

# Cross-Agency Priority Goal Quarterly Progress Update

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## Service Members and Veterans Mental Health

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FY2015 Quarter 1

# Overview

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## Goal Statement

- Improve mental health outcomes for service members, veterans, and their families.

## Background

- Since September 11, 2001, more than 2.69 million service members have deployed to Iraq or Afghanistan with unprecedented duration and frequency.
- A number of returning service members have reported difficulties with Posttraumatic Stress Disorder (PTSD), depression, and problematic alcohol use.
- The Departments of Defense (DoD), Veterans Affairs (VA), and Health and Human Services (HHS) are committed to ensuring that all service members and veterans have access to high quality, effective, and evidence-based mental health care.

## Vision

- To identify and build on effective programs and initiatives that reduce barriers to seeking care, enhancing access and improving the quality of mental health care, and to support innovative research on mental health and substance use care and treatment for service members, veterans and their families.

# Governance and Alignment with the President's Executive Actions

## Interagency Coordination for Service Member and Veteran Mental Health

- An interagency task force established by Presidential Executive Order #13625 in 2012 oversees Veterans and Service members mental health activities at the VA, DoD, HHS and other federal agencies.
- In March 2014, the Cross Agency Priority (CAP) Goal on mental health was launched to accelerate progress on Presidential priorities where implementation requires active collaboration between multiple agencies. The interagency mental health task force developed sub-goals and milestones, and progress on these milestones is detailed on slides 5 and 6.
- In addition to these milestones, the interagency task force is overseeing implementation of two sets of executive actions announced by the President to improve the mental health of Service members and Veterans
  - Because of the executive order the President signed in 2012, the VA has increased its mental health staffing, expanded the capacity of the Veterans Crisis Line, and enhanced its partnerships with community mental health providers; DoD has reviewed its mental health outreach programs to prioritize those with the greatest impact; DoD and the VA have increased suicide prevention awareness; and DoD, VA, and the National Institutes of Health developed the National Research Action Plan on military and veteran's mental health to better coordinate federal research efforts.
  - In August 2014, the President announced 19 new executive actions to build on the executive order and the CAP Goal process. Recent progress to implement these actions includes the following:
    - inTransition contract modification anticipated in April 2015 so Service members who have received mental health care at DoD will be automatically enrolled to receive assistance in transitioning to care at the VA or a community provider.
    - VA policy was revised in February 2015 to ensure that Service members transitioning to VA are will maintain access to mental health medication prescribed by DoD providers, regardless of whether the medication is on the VA formulary.
    - Military Culture Training is being disseminated to community providers.
- In FY 2015 Q2, the interagency task force will work to update the CAP Goal sub-goals and milestones in order to better align interagency work on these new executive actions.

# CAP-G Progress Update: FY15 Quarter 1 Highlights

- *The Power of 1* Public Service Announcement (PSA) for the Veterans Crisis Line/Military Crisis Line is in the top 4% of PSAs being aired nationwide (3<sup>rd</sup> month mark).
- Availability of Joint Legacy Viewer exceeds previous viewer systems and continues to improve. Anticipate meeting October 2015 target early.
- Military OneSource participants continue to report high satisfaction with services (above 93% satisfaction for past three quarters).
- National Institute of Mental Health (NIMH) has established access to Common Data Elements (CDE) for PTSD and suicide prevention, set new expectations for data sharing, and launched the RDoC database and the National Database for Clinical Trials to deposit and share data from research. The National Institutes of Health (NIH) CDE Resource Portal <http://www.nlm.nih.gov/cde/> serves as a map to mental health CDE, including CDE for PTSD, suicide prevention, and traumatic brain injury (TBI). The DoD and VA will incorporate the information and link to the CDEs in funding opportunity announcements and encourage investigators to utilize the CDEs.
- One set of general mental health CDE and two topic-specific sets of CDE measures (for PTSD and suicide prevention) were released on December 5, 2014, and are available to the scientific community at [PhenX Toolkit](#).

