care teams to promote mental health, substance use disorder treatment, and behavioral health in a primary care setting, primarily in communities with higher rates of suicide.
- Expand eligibility for readjustment counseling at VA's Vet Centers to members of the National Guard and Reserves, including access to outpatient care from a certified mental healthcare provider, should the Vet Center individualized assessment determine that such care is necessary to facilitate successful readjustment to civilian life.
- Ensure that the Chief Officer of the Readjustment Counseling Service of VHA has the requisite resources to serve additional National Guard and Reservist population.
- Direct VA, in consultation with DoD and DHS, to furnish mental health services for members of the National Guard and Reserves and allow VA to provide mental health treatment for National Guard and Reserve members who served in classified missions.
- Increase the use of Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET) or other predictive analytics for suicidality to DoD and DHS.
- Conduct research and deploy additional, new brain health diagnostics measurements at VA and DOD facilities in the next few years.
- Examine whether the current governance structure between the Departments provides for effective cooperation and collaboration in providing mental and behavioral health.
- Ensure that all separating service members are attending Transition Assistance Program training at least 6 months prior to separation and increase access to Military OneSource and BeThere after separation.
- Grow access to job training services under the Skillbridge authority before service members transition to the civilian work force.
- Promote opportunities for service members to attend off duty education courses, and receive employment certifications or accreditations while serving.
- Direct the Departments to put the highest priority on closing recommendations from watchdogs, such as their Inspectors General, related to mental health and transition.
- Maximize the participation of families in service members' and veterans' health care, promote the use of advance directives and lethal means reduction, and foster more widespread use of suicide safety plans.
- Minimize administrative burdens on the agencies associated with sharing resources and reimbursements for treatments or services that may be ordered through this Plan.
- Maintain full reimbursements to mental health providers through the TRICARE Program.
- Incentivize mental health professionals to take additional professional training in scientifically-supported suicide prevention methods.
- Use all available authorities to fill mental health provider vacancies at the Departments.

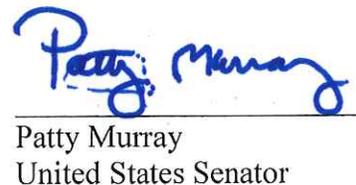
It is imperative that the Joint Action Plan be implemented effectively and transparently. Confusion for at-risk veterans could be deadly, and the burden of added bureaucracy on mental health providers without an increase in resources for that staff could be detrimental to the quality of care all veterans receive. We specifically appreciate your call for the Departments to note any needed legislative and regulatory reforms. Congress has provided VA with direct hiring authority to recruit hard-to-fill positions, which mental health providers surely are. We hope your Administration will ensure that all Federal organizations are united in breaking down any barriers inhibiting hiring providers. To develop a more robust Plan, we also urge you to determine whether the Departments have sufficient resources to carry out these actions.

When it comes to serving our nation's veterans, particularly those with mental illness, there is no room for error. Thank you for your continued support of our nation's veterans.

Sincerely,



Jon Tester  
United States Senator



Patty Murray  
United States Senator



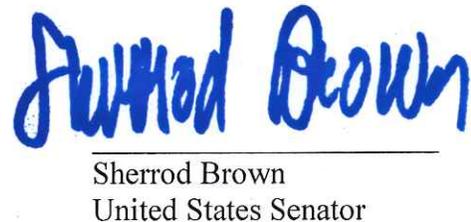
Maria Cantwell  
United States Senator



Debbie Stabenow  
United States Senator



Robert Menendez  
United States Senator



Sherrod Brown  
United States Senator



Amy Klobuchar  
United States Senator



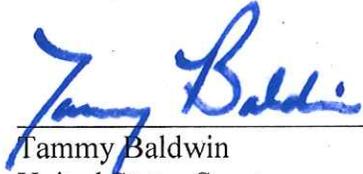
Kirsten Gillibrand  
United States Senator



Jeffrey A. Merkley  
United States Senator



Richard Blumenthal  
United States Senator



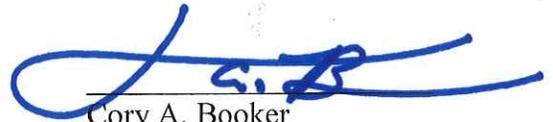
Tammy Baldwin  
United States Senator



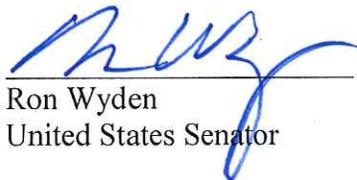
Christopher Murphy  
United States Senator



Gary Peters  
United States Senator



Cory A. Booker  
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Ron Wyden  
United States Senator



Bill Nelson  
United States Senator



Tina Smith  
United States Senator



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Catherine Cortez Masto  
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