



U.S. DEPARTMENT OF DEFENSE

Military Health System

A Healthy Fighting Force Supported By A Combat - Ready Healthcare System



Health
Affairs



Defense Health Board

September 20th, 2007

Secretary of Defense Initial Response to DoD Task Force on Mental Health Recommendations*

*NDAA FY06 Sec 723

Proposed Response: Accept all but one of the Task Force's Recommendations:

- **95 specific recommendations – addressing the following broad categories:**
 - **Assure Quality of Care**
 - **Dispel Stigma and Develop Psychological Fitness/Resilience**
 - **Improve Access to Care**
 - **Improve Care Transition & Coordination – within & outside DoD**
 - **Expand PH Screening, Surveillance & Research**
 - **Promote Empowered Leadership, Culture and Advocacy for Psychological Health**
- **Status Indicators:**
 - Green: Completed**
 - Red: NLT Nov 07**
 - Blue: NLT May 08**

Complete
By Nov 2007
By May 2008

Rejected Recommendation:

Expand TRICARE benefit to pay/provide for V-codes

- TRICARE Management Activity will not expand benefit to reimburse for non-medical care (V-codes)
- DoD will assure counseling for non-medical issues (such as partner or child relational problems) is provided and available to all beneficiaries in non-medical venues
 - Family Support (e.g. Military One Source)
 - Chaplain programs
 - Family Advocacy programs
 - These programs afford maximum confidentiality, produce no medical records, and reduce stigma

Complete
By Nov 2007
By May 2008

Assure Quality of Care – Clinical Standards and Training

- **Establish DoD COE for Psychological Health and TBI**
 - DoD/DVA Collaborative Concept of Operations Approved
 - DSD Memo directs Center accountable to ASD/HA & JEC Oversight
 - USD/P&R Memo Appointing Interim Director signed
 - Funding Allocated (45M); Space Requirements identified
 - **Division Directors/functions: Resilience, Clinical Care & Standards, Research, Training, Advocacy, Family/Patient Education Resource Center; Network Support**
- **Clinical Training**
 - **Provide core clinical practice guidelines training for MH providers**
 - DVA/DoD effort for PTSD Train-the-trainer with expert supervision;
 - **Ongoing training for 1000 providers; 119 trained as of Aug 07**
 - Additional DoD training provided through Center for Deployment Psychology, with trainers at all teaching hospitals, began Oct 06
 - **Clinical training to continue through CoE**
 - **Provide training for TRICARE providers**

Complete
By Nov 2007
By May 2008

Dispel Stigma and Develop Psychological Fitness/Resilience

- **School programs supporting kids of deployed personnel**
 - Mental Health Self Assessment Program – DODEA
 - (Coordinated with MC&FP)
 - Sesame Street Educational Program
- **Develop Psychological Health core curricula**
 - Leadership, Families, Med Staff, Care-givers
 - **Return and reunion programs**
- **Anti-Stigma Campaign**
 - Policy/program development, stakeholder education & commitment, pilots, broad implementation; includes leader attitudes but also individual attitudes
 - Multi-faceted program needed; no one silver bullet
- **Expand use of Embedded MH providers/develop consistent core functions across Services**
 - OSCAR Program
 - Special Operations (Operational Psych)

Complete
By Nov 2007
By May 2008

Improve Access to Care

Revise Staffing, Benefits, Policies, Programs

- **Revise/Establish New Programs & Policies**
 - Clarify Reserve Component and Substance Abuse Rehab benefits
 - Establish and fund Long term Casualty Assistance support
 - Revise TRICARE access standards for initial Mental Health services to 7-days or fewer
- **Expand Staffing**
 - TRICARE enhancements: **Implement Network MH Care Finders Service**; monitor access and compliance w/access standard
 - Increase contractors & resource sharing as needed
 - Public Health Service MOA for MH Providers
 - Full, consistent use for MH technicians
 - Enhance recruitment and retention incentives

Complete
By Nov 2007
By May 2008

Improve Access to Care

Staffing Needs Determination(Continued)

