

Cross Agency Priority Goal Quarterly Progress Update

Service Members and Veterans Mental Health

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FY2014 Quarter 2

Goal Statement

- Improve mental health outcomes for Service members, Veterans, and their Families

Urgency

- Since September 11, 2001, more than 2.6 million Service members have deployed to Iraq or Afghanistan with unprecedented duration and frequency.
- A significant number of these returning Service members have reported difficulties with 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 to reduce barriers to seeking care, enhance access and improve the quality of mental health care, and support innovative research on mental health and substance use care and treatment for Service members, Veterans and their Families.

Progress update

- The Departments of Veterans Affairs, Defense and Health and Human Services are working hard every day to implement the President's Executive Order 13625, "Improving Access to Mental Health Services for Veterans, Service Members, and their Families" (August 31, 2012). As part of the efforts related to this Executive Order:
 - VA has hired more than 1,600 new clinicians and over 800 peer specialists, bringing its total mental health staff to more than 20,000. VA has also increased the capacity of the Veterans Crisis Line by more than 50 percent.
 - DoD has hired more than 9,400 mental health professionals, launched the largest study of mental health risk and resilience ever conducted among military personnel and expanded the Military Crisis Line to Europe, Afghanistan and Korea. DoD has also added over 10,000 mental health providers in the TRICARE purchased care network and embedded mental health professionals into our military treatment facility primary care settings.
 - VA, DoD and HHS have jointly implemented a national suicide prevention campaign to connect Veterans and Servicemembers with evidence-based mental health and substance use treatment resources.
 - VA has worked with community clinics to expand the number of locations where Veterans can receive mental health treatment and has hosted 152 summits across the United States in the past year to increase collaboration and coordination with resources in the community that support our nation's Veterans.
 - HHS worked closely with the VA to implement community pilots to increase or supplement VA capacity in geographical areas where VA facilities are not located close by. Likewise, HHS has now brought together teams from 46 states, four territories and the District of Columbia in policy academies to develop and implement plans to ensure timely access to and quality of the behavioral health needs for military service personnel, Veterans and their families.
 - Our agencies have also worked closely together to begin implementation of a National Research Action Plan to inform federal research in post-traumatic stress disorder, traumatic brain injury and other critical behavioral health issues. Through the cutting-edge research that will support this plan, we will gain answers to the crucial questions about how best to prevent and treat conditions related to mental health and traumatic brain injury.
- Building on these efforts to improve mental health outcomes for service members and veterans, the Administration announced a new Cross Agency Priority goal on March 10. The CAP Goal Implementation Plan announced today identifies priority actions and specific near-term and long-term milestones to reduce barriers to seeking care, enhance access to and improve the quality of mental health care, and support innovative research on mental health and substance use care and treatment.
- Only by working together can we continue to fulfill the president's commitment to those who serve and support our country, and the administration will continue to ensure a spotlight remains on these important public health issues. We know that treatment works, and with effective mental health and substance use treatment, we can meet the mental health needs of Veterans, Service members and their families.

