COVER COMMISSION

Creating Options for Veterans' Expedited Recovery

Research Plan and Progress Report

June 2019

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The Creating Options for Veterans' Expedited Recovery Commission (COVER Commission) is pleased to submit the enclosed *Research Plan and Progress Report*. In response to the Comprehensive Addiction and Recovery Act of 2016 (CARA), Public Law 114–198, the commission created workgroups to examine the five tasks with which it was charged. These tasks focus on the efficacy of current mental health services provided to veterans by the Department of Veterans Affairs (VA), the advisability of providing complementary and integrative health (CIH) approaches for veterans, and the ability of VA to sufficiently provide care to improve veterans' mental health and prevent suicide in this vulnerable population.

In a concerted effort to end homelessness among veterans, VA has helped veterans find stable housing and effectively eliminated veteran homelessness in some communities (HUD, 2018). The same coordinated and concerted effort must be applied to addressing the issue of veteran suicide. Currently, approximately 17 veterans per day take their own lives, a statistic that is simply unacceptable (VA, 2018). The COVER Commission's work is aimed at improving the mental health care services veterans receive and preventing tragic loss of life.

To that end, the commission has been creating research plans, conducting site visits, hosting speakers, and gathering data. This report provides an overview of the progress the commission has made so far and identifies challenges and barriers the commission faces in its work. The tasks relegated to the COVER Commission are monumental and the time allotted to their study is limited. Consequently, the commission has worked to prioritize its research with the health and well-being of veterans at the forefront.

With a path for gathering and analyzing data established, in the coming months the commission will be examining health care data, reviewing research literature, hearing from VA and private-sector mental health and CIH providers, and most importantly, listening to veterans. This multifaceted research approach will help ensure that commissioners put forth recommendations that improve the mental health care veterans receive and ultimately save veterans' lives.

The commission wishes to thank those who have contributed to its efforts so far and looks forward to sharing its recommendations in early 2020.

Respectfully,

Jake Leinenkugel
Chairman, COVER Commission

CONTENTS

INTRODUCTION

Between 2005 and 2016, the suicide rate for veterans increased 25.9% (VA, 2018). In 2016, the suicide rate, adjusted for age and gender, was 1.5 times greater for veterans than nonveterans, with an average of more than 6,000 veteran suicides per year (VA, 2018). The state of mental health care for veterans demands attention. Despite efforts to improve mental health care for veterans, this population remains at risk. On average, 17 veterans take their own lives every day (VA, 2018). Additionally, mental health issues contribute to other issues among veterans, such as unemployment and homelessness (see VA, 2017; Hamilton, Williams, & Washington, 2015).

Complementary and integrative health care (CIH) approaches have been more broadly implemented and integrated in recent years, in both the Department of Veterans Affairs (VA) and private-sector health care systems. Examining the efficacy of these approaches, the roles they can play in conjunction with evidence-based treatment approaches, and the anticipated measured outcomes they can produce, will help identify best practices that will improve, and perhaps save, veterans' lives.

The commission's enabling legislation outlined five tasks to structure its work. To ensure it adequately addresses these tasks, the commission has created work groups corresponding to each task. This report includes a brief update on each workgroup's progress. The respective subsections include a description of the task, an outline of the research plan, a list of workgroup accomplishments, and notes regarding challenges and barriers the workgroup faces. Appendices to the report provide the enabling legislative language for the commission, introduce the commissioners through short biographies, and provide information about the commission's engagements to date.

PROGRESS REPORTS

Workgroup 1

Lead for Workgroups 1–3: Tom Beeman
Commissioners: Wayne Jonas, Lead; Shira Maguen; Mike Potoczniak; Jamil Khan
Assistant Designated Federal Officer/Subject-Matter Expert: John Klocek

Task Description

Task 1 charges the commission to examine the efficacy of evidence-based therapy, as currently used by VA for treating mental health illnesses, and to identify ways in which VA can improve wellness outcomes.

Research Plan

The COVER Commission is examining evidence-based models of care for treating mental health illness and improving wellness-based outcomes to recommend an optimal model for VA. The overarching lens for this process is the Institute of Healthcare Improvement's (IHI's) quadruple aim framework, which the commission is using to consider core models, including mental health (stepped care), primary care/patient-aligned care team/primary care–mental health integration, and whole health. Additionally, the commission is identifying, researching, and cataloguing select external health care systems' population health models to identify veteran-centric best practices. The effects of the models studied by the commission will be aligned to the quadruple aim framework components of satisfaction (i.e., improving veteran experience), improving population outcomes, reducing per capita costs, and improving provider and staff experience.

For each model investigated, the commission is collecting data such as location, population reach, types of mental health programming, types of veteran-specific programming, mental health evaluation, whole health, veteran-specific evaluation, integration models, and relevant published research. As these data are collected, the COVER Commission will identify particularly promising models for additional analysis.