- Funded critical staffing needs for Army & Navy (\$48M)
- Pioneering Community-Based MH staffing tool developed
 - Population-based
 - Adjusted for Risk in community
 - Embedded providers
 - Primary Care
 - Inpatient/Outpatient MH Care
 - Considers Med Education
 - Considers prevention/education needs
- Identify staffing needs as derived from the model based on existing resources identified by Services
- Conduct thorough study for comprehensive model refinement

Complete
By Nov 2007
By May 2008

Improve Access to Care

Easy Access to Needed Treatment

- Treatment for psychological needs of females
 - Continue active coordination w/DoD Women's Health Coordinator & VA re: effectiveness of restricted reporting and other prevention, early ID, and treatment programs for sexual trauma and domestic violence
 - Assess needs, implement program adjustments as indicated
- TRICARE-covered intensive outpatient programs for families and service members
 - TMA formal review initiated; assure contracts to support requirements
- Establish intensive outpatient programs within MTFs as critical needs are identified

Complete
By Nov 2007
By May 2008

Improve Care Transition and Coordination

- **Improve Care Transitions**
 - Develop and direct implementation of care transition program
 - Plan requirements to ensure MH patient transfer or disposition associated with relocation is proactively and formally coordinated between gaining and losing providers ---so that no patient falls through geographic gaps
 - MTF to MTF
 - Mil to Civ MH provider warm hand-off
 - DoD to DVA; DVA to DoD
- **Enhance medical documentation and information sharing**
 - Develop standardized mental health documentation requirement
 - Provide clinician access to Deployment Health Assessments (all 3)
 - Expedite development of an electronic mental health record that facilitates systematic collection and analysis of standardized data on processes and outcomes of PH care (AHLTA mental health module)
 - in conjunction with DVA
 - Provide for bi-directional information exchange (DoD/DVA)

Complete
By Nov 2007
By May 2008

Expand Screening, Surveillance & Research

- Millennium Cohort Study includes PTSD
- Research proposals solicited (\$150M)
- Annual PH needs, psychological health, and cognitive assessments
 - Assess efficacy of PDHA and PDHRA processes – Report due Sep 07
 - NG policy authorizing earliest first post-deployment reintegration drill changes from 90 days to 30 days after return
 - Develop and implement accession psychological health/cognitive baseline testing program (HART-A and initiate pilot tests of alternative cognitive assessment tools to decide which to use in broad implementation)
 - Expand PHA to include cognitive and face-to-face MH process
 - Develop and deploy community-based needs assessment (survey) to include PH services/stigma/leader attitudes for RC and AC
 - Develop & deploy patient outcomes & satisfaction measures
 - Track metrics of treatment effectiveness and satisfaction with care

Complete
By Nov 2007
By May 2008

Empowered Leadership

Promote Culture of Psychological Health

- Focused on continuum of psychological health and fitness (resilience)
- Directors of Psychological Health
 - Service HQ and each installation
 - National Guard Bureau and State level
 - Reserve HQ
 - OSD P&R
- Establish Psychological Health Council (PHC) & External Advisory Panel
 - **Internal:** MEDPERS Subcommittee comprised of reps from Health Affairs, Reserve Affairs, Community & Family, Chaplain, SEA, Military Personnel/line representation, Safety, COE Director, JCS
 - **External:** Defense Health Board -- SMEs, others including VA, HHS/SAMHSA, civilian expert advisors

Complete
By Nov 2007
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Promote Culture of Psychological Health

Establish or Revise Policy & Programs

- Security question modification developed; decision and implementation pending
- Revise alcohol education policy (command-blind)
- Command-directed evaluation policy revision – less formal
 - Pertains to commanders directing individuals; NCOs and supervisors can suggest and groups can be directed to educational events
- Establish policy to clarify/require thorough MH eval prior to personality disorder separation (general under honorable conditions) and record in medical record
- MEB/PEB: work w/LOA 1
 - Develop criterion for course of treatment and treatment procedures prior to referral and pending MEB
 - Develop guidelines/range of “normal” disposition for various MH disorders in MEB/PEB process

Complete
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