Action Plan Summary

Sub-Goal	Major Actions to Achieve Impact (lead agency)	Key Indicators
1: Reduce barriers for Service members, Veterans and their families to seeking mental health treatment and support	<ul style="list-style-type: none"> • Reduce negative perceptions and increase awareness of resources (VA, DoD, HHS) • Evaluate quality and effectiveness of Military OneSource (DoD) • Evaluate quality and effectiveness of Veterans Crisis Line (VCL)/Military Crisis Line (MCL) (VA, DoD) • Host VA Mental Health Summits (VA) 	<ul style="list-style-type: none"> • Make the Connection: Total number of visits to www.maketheconnection.net • Veterans Crisis Line /Military Crisis Line (VCL/MCL): Total number of public service announcement (PSA) media impressions • Real Warriors: Expand reach through targeted media activity (e.g., Print features, PSAs, Audio news releases, Satellite media tours) • HHS Media Campaign: Number of "clicks" on each campaign URL total and by social media platform • Percent of Military OneSource participants receiving non-medical counseling who report being satisfied with services • Percent of calls for which end-of-call outcomes is obtained • Percent of monitored calls that meet monitoring expectations • Number of VA facilities that led a Mental Health Summit
2: Enhance access to and improve the quality of mental health care and support available to Service members, Veterans and their families	<ul style="list-style-type: none"> • Evaluate and improve existing community collaboration efforts (VA, HHS) • Expand telemental health (VA, DoD) • Enhance integration of mental health and substance use care into primary care (VA, DoD) • Support open resource directory of vetted resources (VA, DoD, HHS) • Extend data sharing across DoD and VA health care 	<ul style="list-style-type: none"> • Report results of formal evaluation of VA/Community Mental Health (CMH) Pilots to VA stakeholders • FY 2014 telemental health unique users will increase to 115,914 • There will be a 10 percent increase in Army telemental health encounters in FY 2014 • Number of Service Members, Veterans and their Families receiving behavioral health services in primary care settings • Number of page views/ visits for Community Provider Toolkit, military culture website, & SAMHSA Store • Number of users [Data sharing] 3,500 by 10/1/14; 200,000 by 10/1/15

Action Plan Summary

Sub-Goal	Major Actions to Achieve Impact (lead agency)	Key Indicators
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	<ul style="list-style-type: none"> 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 healthcare (DoD, VA, NIH) Develop and test suicide risk assessments and suicide prevention and treatment interventions for Service members and Veterans (DoD, VA, NIH) 	<ul style="list-style-type: none"> 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 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 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, NIH) Complete one cross agency research portfolio analysis of methods to prevent and treat suicidal behaviors

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 VA and DoD 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 Veterans' 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

Work Plan - Sub-goal 1: Barriers

Milestone Summary				
Key Milestones	Milestone Due Date	Milestone Status	Last Quarter	Owner
Priority Action 1: Identify, expand, and promote efforts to reduce negative perceptions and increasing awareness of resources				
Increase visibility of current DoD, VA and HHS information campaigns related to outreach and reducing barriers	September 2015	On track	N/A	DoD, VA, HHS
Priority Action 2: Evaluate the quality and effectiveness of Military OneSource Platform and Programs				
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	N/A	DoD
Priority Action 3: Evaluate the quality and effectiveness of Veterans Crisis Line (VCL) and Military Crisis Line (MCL) and plan for continued program improvements				
2. Determine effectiveness of calls to VCL/MCL in real time	Q1 FY 2016	On track	N/A	VA
Priority Action 4: Host VA Mental Health Summits to identify unmet needs and to identify and enhance understanding of community-based programs and services				
Hold facility led Mental Health Summits with community based programs and organizations supporting Veterans and their Families	By the end of each FY	On track	N/A	VA

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 telemental 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

Work Plan - Sub-goal 2: Access

Milestone Summary				
Key Milestones	Milestone Due Date	Milestone Status	Last Quarter	Owner
Priority Action 1: Evaluate/improve existing VA-community collaboration pilot programs and promote expansion of formal arrangements/collaborations with community providers				
Quantitative and qualitative evaluation of the 24 VA/Community Mental Health (CMH) Pilot sites	December 2014	On track	N/A	VA
Priority Action 2: Expand telemental health				
Increase the number of Service members and Veterans receiving telemental health services across Army and VA in FY 2014 and beyond	December 2014; December 2015	On track	N/A	VA/ Army
Priority Action 3: Enhance integration of mental health and substance use care into primary care programs				
Increase Service member, Veteran and Family access to behavioral health services within primary care settings	September 2015	On track	N/A	DoD, VA, HHS
Priority Action 4: Create a directory of vetted resources to aid community-based providers				
Continue to expand and promoted vetted resources to aid community-based providers, including the military culture training, VA Community Provider Toolkit (www.mentalhealth.va.gov/communityproviders), and relevant publications on the SAMHSA Store	Ongoing	On track	N/A	DoD, VA, HHS
Priority Action 5: Extend data sharing across DoD and VA health care				
Expand pilot of an integrated display that includes all of the information in both AHLTA and Vista	Oct 2015	On track	N/A	DoD/VA

Work Plan Sub-goal 3: Research

Purpose

- DoD, VA, and the NIH 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 Common Data Elements (CDE) 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 the NIH 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 NIH 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.