Progress to Date

- Drafted and finalized Task 1 definitions and guiding principles.
- Identified core models of care for further research such as the model dimensions, characteristics, criteria, and metrics.
- Adopted the quadruple aim framework components for alignment to the models of care.
- Prioritized top civilian population health models for further research, virtual presentations, and/or site visits.
- Visited Iora Health (during site visit in Phoenix, Arizona) to understand the organization's delivery model for integrated primary care and mental health.
- Received virtual presentations on VA and non-VA population health models to assist in the information gathering process.
- Developed catalogue for population health model data and information.

- Drafted descriptive document template for population health models and populated the template with an example population health model.
- Vetted the above with Workgroup 1 members, the commission chair, and the commission cochair.

Limitations and Challenges

Initially, the commission sought to do a nationwide survey to understand the current state of mental health care delivery models and CIH in the private sector. Time and resource constraints preclude implementing a survey of this magnitude. To address this challenge, the catalogue for collecting population health model data can inform the COVER Commission of existing models of care for mental health delivery; however, there may only be a select number of models for analysis and collected data may not be exhaustive.

Workgroup 2

Lead for Workgroups 1–3: Tom Beeman
Commissioners: Mike Potoczniak, Lead; Wayne Jonas; Shira Maguen; Tom Harvey
Assistant Designated Federal Officer/Subject-Matter Expert: Kendra Weaver

Task Description

Task 2 requires the commission to conduct a patient-centered survey within each of the Veterans Integrated Service Networks (VISNs). The following topics must be addressed in the survey:

- Veterans' experiences with VA when seeking medical assistance for mental health issues through VA's health care system.
- Veterans' experience with treating mental health issues at non-VA facilities by private-sector health professionals.
- Veterans' preferences regarding available treatment for mental health issues and the methods they believe are most effective.
- Veterans' experience with respect to CIH therapies.
- The prevalence of prescribing medication to veterans seeking treatment through the VA health care system for treating mental health issues.
- The outreach efforts of the Secretary of Veterans Affairs (SECVA) regarding availability of mental health benefits and treatments for veterans, including efforts to reduce barriers to receiving benefits and treatments.

Research Plan

The COVER Commission has developed a hybrid methodology that will use analysis of existing data sources, focus group discussions with veterans, and key informant interviews. This approach will couple quantitative data and information with a rich layer of qualitative veteran input regarding experiences and preferences. Time constraints set forth in the commission's enabling legislation render designing and deploying a nationwide, web-based survey infeasible.

Focus groups will provide veterans' perspectives on current and prospective use of CIH services by the veteran population. The commission is working with the Office of Business Management (OMB) to establish compliance with the Paperwork Reduction Act and to gain approval for the veteran focus groups. This approval is currently expected in mid June 2019. After OMB approval, the commission will recruit a representative sample of veterans across the VISNs, as required by the legislation, and work with subject points of contact to schedule the focus groups.

The commission is also currently developing analytical plans for reviewing, aggregating, and analyzing existing data sets. The workgroup assigned to this task is defining research questions and mapping them against the existing data sets to determine which sources will be helpful in informing the commission's recommendations.

Progress to Date

- Met with various VA program offices and subject-matter experts (SMEs) to identify existing data sources that may be relevant, accessible, and helpful to meeting legislative mandates.
- Pilot tested the veteran focus group moderator guide and semistructured key informant interview guides at Palo Alto VA in October 2018 and Tampa VA in December 2018.
- Submitted the OMB packet for review and approval for the proposed veteran focus groups.
- Met with the SECVA in December 2018 to discuss the challenges and solutions in designing and conducting a web-based survey for veterans. Asked the SECVA about the feasibility of VA completing the task (i.e., designing and conducting an ongoing, web-based survey to gather information from veterans about their mental health care that could be sustained after the commission ends). The SECVA requested additional information, specifically the survey's scope and projected level of effort to complete the task. The commission drafted a memo for the SECVA providing the survey's projected level of effort.
- Currently drafting the analytical plan.

Limitations and Challenges

The completion of a patient-centered survey is a large and complex task and the commission is under legislatively mandated time constraints. The workgroup assigned to addressing this task determined that conducting a web-based survey is infeasible because of the time and resources required.

Existing data sources may have information gaps, as well as barriers to use. These concerns make implementing the planned veteran focus groups critical to providing the additional context needed as the basis for well-informed recommendations. Even under the expedited OMB review process, the detailed research methodology and supporting materials for the application required months of preparation. After submission, OMB still requires a 90-day approval process for the expediated application process. The commission expects approval in mid June and then will need time to gain access to study sites, recruit participants, conduct focus groups, aggregate and analyze data, and determine findings before the outcomes of the focus groups can be used to inform recommendations. An optimistic estimate is that this process would be complete by the end of September, which leaves little time for formulating related recommendations, composing adequate justification for those recommendations, deliberating the recommendations in full commission meetings, making any needed revisions, and ultimately voting to approve the recommendations.

