AN EXAMINATION OF VETERAN ACCESS TO TRADITIONAL AND ALTERNATIVE FORMS OF MENTAL HEALTH THERAPY

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BEFORE THE

SUBCOMMITTEE ON HEALTH

OF THE

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AN EXAMINATION OF VETERAN ACCESS TO TRADITIONAL AND ALTERNATIVE FORMS OF MENTAL HEALTH THERAPY

Wednesday, February 20, 2014

U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON VETERANS' AFFAIRS,
SUBCOMMITTEE ON HEALTH
Washington, D.C.

The subcommittee met, pursuant to notice, at 10:00 a.m., in Grand Salon, California State University Channel Islands, 1 University Drive, Camarillo, California, Hon. Dan Benishek [chairman of the subcommittee] presiding.

Present: Representatives Benishek and Brownley.

Dr. BENISHEK. The subcommittee will come to order.

OPENING STATEMENT OF CHAIRMAN DAN BENISHEK

Good morning, and thank you all for being here today.

I am Dr. Dan Benishek, a congressman from Michigan's 1st District, the northern half of Michigan, and I am honored to serve as the chairman of the Subcommittee on Health on the House Veterans' Affairs Committee.

It is my pleasure to be joined here today by your congresswoman and my colleague, the ranking member, Julia Brownley. I am grateful for Ms. Brownley's hard work and leadership on our subcommittee over the last year, and I am grateful to have an opportunity to join her here in beautiful Camarillo with all of you.

Yesterday I paid a visit to the West L.A. Department of Veterans Affairs Medical Center. While I was there, I met with the medical center's leaders, some of them who are here with us this morning, and we toured the West L.A. campus to see firsthand some of the programs and services that are available to veterans here in the greater Los Angeles area.

Having spent 20 years as a surgeon at the Iron Mountain VA Medical Center in my hometown of Northern Michigan, I enjoyed working with many of the health care professionals and support staff who have dedicated their careers to providing timely and high-quality care. I would like to take a moment to personally thank each and every one of them for their dedication to our nation's veterans and their families.

It is clear from my visit yesterday and from the testimony we are going to hear this morning that there are some very exciting things going on here in Southern California for our veterans.

Today we are going to hear from an array of local providers and organizations about the steps that still need to be taken both in this community and at others around the country to improve the provision of mental health care to our veterans in need using both traditional and, where appropriate, alternative therapies and treatments. We will discuss ways that we can all work together—Congress, VA, community-based groups, and dedicated citizens like all of you who are in our audience today—to increase effective and meaningful partnerships between Federal programs and the community resources that are increasingly stepping up to meet unmet needs, provide a critical bridge to care, and help our veterans across America.

Although the Department of Veterans Affairs is tasked with, as President Lincoln said, caring for him and now her who has borne the battle, a Federal department cannot and should not attempt to meet all our veterans' needs alone. We know from recent research that more veterans seek care outside the VA health care system than within it, and that a majority of our veterans have access to private insurance or other health coverage.

In order to fully and most effectively meet the needs of today's veterans, VA must be willing to reach out and work with responsible community partners and try, where suitable, promising new approaches to care. I look forward to our conversation this morning to hearing the ideas that we will discuss here, and to bringing those ideas back to Washington so we can start working in other communities around this country.

I thank you again for being here this morning and for your dedication to our veteran neighbors.

Before I conclude my opening statement, I would like to ask all of our veterans in the audience today to please stand, if you are able, or raise your hand and be recognized.

[Applause.]

Dr. BENISHEK. Thank you so much for your service. It is an honor to be here with you this morning.

With that, I will recognize your congresswoman and my colleague and friend, Julia Brownley, for her opening statement.

Ms. BROWNLEY. Thank you, Mr. Chairman. And I want to thank you particularly for continuing to keep the issues of access, quality, and timely mental health services provided to our veterans at the forefront of this subcommittee. Your work is certainly extraordinary.

And I want to also thank Dr. Rush and the very great Cal State Channel Islands and the Channel Islands community for hosting us today. And I want to thank all of our witnesses today for coming and talking with us about the critical issue of veteran mental health access and treatments.

I would also like to thank all of you in the audience and our veterans who are here today in support of our veterans, not only here but across our country.

I believe caring for our veterans is the utmost responsibility of our nation. As these brave men and women have sacrificed so much, the country must ensure that adequate resources are available and effective programs in place to address the varied and indi-

vidual needs of our veterans during and after their very own unique and personal transition to civilian life.

The mental health programs are particularly important in light of the unique dangers and stress of the recent conflicts. Long and multiple deployments and the nature of guerilla conflict have taken their toll on our service members. The spouses and families have borne the burden, as well. And we cannot forget our older veterans, who suffer as well from the traumas of war, and suffered before traumatic brain injury and post-traumatic stress have become sort of the signature wounds of the current Iraq and Afghanistan wars.

The Veterans Health Administration spent $6.2 billion on mental health programs in Fiscal Year 2013 nationwide. It is this committee's responsibility to ensure positive progress and successful outcomes, and that this funding has been applied to the goals for which it was intended and the programs are working and improving for every veteran who needs them.

Today's hearing will examine the progress VA has made in serving veterans here, right here in my own district of Ventura County.

I want to thank the chairman once again for agreeing to come and allowing the veterans in Ventura County to be heard.

Mr. Chairman, you will learn that we are very lucky folk here in this county because we are a county that is determined to properly look after our veterans. Our Ventura County Military Collaborative, for example, operates mostly without any Federal funding at all and relies on many, many volunteers who hold a very deep and patriotic pride and responsibility that our veterans deserve our service for the service that they have sacrificed for our country and its freedom.

I look forward to hearing from the panels on how the use of community programs and resources have assisted the Veterans Health Administration in resolving access to care issues for veterans and their families here in Ventura County and Greater Los Angeles.

I also want to hear what further actions are needed to increase effective and meaningful partnerships between the community and the Department to provide needed services here locally so our veterans can heal right here in their own community.

I read with interest the testimony from the witnesses who are experts in their own right. Ventura veterans have access to a wide variety of programs and services, but we also need the attention of the Department of Veterans Affairs on several issues, such as wait times and local services. I am very interested to hear about the availability and efficacy of alternative therapies that are offered to our veterans here in Ventura.

I would also like to hear about any recommended enhancements to services that will assist our veterans in their search for the right type of treatment for them and a timeline that will eliminate any unmet needs here in Ventura County. I am hopeful that this will be an honest, open discussion on ways to provide the care needed through more partnering with the VA and the private sector to increase the pool of providers and other creative ways to address the gaps in mental health treatment and services.

And finally, I would like to thank the Los Angeles VA for being here today and for the dedication of so many VA employees who provide quality mental health care to our veterans every single

day. Thank you for all that you do for our nation's veterans. We just need to be absolutely committed and understand that we need to do more.

And with that, Mr. Chairman, I will yield back.

Dr. BENISHEK. Thank you, Ms. Brownley.

We are going to begin the hearing today with our first panel of witnesses who are already sitting at the table there. I am going to yield to Ranking Member Brownley in a minute to introduce the witnesses, but I would like to thank them all for their presence today and for what they do for our veterans.

I would like to gently remind you that we are going to try to stay on time. We have a little timer which turns yellow after 4 minutes and then turns red after 5. We just want to gently—we may go over a little bit because I think hopefully we will have some good discussion—but try to keep that in mind.

So with that, Ms. Brownley, would you please introduce our panelists?

Ms. BROWNLEY. Our first panelist is Kim Evans, who is the Director and Founder of the Military Collaborative of Ventura County. She is a military spouse and a licensed marriage and family therapist, and the Director of Psychological Health for the 146th Airlift Wing of the National Guard.

Our second panelist is Lyndsey Hale. Lyndsey is also a military spouse. She is the second Vice President of the American Legion Auxiliary Unit 741, the Ventura County Military Collaborative board member, and a veterans' liaison for VITAS Innovative Hospice Care.

Our third panelist is Julie Sardonia, Executive Director and Founder of Reins of H.O.P.E., which stands for Human Opportunity Partnering with Equines. I have recently had the distinct pleasure of experiencing firsthand how this organization has helped to heal so many of our heroes here in Ventura County with great honor.

And the fourth and final panelist is Mike McManus. Mike is the County of Ventura Veterans Services Officer. Mike himself is an Operation Iraqi Freedom vet and retired after 20 years of service. Every veteran in Ventura County knows Mike McManus, and we are lucky to have him, and we all know the important and selfless service that Mike provides here as a service officer and brings that service to Ventura County.

So, thank you very much, Mr. Chair.

Dr. BENISHEK. Well, let's begin.

Thank you, Ms. Logie, Evans Logie. Please proceed with your testimony. Thank you.

STATEMENTS OF KIM EVANS LOGIE, LMFT, DIRECTOR, MILITARY COLLABORATIVE OF VENTURA COUNTY; LYNDSEY HALE, VETERANS LIAISON, VITAS INNOVATIVE HOSPICE; JULIE SARDONIA M.A., LMFT, FOUNDER/EXECUTIVE DIRECTOR, REINS OF H.O.P.E., H.O.P.E. FOR WARRIORS PROGRAM; MIKE MCMANUS, USAF (RET), VETERAN SERVICE OFFICER, VENTURA COUNTY HUMAN SERVICES AGENCY

STATEMENT OF KIM EVANS LOGIE

Ms. EVANS LOGIE. Good morning. I am really nervous. I am Kim Evans Logie, military spouse and licensed marriage and family therapist. I am one of the leading mental health experts in the state of California in regards to military and veterans' issues. I have trained over 1,300 mental health professionals on military mental health and have briefed over 8,000 service members and their loved ones on pre- and post-deployment issues.

I have worked as a TriWest embedded therapist, Joint Family Support Assistant Program Military Family Life Consultant, and the Director of Psychological Health for the 146th Airlift Wing.

Last year I spent four weeks at Lackland Air Force Base under Federal subpoena as a defense witness forced to testify against one of my airmen who had been sexually assaulted.

I am the community liaison for the Ventura County Superior Court Veterans Treatment Court and the Director of the Ventura County Military Collaborative.

I have had the distinct pleasure of serving the men and women of the United States military and know too well the mental health issues associated with combat service and military sexual trauma.

That being said, in Ventura County we use a combination of inpatient, outpatient, alternative treatments, and homegrown community-based support to help our veterans. For outpatient clinics and services we utilize the Ventura Vet Center, because they rock, for combat, substance abuse and military sexual trauma veterans. We use the VA contracted facility at Oxnard for psychiatric and mental health treatment, and we utilize the VA at Sepulveda.

For inpatient services we utilize West L.A. VA; the Pathway Home at Yountville, a privately funded facility which does phenomenal work and is free to veterans; and Aurora Vista del Mar, a local psychiatric facility which just received a VA contract for their PTSD unit, but we are being told that intake and referrals will have to come through West L.A. VA. Many veterans will not be able to drive to LA for intake due to transportation and/or medical issues, thus making the contract virtually worthless.

The alternative forms of treatment in our local area are the Soldiers Project, which provides free military mental health; our Crisis Intervention Team training from our local sheriff's department, which trains local law enforcement officers to deal with military and veteran mental health issues; the Ventura County Military Collaborative, which has over 140 agencies working together to create a safety net of care for military veterans and their families; and the Ventura County Veterans Treatment Court, which provides wrap-around services and treatment for local vets.

These services are funded primarily through grants or not at all. The Ventura County Military Collaborative operates without funding, relying on volunteers, donated meeting space, and a community that does not hesitate to support it and its yearly military veteran expo.

As far as the role traditional and alternative forms of therapy play in our veteran recovery process, it is my belief that without proper care and coordinated mental health care I have no doubt that the men and women who serve our great nation would end up in situations much worse than we are currently seeing.

Our service members and their families are tired, they are scared, and they are proud. Consistency, training, caring and knowledge of community resources are imperative for all clinicians working with veterans. These are the cornerstones to successful military mental health treatment.

I would also like to point out that the VA is doing some great things. We have Paul Gaines, our local VA homeless outreach representative, who I believe never sleeps. He interfaces with community agencies and law enforcement to help find veterans shelter and mental health/substance abuse treatment.

Greg Cain is our VA Jail Outreach Coordinator and a key player at the Ventura County Veterans Treatment Court. He works 24/7 to get our local vets into resources that they need.

Charles Green is the face of VA for many of our National Guard and Reservists. He arranges clinics and briefings to help enroll our local service members and does the VA outreach for Ventura County from Los Angeles.

The obstacles we face. Exclusions of licensed marriage and family therapists at VA facilities, which hire licensed clinical social workers instead. Both are Master's degree clinicians.

We have lengthy waits at our local clinic for psychiatric and mental health services. We have veterans completing an inpatient program at West L.A. VA, which has no apparent coordination of care with local resources for their return to Ventura County. We have a need from our localized services through VA grant per-diem funding, and we need to create a sense of community with our local vets when their treatment may involve multiple facilities at multiple locations.

In closing, having been involved with military mental health for over 10 years, I am so impressed by what we have accomplished. The stigma which was so prevalent when I first started has disappeared in most units and commands, especially those who have embraced an embedded therapist model. I am proud of the work that we have done, and it has made a difference. We are saving lives.

I thank you for your time and for your caring about those who have served this country in its time of need. Thank you.

[THE PREPARED STATEMENT OF KIM EVANS LOGIE APPEARS IN THE APPENDIX]

Dr. BENISHEK. Thanks. You did a great job.

Ms. EVANS LOGIE. Thank you.

Dr. BENISHEK. Ms. Hale, you may proceed with your testimony. You have 5 minutes.

STATEMENT OF LYNDSEY HALE

MS. HALE. Good day. My name is Lyndsey Hale. Again, I am a military spouse, 2nd Vice with the American Legion Auxiliary Unit 741, a Ventura County Military Collaborative Board member, and a veterans' liaison for a hospice provider.

Regarding mental health and resources for our veterans, it is especially meaningful for those veterans who left comrades on the field of battle as they enter their senior years near end of life.

There is a quote from Will Rogers that goes, "We can't all be heroes. Some of us have to sit on the curb and clap as they go by." Although in more recent years we do our share of clapping, recognizing and honoring our veteran, we need to do more to provide the resources and support for our veterans in regards to mental and spiritual health, particularly as they near end of life.

There are over 21 million living veterans, 45 percent of which are over 65 years of age, according to the Census.gov website. As a military spouse, daughter of a Vietnam-era veteran, and granddaughter of World War II veterans, I am humbled to be able to speak in regards to the need for resources and support for our veterans of any age, and particularly to advocate today for our elderly veterans.

In the American Legion Auxiliary outreach and in working in hospice, I hear many stories through visiting and speaking to our veterans that they have never told or not brought up in years. These veterans of war are holding memories of horrors one, like myself, who has not seen battle, cannot comprehend.

I was speaking to a World War II veteran, a Pearl Harbor survivor, who told me he had three times been spared his life during World War II while he watched his comrades in arms die, while he had to pick up their remains and count the bodies. He told me that the third time his life was spared, he was on a ship at sea and had just left his post to go back to the galley for coffee. While he was in the galley, the ship was attacked. Later, as he was walking the ship with the lieutenant and pulling dog tags for those that had been killed, he came to his post where he should have been, and there in his place was the lower half of a man's body. The man covering his seat was literally cut in half by the explosion from the torpedo that hit the ship. He said that he started laughing hysterically at this point and he lost it. He said his lieutenant then slapped him in the face to bring him back to reality.

