



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:

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- **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**  
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# 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  
By May 2008

# 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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By May 2008