Workgroup 3

Lead for Workgroups 1–3: Tom Beeman
Commissioners: Shira Maguen, Lead; Wayne Jonas; Mike Potoczniak; Jack Rose
Assistant Designated Federal Officer/Subject-Matter Expert: Alison Whitehead

Task Description

Task 3 requires the commission to examine available research on CIH approaches for addressing mental health issues and identify potential benefits for veterans of providing services such as music therapy, equine therapy, training and caring for service dogs, yoga therapy, acupuncture therapy, meditation therapy, outdoor sports therapy, hyperbaric oxygen therapy, accelerated resolution therapy, art therapy, magnetic resonance therapy, and other therapies the COVER Commission determines appropriate.

Research Plan

The commission is conducting systematic reviews of peer-reviewed scientific literature on CIH therapies for mental health conditions. The reviews are following a standardized, stepwise process that includes defining the review scope, developing key questions in PICOTS format, developing a prioritized list of critical outcomes, and creating a systematic review protocol, including search criteria and inclusion and exclusion criteria.

Evidence reports will include an introductory methodology section, clearly outlined key questions, PICOTS elements (population, intervention, comparators, outcome, timing, setting), critical outcomes, inclusion and exclusion criteria, search strategy, and risk-of-bias and quality assessment procedures. A narrative synthesis of the key findings and evidence tables with summaries of all included studies will provide the COVER Commission with empirical information needed to form recommendations for each area of review.

Progress to Date

- Drafted scope statements for the systematic review key questions.
- Populated PICOTS tables for eight separate systematic reviews for the following mental health disorders:
  - post-traumatic stress disorder (PTSD)
  - major depressive disorder
  - alcohol use disorder
  - opioid use disorder
  - suicidal behaviors
  - bipolar disorder
  - insomnia disorder
  - generalized anxiety disorder
- Developed a list CIH approaches to include in the systematic reviews in addition to those outlined in CARA legislation.
- Created the systematic review protocol and literature search strategies.
- Completed the initial draft of systematic review on PTSD.
- In addition to the PTSD review, the reviews for other conditions are in progress.

Limitations and Challenges

Performing the complex and multivariate analysis needed to produce systematic review evidence is a time- and resource-intensive task. Delays in the definition and modification of scope for a systematic review can greatly affect the input materials and sequencing needed to complete the work and put task milestones at risk. The process to ensure that all relevant research articles are considered, and then to subsequently review the chosen articles, is labor intensive and time consuming. The time needs are compounded by the volume of CIH modalities the commission is charged with studying.

Workgroup 4

Lead for Workgroups 4–5: Matt Amidon
Commissioners: Jack Rose, Lead; Jake Leinenkugel; Matt Kuntz; Jamil Khan
Assistant Designated Federal Officer/Subject-Matter Expert: Stacey Pollak

Task Description

Task 4 charges the commission with studying the sufficiency of VA's resources for ensuring veterans receive quality health care for mental health issues. For the purposes of its research, the commission has defined sufficiency as the ability to meet the needs of veterans living with PTSD, depression, and substance abuse disorders (demand) to achieve *recovery* through efficient care and effective outcomes (supply).

Research Plan

The commission is using the quadruple aim framework to evaluate the sufficiency of VA resources for ensuring veterans receive quality care for mental health issues. The commission is meeting with SMEs to evaluate VA's resources and conducting quantitative data analyses using existing data sources.

Progress to Date

- Decided to use the quadruple aim framework when interpreting the legislative mandate to assess sufficiency of resources.
- Began drafting the analytical plan for the proposed quantitative analyses.
- Met with SMEs to gather information about sufficiency of VA's resources that will help inform final recommendations.

Limitations and Challenges

Appropriately evaluating *sufficiency* is challenging because there is not currently a standardized or generally accepted definition of the term in this context. As the workgroup assigned to this task develops the overall analytical plan to address the legislative mandate, receiving timely review and approval as well as access to the data will be critical given the time limitations under which the commission is working.

Workgroup 5

Lead for Workgroups 4–5: Matt Amidon
Commissioners: Matt Kuntz, Lead; Jake Leinenkugel; Jack Rose; Tom Harvey
Assistant Designated Federal Officer/Subject-Matter Expert: Stacey Pollak

Task Description

Task 5 requires the commission to study current mental health treatments and resources available within VA and assess the following:

- The effectiveness of such treatments and resources in decreasing the number of suicides per day by veterans.
- The number of veterans who have been diagnosed with mental health issues.
- The percentage of veterans diagnosed with mental health issues who are using VA resources.
- The percentage of veterans who have completed counseling sessions offered by VA.
- The viability of treatments offered by VA for improving the recovery of veterans with mental health issues.

Research Plan

The commission is meeting with SMEs, both internal and external to VA, to gather information that will help inform data analysis and the commission's final recommendations.

VA SMEs are writing briefs on topics related to the assigned task for this workgroup. Topics for these working papers include the following:

- The number of veterans who have been diagnosed with mental health issues.
- The percentage of veterans using VA resources who have been diagnosed with mental health issues.
- The percentage of veterans who have completed counseling sessions offered by VA.
- Efforts to make physical exercise available to veterans recovering from mental health conditions.
- VA's efforts to make the interventions highlighted the commission's enabling legislation ("music therapy, equine therapy, training and caring for service dogs, yoga therapy, acupuncture therapy, meditation therapy, outdoor sports therapy, hyperbaric oxygen therapy, accelerated resolution therapy, art therapy, magnetic resonance therapy, and other therapies") available for the recovery of veterans with mental health conditions.

