

109TH CONGRESS
1ST SESSION

S. 1177

To improve mental health services at all facilities of the Department of
Veterans Affairs.

IN THE SENATE OF THE UNITED STATES

JUNE 7, 2005

Mr. AKAKA introduced the following bill; which was read twice and referred
to the Committee on Veterans' Affairs

A BILL

To improve mental health services at all facilities of the
Department 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 “Veterans Mental
5 Health Care Capacity Enhancement Act of 2005”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Mental health treatment capacity at com-
9 munity-based outpatient clinics remains inadequate
10 and inconsistent, despite the requirement under sec-

1 tion 1706(c) of title 38, United States Code, that
2 every primary care health care facility of the De-
3 partment of Veterans Affairs develop and carry out
4 a plan to meet the mental health care needs of vet-
5 erans who require such services.

6 (2) In 2001, the minority staff of the Com-
7 mittee on Veterans' Affairs of the Senate conducted
8 a survey of community-based outpatient clinics and
9 found that there was no established systemwide
10 baseline of acceptable mental health service levels at
11 such clinics.

12 (3) In 2004, the Department of Veterans Af-
13 fairs workgroup on mental health care, which devel-
14 oped and submitted a Comprehensive Mental Health
15 Strategic Plan to the Secretary of Veterans Affairs,
16 found service and funding gaps within the Depart-
17 ment of Veterans Affairs health care system, and
18 made numerous recommendations for improvements.
19 As of May 2005, Congress had not received a final
20 report on the workgroup's findings.

21 (4) In February 2005, the Government Ac-
22 countability Office reported that the Department of
23 Veterans Affairs had not fully met any of the 24
24 clinical care and education recommendations made
25 in 2004 by the Special Committee on Post-Trau-

1 matic Stress Disorder of the Under Secretary for
 2 Health, Veterans Health Administration.

3 **SEC. 3. REQUIRED CAPACITY FOR COMMUNITY-BASED OUT-**
 4 **PATIENT CLINICS.**

5 (a) STRENGTHENING OF PERFORMANCE MEASURES
 6 FOR MENTAL HEALTH PROGRAMS.—Section 1706(b)(6)
 7 of title 38, United States Code, is amended by adding at
 8 the end the following:

9 “(D) The Under Secretary shall include, as goals in
 10 the performance contracts entered into with Network Di-
 11 rectors to prioritize mental health services—

12 “(i) establishing appropriate staff-patient ratio
 13 levels for various programs (including mental health
 14 services at community-based outpatient clinics);

15 “(ii) fostering collaborative environments for
 16 providers; and

17 “(iii) encouraging clinicians to conduct mental
 18 health consultations during primary care visits.”.

19 (b) INFLATIONARY INDEXING OF CAPACITY RE-
 20 QUIREMENTS.—Section 1706(b) of title 38, United States
 21 Code, is amended by adding at the end the following:

22 “(7) For the purposes of meeting and reporting on
 23 the capacity requirements under paragraph (1), the Sec-
 24 retary shall ensure that the funding levels allocated for

1 specialized treatment and rehabilitative services for dis-
2 abled veterans are adjusted for inflation each fiscal year.”.

3 (c) MENTAL HEALTH AND SUBSTANCE ABUSE SERV-
4 ICES.—Section 1706(c) of title 38, United States Code,
5 is amended—

6 (1) by inserting “(1)” before “The Secretary”;
7 and

8 (2) by adding at the end the following:

9 “(2) The Secretary shall ensure that not less than
10 90 percent of community-based outpatient clinics have the
11 capacity to provide onsite, contract-referral, or tele-mental
12 health services—

13 “(A) for at least 10 percent of all clinic visits
14 by not later than September 30, 2006; and

15 “(B) for at least 15 percent of all clinic visits
16 by not later than September 30, 2007.

17 “(3) The Secretary shall ensure that not less than
18 2 years after the date of enactment of this paragraph—

19 “(A) each primary care health care facility of
20 the Department has the capacity and resources to
21 provide not less than 5 days of inpatient, residential
22 detoxification services onsite or at a nearby con-
23 tracted or Department facility; and

1 “(B) a case manager is assigned to coordinate
2 follow up outpatient services at each community-
3 based outpatient clinic.”.

4 (d) REPORTING REQUIREMENT.—Not later than
5 January 31, 2008, the Secretary of Veterans Affairs shall
6 submit a report to Congress that—

7 (1) describes the status and availability of men-
8 tal health services at community-based outpatient
9 clinics;

10 (2) describes the substance of services available
11 at such clinics;

12 (3) includes the ratios between mental health
13 staff and patients at such clinics; and

14 (4) includes the certification of the Inspector
15 General of the Department of Veterans Affairs.

16 **SEC. 4. COOPERATION ON MENTAL HEALTH AWARENESS**
17 **AND PREVENTION.**

18 (a) AGREEMENT.—The Secretary of Defense and the
19 Secretary of Veterans Affairs shall enter into a Memo-
20 randum of Understanding—

21 (1) to ensure that separating servicemembers
22 receive standardized individual mental health and
23 sexual trauma assessments as part of separation
24 exams; and

1 (2) includes the development of shared guide-
2 lines on how to conduct the assessments.

3 (b) ESTABLISHMENT OF JOINT VA–DoD
4 WORKGROUP ON MENTAL HEALTH.—

5 (1) IN GENERAL.—Not later than 180 days
6 after the date of enactment of this Act, the Sec-
7 retary of Defense and the Secretary of Veterans Af-
8 fairs shall establish a joint workgroup on mental
9 health, which shall be comprised of not less than 7
10 leaders in the field of mental health appointed from
11 their respective departments.

12 (2) STUDY.—Not later than 1 year after the es-
13 tablishment of the workgroup under paragraph (1),
14 the workgroup shall analyze the feasibility, content,
15 and scope of initiatives related to—

16 (A) combating stigmas and prejudices as-
17 sociated with servicemembers who suffer from
18 mental health disorders or readjustment issues,
19 through the use of peer counseling programs or
20 other educational initiatives;

21 (B) ways in which the Department of Vet-
22 erans Affairs can make their expertise in treat-
23 ing mental health disorders more readily avail-
24 able to Department of Defense mental health
25 care providers;

1 (C) family and spousal education to assist
2 family members of veterans and servicemembers
3 to recognize and deal with signs of potential re-
4 adjustment issues or other mental health dis-
5 orders; and

6 (D) seamless transition of servicemembers
7 who have been diagnosed with mental health
8 disorders from active duty to veteran status (in
9 consultation with the Seamless Transition Task
10 Force and other entities assisting in this ef-
11 fort).

12 (3) REPORT.—Not later than June 30, 2007,
13 the Secretary of Defense and the Secretary of Vet-
14 erans Affairs shall submit a report to Congress con-
15 taining the findings and recommendations of the
16 workgroup established under this subsection.

17 **SEC. 5. PRIMARY CARE CONSULTATIONS FOR MENTAL**
18 **HEALTH.**

19 (a) GUIDELINES.—The Under Secretary for Health,
20 Veterans Health Administration, shall establish system-
21 wide guidelines for screening primary care patients for
22 mental health disorders and illnesses.

23 (b) TRAINING.—Based upon the guidelines estab-
24 lished under subsection (a), the Under Secretary for
25 Health, Veterans Health Administration, shall conduct ap-

- 1 appropriate training for clinicians of the Department of Vet-
- 2 erans Affairs to carry out mental health consultations.

