Service Members and Veterans Mental Health

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FY 2016 Quarter 4

Service Members and Veterans Mental Health

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Overview

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.

Progress Update: FY16 Quarter 4 Highlights

- The Final Rule: TRICARE; Mental Health and Substance Use Disorder Treatment was published in the Federal Register on September 2, 2016. The rule will improve access to mental health and substance use disorder treatment for beneficiaries, consistent with current standards of practice and principles of mental health parity. The Final Rule and its mental health parity provisions will become effective in October 2016. The full benefit will become available to Service members and beneficiaries in early 2017 after comprehensive changes to TRICARE manuals implementing all Final Rule provisions are published.

- VA's policy on drug takeback, Controlled Substance Patient Prescription Disposal, was published in September 2016. Through September 2016, Veterans have returned over 48,000 total pounds of unwanted prescriptions including 20,350 pounds by mail and 28,017 pounds of unwanted/unneeded medications deposited in receptacles at VA facilities and sent for environmentally responsible destruction.

- The implementation of Behavioral Health Data Portal (BHDP) as an information management system designed to track behavioral health outcome data continues across the Services, including full implementation at all Air Force bases during Q4 FY 2016. Through September 2016, BHDP was implemented at approximately 93% of the intended sites across Army, Navy, and Air Force.

- Mental Health Summits were hosted at 141 VA Medical Centers (VAMCs) in FY 2016, including community outreach to over 84% of VAMC populations, as several Summits were co-hosted by multiple sites.

- The Departments identified several projects that meet criteria for common data elements (CDE) and data sharing plans under the National Research Action Plan, including projects regarding PTSD, suicide prevention, and neurocognitive prediction research.

- The VA Evidence-based Synthesis Program report on suicide prevention in Veterans was briefed to internal and external stakeholders. Using data from nearly six million VA patients, the most relevant study in the report described a prediction model able to stratify patients according to suicide risk within the next year. Among available interventions, several show promise to reduce acute suicide risk, including programs developed for Service members.

- VA telemental health services reached 133,458 unique users in FY 2016. Telemental health services use among Veterans exceeded the FY 2016 target by more than two percent.

* Note: CAP Action and EA milestones completed prior to Q4 FY 2016 were reported in previous quarters and are not included in this progress update, but will continue to be tracked internally by the Departments as relevant.

Action Plan Summary: Barriers

Sub-goal	Major Actions to Achieve Impact (Lead Agency)	Key Indicators/Milestones
1: Reduce barriers for Service members, Veterans and their Families to seeking mental health treatment and support	**_Cross Agency Priority Actions_** • 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) **_Executive Actions_** • **EA 2: Ensuring continuity of mental health medications during the transition from DoD to VA (VA, DoD)** • EA 5: Supporting TRICARE mental health parity (DoD) • **EA 11: Promoting Vet Centers as a counseling resource for combat Veterans and their families (VA)** • EA 12: Training DoD and VA employees to recognize the signs and symptoms of mental health conditions and help connect people in need to help (DoD, VA) • EA 13: Expanding mental health awareness campaigns (DoD, VA) • **EA 14: Providing mental health awareness training more broadly (VA)**	• Total number of visits to www.maketheconnection.net • Total number of Public Service Announcements (PSAs) media impressions for PSAs • Expand reach of Real Warriors through targeted media activity (e.g., Print features, PSAs, Audio news releases, Satellite media tours) • Number of "clicks" on each HHS Media Campaign URL total and by social media platform • Percent of participants receiving non-medical counseling through Military OneSource who report being satisfied with services • Percent of VCL/MCL calls for which end-of-call outcomes is obtained • Publish Directive ensuring continuity of mental health medications during DoD/VA transition • Internal clearance of draft Proposed Rule to establish TRICARE mental health parity • Provide Operation SAVE training to volunteer tax preparers and partners by start of tax season

† All milestones for bolded initiatives were completed prior to Q4 FY 2016 and removed from this progress update.