The commission is also using existing VA data sources to perform quantitative analyses on various topics to satisfy the legislative mandate.

Progress to Date

- Met with SMEs to gather information relevant to the legislative mandate.
- VA SMEs wrote briefs on the following subjects. Initial drafts of these papers are complete, and SMEs are working with commissioners to expand them in a manner that more fully captures some of the research areas articulated in the enabling legislation.
  - The number of veterans who have been diagnosed with mental health issues.
  - The percentage of veterans using VA resources who have been diagnosed with mental health issues.
  - The percentage of veterans who have completed counseling sessions offered by VA.
  - Efforts to make physical exercise available to veterans recovering from mental health conditions.
- VA SMEs are currently drafting a brief on VA's efforts to make the interventions highlighted in the commission's enabling legislation ("music therapy, equine therapy, training and caring for service dogs, yoga therapy, acupuncture therapy, meditation therapy, outdoor sports therapy, hyperbaric oxygen therapy, accelerated resolution therapy, art therapy, magnetic resonance therapy, and other therapies") available for the recovery of veterans with mental health conditions.
- Identified data sources relevant to the legislative mandate that will inform the quantitative analyses.
- Began drafting the analytical plan.

Limitations and Challenges

The status of suicide prevention science has presented challenges in analyzing prevention initiatives and treatments. As described in a recent systematic review of suicide risk assessment and prevention in veterans, "Studies of suicide prevention interventions provide inconclusive evidence to support their use, and additional [randomized controlled trials] of promising individual therapies and site-randomized population-level interventions are needed" (Nelson, et al., 2017). The commission hopes to gain additional insights through quantitative analysis of internal VA data, but it is likely the commission will need to extend its research beyond VA to enable providing Congress helpful recommendations on this critical topic.

CONCLUSION

As this report demonstrates, addressing the tasks outlined in CARA is a Herculean charge. Accomplishing the ambitious agenda this legislation mandates is proving to be labor intensive and time consuming. Even when information holders are optimally cooperative, it takes time to identify data sources, request approval, access and analyze the data, and draw conclusions, yet CARA grants the commission only a short timeline to accomplish the proposed tasks. In addition to the workgroup-specific challenges articulated above, all workgroups face the challenge of needing adequate time to appropriately collect meaningful data.

The commission is making great progress in fulfilling its mission. Limitations beyond the control of the commission; however, such as the amount time required to gain OMB approval for conducting veterans focus groups, renders completing a final report within 8 months of the first full commission meeting an unachievable goal. The commission will not be able to begin recruiting participants for focus groups until June 2019, and recruitment, data collection, and analysis are expected to take until October 2019. This challenge alone leaves little time for deliberating findings and formulating recommendations.

The issues the COVER Commission is charged with addressing literally have life-or-death consequences. The commission is taking great care to thoroughly respond to the requirements laid out in CARA. In the coming months, the commissioners will be wrapping up research and formulating recommendations, which will be articulated in a final report.

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ENABLING LEGISLATION

Public Law 114–198 114th Congress
Subtitle C—Complementary and Integrative Health

SEC. 931. EXPANSION OF RESEARCH AND EDUCATION ON AND DELIVERY OF COMPLEMENTARY AND INTEGRATIVE HEALTH TO VETERANS.

(a) ESTABLISHMENT.—There is established a commission to be known as the ''Creating Options for Veterans' Expedited Recovery'' or the ''COVER Commission'' (in this section referred to as the ''Commission''). The Commission shall examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental health conditions of veterans and the potential benefits of incorporating complementary and integrative health treatments available in non-Department facilities (as defined in section 1701 of title 38, United States Code).

(b) DUTIES.—The Commission shall perform the following duties:

(1) Examine the efficacy of the evidence-based therapy model used by the Secretary for treating mental health illnesses of veterans and identify areas to improve wellness-based out- comes.

(2) Conduct a patient-centered survey within each of the Veterans Integrated Service Networks to examine—

(A) the experience of veterans with the Department of Veterans Affairs when seeking medical assistance for mental health issues through the health care system of the Department;

(B) the experience of veterans with non-Department facilities and health professionals for treating mental health issues;

(C) the preference of veterans regarding available treatment for mental health issues and which methods the veterans believe to be most effective;

(D) the experience, if any, of veterans with respect to the complementary and integrative health treatment therapies described in paragraph (3);

(E) the prevalence of prescribing prescription medication among veterans seeking treatment through the health care system of the Department as remedies for addressing mental health issues; and

(F) the outreach efforts of the Secretary regarding the availability of benefits and treatments for veterans for addressing mental health issues, including by identifying ways to reduce barriers to gaps in such benefits and treatments.