This World War II hero told me that he would never forget those images, and that now that he is in his late 90s, they come to him more and more. This is just one of the many stories I have heard. Other stories involve questions and remorse for those they may have killed in battle. These World War II veterans wonder what will come of their souls as they leave this life.

I believe our veterans often just need to get these stories off their chest, things that they have never spoken of to anyone for fear of the judgment that would follow. I can't tell you how many times I have heard a spouse say, "Yes, he served in the war, but he never talks about it."

PTSD is a common term these days that we are trying hard to address and assist our returning troops with. I personally have had

many a friend come home in recent years broken from war. We need to continue to support and grow our resources for our military and veterans of recent wars. In saying that, we cannot forget the veterans of our past wars such as our World War II vets. They came home to a nation as heroes, yes, but there was no diagnosis for their mental well-being. There was no PTSD support. They often just stifled it, at times self-medicated and moved on. The bonus for this World War II and Korean Conflict generation was that many of our men and families were touched by it or involved directly in it, and so they had comfort in numbers, unlike today.

However, as this tough, proud generation ages, they have questions and fears that they have never been able to address. Our veteran that returns home from combat, that buried their brother in arms, may not have lost an arm or a leg, but they are not whole. As I said earlier, we cannot all be heroes. But as military veterans who stood up to protect our country, it is our job to not just sit on the curb and clap but to then stand up for our veterans as they come home.

As an American Legion Auxiliary member, I know that our American Legionnaires and Auxiliary members are constantly thinking about better ways to reach out to our senior veterans through our vet-to-vet volunteers, finding ways to recruit local military to visit our elderly veterans and get them information on programs such as the We Honor Our Veterans Program, the Spirit of '45 Movement, resources such as our H.O.P.E. for Warriors, the local vet center, county veterans' service office, our Oxnard Family Circle veterans services. We bring these to support our greatest generation, but we need more awareness and support in our health care community and the general public.

I ask you today to help find a way to reach out to our Greatest Generation veterans through increasing friendly visitor programs as this is a generation that responds to people-to-people interactions, so we can let them know that there are support and resources for them too, and that it is okay for them to talk about their time in service.

Thank you for your time and attention to these matters and your work on making a difference in the lives of our veterans and their families.

[THE PREPARED STATEMENT OF LYNDSEY HALE APPEARS IN THE APPENDIX]

Dr. BENISHEK. Thank you, Ms. Hale. Nice job.

Ms. Sardonia, you are recognized for 5 minutes.

STATEMENT OF JULIE SARDONIA

Ms. SARDONIA. Thank you and good morning, Chairman Benishek and Ranking Member Brownley.

On behalf of Reins of H.O.P.E., as the Executive Director and Founder, I have gratitude by sharing our story here today about our Equine Assisted Psychotherapy Program, H.O.P.E. for Warriors.

Imagine this. You are a Navy Sea Bee, just back from your second deployment in Afghanistan. You feel forgotten half the time and alone much of the rest. To your invisible wounds of PTSD you

have applied anti-depressants, sleeping medications and alcohol. Not one provides a lasting balm, but a series of links in a human chain will soon land you in an arena standing next to a horse named Chrome. He is big and white and muscled, but he is gentle, and in him, with a bit of human help, you begin to find a vessel to hold your grief and your anger.

You return for another session, and another, and each time you pat Chrome goodbye, you are closer to the person you were before war.

When you re-enlist, you hold your ceremony in the arena that gave you yourself back, with Chrome and his buddies bearing witness to the transformation that has brought you home to wholeness.

Reins of H.O.P.E. was established in 2006 as a non-profit serving our local at-risk youth population. Our tool is Equine Assisted Psychotherapy and Learning. All of our licensed mental health therapists and equine specialists are trained and certified by EAGLALA, which is Equine Assisted Growth and Learning Association. It is the world's largest and most professionally respected association for this type of psychotherapy. They set the standard of care. They have over 4,000 members in 49 countries. It also has the EAGLALA Military Services Designation, which we are a part of, that ensures that all practitioners must complete specialized training in various mental health issues with the military.

Even though equine assisted psychotherapy is a new discipline of 15 years, EAGLALA is committed to helping build a body of evidence-based, peer-reviewed research.

In January of 2011, Reins of H.O.P.E. launched the H.O.P.E. for Warriors Program to provide active-duty veterans, reservists, and all their family members with no-cost, unlimited, confidential sessions to fill the increasing need for vital, readily accessible mental health services. We provide on-the-ground sessions for individuals, couples, families, groups, overnight retreats for women, and team-building sessions. This program accounts for 80 percent of our non-profit program.

Our sessions between client and horse allow exploration of thoughts, feelings and behaviors, and fosters trust, resilience and adaptability. These inevitably lead to better problem solving, improved communication, and healthier relationships. Many clients have told us that out in our arena, horses have created the only space where they feel safe to talk about their military experiences and issues. It is actually a natural connection.

Like us, horses are herd animals whose survival depends on constant communication. Unlike humans, horses are prey animals. They must stay constantly vigilant. Uniquely responsive to their surroundings, they sense emotional energy around them and often mirror it, which allows for insights and metaphors for our military members to deal with their thoughts and their behaviors.

They also model for the client a new way of being. Powerful yet gentle, these animals are effective ambassadors of nature, as well as apt teachers in awareness—that is, being in the present moment, calming oneself quickly, setting appropriate boundaries, and learning to trust. These are coping skills that are key to healing and health.

Transition, reintegration, depression, PTSD, military sexual trauma, substance abuse, anger and grief are all helped by this relationship between horses and human.

Josette Wingo, our World War II Navy veteran, she states, "I realize how being with the gentle, intuitive horses and their calming effects can have life-changing possibilities. Their effect on me was almost instantaneous."

Larry, our Vietnam veteran, stated, "It allows me to relax enough to be able to communicate with people freely. I feel like I am worth something there. They really care, and I want to see this program expand to other veterans."

H.O.P.E. for Warriors Program has conducted over 684 clinical hours and over 530 sessions at no cost to any family member or veteran. We are solely funded by community donors, foundations and grants. It is our intention and mission never to turn away a veteran in need, and we seek a collaborative relationship with the VA and their providers so we can provide this vital program.

Our further goal is to increase the awareness of alternative treatment. We are effective and an appropriate level of care for our veterans. So in order for us to reach out and help our growing population, we collaborate with Fleet and family services, Ventura Vet Center, Vista del Mar, Oxnard Family Circle, SART, and the Military Collaborative.

You may be wondering about that Sea Bee that I shared. Her name is Sarah Hedge. She is right over there. She is a second-class petty officer. After working with Chrome, she returned to serve two more deployments, and she states, "I attribute my healing process of PTSD to the relationship with the horses and the specific activities out in the arena. They helped get my life back, and I am happy."

Thank you for the opportunity to introduce Reins of H.O.P.E. and H.O.P.E. for Warriors program today.

[THE PREPARED STATEMENT OF JULIE SARDONIA APPEARS IN THE APPENDIX]

Dr. BENISHEK. Thank you very much.

Mr. McManus, you may proceed with your testimony.

STATEMENT OF MIKE MCMANUS

Mr. MCMANUS. Good morning, Chairman Benishek, Ranking Member Brownley. Thank you for the opportunity to provide information to the committee regarding mental health care services to Southern California veterans through the Greater Los Angeles Department of Veterans Affairs Healthcare System.

My name is Mike McManus and I am the County of Ventura Veteran Services Officer. My staff and I connect fellow veterans, their dependents and survivors with Federal and state benefits, as well as local resources. One of our primary responsibilities is connecting veterans with VA disability compensation for such conditions as post-traumatic stress, traumatic brain injury, and for conditions resulting from military sexual trauma. We also assist veterans enroll in VA health care and refer them to local and regional treatment resources.

The Veteran Services Office has five accredited personnel who interview veterans, file the appropriate benefit claim, advocate on behalf of the veteran, and make needed referrals to other service providers. We also have support staff to include our interns that enable us to meet our client needs. The Veteran Services Office has conducted a variety of outreach activities to inform the veteran community about their earned benefits. The office currently operates out of the main office and nine field offices to make it as convenient as possible for our veterans to meet with us.

In Fiscal Year 2011/2012, the office saw 1,839 veterans. However, last fiscal year, 2012/2013, office staff had seen 3,572 veterans. In Fiscal Year 2010/2011, the Veteran Services Office connected county veterans with $3.89 million in Federal benefit payments, but by Fiscal Year 2012/2013, those benefit payments totaled over $8.75 million.

In addition to being the county's veteran service officer, I am also a retired Unites States Air Force Senior Master Sergeant. I spent the last seven years of my 20 years in the military as a First Sergeant, with one deployment for Operation Iraqi Freedom in 2003. As a First Sergeant, I had overall supervision over all enlisted personnel within my units. I advised the unit commanders on matters affecting their enlisted force to include issues involving mental health and substance abuse, and those conditions' impact on the service member, their families, their career, and the unit.

Ventura County veterans needing mental health care can receive treatment from the two psych doctors and one social worker at the Oxnard Community-Based Outpatient Clinic, the VA clinic. Veterans can also seek counseling from the four clinicians at the Ventura Vet Center.

Ventura County has over 41,000 veterans, thousands more National Guard, Air National Guard, and Navy and Marine Reserve personnel who are eligible for VA mental health care after serving a deployment. Navy Base Ventura County's active-duty Navy personnel, who are combat veterans, can also receive mental health care from the Vet Center.

In essence, you have tens of thousands of veterans and military personnel in Ventura County, and many of these individuals will seek mental health care from the seven people providing mental health treatment from the VA.

Clearly, there is a large unmet need. The VA clinicians providing mental health care in Ventura County do an extraordinary job; there are simply too few of them. As outreach to the military and veteran community increases from organizations such as my office, the Ventura County Veteran Services Office, and through the Ventura County Military Collaborative, the number of veterans seeking services increases.

Veterans routinely tell my staff and I how they can only see the psychiatrists at the Oxnard VA Clinic every other month, or maybe once every third month. The option to be seen by a clinician at Sepulveda exists. However, in many cases we are referring to combat veterans with post-traumatic stress driving the I–405, which only adds to their stress and their anxiety.

Ventura Vet Center staff have done an amazing job trying to meet the mental health needs of our veterans. However, there are

only four clinicians. I wholeheartedly encourage the VA to add clinicians to the Oxnard VA Clinic and to the Ventura Vet Center. In addition, clinicians could then provide treatment during evening hours and on weekends. This will improve access to care for veterans who are going to college, who may be recovering from service-connected injuries, as well as those who might be employed.

In addition to increasing the number of clinicians at the Oxnard VA Clinic and the Ventura Vet Center, the VA needs to explore partnerships with community programs and resources, and more quickly assess and adopt alternative mental health treatments. I would suggest the VA establish contracts with mental health and substance abuse counselors for inpatient and outpatient treatment in Ventura County. An example of such cooperation is the newly awarded VA contract to Aurora Vista del Mar to provide post-traumatic stress treatment. Previously, they treated veterans eligible for Tricare. The VA contract will now enable a much larger pool of county veterans to receive the benefit of their services.

Inpatient and intensive outpatient resources' availability in Ventura County will greatly benefit our county's veterans. Programs such as that at Aurora Vista del Mar would allow veterans to remain in Ventura County nearer their support structures and enable some to continue their employment while receiving outpatient care. This option would not be appropriate for all veterans and some would certainly still receive treatment through one of the programs at the VA Medical Center in Los Angeles. In many instances, however, treatment provided in-county is the option best suited to the veteran.

One example of how the option of in-county treatment could benefit veterans is through the Ventura County Superior Court's Veteran Court. Veteran Court focuses on treatment, not incarceration, of our combat veterans with post-traumatic stress, traumatic brain injury and the resulting behavior problems, substance abuse issues, and run-ins with law enforcement. Currently, most veterans in Vet Court needing inpatient or intensive outpatient treatment go to the VA Medical Center in Los Angeles. Ventura County veterans deserve the option to receive inpatient and intensive outpatient treatment in their home county. We have high hopes that the Aurora Vista del Mar program will offer these options.

Partnering with other non-VA service providers to expand the availability of treatment would greatly benefit our veterans. We are fortunate in Ventura County to have the equine therapy program, Reins of H.O.P.E, that has proven itself invaluable to our combat veterans and others who have experienced military-related trauma. A VA contract or the possibility of a quick fee-basis referral would greatly help meet the need for mental health treatment.

The VA's willingness to assess and accept alternative treatments is what is called for to meet the needs of our veterans. A couple of programs in Ventura County are meditation therapy and farming. Healing in America, of Ojai, California, offers meditation services as a way for veterans to heal. In addition, Veteran Farmers of America in Ventura is developing a program and has experienced promising early results that have shown the benefits of their farming intern program.

The VA should actively solicit data on the effectiveness of complementary and alternative therapies so that veterans can get the best access to the mental health care that they need. Alternative therapies in conjunction with VA-provided care need to work in concert with one another to meet veterans' needs. Our veterans have earned such care.

Thank you again for this opportunity.

[THE PREPARED STATEMENT OF MIKE MCMANUS APPEARS IN THE APPENDIX]

Dr. BENISHEK. Thank you very much, Mr. McManus. I truly appreciate your comments.

I am going to yield myself about 5 minutes for my comments and some questions for the panel.

First of all, Ms. Hale, your testimony struck me because it reminded me of a pet project of mine, the Veterans History Project. You are relating the stories of—I am not sure if people here are aware, but the Library of Congress has a Veterans History Project that encourages young people especially to interview a veteran just to get their story, and I would encourage that program for people that you know, not only the veterans but the young people that can take a history, basically, from veterans, and get a veteran to meet a young person, and let a young person get to know some of the experiences our veterans have had. So I just wanted to kind of promote that project because it is near and dear to my heart.

Ms. Logie, you talked about some of the obstacles in your testimony, working with VA there, and maybe you can expand on that. "Obstacles we face," is the way you put it in your written testimony. Could you expand a little bit about those things that you mentioned in your testimony?

Ms. EVANS LOGIE. Sure. The waits at our local clinic for psychiatric and mental health services, I have had waits up to four months for medication refills for anti-depressants for some of our National Guard members. So I have actually sent some back to their local facility. So if they are from San Francisco, I have actually sent them back to San Francisco. They have driven back to San Francisco to get their medications because we have had a backlog here locally.

That happened a couple of times, and then I actually don't refer there anymore.

Dr. BENISHEK. So is there good communication between the immediate medical center and the local clinic? You also mentioned that, too, that you are concerned about the follow-up from the local care and the overall care from the medical center.

Ms. EVANS LOGIE. There are two different issues. We have West L.A. VA, where a lot of our veterans go for inpatient treatment. That is primarily where they go, especially from our Veterans Court, and we do have follow-up through RGO outreach coordinator, Greg Cain. He is excellent with follow-up. But what we don't seem to have is any type of formal treatment plan in place that I have seen.