Action Plan Summary: Access

Sub-goal	Major Actions to Achieve Impact (Lead Agency)	Key Indicators/Milestones
2: Enhance access to and improve the quality of mental health care and support available to Service members, Veterans and their Families	***Cross Agency Priority Actions*** • **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** ***Executive Actions*** • **EA 1: Supporting Service members with mental health conditions in making the transition to VA care (DoD)** • EA 3: Coordinating care between DoD and VA (DoD, VA) • EA 4: Integrating peer specialists into primary care (DoD, VA) • EA 6: Enhancing mental health care where service members work (DoD) • EA 15: Expanding access to opiate reversal kits (DoD) • EA 18: Expanding cultural competency training (DoD, VA) • **EA 19: Supporting construction of medical facilities in communities with large veteran populations (VA, Treasury)**	• Report results of formal evaluation of VA/Community Mental Health (CMH) Pilots to VA stakeholders • FY 2015 telemental health unique users increase to 130,403 • 10 percent increase in Army telemental health encounters in FY 2015 • 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 and SAMHSA Store • Number of users of Joint Legacy Viewer: 3,500 by 10/1/14 • Modify *inTransition* Contract • Initiate Operating Capability of electronic Interagency Comprehensive Plan. • Conduct joint training for Community Program and Peer Network Coordinators • Implement Behavioral Health Data Portal in 100% of DoD military treatment facilities (MTFs) • Complete inventory of emergency medical services capability between Service and deployed assets • Train 3000 community mental health providers on first module of the online military culture training curriculum

† All milestones for bolded initiatives were completed prior to Q4 FY 2016 and removed from this progress update.

Action Plan Summary: Research

Sub-goal	Major Actions to Achieve Impact (Lead Agency)	Key Indicators/Milestones
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	***Cross Agency Priority Actions*** • 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) • Develop and test suicide risk assessments and suicide prevention and treatment interventions for Service members and Veterans (DoD, VA, HHS) ***Executive Actions*** • **EA 7: Harnessing the efforts of researchers from DoD, VA, the National Institutes of Health and academia (DoD, VA, HHS)** • **EA 8: Advancing cutting edge PTSD research (DoD)** • EA 9: Early detection of PTSD and suicidality (DoD) • EA 10: New investments in suicide prevention (VA)	• Release one set of general mental health Common Data Elements (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 • Complete one cross agency research portfolio analysis of methods to prevent and treat suicidal behaviors • Conduct Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Conference • Fund Army STARRS Longitudinal Study • Conduct randomized controlled trial to prevent suicides among Veterans

† All milestones for bolded initiatives were completed prior to Q4 FY 2016 and removed from this progress update.

Action Plan Summary: Patient Safety

Sub-goal	Major Actions to Achieve Impact (Lead Agency)	Key Indicators/Milestones
4. Improve Patient Safety	***Executive Actions*** • EA 16: Providing new opportunities for service members, Veterans, and their families to give back unwanted medications (DoD, VA) • EA 17: Supporting suicide prevention (through firearms safety) (DoD, VA)	• Coordination of drug take-back DoD Instruction and operational guidance • Obtain funding and award centralized contract for drug take-back program • Coordinate and release Interim Procedure Manual • Publish gun safety memorandum and supporting documents online for military and public to access • Provide firearm safety training to Peer Coordinators through pilot program between US Special Operation Command (USSOCOM) and Defense Suicide Prevention Office (DSPO) • Complete and disseminate gun safety planning videos, toolkits, and trainings to Service members, Veteran Service Organizations (VSOs), VA, community members, and public • Collect unwanted/unneeded prescriptions by mail • Collect unwanted/unneeded prescriptions at VA facilities • Distribute gun locks to Service members and families

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

Work Plan – Sub-goal 1: Barriers

Milestone Summary			
Key Milestones	**Milestone Due Date**	**Milestone Status**	**Owner**
CAP 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	Complete	All
CAP 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	Complete	DoD
CAP Action 4: Host VA Mental Health Summits to identify unmet needs and to identify and enhance understanding of community-based programs and services			
Hold VA medical center led Mental Health Summits with community-based programs and organizations supporting Veterans and their Families	September 2016	FY 2016 Complete	VA

* Initial milestone complete, but CAP Action remains open as new Make the Connection indicator added in Q3 FY 2016. See slide 27 for more information.