(3) Examine available research on complementary and integrative health treatment therapies for mental health issues and identify what benefits could be made with the inclusion of such treatments for veterans, including with respect to—

(A) music therapy;

(B) equine therapy;

(C) training and caring for service dogs;

(D) yoga therapy;

(E) acupuncture therapy;

(F) meditation therapy;

(G) outdoor sports therapy;

(H) hyperbaric oxygen therapy;

(I) accelerated resolution therapy;

(J) art therapy;

(K) magnetic resonance therapy; and

(L) other therapies the Commission determines appropriate.

(4) Study the sufficiency of the resources of the Department to ensure the delivery of quality health care for mental health issues among veterans seeking treatment within the Department.

(5) Study the current treatments and resources available within the Department and assess—

(A) the effectiveness of such treatments and resources in decreasing the number of suicides per day by veterans;

(B) the number of veterans who have been diagnosed with mental health issues;

(C) the percentage of veterans using the resources of the Department who have been diagnosed with mental health issues;

(D) the percentage of veterans who have completed counseling sessions offered by the Department; and

(E) the efforts of the Department to expand complementary and integrative health treatments viable to the recovery of veterans with mental health issues as

determined by the Secretary to improve the effectiveness of treatments offered by the Department.

(c) MEMBERSHIP.—

(1) IN GENERAL.—The Commission shall be composed of 10 members, appointed as follows:

(A) Two members appointed by the Speaker of the House of Representatives, at least one of whom shall be a veteran.

(B) Two members appointed by the minority leader of the House of Representatives, at least one of whom shall be a veteran.

(C) Two members appointed by the majority leader of the Senate, at least one of whom shall be a veteran.

(D) Two members appointed by the minority leader of the Senate, at least one of whom shall be a veteran.

(E) Two members appointed by the President, at least one of whom shall be a veteran.

(2) QUALIFICATIONS.—Members of the Commission shall be individuals who—

(A) are of recognized standing and distinction within the medical community with a background in treating mental health;

(B) have experience working with the military and veteran population; and

(C) do not have a financial interest in any of the complementary and integrative health treatments reviewed by the Commission.

(3) CHAIRMAN.—The President shall designate a member of the Commission to be the Chairman.

(4) PERIOD OF APPOINTMENT.—Members of the Commission shall be appointed for the life of the Commission.

(5) VACANCY.—A vacancy in the Commission shall be filled in the manner in which the original appointment was made.

(6) APPOINTMENT DEADLINE.—The appointment of members of the Commission in this section shall be made not later than 90 days after the date of the enactment of this Act.

(d) POWERS OF COMMISSION.—

(1) MEETINGS.—

(A) INITIAL MEETING.—The Commission shall hold its first meeting not later than 30 days after a majority of members are appointed to the Commission.

(B) MEETING.—The Commission shall regularly meet at the call of the Chairman. Such meetings may be carried out through the use of telephonic or other appropriate telecommunication technology if the Commission deter- mines that such technology will allow the members to communicate simultaneously.

(2) HEARINGS.—The Commission may hold such hearings, sit and act at such times and places, take such testimony, and receive evidence as the Commission considers advisable to carry out the responsibilities of the Commission.

(3) INFORMATION FROM FEDERAL AGENCIES.—The Commission may secure directly from any department or agency of the Federal Government such information as the Commission considers necessary to carry out the duties of the Commission.

(4) INFORMATION FROM NONGOVERNMENTAL ORGANIZATIONS.—In carrying out its duties, the Commission may seek guidance through consultation with foundations, veteran service organizations, nonprofit groups, faith-based organizations, private and public institutions of higher education, and other organizations as the Commission determines appropriate.

(5) COMMISSION RECORDS.—The Commission shall keep an accurate and complete record of the actions and meetings of the Commission. Such record shall be made available for public inspection and the Comptroller General of the United States may audit and examine such record.

(6) PERSONNEL RECORDS.—The Commission shall keep an accurate and complete record of the actions and meetings of the Commission. Such record shall be made available for public inspection and the Comptroller General of the United States may audit and examine such records.

(7) COMPENSATION OF MEMBERS; TRAVEL EXPENSES.—Each member shall serve without pay but shall receive travel expenses to perform the duties of the Commission, including per diem in lieu of substances, at rates authorized under sub-chapter I of chapter 57 of title 5, United States Code.

(8) STAFF.—The Chairman, in accordance with rules agreed upon the Commission, may appoint and fix the compensation of a staff director and such other personnel as may be necessary to enable the Commission to carry out its functions, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, without regard to the provision of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates, except that no rate of

pay fixed under this paragraph may exceed the equivalent of that payable for a position at level IV of the Executive Schedule under section 5315 of title 5, United States Code.

(9) PERSONNEL AS FEDERAL EMPLOYEES.—

(A) IN GENERAL.—The executive director and any personnel of the Commission are employees under section 2105 of title 5, United States Code, for purpose of chapters 63, 81, 83, 84, 85, 87, 89, and 90 of such title.

(B) MEMBERS OF THE COMMISSION.—Subparagraph (A) shall not be construed to apply to members of the Commission.

(10) CONTRACTING.—The Commission may, to such extent and in such amounts as are provided in appropriations Acts, enter into contracts to enable the Commission to discharge the duties of the Commission under this Act.

