INTERAGENCY TASK FORCE ON MILITARY AND VETERANS MENTAL HEALTH

2013 INTERIM REPORT

Department of Defense

Department of Veterans Affairs

Department of Health and Human Services

Executive Summary

On August 31, 2012, the President signed an Executive Order directing the Departments of Veterans Affairs, Defense, and Health and Human Services, in coordination with other federal agencies, to take a number of steps to ensure that Veterans, Service Members, and their families receive the mental health services and supports they need. These steps include:

- Strengthening suicide prevention efforts across the Force and in the Veteran community;
- Enhancing access to mental health care by building partnerships between the Department of Veterans Affairs (VA) and community providers;
- Increasing the number of VA mental health providers serving our Veterans; and
- Promoting mental health research and development of more effective treatment methodologies.

This report summarizes the action steps the designated Federal Departments have undertaken in each of these areas, including:

Suicide Prevention: VA and DoD jointly developed and are implementing a national suicide prevention campaign to connect Veterans and Service Members to mental health services. This year-long effort began September 1, 2012. Prior to the December 2012 deadline, VA increased the capacity of the Veterans Crisis Line (VCL) by 50% and all new staff members have been trained. Veterans in crisis continue to be able to reach the Veterans Crisis Line at any time and immediate access to care at the local level is facilitated, if needed, regardless of where the Veteran is, including rural and remote areas. Any Veteran presenting to a VA medical center in crisis is evaluated within 24 hours. VA continues to work closely with the Substance Abuse and Mental Health Services Administration (SAMHSA), which provides the National Suicide Prevention Lifeline's telephonic infrastructure, as well as community crisis center backup in support of the Veterans Crisis Line. Community crisis center backup is particularly important for ensuring that Veterans who are not in crisis or who are not eligible for VA services receive appropriate community referrals. All Department of Defense (DoD) mental health, suicide prevention and substance abuse programs are being reviewed to identify the key program areas that produce the greatest quality care and outcomes. By the end of Fiscal Year 2014, DoD will have completed realignment of program resources as necessary to enhance the highest ranking, most effective programs.

Enhanced Partnerships Between the VA and Community Providers: After identifying VA service areas with difficulties recruiting and placing mental health professionals, and/or areas with access concerns due to their location and capacity to meet service demand, VA worked with

the Department of Health and Human Services (HHS) to help identify potential local community partners to improve Veterans access to mental health services. As of the date of this report, VA has established initial pilot projects through formal arrangements with 11 community-based mental health and substance abuse providers across 7 states and 4 VISNs. By March 31, 2013, this will be expanded to 15 pilot sites. Five additional pilots will be added by May 31, 2013. It is the intent of VA to provide the White House with a follow-up plan by May 31, 2013, that will explore other potential methods of expanding access to services through shared space utilization for both in-person and tele-mental health services, dependent on available resources. Pilot programs are varied and may include provisions for inpatient, residential, and outpatient mental health and substance abuse services over time. Additional elements for some sites will include tele-mental health, staff sharing and space utilization arrangements to allow VA providers to provide services directly in communities that are distant from a VA facility. VA guidance to support the use of community mental health and substance abuse services is in the final stages of being developed.

Expanded VA Mental Health Staffing: As of January 29, 2013, VA has hired 1,058 mental health clinical providers in support of the specific goal of 1,600 mental health professionals, and over 100 peer specialists in support of the specific goal of 800 peer specialists. Both hiring goals are on target to be met by their respective deadlines. VA has developed and implemented an aggressive recruitment and marketing effort to fill positions in specialty mental health and substance abuse occupations. Key initiatives include targeted advertising and outreach, aggressive recruitment from a pipeline of qualified trainees/residents and outreach with multiple health professions stakeholder organizations. VA also has taken steps to ensure that all VISN Directors in VHA are required to address improving mental health access in their FY 2013 performance plans.

Improved Research and Development: The development of a National Research Action Plan to better understand and develop treatments for PTSD and TBI and identify strategies to support collaborative research efforts to address suicide prevention is underway. The collaborative activities of the Departments of Defense, Veterans Affairs, Health and Human Services, and Education are fully on track to establish a National Research Action Plan by April 30, 2013. This plan will help inform our understanding of the contributing causes of these conditions, and then strategies to prevent, diagnose and treat them. DoD and VA have also launched two initiatives to establish joint DoD/VA research consortia with academia and industry partnerships to elucidate the chronic effects of mild TBI and PTSD. The National Institutes of Mental Health (NIMH) Army Study To Assess Risk and Resilience in Service Members (Army STARRS) has enrolled over 100,000 Soldiers before December 31, 2012, in an effort to longitudinally identify those at-risk and to inform the development of preventive interventions.

Interagency Task Force on Military and Veterans Mental Health: In addition, the Executive Order established an Interagency Task Force on Military and Veterans Mental Health (Task

Force), co-chaired by designees of the Secretaries of Defense, Veterans Affairs, and Health and Human Services, to coordinate and review agency efforts to enhance Veteran and military mental health and substance abuse services and develop recommendations on strategies to improve mental health and substance abuse treatment services for Veterans, Service Members and their families. This report summarizes the agency review efforts to date and identifies recommendations for future action.

The Interagency Task Force on Military and Veterans Mental Health will leverage cross-agency best practices to take advantage of existing efforts to enhance mental health services for Veterans, Service Members, and their families across the United States Government. For example, the Department of Defense has initiated a thorough review of its mental health and substance abuse prevention, education and outreach programs, informed by the expertise of the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration. Similarly, the Department of Health and Human Services worked closely with the Department of Veterans Affairs and the Department of Defense to ensure that the recently released National Strategy for Suicide Prevention appropriately identifies suicide risk and protective factors for members of the Armed Forces and Veterans.

Further, efforts will be maximized by integrating federal capabilities and expertise with academia, industry and other organizations to assure that communities are working together to promote good health, prevent illness, and provide ready access to mental health and substance abuse services. To that end, the Task Force held a number of listening sessions over the past several months with Veteran Service Organizations, mental health providers, military and Veterans family organizations, community-based organizations, researchers, and other stakeholders to identify opportunities for collaboration and further action.

The recommendations proposed in this report have been greatly informed by the input we received from the stakeholder community. We intend to continue to expand our public health approach to providing optimal support for the emotional and mental health needs of our Veterans, Service Members and their families. We view the recommendations in this interim report and the action items called for in the Executive Order as complementary. We intend to annually review our progress with evidence-based metrics to assure continual improvement and to undertake additional efforts to enhance the workforce, the evidence base for services, and the development of consistent data throughout the next year.

The Task Force makes the following additional recommendations to the President on strategies to improve mental health and substance abuse treatment services for Veterans, Service Members and their families:

1. INCREASE AWARENESS AND EDUCATION AMONG VETERANS, SERVICE MEMBERS AND THEIR FAMILIES ABOUT THE PREVENTION AND TREATMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE CONDITIONS

   Such initiatives will promote educational and public awareness efforts for Veterans, Service Members, their families and their communities, which would seek to enable them to understand mental health and substance abuse conditions; create awareness that there are effective treatments; empower them to recognize signs and symptoms of mental health problems and substance abuse and to seek treatment; and assist in connecting individuals to care and treatment, including in crisis situations.

2. IMPLEMENT THE 2012 NATIONAL STRATEGY FOR SUICIDE PREVENTION

   Veteran, Service Member and family suicide prevention and mental health care services will align with the 2012 National Strategy for Suicide Prevention. This strategy consists of four interconnected goals: to create healthy and empowered individuals, families and communities; to provide clinical and community preventive services and outreach; to provide treatment and support services; and to conduct ongoing surveillance, research and evaluation.

3. ALIGN GOALS AND METRICS OF MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS WITH NATIONAL GOALS AND METRICS

   DoD and VA should align goals and metrics that measure program effectiveness, quality of care, program awareness, and acceptance of mental health and substance abuse treatment services for Veterans, Service Members and their families. These goals and metrics will be aligned with and inform nationally recognized goals and metrics developed or supported by HHS.

4. ENCOURAGE AND PARTNER WITH COMMUNITIES TO SUPPORT MENTAL HEALTH AND SUBSTANCE ABUSE OUTREACH, PREVENTION, TREATMENT AND RECOVERY SERVICES FOR VETERANS, SERVICE MEMBERS AND THEIR FAMILIES

   VA and HHS should use their available tools and levers to help and encourage community providers to provide effective, culturally-competent prevention, treatment and recovery services to Veterans, Service Members and their families who seek community-based services. Identifying resources and expanding outreach will encourage identification of Veterans in the community for appropriate referral to VA systems of care while using federally funded direct service grants to provide necessary and appropriate care in the community for Veterans and their families, including for those not eligible for VA or DoD TRICARE services. For eligible individuals, coverage for mental health and substance abuse

services can be available through new insurance marketplaces established through the Affordable Care Act.

VA and HHS are establishing pilot projects with local community providers for mental health and substance abuse care for Veterans. Outpatient and tele-mental health care will be utilized. DoD, VA and HHS are also coordinating in providing technical assistance and education to community behavioral health, primary care and educational personnel who may interact with Veterans, Service Members and their families. In-person and on-line courses are providing military culture training, education on deployment stressors and related mental health and substance abuse issues for Service Members and their families, and awareness of issues Service Members and Veterans have with reintegration into U.S. civilian communities.

5. BUILD PARTNERSHIPS THAT ENHANCE THE CAPACITY OF THE HEALTH CARE WORKFORCE TO SERVE VETERANS, SERVICE MEMBERS AND THEIR FAMILIES THROUGH VA, TRICARE AND IN THE COMMUNITY

   The Interagency Task Force on Military and Veterans Mental Health will continue to engage with the range of practitioners who have appropriate training and skills to effectively and positively contribute to resilience, prevention, diagnosis, treatment, and post-intervention care related to mental health and substance abuse. The Task Force will continue to work with mental health and substance abuse providers and partner among Federal Departments to ensure that we are fully utilizing the health care workforce to best serve Veterans, Service Members and their families. For example, HHS will continue its working relationship with TRICARE to assist states and community agencies with technical assistance on the military health care system, its credentialing process and its fee structures, in order to expedite community providers' participation in TRICARE.

6. IMPLEMENT THE NATIONAL RESEARCH ACTION PLAN CALLED FOR IN THE EXECUTIVE ORDER TO INFORM FEDERAL RESEARCH IN PTSD, TBI AND OTHER CRITICAL ISSUES

   The National Research Action Plan (NRAP), which is being developed in response to the Executive Order, will provide a strategic guide to inform the development of tools and strategies for the prevention, diagnosis and treatment of mental health conditions – to include PTSD, depression and substance use disorders – and TBI in Veterans and Service Members and will include strategies to support collaborative research to address suicide prevention.

7. DEVELOP AND IMPLEMENT TARGETED MENTAL HEALTH AND SUBSTANCE ABUSE STRATEGIES THAT RESPOND TO THE DIVERSITY OF VETERANS, SERVICE MEMBERS AND THEIR FAMILIES

Educational and outreach efforts should ensure the diversity of our Nation's Veterans and Service Members is represented. Suicide prevention efforts will also be targeted to certain populations when enough evidence is available to support such specific focus. Finally, future research will ensure that race, ethnicity, gender, age, sexual orientation and other relevant demographics are studied in order to inform prevention and intervention efforts across Departments.

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I. Designated Lead Agency Officials

As stipulated in the Executive Order, the specific agencies identified the following individuals as co-chairs of the Interagency Task Force on Military and Veterans Mental Health:

Department of Defense (DoD)	Jonathan Woodson, M.D., Assistant Secretary of Defense Health Affairs
Department of Veterans Affairs (VA)	Robert A. Petzel, M.D., Under Secretary for Health
Department of Health and Human Services (HHS)	Pamela S. Hyde, J.D., Administrator, Substance Abuse and Mental Health Services Administration

II. Federal Agency Acronyms

ACSAP	Army Center for Substance Abuse Programs
ADAPT	Alcohol and Drug Abuse Prevention and Treatment
ASAP	Army Substance Abuse Program
ASD(HA)	Assistant Secretary of Defense for Health Affairs
ATFBH	Army's Task Force on Behavioral Health
CAP	Corrective Action Plan
CAP	Consortium to Alleviate PTSD
CAPE	Cost Assessment and Program Evaluation
CDF	Campaign Drug Free (Navy)
CENC	Chronic Effects of Neurotrauma Consortium
CME	Continuing Medical Education
CPRS	Computerized Patient Record System
CSF (medical)	Cerebrospinal Fluid
CSF (program)	Comprehensive Soldier Fitness Program
CSF2	Civilians and Family Members Program
DCoE	Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
DDRP	Drug Demand Reduction Program
DEFY	Drug Education for Youth
DEOMI	Defense Equal Opportunity Management Institute
DoD	Department of Defense
DTI	Diffusion Tensor Imaging
EBP	Evidence-Based Practices

ED	Department of Education
EEG	Electroencephalogram
EHR	Electronic Health Record
FQHC	Federally Qualified Health Center
FITBIR	Federal Interagency TBI Research
HHS	Department of Health and Human Services
HITECH	Health Information Technology for Economic and Clinical Health Act
HRSA	Health Resources and Services Administration
IDES	Integrated Disability Evaluation System
IMHS	Integrated Mental Health Strategy
MCL	Military Crisis Line
MEG	Magnetoencephalography
MHFA	Mental Health First Aid
NHPAEA	Mental Health Parity and Addictions Equity Act
MRI	Magnetic Resonance Imaging
mTBI	mild Traumatic Brain Injury
MVP	Million Veterans Program
NBHQF	National Behavioral Health Quality Framework
NDAA	National Defense Authorization Act
NDACS	Navy Drug and Alcohol Counseling School
NGB	National Guard Bureau
NGO	Non-Governmental Organization
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse

NIDRR	National Institute on Disability and Rehabilitation Research
NIH	National Institutes of Health
NIMH	National Institutes of Mental Health
NQF	National Quality Forum
NRAP	National Research Action Plan
NSSP	National Strategy for Suicide Prevention
NSPS	National Suicide Prevention Strategy
OCONUS	Outside Contiguous United States
OEF	Operation Enduring Freedom
OGC	Office of General Council
OIF	Operation Iraqi Freedom
OMB	Office of Management and Budget
OMHO	Office of Mental Health Operations
Operation S.A.V.E.	S. - Know the **S**igns of Suicide A. - **A**sk the question V. - **V**erify the experience with the Veteran E. - **E**xpedite getting help
OSC	Operational Stress Control Program
OSD	Office of the Secretary of Defense
PC	Prevention Coordinators
PEO	Prevention Education Outreach
PET	Positron Emission Tomography
PREVENT	Personal Responsibilities and Values Education Training
PSA	Public Service Announcement
PTSD	Posttraumatic Stress Disorder

QA	Quality Assurance
QI	Quality Improvement
RNA	Ribonucleic Acid
SA	Strategic Action
SAMHSA	Substance Abuse and Mental Health Services Administration
SMVF	Service Members, Veterans and their Families
SPARRC	Suicide Prevention and Risk Reduction Committee
SPC	Suicide Prevention Coordinator
STARRS	Study to Assess Risk and Resilience in Service Members
SUD	Substance Use Disorder
TA	Technical Assistance
TBI	Traumatic Brain Injury
TFF	Total Force Fitness
USAR	US Army Reserve
USPSTF	U.S. Preventive Services Task Force
VA	Department of Veterans Affairs
VAMTHCS	VA Montana Health Care System
VCL	Veterans Crisis Line
VHA	Veterans Health Administration
VINCI	VA Informatics and Computing Infrastructure
VISN	Veterans Integrated Service Network
VSO	Veterans Service Organization

III. Update of Federal Activities

This section of the report reviews activities to date on the key action items identified in the Executive Order 13625 (EO) – "Improving Access to Mental Health Services for Veterans, Service Members, and Military Families" (Appendix 1).