** Milestone complete but CAP Action remains open until Military OneSource report is published, targeted for Spring 2017.

† Barriers, CAP Action 3 was completed in previous quarters and removed from this progress update.

Work Plan – Sub-goal 1: Barriers

Milestone Summary			
Key Milestones	**Milestone Due Date**	**Milestone Status**	**Owner**
Executive Action #5: Supporting TRICARE mental health parity			
Initial clearance of draft Proposed Rule to establish TRICARE mental health parity	August 2015	Complete	DoD
Proposed Rule reviewed and approved by Assistant Secretary of Defense for Health Affairs (ASD/HA)	September 2015	Complete	DoD
Proposed Rule formatted and published in Federal Register	January 2016	Complete	DoD
Proposed Rule opens for 60-day public comment period	February 2016	Complete	DoD
Pubic comments adjudicated; revisions to Proposed Rule incorporated into draft Final Rule	May 2016	Complete	DoD
Initial clearance of draft Final Rule	June 2016	Complete	DoD
Final Rule reviewed and approved by ASD/HA	August 2016	Complete	DoD
Final Rule formatted and published in Federal Register to go into effect 30 days after publication	September 2016	Complete	DoD

† *Executive Actions 2, 11, and 14 were completed in previous quarters and removed from this progress update.*

Work Plan – Sub-goal 1: Barriers

Milestone Summary			
Key Milestones	**Milestone Due Date**	**Milestone Status**	**Owner**
Executive Action #12: Training DoD and VA employees to recognize the signs and symptoms of mental health conditions and help connect people in need of help			
Conduct Learning Collaborative joint trainings for teams of chaplains and mental health care providers to develop and implement tools to enhance integration and learning	September 2015	Complete	DoD
Implement face-to-face trainings of the Mental Health Integration of Chaplain Services Training Program	September 2015	Complete	DoD
Analyze and review existing mental health training for all Service members	February 2015	Complete	DoD
Analyze and review existing mental health training for DoD Chaplains	September 2015	Complete	DoD
Modify and implement chaplain training curriculum to recognize and refer Service members in need to mental health care	September 2015	Complete	DoD
Updated clinical training focusing on risk assessment and safety planning released	December 2015	Complete	VA
Operation SAVE training refresher will be completed and available for use as refresher option for VA employees	September 2016	Complete	VA

*   *Operation SAVE Training (Refresher) has been completed and is now available in VA's Talent Management System (TMS). Ongoing enhancements to the delivery platform will be made by the TMS team to improve functionality of the training in TMS.*

Work Plan – Sub-goal 1: Barriers

Milestone Summary			
Key Milestones	**Milestone Due Date**	**Milestone Status**	**Owner**
Executive Action #13: Expanding mental health awareness campaigns			
Form cross-agency work group	August 2014	Complete	DoD, VA
Complete inventory of campaigns that address negative perceptions	October 2014	Complete	DoD, VA
Complete evaluation (assessment) plan	June 2015	Complete	DoD, VA
Complete evaluation of public awareness campaigns	September 2016	Complete	DoD, VA
Final report completed	December 2016	On Track	DoD, 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**	**Owner**
CAP Action 2: Expand telemental health			
Increase the number of Veterans receiving telemental health services across VA including those provided by the VA National Telemental Health Center by expert clinicians	December 2016	FY 2016 Complete	VA
CAP Action 4: Create a directory of vetted resources to aid community-based providers			
Continue to expand and promote 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	DoD, VA
CAP Action 6: Meeting Veterans' urgent mental health needs with the goal of same day evaluations and access by the end of 2016			
Ensure every VA health care facility has standard operating procedures in place for completing same day initial screening evaluations	September 2016	Complete	VA
Complete training materials for clerical staff on how to obtain an immediate crisis response for any Veteran indicating imminent risk to self or others.	October 2016	Complete	VA
Complete chart reviews on a sampling of charts to assess same day access*	December 2016	On Track	VA