(11) EXPERT AND CONSULTANT SERVICE.—The Commission may procure the services of experts and consultants in accordance with section 3109 of title 5, United States Code, at rates not to exceed the daily rate paid to a person occupying a position at level IV of the Executive Schedule under section 5315 of title 5, United States Code.

(12) POSTAL SERVICE.—The Commission may use the United States mails in the same manner and under the same conditions as departments and agencies of the United States.

(13) PHYSICAL FACILITIES AND EQUIPMENT.—Upon the request of the Commission, the Administrator of General Services shall provide to the Commission, on a reimbursable basis, the administrative support services necessary for the Commission to carry out its responsibilities under this Act. These administrative services may include human resource management, budget, leasing accounting, and payroll services.

(e) REPORT.—

(1) INTERIM REPORTS.—

(A) IN GENERAL.—Not later than 60 days after the date on which the Commission first submits the final report under paragraph (2), the Commission shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate and the President a report detailing the level of cooperation the Secretary of Veterans Affairs (and the heads of other departments or agencies of the Federal Government) has provided to the Commission.

(B) OTHER REPORTS.—In carrying out its duties, at times that the Commission determines appropriate, the Commission shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate and any other appropriate entities an interim report with respect to the findings identified by the Commission.

(2) FINAL REPORT.—Not later than 8 months after the first meeting of the Commission, the Commission shall submit to the Committee on Veterans' Affairs of the House of Representatives and the Senate, the President, and the Secretary of Veterans Affairs a final report on the findings of the Commission. Such report shall include the following:

(A) Recommendations to implement in a feasible, timely, and cost-efficient manner the solutions and remedies identified within the findings of the Commission pursuant to subsection (b).

(B) An analysis of the evidence-based therapy model used by the Secretary of Veterans Affairs for treating veterans with mental health care issues, and an examination of the prevalence and efficacy of prescription drugs as a means for treatment.

(C) The findings of the patient-centered survey conducted within each of the Veterans Integrated Service Networks pursuant to subsection (b)(2).

(D) An examination of complementary and integrative health treatments described in subsection (b)(3) and the potential benefits of incorporating such treatments in the therapy models used by the Secretary for treating veterans with mental health issues.

(3) PLAN.—Not later than 90 days after the date on which the Commission submits the final report under paragraph (2), the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the following:

(A)An action plan for implementing the recommendations established by the Commission on such solutions and remedies for improving wellness-based outcomes for veterans with mental health care issues.

(B) A feasible timeframe on when the complementary and integrative health treatments described in subsection (b)(3) can be implemented Department-wide.

(C) With respect to each recommendation established by the Commission, including any complementary and integrative health treatment, that the Secretary determines is not appropriate or feasible to implement, a justification for such determination and an alternative solution to improve the efficacy of the therapy models used by the Secretary for treating veterans with mental health issues.

(f) TERMINATION OF COMMISSION.—The Commission shall terminate 30 days after the Commission submits the final report under subsection (e)(2).

COMMISSIONERS

Thomas (Jake) J. Leinenkugel
Chair

RADM Thomas (Tom) E. Beeman, PhD, U.S. Navy (Ret.)
Cochair

Col. Matthew (Matt) F. Amidon, U.S. Marine Corps Reserve
Commissioner

The Honorable Thomas E. Harvey, Esq.
Commissioner

Ltc. Wayne B. Jonas, MD, U.S. Army (Ret.)
Commissioner

LtCol Jamil S. Khan, U.S. Marine Corps (Ret.)
Commissioner

Matthew (Matt) J. Kuntz, Esq.
Commissioner

Shira Maguen, PhD
Commissioner

Maj. Michael (Mike) J. Potoczniak, PhD, U.S. Army Reserve
Commissioner

CAPT John (Jack) M. Rose, U.S. Navy (Ret.)
Commissioner

COMMISSIONER BIOGRAPHIES

Thomas (Jake) J. Leinenkugel

Chair

Jake Leinenkugel served as an officer in the U.S. Marine Corps from 1976 to 1982 and then remained in the active reserve from 1982 to 1987. He served in various roles in his family's business, the Jacob Leinenkugel Brewing Company, to include serving as president from 1988 to his retirement in 2014. Leinenkugel served as a director for both the Marshfield Clinic Health System Casper/Rutledge Charity Foundation, and the St. Joseph's and Sacred Heart Hospital Systems. He was one of three founders of the Chippewa Area (Wisconsin) United Way Endowment Funds. Leinenkugel was appointed to the role of senior White House advisor in January 2017 and left that position to serve as chair of the COVER Commission. Leinenkugel holds a BA in business and human resource management from Pepperdine University, as well as postbaccalaureate certificates from the Wharton Business School Financial Leaders Management Course, Columbia University Executive Senior Leadership Management Course, and the Darden Business Leaders Senior Development Course.

RADM Thomas (Tom) E. Beeman, PhD, U.S. Navy (Ret.)