So, say, the domiciliary releases one of our members, one of our veterans from inpatient treatment. There does not seem to be a liaison with our vet center in Ventura County saying, hey, Bob is

being discharged, we would like him to do individual outpatient, or what type of substance abuse groups do you have, or anything like that.

As far as our local clinic, I hate to say it but today was the first time I have met anyone from our local clinic, from Ventura County.

Dr. BENISHEK. That seemed to me to be an underlying theme of all the testimony here, that getting care done locally here in Ventura County seems to be an issue, and the communication between—you know, I come from a rural area, too. So sometimes we have to drive hours to get to the VA medical center. Here, getting on the 405 seems to be the issue, you know what I mean? So I certainly understand. Why don't they have more access to local providers? Not only that but Mr. Lewis, who I talked to earlier, mentioned that he is trying to get some physical therapy here but doesn't want to get on the 405 for three hours to get physical therapy on a regular basis. Why can't he get that right here?

How could they do that better? I know VA has got a program coming up. I don't know what it is called. The PC3? Where they are going to try to get more people involved. Obviously, it doesn't sound like it has been working very well. Does anyone else have any comments?

Mr. MCMANUS. Mr. Chairman, we deal a lot with the Oxnard Clinic and the administrator, Laurie Berry, and the doctors there, and they are doing some good things. However, again, in my testimony, between veterans and active-duty Guard and Reserve, we are talking over 50,000. I think it is merely a numbers type of thing, just the access. There is only a certain volume they can handle with the current staffing. If the staffing doesn't increase, just the sheer physical layout of the clinic has probably reached its maximum. I am sure the VA——

Dr. BENISHEK. Is that the Oxnard Clinic, then?

Mr. MCMANUS. The one in Oxnard. Yes, sir.

And another big thing is just the ability to have someone—we used to have an individual there who would do what we call intake and eligibility. In other words, are you even eligible for VA health care. They had an individual that was there probably two-and-a-half years ago now. However, when he left, the clinic lost the ability to do the intake and the eligibility. So now it is either done online or it is mailed down to West L.A. so they can determine if someone is even eligible for VA health care.

So one of the things that would be helpful is if they actually had an intake and eligibility individual right there in the clinic. That would also help address some of the issues with referrals to Aurora Vista del Mar and those kinds of things. So I think one place to start might be an intake and eligibility individual in the clinic.

Dr. BENISHEK. All right. Thank you.

Mr. MCMANUS. Thank you.

Dr. BENISHEK. We are going to go back and forth a little bit because my 5 minutes went by so fast. I am going to yield to Ms. Brownley for 5 minutes. She may have some questions, as well.

Ms. BROWNLEY. Okay. I have a lot of questions, but a limited amount of time. I want to thank, again, all of you for being here and everybody here in the audience, because everybody who is here

all have a direct concern about how we are providing for our veterans here in Ventura County. So thank you very, very much.

Ms. Evans, you don't mind if I call you Ms. Evans?

Ms. EVANS LOGIE. No, that is fine.

Ms. BROWNLEY. Okay. I just wanted to follow up, too, on your testimony when you talked about the outreach component and that really we are not doing any local outreach, that the outreach takes place out of the West L.A. facility.

Can you talk a little bit about that? I am presuming it means that that outreach is probably not as effective. But if you could just talk a little bit further about that.

Ms. EVANS LOGIE. Okay. In Ventura County with the Collaborative, we have 140 agencies on board. So we have what I think we would all say is an incredible network of care here locally. Included in that network of care are our three big guns out of L.A., which is Charles Green, Greg Cain, and Paul Gaines. They are there. They are the face of VA in Ventura County, whether you are on a military installation, whether you are at the jail, whether you are at a Collaborative meeting. They are everywhere.

My understanding is our local clinic at Oxnard has never had an outreach individual hired for that clinic. One of the other issues—like my husband just got rated through VA. All of his stuff was done in L.A., for his rating, and other areas. We were never given a list of local services. No one ever said, hey, you guys are in Camarillo, the Oxnard Clinic can do this for you. I imagine we could go find it online, but it would make sense to say "This is your local clinic, this is when it is open, here is our flyer, now go online," and there is none of that.

So in my world, unfortunately, they don't really exist because I don't interact with them, ever. I am going to change that. I am sure it will change after today.

Ms. BROWNLEY. Very good, very good.

And in terms of the equine therapy, I witnessed it, so I have a good sense of why it is, indeed, successful. Ms. Sardonia, if you would just talk a little bit about—because I certainly heard from some vets when I visited you. Just talk a little bit about the vets that you were serving and some of their stories and the reasons why they are coming to you and how their therapy has been virtually unsuccessful in a more traditional environment.

Ms. SARDONIA. Sure. Thank you for the opportunity. We do provide our services to active duty and veterans and their families. So we are seeing not only the veterans but the spouses. We are seeing grandchildren such as Larry, who lives with them. He is a Vietnam veteran. We see children because they are affected, as well.

The stories that I hear, countless stories from everyone who is participating, is the fact that they do try traditional talk therapy. I am a traditional talk therapist, a marriage and family therapist of 21 years. I know it works, and I want to be able to use our services as adjunctive with VA providers or other MFTs or LCSWs or psychiatrists and psychologists in the community to do adjunctive work so that it is a team effort.

So the majority of what we are working on they seem to be receiving from equine-assisted psychotherapy as addressing healthier coping skills. And because it is an action-based program, they are

just not talking about it, they are now able to do it. So as you witnessed there, they are actively working with horses who are large animals who are very intuitive, who are helping them work through some of their stories they have never shared before, such as a lot of our men and women, and they feel comfortable talking to a horse.

And it is not just talking to them. It is moving. It is doing. It is feeling. They are getting the ability to learn healthy coping skills. Whereas a horse would die out in public or in nature because of hyper-vigilance or whatnot, these men and women are learning how to be less hyper-vigilant by learning healthy coping skills to calm down, like a horse does.

So when we have men out there with road rage or hearing loud noises that remind them of bombs and they are hiding underneath the table, they are saying if I didn't go to Reins of H.O.P.E. and learn how to calm myself down like a horse, I would have done a lot more damage out there. I hear story after story.

I also hear that a lot of our participants may have taken their life if they didn't continue because they didn't want to go to a therapist. They didn't want to go to the VA because it was too hard or they couldn't get in, like Mr. Lewis. It takes a long time to get down there, even though he goes there. He comes up twice a week, once for our veterans group and once for individual therapy.

So we have men and women coming more than once a week because they feel this alternative work is helping them feel more comfortable sharing, being able to tell their story, feeling heard, not to mention decreasing some of their anxiety and depression. The minute they walk with a horse they feel—if I were to take their blood pressure, it would have been calm.

So I would love to be able to have a collaborative relationship with the VA to show that this does work. As you witnessed, you would really have to see it to understand it. There is research to back it up, and I can share that at a later time through the website with statistics.

Ms. BROWNLEY. And if there was a collaboration and there was additional funding, is there a demand that you are not being able to meet at this particular point in time?

Ms. SARDONIA. We are not turning away anybody. I am increasing my staff because of the increase of men and women and children who want to come. So instead of just having morning sessions, we are having morning sessions and then taking a break and bringing in a new herd, and there are professionals in the afternoon. We did get a large grant to do retreats for women veterans, which we are hosting our second one this Monday and Tuesday for women in California.

So the demand is becoming greater, and so we may be trying to increase into Santa Barbara. We are hearing people say please bring Reins of H.O.P.E. to Santa Barbara for our veterans up there, as well as closer into Camarillo. I have heard we might put an arena in Somas so it is not as difficult for some to drive to Oaji.

Gas is difficult. We have men and women driving from—I have a gentleman driving all the way from China Lake Air Force Base to come out. Four hours he drove in the snow with his wife and his daughter because he did not want to see a VA therapist on

base. He came four hours in the snow on a Friday, and he said this is the only thing that is helping keeping him sane in order to continue to work.

Ms. BROWNLEY. Thank you. Thank you very much.

Ms. SARDONIA. Thank you.

Ms. BROWNLEY. And, Mr. McManus, you talked a little bit about a new relationship with Aurora Vista del Mar, and I know Ms. Evans also talked about the fact that our folks might have to go to L.A. to be assessed to see if they can utilize the services there. That sounds like an impediment to me. You already mentioned a local intake at the Oxnard Clinic would be helpful as well.

But can you talk a little bit about what the possibilities would be with regards to this partnership and contract?

Mr. MCMANUS. Well, I certainly think we can move quickly to determine someone's eligibility for VA health care, and then hopefully increase the number of psych docs at Oxnard Clinic to put in that consult to quickly refer the veteran to Aurora, where it is an inpatient post-traumatic stress treatment and those types of things, as opposed to sending not just our Vet Court individuals but any veteran that needs that particular level of care.

But just using our Vet Court folks, instead of everyone being channeled down to L.A. for inpatient or intensive outpatient treatment, the veterans have the ability to receive that treatment here in-county, especially if intensive outpatient treatment is what is required. And if you are able to use a Ventura County resource in order to fulfill either the probation requirement of the Vet Court or someone just needs that level of care that is not associated with the Vet Court, if you have to drive down to West L.A./Sepulveda for PTSD counseling and it is in the middle of the day, you could very well run the risk of losing your job.

However, if it is provided here in-county, it is much less of a burden on the individual, and certainly gas and those types of things. So I think being able to streamline the referral process will greatly enhance the ability for us to get our county veterans into a county resource provided in the county.

Ms. BROWNLEY. Thank you.

Mr. Chair, I apologize that I exceeded my time, but I appreciate the opportunity.

Dr. BENISHEK. That is all right. I have a few more questions, too.

Ms. BROWNLEY. Yes, okay. Very good.

Dr. BENISHEK. Since it is only the two of us, I think maybe we will do another round of questions. There is still enough time to get the second panel going, so that is no problem.

I am going to yield myself 5 minutes for a second round of questions.

What is the most common complaint and compliment that you hear from them about local veterans when you interact with the care and services from the Greater L.A. health care system? Give me a couple of examples of some good things and some—I think we are hearing about this lack of local care as the key issue, what I think I am hearing today.

Maybe, Ms. Evans Logie, could you tell me?

Ms. EVANS LOGIE. Yes. As far as the care that my veterans receive at West L.A. VA and Sepulveda, it is exceptional. I mean, you

have a group of dedicated men and women, and seemingly more so every year. The level of caring, which is how I gauge effectiveness, it is inspiring to see.

I think some of the concerns that my veterans have locally, and our Guard and Reservists, the mileage. My husband was told to go for an intake two hours away, not a big deal for us. I mean, he has a job. We both have jobs. But when you start to think about perhaps a veteran who doesn't have a job and who has to make three separate copies of medical records, my husband's medical records were $70 a copy, and we had to make three copies because the original two were lost.

Then you have transportation costs. We filled out a form that was hidden online from VA to get reimbursed for mileage, and that was six months ago. We haven't done that again. He had nine separate trips to VA to be looked at for nine separate injuries, which was great, and I am really glad they did that. But if you are impoverished, if you are in pain, if you have substance abuse issues, you don't have reliable transportation, these are all incredible barriers.

We are doing wonderful things. We can do some things better. So I think as far as the treatment goes, everyone that I have talked to is fairly happy with their treatment. The issues are really the distance.

Dr. BENISHEK. Right, right. Thanks.

Ms. Hale, do you have any comment?

Ms. HALE. Well, I would just like to echo that, that especially my elderly veterans don't drive, and definitely don't drive far. So getting someplace far away isn't an easy thing. A lot of our vets don't really want to go to the doctor, or don't believe in going on a regular basis. So for them to go and be told to go, and finally agree to go, and then now it is out of their comfort zone and it is out of their area, it is much more likely that they are not going to go. So that is why we have less of them using the resources than we have.

Dr. BENISHEK. Ms. Sardonia, do you have an official relationship with VA? Or is all your stuff outside VA? That is the impression I got.

Ms. SARDONIA. Yes, it is all grassroots, no funding other than our community donors and our fundraiser and our grants.

Dr. BENISHEK. The VA doesn't use your services as an adjunct?

Ms. SARDONIA. No. I haven't gotten direct referrals, although our women's veteran retreat that we are doing with women from the VA and L.A. are coming, and one of the social workers is going to come and help evaluate the program, so hopefully that will open the door for more.

The information I get from a lot of our veterans is there are good things coming from the VA, but it is the wait and the travel. A majority of my gentlemen and women that are here are disabled, so driving there, driving long distances again.

But I would like to share personally, my father is a Korean War veteran in the Navy, who is here, who has cancer, and the VA has been outstanding for my father. He is here today because of that, and he can attest to the treatment that he is receiving from the VA. My dad is here, so I can say personally that helps.

Dr. BENISHEK. The VA folks in L.A. are here. They are here, so hopefully they will respond to this opportunity.

Ms. SARDONIA. Absolutely. Thank you.

Dr. BENISHEK. Mr. McManus, anything else besides what you have already said?

Mr. MCMANUS. I just want to call attention to the fact that Laurie Berry, who is the administrator of the Oxnard CBOC, she is very responsive when we have issues. Certainly, one of the bigger issues is just the ID cards, and they have issues with the software and the camera and things of that nature, which has gone on month after month after month.

So after a veteran finally is determined eligible and enrolled in VA health care, Sepulveda couldn't take their picture for an ID card, Oxnard couldn't take a picture for their ID card, things like that, which isn't necessarily going to bar them from care. However, just simple things like that, the frustration. You walk into the Oxnard CBOC to get your picture, the software is out, the camera is down. Walk into Sepulveda, nothing at Sepulveda.

So they are making some strides, and I believe Sepulveda's cameras are back up and running, and the software and things like that, and supposedly the staff over at the Oxnard CBOC has been trained, so hopefully that has occurred.

But I just want to call out that Laurie Berry is the administrator. She is very responsive when things do come up, and to control what she can. It is a contract clinic. So again, you have not only the bureaucracy of VA and that kind of thing but also of her ultimate boss, and the contract as well. So there are some interesting complications provided by that.

But also Monica Walters, who is the social worker over there, she is extremely busy, very responsive, but there is only one of her. So if they could clone her and get maybe two or three, that would be wonderful.

But there are definitely some good people doing some good things. The level of care that we hear for the most part coming from Sepulveda and West L.A., vets are very happy with that. Of course, there are always going to be exceptions, like with any health care. But overall I would say most veterans are happy with the level of care that they get.

Just to echo Kim's comments, Paul Gaines, who does a lot of—I mean, they issue him a van and he drives all over, Kern County, L.A. County, Santa Barbara, to find these veterans that are homeless and things like that.

So there are a lot of really good people doing some good things within the VA. It just seems when you look at it in total, the bureaucracy sometimes can even prevent some of the really good performers from doing the best that they could at their jobs, let alone a veteran looking up at this big bureaucracy not knowing exactly what to do.

Dr. BENISHEK. Right, right. Thank you.

Well, I will yield another 5 minutes to Ms. Brownley to see if she has any more questions.

Ms. BROWNLEY. Well, thank you. I think it is interesting to hear the testimony from everyone and thinking about the potential partnerships so that we are providing more services in the community, but also the outreach and what that means in terms of really connecting all of the services that we do have here.

