



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

SEP 6 2010

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to page 338 of House Report 111-166, accompanying H.R. 2647, the National Defense Authorization Act for Fiscal Year 2010, which requested the Secretary of Defense to identify any legal authorities required to develop additional Department of Defense (DoD) training programs that lead to licensure as a mental health provider, and to submit a report listing any required legal authorities to the congressional defense committees. As indicated in an interim response dated August 18, 2010, I expected to deliver this final report to Congress by October 2010. I apologize for the delay.

The enclosed report provides a description obtained from the Military Departments of new legal authorities that may be required if additional DoD training programs for mental health providers are developed. It also describes the Psychological Health Risk-Adjusted Model for Staffing, a population-based, risk-adjusted staffing tool developed to forecast future needs for mental health services and to estimate the number and mix of mental health providers required to meet this need.

A similar letter is being sent to the Chairmen of the other congressional defense committees. Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

A handwritten signature in black ink, appearing to read "Clifford L. Stanley".

Clifford L. Stanley

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member



UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
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PERSONNEL AND
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The Honorable Jim Webb
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

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cc:
The Honorable Lindsey Graham
Ranking Member



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The Honorable Daniel K. Inouye
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510

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cc:
The Honorable Thad Cochran
Vice Chairman



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Vice Chairman



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PERSONNEL AND
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The Honorable Howard P. "Buck" McKeon
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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cc:
The Honorable Adam Smith
Ranking Member



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PERSONNEL AND
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The Honorable Joe Wilson
Chairman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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The Honorable Susan A. Davis
Ranking Member



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The Honorable Harold Rogers
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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cc:
The Honorable Norman D. Dicks
Ranking Member



UNDER SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

11/16/10 6:10

The Honorable C. W. Bill Young
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report responds to page 338 of House Report 111-166, accompanying H.R. 2647, the National Defense Authorization Act for Fiscal Year 2010, which requested the Secretary of Defense to identify any legal authorities required to develop additional Department of Defense (DoD) training programs that lead to licensure as a mental health provider, and to submit a report listing any required legal authorities to the congressional defense committees. As indicated in an interim response dated August 18, 2010, I expected to deliver this final report to Congress by October 2010. I apologize for the delay.

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The Honorable Norman D. Dicks
Ranking Member

REPORT TO CONGRESS

LEGAL AUTHORITIES REQUIRED TO DEVELOP ADDITIONAL TRAINING PROGRAMS FOR MENTAL HEALTH PROVIDERS IN THE DEPARTMENT OF DEFENSE

PREPARED BY

The Office of the Assistant Secretary of Defense (Health Affairs)
Clinical and Program Policy

In Coordination with the Military Departments



APRIL 2011

Preparation of this study/report cost the
Department of Defense a total of
approximately \$5,566
in Fiscal Years 2010 – 2011

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The following report is submitted in response to page 338 of House Armed Services Committee Report 111-166, which accompanied the National Defense Authorization Act for Fiscal Year (FY) 2010. It encourages the Secretary of Defense and the Secretaries of the Military Departments to develop programs to identify and train current service members to become licensed mental health providers. The report language also expressed concern about the shortage of military mental health providers and requested the Secretary of Defense to identify any legal authorities required to develop additional Department of Defense (DoD) training programs that lead to licensure as a mental health provider, and to submit a report listing any required legal authorities to the congressional Defense Committees.

The Departments of the Navy, Army and Air Force were queried as to whether they needed any further legal authorities to develop additional training programs for mental health providers in the Department of Defense. All three have evaluated their requirements and have stated that they do not require any new legal authorities for training programs for mental health providers.

The Military Health System Human Capital Office has developed proposed legislation to establish a health professions scholarship program for civilian mental health providers (similar to the Health Professions Scholarship Program for military members). This legislation would provide a direct link to succession planning for our civilian workforce by recruiting young talent, paying for their education and training in exchange for a commitment to serve in areas where there are DoD beneficiaries, and thereby ensuring increases in inventory of critical specialties. The DoD Health Professions Scholarship and Financial Assistance Program for Civilians was

proposed for the Fiscal Year 2011 National Defense Authorization Act, but it was not included in the final version approved by Congress.

The Assistant Secretary of Defense (Health Affairs) is committed to providing the necessary funding, coordination, and support to the Services to help them ensure they have adequate mental health resources to meet patient demand in the Military Health System. Mental health services are being provided both at military treatment facilities and in the TRICARE network. Several initiatives are underway to provide improved access to mental health care, increased provider availability in the network and more effective recruitment and retention incentives for uniformed and civilian mental health providers.

We expect the incentives recently implemented as authorized under the Consolidation of Special Pay (37 USC 335) to have a significant effect on retention of psychologists and social workers. Since 2007, there has also been a net increase of mental health staff of 12,152 full time equivalents, as demonstrated by the table below. While the number of active duty providers has been relatively flat, as the demand for mental health services has increased, additional providers have been added in both military treatment facilities and in the TRICARE network.

Mental Health Staffing			
Specialty	2007	2008	2009*
DoD (Military Facilities**)	4,129	4,373 <small>(Net +244 from 07)</small>	6,061 <small>(Net +1,688 from '08)</small>
DoD (TRICARE***) Network Providers	39,587	45,215 <small>(Net +5,628 from 07)</small>	49,807 <small>(Net +4,592 from '08)</small>
Net Increase since 2007:			
DoD (Military Facilities)		+ 1,932	
DoD (TRICARE)		+10,220	
Total		+12,152	

* As of 30 Jun 2009
 ** Military, Civilian, and Contractor FTEs in MTFs
 *** Represents expansion of mental health providers in TRICARE network including psychiatrists, psychologists, social workers, licensed mental health counselors, and psychiatric nurse practitioners (community based providers)

In the fall of 2007, the TRICARE Management Activity awarded a contract to the Center for Naval Analyses for an independent validation study and development of a staffing model called the Psychological Health Risk-Adjusted Model for Staffing. Working with the Services, the use of this model has enabled recommendations regarding the optimal number and mix of mental health staff providers at the installation level in medical treatment facilities in the United States and at the command level in operational units overseas. The model includes several assumptions which can be adjusted by the Services to accommodate their unique needs and permits adjustment reflecting access to networks for additional purchased care, as required or appropriate. Based upon the current distribution of care provided directly and purchased through TRICARE network services, a projection of requirements for each mental health specialty has been made for the Services from 2009 through 2014, including mental health specialty providers to be embedded into operational units and integrated into primary care clinics.

In addition, in the fall of 2007, TRICARE initiated behavioral health care locator services to assist families to find initial access to routine mental health care services within the seven-day access standard. Current studies of the direct care system have demonstrated that >99.5% of Service members seeking care are receiving initial routine access to mental health specialty services within the access standard.