



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**
SERVICES, INC.

Statement for the Record of
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to the
United States Senate
Committee On Veterans' Affairs

Re: "Bridging the Gap: Enhancing Outreach to Support Veterans' Mental Health"

April 29, 2025

Chairman Moran, Ranking Member Blumenthal, and Distinguished Members of the Committee:

American Psychological Association Services, Inc. (APASI) submits the following statement for the record in advance of the Senate Veterans Affairs Committee hearing regarding *Bridging the Gap: Enhancing Outreach to Support Veterans' Mental Health*. We appreciate the Committee's willingness to examine challenges surrounding the critical delivery of mental health care for our nation's veterans. Demand for VA mental health care has increased steadily over the past twenty years and continues to outpace other care within the VA. Meeting this demand while maintaining the VA's high level of clinical excellence is a priority.

American Psychological Association and its companion organization APA Services, Inc. (APA/APASI) serve as the nation's largest scientific and professional nonprofit organization representing the discipline and profession of psychology, as well as over 173,000 members and affiliates who are clinicians, researchers, educators, consultants, and students in psychological science. Psychologists and the profession have a rich history within the VA, serving veterans since World War II. As such, today we would like to address three issues important to the delivery of quality mental health care: 1.) ensuring demonstrated effectiveness for Fox Grant Program Reauthorization; 2.) protecting veteran privacy and confidentiality; and 3.) providing adequate mental health provider training and staffing.

Ensuring Demonstrated Effectiveness for Fox Grant Program Reauthorization

APASI applauds VA Secretary Collins for making veteran suicide prevention a top priority. Over many years, the VA has made tremendous strides in universal suicide prevention risk assessments and required trainings for providers of care, including but

not limited to training in suicide prevention, lethal means safety, military culture, and military sexual trauma. The demand for mental health care is growing across our entire nation's health care system, which also highlights the unique role and mission within the VA to train much of our nation's healthcare workforce. Whether in the VA, the VA Community Care Program (VCCP), or in the community at large, veterans deserve the best screening, trained professionals, and evidence-based treatments available, and our psychologists stand ready to serve them.

APASI understands that veteran suicide prevention requires a commitment from all of us and that the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program is an important part of this "all in" effort. As Congress looks to reauthorize this meaningful program, we must first review comprehensive outcome data collected to better understand participating community programs' effectiveness at reducing veteran suicide risk. The original bill rightfully called for the development of measurement tools to track both risk and effectiveness and to ensure the programs positively impact veterans' lives. The establishment of baseline mental health screening for outcome metrics in the law should be celebrated and the resulting data can be used to ensure that Fox grants to those successful participating organizations continue for years to come.

Increased investments in veteran suicide prevention have been impactful, but one veteran suicide *is* one too many. Continued VA investment is needed in mental health staffing, training, care coordination, and best practices. The VA has long provided veterans with a gold standard of care in mental health treatment. Whether leading the way in post-traumatic stress disorder (PTSD) or requiring access to evidence-based psychotherapy, the VA maintains a high bar¹ and consistently outperforms non-VA care in both quality of care and trust among veterans². So having the VA analyze outcome data for the purposes of guiding renewed funding is not only warranted but ensures veteran safety and best practice while also protecting taxpayer investment.

There are several bills to renew the Fox Grant Program, whereby 80 grantees receive up to \$750,000 annually. APASI has concerns that certain bill language currently being considered turns a blind eye to outcome measurement and demonstrated effectiveness. Given that the original law includes a Congressionally mandated MITRE Corporation 18-month evaluation, it stands to reason that Congress should release that report, confer with experts, and rely on its analysis for program improvement and reauthorization.

APASI calls on Congress to strengthen, not weaken, one of the original intents of the Fox Grant program, which is to utilize the pre and post data of veterans and their families to assess effectiveness and future funding. The Hope for Heroes Act (S. 1139), for example, allows previously funded entities to be reauthorized for renewal "based on the number of individuals who go through the intake process to receive suicide prevention services from the grantee." Such limited criteria fail to measure a grantee's

¹ <https://www.mentalhealth.va.gov/providers/sud/docs/uniformserviceshandbook1160-01.pdf>

² <https://news.va.gov/press-room/va-outperform-non-v-a-facilities-cms-ratings/>
<https://www.va.gov/initiatives/veteran-trust-in-v-a/>

effectiveness. Screening for acute suicide risk and the collection of pre/post measurements of suicide risk factors not only invests in the evaluation of best care for our veterans but also protects those participating in these programs.

The Interim Report on the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program covering the first year of operation revealed that, of the 80 grant program recipients, 55 failed to report any post-service outcome measurements for participants. Twenty-seven percent of eligible participants did not complete even one instrument upon entering their program. The program must do better if data-driven policy decisions are to be made.