The military collaborative has done a great job, but just reflecting to think if we had a true partnership and resources from the VA so that we could really energize that voice and make it louder so that our veterans here in Ventura County really are aware of the services.

And we have great safety nets, like the Veterans Court, which is an extraordinary thing that happens here in Ventura County, all done by volunteers, many of them sitting here on the dais, where our military folks who are suffering, who get into trouble, who are arrested and go to court, this court provides help and resources to those individuals so that they can provide access to help and support, as opposed to being locked up in jail. These are people who have served our country and are suffering and need our help, and it is a great safety net I think for the community for the most downtrodden who have now gotten themselves into trouble and to actually have access again to help.

But if we could have a partnership there, I have seen that work. I have gone and watched it myself. If we had more resources there, there is a lot more work to be done and there are a lot more of our veterans who are coming through there that need our help and support and that level of caring that you talked about in terms of the way you evaluate a program. Having that kind of dedication and level of care is really critical.

I wanted to just quickly ask about transportation because we are going back and forth to West L.A. Is transportation adequate? Is it not at the right times?

Mr. MCMANUS. Well, certainly there is the Disabled American Veterans, they provide a van. They provide some transportation at different pickup points throughout the county, primarily Ventura and Simi Valley for transportation down to Sepulveda or West L.A.

There is also a bus that starts at the Santa Barbara VA Clinic and goes to our Oxnard CBOC and then down to Sepulveda, West L.A., and then reverses.

However, if you have an appointment, you can get on the bus and things like that. So there is some available. However, I am sure there are always improvements that could be made in that particular process.

Ms. BROWNLEY. Do you think the transportation issues impede veterans from utilizing or going to VA care? It is, "the bus is not convenient for me, I am a little embarrassed to get on the bus." Do you think that impedes access to service?

Mr. MCMANUS. I have heard from some vets "I am not riding the bus," and usually it is our post-traumatic stress vets and things like that, where they are riding the bus with other veterans, but it is just not an environment that they enjoy because it is certainly going to go even slower than if they were to drive their own car down the 405. So we have heard some feedback as far as that goes from several different vets where they simply will not take it. They rely, then, on seeing Doc Blakus and Doc Flynn over at the Oxnard CBOC, who have done some very good things for our veterans. Again, you just have a very large pool of veterans going just to see two psych docs.

Then they also have come to rely on either medication for Julie's program, Reins of H.O.P.E. and things like that, as an alternative

to going down and riding the bus, or even just driving themselves down to Sepulveda. Sepulveda has the walk-in PTSD clinic, but a lot of vets, if you need walk-in and it is an urgent-type situation, it doesn't matter if there is transportation or not down to Sepulveda, you still have that timeframe to get down there where we need something more localized to address those urgent types of situations.

Ms. BROWNLEY. Yes. I can't imagine that there are a lot of people coming from Ventura taking a bus to go to the walk-in service at Sepulveda.

And in terms of services for women specifically in Ventura County for mental health, I think sometimes there is a distinct difference between the needs of women veterans and their mental health care needs and men. Is there any special treatment for women here, or services for women?

Ms. HALE. Julie's program at Reins of H.O.P.E. with her events, which is fantastic for female veterans to be able to come to a retreat, that center is for military sexual trauma for both women and men, but there are no actual specific women veteran programs in Ventura County that are just strictly for females, that I am aware of.

Ms. BROWNLEY. And are there any other alternative therapies in Ventura County? I know Reins of H.O.P.E., the answer is no. But are there any other alternative therapies that have any partnership or relationship with West L.A. or the VA?

Mr. MCMANUS. Not that I am aware of.

Ms. BROWNLEY. Thank you. I yield back.

Dr. BENISHEK. All right. Thanks.

This panel is excused. I really appreciate you all taking the time to be here today, and feel free to contact the committee about concerns that maybe we didn't address today.

So, I thank you for your participation, and you are excused.

I would ask the second panel to come up. Thank you.

Thank you. I would like to welcome our second and the final panel to the witness table.

Okay.

Ms. Beiter, you are going to be testifying and then calling upon the other witnesses if you need help with questions, as I understand it. Is that correct?

So thank you all for being here this morning and for the services you provide our veterans here in Southern California.

Ms. Beiter, if you would like to proceed with your testimony, that would be great.

STATEMENTS OF DONNA M. BEITER, DIRECTOR, VA GREATER LOS ANGELES HEALTHCARE SYSTEM, VISN 22, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS;

STATEMENT OF DONNA M. BEITER

Ms. BEITER. Thank you. Well, good morning, Chairman Benishek and Ranking Member Brownley, and members of the committee.

Dr. BENISHEK. Do you have your microphone on?

Ms. BEITER. I thought I had it on. Okay, I will start again.

Good morning, Chairman Benishek and Ranking Member Brownley, and members of the committee. Thank you for the opportunity to discuss the Greater Los Angeles Healthcare System, which we call GLA, our commitment and accomplishments in providing veterans high-quality, patient-centered care and being a leader in health care transformation; specifically, improving mental health outcomes and access to mental health services and programs.

I am accompanied today by Dr. Dean Norman, our Chief of Staff at Greater Los Angeles; Dr. Daniel Flynn, a psychiatrist at our Oxnard CBOC; and Jane Twoombley, a Team Leader at the Ventura Vet Center. I will begin my testimony with an overview of the GLA health care system and then focus on our comprehensive mental health programs.

GLA is accredited by the Joint Commission and is one of the largest and most complex facilities within VA. We serve Veterans throughout Kern, Los Angeles, San Luis Obispo, Santa Barbara, and Ventura counties.

In Fiscal Year 2013, GLA treated over 86,000 veterans, with over 28,000 receiving care in our mental health programs. Since the beginning of Operation Enduring Freedom/Operation Iraqi Freedom and New Dawn, we have enrolled over 20,000 Iraq and Afghanistan veterans, with 9,700 of these veterans treated in Fiscal Year 2013. Of the Iraqi and Afghanistan veterans treated in Fiscal Year 2013, 30 percent received care in our mental health programs.

GLA has been involved in several major redesigns of our health care programs over the last few years, characterized by completing the move to a new patient-centered primary care delivery model called Patient Aligned Care Teams, or PACT. This PACT team is comprised of a medical provider, a nurse care manager, and a clinical and administrative coordinator, all of whom care for and assist the veteran with navigating their whole health experience. The team focuses on engaging the veterans in their own care and giving them skills and goals they can attain to improve their health.

As a leader in health care transformation, GLA has been designated a National Center of Innovation for Patient-Centered Care. The focus of our Center of Innovation is to develop and spread integrative health and healing alternative initiatives, such as Tai Chi, acupuncture, mindfulness-based stress reduction, guided imagery, and breathing/stretching/relaxation.

Part of our plan for 2014 includes opening an integrative health and healing center with a specialty in pain management. The integrated pain management team will be interdisciplinary and will include tele-consultations and tele-classes in addition to on-site care and classes in a healing environment.

Mental health services at GLA are unified under an interdisciplinary Mental Health Care Line. GLA mental health is expanding its implementation of the recovery model, which is patient-centered, empowers veterans, and works with veterans to attain the highest level of independent functioning possible.

Comprehensive treatment programs for substance use disorders are available at our three major sites, including intensive outpatient programs based on the Matrix Model, a cognitive behavior-

ally-oriented approach, as well as opioid treatment programs, methadone maintenance or suboxone treatment.

GLA offers an extensive variety of traditional and non-traditional mental health services. Services include evidence-based pharmacotherapy and evidence-based psychotherapy for the treatment of a wide range of mental disorders including post-traumatic stress disorder, anxiety disorders, mood disorders, including depression and bipolar disorder and schizophrenia.

Inpatient mental health care is provided at the West L.A. site, where there are currently 45 operational inpatient beds available to veterans who are in need of acute inpatient care due to the severity of their mental health condition.

As veteran demand for outpatient mental health appointments has grown, GLA has strived to build capacity and keep up with the demand at the Oxnard Clinic. Staffing and space issues have posed limitations, and we have deployed a number of strategies to keep up with our patient needs. One of the innovations to increase capacity at the Oxnard Clinic is the expansion of our clinical video tele-mental health. This allows veterans to come into the clinic and see a mental health provider based at a distant site.

GLA and the Oxnard CBOC make use of multiple community programs and resources. This includes many different faith-based and non-profit programs. VA believes it is vitally important that we network with our community partners in the delivery of health care and other services. These community partners have been strong allies in our efforts, and we appreciate their contributions to our veterans' health and welfare.

In conclusion, VHA, GLA, and the Oxnard Clinic are committed to providing the high-quality care that our veterans have earned and deserve, and we have continued to improve access and services to meet the mental health needs of veterans. We appreciate the opportunity to appear before you today. We would like to thank the subcommittee members for your interest in quality care for our veterans, and we appreciate the resources Congress provides VA to care for veterans.

My colleagues and I are happy to respond to any questions that you may have.

[THE PREPARED STATEMENT OF DONNA M. BEITER APPEARS IN THE APPENDIX]

Dr. BENISHEK. Thanks for your testimony. Let me ask you a couple of things.

You heard the testimony from the first panel.

Ms. BEITER. Yes.

Dr. BENISHEK. I think the gist of it was, frankly, there doesn't seem to be enough care locally. Nobody wants to drive up to VA three hours for an appointment. So it sounds like from your testimony that you are partnering with everybody to make it all work, but why aren't there more options available at Oxnard? Mr. McManus seemed to think that there were not enough people there to handle that. As I understand it, VA had some kind of a task force to hire, I don't know, 1,600 mental health professionals within the last two years, and 300 support staff across the country. So

how many additional mental health providers and support staff were added in Ventura County as part of this effort?

Ms. BEITER. We are planning on doubling our staff. We already have hired some of them.

Dr. BENISHEK. Have you doubled your staff in the last two years?

Ms. BEITER. In the last two years? No, we have not. Our plan is to have it doubled by the end of this month. So we will have six.

Dr. BENISHEK. So how many staff have you hired in the last two years?

Ms. BEITER. We have hired probably three-and-a-half FTE, but we have used a lot of fee-basis staff and local tenants. What our plan is is to have six full FTE functioning in the Oxnard Clinic by the end of this month.

Dr. BENISHEK. How many are there now?

Ms. BEITER. Right now there are four.

Dr. BENISHEK. Four.

Dr. Flynn, You are in Oxnard, right?

Dr. FLYNN. That is correct, Mr. Chairman.

Dr. BENISHEK. Has your staff increased? Are you seeing more patients than you used to there, or what is the status there?

Dr. FLYNN. When I first came on in 2011, I was a fee-basis part-time psychiatrist. The existing psychiatrist——

Dr. BENISHEK. I know the feeling.

Dr. FLYNN. I'm sorry, sir?

Dr. BENISHEK. I said I know the feeling of being a part-time fee basis provider. That is what I did.

Dr. FLYNN. I empathize with that, sir.

Between myself and Dr. Blakus, we had a total of 0.9 psychiatrists, and we were very, very busy during that time. But in the last month, another full-time equivalent has been brought on, Dr. Castillo, essentially doubling our capacity. That began last month, and I am happy to say that as of this week I am extending my hours from 0.4 up to approximately 0.8 or 0.9, which will be a full-time position.

Dr. BENISHEK. Do you have a hard time filling your staff? Have you been actively looking and you just can't find people, or what is exactly the problem?

Ms. BEITER. I would say that in the last six months we have been recruiting to increase our staff in Oxnard. What really has happened to us is we have really expanded greatly with our patient population in Oxnard. We have had an increase in mental health veteran needs in Oxnard that, to be very honest, we really didn't anticipate. So as we have seen it grow and maintain that growth, we have over the last six months tried to put more staff in.

The other issue we have there is space. We outgrew the clinic. When we projected the clinic, we did not expect, again, as many veterans using it as we have seen.

Dr. BENISHEK. How many patients a day are going through that clinic for all purposes?

Ms. BEITER. Currently we have——

Dr. BENISHEK. Approximately.

Ms. BEITER.—56,000.

Dr. BENISHEK. Fifty-six patients a day?

Ms. BEITER. Excuse me. A day? I don't know how many go through a day.

Dr. Flynn, do you know?

Dr. FLYNN. I don't have that number.

Ms. BEITER. Last fiscal year in Oxnard we enrolled—we had 9,154.

Dr. BENISHEK. It is hard for me to judge. I can judge how many patients come through the clinic a day because I know what a clinic is and I know how many patients I can see in a day. So I am just trying to get an idea.

Are there any other adjunct providers besides the psychiatrist, Dr. Flynn, for mental health care at Oxnard?

Dr. FLYNN. We have Monica Walters, who is the social worker that was mentioned before, and we also have a psychologist currently, two psychologists now, Dr. Kay Sotto and Dr. Kaiser. Those are both full-time psychologists.

Dr. BENISHEK. Okay.

Ms. BEITER. One just started this month, the second psychologist.

Dr. BENISHEK. The other question that one of the veterans I talked to today here mentioned was his inability to get local physical therapy in Ventura. He didn't like the fact that he needs almost daily physical therapy, and he just didn't like the idea of having to go to West L.A. to get that physical therapy. Apparently, the application that he applied for for the fee basis care allowed him one physical therapy visit a month, but he needs it three times a week or something, and he couldn't figure out how to get it done and who would approve the fee basis care.

How soon is this PC3 thing going to happen? To me, the VA has been telling me that is supposed to be the answer to getting the community-based care started. Is that true, or is that ever going to happen? Can you go over that a little bit?

Ms. BEITER. That has started to happen effective this January. We have been working with TriWest, which is going to be the vendor we work with in our area. I really believe that listening to the first panel and hearing that they see a need for having much more local care, I think PC3 is going to really help us do that.

The two things that I think will help us, we are going to do a lot more tele-mental health so that patients don't even have to leave their home. We are getting ready to work with what is called Jabber technology, which is like Skype, for mental health care, where patients can be in their own home, our veterans, and connect to a provider.

But PC3 is patient-centered community care. It is a new program for us to use.

Dr. BENISHEK. I am familiar with that. I just don't like the fact that we are waiting for this to happen and it never happens. I hear from individual cases. It is very frustrating for me to see those individual cases and it doesn't happen, and I would like you to work on this fellow here. I am going to give Ms. Brownley his contact information, make sure this fellow can get his local care.

Ms. BEITER. We would be happy to follow up on that.

Dr. BENISHEK. But I think for the amount of time, I want Ms. Brownley to have an opportunity to speak, and hopefully we will have time for a few more questions.

Ms. BROWNLEY. Thank you, Mr. Chair.

So just to follow up on the staffing issue that we were talking about, just for the record if you could provide us with the amount of patients that you have and roughly what is the daily patient rate here would be helpful to have.

So I know back in 2012, the Office of Inspector General made some recommendations to the VA regarding staffing and made some suggestions to conduct a staffing analysis to be able to assess these vacancies and what is really needed in terms of numbers to support communities across the country, quite frankly.

So I am just wondering if there have been those staffing analyses done for Ventura County. I think there is one thing we can all agree on is that we are under-staffed and we don't have enough professionals here in the county to meet the demand. But have we done any kind of analysis to know? You said you were going to double the staff. I wasn't quite sure when you said when we were going to double the staff.

