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December 11, 2008

James Peake, MD
Secretary
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Peake:

I am writing to ask for your personal and immediate attention to a problem that is preventing our nation's veterans from obtaining the mental health care they need and deserve. Currently, the Department of Veterans Affairs (VA) has failed to implement provisions in the Veterans Benefits, Health Care, and Information Technology Act of 2006 (P.L.109-461) that allow the VA to include Licensed Professional Mental Health Counselors (LPCs) and Marriage and Family Therapists (MFTs) among its authorized mental health providers. This law expressly recognizes LPCs and MFTs as health care providers within the VA and outlines the professional requirements for such an appointment. Before P.L.109-461, mental health counselors and marriage and family therapists could not be considered or hired as equals to their professional counterparts, clinical social workers, nor could they apply for supervisory positions – strong deterrents to a 150,000-strong pool of qualified mental health specialists. Sadly, after nearly two years, VA has yet to begin hiring the mental health counselors and family therapists our nation's veterans desperately need.

As you are well-aware, Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) are among the signature injuries of Operation Iraqi Freedom and Operation Enduring Freedom. Statistics show that 300,000 returned servicemembers from Iraq and Afghanistan currently suffer from PTSD or depression and 320,000 suffer from TBI. It is clear that our nation's veterans are suffering from a crisis in mental health care, and the VA's delay in implementing P.L.109-461 needs to be addressed immediately.

I am aware that the VA is in the process of completing an occupational study to assess the appropriate use of therapists and counselors within its health care system, and I applaud the VA for working with several counseling and family therapy organizations and professional groups to complete this work. But progress has proven much too slow for the crisis we now face.

I would like to particularly highlight the needs of rural veterans, who are currently underserved by mental health professionals. Although Colorado now retains 3,716 LPCs and almost 590 MFTs, primarily in the Denver and Colorado Springs metro areas, the Health Resources and Services Administration has identified vast stretches of the southwest and eastern plains still suffering mental health professional shortages. Across the nation, approximately 80 percent of rural counties suffer a shortage of mental health professionals, and 50 percent have no practicing psychologist or social worker. Despite improvements in the counseling services offered by community-based Vet Centers and the upcoming Community Outreach Vehicle project, the VA has struggled to provide adequate mental health staff in rural communities.

I urge the VA to complete its occupational study immediately and to continue its work with the U.S. Office of Personnel Management (OPM) and relevant LPC/MFT professional groups to establish independent general schedule (GS) occupational classifications for mental health counselors and marriage and family therapists. I recognize that this effort may need to create different qualifications for LPCs and MFTs to properly distinguish and respect the expertise of each profession. However, this is no excuse for further delay.

The prevalence of PTSD, TBI, and other mental health-related illnesses treated by VA will only increase as veterans from Iraq and Afghanistan transfer from TRICARE to VA health care services. As mental health problems manifest over time, the numbers will continue to rise. After two long years, we cannot tolerate and our veterans cannot afford further delays to the full implementation of P.L.109-461. I appreciate your immediate attention to this matter.

Sincerely,



Ken Salazar
U.S. Senator

cc: Michael W. Hager
Director
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