Mental Health Services

Executive Order Action Item. At an overarching level, this Executive Order expands on the Administration's commitment to military families by recognizing the current and future need for mental health and substance abuse services for those who have served and for those who are serving, and for their families. A public health approach to contribute to disease prevention and to promote good health is recommended. The Executive Order identifies the need to build an integrated network of mental health support that will provide effective mental health and substance abuse services, whether that care is in the Department of Defense, the Department of Veterans Affairs, or in the local community. Such a system will provide continuity as individuals transition from communities to the military, and then to Veteran status and back to the community.

Update. Within the Departments of Defense (DoD), Veterans Affairs (VA) and Health and Human Services (HHS), there have been multiple efforts to enhance and expand mental health and substance abuse services for those beneficiaries that each Department serves because of the recognized increased need for emotional and mental health support. We are all acutely aware of the increase in the numbers of individuals committing suicide. We all recognize that there is often resistance to ask for help among those in need of help, or their families. That resistance may be due to not understanding the care and support that are available, not recognizing the symptoms that can be successfully treated, not knowing that early diagnosis and treatment can lead to better outcomes, or being concerned about the impact on careers or families of seeking treatment for mental health or substance abuse issues. A goal for assuring that those individuals who need mental health or substance abuse treatment services are willing and able to receive them must be the recognition that recovery is possible. A caring, welcoming and supportive community, to include family and friends, is vital to promote recovery and wellness, and reflects the inherent value and dignity of each person. For these efforts to truly be successful, there needs to be better coordination of care at the community level, which enables ease of access at various locations and ease of transition of care when changing from one setting to another. Each of these communities of practice needs to implement innovations that are shown to be effective and evidence-based.

DoD has implemented policy for providing clinic-to-clinic tele-mental health care from a "distant site" where the physician or practitioner is located to an "originating site" where the

patient is located (must be a location where authorized TRICARE providers otherwise offer medical or psychological services). Similarly, VA has greatly expanded its provision of tele-mental health services, delivering tele-mental health care to over 76,000 Veterans and into 580 community based outpatient clinics in fiscal year 2012. DoD and VA are also working together as part of the Integrated Mental Health Strategy (IMHS), to develop technical, business, and clinical processes for implementing joint tele-mental health services, which will allow the two Departments to bridge gaps between patients in need of mental health or substance abuse services and available providers.

In addition, HHS/SAMHSA continues to leverage technology to enhance and/or expand the capacity of substance abuse treatment providers to serve persons in treatment through the use of health information technology, including web-based services, smart-phones, and behavioral health electronic applications. Programs under this initiative have expanded and/or enhanced providers' ability to effectively communicate with persons in treatment and to track and manage their health to ensure treatment and services are available where and when needed.

From May 2012 to January 2013, the Army's Task Force on Behavioral Health (ATFBH) conducted a comprehensive review the diagnosis and evaluation of behavioral health conditions in the Integrated Disability Evaluation Systems (IDES) and made recommendations in a corrective action plan (CAP) to rectify any identified breakdowns or concerns. The findings of this review are reflective of the issues that Veterans, Service Members and their families experience when seeking mental health or substance abuse treatment services and can be useful in development of recommendations for strategies to enhance access.

We recognize that while much is being done, there is still much to do.

Next Steps.

The general lack of knowledge and understanding of mental illness and substance abuse, including associated signs and symptoms, among the American population contributes to the absence of consistent, reliable support for individuals with mental illnesses and substance use disorders from themselves, their families, friends, co-workers and local communities. The average delay nationally in seeking care by a person with PTSD is 12 years. When there is a delay in seeking care, outcomes are negatively affected. Consistency in message among programs to provide the training, understanding and skills to enable early health-care seeking is paramount.

Recommendation 1. INCREASE AWARENESS AND EDUCATION AMONG VETERANS, SERVICE MEMBERS AND THEIR FAMILIES ABOUT THE PREVENTION AND TREATMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE CONDITIONS.

There is a need to provide training to broader segments of the population, including non-commissioned and commissioned officers, Service Members, family members and the general public regarding how to recognize the signs of major psychological stress, mental illness and substance use disorders. Such training will help to build a support system to appropriately respond to these problems and to direct these individuals to appropriate treatment. It also will encourage appropriate self-help and other support strategies. Through this education, the negative attitudes associated with mental health and substance abuse problems and major stressors will be lessened, and access to care, when appropriate, will be normalized. Research shows that the earlier individuals get help for mental and substance use disorders, the more likely they are to have positive outcomes.

There are effective evidence-based programs in existence that can be quickly adapted and used for this purpose. One such program, Mental Health First Aid USA is a public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. Mental Health First Aid USA is managed, operated, and disseminated by three national and state authorities — the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health. Mental Health First Aid is offered in the form of an interactive 12-hour course (http://www.mentalhealthfirstaid.org/cs/what_you_learn) that presents an overview of mental illness and substance use disorders in the U.S. and introduces participants to risk factors and warning signs of mental health and substance abuse problems, builds understanding of their impact, and overviews common treatments. Those who take the 12-hour course to certify as Mental Health First Aiders learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care. The 12-hour Mental Health First Aid USA course has benefited a variety of audiences and key professions, including: primary care professionals, employers and business leaders, faith communities, school personnel and educators, state police and corrections officers, nursing home staff, mental health authorities, state policymakers, volunteers, young people, families and the general public. HHS has supported use and adoption of Mental Health First Aid programs.

Chronic pain, mental health conditions and substance use disorders are recognized as risk factors for becoming co-morbid conditions in individuals with any one of these medical issues. HHS/SAMHSA has developed an online course on management of chronic pain in Active Duty military personnel and Veterans, with a special focus on those who have co-occurring disorders such as depression and PTSD, TBI and other traumatic injuries, and physical problems such as chronic back pain. The course is targeted to civilian clinicians who treat military personnel, and this is a particularly important issue with regard to care of personnel in the National Guard and Reserve Components. This course is a module in a series of online courses on prescribing for pain that was developed in conjunction with Boston University. The courses can be accessed at

no cost online by clinicians anywhere in the country. Through the end of 2012, more than 13,000 persons had completed at least one module.

VA's Make the Connection national public awareness campaign was created and launched to overcome national biases and misperceptions surrounding Veteran mental health and substance abuse issues and treatment. Based on the research literature, it was determined that the most effective way to help Veterans understand that a more fulfilling life is possible is by hearing from other Veterans who have successfully dealt with and overcome mental health and/or addiction challenges. Through hundreds of powerful, individual stories on www.maketheconnection.net, Veterans are able to "see themselves" and recognize they are not alone. Cutting-edge sites on the Web, Facebook (https://www.facebook.com/VeteransMTC), and YouTube (https://www.youtube.com/user/VeteransMTC) allow Veterans who have gone through challenging experiences to share how they found treatment and recovery options and overcame a variety of obstacles. By sharing, these Veterans become powerful influencers, encouraging others to reach out for support.

The interactive website highlights over 300 in-depth video testimonials from a diverse representation of Veterans and their partners; these videos have been viewed over 6 million times. Their candid, unscripted stories cover a wide range of life experiences, mental health symptoms, and conditions like PTSD, depression, and drug and alcohol problems. The campaign's Facebook and YouTube pages are environments where Veterans, families and friends can share successes, offer support and inspire each other to seek help. All platforms offer user-friendly capabilities to direct visitors to local mental and physical health treatment options.

Since the campaign is specifically targeted to those Veterans who have not yet accessed care or may not realize that treatment and resources exist to assist them with their current challenges, VA has actively reached out on multiple media channels. PSAs aired on network/cable/radio throughout the country since November of 2011 have yielded more than 180 million TV impressions and more than 55 million radio impressions. During its rotation, "Veterans Voices" was ranked in the top 2% of TV PSAs. A paid TV commercial yielded nearly 17 million impressions. Print advertisements in magazines from *Cosmopolitan* to *Popular Science* reached nearly 24 million readers. Since its launch in November 2011, the website has been visited over 2 million times, and the YouTube channel has almost 7,000 subscribers. With over 1.5 million fans and a 10% engagement rate (significantly higher than similar pages), the campaign's Facebook page was identified as the fastest growing page in the military/government sphere and was selected as a case study for best practices.

In partnership with the Entertainment Industries Council, VA's Make the Connection team developed "Picture This: Veteran Mental Health Challenges and Solutions." Designed for writers and broadcasters, and released on September 24, 2012, this resource highlights the unique strengths and abilities of Veterans, so entertainment products can more realistically and

responsibly portray Veterans and how they deal with trauma, mental health and substance abuse issues, and recovery (http://www.eiconline.org/VAMentalHealth.pdf). Make the Connection's goal is to be a national resource for increasing compassion and positively changing the national dialogue around Veterans' mental health.

DoD is using web-based psychological health care tools to engage the modern military through commonly used, everyday technologies. Web-based applications can be accessed anytime, anywhere and by many individuals simultaneously. Three examples are:

- Afterdeployment.org (*http://www.afterdeployment.org)*: Developed for Veterans, Service Members, their families, and health care providers serving the military community. The site provides educational libraries, self-assessments, interactive exercises, personal stories, community forums, resource lists, a geospatial locator, a provider portal, links to social media, polls, daily quotes, and health tips on 18 common post-deployment adjustment issues (stress, depression, etc.).

- Military Kids Connect (*https://militarykidsconnect.org/)*: The first web application supporting military children of all ages, parents and educators throughout the deployment cycle. The site features an interactive map, scrapbook and message board, games, inspirational videos about coping with deployment and instructional vignettes.

- Military Pathways (*http://www.militarymentalhealth.org/*): An anonymous mental health and alcohol education screening program. The site seeks to reduce barriers to seeking care; educate Service Members and their families about military-provided mental health and substance abuse services; and encourage treatment when appropriate.

Because portable devices like smartphones and tablet computers are commonly used by age groups representative of the military, several mobile apps have been developed for individual use and mental health providers can recommend these apps to support their treatment programs. Clinician communication about the apps, as well as the supporting material contained within the apps, makes clear that these applications are meant to complement, and not replace, professional mental health treatment. Four such apps are:

- *Breathe2Relax*: A portable stress management tool that encourages the diaphragmatic (belly-breathing) technique to reduce stress and calm the "flight or fight" response.

- *T2 Mood Tracker:* A mobile app that makes the portable device a diary to record emotions and behaviors on six pre-loaded scales (PTSD, stress, brain injury, depression, anxiety, general well-being) and any added customized scales such as pain or sleep management).

- *PE Coach:* Prolonged exposure therapy is a well-supported, evidence-based treatment for PTSD. This mobile app, jointly developed by DoD and VA, is designed to improve therapist implementation and patient compliance with this intervention.

- *PTSD Coach:* This mobile app, jointly developed by DoD and VA, educates individuals about PTSD and how to find professional care, provides a self-assessment for PTSD, assists in managing symptoms, and recommends sources of support for an individual, including direct connections to crisis support resources.

DoD is also using a Virtual World program (T2 Virtual PTSD Experience) to educate Veterans, Service Members and their families about PTSD, to enhance their understanding of the combat-related causes of PTSD, to show how symptoms of PTSD present in daily life, and how to access DoD and VA resources for care.

The ATFBH had several findings that identified lack of knowledge or understanding of mental health conditions or behavioral health programs among Service Members, their families, and military leaders and support personnel. A series of seven recommendations in the Army's CAP are consistent with this EO Task Force recommendation to increase awareness and education among Veterans, Service Members and their families about the prevention and treatment of mental health and substance abuse conditions.

Suicide Prevention

Executive Order Action Item. The Executive Order requires VA, in cooperation with HHS, to expand the capacity of the Veterans Crisis Line by 50 percent by December 2012, and to ensure that any Veteran identifying himself or herself in crisis is connected to a mental health professional or trained mental health worker within 24 hours. Further, VA is also directed to expand the number of mental health professionals who are available to see Veterans beyond traditional business hours. It also directs VA and DoD to jointly develop and implement a national suicide prevention campaign focused on connecting Veterans and Service Members to mental health services starting September 1, 2012.

Update. The Departments are aggressively addressing several issues and programs in suicide prevention. Since the Executive Order was signed in late August 2012, VA increased the capacity of the Veterans Crisis Line (VCL) by 50% before the December 2012 deadline, and all new staff members have been trained. Veterans in crisis continue to be able to reach the Veterans Crisis Line at any time, and immediate access to care at the local level is facilitated, if needed, regardless of where the Veteran is, including rural and remote areas. Any Veteran presenting to a VA medical center in crisis is evaluated within 24 hours.

VA continues to work closely with the Substance Abuse and Mental Health Services Administration (SAMHSA), which provides the National Suicide Prevention Lifeline's telephonic infrastructure, as well as community crisis center backup in support of the VCL. Community crisis center backup is particularly important for ensuring that Veterans who are not in crisis or who are not eligible for VA services receive appropriate community referrals. DoD is working with the Services to establish similar standardized "warm hand-off" follow-up care within the Patient Centered Medical Home programs for Service Members who contact the Crisis Line. Currently, optional referrals are provided to Chaplains, Military One-Source, or community providers.

In order to expand the number of providers available beyond traditional business hours, VHA released a directive on January 9, 2013 on "Extended hours access for Veterans requiring primary care including women's health and mental health services at Department of Veterans Affairs (VA) medical centers and selected community based outpatient clinics." This increases VA's commitment to offering appointments during evenings or weekends. Benchmarks are currently being set to ensure implementation of this directive across the VA system.