Ms. BEITER. We will be up to six full-time FTE for mental health care by the end of this month.

Ms. BROWNLEY. By the end of this month.

Ms. BEITER. We have the last person coming on February 24th.

Ms. BROWNLEY. Okay. So is that an additional four more FTEs that are coming on by the end of the month?

Ms. BEITER. No. One came on in the beginning, in January, and we have another one coming on February 24th, and Dr. Flynn is increasing his hours, and that will bring us to six total FTE for mental health, and that is just for the mental health component.

Ms. BROWNLEY. Right, right. So have you done any sort of analysis to know? Is that going to be adequate, do you believe, for——

Ms. BEITER. We think it is adequate for today, and we think that using PC3 and doing some contracts, probably by the end of March we will get to what we think the target should be, meeting the 14-day requirement for wait times. But I think that what we are seeing in terms of the growth pattern, we are probably going to continue to see this grow. So we are going to have to monitor this very, very closely and stay on top of it and probably end up having to move some more staff into this area.

But the big problem I have with that is space, which is why we have tried to do more tele-mental health. The clinic, we have actually moved three people out of their offices. One person is working out of her car right now so that we could move tele-health and another mental health office in the clinic that we have.

It is a contract clinic, and the contract is up for renewal in March. We have already started talking about it. Our plan is to double the size for mental health and increase some of the primary care side also.

Ms. BROWNLEY. I can assure you that there is not a space issue in Ventura County, that if you need additional space, we will find additional space for you. We have lots of resources here.

Ms. BEITER. That is great.

Ms. BROWNLEY. And we will absolutely provide—if we need additional space, we will find additional space.

On the patient-centered community care, I have a similar deep interest in this, as the Chair does, because it doesn't matter wheth-

er we are in Washington or here in Ventura County, the one consistent thing is veterans want services that are closer to home and in their community. It is a consistent cry for help, and I do believe that if we effectively move forward with this patient-centered community care that we can accomplish that.

I am sure that from your vantage point, as you said, West L.A. is very large. You have a large area to service. It is very complex. Is there a particular plan specifically for Ventura County, as it would be for Kern County and other counties that you are responsible for?

Ms. BEITER. Absolutely. We started meeting in January on this, and——

Ms. BROWNLEY. Working in West L.A.?

Ms. BEITER. Within GLA at the executive level, talking with TriWest in terms of what our overall needs are. Of course, the areas that we are looking at, Oxnard is a very important area because of our wait times, which we find unacceptable, and we are really trying to do anything we can to get those wait times down.

So what we have talked to them about is providing outpatient substance use disorder treatment, inpatient substance use disorder detox, inpatient mental health hospitalization, and then contracting with providers.

I just actually heard yesterday morning that there are 15 mental health providers already on contract with TriWest. So we should be able to immediately start working with those. But even if we don't have a contract, the way it is set up we can do it very quickly.

So I feel very encouraged between getting ready to do a new contract for space and having this possibility, and at the same time we are starting the Jabber technology. We are working on that right now, very soon. We are estimating by the end of March our wait times will be down to our standard, because they are unacceptable at this point and I really want to admit that. It really is unacceptable.

Ms. BROWNLEY. Well, I am glad to hear that you are focused on that, because the wait times are way too long.

But I would certainly like to invite you to the community so that there could be some collaboration in your planning and implementation of community care, because I think again we have a large military collaborative, lots and lots of providers and resources that I know would love to have your attention, and I think there could be some great collaboration and we could find probably some economies of scale and some efficiencies towards making that happen. So I would certainly like to see if we could begin to have that kind of conversation and implementing that.

Ms. BEITER. Yes, absolutely. I totally agree with you. I mean, we do have some good community partnerships already going on in Ventura County, but clearly, listening to the first panel, we have a lot more that we can build on.

Ms. BROWNLEY. Yes, and I think that could be just the beginning of a longer conversation, and I think that that would be really terrific.

Just in terms of the suggestions from the previous panel, just an intake person at the Oxnard facility, and also this whole issue with the new contract, the VA contract with Aurora Vista del Mar,

which is great, but can we bring the intake here locally for that rather than having to travel all the way to West L.A.? Is that a possibility?

Ms. BEITER. I think that we absolutely need to look into that as a possibility, because I think as we start working with these contracts we really have to make sure that we are coordinating what we are doing. So I am very happy to take a look at that and see why we couldn't do that.

Dr. BENISHEK. Is there any reason why you couldn't just do it? I mean, apparently there was somebody at one time, and now they are not there. So why can't we just commit to making that happen?

Ms. BEITER. We probably can just do it.

Dr. BENISHEK. Can you commit to making that happen?

Ms. BEITER. I think so. I think we can commit to that, yes.

Dr. BENISHEK. Okay.

Ms. BROWNLEY. Thank you, Mr. Chair.

So in terms of alternative therapies, I think our one witness who talked about our equine therapy here, I have been there, and it is really an extraordinary program. So I am wondering, from your vantage point, I know the VA is on a broader basis looking at alternative therapies. I think the West L.A. facility is looking at alternative therapies. How can we better partner with Reins of H.O.P.E. here, that is extraordinary, that we can have a better partnership with the VA?

Ms. BEITER. Well, I think we can absolutely do that. As you know, we are a Center of Innovation, and we have focused on integrative health and healing modalities, and I am personally very passionate about that, being a nurse. What we are really trying to do as we move forward in our new programming in the VA is really offer our veterans choices, because certain therapy will work for one and not necessarily for another.

So we are really trying to expand the choices that our veterans have, and we have really tried to do that at West L.A. for the VA, actually. We are one of their pilot sites to really implement a lot of those programs. And the success we have had and the satisfaction from our veterans is just unbelievable, and it makes you want to do more and more.

We are just ruling a lot of these out now to our CBOCs. Part of our Oxnard issue has been space.

Ms. BROWNLEY. We can solve that problem.

Ms. BEITER. But I really do believe that—actually, we had some plans to do some things in Oxnard in April. But listening again to the panel, I think there are even much more partnerships. And I firmly believe as we move forward in health care, it is really going to be about community partnerships and really leveraging each of our resources to the best that we can, for our veterans.

So I am very supportive of that, and I think we can do lots of follow-up with all of the community partners.

Ms. BROWNLEY. Well, that would be great, and I concur with your statements. I think the tele-health is a good option, and I think it will be very, very helpful for some, not all.

Ms. BEITER. Exactly.

Ms. BROWNLEY. I always stand sort of fearful that this is going to be the panacea and the solution that is going to fill in the gaps,

but we have to have a variety of services to meet all of the individual needs and what our veterans are going to be most comfortable participating in.

Ms. BEITER. I totally agree with that.

Ms. BROWNLEY. The Veterans Court here, I would love to invite you to come out and see what is happening there. It is extraordinarily successful. I know that there are other models throughout the State of California and across the country. Again, I think this is a great safety net that the community provides, and everyone who is involved, including Ms. Twoombley, who participates in that, volunteers their time to do that.

Again, I think this is an extraordinary place for partnership because they are open and willing to service many, many more, and they work as a collaborative team. They are looking at the individual, trying to put the resources together. It is this team approach. But we could really use resources and help to expand upon that now. It is a completely voluntary effort now. It would be extremely helpful. I would love for you to come and see actually what takes place there.

Where am I? Am I okay with time?

Dr. BENISHEK. We are over, so don't worry about it.

Ms. BROWNLEY. Okay.

Dr. BENISHEK. Could I ask a couple of questions?

Ms. BROWNLEY. Okay, you ask.

Dr. BENISHEK. Ms. Beiter.

Ms. BEITER. Yes?

Dr. BENISHEK. You mentioned that you are going to meet this 14-day goal at the end of March. What is happening now?

Ms. BEITER. With the new providers that we have just hired, we will be able to fill up their panels, and we are also going to be looking at some PC3 providers. But we think with the staff that has come on board—and maybe Dr. Flynn can even address that—we feel we will be able to get very close, if not right on there, and we are going to continue to look at that and monitor it, because our goal is to get within our VA standard by the end of March.

Dr. BENISHEK. Well, maybe at the end of March you can update the committee on where you are at. That would be appreciated.

Ms. BEITER. We can do that.

Dr. BENISHEK. Okay?

Ms. BEITER. Okay.

Dr. BENISHEK. I have a question for Ms. Twoombley is it?

Ms. TWOOMBLEY. Twoombley.

Dr. BENISHEK. Twoombley. You work at the Vet Center, then?

Ms. TWOOMBLEY. Yes, Chairman.

Dr. BENISHEK. What is your staffing situation?

Ms. TWOOMBLEY. We have four full-time counselors, a full-time outreach worker, one part-time outreach worker, and an office manager.

Dr. BENISHEK. I mean, how are your wait times? Do you need more staff? What is the situation?

Ms. TWOOMBLEY. We are actually adding one more staff member within the next probably three months. The wait time for—we are very fortunate. The wait time for our clients right now is three to five days for intake.

Dr. BENISHEK. Okay. Well, got to go to a couple of vet centers in my district, and it is a little bit different from the VA hospitals. It is a separate thing, and I know it was managed by VA. I was so pleased by the atmosphere there. There were guys that had actually been through the problems helping other veterans.

Ms. TWOOMBLEY. Yes, sir.

Dr. BENISHEK. That, to me, is a really great——

Ms. TWOOMBLEY. It is the same here.

Dr. BENISHEK. Yes, it is a really great setting, I think. So I just want to be sure that you feel as if you are getting enough. I think your funding is different——

Ms. TWOOMBLEY. We are part of the VA. Our funding is a little bit different. Right now, our staff is—again, we are increasing. We have plans to increase our space in Fiscal Year 2014 or 2015, and we will be able to offer Tai Chi, yoga, and things like that within probably, hopefully a year, a year-and-a-half, which would be more alternative things for our center. We offer a variety of groups——

Dr. BENISHEK. What would it take for you to incorporate something like equine therapy? Who approves that kind of stuff? I am not familiar with it myself, but how is that application so you can actually refer somebody to them?

Ms. TWOOMBLEY. Well, that is a great question, Mr. Chairman. We actually refer to Reins of H.O.P.E. currently, and we refer to Operation Healing Waters, which is a similar group. It is a fly-fishing group. So we do refer to those kinds of alternatives.

Dr. BENISHEK. Okay. All right. Thanks.

I am going to yield back to Ms. Brownley for any final questions she may have.

Ms. BROWNLEY. Well, I just wanted to follow up on one line of questioning, too. If you would just comment a little bit on what your outreach looks like for your facility.

Ms. TWOOMBLEY. Okay. Our full-time outreach worker actually is here. I just want to point him out. He is an Iraqi vet, and he goes to a variety of outreach events. He partners with the community colleges, with the universities. He partners with the Navy base, with the wing. He attends events at—help me out here, Isaac.

Ms. BROWNLEY. Whenever I am out, I see him.

Ms. TWOOMBLEY. Yes, he is at all events. So he is out there trying to get the word out that we do provide services for combat veterans and for veterans who have experienced military sexual trauma, that we provide post-traumatic stress groups, all kinds of different help for them at the Vet Center.

Thank you for acknowledging him.

Ms. BROWNLEY. Very good.

Well, I think most of my questions have been answered, and I am very excited about the prospect of having had this meeting as a starting point of a conversation and continuing that in terms of how we can better partner here with all of the resources that we do indeed have here, and the partnerships I think that can be developed with the VA, and the partnership on outreach and addressing some of the very specific issues that were raised here today in terms of intake at the Oxnard facility, the Aurora Vista del Mar issue, and seeing the plan. You had mentioned that there is a spe-

cific plan for the area. If you could share the plan with me, I would appreciate that.

I would just like to begin the work and scheduling some time where we can continue this meeting and have our community providers here, and we can further the conversation and I think create some better partnerships here and service our veterans in a better way, and that is why we are all here.

I certainly do thank the VA for their work and help. Sometimes it might sound like we are being overly critical. We don't mean to, because we know that you are equally as committed to servicing our vets, and I think the collaboration is really the key to our future success, and we all want to continually improve until we know that we are servicing our veterans in the very best way possible.

Do you have concluding——

Dr. BENISHEK. I have a few things to say.

Ms. BROWNLEY. Okay. Great. Thank you, Mr. Chair.

Dr. BENISHEK. I think that is the last of the questions. The panel is excused.

Thank you to all our witnesses and to the audience members for joining today's conversation. It has been a pleasure for me to spend the morning here in Southern California with you all.

I hope that the VA staff here today will listen to the comments of the first panel and incorporate a lot of their ideas going forward. We have a few inquiries we will expect some answers to in the future.

With that, I ask unanimous consent that all members have 5 legislative days to revise and extend their remarks and to include extraneous material.

Without objection, so ordered.

Dr. BENISHEK. This hearing is now adjourned.

[Whereupon, at 11:50 a.m., the subcommittee was adjourned.]

APPENDIX

PREPARED STATEMENT OF KIMBERLY EVANS LOGIE, LMFT AND MILITARY SPOUSE

I am Kim Evans Logie, Military Spouse and licensed Marriage and Family Therapist. My husband has served 24 years in the military, been to multiple combat deployments as an active duty and reservist. We recently spent almost two years getting his rating and enrolled with VA. I am one of the leading mental health experts in the state of CA in regards to Military and Veteran mental health. I have trained over 1300 CA mental health professionals on military mental health issues and have briefed over 8000 service members and their loved ones on pre and post deployment issues.

I have worked extensively with Active Duty, National Guard and Reserve components as a TriWest embedded therapist, Joint Family Support Assistant Program (JFSAP) Military Family Life Consultant (MFLC), Director of Psychological Health (DPH) for the Air National Guard and Purple Camp Therapist to name a few. Last year I spent 4 weeks at Lackland Air Force Base under federal subpoena as a defense witness FORCED to testify against one of my Airmen who had been sexually assaulted. I am currently the Coordinator for the Ventura County Superior Court Veterans Treatment Court and the Director of Ventura County Military Collaborative. I have had the distinct pleasure of serving the men and women of the US military both pre and post deployment and know well the mental health issues associated with combat service and military sexual trauma.

In Ventura County we use a combination of inpatient, outpatient, alternative treatments and homegrown community based support to help our veterans.

For outpatient clinics and services we utilize:

- The Ventura Vet Center for combat, substance abuse and MST veterans
- The VA contracted clinic in Oxnard for psychiatric and mental health treatment
- The VA at Sepulveda
- The Vet Center at Sepulveda VA

For inpatient services we utilize:

- The Domiciliary, Haven, New Directions etc. at West LA VA
- The Pathway Home at Yountville: a privately funded facility, which does phenomenal work and is free for veterans.
- We do have a PTSD unit at a local psychiatric hospital. Aurora Vista Del Mar just received a VA contract but we are being told that intake and referral will have to come through West LA VA. This may make the use of our local facility prohibitive. Most of our veterans would not be able to drive to LA for intake, due to transportation and/or medical issues.