* *Chart reviews assess timeliness for completion of initial screening assessments (which include several elements) for Veterans who are new to mental health care. For a given month, 700 charts are reviewed (five per site) and the reviews are being conducted on a bi-monthly basis.*

† *Access, CAP Actions 1, 3, and 5 milestones were completed in previous quarters and removed from this progress update.*

Work Plan – Sub-goal 2: Access

Milestone Summary			
Key Milestones	**Milestone Due Date**	**Milestone Status**	**Owner**
Executive Action #3: Coordinating care between DoD and VA			
Co-Lab portal operational.	January 2015	Complete	DoD, VA
All DoD and VA Care Coordinators trained on and granted access to Co-Lab	November 2015	Complete	DoD, VA
Initial operating capability of electronic Interagency Comprehensive Plan (eICP)	September 2015	Complete	DoD, VA
Operating capabilities of eICP fully available to users	January 2017	Delayed*	DoD, VA
Executive Action #6: Enhancing mental health care where Service members work			
Implement Behavioral Health Data Portal (BHDP) in 100% of DoD MTFs	March 2017	On Track	DoD
Complete reorganization of outpatient behavioral health care system for 36 enduring Brigade Combat Teams into a forward-located model called "Embedded Behavioral Health."	October 2014	Complete	DoD
Aggregate data on the efficiency and effectiveness of the Embedded Behavioral Health model of care	March 2015	Complete	DoD
Design and complete study of the Embedded Behavioral Health model of care	October 2016	Complete	DoD
Complete reorganization into the Embedded Behavioral Health model for all operational (deployable) units	October 2016	Complete	DoD

* *Due to interoperability/security issues between DoD and VA information technology systems, deployment is currently delayed three months until January 2017.*

† *Executive Actions 1 and 19 were completed in previous quarters and removed from this progress update.*

Work Plan – Sub-goal 2: Access

Milestone Summary			
Key Milestones	**Milestone Due Date**	**Milestone Status**	**Owner**
Executive Action #4: Integrating peer specialists into primary care			
Memorandum of Agreement between USSOCOM and DSPO signed	August 2014	Complete	DoD
Funding transferred from DSPO to USSOCOM to initiate pilot program.	September 2014	Complete	DoD
Program initiated	June 2015	Complete	DoD
Hold joint training for peer coordinators	June 2015	Complete	DoD
Issue final program guidelines to USSOCOM commands and peer coordinators	June 2015	Complete	DoD
Mid-year review and course corrections	April 2015	Complete	DoD
Preliminary program assessment	May 2015	Complete	DoD
Decision whether to extend/expand/terminate pilot program	September 2015	Complete	DoD
Complete program evaluation	September 2015	Complete	DoD
Plan for VA pilot presented to VA Healthcare Delivery Committee	November 2014	Complete	VA
Invitation to participate in VA pilots sent to the field	April 2015	Complete	VA
Site selection for VA pilots	February 2017	On Track	VA

Work Plan – Sub-goal 2: Access

Milestone Summary			
Key Milestones	**Milestone Due Date**	**Milestone Status**	**Owner**
Executive Action #15: Expanding access to opiate overdose reversal kits			
Memorandum signed by Deputy Secretary of Defense (DepSecDef) to foster cooperation by Services and AT&L	February 2016	Complete	DoD
Under Secretary of Defense for Personnel and Readiness (USD[P&R]) memorandum undergoing coordination to be sent to the Under Secretary of Defense for Acquisition, Technology, and Logistics (USD[AT&L]) and Services	October 2016	Complete	DoD
First Responders are trained and have access to an opiate overdose reversal kit	TBD*	On Track	DoD
Executive Action #18: Expanding cultural competency training			
At least 3000 community mental health providers will be awarded continuing education credits for completing at least the first module of the online military culture training curriculum	June 2017	On Track**	DoD, VA

* Medical and line leadership are coordinating to develop data collection mechanisms. The DepSecDef signed the memorandum, "Department-Wide Support for Mental Health Executive Actions" on February 24, 2016. An additional memorandum from the USD(P&R) to USD(AT&L) and the military Services was signed on August 10, 2016 to provide guidance on data collection and reporting, as this initiative cross-cuts multiple DoD chains of command.

