

116TH CONGRESS
1ST SESSION

H. R. 5030

To direct the Comptroller General of the United States to take certain actions regarding suicides by veterans and mental health care furnished by the Secretary of Veterans Affairs.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 8, 2019

Mr. WATKINS introduced the following bill; which was referred to the
Committee on Veterans' Affairs

A BILL

To direct the Comptroller General of the United States to take certain actions regarding suicides by veterans and mental health care furnished by the Secretary of Veterans Affairs.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “VA Suicide Prevention
5 Services Accountability Act”.

1 **SEC. 2. COMPTROLLER GENERAL REPORT ON MANAGE-**
2 **MENT BY DEPARTMENT OF VETERANS AF-**
3 **FAIRS OF VETERANS AT HIGH RISK FOR SUI-**
4 **CIDE.**

5 (a) IN GENERAL.—Not later than 18 months after
6 the date of the enactment of this Act, the Comptroller
7 General of the United States shall submit to the Commit-
8 tees on Veterans' Affairs of the Senate and House of Rep-
9 resentatives a report on the efforts of the Secretary to
10 manage veterans at high risk for suicide.

11 (b) ELEMENTS.—The report under subsection (a)
12 shall include the following:

13 (1) An assessment of suicide prevention prac-
14 tices and initiatives available from the Department
15 and through community partnerships.

16 (2) A description of how the Department identi-
17 fies veterans as high risk for suicide, with particular
18 consideration to the efficacy of inputs into the Re-
19 covery Engagement and Coordination for Health—
20 Veterans Enhanced Treatment (commonly referred
21 to as “REACH VET”) program of the Department,
22 including an assessment of the efficacy of such iden-
23 tifications disaggregated by age, gender, and, to the
24 extent practicable, Veterans Integrated Service Net-
25 work, and medical center of the Department.

1 (3) A description of how the Department inter-
2 venes when a veteran is identified as high risk, in-
3 cluding an assessment of the efficacy of such inter-
4 ventions disaggregated by age, gender, and, to the
5 extent practicable, Veterans Integrated Service Net-
6 work, and medical center of the Department.

7 (4) A description of how the Department mon-
8 itors veterans who have been identified as high risk,
9 including an assessment of the efficacy of such mon-
10 itoring and any follow-ups disaggregated by age,
11 gender, and, to the extent practicable, Veterans In-
12 tegrated Service Network, and medical center of the
13 Department.

14 (5) A review of staffing levels of suicide preven-
15 tion coordinators across the Veterans Health Admin-
16 istration.

17 (6) A review of the resources and programming
18 offered to family members and friends of veterans
19 who have a mental health condition in order to as-
20 sist that veteran in treatment and recovery.

21 (7) An assessment of such other areas the
22 Comptroller General determines appropriate.

1 **SEC. 3. COMPTROLLER GENERAL MANAGEMENT REVIEW**
2 **OF MENTAL HEALTH AND SUICIDE PREVEN-**
3 **TION SERVICES OF DEPARTMENT OF VET-**
4 **ERANS AFFAIRS.**

5 (a) IN GENERAL.—Not later than three years after
6 the date of the enactment of this Act, the Comptroller
7 General of the United States shall submit to the Commit-
8 tees on Veterans' Affairs of the Senate and House of Rep-
9 resentatives a management review of the mental health
10 and suicide prevention services provided by the Secretary.

11 (b) ELEMENTS.—The management review under sub-
12 section (a) shall include the following:

13 (1) An assessment of the infrastructure under
14 the control of or available to the Office of Mental
15 Health and Suicide Prevention of the Department.

16 (2) A description of the management and orga-
17 nizational structure of the Office of Mental Health
18 and Suicide Prevention, including roles and respon-
19 sibilities for each position.

20 (3) A review of the operational policies and
21 processes of the Office of Mental Health and Suicide
22 Prevention, including an assessment of how effec-
23 tively these policies and processes are implemented.

24 (4) An assessment of the staffing levels at the
25 Office of Mental Health and Suicide Prevention,

1 disaggregated by type of position, and including the
2 location of any staffing deficiencies.

3 (5) An assessment of the Nurse Advice Line
4 pilot program conducted by the Department.

5 (6) An assessment of recruitment initiatives for
6 mental health professionals of the Department, in-
7 cluding any special emphasis on rural areas.