In addition, joint DoD/VA suicide prevention efforts are undertaken through the 2010 Integrated Mental Health Strategy. The suicide-related efforts in this plan are co-led by the Defense Suicide Prevention Office (DSPO) and VA Mental Health Services. As part of the effort to increase awareness, Suicide Prevention Week was expanded to the entire month of September in 2012. At the beginning of Suicide Prevention Month, on September 1, 2012, VA and DSPO launched a joint DoD/VA national suicide prevention messaging campaign, with multiple ongoing VA and DoD national and local events (Appendix 2).

The Surgeon General's National Strategy for Suicide Prevention (www.samhsa.gov/NSSP) was released on September 10, 2012 at an event featuring HHS, DoD, VA and private sector partners. VA and DoD launched a coordinated national outreach initiative to raise awareness of the Veterans Crisis Line (VCL) and Military Crisis Line (MCL). The campaign, "Stand by Them," is focused on raising awareness of family and friends. A new "Side By Side" Public Service Announcement (PSA) has been launched and distributed nationally to the media, and the current PSA has a Nielson rating in the top 1% of PSAs nationally. Both DoD and VA have continued outreach during subsequent months with multiple events each month. We will monitor call volumes and ratings over the next several months to determine if the new campaign is having an effect on usage. New PSAs are in production now for both VA and DoD and will be released throughout the remainder of 2013.

As part of the DoD/VA Integrated Mental Health Strategy (IMHS), DSPO and VA will continue to plan and host annual DoD/VA suicide prevention conferences as they are approved by the two Departments. A joint DoD/VA Clinical Practice Guideline is currently in development.

Agencies are revitalizing websites and social media presence to ensure updated content and design. VA is also partnering with DoD, Veterans Service Organizations (VSO), and non-governmental

organizations (NGO) to ensure a consistent message concerning seeking help and suicide awareness across all agencies that is consistent with the National Suicide Prevention Strategy. VA has created a toolkit in relation to VCL and suicide prevention awareness. The toolkit is available on the Crisis Line website and is promoted at meetings with both public and private organizations who have expressed a desire and willingness to promote the suicide prevention efforts; and DoD is currently producing an expanding array of MCL products that provide information about the warning signs of suicide, risk and protective factors, and the assistance provided by crisis responders. Additionally, in an effort to emphasize the importance of mental fitness as a protective factor against suicide, DoD is promoting the Total Force Fitness (TFF) Framework from the Chairman of the Joint Chiefs of Staff.

Using the Crisis Line as an option for getting help, both VA and DoD have distributed materials and information widely to promote the phone number and website. VA has contracted with a public relations firm to assure that best practices are utilized consistent with the National Suicide Prevention Strategy. VCL materials have been distributed nationally through local Suicide Prevention Coordinators (SPC) and at exhibits, conferences and sporting events. Most NFL teams supported material distribution at games on or around Veteran's Day and the TV show "Bones" created a show related PSA for their November 12, 2012 episode. In addition, Veterans, Service Members and their families who call the HHS-funded National Suicide Prevention Lifeline looking for assistance have the option of being connected to the VCL or MCL if they have Veteran or military-related issues.

DoD worked with the Services' national and local Suicide Prevention Program Managers to distribute MCL materials for local military installation use. In addition, DoD will also distribute the Total Force Fitness materials, including fact sheets, posters and self-challenge booklets.

VA Suicide Prevention Coordinators (SPC) are required to provide Veteran-specific suicide awareness training to all new VA employees on an ongoing basis to both clinical and non-clinical staff. All SPCs are also required to provide training and information to community based groups and organizations, at a minimum of 5 outreach activities per month. This is tracked and monitored on a monthly basis. To date in fiscal year 2013, over 3,780 outreach actions have occurred, which is an average of over 7 per Suicide Prevention Team per month. Veterans Benefit Administration staff also receive training by the VHA SPC's. DoD is providing crisis management and suicide prevention training and educational sessions to disseminate best practices. This includes training Public Affairs officers at the Defense Information School, recovery care coordinators, military commanders, mental health providers, DoD supervisors, Chaplains and other DoD personnel.

In addition to the joint DoD/VA programs, each Service is fully engaged in the area of suicide prevention with oversight and guidance from Defense Suicide Prevention Office. Specifically, each Service:

- Has a full-time suicide prevention program manager who leads the Service's efforts on behalf of its senior leaders.

- Has a formal suicide prevention program that includes directives and regulations that guide program oversight, the tracking of fatal and non-fatal suicide events, reporting, training, and leadership responsibilities and engagement.

- Views suicide prevention primarily as a leadership issue and encourages leaders to engage with their troops at all levels and create a command climate that promotes and encourages a proactive help-seeking environment in their units.

- Is taking action to address drug and alcohol abuse, safety violations, and criminal activity, as well as, enhancing protective factors and building resilience among their members using the Total Force Fitness Framework directed by the Chairman of the Joint Chiefs of Staff.

- Recognizes that suicide prevention efforts must be taken as part of a comprehensive effort to address various high risk behaviors.

Military Services are using the DoD-VA developed suicide prevention content and incorporating it into Service specific initiatives as described below:

Army. The Army has been at the forefront of the Department's efforts to prevent suicide and other high risk activities. Army Secretary John McHugh serves as the public co-chair of the National Action Alliance on Suicide Prevention. The Army released two comprehensive and hard-hitting reports entitled, "Army Health Promotion Risk Reduction Suicide Prevention" in 2010, followed by, "Generating Health and Discipline in the Force" in 2012. These reports concluded that Army leaders must take a holistic, multidisciplinary approach to address a multitude of high-risk behaviors in the Army. The Army has set up a Health Promotion & Risk Reduction Task Force to focus on and resolve the multiple findings identified in these reports. Additionally, the Army has established Comprehensive Soldier Fitness, a program designed to build resilience in Soldiers, families and civilians, putting mental fitness on the same level as physical fitness. Finally, the Army has undertaken the largest study of mental health risk and resilience ever conducted among military personnel. The Army Study to Assess Risk and Resilience in Service Members (Army STARRS) is working with HHS' National Institutes of Mental Health (NIMH) to identify, as rapidly as scientifically possible, risk and protective factors, and moderators of suicide-related behaviors by 2014.

Marine Corps. The Marine Corps has developed an innovative suicide prevention training program designed by Marines specifically for Marines. In November 2010, the suicide prevention training series expanded to include a junior Marine program, and the senior noncommissioned officer and officer programs have recently been released. The US Marine Corps DSTRESS line (pilot program) is a 24/7 anonymous "by Marine-for Marine" counseling line and has been developed in cooperation

with TRICARE's Western Region (TRIWEST) assistance program. The line is available to current and Veteran Marines, their families and their loved ones living in the northwest region.

Navy. The Navy is moving forward in fully implementing the Combat and Operational Stress Control Program with training now in place at all accession points and at key career and deployment milestones. The Navy is taking a holistic approach to wellness and has implemented several new efforts aimed to better integrate key training, command assessment, and action efforts in the areas of operational stress control, suicide prevention, drug and alcohol abuse prevention, sexual assault prevention and response, physical readiness, and family readiness programs. The Navy has also mandated that required annual suicide prevention general military training be provided by a live trainer rather than though a computer-based format. Training options include front-line supervisor training and peer-to-peer training that incorporates scenarios and role play focusing on skill acquisition in addition to knowledge. Additionally, the Navy has developed and deployed a Stress Assessment Module that can be added to the Defense Equal Opportunity Management Institute (DEOMI) Organizational Climate Survey instrument (at the Commander's request) and contains questions designed to assess behavioral health issues among Sailors. This assessment tool is a value to commanders, as it gives insight into the magnitude of stress in the unit and the sources of that stress as compared to similar units and the Navy overall.

Air Force. The Air Force has reinvigorated periodic command-led Wingman Days, demonstrating high involvement and commitment to suicide prevention. Previously an annual event, these stand-downs are now semiannual and act as opportunities for commanders and community members to build cohesiveness, discuss suicide prevention messages and review prevention materials. The Air Force has also identified high risk career fields and is tailoring training to include a mandated frontline supervisor training course and suicide prevention learning objectives for security forces' professional military education. Future efforts will include innovative communication methods using video, on-line resources and social media. Web-based efforts include the development of a suicide prevention webcast for the Judge Advocate General's school and a suicide prevention webinar for Area Defense Counsel members (ADCs). ADCs are now trained on Limited Privilege Suicide Prevention during their orientation course. Finally, the Air Force Center for Excellence in Medical Multimedia has created interactive suicide prevention videos for use in web-based annual suicide prevention training as well as for Wingman Days and has also developed public service announcements targeting known suicide risk factors.

The Air Force has also initiated the Comprehensive Airman Fitness program to help Airmen, Air Force civilians and family members become more resilient and better equipped to deal with the rigors of military life. Positive behaviors of Caring, Committing, Connecting, Communicating and Celebrating are promoted, with the goals of achieving mental fitness, physical fitness, social fitness and spiritual fitness.

Department of Veterans Affairs. In VA, the Suicide Prevention Coordinators (SPCs) serve a key role. There are between one and three SPC's at each Medical Center and very large Community Based Outpatient Clinics. SPC's are mental health professionals devoted 100% to suicide prevention activities. Among many other functions, SPCs have the following roles and responsibilities:

- The SPC is responsible for ensuring all referrals sent to them from the Veterans Crisis Line, other call lines, e-mails and outside and internal sources, are appropriately responded to within one business day.

- The SPC is responsible for continued contact and monitoring with Veterans who have been identified as high-risk for suicide to assure continued care and treatment. They assure that each "high risk" Veteran has a medical record notification entered and that they receive suicide-specific enhanced care which includes evidence based treatment strategies for their diagnosed concerns.

- The SPC is responsible for assuring that providers are trained on the VA Safety Planning procedure and understand the basics of using Safety Planning as an intervention. Safety plans are developed with Veterans and used to guide on-going care.

- The SPC ensures that patients identified as being at high risk for suicide receive prompt follow-up for any missed mental health and substance abuse appointments.

- The SPC is responsible for the delivery of Operation S.A.V.E. training (Know the **S**igns of Suicide, **A**sk the question, **V**erify the experience with the Veteran, **E**xpedite getting help), or other approved training, to all non-clinical staff. The SPC is also responsible for the delivery of other training programs at the site by request of the facility. All clinical staff members take the "Clinical Risk Assessment and Treatment for Suicide" Training in the VA Learning Management System.

- The SPC is responsible for delivering at least five community outreach activities every month. These may be for Veterans Service Organizations, Community Service groups, schools and academic partners, professional organizations or community events.

- The SPC is responsible for building relationships with local and state suicide prevention organizations, local crisis line organizations, and local VSO's.

- The SPC tracks and monitors all suicide-related events in an internal data collection system which allows VA to determine trends, common risk factors and provide information on how best and where to address concerns.

VHA has adopted as its number one strategic goal to provide Veterans personalized, proactive, patient-driven health care. At the core of this new approach is a model of care that focuses on what

matters to the patient and partners with them to create a strategy to optimize their health and well-being, while providing state-of-the-art disease management. This approach addresses the full range of physical, emotional, mental, social, spiritual and environmental influences. VA Mental Health Services and the Office of Patient Centered Care and Cultural Transformation are embarking on a ground breaking initiative to implement the personalized, proactive, patient-driven approach to health care as an expanded strategy for Suicide Prevention. As a result, the Mental Health Innovations Task Group (VA, DoD and HHS) has been created. This VA-led initiative will start with a focus on the five diagnoses associated with increased risk for suicide: Posttraumatic Stress Disorder, Depression, Sleep Disorders, Substance Use Disorders and Chronic Pain. Of particular interest is finding new ways of establishing relationships with patients being seen for depression in order to understand the underlying reasons for depression. DoD and HHS will provide invaluable insight to the group as well as determine how to move new interventions out to the DoD and community as applicable.

Next Steps. There are multiple factors that contribute to suicide behaviors including societal, racial, cultural, sexual orientation, gender biases and prejudices associated with suicide behaviors, mental and substance use disorders and exposures to violence (see VA 2012 Suicide Data Report for examples of demographic factors as they relate to Veteran suicide http://www.va.gov/opa/docs/Suicide-Data-Report-2012-final.pdf). Efforts to create supportive environments that will promote the general health of the population and reduce the risk for suicidal behaviors and related problems are difficult to evaluate at the general population level because of these variances in risks at the sub-population levels. The following recommendation for strategies to enhance suicide prevention efforts must be put in context with the other recommendations in this Interagency Task Force on Military and Veterans Mental Health Interim Report.

Additionally, data are not readily available to track suicide thoughts, plans, attempts and deaths among persons who are family members of persons who have served or are serving in the military services. The stress on family members of Veterans and Military Service Members is, however, well documented. Further work needs to be done to identify, track and address the special mental health and substance abuse service needs of family members of Veterans and Military Service Members. SAMHSA is working to capture some of this information in its National Survey on Drug Use and Health (NSDUH) that tracks national substance abuse and mental health issues among the non-military U.S. population.

Recommendation 2. IMPLEMENT THE 2012 NATIONAL STRATEGY FOR SUICIDE PREVENTION

"The effect of suicide on communities across our nation goes beyond the personal. Suicide affects some of the most important concerns of our time. Suicide among those who serve in our Armed Forces and among our Veterans has been a matter of national concern." (VADM Benjamin, Surgeon General, in the Preface to the 2012 National Strategy for Suicide Prevention (NSSP))

The Task Force is fully committed to implementing the NSSP, conceptually and through initiation of current and future suicide prevention programs that further NSSP objectives. Some examples of current initiatives—many of which are outlined in the previous section of this report—that directly support NSSP goals and objectives are listed in Table 1 below.

TABLE 1. ALIGNMENT WITH THE NATIONAL STRATEGY FOR SUICIDE PREVENTION

INTERAGENCY TASK FORCE ON MILITARY AND VETERANS MENTAL HEALTH INITIATIVE *supports…*	**2012 NATIONAL STRATEGY FOR SUICIDE PREVENTION *objective…***
Active participation by DoD, VA, HHS, and other federal agencies in the National Action Alliance for Suicide Prevention and the Federal Partners Suicide Prevention Working Group. Active participation by DoD and VA in HHS/SAMHSA's Veterans, Service Members and their Families (SMVF) Policy Academies, which work with interagency state teams to improve SMVF behavioral health systems.	Objective 1.3: Sustain and strengthen collaborations across federal agencies to advance suicide prevention.
Increase in Veterans Crisis Line capacity by 50%. Close coordination/referrals between the National Suicide Prevention Lifeline's 150 local crisis centers and the Veterans Crisis Line so that Veterans at-risk are appropriately referred.	Objective 5.4: Strengthen efforts to increase access to and delivery of effective programs and services for mental and substance use disorders. Objective 8.3: Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide. Objective 8.7: Coordinate services among suicide prevention and intervention programs, health care systems, and accredited local crisis centers.
Joint DoD/VA national suicide prevention campaign (promoting awareness of crisis lines, "Stand by Them" campaign, suicide prevention awareness month, public service announcements). Consistent messaging across all agencies through revitalized websites and social media.	Objective 2.1: Develop, implement, and evaluate communication efforts designed to reach defined segments of the population. Objective 2.4: Increase knowledge of the warning signs for suicide and of how to connect individuals in crisis with assistance and care.