** Milestone due date extended to June 2017 to account for implementation of FY 2016 National Defense Authorization Act, Section 717. This provision requires DoD to establish a registry of non-DoD providers with a "provider readiness designation" who obtain Military Culture Training and demonstrate knowledge of evidence-based mental health treatments approved by the Department. The provider readiness designation was established in November 2016, and the new TRICARE Managed Care Support Contracts (T2017) will include those with the designation in their online TRICARE Network provider lists. There have been challenges with recruiting community (non-DoD or VA) providers to complete modules for Continuing Education Unit (CEU) credits (2,486 of 3,000 targeted CEUs awarded through close of Q4 FY 2016).

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 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 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.

Work Plan – Sub-goal 3: Research

Milestone Summary			
Key Milestones	**Milestone Due Date**	**Milestone Status**	**Owner**
CAP 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			
Define a minimum set of general and topic-specific 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	Complete	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	Complete	DoD, VA, HHS
CAP 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	Complete	DoD, VA, HHS
Develop and test prevention and treatment interventions for suicidal behaviors	Winter 2016	Complete	DoD, VA, HHS

Work Plan – Sub-goal 3: Research

Milestone Summary			
Key Milestones	**Milestone Due Date**	**Milestone Status**	**Owner**
CAP Action 3: Accelerate progress in PTSD and suicide research through data sharing, data harmonization, and the reporting of research results, building on the foundation of CDE for PTSD and suicide prevention research*			
Define data expected to be generated from three large projects focused on PTSD or suicide that utilize CDEs, and which potentially can be shared and reported in future analyses	December 2016	On Track	DoD, VA, HHS
Ensure that a comparable data structure will be established from the three large projects, such as a data dictionary, which will correspond to CDEs developed for PTSD or suicide to aid researchers in planning and executing data analyses	March 2017	On Track	DoD, VA, HHS

Work Plan – Sub-goal 3: Research

Milestone Summary			
Key Milestones	**Milestone Due Date**	**Milestone Status**	**Owner**
Executive Action #9: Early detection of suicidality and PTSD			
Army Study to Assess Risk and Resilience in Service Members (STARRS) Longitudinal Study funded	September 2014	Complete	DoD
Launch study	July 2015	Complete	DoD
Report final study results	June 2020	Not Yet Started	DoD
Executive Action #10: New investments in suicide prevention			
Secure funding	June 2015	Complete	VA
Launch clinical trial of lithium for the prevention of repeated suicidal behavior in patients with a mood disorder	June 2015	Complete	VA
Results from five year randomized controlled trial	December 2019	Not Yet Started	VA

† *Executive Actions 7 and 8 were completed in previous quarters and removed from this progress update.*

Work Plan – Patient Safety

Purpose

Create a joint culture of safety through initiatives to provide coaching and support regarding safety plans for suicide prevention, with a focus on increasing safety in the home; reduce prescription drug abuse by enabling Service members, Veterans, and their families to safely dispose of unwanted prescriptions; and develop policy to improve firearm safety for at-risk Service members, at-risk military family members and Veterans in distress.

Barriers/Challenges

- Prescription drug abuse is the fastest-growing drug problem in the country. Drug overdose death rates have increased five-fold since 1980. By 2009, drug overdose deaths outnumbered deaths due to motor vehicle crashes for the first time in the U.S.

- Abuse of medicines by teens often results in medical emergencies or fatal overdoses.

- Flushing drugs sends them directly into our waters, harming the environment. Drugs thrown in the garbage are available for others to take and use and can still get into the environment.