# CAP-G Action Plan Summary

Sub-goal	Major Actions to Achieve Impact (Lead Agency)	Key Indicators
<b>1: Reduce barriers for Service members, Veterans and their Families to seeking mental health treatment and support</b>	<ul style="list-style-type: none"> <li>• Reduce negative perceptions and increase awareness of resources (VA, DoD, HHS)</li> <li>• Evaluate quality and effectiveness of Military OneSource (DoD)</li> <li>• Evaluate quality and effectiveness of Veterans Crisis Line (VCL)/Military Crisis Line (MCL) (VA, DoD)</li> <li>• Host VA Mental Health Summits (VA)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Make the Connection:</b> Total number of visits to <a href="http://www.maketheconnection.net">www.maketheconnection.net</a></li> <li>• <b>Veterans Crisis Line /Military Crisis Line (VCL/MCL):</b> Total number of Public Service Announcements (PSAs) media impressions for PSAs</li> <li>• <b>Real Warriors:</b> Expand reach through targeted media activity (e.g., Print features, PSAs, Audio news releases, Satellite media tours)</li> <li>• <b>HHS Media Campaign:</b> Number of "clicks" on each campaign URL total and by social media platform</li> <li>• <b>Military OneSource:</b> Percent of participants receiving non-medical counseling who report being satisfied with services</li> <li>• <b>VCL/MCL:</b> Percent of calls for which end-of-call outcomes is obtained</li> <li>• <b>VCL/MCL:</b> Percent of monitored calls that meet monitoring expectations</li> <li>• Number of VA facilities that led a Mental Health Summit</li> </ul>
<b>2: Enhance access to and improve the quality of mental health care and support available to Service members, Veterans and their Families</b>	<ul style="list-style-type: none"> <li>• Evaluate and improve existing community collaboration efforts (VA, HHS)</li> <li>• Expand telemental health (VA, DoD)</li> <li>• Enhance integration of mental health and substance use care into primary care (VA, DoD)</li> <li>• Support open resource directory of vetted resources (VA, DoD, HHS)</li> <li>• Extend data sharing across DoD and VA health care</li> </ul>	<ul style="list-style-type: none"> <li>• Report results of formal evaluation of VA/Community Mental Health (CMH) Pilots to VA stakeholders</li> <li>• FY14 telemental health unique users will increase to 115,914</li> <li>• There will be a 10 percent increase in Army telemental health encounters in FY14</li> <li>• Number of service members, veterans and their families receiving behavioral health services in primary care settings</li> <li>• Number of page views/visits for Community Provider Toolkit, military culture website and SAMHSA Store</li> <li>• Number of users of Joint Legacy Viewer: 3,500 by 10/1/14; 200,000 by 10/1/15</li> </ul>

# CAP-G Action Plan Summary

Sub-goal	Major Actions to Achieve Impact (Lead Agency)	Key Indicators
<b>3: Identify and develop more effective diagnostic and treatment methodologies to improve outcomes, including traumatic brain injury (TBI), posttraumatic stress disorder (PTSD) and related conditions</b>	<ul style="list-style-type: none"><li>• Standardize and integrate measurements for traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), and suicide prevention, across the research funded by DoD, VA, and NIH to advance research and health care (DoD, VA, HHS)</li><li>• Develop and test suicide risk assessments and suicide prevention and treatment interventions for service members and veterans (DoD, VA, HHS)</li></ul>	<ul style="list-style-type: none"><li>• Release one set of general mental health CDE and 2 topic-specific CDE measures (for PTSD and suicide prevention), to allow scientists access to consistent assessment tools</li><li>• Make at least one database available for all qualified researchers to upload appropriate mental health research data (including PTSD and suicide prevention CDE). Database will be active and open to scientific queries to researchers across agencies</li><li>• Provide one set of recommendations on promising approaches for risk factor and protective factor assessments, based on comparative analyses for suicide risk detection in service members and veterans</li><li>• Complete one cross agency research portfolio analysis of methods to prevent and treat suicidal behaviors</li></ul>

# CAP-G Work Plan – Sub-goal 1: Barriers

## ***Purpose***

Reduce barriers for service members, veterans and their families to seeking mental health treatment and support by identifying, expanding, and promoting programs, initiatives, and efforts to reduce negative perceptions, increasing awareness of resources, identifying needs of military-connected families, and linking with community resources. Evaluate and improve DoD and VA public awareness campaigns to overcome negative perceptions and promote awareness; evaluate the quality and effectiveness of the Military OneSource Platform and Programs and the Veterans and Military Crisis Lines and plan continued program improvements; continue to host VA Mental Health Summits to identify unmet needs of veterans and their families, and to identify and enhance understanding of community-based programs and services to support mental health needs of veterans and their families.

