



STATEMENT FOR THE RECORD

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO

PROVIDED TO THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

PENDING LEGISLATION

H.R. 3495, "Improve Well-Being of Veterans Act" and Draft Bill, to establish a pilot program for the issuance of grants to eligible entities

Chairman Takano, Ranking Member Roe, and Members of the Committee,

The American Federation of Government Employees, AFL-CIO and its National Veterans Affairs Council (AFGE) appreciate the opportunity to submit a statement for the record on H.R. 3495, “Improve Well-being of Veterans Act” and the draft bill to establish a pilot program for the issuance of grants to eligible entities. AFGE represents more than 700,000 federal and District of Columbia government employees, 260,000 of whom are proud VA employees.

H.R. 3495, the “Improve Well-Being of Veterans Act”

AFGE strongly opposes H.R. 3495, the “Improve Well-Being of Veterans Act.” Outsourcing clinical care services for veterans at risk of suicide through this proposed grant program will undermine veterans’ well-being, not improve it. The most appropriate source of clinical care for at-risk veterans is the VA’s world-class health care system, including its highly regarded telemental health program and its Community Care Network (CCN). These clinical care services include direct mental health treatment, individual therapy, group therapy, family counseling, medication management and substance use reduction programming.

Clinical care provided by grantees will be fragmented and lack the specialization, provider competency, coordination and accountability of care provided through the VA. It would be unprecedented to fund clinical care for veterans without any prior authorization from the VA but that is exactly what this grant program would do.

AFGE welcomes the opportunity to share its ideas with the Committee on new ways to connect eligible veterans to the VA and expand access to ineligible veterans through new administrative and legislative initiatives. We should draw on the expertise of mental health experts who have studied this veteran population and the barriers to care they face, with the goal of ensuring that every veteran receives comprehensive, coordinated, world-class VA care.

We also oppose bill provisions that give the VA Secretary the primary role in administration and coordination of the grant program. The most effective way to reach and support at-risk veterans through the provision of non-clinical wraparound services is by strengthening the role of the VA's Readjustment Counseling Service (RCS) Vet Center Program. RCS has the proven track record and established relationships in communities across the country to select grantees, oversee grantee outreach activities and coordinate these wraparound services with other community entities and VA facilities.

AFGE has a number of other significant concerns about H.R. 3495, including: lack of geographic requirements, lack of fiscal controls and the absence of any role in the grant process for employee representatives of VA personnel caring for our wounded warriors.

VA funds should never be used to duplicate or supplant existing, high quality VA health care services but that is exactly what could occur under this grant program. There are absolutely no geographic restrictions on the location of grant organizations. Under this bill, a grantee right next door to a VA medical center could provide the same clinical care services a veteran could get (and at much higher quality) at the VA. While this bill may claim to be targeting hard to reach veterans in remote areas, it would also allow a grant to be awarded in a major city.

The lack of fiscal controls in this bill are also very troubling. There are two major areas of concern. First, the maximum grant amount is left totally up to the discretion of the Secretary. This would allow a large national organization that can exert a lot of influence in the grant selection process to receive a large share of the grant funds even though they would be better allocated to a greater number of small community-based organizations. Second, the bill does not place any caps on the percentage of funds than can be spent on large CEO salaries and other indirect costs instead of on direct veteran services. This potential CEO slush fund is contrary to the requirements of federal contracts which have strict caps on indirect costs. Veterans' well-being, not CEO pockets, should always be the priority of VA suicide prevention services.

Finally, absent from the long list of entities who the Secretary shall consult under this bill are the labor representatives of the very people who are on the front lines of the VA every day providing clinical care and wraparound services to veterans. More than one-third of the VA workforce are veterans, including many who use VA health care themselves. Their unique expertise, personal perspective and their ability to hold the VA accountable for mismanagement make them and their labor representatives essential to any grant oversight group.

Draft bill to establish a pilot program for the issuance of grants to eligible entities

AFGE commends Chairman Takano for his draft bill to establish a grant program for at-risk veterans. It addresses significant concerns already addressed. Most important, it would fund a wide array of non-clinical services while prohibiting the use of any funds on clinical care or cash assistance. The VA, its telemental health program and CCN should be the sources of clinical care for all veterans, and we should work together to ensure that more veterans use and are eligible for this far superior care. Similarly, cash assistance is already available when appropriate through community-based programs that have proven track records with Vet Centers.

We also strongly endorse the draft bill's provisions that make the VA's Readjustment Counseling Services and its Vet Centers the grant program administrator and coordinator. Veterans across the country already turn to Vet Centers for direct care and wraparound services, and the longstanding relationships between Vet Centers and community-based organizations will ensure quicker program startups, the provision of better services and greater accountability for the use of grant funds.

The draft bill encourages more effective allocation of grant dollars and provides safeguards against misuse of grant funds. The draft bill also sets a dollar cap on first year and second year grant and requires organizations to have matching funds which is a valuable screening tool for identifying entities with a strong financial track record. In addition, grant applicants are required to specify the amount of grant funds to be made available to community partnerships and the financial controls that

will be put in place to track the expenditure of grant funds. The draft bill includes critical reporting requirements regarding the use of funds for executive compensation, overhead costs and other indirect costs.

AFGE also appreciates that the draft bill includes labor representatives of front-line VA employees in the working group that will consult with Readjustment Counseling Services on administration of the grant program.

Conclusion

AFGE has discussed the aforementioned concerns with the Committee and we hope to continue to work together to ensure that the best interests of at-risk veterans are well served. AFGE urges the Committee in the strongest possible terms to oppose H.R. 3495 as drafted.

In addition, AFGE wants to work with the Committee to identify the most effective, least risky ways to fill existing gaps in direct care and wraparound services. The VA has already expanded access to those with other than honorable discharges; it can do more to fund and expand these services. The VA is the nation's leader in telemental health; it can do more to increase use of its unique services to veterans who face challenges coming to VA facilities. The VA already has a strong family counseling program and clinician training program; it can do more to expand services to family members by adding spouse-only therapy and filling the over 40,000 unfilled VA health care positions. The VA's Vet Centers already work with strong community-based organizations to reach out to isolated at-risk veterans; a strong grant program administered by Vet Centers themselves will make outreach more effective. VA mental health professionals and researchers already work with other experts to identify and address barriers that keep veterans from seeking care at the VA; with the help of well-managed community-based outreach groups, they can do more.

Fragmented care and unrestricted grants to unknown providers and outreach organizations through H.R. 3495 are not in the best interests of veterans and will cause us to miss the opportunity to work collaboratively and creatively to save more lives. The VA treats the whole veteran and is the

national model of integrating primary care and mental health care; every veteran deserves that high level of care. The VA is by far the most cost-effective source of health care in our country.

Thank you.