The alternative forms of treatment in our local area are:

- The Soldiers Project which provides free military mental health
- Reins of Hope a leader in equine assisted therapy
- Healing in America using energy healing to help veterans
- Crisis Intervention Team (CIT) training for our local law enforcement officers in dealing with military and veteran issues.
- Ventura County Military Collaborative which has over 140 agencies (government, non-profit and VA contracted) working together to create a safety net of care for military, veterans and their families through a variety of modalities.
- Ventura County Veterans Treatment Court providing wrap around services and treatment vs incarceration and is making profound strides in helping veterans by utilizing local agencies through the Collaborative.

These services are funded primarily through grants. The Ventura County Military Collaborative operates without any funding at all

relying on volunteers, donated meeting space and a community that doesn't hesitate to support it. In addition, the Collaborative produces the MilVet Expo, a free yearly event focused on bringing services to active duty, national guard, reservists, veterans, retirees and their loved ones. This event is produced with zero dollars and the gracious support of community partners.

The role traditional and alternative forms of therapy play in veterans recovery process:

Without proper and coordinated mental health care I have no doubt that the men and women who serve our great nation would end up in situations much worse than we are currently seeing. Our service members and their families are tired, they are scared and they are proud. Consistency, training and knowledge of community resources are imperative for all clinicians working with veterans. Consistency is essential to building trust, which is a hallmark of successful mental health treatment. This is the bare minimum needed to aid those men and women who have given so much.

I would like to point out that the VA is doing some great things:

- We have Paul Gaines, our local homeless outreach representative, who I believe never sleeps. He is everywhere in Ventura county interfacing with many community agencies and law enforcement to help find veterans in need of shelter and mental health/substance abuse treatment. He takes these veterans to West LA VA for inpatient services.
- Greg Cain is our Jail Outreach Coordinator and a key player at the Ventura County Veterans Treatment Court. He works 24/7 to get our local Vets into beds at West LA VA. He speaks with family members, public defenders, district attorneys and anyone else who will listen about the wide array of services for veterans.
- Charles Green is the face of VA for many of our National Guard and Reservists. He arranges clinics and briefings to help enroll our local service members and answer their questions while they are still in the military.

The obstacles we face:

- Lengthy waits at our local clinic for psychiatric and mental health services. I had to refer an Airman back to San Francisco VA for a medication refill as the wait was over 4 months to see a Psychiatrist at the Oxnard clinic.
- No outreach from our local VA clinic. All outreach and support comes from West LA VA.
- Veterans completing an inpatient program at West LA VA with no apparent coordination of care for their return to Ventura County.
- The need for more localized services through grant funding and/or support from the VA.
- Creating a sense of community with our local vets when their treatment may involve multiple facilities at multiple locations.

Having been involved with military mental health since 2003 I am so impressed with what we have accomplished. The stigma that was so prevalent when I first started has disappeared in most units, especially those who have embraced an embedded therapist model. I am proud of the work that we have done and it has made a difference! We are saving lives.

I thank you for your time and for your caring about those who have given so much.

PREPARED STATEMENT OF LYNDSEY HALE

Our Greatest Generation Veterans—Health/Psyche/Social Needs

Good day, my name is Lyndsey Hale, I am a Military Spouse, the 2nd Vice for the American Legion Auxiliary unit 741, a Ventura County Military Collaborative Board Member, and a Veterans Liaison for a hospice provider.

Regarding mental health and resources for our veterans it is especially meaningful for those veterans who left comrades on the field of battle as they enter their senior years or near end of life.

There is a quote from Will Rogers that goes, "We can't all be heroes, some of us have to sit on the curb and clap as they go by." Although in more recent years we do our share of "clapping", recognizing and honoring our veteran, we need to do more to provide the resources and support for our veterans in regards to mental and spiritual health particularly as they near end of life.

I know that we do not see ourselves as a "warrior" nation. However, over the years we have been thrust into numerous conflicts during which we have always had those willing to answer the call of their country. Many of those never returned alive.

There are over 21 millions living Veterans, 45% of which are over 65 years old according to *www.census.gov*.

As a Military Spouse, daughter of a Vietnam era veteran, and granddaughter of WWII veterans, I am humbled to be able to speak in regards to the need for resources and support for our veterans of any age, and particularly to advocate today for our elderly veterans. In the American Legion Auxiliary outreach and in working in hospice I hear many stories from veterans that they have never told or not brought up in years. These veterans of war are holding memories of horrors one, like myself, who has not seen battle, can comprehend.

I was speaking to a WWII veteran, a Pearl Harbor Survivor, who told me he had three times been spared his life during WWII while he watched his comrades in arms die. While he had to pick up their remains and count the bodies ... He told me that the third time his life was spared he was on a ship at sea and had just left his post to run back to the galley for coffee ... while he was in the galley the ship was attacked. Later as he was walking the ship with a Lieutenant, and pulling dog tags of those that had been killed he came to his post where he should have been, and there in his place was the lower half of a mans body ... the man covering his seat was litterly cut in half by the explosion from the torpedo that hit the ship. He said he started laughing hysterically at this point as he just lost it. His Lieutenant then slapped him in the face to bring him back to reality ... This WWII hero told me he would never forget those images and that now as he is in his late 90's they come to him more and more.

This is just one of many stories I have heard. Other stories involve questions and remorse for those they may have killed in battle ... These WWII veterans wonder what will come of their souls as they leave this life. I believe our veterans often just need to get these stories off their chests ... things they have never spoken of to anyone for fear of the judgment that would follow. I can't tell you how many times I have heard a spouse say, yes he served in

the War, but he never talks about it. PTSD is a common term these days that we are trying hard to address and assist our returning troops with. I personally have had many a friend come home in recent years broken from war. We need to continue to support and grow our resources for our military and veterans of recent war. In saying that, we can not forget the veterans of our past wars such as our WWII vets. They came home to a nation as heroes, yes, but there was no diagnosis for their mental well being, there was no 'PTSD' support ... often they just stifled it, at times self medicated and moved on. The bonus for this WWII and Korean Conflict generation was that many of our men and families were touched by it or involved directly in it and so they had comfort in numbers. However, as this tough proud generation ages they have questions and fears they have never been able to address.

As an American Legion Auxiliary Member I know that our American Legionnaires & Auxiliary members are constantly seeking better ways to reach out to our Veterans and get them information on programs such as the We Honor Veterans Program, the 'Spirit of '45, movement, resources such as the local VetCenter and County Veterans Service Office to help bring support to our greatest generation, but we need more awareness and support in our health care community and the general public. I ask you today to help find a way to reach out to our Greatest Generation veterans and let them know there are support and resources for them too and that it is okay to talk about their time in the service.

Thank you for your time and attention to these matters and your work on making a difference in the lives of our Veterans and families.

Lyndsey N. Hale

PREPARED STATEMENT OF JULIE SARDONIA

Chairman Benishek, Ranking Member Brownley, and Distinguished Members of the Subcommittee:

On behalf of Reins of H.O.P.E.(Human Opportunity Partnering with Equines) as its Founder and Executive Director, I offer gratitude for the chance to share information on our Equine Assisted Psychotherapy Program, H.O.P.E. for Warriors, serving our active duty service members, veterans, reservists and their families.

Reins of H.O.P.E. was established in 2006 as a non-profit serving Ventura County's at risk youth population. Our tool: Equine Assisted Psychotherapy and Learning sessions (EAP). Our client roster has grown steadily each year since, as has the number of sessions offered.

All of our Licensed Mental Health Therapists and Equine Specialists are trained and certified by EAGLALA, Equine Assisted Growth and Learning Association. As the world's largest and most professionally respected association for this kind of psychotherapy, EAGLALA sets the global standard for care. It has more than 4,000 members in 49 countries and has certified the staff of over 600 treatment programs. They have established The EAGLALA Military Services Designation, which ensures that practitioners complete specialized training in order to have cultural fluency in the military community. Though equine assisted psychotherapy is

a relatively new discipline, EAGLALA is committed to building a body of evidence-based, peer reviewed research. For a listing of research and studies please visit: *www.EAGLALA.org/research*.

The EAGLALA model, [Ret] Col. Jimmy L. Walters affirmed, "uses the horse to gain insight into behaviors and perceptions. The horses' reactions provide unbiased, real time feedback, breaking through the barriers that many military members experience in conversations with others who cannot begin to understand what we feel . . . Equine assisted psychotherapy provides a strategy for dealing with trauma in a way that makes sense to military service members."

In January 2011, Reins of H.O.P.E. launched the H.O.P.E. for Warriors Program to provide active duty service members, veterans, reservists, and their families with no cost, unlimited, confidential EAP sessions to fill the increasing need for vital, readily accessible mental health services. We offer individual, groups, families, couples, overnight retreats and team building sessions. This popular program accounts for 80% of our non-profit clinical hours and continues to grow.

Reins of H.O.P.E. sessions take place on the ground in outdoor settings. No riding is involved. Sessions with the horses allow exploration of thoughts, feelings, and behaviors and foster trust, resilience, adaptability. These inevitably lead to better problem solving, improved communication, and healthier relationships. Many clients have told us that our arena and horses have created the only space where they feel safe to talk about their military experiences and issues. These clients connect naturally with horses since, like us, horses are herd animals whose survival depends on constant communication. Yet unlike humans, horses, as prey animals, must stay constantly vigilant. Extraordinarily sensitive to their surroundings, they can sense emotional energy around them and often mirror it. They are therefore catalysts for insights on patterns of thought and behavior. They also offer clients the experience of a new way of being. Powerful yet gentle, these animals are effective ambassadors of nature as well as apt teachers in awareness—that is, being in the present moment, calming oneself quickly, setting appropriate boundaries and learning to trust—coping skills key to healing and living a healthy lifestyle.

The H.O.P.E. for Warriors Program takes head-on issues of transition, reintegration, depression, PTSD, suicide, MST, substance abuse, anger, grief and loss.

At Reins of H.O.P.E., our goal is to increase the awareness of Alternative Treatment Modalities, such as Equine Assisted Psychotherapy in the mental health community. But we need the recognition from the VA that alternative therapies are effective and an appropriate level of care for our veterans. In order to reach and help heal our increasing veteran population we pride ourselves in our collaborative and adjunctive form of therapy that we provide with our referral base organizations such as, Fleet and Family Services from US Navy base Ventura County, Aurora Vista del Mar Hospital Military Program, Ventura Vet Center, FOCUS, Oxnard Family Circle Veterans Program and SART.

Since 2011, the H.O.P.E. for Warriors Program has conducted over 684 clinical hours and serviced over 530 equine sessions at no

cost, funded solely by our broad-based community donors, foundations and grants. It is our intention and mission never to turn away a veteran in need of mental health services. We seek a collaborative relationship with the VA and their mental health providers to fulfill our mission: to provide our veterans with a vital program.

A few of our clients' voices join mine:

Josette Wingo, WWII Navy Wave: "Equine Therapy at Reins of H.O.P.E. is a warm, validation program which can have an almost instantaneous effect on returning veterans who might be dealing with PTSD or . . . other trauma. These difficulties often impede readjusting and [a] return to their best lives. In the short time I have been participating, I realize how being with the gentle, intuitive horses and their calming effects can have life changing possibilities."

Retired Col. George Compton, US Army (Advisory Board Member): "I am an absolute believer in the H.O.P.E. for Warriors Program. Without this program we'd have more veterans in jail and in trouble."

David Parker, Retired Master Sergeant E–8 US Army: "This program has been a positive influence in my life. I have learned healthy coping skills to finally deal with my anger management issues. It has changed my life for the better."

Larry, Vietnam veteran: "I don't associate very well with other people and when we go out to the horse program it allows me to relax enough to be able to communicate with people freely. I feel like I am worth something instead of a piece of trash. I am very impressed with their program and would like to see it expand more to help other vets. They really care."

Rebecca, US Army Bronze Star Iraq Veteran: "Participating in the INNPower Retreat for women veterans I found friendship and a safe place to fall when it's really needed, which I have not found since I left active duty. A lot of women soldiers feel forgotten."

Sarah Hedge, Active duty Seabee, 2nd class petty officer: "I attribute my healing process of PTSD to the relationship with the horses and the specific activities which helped me gain my life back. I am off all antidepressants, sleeping meds and alcohol . . . I am happy."

Sir Winston Churchill once said, "There is something about the outside of a horse that is good for the inside of a man."

Thank you for the opportunity to present our Reins of H.O.P.E. Program. It is our honor to serve and give back to our service members, veterans and their families who have fought for our Nation's freedom. I invite you to come up to Ojai as did Congresswoman Brownley to experience firsthand how our horses are healing heroes with honor.

Respectfully Submitted,

Julie Sardonia, M.A., LMFT,
Founder/Executive Director

PREPARED STATEMENT OF MIKE MCMANUS, VETERANS SERVICE OFFICER, VENTURA COUNTY HUMAN SERVICES AGENCY

Good morning, Chairman Benishek, Ranking Member Brownley, and Members of the Committee. Thank you for the opportunity to provide information to the Committee regarding mental health care services to Southern California veterans through the Greater Los Angeles Department of Veterans Affairs (VA) Healthcare System.

My name is Mike McManus and I am the County of Ventura, Veteran Services Officer. My staff and I connect fellow veterans, their dependents, and survivors with federal and state veterans' benefits and local resources. One of our primary responsibilities is connecting veterans with VA disability compensation for such conditions as Post Traumatic Stress, Traumatic Brain Injury (TBI), and for conditions resulting from Military Sexual Trauma. We also assist veterans enroll in VA health care and refer to local and regional treatment resources.

The Veteran Services Office has five accredited personnel who interview veterans, file the appropriate benefit claim, advocate on behalf of the veteran, and make needed referrals to other service providers. We also have support staff to include interns that enable us to meet client needs. The Veteran Services office has conducted a variety of outreach activities to inform the veteran community about benefits. The office currently operates out of the main office and nine field offices to make it as convenient as possible for veterans to meet us. In Fiscal Year 11/12 the office saw 1,839 people, however, by Fiscal Year 12/13 office staff had seen 3,572 people (source: VetPro). In FY 10/11 the Veteran Services Office connected county veterans with 3.89 million dollars in federal benefit payments, but by FY 12/13, those benefit payments totaled over 8.75 million dollars (source: California Department of Veterans Affairs Annual Report to the Legislature).

I am also a retired Unites States Air Force Senior Master Sergeant. I spent the last seven years of my 20 years in the military as a First Sergeant with one deployment for Operation Iraqi Freedom in 2003. As a First Sergeant I had overall supervision over all enlisted personnel with my units. I advised the unit commanders on all matters affecting their enlisted force to include issues involving mental health and substance abuse, and those conditions, impact on service members, their families, their career, and the unit.

Ventura County veterans needing mental health care can receive treatment from the two psychiatrists and one social worker at the Oxnard Community Based Outpatient Clinic (VA clinic). Veterans can also seek counseling from the four clinicians at the Ventura Vet Center.

Ventura County has over 41,000 veterans, thousands more National Guard, Air National Guard, and Navy and Marine Reserve personnel who are eligible for VA mental health care. Navy Base Ventura County's active duty Navy personnel, who are combat veterans, can also receive mental health care from the Vet Center.

In essence you have tens of thousands of veterans and military personnel in Ventura County and many of these will seek mental health care from the seven people providing mental health treatment for the VA.