Another provision of S. 1139 changes existing wait time access standards for VA non-emergency mental health care for Fox Grantee veterans from the current 20-day standard to three days. This change is burdensome and unnecessary, as under the COMPACT Act, intervention for high suicide risk is already required to be immediate. The June 2024 Fox Grant Interim Report indicated there were thousands of “non-emergency mental health referrals” to the VA in the first year of the program. Given growing mental health care demands both within and outside of the VA, the best way to improve non-emergency care wait times is to invest in a healthcare workforce that can meet demands.

APASI believes that Fox Grant program reauthorization needs to focus on serving more veterans *and* ensuring demonstrated outcomes. This can only be done by staying the course and continuing to strengthen outcome measurement requirements. The Fox Grant program can and should be a critical part of the VA’s approach to suicide prevention, but it is up to all of us to expect rigorous evaluation and proven benefit to veterans and their families.

Protecting Veteran Privacy and Confidentiality

A recent issue of significant concern for APASI is ensuring veteran privacy and confidentiality when delivering mental health care within the VA. The recent policy change requiring most federal employees to return to the office, including VA psychologists and other mental health care providers, is significantly impacting the delivery of confidential mental and behavioral health services. Many VA facilities lack sufficient private spaces to accommodate the influx of mental health providers who previously worked remotely. This has resulted in providers being asked to conduct sensitive therapy sessions in open office environments, cubicles, or shared spaces that fail to meet basic HIPAA confidentiality and privacy requirements for the delivery of mental health care services.

The VA has long used telehealth to reach isolated, disabled and rural veterans in need of mental health services and it further expanded access to telehealth services between 2020-2024 which allowed more mental health care providers to deliver care from private home offices. This allowed VA to expand its workforce to meet a growing demand. A side effect of the current return-to-office mandate is compromising access to care and

confidentiality standards that are key to effective mental health treatment. This needs to be addressed as plans are put into effect. Without ensuring adequate space to absorb the return of mental health providers, those providers could be facing difficult choices between violating ethical standards regarding patient confidentiality or facing disciplinary action for non-compliance with return-to-office mandates.

APASI has serious concerns regarding the timing and implementation of return-to-office mandates and other policies that may affect mental health providers' provision of services without adequate consideration of confidentiality and privacy. **We encourage the Committee to consider waivers for all mental health providers that would return to a shared space and phase in implementation, crucially taking veteran privacy and access to care into account.** Our concerns currently center on several key issues:

- Ethical and practice standards: Both the APA Ethics Code and VA professional standards require that psychotherapy be conducted in private settings that protect patient confidentiality. In many facilities, the current implementation of return-to-office orders without adequate office space availability appears inconsistent with these requirements.
- Patient confidentiality and trust: A strong therapeutic relationship depends on confidentiality. Veterans dealing with sensitive mental health issues require assurance that their disclosures remain confidential. Conducting therapy in shared spaces fundamentally compromises this trust.
- HIPAA compliance risks: Arrangements in some facilities may violate HIPAA privacy and security requirements if patient information can be overheard in shared spaces. This not only presents individual providers with legal liability and ethics concerns but would also constitute a HIPAA violation by the Veterans Health Administration itself.
- Veteran care impact: These challenges threaten to disrupt ongoing care relationships and may deter veterans from seeking or continuing needed mental health treatment in their preferred setting.
- Workforce retention concerns: Reports indicate that some mental health professionals are considering resignation rather than practicing under conditions they view as unethical and below an acceptable standard of care. This could worsen existing staff shortages in VA mental health services.

Many veterans experience trauma and sensitive mental health conditions. APASI supports long-standing policies that ensure the protection of patient confidentiality and privacy, including adequate physical space within VA facilities to provide private mental health services that prioritize patient needs.

Providing Adequate Mental Health Provider Training and Staffing

Finally, APASI continues to be concerned about adequate staffing to serve veterans of today and tomorrow. Psychology is again the number one clinical workforce shortage

area within the VA, with 85 of 139 facilities reporting psychology shortages³. With well over 400,000 new PACT Act Veterans Health Administration (VHA) enrollees, and 754,000 new enrollees overall since August 2022, continued investment into the VA mental health workforce is more important than ever.

The VA provides healthcare training, residencies, and fellowships to more than 120,000 trainees each year in over forty disciplines. Even today, 65 percent of all U.S. psychologists and 70 percent of physicians receive training in the VA. As Congress faces current Administration plans to reduce the size and scope of the VA, we ask that it not lose focus on one of VA's foundational missions dating back nearly 80 years - "To educate for VA and the Nation". Our nation's veterans and every American depends on this critical health care workforce pipeline.

Thank you again for your focus on mental health and the VA policies necessary for quality delivery of care. APASI stands ready to work with the Committee to ensure the best care for veterans.

For more information, contact K. Conwell Smith, APA Deputy Chief for Military and Veteran Policy at csmith@apa.org or (301) 875-8923.

³ <https://www.vaoig.gov/sites/default/files/reports/2024-08/vaoig-24-00803-222.pdf>