Cochair

Tom Beeman, with more than 45 years of health care experience, currently serves as executive-in-residence at the University of Pennsylvania Health System (UPHS). Beeman recently retired as assistant deputy surgeon general for reserve affairs, U.S. Navy, where he served as deputy commander for the National Intrepid Center of Excellence, National Naval Medical Center. He previously served as chief operating officer for regional operations. Prior to his roles at UPHS, Beeman served as president and chief executive officer (CEO) of Lancaster General Health for 10 years. Beeman served as president and CEO at Saint Thomas Health Services in Nashville, Tennessee, and as senior vice president for hospital operations and executive director of the Hospital of the University of Pennsylvania. He is a fellow of the College of Physicians of Philadelphia, a fellow of the American College of Health Care Executives, and a member of the Association of Military Surgeons of the United States. Beeman holds a bachelor's degree in community health studies and a master's degree in health education from St. Joseph's University, a master's degree in hospital administration from Widener University, and a PhD in leadership and policy from Vanderbilt University, where he has taught courses in systems theory. He is the coauthor of *Leading from Within* and *Developing Philanthropic Champions* and has published academic articles on leadership.

Col. Matthew (Matt) F. Amidon, U.S. Marine Corps Reserve (Ret.)

Commissioner

Matt Amidon is director for the Military Service Initiative at the George W. Bush Institute. There he works to develop and implement policy and strategic efforts, Team 43 Sports events, and research requirements and conferences to support the Military Service Initiative goal of fostering successful transitions for post 9/11 veterans and their families. Amidon has served in both active duty and reserve capacities since 1994, to include serving in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). He holds a bachelor's degree with majors in

political science and geography and a minor in history from the University of Vermont, a master's degree in business administration from Southern Methodist University Cox School of Business, and a master's of science degree from the Eisenhower School for National Security and Resource Strategy.

The Honorable Thomas (Tom) E. Harvey, Esq.

Commissioner

Tom Harvey is a Vietnam Army combat veteran whose decorations include the Silver Star, the Purple Heart, and 12 others for valor and service. A lawyer by training, Harvey served as chief counsel and staff director of the Senate Veterans Affairs Committee, deputy administrator of the Veterans Administration, and assistant secretary for congressional affairs of the Department of Veterans Affairs. Following 5 years with a major Wall Street law firm, Harvey came to Washington, DC, as a White House fellow. He has also served in the Department of Defense and as general counsel and congressional liaison of the United States Information Agency. He served as senior counselor of the Institute of International Education, which administers the Fulbright Program. He currently serves on the boards of the Milbank Memorial Fund, the focus of which is public health policy, and of the Art Students League of New York, where he studies watercolor painting. He holds both BA and JD degrees from the University of Notre Dame and an LLM degree from the New York University School of Law.

Ltc. Wayne B. Jonas, MD, U.S. Army (Ret.)

Commissioner

Wayne Jonas is a retired lieutenant colonel in the Medical Corps of the U.S. Army. Currently, he is a practicing family physician, an expert in integrative health and health care delivery, and a widely published scientific investigator. His new book, *How Healing Works*, was published in January 2018 by Ten Speed Press. From 2001 to 2016, Jonas was chief executive officer of Samueli Institute, a nonprofit medical research organization supporting the scientific investigation of healing processes in the areas of stress, pain, and resilience. Jonas was the director of the Office of Alternative Medicine at the National Institutes of Health from 1995 to 1999, and prior to that served as the director of the medical research fellowship at the Walter Reed Army Institute of Research. He is a fellow of the American Academy of Family Physicians.

LtCol Jamil S. Khan, U.S. Marine Corps (Ret.)

Commissioner

Jamil Khan served in the U.S. Marine Corps from the Vietnam era through the Desert Shield/Desert Storm period, participating in joint operations in what is currently NATO and CENTCOM Theater of Operations. He retired in 1994. Khan is active in veterans' mental health community outreach and suicide prevention efforts and Rock County Veterans' Treatment Court in Janesville, Wisconsin. Khan is a life member of all major veteran service organizations, to include the American Legion, Beirut Veterans of America, Veterans of Foreign Wars, Vietnam Veterans of America, and the Marine Corps Association. After retiring, he worked as a geographic information system technologist at Rock County Janesville, Wisconsin, and IS technologist at University of Wisconsin Madison. Khan currently volunteers in civic projects including hospice care and veterans' outreach health care programs. Khan earned an

undergraduate degree in social sciences and an MA in history from University of Peshawar, Pakistan, an MA in human resources management from Pepperdine University, and an MS in organizational development, planning, and budgeting from the Joint Command and Staff College.

Matthew (Matt) J. Kuntz, Esq.