INTERAGENCY TASK FORCE ON MILITARY AND VETERANS MENTAL HEALTH INITIATIVE *supports…*	**2012 NATIONAL STRATEGY FOR SUICIDE PREVENTION *objective…***
DoD promotes Joint Chiefs of Staff Total Force Fitness (TFF) model through MCL materials distribution for local military installation use. VA requires a minimum of 5 community outreach/training events per month per Suicide Prevention Team across the country.	Objective 5.2: Encourage community-based settings to implement effective programs and provide education that promote wellness and prevent suicide and related behaviors.
Suicide Prevention Coordinator training to all VA employees and Veterans Benefits Advisors, as well as to many local community groups. DoD crisis management and suicide prevention training to public health officers, recovery care coordinators, military commanders, mental health providers, supervisors, chaplains.	Objective 7.1: Provide training on suicide prevention to community groups that have a role in the prevention of suicide and related behaviors. Objective 8.6: Establish linkages between providers of mental health and substance abuse services and community-based programs, including peer support programs.
Service-specific programs for military members and their families to combat the prevalence of suicides in the military.	Objective 9.3: Promote the safe disclosure of suicidal thoughts and behaviors by all patients. Objective 9.4: Adopt and implement guidelines to effectively engage families and concerned others, when appropriate, throughout entire episodes of care for persons with suicide risk.

In addition to supporting the National Suicide Prevention Strategy, VA and DoD must continue to be leaders in the treatment of suicidal behavior, informed by the expertise both at HHS and the National Action Alliance for Suicide Prevention Task Force, not only through research on possible interventions, but by implementing strategies with the best evidence available, such as the VA Veteran Safety Planning program and the VA Enhanced Care Package. Providing ready access to high quality treatment programs continues to be essential. The Veterans/Military Crisis Line programs and the subsequent follow-up and intervention continue to provide that essential continuum of care.

The ATFBH did recommend a continuously available point of contact 24/7 to direct Reserve Component Soldiers and their families to the most appropriate and available mental health care resources.

Department of Defense Review of Mental Health, Suicide Prevention, and Substance Abuse Prevention, Education and Outreach Programs

Executive Order Action Item. To provide the best mental health and substance abuse prevention, education, and outreach support to our Service Members and their families, the Executive Order directed Department of Defense to review all of its existing mental health and substance abuse prevention, education, and outreach programs across the military services and the Defense Health Program to identify the key program areas that produce the greatest impact on quality and outcomes, and rank programs within each of these program areas using metrics that assess their effectiveness. By the end of Fiscal Year 2014, existing program resources are to be realigned to ensure that highly ranked programs are implemented across all of the Military Services and less effective programs are replaced.

Update. All DoD mental health, suicide prevention and substance abuse programs are being reviewed to identify the key program areas that produce the greatest quality care and outcomes. The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) is conducting this review. In the initial stage of the initiative, DCoE developed and distributed a standardized self-assessment to all 166 identified DoD mental health and substance abuse programs. An expert panel, selected with input from HHS' Substance Abuse and Mental Health Services Administration (SAMHSA), is scheduled to review these submissions in Q2FY13, as specified in the DoD Agency Priority Goal. The expert panel will evaluate these programs and rank them for effectiveness. By the end of FY14, DoD will have completed realignment of program resources as necessary to enhance the highest ranking (i.e., most effective) programs.

Additionally, the U.S. Army Public Health Command's (USAPHC) Public Health Assessment Program (PHAP) is conducting a review of its Army Health Promotion Risk Reduction (HP/RR) Portfolio Programs, based on consistency with the HP/RR Mission, evidence of efficiency and effectiveness from existing program evaluation reports including needs assessments, process evaluations, theoretical evaluations and literature reviews, outcome and impact evaluations, cost efficiency analyses, and quality assurance reviews. There are currently 104 programs in the HP/RR Portfolio and each program was reviewed by two independent evaluators that followed a standardized scoring guide. PHAP assessed the extent to which the program demonstrated documented evidence of effectiveness in eight (8) strategic areas. Programs were scored based on documented evidence that the program (1) conducts evaluations appropriate to its level of maturity, (2) responds to a demonstrated need, (3) conducts literature reviews demonstrating that similar programs show evidence of effectiveness, (4) establishes metrics to support its intended outcomes, (5) achieves its outcomes, (6) increases collaboration across programs in the HP/RR portfolio, (7) delivers its target services, and (8) reaches its target population.

PHAP is currently collaborating with Health Promotion and Risk Reduction G-1 to develop a final report summarizing the review's process and results and recommendations for future iterations of the HP/RR Program Review.

The Defense Suicide Prevention Office has embarked on an effort to evaluate all DoD suicide prevention programs by first starting with a definition that a direct suicide prevention program has the mission of suicide prevention with a desired outcome and objective to directly reduce the rate of suicides and suicide attempts. It has recognized there are programs that are indirectly suicide prevention efforts because, while their missions are not suicide prevention, they have at least one objective that may positively influence the risk and protective factors related to suicide. Such programs would include mental health treatment for depression or substance abuse treatment programs. Finally, there are other programs within DoD that may demonstrate a relationship to suicide prevention efforts because they indirectly contribute to resilience factors. Such programs would include marital therapy and financial planning. DSPO will be using an electronic Planning, Programming, Budgeting and Execution System tool to help measure suicide prevention program effectiveness.

The Drug Demand Reduction Program (DDRP) funds programs of drug prevention, education and outreach activities that are directed to all members of the Services, Guard, Reserves, Federal Agencies and their families. These programs focus on awareness of the adverse effects of drug abuse on readiness, health, safety, security, family and financial well-being. Other education and training programs provide supervisors and senior military commissioned and non-commissioned officers with the knowledge for the early detection of individuals with a substance abuse problem, actions to be taken, and referral procedures for clinical intervention. Emerging challenges for this program are the development of new or changing drugs, like Spice, for which there are no established medical screening processes.

Specific training programs supported by DDRP funds include Alcohol and Drug Abuse Prevention and Treatment (ADAPT), Navy Drug and Alcohol Counseling School (NDACS), and Personal Responsibilities and Values Education Training (PREVENT). The Services and Federal Agencies share best practices learned in these training programs but have tailored training and education presentations that will best identify with, and meet the needs of, their target populations. DDRP also funds Service-specific outreach programs to deter at-risk youth behavior by providing young adults with the tools needed to resist alcohol, drugs, tobacco, and gang affiliations. Specific youth programs supported by DDRP funds include Drug Education for Youth (DEFY) and Navy Campaign Drug Free (CDF).

The Services provide comprehensive drug Prevention Education Outreach (PEO) programs that focus on the dangers of substance abuse. U.S. Army Prevention/Education accomplishments include: Prevention Research Institute's Instructor Certification Course for Prevention Coordinators (PCs) and the Army Substance Abuse Program (ASAP) orientation course. The

Army Center for Substance Abuse Programs (ACSAP) also provides critical support to families and commanders as a key component of the Army's deployment cycle support to Soldiers returning from Iraq and Afghanistan. Additionally, ACSAP provides substance abuse/deployment prevention/life skills training to Service Members and their families stationed overseas. ACSAP conducts oversight inspections to ensure program compliance at installations and conducts Installation Drug Test Coordinator certification courses throughout the Army.

According to the DoD 2008 Survey of Health Related Behaviors among Active Duty Military Personnel, self-medication for pain and mental health disorders is hypothesized as one rationale for elevated use of drugs in military and Veteran populations. DDRP modified drug testing panels for opiates in the pharmacy formulary based on evidence of prescription drug misuse.

Additionally, DDRP was a proponent for the development of analytical procedures for synthetic cannabinoids and synthetic cathinones at the Forensic Toxicology Division of the Armed Forces Medical Examiner System at Dover AFB, Delaware. DDRP initiated cooperative research study protocols with National Institute of Drug Abuse to evaluate and advise DoD on the current status of synthetic cannabinoid and synthetic cathinone analytical procedures for application to the DDRP panel of tested drugs. It also implemented a drug verification portal to provide enhanced prescription drug abuse tracking to reduce the workload associated with an initial medical review.

U.S. Navy personnel drug use has decreased to its lowest rate in history. The Navy manages the PREVENT, NDACS and CDF programs that provides anti-drug education and training to military members and their dependents. The NDACS program trains Navy counselors in the recognition, treatment and prevention of addictive behavior, and supports the worldwide mission of these specialists to ensure the readiness of sailors and marines. The U.S. Marine Corps developed and implemented a targeted anti-drug campaign that included posters, public service announcements, and video training aids emphasizing the detrimental effects of a drug-compromised Marine on the safety and welfare of fellow Marines in combat situations. The videos emphasized the USMC core value of Semper Fi. These preventive efforts addressed synthetic drug use, and the misuse of prescription drugs.

The U.S. Air Force continues to manage DEFY, CAP and Youth Center prevention programs, conduct training for supervisors and middle level managers on the effects of drug abuse and the signs and symptoms of drug use. The USAF developed a prescription drug abuse training program to educate USAF members on the medical/legal consequences of misuse/abuse of prescription drugs to youth and family members in all AF/DoD high schools located overseas. National Guard Bureau (NGB) programs support PEO centers in 28 states and territories. The centers have assisted 1,200 members with referrals for treatment services. U.S. Army Reserve (USAR) closely coordinates its PEO activities with the nearest Active Component or NGB installations. The USAR expanded anti-drug training, outreach and community awareness

through the Family Program Academies and Strong Bonds Marriage Retreats and also promotes Annual Red Ribbon Week Ceremonies conducted by the Military Services with award ceremonies for outstanding Outreach Programs held at the Pentagon.

In October 2012, DDRP initiated a prevention program assessment for both the Services DoD Civilian Workplace Drug Program and Military Drug testing programs and the DoD Agencies' Civilian Workplace Drug Program. Results will be available later in 2013.

The National Defense Authorization Act (NDAA) for Fiscal Year 2010, Section 596, directed DoD to conduct an assessment and review of policies and programs for the prevention, diagnosis, and treatment of substance use disorders (SUDs) in members of the Armed Forces, as well as the disposition of substance use offenders, specifically those facing disciplinary action or administrative separation. The adequacy of the prevention, diagnosis, and treatment of SUDs in dependents of members of the Armed Forces and the need to re-establish long-term inpatient SUD treatment programs was also examined in the review. Based on the findings, DoD developed a comprehensive plan for improvement and submitted a report to Congress on July 27, 2011.

NDAA 2010, Section 596, also required an independent review of DoD substance use prevention, diagnosis and treatment services, and the Department commissioned the Institute of Medicine (IOM) to conduct this review. In light of findings of the independent review, DoD has revised its comprehensive SUD plan for resubmission to Congress. DoD will enumerate, in the final report to Congress, a series of actions undertaken to address recommendations of both the IOM report and the DoD review of SUD policy and programs within the Department. These actions will include evidence-based prevention programs and policies, such as screening for unhealthy alcohol use in primary care. DoD is developing strategies for identifying, adopting, implementing, and disseminating evidence-based programs and best practices for substance use disorder care, such as leveraging the newly formed DoD Addictive Substances Misuse Advisory Committee (ASMAC) to reinforce the military Services' utilization of VA-DoD SUD Clinical Practice Guidelines in accordance with current policy. A proposed rule lifting the ban on the use of opioid replacement therapies has been published, and public comments on implementation of this evidence-based practice are under review. Access to SUD care is being expanded via the piloting of confidential substance use treatment for active duty personnel and the review and revision of TRICARE regulations regarding benefit coverage for SUD treatment. To strengthen its SUD workforce, DoD will implement changes to policy to provide a more uniform level of certification for all para-professional staff who deliver SUD care, and the Services will ensure that academic training materials and standards are updated and consistent with their role in the delivery of care. In response to the 2010 NDAA, Section 596, requirement to reestablish regional long-term inpatient substance abuse treatment programs, DoD has expanded the number of beds available for inpatient SUD treatment in its direct care system and has implemented

protocols to ensure that long-term residential treatment for active duty personnel with a primary diagnosis of a substance use disorder is provided within Military Treatment Facilities.

Chronic pain and mental health conditions are recognized as risk factors for several co-morbid conditions, including substance use disorders. DoD and VA have worked closely together to provide treatment for those individuals with severe battlefield injuries, but have also recognized that a far larger group of Service Members have non-combat injuries and psychological trauma when deployed to war theaters. In both these circumstances, and also in injuries here at home, disabling chronic pain and psychological morbidity can result. Chronic pain itself can be physically and emotionally debilitating, and causes patients significant impairments in their physical, social and psychological quality of life.

Pain specialists in DoD and VA have recognized the importance of providing early and continuous pain management after injury. Efforts to assess pain management include focusing on pain therapy effectiveness and mental health, as well as substance abuse issues. The concept of a Patient Centered Medical Home facilitates the education of both the patient and his or her family on the cause and management of acute and chronic pain, which may reduce disability and enhance patient participation in tailoring the treatment plan. Three Clinical Practice Guidelines (CPGs) have been developed relating to the treatment of acute or chronic pain – opioid therapy for chronic pain, lower back pain, and post-operative pain. These CPGs are anticipated to reduce the rate of substance use disorders in this population. In addition, SAMHSA maintains an on-going series of CME courses for providers about reducing the risk of abuse when prescribing opioids for chronic pain. Specialized versions of the course have been developed to meet the needs of physicians who treat military populations.

Next Steps. The current practice of mental health delivery is frequently focused on individual provider-patient relationships that are discipline-specific. While there are integrated multi-specialty delivery systems that are being piloted at various locations, the absence of an enterprise-wide system hinders the development and utilization of standard measures of program effectiveness. Additional standards continue to be developed and evaluated by both internal and external stakeholders, and this information will be shared across the three departments. To adequately assess suicide prevention programs outcomes, there needs to be consistent, in-depth evaluation of contributing factors to more fully understand conditions contributing to deaths by suicides and to suicide attempts. Prescription drug misuse is a significant problem in our population, particularly for narcotics and for psychotropic medications. Medical provider education should be a primary focus to reduce the possibilities that a patient being treated for pain or a mental health condition may misuse/abuse these medications. Better recognition of influencing factors in substance abuse treatment programs, post-treatment follow-up and patient support systems could, perhaps, contribute to better understanding and subsequently to better medical outcomes.