## ***Barriers/Challenges***

- Negative perceptions (internal, institutional, and/or social) of mental health issues
- Lack of confidence in systems of care
- Lack of psychological health literacy
- Lack of awareness of resources

# CAP-G Work Plan – Sub-goal 1: Barriers

Milestone Summary			
Key Milestones	Milestone Due Date	Milestone Status	Owner
<b>Priority Action 1: Identify, expand, and promote efforts to reduce negative perceptions and increasing awareness of resources</b>			
Increase visibility of current DoD, VA and HHS information campaigns related to outreach and reducing barriers	September 2015	On Track	DoD, VA, HHS
<b>Priority Action 2: Evaluate the quality and effectiveness of Military OneSource Platform and Programs</b>			
A participant feedback satisfaction survey will be designed to follow-up with participants to gauge quality and effectiveness measures of non-medical counseling services provided via the Military OneSource and Military and Family Life Counseling Programs	August 2015	On Track	DoD
<b>Priority Action 3: Evaluate the quality and effectiveness of Veterans Crisis Line (VCL) and Military Crisis Line (MCL) and plan for continued program improvements</b>			
Determine effectiveness of calls to VCL/MCL in real time, develop a plan to translate existing research on end-of-call outcomes into VCL/MCL practice	Q1 FY15	Complete (Q4 FY14)	VA
<b>Priority Action 4: Host VA Mental Health Summits to identify unmet needs and to identify and enhance understanding of community-based programs and services</b>			
Hold facility led Mental Health Summits with community-based programs and organizations supporting veterans and their families	September FY14; September FY15	FY14 Complete (Q1 FY15) FY15 On Track	VA



# CAP-G Work Plan – Sub-goal 2: Access

## ***Purpose***

Enhance service member, veteran and family access to mental health care and support by identifying, consolidating and building on successful DoD and VA programs and initiatives. Evaluate and improve existing VA-community collaboration pilot programs and promote expansion of formal arrangements and collaborations with community providers; expand tele-mental health care to meet demand and facilitate access to care; build on efforts to integrate mental health and substance use care into primary care programs; support an open source directory of vetted resources to aid community-based providers, service members, veterans and their families in identifying available resources; extend data sharing across DoD and VA health care locations to ensure that critical data in DoD and VA medical records are viewable by clinicians, health professionals and program administrators who require access to treat service members, veterans and their families.

## ***Barriers/Challenges***

- In some geographical areas there may not be VA sites nor available community mental health providers
- Contracting processes for establishing community partnerships may be lengthy and are not uniform across catchment areas

# CAP-G Work Plan – Sub-goal 2: Access

Milestone Summary			
Key Milestones	Milestone Due Date	Milestone Status	Owner
<b>Priority Action 1: Evaluate/improve existing VA-community collaboration pilot programs and promote expansion of formal arrangements/collaborations with community providers</b>			
Quantitative and qualitative evaluation of the 24 VA/Community Mental Health (CMH) Pilot sites	December 2014	Missed*	VA
<b>Priority Action 2: Expand telemental health</b>			
Increase the number of veterans in FY15 receiving telemental health services across VA including those provided by the VA National Telemental Health Center by expert clinicians	December 2015	On Track	VA
Increase the number of Army telemental health providers to support Child and Family Behavioral Health Services	Q4 FY15	On Track	DoD
<b>Priority Action 3: Enhance integration of mental health and substance use care into primary care programs</b>			
Increase connection of service members, veterans and their families with mental health issues to primary care services	December 2015	On Track	HHS
Increase veteran access to behavioral health services within primary care settings	September 2015	At Risk**	VA
Increase service member and Family access to behavioral health services within primary care settings to include retired service members and their adult family members	September 2015	On Track	DoD

\*Evaluation report was complete in January 2015 and is currently in the clearance process.