Commissioner

Matthew (Matt) Kuntz served as an infantry officer in the Army, was recognized as Distinguished Member of the 35th Regiment for his service, and was released after medical discharge. Kuntz was practicing corporate law in Helena, Montana, when his step-brother, a Montana National Guardsmen who suffered from PTSD, committed suicide. Kuntz began advocating for effective screening and treatment of posttraumatic stress injuries of returning service members. Because of his efforts, Senate Bill 711, which requires multiple, face-to-face mental health screenings throughout the nation's fighting force, was attached to the FY 2010 National Defense Authorization Act and signed into law in October 2009. In 2008, Kuntz became executive director for the Montana National Alliance on Mental Illness (NAMI) to support, educate, and advocate for Montanans suffering from serious mental illness and their families. Kuntz has helped establish mental health peer services in Montana, develop children's mental health crisis beds, and prevent incarceration of offenders with serious mental illness. Kuntz has advocated for increased access to service dogs for military service members and veterans with mental health conditions and brain injuries. He led the team that developed www.treatmentscout.com, a mental health and substance abuse navigation and review website that includes more than 1,600 veterans health care clinics. Kuntz was also instrumental in development of the Center for Mental Health Research and Recovery at Montana State University and was named interim director in August of 2018. He holds a bachelor's degree from the United States Military Academy and a law degree from the University of Oregon.

Shira Maguen, PhD

Commissioner

Shira Maguen is mental health director of the OEF/OIF Integrated Care Clinic and staff psychologist on the PTSD clinical team at the San Francisco VA Medical Center (SFVAMC). She is also associate professor in the department of psychiatry at the University of California, San Francisco School of Medicine. Maguen serves as the San Francisco site lead for the VA Women's Health Practice-Based Research Network and codirector of the SFVAMC PTSD/dementia Mental Illness Research, Education, and Clinical Centers postdoctoral research fellowship. She is involved with both the research and clinical components of the PTSD program. Her research interests fall under the umbrella of PTSD, moral injury, and suicide, and include risk and resilience factors in veterans, with a focus on female veterans. Maguen received a VA Health Services Research and Development Grant to examine the effect of killing in veterans of war and moral injury. She is currently the principal investigator on a VA grant-funded study examining a brief behavioral treatment for insomnia in primary care and a DoD grant-funded study focused on evaluation of evidence-based treatments for PTSD using natural language processing. She recently completed a grant-funded study focusing on eating behaviors in female veterans with trauma and received an implementation grant focused on expanding PTSD care for veterans. Maguen has written more than 100 peer-reviewed publications, most of which

focus on veterans' mental health. She also works in a clinical capacity within the OEF/OIF Integrated Care Clinic treating veterans with evidence-based treatments for PTSD. She supervises research health fellows and other trainees in evidence-based treatments for PTSD and provides mentorship for trauma-focused research fellows. Maguen earned a BA in psychology and master's degree in developmental psychology from Columbia University. She earned an MA and PhD in clinical psychology from Georgia State University. Maguen completed her internship and postdoctoral training at the National Center for PTSD at the VA Boston Healthcare System. She is currently licensed as a clinical psychologist.

Maj. Michael J. Potoczniak, PhD, U.S. Army Reserve

Commissioner

Mike Potoczniak is currently a licensed psychologist in California and mental health director for the Santa Rosa community-based outpatient clinic in San Francisco VA. He previously served as team lead for addiction recovery treatment services at Martinez Outpatient Clinic in Martinez, California. Prior to this VA position, he served as program director for the addiction, consultation, and treatment program at the Palo Alto VA. Potoczniak currently serves in the Army Reserve and has been deployed twice, most recently as the behavioral health theater consultant located in Qatar, Afghanistan, and Kuwait, providing administrative oversight and quality assurance activities for behavioral health operations in the Middle East. Potoczniak earned undergraduate and master's degrees at Manhattan College in New York City, New York and a PhD in counseling psychology at the University of Miami, Coral Gables, Florida. He completed his predoctoral residency at the University of California, Irvine and subsequently worked at the University of Colorado at Boulder and the University of California, Berkeley prior to serving the in Army and the VA.

Capt. John (Jack) M. Rose, U.S. Navy (Ret.)

Commissioner

Jack Rose is currently a board member for NAMI for Kenosha County (Wisconsin) having served as president from 2006 to 2014. He has participated in various capacities with NAMI over the past 18 years at both the state and local levels. A mental health advocate, Rose is currently chair of the Mental Health/AODA Services Committee for Kenosha County and has served on the Behavior Health Treatment Court since its inception in 2013. He has served on the adjunct faculty at Carthage College in Kenosha. Recently reelected for his third term, he also serves as Alderman for the 15th District for the City of Kenosha. Rose has been a member of the Service Academy Nominations Advisory Board (First Congressional District, Wisconsin) since 2004. A naval aviator, retiring after 26 years in 1994, Rose served in various duty assignments to include squadron command, operational deployments/detachments worldwide, and the Pentagon. He served as a planner and venue manager for the 1996 Olympics in Atlanta and subsequently worked as project manager for Advantest America and ITT Pure-Flo. Rose holds a bachelor's degree from the U.S. Naval Academy and an MBA from University of West Florida. He is also a graduate of the Industrial College of the Armed Forces.

COMMISSION ENGAGEMENT

The commission has held the following public meetings:

- July 24–25, 2018 Washington, DC
- August 21–22, 2018 Washington, DC
- October 16–17, 2018 Palo Alto, CA
- December 6, 2018 Tampa, FL
- April 16–17, 2019 Washington, DC

In addition to public meetings, some commissioners have visited organizations in Arizona and New York, and workgroups have held weekly small-group discussions.