Recommendation 3. ALIGN GOALS AND METRICS OF MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS WITH NATIONAL GOALS AND METRICS

Two actions within the DoD/VA Integrated Mental Health Strategy focus on recommending and coordinating the use of quality and outcome measures for mental health services across the Departments. This includes a recommendation to adopt the National Quality Foundation (NQF) procedures for evaluating the technical specification of any newly proposed measures, including NQF's evaluation criteria (reliability, feasibility [e.g., chart review vs. automated data extraction, timing and setting of treatment outcome assessment], grading of the evidence, link to outcomes and validity). The joint team will evaluate new Quality and Outcome Measures, such as when new Clinical Practice Guidelines are released or as Evidence Based Practice changes. The team will use an adaptation of the NQF process to evaluate candidate measures for a subset of disorders prior to making final recommendations. Furthermore, the team will consider the National Quality Strategy developed by HHS pursuant to the Affordable Care Act, and the National Behavioral Health Quality Framework (NBHQF) being developed by SAMHSA. From these efforts, the joint team will work with SAMHSA to identify a standardized outcomes measurement system, as a way to demonstrate alignment and efficacy.

Enhanced Partnerships between the Department of Veterans Affairs and Community Providers

Executive Order Action Item. The Executive Order requires the Departments of Veterans Affairs and Health and Human Services to establish no less than 15 pilot projects whereby the Department of Veterans Affairs contracts or develops formal arrangements with community-based providers, such as community mental health centers, community health centers, substance abuse treatment facilities, and rural health clinics, to test the effectiveness of community partnerships in helping to meet the mental health needs of Veterans in a timely way. Further, the Executive Order requires the two Departments to develop potential recommendations for rural mental health recruitment to promote opportunities for the Department of Veterans Affairs and rural communities to share mental health and substance abuse providers when demand is insufficient for either the Department of Veterans Affairs or the communities to independently support a full-time provider.

Update. As of the date of this report, initial VA pilot projects have been established through formal arrangements with 11 community-based mental health and substance abuse providers across 7 states and 4 VISNs. By March 31, 2013, this will be expanded to 15 pilot sites, with a total of at least 20 pilots across 8 VISNs by May 31, 2013. The current eleven pilots have been established across Georgia, Tennessee, Wisconsin, Mississippi, South Dakota, Nebraska, and

Iowa. By May, the program will expand to include additional partnerships in the Pacific Northwest, Coastal Texas, and Indiana, as well as additional counties in Mississippi, Georgia, South Dakota, Wisconsin and Iowa. The selection of sites was based on identifying areas with difficulties recruiting and placing mental health professionals and/or areas with access concerns due to their location and capacity to meet service demand, as well as through discussion with VISN Mental Health Leads.

Pilot programs will be varied and may include provisions for inpatient, residential, and outpatient mental health and substance abuse services over time. Additional elements for some sites will include tele-mental health, staff sharing and space utilization arrangements to allow VA providers to provide services directly in communities that are distant from a VA facility. The programs being developed have considered not only community provider available capacity and wait times, but treatment methodologies, Veteran acceptance of external care and location of care with respect to the Veteran population, and mental health needs in specific areas. Additionally, VA guidance to support the use of community mental health and substance abuse services is in the final stages of being developed. This guidance is being informed by operational issues that have been identified in the pilot development process.

These pilots build on several years of VA experience across the country, fostering collaboration with Federally Qualified Health Centers (FQHCs) and community mental health clinics at the local level to provide mental health services to Veterans in areas that are currently providing care with insufficient access or that have significant geographic or distance barriers. One of the most robust of these collaborations is in Montana, and this serves as a prototype that several other facilities are following. Since 2001, VA Montana Health Care System (VAMTHCS) has followed a model utilizing community mental health contracted care to address the challenges of a geographically large area and the dispersed population of Montana's Veterans in need of mental health services. Montana has a population of 989,415 (comparable to the size of San Jose, California; 46% reside in rural areas), a land area of 145,546 square miles (making it the fourth largest state in the union), and has the second-highest Veteran per capita population, with approximately 98,000 Veterans in the state. Within Montana's 56 counties, part or all of 54 counties are nationally designated mental health care shortage areas.

For non-VA community mental health services, Montana is divided into four regions consisting of a regional mental health center and several satellite offices. Under these contracts, Veterans are seen by mental health providers at 45 sites. This allows VAMTHCS to provide mental health and addiction services at the local level to Veterans in all 56 counties. In fiscal year 2011, the number of Veterans treated under the contract was 2,221, increasing to 2,388 in fiscal year 2012.

Utilizing another model of collaboration, in late 2012 a unique, public-private collaborative model to serve the behavioral health care needs of Veteran families was opened on Long Island, New York. Developed through discussions and shared interest in care for military and Veteran

families on Long Island between a not-for-profit (herein referred to as North Shore-Long Island Jewish Health System (LIJ)) and the United States Department of Veterans Affairs (VA) Medical Center at Northport (Northport VA), a concept of co-located and collaborative care developed. The shared interest between these health care providers was to facilitate seamless access to mental health services for military Veterans and their families in a common setting and using a model of face-to-face collaboration and sharing of expertise among the professionals providing care to both Veteran and family.

A family-centered care model was developed in response to the following interrelated factors:

(1) OIF/OEF/OND Veterans confront high rates of PTSD and TBI;
(2) PTSD and TBI and their associated comorbidities can significantly impact the family unit;
(3) The VA system is unable to provide mental health care for family members if the Veteran is unengaged in the process;
(4) Mental health specialty care for children requires expertise; and
(5) Integrative mental health care, and sharing of information and expertise can effectively address Veteran family issues

At a cost of $1 million, funded by philanthropic donations and North Shore-LIJ, a designated site was reconfigured near a Veteran-populous geographic corridor in Bay Shore, NY. The *North Shore-LIJ/Northport VA Unified Behavioral Health Center for Military Veterans and Their Families* opened in October 2012. A common vestibule allows bidirectional entry into discrete but contiguous North Shore-LIJ and Northport VA components. Typically, family members receive diagnostic and treatment services via North Shore-LIJ, while Veterans themselves access on-site Northport VA clinicians. A centrally-located conference room accessible to both sets of providers enables the conceptualized “cross-talk methodology” necessary for the two agencies to provide family-centered care. The Northport VA pays agreed-upon rent for its rebuilt space conforming to VA specifications.

The North Shore-LIJ operational component is partly funded by a Robert Wood Johnson Foundation grant and its “local funding partner” methodology. Initial North Shore-LIJ personnel include a 1.0 FTEE psychologist, a 1.0 FTEE post-doctoral psychology fellow, and per diem child/adolescent and adult psychiatrists. Estimated personnel costs approach $250,000 per annum to serve an estimated 250 family members and Veterans after ramp-up and marketing/outreach efforts. Assigned VA staff includes a 0.8 FTEE psychiatrist, a psychiatric nurse, 0.2 FTEE psychologist, and 0.2 FTEE addictions therapist to serve approximately 400 Veterans. Plans are in place to add additional services within this fiscal year to include VA primary care and lab services.

Targeted outcomes include improvements in formal patient ratings of PTSD, depression, anxiety, family functioning, caregiver burden and quality of life, and staff satisfaction. If successful, promulgation and dissemination of policies and procedures will promote replicable models that can be tracked and monitored for effectiveness. In order to best evaluate the Center's efficacy, the New York State Health Foundation (NYS Health) will engage the RAND Corporation to conduct an independent analysis of the care model (see below).

To assess the efficacy and effectiveness of the *North Shore-LIJ/Northport VA Unified Behavioral Health Center for Military Veterans and Their Families*, NYS Health will commission a third party, independent, objective evaluation. At the request of NYS Health, beginning in January 2014, the RAND Corporation will conduct an evaluation to assess the impact and viability of this private-public collaboration for expanding access to mental health services for Veterans and their families in Long Island. The evaluation has three objectives: first, to document the impact of the program on access to care for Veterans and their families; second, to examine the impact of treatment provided through this model on the symptoms and functioning of Veterans and their families; and third, to demonstrate viability of this public-private collaborative approach and facilitate its replication in other communities should it prove effective and successful for expanding community capacity.

To address these aims, the evaluation will use both quantitative and qualitative methods to examine the structures and processes of care within the center as well as assess outcomes for the Veterans and their families who seek services. RAND will interview providers, administrators, and funding partners, as well as access de-identified patient-level data to inform the evaluation. RAND will also gather data directly from users of the *Unified Behavioral Health Center* to assess symptoms and functioning, as well as utilization of, adherence to, and satisfaction with care. The evaluation will document the development, evolution, and implementation of the collaborative process between North Shore-LIJ and the VA and identify critical facilitators and barriers to success. The evaluation will also serve to identify other potential factors that may enable replication of this particular approach as a model for building private-public collaborations within the community to expand access to mental health services for Veteran families.

In response to the current Executive Order, VA has initiated a group of pilots that will be used to look at how collaborations such as these can help provide mental health and substance abuse services in areas that are having staff recruitment concerns and/or difficulty with longer mental health service wait times. Sites were selected using recruitment information, performance measure information and the site's desire to participate. Both the Health Resources and Services Administration (HRSA) and the Substance Abuse Mental Health Administration (SAMHSA) of the Department of Health and Human Services (HHS) provided names of potential community partners. The pilots, which have been initiated as of February 28, 2013, are outlined in Table 2.

TABLE 2. INITIAL PILOTS FOR VA COLLABORATION WITH COMMUNITY PROVIDERS

Geographic Location	VISN	VAMC	Community Provider
Griffin, Georgia	7	Atlanta VAMC	MacIntosh Trail CSB
Flowery Branch, Georgia	7	Atlanta VAMC	Avita Community Partners
Newport, Tennessee	9	James H. Quillen VAMC, Mountain Home, TN	Cherokee Health Systems
Cashton, Wisconsin	12	Tomah VAMC	Scenic Bluffs Clinic
Bolivar County, Mississippi	16	G. V. (Sonny) Montgomery VAMC, Jackson, MS	Delta Community Mental Health Services (DCMHS)
Gulfport/ Coastal Mississippi	16	VA Gulf Coast Veterans Health Care System, Biloxi, MS	Gulf Coast Community Mental Health Clinic
Huron, South Dakota	23	Iowa City VA Health Care System	Community Counseling Services
Sioux Falls, South Dakota	23	Iowa City VA Health Care System	Southeastern Behavioral Health Care
Cedar Rapids, Iowa	23	Iowa City VA Health Care System	Abbe Center for Community Mental Health
Omaha, Nebraska	23	Iowa City VA Health Care System	One World Community Health Center
Des Moines, Iowa	23	Iowa City VA Health Care System	Eyerly Ball Community Mental Health Center

One of the initiatives from the DoD/VA Integrated Mental Health Strategy on "Military Culture Training" aims to identify and promote mechanisms for education and training in military culture, so community providers can better serve Veterans and Service Members. Strategic

milestones include developing high quality training courses based on a fully integrated DoD/VA training curriculum on military culture, deployment stress, and related mental health and substance abuse issues facing Veterans, Service Members and their families. All DoD, VA, and community providers will be able to access this training on the web and will be able to earn free continuing education credits for completing the courses.

DoD conducts a range of training and education courses for civilian mental health care providers because a potential barrier to Veterans, Service Members and their families seeking care is that these providers may not be aware of or respect unique aspects of military culture. DoD programs targeted toward civilian providers incorporate material designed to raise provider awareness of, and sensitivity to, the unique military culture and the challenges of combat deployment. Course material on military culture typically includes basics about the U.S. military (e.g., number and names of services, rank structure, Active versus Reserve Component), as well as, discussions about beliefs, traditions, values and language that serve to define and maintain that culture. Instruction modules on deployment challenges educate providers on the cyclical and repetitive nature of combat deployments, identify challenges for Service Members and their families at various points in the deployment cycle, and encourage providers to recognize the strengths of military families as they intervene to promote healthy behavior through the deployment and reintegration. Encouraging civilian providers to recognize and honor the military culture will allow Veterans, Service Members and their families to put their trust in these providers, disclose their deployment related problems and receive care in an effective and timely manner.

A course for civilian providers who care for Service Members (Active Duty, Reserve and National Guard), Veterans and family members is held at locations across the country. The course covers military culture, deployment cycle stressors, suicide and depression, substance use, TBI, and training in treatment for PTSD and insomnia. A course for those interacting with Service Members and Veterans on college campuses introduces them to military culture, deployment cycle stress, reintegration issues, and major psychological health concerns.

Online programs include ten Center for Deployment Psychology courses, the National Council for Community Behavioral Healthcare's Serving Our Veterans Behavioral Health Certificate and the VA/DoD Integrated Mental Health Strategy. The Certificate program consists of 14 online courses and 20+ hours of continuing education credit. It is designed to train civilian behavioral health and primary care providers on military orientation and specific issues that affect Veterans and their families.

In supporting DoD and VA efforts to educate community providers in military culture and related topics, HHS offers training to Community Health Center and Community Mental Health Center providers to ensure their sensitivity to Veterans and reserve component members using services provided by these community-based providers.

HHS agencies are collaborating to provide technical assistance to the behavioral health and primary care workforce that is focused on the mental and substance abuse issues of Veterans, Service Members and their families and includes training on the military experience, risk and protective factors, and additional culturally relevant information to help providers prepare for serving Veterans, Service Members, and their families. In addition, SAMHSA and HRSA jointly encourage grantees to provide military culture training to community-based providers by offering participation in Operation Immersion Training, which provides "hands-on" training to understand military culture by having participants sleep in the barracks, eat at a military dining facility, participate in physical training, and listen to Veterans, Service Members, and their Families share their experiences. Through the support of SAMHSA's Service Member, Veteran and Family Technical Assistance Center, a planned Military Culture Conference will provide previous participants in Veterans, Service Members and their Families (SMVF) Policy Academies, which work with interagency state teams to improve SMVF behavioral health systems (a total of 38 states) an opportunity to learn best practices for creating and implementing military culture awareness and education for multiple community agencies.

Next Steps. For Veterans, Service Members, and their families, there are repeated transitions of eligibility for mental health and substance abuse treatment services that can be difficult to navigate. Gaps in care can occur during transition to civilian care from military care, transition to Veterans care from military care, transition from Veterans care to civilian care, and for families on each of these transitions if appropriate coordination does not occur on the front end. Models are needed that demonstrate methods of overcoming technical, operational, and logistical barriers to collaboration across the public and private sector.