8 (7) An assessment of strategic planning con-
9 ducted by the Office of Mental Health and Suicide
10 Prevention.

11 (8) An assessment of the communication, and
12 the effectiveness of such communication—

13 (A) within the central office of the Office
14 of Mental Health and Suicide Prevention;

15 (B) between that central office and the
16 Central Office of the Department;

17 (C) between that central office and local
18 facilities and offices, including networks and
19 medical centers; and

20 (D) between that central office and com-
21 munity partners of the Department, including
22 first responders, community support groups,
23 and health care industry partners.

1 (9) An assessment of how effectively the Sec-
2 retary and the Secretary of Defense coordinate men-
3 tal health and suicide prevention efforts.

4 (10) An assessment of such other areas the
5 Comptroller General determines appropriate.

6 **SEC. 4. COMPTROLLER GENERAL REPORT ON EFFORTS OF**
7 **DEPARTMENT OF VETERANS AFFAIRS TO IN-**
8 **TEGRATE MENTAL HEALTH CARE INTO PRI-**
9 **MARY CARE CLINICS.**

10 (a) INITIAL REPORT.—

11 (1) IN GENERAL.—Not later than two years
12 after the date of the enactment of this Act, the
13 Comptroller General of the United States shall sub-
14 mit to the Committees on Veterans' Affairs of the
15 Senate and House of Representatives a report on the
16 efforts of the Secretary to integrate mental health
17 care into primary care clinics of the Department.

18 (2) ELEMENTS.—The report under this sub-
19 section shall include the following:

20 (A) An assessment of the efforts of the
21 Secretary to integrate mental health care into
22 primary care clinics of the Department.

23 (B) An assessment of the effectiveness of
24 such efforts.

1 (C) A description of how care is coordi-
2 nated by the Department between specialty
3 mental health care and primary care, including
4 a description of the following:

5 (i) How documents and patient infor-
6 mation are transferred and the effective-
7 ness of those transfers.

8 (ii) How care is coordinated when vet-
9 erans must travel to different facilities of
10 the Department.

11 (iii) How a veteran is reintegrated
12 into primary care after receiving in-patient
13 mental health care.

14 (D) An assessment of how the integration
15 of mental health care into primary care clinics
16 is implemented at different facilities of the De-
17 partment.

18 (E) An assessment of such other areas the
19 Comptroller General determines appropriate.

20 (b) COMMUNITY CARE INTEGRATION REPORT.—

21 (1) IN GENERAL.—Not later than two years
22 after the date on which the Comptroller General
23 submits the report under subsection (a), the Comp-
24 troller General shall submit to the Committees on
25 Veterans' Affairs of the Senate and House of Rep-

1 representatives a report on the efforts of the Secretary
2 to integrate community-based mental health care
3 into the Veterans Health Administration.

4 (2) ELEMENTS.—The report under this sub-
5 section shall include the following:

6 (A) An assessment of the efforts of the
7 Secretary to integrate community-based mental
8 health care into the Veterans Health Adminis-
9 tration.

10 (B) An assessment of the effectiveness of
11 such efforts.

12 (C) A description of how care is coordi-
13 nated between providers of community-based
14 mental health care and the Veterans Health
15 Administration, including a description of how
16 documents and patient information are trans-
17 ferred and the effectiveness of those transfers
18 between—

19 (i) the Veterans Health Administra-
20 tion and providers of community-based
21 mental health care; and

22 (ii) providers of community-based
23 mental health care and the Veterans
24 Health Administration.

1 (D) An assessment of the extent to which
2 the coordination of community-based mental
3 health care varies by facilities of the Depart-
4 ment.

5 (E) An assessment of the extent to which
6 military cultural competency of community-
7 based mental health care providers are consid-
8 ered in providing mental health care to vet-
9 erans.

10 (F) An assessment of such other areas as
11 the Comptroller General considers appropriate
12 to study.

13 **SEC. 5. DEFINITIONS.**

14 In this Act:

15 (1) The term “community-based mental health
16 care” means mental health care paid for by the Sec-
17 retary but provided by a non-Department health
18 care provider at a non-Department facility, including
19 care furnished under section 1703 of title 38, United
20 States Code.

21 (2) The term “Department” means the Depart-
22 ment of Veterans Affairs.

23 (3) The term “Secretary” means the Secretary
24 of Veterans Affairs.

○