Clearly there is a large unmet need. The VA clinicians providing mental health care in Ventura County do an extraordinary job, there are simply too few of them. As outreach to the military/veteran community increases from organizations such as the Ventura County Veteran Services Office and the Ventura County Military Collaborative, the number of veterans seeking services increases.

Veterans routinely tell my staff and I, how they can only see the psychiatrists at Oxnard VA clinic every other month or in some cases every three months. The option to be seen by a clinician at Sepulveda exists, however, in many cases we are referring to combat veterans with Post Traumatic Stress and driving the I–405 only adds to their stress and anxiety. Ventura Vet Center staff has done an amazing job trying to meet the mental health needs of our veterans. However, they are only four clinicians. I whole-heartedly encourage the VA to add clinicians to the Oxnard VA clinic and Ventura Vet Center. The additional clinicians could then provide treatment during evening hours and on weekends. This will improve access to care for veterans going to college, recovering from service-connected injuries, who are employed, etc.

In addition to increasing the number of clinicians at the Oxnard VA clinic and Ventura Vet Center, the VA needs to explore partnerships with community programs, resources, and more quickly assess and adopt alternative mental health treatments. I would suggest the VA establish contracts with mental health and substance abuse counselors for inpatient and outpatient treatment in Ventura County. An example of such cooperation is the newly awarded VA contract to Aurora Vista Del Mar to provide treatment for Post Traumatic Stress. Previously, they treated veterans eligible for Tricare. The VA contract will now enable a much larger pool of county veterans to benefit from their services.

In-patient and intensive out-patient resources availability in Ventura County will greatly benefit the county's veterans. Programs such as what Aurora Vista Del Mar offers would allow veterans to remain in Ventura County nearer their support structures and enable some to continue their employment while receiving outpatient care. This option would not be appropriate for all veterans and some would receive treatment through one of the programs at the VA Medical Center (VAMC) in Los Angeles. In many instances however, treatment provided in-county is the option best suited to the veteran. One example of how the option of in-county treatment could benefit veterans is through the Ventura County Superior Court's Veteran Court. Vet Court focuses on treatment, not incarceration, of our combat veterans with service caused Post Traumatic Stress, Traumatic Brain Injury and the resulting behavior problems, substance abuse issues and run-ins with law enforcement. Currently, most veterans in Vet Court needing in-patient or intensive out-patient treatment go to the VA Medical Center in Los Angeles. Ventura County veterans deserve the option to receive inpatient and intensive out-patient treatment in their home county. We have high hopes for the Aurora Vista Del Mar program offering these options.

Partnering with other non-VA service providers to expand the availability of treatment would greatly benefit our veterans. We are fortunate in Ventura County to have an equine therapy pro-

gram (Reins of H.O.P.E. in Ojai, CA) that has proven itself invaluable to our combat veterans and others who have experienced military-related trauma. A VA contract or the possibility of a quick Fee Basis referral would greatly help meet the need for mental health treatment.

VA's willingness to assess and accept alternative treatments is what's called for to help meet the need for care. A couple of examples in Ventura County are meditation therapy and farming. Healing in America (Ojai, CA) offers its meditation services as a way for veterans to heal. In addition, Veteran Farmers of America (Ventura, CA) is developing a program and has experienced promising early results that have shown the benefits of their farming intern program.

The VA should actively solicit data on the effectiveness of complimentary and alternative therapies so they can provide access (contract, Fee Basis referral, etc) for veterans needing mental health care. Alternative therapies in conjunction with VA provided care need to work in concert with one another to meet veterans' needs. Our veterans have earned such care.

Thank you again for this opportunity.

Points of contact from organizations reference above:

Aurora Vista Del Mar, Dr. Pilar Sumalpong, Ph.D., 805–653–6434 ext. 205, *Pilar.Sumalpong@aurorabehavioral.com*

Reins of H.O.P.E, Julie Sardinia, 805–797–5539, *reinsofh.o.p.e.ojai@gmail.com*

Healing in America, Roger Ford, 805–640–0211, *rogerford@healinginamerica.com*

Veteran Farmers, Mary Maranville, 805–746–0606, *mary@seeag.org*

PREPARED STATEMENT OF DONNA BEITER, DIRECTOR, GREATER LOS ANGELES HEALTHCARE SYSTEM

Good morning, Chairman Benishek, Ranking Member Brownley, and members of the Committee. Thank you for the opportunity to discuss the VA Greater Los Angeles Healthcare System's (GLA) commitment and accomplishments in providing Veterans high quality, patient-centered care and being a leader in health care transformation; specifically, by improving mental health outcomes and access to mental health services and programs. I will begin my testimony with an overview of GLA and then focus on our comprehensive mental health programs.

Greater Los Angeles Healthcare System Overview

GLA is accredited by The Joint Commission and is one of the largest and most complex facilities within VA. We serve Veterans throughout Kern, Los Angeles, San Luis Obispo, Santa Barbara, and Ventura counties. GLA is located in West Los Angeles, California with large ambulatory care centers in downtown Los Angeles and Sepulveda; Community-Based Outpatient Clinics (CBOC) located in Bakersfield, Gardena, East Los Angeles, Lancaster, Oxnard, Santa Maria, Santa Barbara, and San Luis Obispo; and a clinic in development in the San Gabriel Valley. In fiscal year (FY) 2013, GLA treated 86,438 Veterans with 28,070 receiving care in

our mental health programs. Since the beginning of Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND), GLA has enrolled 20,696 Iraq and Afghanistan Veterans, with over 9,700 Veterans treated in FY 2013. Of the Iraq and Afghanistan Veterans treated in FY 2013, 30 percent received care in our mental health programs.

GLA has been involved in several major redesigns of our health care programs over the last few years, particularly by completing the move to a new patient-centered primary care delivery model called Patient Aligned Care Teams (PACT). A PACT team is comprised of a medical provider, nurse care manager, and a clinical and administrative coordinator, all of whom care for and assist the Veteran with navigating his or her whole health experience. The team focuses on engaging Veterans in their own care by helping Veterans identify and set goals, and by teaching them skills they can use to improve their health. The PACT team works together to ensure access and communication with the Veteran and coordination with the rest of the health care organization and the Veteran's local community. Along with and consistent with the overall PACT model, primary care–mental health integration has been an integral part of primary care at GLA with mental health providers embedded in primary care settings. Additionally, GLA has implemented both general tele-health and also tele-mental health services to Veterans in our catchments area.

As a leader in health care transformation, GLA has been designated a National Center of Innovation for Patient-Centered Care. The focus of our Center of Innovation is to develop and spread integrative health and healing alternative initiatives, such as Tai Chi, acupuncture, mindfulness-based stress reduction, guided imagery, and breathing/stretching/relaxation exercises. Our plan is to continue to expand these initiatives as a standard part of care for all Veterans at all GLA sites utilizing tele-technology, Web based platforms, and train-the-trainer approaches. Our plan is that these alternative care therapies will be available at the Oxnard, Santa Maria, and Bakersfield clinics by April 2014.

GLA has implemented new innovative strategies in the area of eliminating Veterans' homelessness. GLA collaborates with numerous community partners to end homelessness among Veterans, such as Los Angeles City, Los Angeles County, the Department of Housing and Urban Development (HUD), Public Housing Authority, and many other community partners. A 28 percent reduction in Veterans' homelessness in LA City and LA County between 2010 and 2012 was achieved through these successful community partnerships. We continue to target the most chronically homeless Veterans with a focus on getting the most vulnerable Veterans off the streets and into permanent housing using a Housing First approach.

Mental Health Care

Mental health services at GLA are unified under an interdisciplinary Mental Health Care Line (MHCL). GLA's MHCL is expanding its implementation of the Recovery Model which is patient-centered, empowers Veterans, and works with Veterans to attain the highest level of independent functioning possible for each Veteran. GLA provides an extensive range of mental health outpatient serv-

ices at three major sites (West Los Angeles, Los Angeles Ambulatory Care Center, and Sepulveda Ambulatory Care Center) as well as the eight CBOCs.

Comprehensive treatment programs for substance use disorders are available at the three major sites, including intensive outpatient programs based on the Matrix Model (a cognitive behaviorally-oriented approach) as well as Opiate Treatment Programs (methadone maintenance or Suboxone treatment). The Harm-Reduction Model is also utilized at the three main campuses. Alcohol detoxification is available for homeless Veterans at the West Los Angeles campus. Negotiations are in the final stages to make inpatient detoxification services available to all Veterans (including non-homeless Veterans and Veterans withdrawing from drugs other than alcohol) at a community-based facility in the GLA basin through the TriWest contract program as part of VA's Patient-Centered Community Care (PC3) initiative. GLA is also in the process of developing a partnership with Kern County Mental Health to provide inpatient detoxification for Veterans who are enrolled in the Bakersfield Clinic. GLA will be making substance use disorder treatment, inpatient mental health treatment, and specialized outpatient mental health treatment available to Veterans at northern CBOCs through the PC3 program, and contracts are being negotiated with TriWest. This will help Veterans who live at a distance from the three major campuses obtain these services closer to their homes.

In addition to comprehensive substance use disorder treatment, GLA offers an extensive array of traditional and non-traditional mental health services. Services include evidence-based pharmacotherapy and evidence-based psychotherapy for the treatment of a very wide range of mental disorders including post-traumatic stress disorder, anxiety disorders, mood disorders (including depression and bipolar disorder) and schizophrenia. Among the evidence-based psychotherapies that are available are cognitive behavior therapy for depression, acceptance and commitment therapy for depression, cognitive-behavior therapy for insomnia, prolonged exposure therapy and cognitive processing therapy for post-traumatic stress disorder, and social skills training for patients with serious mental illness, such as schizophrenia. GLA mental health staff have been trained in a number of other evidence-based psychotherapies as well, integrated behavioral couples therapy, motivational interviewing and enhancement, and problem-solving therapy consistent with VA's evidence-based therapy initiative. In addition, as described earlier, complementary and alternative medical practices such as mindfulness-based stress reduction are incorporated into many mental health clinics and programs.

Primary Care-Mental Health Integration (PC–MHI) has been available to Veterans at the West Los Angeles Medical Center since its inception in 2007 and at the Sepulveda Ambulatory Care Center, where the emphasis is on giving patients same-day access when needed and close collaboration with primary care providers to promote both mental health and medically-healthy behaviors. PC–MHI has recently become available at the Los Angeles Ambulatory Care Center campus and is in the process of being implemented at the Santa Maria, Oxnard, and Bakersfield CBOCs. GLA

currently has two Veterans Transition Centers/Post-Deployment Clinics where mental health services are provided to OEF/OIF/OND Veterans in an integrated primary care setting at the Sepulveda and West Los Angeles sites. Separate clinics for meeting the mental health needs of female Veterans are available at the three major sites in primary care settings.

Inpatient mental health care is provided at the West Los Angeles Medical Center where there are currently 45 operational inpatient beds available to Veterans who are in need of acute inpatient care due to the severity of their mental health condition.

GLA also has a long-established Domiciliary Residential Rehabilitation Treatment Program, which has 296 operational beds. The Domiciliary is located at the West Los Angeles Medical Center and serves Veterans from all GLA facilities as well as from other VA facilities in Veterans Integrated Service Network (VISN) 22 (e.g., VA Southern Nevada Healthcare System in Las Vegas). The Domiciliary offers residential treatment programs for Veterans who have experienced post-traumatic stress disorder (PTSD), for Veterans who are homeless, for Veterans with substance use disorders, and for Veterans who are attempting to return to competitive employment. Our Domiciliary also can accommodate Veterans who prefer to receive care in a single-gender setting.

Oxnard Mental Health Clinic

As Veteran demand for outpatient mental health appointments has grown, GLA has strived to build capacity and keep up with the demand at the Oxnard Mental Health Clinic. Staffing and space issues have posed limitations, and we have deployed a number of strategies to keep up with demand and meet our patients' needs. Since October 1, 2013, each week approximately eight to ten new Veterans are seen for mental health services at the Oxnard Clinic. Additionally, we provide care to 1,152 established mental health patients for whom we provide ongoing care. To improve access and increase our capacity for mental health services at the Oxnard Clinic, we have brought on additional mental health providers, including permanent, fee basis, and locum tenens providers. With the addition of these new mental health providers, we will meet current demand.

A limited number of offices are available in the current space at the Oxnard Clinic, and as demand for mental health care services grew, office space became increasingly insufficient. In preparation for the upcoming contract renegotiations, mental health space will be more than doubled. In the interim, we consolidated other clinical work and moved two administrative staff out of a shared office to increase the mental health working space to five individual rooms and one group room.

One of the innovations to increase capacity at the Oxnard Clinic is the expansion of clinical video tele-mental health. This technology allows Veterans to come into the clinic and see a mental health provider who is based at a distant site. This fiscal year, tele-mental health providers have provided care to 100 unique patients in the first quarter, FY 2014 alone, whereas they provided care to a total of 155 unique patients during the previous year. Staffing for Oxnard tele-mental health is currently the equivalent of a 0.5 full-time equivalent (FTE) remote provider. We have also been part of

a VISN project with our partners at the VA San Diego Healthcare System to offer evidence-based intensive psychotherapy to Oxnard patients via tele-health at the Oxnard Clinic with expert providers located in San Diego. Currently, we are developing an implementation plan to deploy Jabber, one of VA's latest innovations where patients who need counseling can be evaluated from their homes on their own personal computer screens.

Our process of electronic consultation allows review of the specific Veteran's needs and referrals electronically and telephonically, as appropriate. Some patients' needs can be met through email with the primary care provider on the same day or through a phone call. Veterans can be seen at any VA facility if they have an urgent need, and if they choose to travel (potentially with reimbursement or via VA transportation). In cases where we have fallen behind in timeliness, we have offered this option to Veterans in Oxnard, and they have been seen sooner at Sepulveda or Santa Barbara. So far this year, we have received 246 consults, which are new, returning, or multidisciplinary (to psychology, psychiatry, and social work). We are actively scheduling these patients with the new staff recently brought on board.

Oxnard Homeless Veterans/Veterans Justice Outreach Program

Ending Veterans homelessness is a national initiative involving VA, HUD, Federal, state, local authorities, and community partners. In Oxnard, the HUD–VA Supportive Housing voucher program and Homeless Outreach team have been focusing on connecting homeless Veterans to VA services. The Homeless Outreach team is also connected with the Veterans Justice Outreach Program. We are in preliminary discussions with the courts to bring Veterans out of jail and into homeless programs. Veterans need to participate and successfully complete a treatment program and take the needed steps to return to productive lives to demonstrate to the Judge their desire to turn their lives around and become productive citizens. Successful completion of their program is an alternative to incarceration and results in charges being stayed or dropped. We are exploring potential substance use disorder treatment programs for homeless Veterans to support their recovery process. Currently, we have fee-basis funding for Veterans who need substance use disorder treatment or other residential mental health treatment in Ventura County. In the near future, we will have TriWest contracts through PC3 for community programs appropriate for Veteran care.