Recommendation 4. ENCOURAGE AND PARTNER WITH COMMUNITIES TO SUPPORT MENTAL HEALTH AND SUBSTANCE ABUSE OUTREACH, PREVENTION, TREATMENT AND RECOVERY SERVICES FOR VETERANS, SERVICE MEMBERS AND THEIR FAMILIES

Based on the lessons learned from the 20 pilots between VA and community providers, models will be developed that provide suggestions to VA facilities around the country about how they can partner with local community-based clinics to ensure access to care. These recommendations will also include suggestions for providing training and resources to community providers to support the quality of care and ability to provide care to Veterans that demonstrates military cultural competence.

HHS/SAMHSA currently encourages all applicable grantee applicants to consider Veteran and Service Member populations as a priority population when executing grant funded services. SAMHSA's Access to Recovery grant program has provided substance abuse treatment and recovery support services to over 36,000 Veterans, Service Members and their family members. In addition, SAMHSA encourages grantees that support the behavioral health needs of children

to prioritize military members' and Veterans' children. For example, the National Child Traumatic Stress Network includes providers with specialty training in trauma to serve Veteran and military children.

Often, community members are the first to identify change in a Veteran, Service Member, or a family member. By providing teachers, clergy, and other community members education on behavioral health risks and characteristics and effective ways to encourage and support treatment early identification and treatment can be increased. VA has launched and disseminated an online Community Provider Toolkit (http://www.mentalhealth.va.gov/communityproviders/index.asp) with access to military culture and other important training. Increased marketing of these tools to community members should be a priority.

SAMHSA hosts Policy Academies for State teams to help create strategic plans to support the behavioral health needs of Veterans, Service Members and their families. According to VA, of the 23.8 million living Veterans, 7.84 million are enrollees in the VA health care system. About 16 million Veterans are not enrolled in the VA health system, and it has to date been unknown how many of those 16 million may be uninsured. Beginning in 2014, many uninsured Veterans will have access to quality, affordable health insurance choices through Health Insurance Marketplaces, also known as Exchanges, and may be eligible for premium tax credits and cost-sharing reductions. The Affordable Care Act requires all new small group and individual plans to cover ten essential health benefit categories, including mental health and substance abuse services. These plans will cover mental health benefits at parity with medical and surgical benefits. Market reforms prohibiting such practices as excluding people from coverage due to preexisting conditions, placing annual or lifetime dollar limits on coverage, and banning rescission of coverage will also benefit military families and Veterans seeking coverage through health insurance marketplaces.

The ATFBH had several findings on need for better coordination of care, especially in remote areas and their recommendations were aligned with this EO Task Force recommendation to encourage and partner with communities to support mental health and substance abuse outreach, prevention, treatment and recovery services for Veterans, Service Members and their families.

Expanded Department of Veterans Affairs Mental Health Services Staffing

Executive Order Action Item. The Executive Order requires the Secretary of Veterans Affairs to hire and train 800 peer-to-peer counselors by December 31, 2013 to empower Veterans to support other Veterans and help meet mental health and substance abuse needs. The Executive Order also requires the Department of Veterans Affairs to recruit, hire, and place 1,600 mental

health professionals by June 30, 2013. Additionally, the Executive Order requires the Department of Veterans Affairs to evaluate the reporting requirements associated with providing mental health and substance abuse services and reduce paperwork requirements where appropriate, as well as, to update its management performance evaluation system to link performance to meeting mental health and substance abuse service demand.

Update. VA is taking action to recruit, hire and retain a full cadre of mental health and substance abuse professionals so they can provide care for our Veterans. As part of its ongoing comprehensive review of mental health and substance abuse operations, VA has considered a number of factors to determine additional staffing levels distributed across the system, including: Veteran population in the service area; the mental health and substance abuse needs of Veterans in that population; and range and complexity of mental health and substance abuse services provided in the service area. VISNs use the same criteria to determine optimal staffing levels at facilities.

VA has developed and implemented an aggressive recruitment and marketing effort to fill positions in specialty mental health and substance abuse occupations. Key initiatives include targeted advertising and outreach, aggressive recruitment from a pipeline of qualified trainees/residents to leverage against mission critical mental health and substance abuse vacancies, and providing consultative services to network (VISN) and VA Stakeholders. VA is committed to working with public and private partners across the country to support full hiring, to ensure that no matter where a Veteran lives he or she can access quality, timely mental health care. For example, multiple professional organizations, including the American Psychiatric Association, American Psychological Association, National Association of Social Workers, National Association of Addiction Professionals, and organizations representing Mental Health Counselors, have offered support in getting announcements to their members about fulfilling career opportunities with VA. VA is well on its way to expanding the capacity of its mental health and substance abuse services workforce to meet the needs of Veterans.

The President's August 31, 2012, Executive Order requires 1600 professional clinical positions to be filled by June 30, 2013. Moreover, there are many Veterans who are willing to seek treatment and to share their experiences when they share a common bond of duty, honor, and service with the provider. VA is in the process of hiring and training 800 Peer Specialists in the coming year who have a history of military service and who will work as members of mental health teams. HHS/SAMHSA has developed peer support and recovery coaching standards and shared these with DoD and VA. Additionally, VA has awarded a contract to the Depression and Bipolar Support Alliance to provide certification training for Peer Specialists. SAMHSA has also reached out to its consumer constituencies to seek peer workforce candidates. As of January 29, 2013, VA has hired 1,058 mental health clinical providers in support of the specific goal of 1,600 mental health professionals, and over 100 peer specialists in support of the specific goal of 800 peer specialists. Both hiring goals are on target to be met by their respective deadlines.

After a comprehensive review of VA mental health and substance abuse paperwork requirements, no thematic administrative or paperwork barriers at the overall VHA Mental Health system level were discovered as related to the provision of mental health and substance abuse services. However, overall VHA system issues that could be addressed to reduce overall administrative burden for all VHA employees and care providers were identified in the areas of human resource requirements, accreditations, and site visits as adding to the administrative burden of all VHA employees, including mental health and substance abuse providers. All VISN Directors in VHA are required to address improving mental health access in their FY 2013 performance plan. Network Directors' performance plans are cascaded down into increasingly more specific details about the improvement process based on staff level and staff position.

Next Steps. Recognizing that the demand for mental health and substance abuse services for Veterans, Service Members and their families will increase in the coming years, it is critical that a public health approach be implemented to prevent disease, promote good health and provide high quality mental health and substance abuse treatment to those in need. While it is important that these treatment services keep pace with the expanding knowledge base that informs the provision of mental health and substance abuse clinical care, it is recognized that there is variation in training programs and licensure requirements for various types of practitioners.

Mental health and substance abuse quality monitoring and management systems should be established for facilitating the best use of all clinical practitioners and for promoting evidence-based treatment practices, continuing professional education and training, development and use of quality measures to assess performance, and on monitoring of outcomes of care to quality-improvement strategies.

Recommendation 5. BUILD PARTNERSHIPS THAT ENHANCE THE CAPACITY OF THE HEALTH CARE WORKFORCE TO SERVE VETERANS, SERVICE MEMBERS AND THEIR FAMILIES THROUGH VA, TRICARE AND IN THE COMMUNITY

An element of addressing the problem is to ensure that there is an adequate supply and range of community based providers of mental health and addiction services who have the experience, training and cultural competency required to successfully engage, treat and provide recovery services to Veterans, Service Members and their families who seek community-based care. DoD, VA and HHS have been partnering, and will continue to partner, to build this capacity. Specific elements of this continued partnership include:

- DoD and HHS will work with TRICARE to increase the number of contracted behavioral health providers in the TRICARE network. HHS will provide contracts and grants to promote appropriate training on the skills and cultural competence required to effectively treat this population.

- HHS will continue its working relationship with TRICARE to assist states and community agencies with technical assistance on the military health care system, its credentialing process and its fee structures, in order to expedite community providers involvement with and understanding of appropriate referral mechanisms, the use of effective screening and assessment tools, and the delivery of evidence-based practices to individuals seeking behavioral health services outside of the DoD active duty and VA healthcare systems. The HHS intent is to have all community based behavioral health providers knowledgeable about the care systems available, the methods of referral, the credentialing of practitioners for reimbursement in TRICARE, and practicing the most relevant evidence based recovery oriented treatment.

- HHS will produce templates that can be adopted by public and private payers that identify peer-delivered services, which have been shown to be highly effective in addressing the clinical and recovery support needs of this population. These services have been shown to be supportive of, and in some cases an alternative to, traditional clinical services.

- HHS, in partnership with DoD and VA, will continue to offer state policy academies, contingent on appropriations, which focus on supporting state and community efforts to engage and provide services to Veterans and family members to support their successful transition to civilian life. Through these efforts community-based solutions are built and implemented.

- DoD and HHS will also work together to assess if current TRICARE rules and regulations unnecessarily limit the use of professionals in certain treatment areas.

The ATFBH had several findings on the need for partnerships with VA and HHS, especially for care of Reserve Component personnel, and the recommendations were aligned with this EO Task Force recommendation to build partnerships that enhance the capacity of the health care workforce to serve Veterans, Service Members and their families through VA, TRICARE and the community.

Development of a National Research Action Plan

Executive Order Action Item. The Executive Order requires DoD, VA, HHS, and ED to establish a National Research Action Plan (NRAP) within eight months of the date of the Executive Order in order to better understand, prevent, and treat PTSD, TBI and related injuries and mental health issues associated with military service; and to include strategies to support collaborative research including improvement scientific data sharing, making better use of electronic health records for research purposes and efforts to address suicide prevention. DoD

and HHS were also directed to engage in a comprehensive longitudinal mental health study to enroll at least 100,000 Service Members by December 31, 2012. Although the Executive Order directs efforts more specifically to PTSD, TBI, and suicide prevention, comorbidities are a significant concern. Thus, the plan being developed includes consideration of substance use and other mental health disorders across topic areas.

Update. Since September 11, 2001, more than two million Service members have deployed to Iraq or Afghanistan and approximately 20% returning may be experiencing symptoms of PTSD, depression, traumatic brain injuries or suicidal thoughts or behaviors. Binge drinking and prescription drug misuse are also on the rise among active duty personnel. There is an urgent need to focus research and increase collaboration to address the problems of PTSD, TBI, and suicide. DoD, VA, HHS, and ED have distinct but complementary missions and are working together to successfully leverage and integrate their existing research, when possible, to advance and establish a National Research Action Plan (NRAP) to benefit Veterans, Service Members and their families.

The development of a NRAP is underway. The collaborative activities of DoD, VA, HHS, and ED are fully on track to establish a National Research Action Plan by April 30, 2013.

The NRAP will describe strategies to establish surrogate and clinically actionable biomarkers for early diagnosis and treatment effectiveness; strategies to help develop improved diagnostic criteria for TBI and enhance our understanding of the mechanisms responsible for PTSD, related injuries, and neurological disorders following TBI; strategies to help advance the development of new treatments for these conditions based on a better understanding of the underlying mechanisms; steps to improve data sharing between agencies and academic and industry researchers to accelerate progress and reduce redundant efforts without compromising privacy; and make better use of electronic health records to gain insight into the risk and mitigation of PTSD, TBI, and related injuries.

In addition, the NRAP includes strategies to support collaborative research to address suicide prevention. The NIMH-Army Study To Assess Risk and Resilience in Service Members (Army STARRS) has enrolled over 100,000 Soldiers before December 31, 2012, in an effort to longitudinally identify those at-risk and to inform the development of preventive interventions.

Next Steps. We lack valid and reliable biomarkers that predict or define PTSD or TBI. We need PTSD and TBI treatments targeting the underlying mechanisms and causal pathways of these disorders. Current PTSD treatments can be made more accessible, longer lasting, and more efficacious in treating service members, Veterans and their family members, including individuals with multiple mental and physical health issues.

We need a process for integrating military, VA and civilian-related blast and suicide related tissue samples for a more precise classification system. Research has been hampered by lack of common data elements and consensus outcome measures for TBI and PTSD.

An important gap that will be filled is the need for a transparent single resource for sharing information about funded research projects across agencies; and the clear ability for study level data to be shared for combined analyses and greater impact. It will be critical for STARRS to become a national resource with longitudinal follow-up of a Framingham-like cohort and a broad access to the data collected.

In addition, further research work is needed to determine the best ways to prevent, identify and address substance abuse issues and addiction disorders among Veterans, Service Members and their families. HHS, VA and DoD will also collaborate to develop the best approaches to evaluate the programs and approaches to prevention, treatment and recovery of mental and substance use disorders among Veterans, Service Members and their families.

Recommendation 6. IMPLEMENT THE NATIONAL RESEARCH ACTION PLAN CALLED FOR IN THE EXECUTIVE ORDER TO INFORM FEDERAL RESEARCH IN PTSD, TBI AND OTHER CRITICAL ISSUES

The NRAP will strategically inform planning for future federally funded research related to Veterans and Service Members mental health and TBI. This will include PTSD and depression, suicide prevention and some substance abuse prevention and treatment.

The mental health and substance abuse needs and challenges of Veterans, Service Members and their families extend beyond DoD and VA. Initiatives of HHS, ED and others in communities nationwide have the potential to enhance the targeted work of VA and DoD. Indeed, on any given day in the United States, 7-8 million people are experiencing PTSD and approximately 38,000 people died by suicide in 2010 in the United States. We also know that up to 65% of people who meet criteria for PTSD will eventually seek treatment. Tremendous efforts have been and are being made to address these challenges; yet we need to focus our efforts and more efficiently grow our scientific knowledge to optimally prevent and treat them. Increasing research collaborations to address PTSD, TBI, suicide, substance abuse and co-occurring conditions, is an essential step. DoD, VA, HHS and ED have distinct but complementary missions to successfully leverage and integrate their existing research to advance and establish the NRAP to benefit Veterans, Service Members and their families.

For PTSD, the NRAP will identify new strategies to establish surrogate and clinically actionable biomarkers for early diagnosis and treatment effectiveness and will focus on building the ability to improve capacity to rapidly determine who, among all exposed to trauma, will develop PTSD and who will respond best to which empirically supported treatments. Emphasis will be placed on biomarkers to predict increased vulnerability, indicative of changes in the spectrum of

symptoms associated with worsening functions, to inform evidence based treatments to achieve the best health outcomes.