\*\*Due to a recent change in measurement methodology for the delivery of mental health care in primary care settings, the calculation of Veteran access to behavioral health services in primary care has changed. Targets have been adjusted and the milestone is expected to be on target by the Sept 2015 due date.

# CAP-G Work Plan – Sub-goal 2: Access (cont.)

Milestone Summary			
Key Milestones	Milestone Due Date	Milestone Status	Owner
<b>Priority Action 4: Create a directory of vetted resources to aid community-based providers</b>			
Continue to expand and promote vetted resources to aid community-based providers, including the military culture training, VA Community Provider Toolkit ( <a href="http://www.mentalhealth.va.gov/communityproviders">www.mentalhealth.va.gov/communityproviders</a> ), and relevant publications on the SAMHSA Store	Ongoing	On Track	DoD, VA
<b>Priority Action 5: Extend data sharing across DoD and VA health care</b>			
Expand the pilot to at least 1,000 DoD and 2,500 VA users that includes all of the information in both AHLTA and Vista	October 2015	On Track	DoD, VA

# CAP-G Work Plan – Sub-goal 3: Research

## ***Purpose***

- DoD, VA, and HHS are collaborating on research on TBI, PTSD, and suicide prevention. However, research projects frequently use different measurements of key variables. This may make it difficult to compare and combine the results of multiple studies. The agencies will gain consensus on a set of CDEs for PTSD and suicide prevention research to complement and enhance the CDE that were recently developed for TBI research. This will improve the ability to combine data and compare findings across studies. Increased abilities to combine data across studies and to replicate findings are important for progress overall, and essential to address outcomes such as suicide among service members and veterans.
- DoD, VA, and HHS are collaborating on research on suicide prevention and related health conditions. There are numerous suicide screening and risk assessment tools; however, there has been insufficient research evaluating the ability of these tools to assess the likelihood of future suicidal behavior. Few evidence-based methods are available to assess prospective suicide risk. There is also a lack of evidence-based interventions that are ready to implement to effectively prevent and treat the spectrum of suicidal behaviors. This collaborative effort will advance the clinical care of individuals who are at risk for suicidal behavior.

## ***Barriers/Challenges***

- Barriers in data sharing among research projects currently delay the discovery and validation of improved diagnostic tools and effective treatments for TBI, PTSD, and suicide prevention for service members and veterans.  
Barriers in Coordination: The agencies need to determine how to build on the multiple existing efforts of DoD, VA, and HHS that are underway, and to traverse the landscape of disparate IT infrastructure capabilities and resources.
- Barriers in Infrastructure: There are several existing diverse databases where research data may be stored. Leveraging the appropriate infrastructure is needed for inclusion or expansion of PTSD and suicide prevention CDE.
- Barriers in Resources: Rigorously designed studies of risk assessments and interventions for suicide are expensive, time-consuming and difficult to conduct.
- Barriers in Expertise: There is a limited pool of researchers who have the expertise to successfully conduct studies related to suicide.

# CAP-G Work Plan – Sub-goal 3: Research

Milestone Summary			
Key Milestones	Milestone Due Date	Milestone Status	Owner
<b>Priority Action 1: Standardize and integrate measurements for TBI, PTSD, and suicide prevention, across the research funded by DoD, VA and NIH to advance research and health care</b>			
Define a minimum set of general and topic-specific Common Data Elements (CDE) that can be adopted for PTSD and suicide prevention research to complement and enhance CDE that were recently developed for TBI. The agencies will participate in a CDE consensus process based on recommendations of scientific leaders and agency liaisons and community input to identify CDE for PTSD and suicide prevention research	December 2016	On Track	DoD, VA, HHS
Establish or expand databases that use CDE. The agencies will work with existing and evolving databases and investigators to develop data dictionaries and unique data elements to represent new CDE being collected	December 2016	On Track	DoD, VA, HHS
<b>Priority Action 2: Develop and test suicide risk assessments and suicide prevention and treatment interventions for service members and veterans</b>			
Characterize prospective risk factors and protective factors associated with suicidal behaviors in service members and veterans. Translate these to risk detection actions that can lead to early intervention	Winter 2016 – Spring 2017	On Track	DoD, VA, HHS
Develop and test prevention and treatment interventions for suicidal behaviors	Winter 2016	On Track	DoD, VA, HHS