Mental Health Performance Metrics

VHA has developed many metrics to monitor performance in the delivery of mental health services. These monitors include the following:

1) Patients who are discharged from acute inpatient mental health treatment should receive follow up contact within 7 days. VHA's goal is that 75 percent of Veterans in this category should have such contact within 7 days. Through the first 4 months of FY 2014, GLA has successfully contacted 86.5 percent of Veterans discharged from acute inpatient mental health treatment for follow up within 7 days of discharge.

2) Qualifying Veterans should have a Mental Health Treatment Coordinator (MHTC) assigned to them. VHA's goal is that 87 percent of qualified Veterans should be assigned an MHTC. GLA had 89.6 percent of qualifying Veterans assigned to an MHTC as of December 2013.

3) OEF/OIF/OND Veterans diagnosed with PTSD are expected to have eight evidence-based psychotherapy sessions, an approach to therapy supported by research findings where the findings provide evidence that is effective, over a 14-week period. VHA's target is 83.3 percent of Veterans will receive eight sessions in a 14-week period. Although in first quarter, FY 2014, GLA was at 57 percent, the December 2013 data was at 86.8 percent.

4) In FY 2013, VHA redefined access measures for new and established (i.e., received mental health care in the last 24 months) Veterans in mental health care. For Veterans who have established mental health treatment, VHA tracks the percentage of Veterans who are able to schedule an appointment within 14 days of their desired date, which is VHA's goal. The FY 2014 target for this is 95 percent. During this fiscal year, GLA MHCL has achieved that goal 96.8 percent of the time. At the Oxnard CBOC, the goal is met 91 percent of the time.

5) For Veterans who are new to mental health care, the GLA tracks VHA's goal of having Veterans complete an initial appointment in 14 days or less from when they made the request for the appointment. VHA's target is 70 percent. Targets were adopted in roughly November of 2013 after reviewing the baseline performance in 2012. The Access and Clinic Administration Program (ACAP) and Office of Informatics and Analytics (OIA) were asked to suggest targets. VHA analyzed performance levels, variation, trends, and used standard methods (methods used to establish other targets) to arrive at the current goal levels. For FY 2014, the GLA MHCL has provided this level of access 56 percent of the time and 40 percent of the time at the Oxnard Clinic. VA intends to add new staff to improve these percentages and decrease wait times for appointments over 45 days. Any Veteran in crisis presenting to the CBOC or calling in is seen immediately.

Ventura County Community Partnerships

GLA and the Oxnard CBOC make use of multiple community programs and resources. This includes many different faith-based and non-profit programs. VA believes it is vitally important that we network with our community partners in the delivery of health care. These community partners have been strong allies in our efforts, and we appreciate their contributions to our Veterans' health and welfare.

Suicide Prevention

GLA has three full-time Suicide Prevention Coordinators (SPC) located at the West Los Angeles, Sepulveda, and Santa Maria sites. The SPCs provide ongoing information, education, and consultation to GLA administrators, leaders, and staff regarding policy related to suicide prevention and risk reduction, including the identification and assessment of risks for suicide, safety planning, follow up, and engagement in care and crisis/emergency responses. SPCs also respond to national Veterans Crisis Line referrals, aggregate sui-

cide data with GLA and VISN 22 VA facilities, participate in root cause analyses of suicide-related events and Environment of Safety rounds, and provide regular outreach to state and community agencies, local colleges, Veterans Service Organizations, and health, safety, employment, public affairs, and military-related events.

Conclusion

VHA, GLA, and the Oxnard Clinic are committed to providing high-quality care our Veterans have earned and deserve, and we have continued to improve access and services to meet the mental health needs of Veterans. We appreciate the opportunity to appear before you today and the resources Congress provides VA to care for Veterans. My colleagues and I are happy to respond to any questions you may have.

STATEMENT OF THE AMERICAN LEGION, UNITED STATES HOUSE OF REPRESENTATIVES, HEALTH SUBCOMMITTEE OF THE COMMITTEE ON VETERANS' AFFAIRS, FIELD HEARING ON "AN EXAMINATION OF VETERAN ACCESS TO TRADITIONAL AND ALTERNATIVE FORMS OF MENTAL HEALTH THERAPY", FEBRUARY 20, 2014

Tim Hecker joined the Army at 18 and soon decided to make a career of it. He served 22 years in all, in and out of combat, rising to the rank of master sergeant. In the summer of 1990, he married his high-school sweetheart, Tina, and the couple had three children.

Then Tim couldn't remember having married Tina. He couldn't tell his sons apart. Their names escaped him. Injuries suffered in two separate roadside-bomb explosions in a span of two months in Iraq in early 2008 left him with a traumatic brain injury and severe post-traumatic stress. He was no longer the man Tina had married.

Frustrated with her husband's descent and the lack of progress with traditional care, Tina went online and found information about hyperbaric medicine. Following a phone call and an initial interview, Tim was selected to be part of a pilot study on the use of hyperbaric oxygen therapy (HBOT) for Traumatic Brain Injury (TBI) and Posttraumatic Stress Disorder (PTSD). He claims the treatments have given him back most of his pre-injury life.

"By the fourth treatment, I started feeling like a new person," he says at his home in West Edmeston, NY. "I was more aware. I could see things. The deeper I got into the treatments, my cognition started to come back—my motor skills and my balance. My vision started to improve. The biggest benefit was my emotional control."

"We're talking a 180-degree turn around," Tina says. "There are days when he's almost back to normal with his personality."

The preceding story is a condensed version of one of the many veteran stories The American Legion encountered while researching and compiling *The War Within*,[1] a landmark report published by The American Legion to highlight the findings of the TBI and PTSD Committee founded in 2010. It is illustrative of the possibilities presented by one of many potential alternative therapies for

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[1] *http://www.legion.org/publications/217301/war-within-treatment-traumatic-brain-injury-and-post-traumatic-stress-disorder*

some of the emerging wounds of modern warfare, TBI and PTSD. As veterans struggle to cope with these conditions, sometimes alternative therapies offer solutions traditional therapies cannot provide. For this reason The American Legion believes the Department of Veterans Affairs (VA) must be at the forefront of cutting edge care, to include alternative therapies, if they are to truly serve the veterans who suffer from the modern wounds of war.

Background

The American Legion has continued to be concerned with the unprecedented numbers of veterans returning from the wars in Iraq and Afghanistan suffering from TBI and PTSD, categorized as the "signature wounds" of these conflicts. The American Legion believed that all possibilities should be explored and considered in an attempt to finding treatments, therapies, and cures for TBI and PTSD to include alternative treatments and therapies and they need to make them accessible to all veterans. If these alternative treatments and therapies are deemed effective they should be made available and integrated into the veterans' current health care model of care.

As a result The American Legion established the TBI and PTSD Committee in 2010 comprised of American Legion Past National Commanders, Commission Chairmen, respected academic figures, and national American Legion staff. The committee is focused on investigating existing science and procedures as well as alternative methods for treating TBI and PTSD that are not being employed by the Department of Defense (DoD) and VA for the purpose of determining if such alternative treatments are practical and efficacious.

During a three year study the committee met with leading authorities in the DoD, VA, academia, veterans, private sector mental health experts, and caregivers about treatments and therapies veterans have received or are currently receiving for their TBI and PTSD symptoms. As a result of the study, the committee released their findings and recommendations in a report titled "*The War Within*." "*The War Within*" report highlights these treatments and therapies and also identifies findings and recommendations to the DoD and VA.

Key Highlights and Findings of the Report

Some of the critical findings of *The War Within* included:

- Most of the existing research for the last several years has only validated the current treatments that already exist—VA and DoD research is not pushing the boundaries of what can be done with new therapies, merely staying within an environment of self-confirmation bias.
- There seems to be a lack of fast track mechanisms within DoD and VA to employ innovative or novel therapies—a standardized approach to these therapies could help service members and veterans gain access to care that could help them.
- While some VA Medical Centers (VAMCs) do offer complementary alternative medicine (CAM) therapies, they are not offered in a consistent or uniform manner across all 152 VAMCs nationwide—VA struggles with consistency and needs better guidance.

In addition to those findings, the TBI and PTSD Committee made some recommendations for the way forward:

- Congress needs to provide oversight and funding to DoD and the VA for innovative TBI and PTSD research that is being used successfully in the private sec-

tor health care systems such as hyperbaric oxygen therapy, virtual reality exposure therapy, and non-pharmacological treatments and therapies.[2]

• Congress needs to increase DoD and the VA research and treatment budgets in order to improve the research, screening, diagnosis, and treatments for TBI and PTSD.

• DoD and VA need to accelerate their research efforts in order to effectively and efficiently diagnose and develop evidence-based TBI and PTSD treatments.

Continued Efforts

The American Legion's efforts to assess the care and treatments available for veterans suffering from TBI and PTSD are not limited to the efforts of the TBI and PTSD Committee. In 2003, The American Legion established the System Worth Saving Task Force to conduct ongoing, on-site evaluations of the Veterans Health Administration (VHA) medical system. Annually, System Worth Saving visits provide Legionnaires, Congress and the public with an in-depth, boots on the ground view of how veterans are receiving their health care across the country.

Over the last several years, the System Worth Saving reports have examined the full spectrum of VHA care, but specifically have noted several things about how VHA delivers on complementary and alternative medicine (CAM) in their facilities.

VA medical centers throughout the VA health care system are committed, dedicated, and compassionate about treating veterans with TBI. Many medical centers throughout the country have found successful complementary and alternative methods for the treatment of TBI and PTSD such as hiking, canoeing, nature trips, equine, and music therapy.[3] While some systems like the El Paso VA Healthcare System offer several CAM solutions, such as yoga, guitar lesions, sleep hygiene and other practices, other locations such as the Pittsburgh VA and Roseburg VA Healthcare System are more limited, offering only acupuncture in Pittsburgh, and acupuncture for pain management through the fee basis program in Roseburg.[4]

In addition to the ongoing System Worth Saving Task Force visits, The American Legion is taking the lead for veterans by aggressively pursuing the best possible treatment options for veterans on multiple fronts.

Hearing From Veterans About Their Treatment

On February 3, 2014, The American Legion launched a TBI and PTSD survey online in order to evaluate the efficacy of the veterans' TBI and PTSD care, treatments, and therapies and to inquire if they are receiving and benefiting from CAM treatment offered by the DoD and VA. The survey will assist The American Legion to better understand the experiences of veterans who receive care throughout the VA health care system.

William Detweiler, Past National Commander and Chairman of the TBI and PTSD Committee stated, "The American Legion is very concerned by the unprecedented number of veterans who suffer from these two conditions . . . We firmly believe that both VA and DoD need to act aggressively in adopting all effective treat-

[2] Resolution #108: Request Congress Provide the Department of Veterans Affairs Adequate Funding for Medical and Prosthetic Research

[3] 2011 SWS–"Transition of Care from DoD to VA"

[4] 2014 SWS–"Past, Present and Future of VA Health Care"

ments and cures, including alternatives being used in the private sector, and make them available to our veterans nationwide . . . By completing this survey, veterans across America will have the opportunity to tell the true story of the types of care and treatments that they are actually receiving for PTSD and TBI. The survey will greatly help The American Legion in its efforts to advise the Administration, Congress, DoD, VA on the best possible care and treatments for these injuries."

The survey is available online at: *www.legion.org*

Symposium

On May 21, 2014, The American Legion is hosting a TBI and PTSD Symposium entitled "*Advancing the Care and Treatment of Veterans with TBI and PTSD*." The symposium aims to discuss the findings and recommendations from the TBI and PTSD veteran's survey, hear directly from service members, veterans, and caregivers on their TBI and PTSD experiences, treatments and care, and determine how the Administration, Congress, DoD and VA are integrating complementary and alternative treatments and therapies into current models of veterans' health care.

Conclusion

As America progressed through the first decade of the 21st century as a nation at war, an evolving understanding of the nature of the wounds of warfare emerged. As understanding of the wounds of war continues to emerge, veterans must be reassured that the care they receive, whether serving on active duty in the military, or through the VA Healthcare system in their home town, is the best treatment available in the world. To combat the physical and psychological wounds of war, sometimes the old treatments are not going to be the most efficacious.

Just as new understanding about the nature of these wounds emerges, so too must the new understanding about the best way to treat these wounds continue to adapt and evolve. Veterans are fortunate to have access to a health care system designed to treat their wounds, but that system must recognize that different treatments will have differing levels of effectiveness depending on the individual needs of the wounded veteran. There is no silver bullet. There is no single treatment guaranteed to cure all ailments. With a national policy that respects and encourages alternative therapies and cutting edge medicine, veterans have the best possible shot to get the treatment they need to continue being the productive backbone of society their discipline and training prepares them to be.

The American Legion looks forward to working with the Committee, as well as VA, to find solutions that work for America's veterans. For additional information regarding this testimony, please contact Mr. Ian de Planque at The American Legion's Legislative Division, (202) 861–2700 or *ideplanque@legion.org*.

LETTER FROM VENTURA VET CENTER

February 25, 2014
From: Team Leader, Ventura Vet Center 10RCS/4B–0643
Ventura Vet Center, 790 E. Santa Clara St. #100,
Ventura, CA 93001,
(805) 585–1860 and Fax (805) 585–1864

To: Honorable Dan Benishek and Honorable Julia Brownley

Subj: Supplemental Remarks to Congressional Field Hearing

Chairman Benishek and Congresswoman Brownley:

The following information is submitted as an extension to my remarks at the 20 February 2014 Field Hearing addressing Veteran Access to Traditional and Alternative Forms of Mental Health Therapy in Camarillo, California.

Scheduling Veterans for Intakes: Veterans seeking counseling services at the Ventura Vet Center are normally scheduled for an intake appointment within 3–5 days, as stated in the remarks at the Hearing. However, if the Veteran is a walk-in to the Vet Center seeking initial services, a staff member will spend time with them to gather initial information and to schedule an appointment for an extended intake. The staff member can also identify the Veteran's eligibility and if they are not eligible, make an appropriate referral. If the Veteran calls the Vet Center to make an initial appointment and no clinical staff is available to speak to them, the Veteran will receive a return call the same day. The Vet Center has recently (January 2014) expanded their hours to include evening hours 3 nights a week (Monday through Wednesday), until 2000, and Saturdays from 0800 to 1630.

Outreach: The Ventura Vet Center has access to one of 70 Mobile Vet Centers that are stationed across the United States and is another tool utilized in outreach efforts. The Mobile Vet Center is a standalone RV unit that includes a counseling room to accommodate privacy at Outreach Events. One of the Mobile Vet Centers is normally used by our Vet Center at larger outreach events.

Marriage and Family Therapists: Testimony of one of the witnesses during the hearing stated that the Department of Veterans Affairs (VA) does not hire Marriage and Family Therapists. I am a Licensed Marriage and Family Therapist and I am an employee of the VA (one of many within Readjustment Counseling Services.) VA Handbook 5005/41, Part II, Appendix G42 was updated 28 September 2010 and outlines the basic requirements for employment as a Veterans Health Administration Marriage and Family Therapist, which are prescribed by statute in 38 U.S.C. § 7402(b)(10), as amended by section 201 of Public Law 109–461, enacted December 22, 2006.

Thank you for the opportunity to supplement my remarks to the Field Hearing.

Respectfully Submitted
Jane Twoombley, LMFT

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