To enhance understanding of the mechanisms responsible for PTSD, the research plan will include a framework for foundational research, including work DoD is doing, to help build a research classification system, informed by genetics, neuroscience, and behavior

Through a better understanding of the underlying mechanisms of PTSD, the research framework will focus on strategies to help develop treatments for PTSD, identify targets for new and/or repurposed treatments, and mitigate underlying causes or processes that give rise to or sustain PTSD. Efforts will also focus on identifying ways to create faster pathways from target identification to promising compounds to clinical trial; and to rapidly assess the efficacy of early interventions.

For TBI, the NRAP will validate existing and emerging tools including TBI biomarkers to more precisely diagnose and stratify patients, and to monitor patients' responses to treatments. Efforts will aggregate data from new and on-going prospective observational studies in the Federal Interagency TBI Research (FITBIR) Informatics System to rapidly accumulate patient data and conduct meta-analysis of TBI studies. DoD will accelerate their approach to the development of biomarkers, including blood serum, physiological, neuropsychological, and imaging candidates. By exploring protein and non-protein biomarkers, VA will advance their approach on chronic TBI using biomarkers in bodily fluids, imaging genetic, physiological and Neuropsychological assessments.

The NRAP will also outline strategies that DoD and VA will take to improve data sharing between agencies and academic and industry researchers without compromising patient privacy, and that are likely to accelerate progress and reduce redundant efforts. Leveraging the VA Informatics and Computing Infrastructure (VINCI) will create a secure environment allowing researchers to access a wide array of health research databases using analytical tools and accelerate findings and identify emerging trends. The NRAP will encourage sharing of information about research applications and funded studies across agencies and raw data from clinical research studies to enable broader use of data and analysis of research being funded by multiple agencies.

Collaborative research on suicide prevention requires the availability of valid and reliable epidemiology and surveillance data to identify those at-risk, help prioritize intervention efforts to be implemented, and determine the effectiveness of interventions. Research programs in active duty (e.g., Army STARRS), and Veteran and civilian populations can focus in on identifying factors that could lead to more efficient growth of evidence-based prevention. Long-term tracking of research participants, with their consent, to incorporate the emerging development of mental and substance use disorders and suicidal behaviors will facilitate understanding of the

long-term impact of traumatic events, particularly Service Members who have experienced combat and related military stress. The NRAP strategies will be designed to support better understanding of the relationship between TBI and suicide and to help inform understanding of which characteristics of repetitive TBI might be associated with increased risk of neurodegenerative disease and suicide by using the knowledge of structural/functional brain abnormalities in blast injured patients and other high risk individuals to correlate symptoms with structural circuit abnormalities.

The ATFBH recommended that a study be conducted on how to best coordinate and implement comprehensive access to health care for Reserve Component Service members. This recommendation is embedded within the multiple objectives that will be part of the National Research Action Plan.

Interagency Task Force on Military and Veterans Mental Health

Executive Order Action Item. The Executive Order established the Interagency Task Force on Military and Veterans Mental Health, to be co-chaired by the Secretaries of Defense, Veterans Affairs, and Health and Human Services, or their designated representatives. Members of the Task Force are comprised of representatives from the Department of Education, the Office of Management and Budget, the Domestic Policy Council, the National Security Staff, the Office of Science and Technology Policy, and the Office of National Drug Control Policy. The Task Force was directed within 180 days to submit recommendations to the President on strategies to improve mental health and substance abuse treatment services for Veterans, Service Members and their families. This interim report fulfills that initial direction. Annually, the Task Force is to provide the President a review of agency actions to enhance mental health and substance abuse treatment services for Veterans, Service Members and their families by defining specific goals and metrics that will aid in measuring progress to improving mental health and substance abuse strategies, along with cost analysis in the development of those recommendations. The Task Force is also to evaluate agency efforts to improve care quality and ensure that DoD and VA and community mental health providers are trained in the most current evidence based methodologies for treating PTSD, TBI, depression, related mental health conditions, and substance abuse. Further, the Task Force is to evaluate efforts to improve awareness and demystify processes for those needing to seek care. It is also required to evaluate research efforts to improve the prevention, diagnosis, and treatment of TBI, PTSD, and related injuries and to determine need for an external research portfolio review. The Task Force shall consult with relevant nongovernmental experts and organizations as necessary.

Update. Shortly after the signing of the Executive Order, the three co-chairs began the process of reviewing each agency's efforts to enhance Veteran and military mental health services, focusing on suicide prevention, reviewing DoD mental health and substance abuse services, enhancing VA and community partnerships, expanding VA mental health and substance abuse staffing and improving mental health and substance abuse research and development. A Charter (Appendix 3) was written and signed by the three co-chairs to clarify the responsibilities of the Task Force. The meetings of the Task Force also provided direction to the collection of information about on-going mental health and substance abuse treatment services for Veterans, Service Members and their families so the Task Force can begin the process of analyzing the existing gaps and developing recommendations for strategies to enhance the quality, effectiveness and availability of required care.

As part of its described functions, the Task Force solicited relevant information to consider in making its recommendations on strategies to improve mental health and substance abuse treatment services for Veterans, Service Members and their families. Through a series of meetings with various Veteran Service Organizations, mental health providers, military and Veteran family organizations, community-based organizations, researchers, nongovernmental organizations, and other stakeholders, the Task Force was able to be informed on a spectrum of community based and local success efforts that are or could be beneficial to the military and Veteran populations. Areas of discussion that were productive included the following:

- Community mental health and substance abuse services are being provided to Veterans and Service Members, and as demand increases, there is a concern about competition for limited professional staff.
- Mental health and substance abuse services need to be available in areas under-serviced by current VA resources, and need to be sensitive to cultural diversity.
- There is a growing role for peers in mental health and substance abuse therapy and recovery supports.
- Translating research into clinical care is a challenge.
- Family members of Veterans and Service Members often are not aware of community services for mental health and substance abuse. Their own issues with mental health, substance abuse and suicide are also not well documented. Family members include spouses, children, parents, siblings, grandparents, and other family members.
- Community providers need training to better understand and adapt care to respond to the culture of the military when they provide care to Veterans and Service Members.
- Engagement with community stakeholders needs to be enhanced.

- There was a clear focus on the benefits and efficiencies of developing community networks that would be successful in caring for Veterans, Service Members and their families.

- The criminal justice system can be encouraged to support Veterans and Service Members by connecting them with mental health and substance abuse services.

Next Steps. Unless information about protective factors and risk factors for suicide or specific mental health and substance abuse conditions is provided in a manner that reaches multiple audiences and is understood and relevant to all who may need it, regardless of gender, race, ethnicity sexual orientation, or age, individuals will not be empowered to become partners in managing their health. Further, clinicians across all systems of care need to be provided not only with the knowledge needed to inform such care, but with guidance and training to increase sensitivity and effectiveness in communication with all of those seeking and receiving services.

Recommendation 7. DEVELOP AND IMPLEMENT TARGETED MENTAL HEALTH AND SUBSTANCE ABUSE STRATEGIES THAT RESPOND TO THE DIVERSITY OF VETERANS, SERVICE MEMBERS AND THEIR FAMILIES

A common theme to the multiple strategies to improve access to mental health services is that initiatives and information must be sensitive to gender, race, ethnicity, sexual orientation and age-related factors. The individual's life experiences, family and community support, culture, religious/spiritual beliefs and education are also contributors to understanding how to optimize health, prevent disorder, and identify and initiate treatment early. To successfully create awareness of mental health interventions, the communications and messaging must be adapted to these multifactorial variables. That there are differences in the prevalence of most mental health and substance use disorders, based on these factors, is recognized medically, but not always by the public. Therapy, treatment and recovery supports may also have to be modified because of these factors, and research must always be conducted to more completely understand the contributions of these factors to variations in risk or protection from disease and in therapeutic outcomes. The more personal health care becomes, the more satisfied and resilient individuals become.

DoD is very aware of the demographics of the Service Members on active duty, and those must always be considered whenever there are discussions about mental health, substance abuse, or other related conditions. Comparing rates from DoD with rates from populations of other organizations requires adjusting for multiple factors. In DoD's population of 1.45 million active duty Service Members, 86 percent are male and 14 percent are female. The age range of this population is also young, with 37 percent under 25, 41 percent between 25 and 34, and 19 percent between 35 and 44. In contrast with the projected current U.S. Veteran population of 22 million veterans, 10 percent are women, and 43 percent are 65 or older. It is critical for DoD,

VA and HHS to continue to coordinate efforts to create awareness among Veterans, Service Members and their families about mental health and substance abuse treatment services, as well as conducting suicide prevention campaigns relevant to the various age and gender specifications of their specific audiences, as well as sensitive to the spectrum of diversity in racial, ethnic, sexual orientation, and cultural factors that exist in their target populations.

Task Force Next Steps. The Task Force considered the work accomplished to date, the input of stakeholders, and the information available regarding gaps and work in progress. The Co-Chairs identified several areas of work that need to be addressed in the next year of the Task Force's existence, including:

- Workforce development;
- Assessing how this collaboration amongst departments will evolve, and how it might be used to bridge the military/civilian divide and enhance deeper community connections and partnerships;
- Increasing and/or refining the evidence-base for services serving this population;
- Holding additional stakeholder meetings to allow for continued involvement of the public;
- Investigating the need for consistent and useful data and databases to collect information about the mental health and substance abuse needs of military Service Members and Veterans, as well as their utilization of services;
- Continuing work to further the initial goals of this task force as stated in the Executive Order.

We have much work to do to continue to meet the charge of ensuring that Veterans, Service Members and their families receive the mental health and substance abuse prevention, treatment and recovery services and supports they need. We are grateful to Veterans, Service Members and their families and the stakeholder community for their ongoing work to inform the Departments' efforts to implement the Executive Order.

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Appendix 1: Executive Order – Improving Access to Mental Health Services for Veterans, Service Members, and Military Families

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THE WHITE HOUSE
Office of the Press Secretary
For Immediate Release August 31, 2012
EXECUTIVE ORDER
- - - - - - -
IMPROVING ACCESS TO MENTAL HEALTH SERVICES FOR VETERANS, SERVICE MEMBERS, AND MILITARY FAMILIES
By the authority vested in me as President by the Constitution and the laws of the United States of America, I hereby order as follows:
Section 1. Policy. Since September 11, 2001, more than two million service members have deployed to Iraq or Afghanistan. Long deployments and intense combat conditions require optimal support for the emotional and mental health needs of our service members and their families. The need for mental health services will only increase in the coming years as the Nation deals with the effects of more than a decade of conflict. Reiterating and expanding upon the commitment outlined in my Administration's 2011 report, entitled "Strengthening Our Military Families," we have an obligation to evaluate our progress and continue to build an integrated network of support capable of providing effective mental health services for veterans, service members, and their families. Our public health approach must encompass the practices of disease prevention and the promotion of good health for all military populations throughout their lifespans, both within the health care systems of the Departments of Defense and Veterans Affairs and in local communities. Our efforts also must focus on both outreach to veterans and their families and the provision of high quality mental health treatment to those in need. Coordination between the Departments of Veterans Affairs and Defense during service members' transition to civilian life is essential to achieving these goals. Ensuring that all veterans, service members (Active, Guard, and Reserve alike), and their families receive the support they deserve is a top priority for my Administration. As part of our ongoing efforts to improve all facets of military mental health, this order directs the Secretaries of Defense, Health and Human Services, Education, Veterans Affairs, and Homeland Security to expand suicide prevention strategies and take steps to meet the current and future demand for mental health and substance abuse treatment services for veterans, service members, and their families.
Sec. 2. Suicide Prevention. (a) By December 31, 2012, the Department of Veterans Affairs, in continued collaboration with the Department of Health and Human Services, shall expand the capacity of the Veterans Crisis Line by 50 percent to ensure that veterans have timely access, including by telephone, text, or online chat, to qualified, caring responders who can help address immediate crises and direct veterans to appropriate care. Further, the Department of Veterans Affairs shall ensure that any veteran

identifying him or herself as being in crisis connects with a mental health professional or trained mental health worker within 24 hours. The Department of Veterans Affairs also shall expand the number of mental health professionals who are available to see veterans beyond traditional business hours.

(b) The Departments of Veterans Affairs and Defense shall jointly develop and implement a national suicide prevention campaign focused on connecting veterans and service members to mental health services. This 12-month campaign, which shall begin on September 1, 2012, will focus on the positive benefits of seeking care and encourage veterans and service members to proactively reach out to support services.

(c) To provide the best mental health and substance abuse prevention, education, and outreach support to our military and their family members, the Department of Defense shall review all of its existing mental health and substance abuse prevention, education, and outreach programs across the military services and the Defense Health Program to identify the key program areas that produce the greatest impact on quality and outcomes, and rank programs within each of these program areas using metrics that assess their effectiveness. By the end of Fiscal Year 2014, existing program resources shall be realigned to ensure that highly ranked programs are implemented across all of the military services and less effective programs are replaced.

Sec. 3. Enhanced Partnerships Between the Department of Veterans Affairs and Community Providers. (a) Within 180 days of the date of this order, in those service areas where the Department of Veterans Affairs has faced challenges in hiring and placing mental health service providers and continues to have unfilled vacancies or long wait times, the Departments of Veterans Affairs and Health and Human Services shall establish pilot projects whereby the Department of Veterans Affairs contracts or develops formal arrangements with community-based providers, such as community mental health clinics, community health centers, substance abuse treatment facilities, and rural health clinics, to test the effectiveness of community partnerships in helping to meet the mental health needs of veterans in a timely way. Pilot sites shall ensure that consumers of community-based services continue to be integrated into the health care systems of the Department of Veterans Affairs. No fewer than 15 pilot projects shall be established.