# CAP-G Key Indicators: Sub-goal 1: Barriers

Key Implementation Data						
Indicator	Source	Baseline	Target	Frequency	Latest data	Trend
<b>Make the Connection:</b> Total number of visits to <a href="http://www.maketheconnection.net">www.maketheconnection.net</a>	VA	1,390,618 (FY13 Visits) FY14 TBD	10% increase per year	Quarterly	806,454	On track to substantially exceed target
<b>Veterans Crisis Line /Military Crisis Line (VCL/MCL):</b> Current PSA ranking	VA	FY14 PSA "These Hands" ranked 29th inside the top 2% according to the Nielsen Sigma data	New PSAs will be within top 10% of all PSAs being aired nationwide	Bi-annually	"The Power of 1" PSA (3rd month mark) inside the top 4% according to Nielsen Sigma data	On track to exceed target
<b>Real Warriors:</b> Expand reach through targeted media activity	DoD	N/A	4 per quarter	Quarterly	3	Real Warriors data temporarily lower due to a new contract start and will be made up over the fiscal year
<b>HHS Media Campaign:</b> Number of "clicks" on each campaign URL total and by social media platform	HHS	178 (based on Q3 FY14)	Increase clicks 10% annually	Quarterly	346 clicks	Q1 FY15 click rate more than doubled from FY14 click rates

# Key Indicators: Sub-goal 1: Barriers (cont.)

Key Implementation Data						
Indicator	Source	Baseline	Target	Frequency	Latest data	Trend
<b>Military OneSource:</b> Percent of participants receiving non-medical counseling who report being satisfied with services	DoD	92%	90%	Quarterly	93.36%	Target continues to be met and performance has been very stable (within 1%)
<b>VCL/MCL:</b> Percent of calls for which end-of-call outcomes is obtained	VA	TBD (based on Q1 FY15 data)	TBD, Q2 FY15	Quarterly	43.1%*	First quarter data posted; VA is redesigning the data capture system to modernize evaluation tactics. The team has learned this indicator is not capturing the relevant information that is important. VA recommends removing this indicator and plans to propose revised indicator later in this FY
<b>VCL/MCL:</b> Percent of monitored calls that meet silent monitoring expectations	VA	TBD (based on FY16, Q2 data)	TBD, FY 16, Q3	Quarterly	N/A	Baseline and target TBD after first full quarter of successful data collection. Delays are due to staffing freeze for a year in VA.

\* **Numerator:** Count of Satisfaction Questionnaires submitted Oct FY15 – Dec FY15 (Call Source = 1 Hotline, VetRelationship=Self): 25,316;

**Denominator:** Count of Actionable Medora Service Units Oct FY15 – Dec FY15 (Call Source = 1 Hotline, VetRelationship=Self): 58,696

# Key Indicators: Sub-goal 2: Access

Key Implementation Data						
Indicator	Source	Baseline	Target	Frequency	Latest data	Trend
Number of VA medical centers (VAMC) that led a Mental Health Summit	VA	142	107 (75% of 142)	Annually	N/A	This is an annual requirement. Annual target met for FY2014; 3 Community Based Outpatient Clinic (CBOCs) held Summits in addition to the 142 VAMCs
Report results of formal evaluation of VA/Community Mental Health (CMH) Pilots to VA stakeholders	VA	0	1	Q2 FY15	Analysis complete; report being finalized; results will be presented at the February 2015 Interagency Task Force meeting	Evaluation complete; expect findings to be available in Q2FY15
FY15 telemental health unique users will increase to 130,403	VA	108,766 (FY14)	130,403	Quarterly	53,976	Cumulative total Oct-Dec 2014 (Q1 FY 15)
There will be a 10 percent increase in Army telemental health encounters in FY15	Army	27,688 Encounters	30,457 Encounters	Annually	8,127	On track to meet target



