

July 20, 2020

The Honorable Lisa Blunt-Rochester
U.S. House of Representatives
1519 Longworth House Office Building
Washington, D.C. 20515

The Honorable Gus Bilirakis
U.S. House of Representatives
2227 Rayburn House Office Building
Washington, D.C. 20515

Dear Representatives Bilirakis and Blunt-Rochester,

As a collective group of organizations with considerable mental health expertise in the care of veterans, we want to thank you for introducing, and offer our strong support for, the *VA Clinical Training in Evidence-based treatments and Military Culture Act of 2020* (VA Clinical TEAM Culture Act).

The VA Clinical TEAM Culture Act remedies an abject failure to implement MISSION Act Sec. 133, which mandated high competency standards for non-VA mental healthcare providers participating in Department of Veterans Affairs Community Care Network (CCN) assessing and delivering mental health care to veterans with Posttraumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and Military Sexual Trauma (MST).

The language of MISSION Act Sec. 133 intended to fix the previous Veterans Choice Program's lack of standards for providers who treat veterans in the private sector. Nowhere was this gap more important than with veterans with signature conditions of PTSD, TBI and MST. Previous RAND¹ and other studies² revealed that, when compared with VA providers, psychotherapists in the community who treat mental health conditions are less likely to have the skills necessary to deliver high-quality care.

Although Section 133 of the MISSION Act instructed the VA to establish competency standards for CCN providers who deliver PTSD, MST and TBI treatment, to date, no mandatory credentials, training, and service delivery standards have been created or implemented. The VA Clinical TEAM Culture Act is a good start to ensure that CCN providers have minimum level of clinical competence to treat veterans outside the VA. It sets the qualifications for CCN mental health providers as the same standards and requirements that apply to VA employees who provide such mental health care. Currently, an applicant to become a VA mental health provider must meet strict qualifications of graduating from a discipline-accredited graduate program and a discipline-accredited or equivalent training program.³ We assume, and strongly support, that these are the same qualification standards VA Clinical TEAM Culture Act would require for non-VA providers.

The VA Clinical TEAM Culture Act also requires the completion of a VA-developed four-module course, available online, about military culture and four core competencies. Although such abbreviated online courses appear to be focused more on improved evaluation abilities than intervention skills, it's a positive beginning, one which can, and should, be expanded quickly.

We also commend the bill's requirement that non-VA providers have suicide prevention training, as occurs with VA providers, and the requirement that non-VA providers have military cultural competency. The bill recognizes that such cultural training on its own is

likely to have little to no impact on clinical outcomes unless it is coupled with required training in the treatment of core mental health conditions.

We support the bill authorizing an evaluation and report of compliance with all these standards. However, the bill simply asks for the raw number of non-VA mental health care providers who have completed the requirements. The best way to know whether there are providers who have not completed the courses is to modify the Report to Congress to also include the total number of providers outside the VA who have not completed all of the courses.

We applaud the provision in the bill that would deny permission for CCN providers to treat VA-enrolled veterans until they've completed the required training or VA-approved equivalent training, and have confirmed they have credentials that are equivalent to VA's own high standards. We strongly advise that there is a danger is that these standards may be ignored in order to enlarge the panel of CCN providers (and repeat Health Net and TriWest's failure in the Choice Program to verify the competence of providers.) Quicker access to care of inferior or unknown quality has life-impacting – and potentially life-threatening – consequences.

As a nation, we have the solemn responsibility to offer veterans with mental health conditions the highest quality care, whether provided in VA or the private sector. We must learn from the mistakes made in the Choice Program and early MISSION Act program implementation and only allow providers to be a part of the CCN who demonstrate that they have credentials and training that are equivalent to VA's own high standards. Your bill provides the necessary components to make sure those requirements are met. Our veterans deserve no less.

Respectfully,

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American Mental Health Counselors Association bergmanstrategies@gmail.com
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(*An independent organization, not representing the Department of Veterans Affairs)

Footnotes

¹ Tanielian T, Farris C, Batka C, et al; Rand Corporation. Ready to Serve: community-based provider capacity to deliver culturally competent, quality mental health care to veterans and their families. https://www.rand.org/content/dam/rand/pubs/research_reports/RR800/RR806/RAND_RR806.pdf Published November 2014.

² Finley EP, Noël PH, Lee S, et al. Psychotherapy practices for veterans with PTSD among community-based providers in Texas. *Psychol Serv.* 2017. <https://www.ncbi.nlm.nih.gov/pubmed/28301173>

³ VA Handbook 5005 Part II Appendix G18, Psychologist Qualification Standards GS-180, Veterans Health Administration, https://www.avapl.org/pub/Hybrid_38_standards.pdf Accessed May 18, 2020.