(b) The Department of Veterans Affairs shall develop guidance for its medical centers and service networks that supports the use of community mental health services, including telehealth services and substance abuse services, where appropriate, to meet demand and facilitate access to care. This guidance shall include recommendations that medical centers and service networks use community-based providers to help meet veterans' mental health

needs where objective criteria, which the Department of Veterans Affairs shall define in the form of specific metrics, demonstrate such needs. Such objective criteria should include estimates of wait-times for needed care that exceed established targets.
(c) The Departments of Health and Human Services and Veterans Affairs shall develop a plan for a rural mental health recruitment initiative to promote opportunities for the Department of Veterans Affairs and rural communities to share mental health providers when demand is insufficient for either the Department of Veterans Affairs or the communities to independently support a full-time provider.
Sec. 4. Expanded Department of Veterans Affairs Mental Health Services Staffing. The Secretary of Veterans Affairs shall, by December 31, 2013, hire and train 800 peer-to-peer counselors to empower veterans to support other veterans and help meet mental health care needs. In addition, the Secretary shall continue to use all appropriate tools, including collaborative arrangements with community-based providers, pay-setting authorities, loan repayment and scholarships, and partnerships with health care workforce training programs to accomplish the Department of Veterans Affairs' goal of recruiting, hiring, and placing 1,600 mental health professionals by June 30, 2013. The Department of Veterans Affairs also shall evaluate the reporting requirements associated with providing mental health services and reduce paperwork requirements where appropriate. In addition, the Department of Veterans Affairs shall update its management performance evaluation system to link performance to meeting mental health service demand.
Sec. 5. Improved Research and Development. (a) The lack of full understanding of the underlying mechanisms of Post-Traumatic Stress Disorder (PTSD), other mental health conditions, and Traumatic Brain Injury (TBI) has hampered progress in prevention, diagnosis, and treatment. In order to improve the coordination of agency research into these conditions and reduce the number of affected men and women through better prevention, diagnosis, and treatment, the Departments of Defense, Veterans Affairs, Health and Human Services, and Education, in coordination with the Office of Science and Technology Policy, shall establish a National Research Action Plan within 8 months of the date of this order.
(b) The National Research Action Plan shall include strategies to establish surrogate and clinically actionable biomarkers for early diagnosis and treatment effectiveness; develop improved diagnostic criteria for TBI; enhance our understanding of the mechanisms responsible for PTSD, related injuries, and neurological disorders following TBI; foster development of new treatments for these conditions based on a better understanding of the underlying mechanisms; improve data sharing between agencies and academic and industry researchers to accelerate progress and reduce redundant efforts without compromising privacy; and make better use of

electronic health records to gain insight into the risk and mitigation of PTSD, TBI, and related injuries. In addition, the National Research Action Plan shall include strategies to support collaborative research to address suicide prevention.
(c) The Departments of Defense and Health and Human Services shall engage in a comprehensive longitudinal mental health study with an emphasis on PTSD, TBI, and related injuries to develop better prevention, diagnosis, and treatment options. Agencies shall continue ongoing collaborative research efforts,with an aim to enroll at least 100,000 service members by December 31, 2012, and include a plan for long-term follow-up with enrollees through a coordinated effort with the Department of Veterans Affairs.
Sec. 6. Military and Veterans Mental Health Interagency Task Force. There is established an Interagency Task Force on Military and Veterans Mental Health (Task Force), to be co-chaired by the Secretaries of Defense, Veterans Affairs, and Health and Human Services, or their designated representatives.
(a) Membership. In addition to the Co-Chairs, the Task Force shall consist of representatives from:
(i) the Department of Education;
(ii) the Office of Management and Budget;
(iii) the Domestic Policy Council;
(iv) the National Security Staff;
(v) the Office of Science and Technology Policy;
(vi) the Office of National Drug Control Policy; and
(vii) such other executive departments, agencies, or offices as the Co-Chairs may designate.
A member agency of the Task Force shall designate a full-time officer or employee of the Federal Government to perform the Task Force functions.
(b) Mission. Member agencies shall review relevant statutes, policies, and agency training and guidance to identify reforms and take actions that facilitate implementation of the strategies outlined in this order. Member agencies shall work collaboratively on these strategies and also create an inventory of mental health and substance abuse programs and activities to inform this work.
(c) Functions.
(i) Not later than 180 days after the date of this order, the Task Force shall submit recommendations to the President on strategies to improve mental health and substance abuse treatment services for veterans, service members, and their families. Every year thereafter, the Task Force shall provide to the President a review of agency actions to enhance mental health and substance abuse treatment services for veterans, service members, and their families consistent with this order, as well as provide additional recommendations for action as appropriate. The Task Force shall define specific goals and metrics that will aid in measuring progress in improving mental health strategies. The Task Force will

include cost analysis in the development of all recommendations, and will ensure any new requirements are supported within existing resources.

(ii) In addition to coordinating and reviewing agency efforts to enhance veteran and military mental health services pursuant to this order, the Task Force shall evaluate:

(1) agency efforts to improve care quality and ensure that the Departments of Defense and Veterans Affairs and community-based mental health providers are trained in the most current evidence-based methodologies for treating PTSD, TBI, depression, related mental health conditions, and substance abuse;

(2) agency efforts to improve awareness and reduce stigma for those needing to seek care; and

(3) agency research efforts to improve the prevention, diagnosis, and treatment of TBI, PTSD, and related injuries, and explore the need for an external research portfolio review.

(iii) In performing its functions, the Task Force shall consult with relevant nongovernmental experts and organizations as necessary.

Sec. 7. General Provisions. (a) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(b) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

BARACK OBAMA

THE WHITE HOUSE,

August 31, 2012.

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Appendix 2: Suicide Prevention – Stand by Them Key Campaign Milestones

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Suicide Prevention

Stand by Them
Key Campaign Milestones

In conjunction with Suicide Prevention Month in September 2012, the U.S. Department of Veterans Affairs (VA) and the U.S. Department of Defense (DoD) launched a coordinated national outreach initiative to raise awareness of the Veterans Crisis Line and Military Crisis Line. The campaign, "Stand by Them," speaks to the commitment of family, friends, and community and calls on them to support the Veterans and Service members who stood up for them in defense of our nation.

The following items represent anticipated key milestones for the duration of the campaign, from September 2012 to September 2013. Additional activities and campaign opportunities are likely to occur on a monthly basis throughout the campaign.

Date	Activities	VA	DoD
Yearlong	▪ Conduct outreach to supporters, including: Veterans Service Organizations, community-based organizations, corporations, sports teams, faith-based organizations, public figures, the media and the military	X	X
	▪ Expand and develop print and electronic toolkit collateral featuring the "Stand by Them" theme, including posters, brochures, fact sheets, and Web banners and badges	X	X
	▪ Monitor key campaign metrics, including: • Number of stakeholders engaged through outreach, including participation in briefings, meetings, and conferences; website visits; and impressions via published articles and public service announcements (PSAs) • Amount of campaign materials and information disseminated • Volume of calls, chats, and text messages to the Veterans Crisis Line	X	X
	▪ Work with suicide prevention coordinators (SPC) and program managers to distribute VCL/MCL materials for use.	X	X
	▪ Provide suicide prevention trainings to select stakeholders that include a focus on help-seeking and VCL/MCL	X	X
Sept 2012	▪ Launch 2012 Suicide Prevention Month theme and outreach	X	X
	▪ Launch "Stand by Them" campaign during Suicide Prevention Month	X	X
	▪ Release "Side by Side" PSA	X	
	▪ Hold educational sessions on suicide prevention that include focus on the Military Crisis Line		X

Oct 2012	▪ Begin outreach focused on "Stand by Them," concentrating on reaching Veterans' and Service members' families, friends, and communities	X	X
	▪ Expand Military Crisis Line outreach at Tragedy Assistance Program for Survivors event for military suicide survivors		X
Nov 2012	▪ Distribute "Side by Side" PSA for national broadcast	X	
	▪ Provide outreach and content focused on Veterans Day to supporting organizations	X	
	▪ Deliver presentation by VA at the Active Minds National Mental Health on Campus Conference	X	
	▪ Support National Guard and Reserve at event for Veterans of America in New York		X
Dec 2012	▪ Provide outreach and content focused on Holidays to supporting organizations	X	X
Jan 2013	▪ Deliver national shipment of materials to more than 160 SPCs	X	
Feb 2013	▪ Re-launch suicideoutreach.org Website, which will feature Military Crisis Line content and links		X
Mar 2013	▪ Release PSA for national broadcast	X	X
Apr 2013	▪ Develop and coordinate theme with DoD for 2013 Suicide Prevention Month	X	X
	▪ Collaborate with DoD's Sexual Assault Prevention and Response Office on help-seeking event		X
May 2013	▪ Deliver national shipment of materials to more than 160 SPCs	X	
	▪ Coordinate Veterans Crisis Line presence on National Mall and at Rolling Thunder annual motorcycle ride in Washington, D.C., during Memorial Day weekend	X	
	▪ Provide outreach and content focused on Memorial Day to supporting organizations	X	X
June 2013	▪ Conduct training and outreach at 2013 DoD/VA Suicide Prevention Conference or develop alternate training strategies such as webinars, etc	X	X
July 2013	▪ Provide outreach and content focused on 4th of July to supporting organizations	X	X
	▪ Optimize Veterans Crisis Line website	X	

	(www.VeteransCrisisLine.net) for mobile devices		
	▪ Refresh VA Suicide Prevention Program website (www.mentalhealth.va.gov/suicide_prevention)	X	
Aug 2013	▪ Deliver national shipment of materials to more than 160 SPCs for Suicide Prevention Month	X	
	▪ Release 2013 Suicide Prevention Month PSA	X	X
Sept 2013	▪ Launch 2013 Suicide Prevention Month theme and outreach	X	X
	▪ Launch national campaign theme for fiscal year 2014	X	X
	▪ Deliver additional outreach videos for use by SPCs and program staff	X	
	▪ Hold Suicide Prevention Week activities at Pentagon	X	X

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Appendix 3: Interagency Task Force on Military and Veterans Mental Health Charter

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Interagency Task Force on Military and Veterans Mental Health

CHARTER

This agreement among the Department of Defense (DoD), Department of Veterans Affairs (VA), and Department of Health and Human Services (HHS) establishes the Interagency Task Force on Military and Veterans Mental Health (Task Force).

Purpose: The Task Force coordinates and supports interagency programs and activities related to mental health, suicide prevention, substance abuse, and expanding access to mental health care. Member agencies will review relevant statutes, policies, and agency training and guidance to identify reforms and take actions that facilitate implementation of the strategies outlined in the Executive Order 13625 dated August 31, 2012, and signed by President Barack Obama, "Improving Access to Mental Health Services for Veterans, Service Members, and Military Families." Member agencies will work collaboratively on these strategies and also create an inventory of mental health, suicide prevention, substance abuse prevention and treatment programs and activities to inform this work.

Authority: The Task Force was established by the Executive Order 13625 dated August 31, 2012, and signed by President Barack Obama, "Improving Access to Mental Health Services for Veterans, Service Members, and Military Families."

Scope of Responsibilities:

- Not later than February 28, 2013, the Task Force will submit recommendations to the President on strategies to improve mental health and substance abuse prevention and treatment services for Veterans, Service members and their families.

- Every year thereafter, the Task Force will provide the President a review of interagency actions to enhance mental health and substance abuse prevention and treatment services for Veterans, Service members, and their families consistent with the Executive Order, as well as provide additional recommendations for action as appropriate.

- The Task Force will define specific goals and metrics that will aid in measuring progress in improving mental health and substance abuse prevention and treatment strategies.

- The Task Force will include cost analysis in the development of all recommendations and will ensure any new requirements are supported within existing resources.

- The Task Force will provide recommendations to support suicide prevention strategies and to meet current and future demand for mental health and substance abuse prevention and treatment services for Veterans, Service members, and their families.

- The Task Force will review and integrate agency efforts to improve care quality to ensure that VA and DoD providers are trained in the most current evidence-based methodologies for treating PTSD, TBI, depression, substance use disorders, and other related mental health conditions.

- The Task Force will review agency efforts designed to improve awareness of mental health and substance abuse programs and services and to reduce perceived barriers and misconceptions about treatment for those who would benefit from care.

- The Task Force will evaluate agency research efforts to improve the prevention, diagnosis, and treatment of TBI, PTSD, and related injuries to assure there are no programmatic gaps or duplications. The need for an external research portfolio review will be determined.

- The Task Force will consult with relevant nongovernmental experts and organizations as necessary in performing its functions.

Structure:

- The Secretaries of Defense, Veterans Affairs, and Health and Human Services, or their designated representatives, will Co-Chair the Task Force. Meetings are led by the Co-Chairs and are held as needed.

- In addition to the Co-Chairs, members of the Task Force are representatives from the Department of Education; Office of Management and Budget; Domestic Policy Council; National Security Staff; Office of Science and Technology Policy; Office of National Drug Control Policy; and other executive departments, agencies or offices designated by the Co-Chairs.

- A member agency of the Task Force will designate a full-time officer or employee of the Federal Government to perform the Task Force functions.

Procedural Guidelines:

- The Task Force will carry out its responsibilities under the Executive Order consistent with the applicable law and subject to the availability of appropriations.

- Nothing in this Charter will be construed to impair or otherwise affect:

- The authority granted by law to an executive department or agency, or the head thereof; or
- The functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

- The Charter is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies or entities, its officers, employees, or agents, or any other person.

- The Department Secretaries or the Co-Chairs may call meetings as required.

- Administration
  - A coordinated Memorandum for the Record with meeting notes, decisions and deliverables will be prepared and distributed by the hosting department within 10 business days from adjournment of the meeting. Deliverables will be tracked and forwarded to the Co-Chairs, as appropriate, by the offices of the Secretaries.

- Effective Date: This charter is effective on the later date of signature below.

- This charter will remain in effect until the authorizing Executive Order is completed or rescinded but will be reviewed every two years following the Effective Date. It may be modified in its entirety by mutual agreement and consensus of the three Departments.

Signatures

Approved by:

Jonathan Woodson, M.D.
Assistant Secretary of Defense
Health Affairs

12/13/2012
Date

Robert A. Petzel, M.D.
Under Secretary for Health
Veterans Health Administration

12/13/12
Date

Pamela S. Hyde, J.D.
Administrator
Substance Abuse and Mental Health Services Administration
Department of Health and Human Services

12/12/12
Date

Task Force Members

National Security Staff	Rosye Cloud
Office of National Drug Control Policy	René Hanna
Domestic Policy Council	Carole Johnson
Department of Education National Institute on Disability and Rehabilitation Research (NIDRR)	Cate Miller, Ph.D.
Office of Management and Budget	Jeff Goldstein
Office of Science and Technology Policy	Michael Stebbins, Ph.D.

The Task Force is pleased to approve and submit this Interagency Task Force on Military and Veterans Mental Health 2013 Interim Report of agency efforts and recommendations. This report summarizes the Task Force efforts to date and identifies recommendations for future action. Member agencies are committed to continue to work collaboratively on these strategies and provide the next report February 28, 2014.

Signatures

Approved by:

Jonathan Woodson, M.D.
Assistant Secretary of Defense
Health Affairs

18 March 2013
Date

Robert A. Petzel, M.D.
Under Secretary for Health
Veterans Health Administration

19 March 2013
Date

Pamela S. Hyde, J.D.
Administrator
Substance Abuse and Mental Health Services Administration
Department of Health and Human Services

3/19/13
Date


DEPARTMENT OF DEFENSE
UNITED STATES OF AMERICA


DEPARTMENT OF VETERANS AFFAIRS
UNITED STATES OF AMERICA


DEPARTMENT OF HEALTH & HUMAN SERVICES
USA