Work Plan - Sub-goal 3: Research

Milestone Summary				
Key Milestones	Milestone Due Date	Milestone Status	Last Quarter	Owner
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 healthcare				
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	N/A	HHS, DoD, VA
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	N/A	HHS, DoD, VA
Priority Action 2: Develop and test suicide risk assessments and suicide prevention and treatment interventions for Service Members and Veterans				
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	N/A	DoD, VA, HHS
Develop and test prevention and treatment interventions for suicidal behaviors	Winter 2016	On track	N/A	DoD, VA, HHS

Key Indicators: Sub-goal 1: Barriers

Key Implementation Data						
Indicator	Source	Baseline	Target?	Frequency	Latest data	Trend
Make the Connection: Total number of visits to www.maketheconnection.net	VA	1,390,618 (FY2013 Visits)	10% increase per year	Quarterly		
Veterans Crisis Line /Military Crisis Line (VCL/MCL): Total number of PSA media impressions for PSAs	VA	TBD	TBD	Quarterly		
Real Warriors: Expand reach through targeted media activity (e.g., Print features, PSAs, Audio news releases, Satellite media tours)	DoD	TBD	4 per quarter	Quarterly		
HHS Media Campaign: Number of "clicks" on each campaign URL total and by social media platform	HHS	TBD	Increase clicks 10% annually	Quarterly		
Percent of Military OneSource participants receiving non-medical counseling who report being satisfied with services	DoD	92%	90%	Quarterly		
Percent of calls for which end-of-call outcomes is obtained	VA	TBD	TBD	Quarterly		
Percent of monitored calls that meet monitoring expectations	VA	TBD	TBD	Quarterly		
Number of VA facilities that led a Mental Health Summit	VA	TBD	75%	Annually		

Key Indicators: Sub-goal 2: Access

Key Implementation Data						
Indicator	Source	Baseline	Target?	Frequency	Latest data	Trend
Report results of formal evaluation of VA/Community Mental Health (CMH) Pilots to VA stakeholders	VA	0	1	Q1 FY 2015		
FY 2014 telemental health unique users will increase to 115,914	VA	~100,990 (FY 2013)	115,914	Quarterly		
There will be a 10 percent increase in Army telemental health encounters in FY 2014	Army	29,508 Encounters	32,459 Encounters	Quarterly		
Number of Service Members, Veterans and their Families receiving behavioral health services in primary care settings	DoD, VA, HHS	TBD	TBD	Quarterly		
Number of page views/ visits for Community Provider Toolkit, military culture website, & SAMHSA Store	DoD/VA/ HHS	11,027 page views for Q1 2014	Maintain or increase # of page views	Quarterly		
Number of users [Data sharing] - 3,500 by 10/1/14 - 200,000 by 10/1/15	DoD/VA	DoD 120 VA 150	DoD 1000 VA 2500	Quarterly		

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 2 topic-specific CDE measures (for PTSD and suicide prevention), to allow scientists access to consistent assessment tools	HHS, DoD, VA	Zero	November 2014	Once		
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	HHS, DoD, VA	Zero	Fall 2015	Once		
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, NIH)	DoD, VA, HHS	Zero	Fall 2016	Once		
Complete one cross agency research portfolio analysis of methods to prevent and treat suicidal behaviors	DoD, VA, HHS	Zero	Fall 2014	Once		