# Key Indicators: Sub-goal 2: Access (cont.)

Key Implementation Data						
Indicator	Source	Baseline	Target	Frequency	Latest data	Trend
Number of service members, veterans and their families receiving primary care services in behavioral health settings	HHS	TBD	TBD	Quarterly	98 served	Not enough data to determine trend
Percent of primary care population that has had a behavioral health care provider visit in primary care	VA	6.8%	10%	Quarterly	6.86%	N/A – Due to recent VA restructuring of mental health care delivery, the denominator in this metric has changed impacting the calculation of this data. Therefore, the data appears to be a decrease of approximately 1% from Q4 FY14 - Q1 FY15
Percent of patients that had at least one appointment with their primary care provider who also had at least one appointment with a primary care behavioral health provider	DoD	0.2%	2%	Quarterly	N/A	N/A – Data anticipated Q2 FY15

# Key Indicators: Sub-goal 2: Access (cont.)

Key Implementation Data						
Indicator	Source	Baseline	Target	Frequency	Latest data	Trend
Number of page views for VA Community Provider Toolkit	VA	11,027 page views for Q1 FY14	Maintain or increase # of page views	Quarterly	13,081	Slight decrease from previous quarter but overall increase from baseline
Total number visits to VA/DoD military culture website	DoD	1,196 (based on Q3 FY14)	15,000 (by Q4FY15)	Quarterly	6,697	over 50% increase
Total number of views of the relevant/highlighted on the SAMHSA Store	HHS	TBD	TBD	Quarterly	0	Analytic tracking of website traffic changed during launch of redesigned SAMHSA.gov. Still awaiting metrics after change. This data should be available next quarter
Number of Joint Legacy Viewer users -3,500 by 10/1/14 -200,000 by 10/1/15	DoD	DoD 120, VA 150	DoD 1,000; VA 2,500	Quarterly	As of Dec 31, approximately 1,500 JLV users with more added every day	Anticipate projected 3,500 users will be achieved in the next quarter

# Key Indicators: Sub-goal 3: Research

Key Implementation Data						
Indicator	Source	Baseline	Target	Frequency	Latest data	Trend
Release one set of general mental health CDE and two topic-specific CDE measures (for PTSD and suicide prevention), to allow scientists access to consistent assessment tools	DoD, VA, HHS	Zero	November 2014	N/A	Complete. On December 5, 2014, one set of general mental health CDE and two topic-specific sets of CDE measures (for PTSD and suicide prevention) were released and are available at <a href="#">PhenX Toolkit</a>	N/A
Make at least one database for all qualified researchers to upload appropriate mental health research data (including PTSD and suicide prevention CDE). Database will be active and open to scientific queries to researchers across agencies	DoD, VA, HHS	Zero	October 2015	N/A	N/A	N/A

# Key Indicators: Sub-goal 3: Research (cont.)

Key Implementation Data						
Indicator	Source	Baseline	Target	Frequency	Latest data	Trend
Provide one set of recommendations on promising approaches for risk factor and protective factor assessments, based on comparative analyses for suicide risk detection in service members and veterans	DoD, VA, HHS	Zero	May 2015	N/A	N/A	N/A
Complete one cross-agency research portfolio analysis of methods to prevent and treat suicidal behaviors	DoD, VA, HHS	Zero	November 2014	N/A	Complete. The Research Prioritization Task Force (RPTF) of the National Action Alliance for Suicide Prevention analyzed funded U.S. research studies to assess the “state of the science” for suicide prevention; A portfolio analysis document of research on interventions, services, and infrastructure for suicide research spanning 2008-2013 has been drafted and circulated to all contributors for review and concurrence	

# Contributing Programs

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## **Department of Defense**

- Defense Health Agency (DHA)
- Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE)

## **Department of Health and Human Services**

- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Health Resources and Services Administration (HRSA)
- National Institutes of Health (NIH)

## **Department of Veterans Affairs**

- Veterans Health Administration (VHA)