- Firearms are the most lethal method of attempted suicide - 85 percent of suicide attempts using guns end in death.

- Although Service members and Veterans are well versed in firearm safety, many family members are not and firearm safety practices can be lenient and prone to neglect, especially in times of crisis.

Work Plan – Sub-goal 4: Patient Safety

Milestone Summary			
Key Milestones	**Milestone Due Date**	**Milestone Status**	**Owner**
Executive Action #16: Providing new opportunities for Service members, Veterans and their families to give back unwanted medications			
Vendor application for Federal Supply Schedule	July 2015	Complete	DoD
Complete formal coordination of drug take-back DoD Instruction (DoDI)	March 2016	Complete	DoD
Publication of drug take-back DoDI	April 2016	Complete	DoD
Release Interim Procedure Manual (IPM)	June 2016	Complete	DoD
Complete Service procurement of drug take-back services and products for MTFs	September 2016	Complete	DoD
Begin VA contracting process for purchase of take-back envelope	April 2015	Complete	VA
Publication of VA policy on drug take-back	February 2015	Complete	VA

Work Plan – Sub-goal 4: Patient Safety

Milestone Summary			
Key Milestones	**Milestone Due Date**	**Milestone Status**	**Owner**
Executive Action #17: Supporting suicide prevention			
Make memorandum and other supporting documents available online for military and public to access	December 2014	Complete	DoD
Present newly developed firearm safety training to Peer Coordinators who are being assigned to USSOCOM under a pilot program with DSPO	December 2014	Complete	DoD
Completion and dissemination of the safety planning videos	November 2014	Complete	VA
Completion and dissemination of gun safety toolkit	July 2015	Complete	VA
Contract to support gun safety toolkit completed	September 2016	Delayed*	VA
Gun safety toolkit disseminated	June 2017	Not Started	VA

* *Contract with National Shooting Sports Foundation is delayed due to procedures in contracting*.

CAPG/EA Key Indicators

Barriers: CAPG Indicators

Key Implementation Data						
Indicator	**Source**	**Baseline**	**Target**	**Frequency**	**Latest data**	**Trend**
Make the Connection: Web referral (links incoming from other, reputable websites) and organic search engine traffic (users manually entering search terms to find the website) for web site visits to MakeTheConnection.net	VA	Years 1-4 (2012-2015) Average = 200,000	Meet or exceed campaign lifetime average of 200,000	Annual	372,732 web hits	Exceeded target.
HHS Media Campaign: Number of "clicks" on each campaign URL total and by social media platform	HHS	712	Increase clicks 10% annually 861 (FY 2016 target)	Annual	7,846 clicks (Facebook and Twitter)	Exceeded target.
Number of VA medical centers (VAMC) that led a Mental Health Summit	VA	167 (based on FY 2014 data)	125 (75% of 167)	Annually	140 VAMCs hosted Mental Health Summits	FY 2016 target met.

Access: CAPG Indicators

Key Implementation Data						
Indicator	**Source**	**Baseline**	**Target**	**Frequency**	**Latest data**	**Trend**
FY 2016 telemental health unique users will increase to 130,403	VA	122,704 (FY 2015)	130,403	Quarterly	133,458 telemental health unique users	Complete. FY 2016 target exceeded by more than 2%.
Number of page views for VA Community Provider Toolkit	VA	11,027 page views for Q1 FY 2014	Maintain or increase # of page views	Quarterly	44,528 page views (FY 2016 cumulative) 8,012 page views (Q4 FY 2016)	Decrease. VA is initiating a new marketing and dissemination strategy in Q1 FY 2017 to increase awareness of the toolkit.
Total number of views of the relevant/highlighted products on the SAMHSA Store	HHS	2,011 page views	TBD	Quarterly	12,251 page views (FY 2016 cumulative) 2,011 page views (Q4 FY 2016)	Decrease, but met baseline.

Access: CAPG Indicators

Key Implementation Data						
Indicator	**Source**	**Baseline**	**Target**	**Frequency**	**Latest data**	**Trend**
Initial review of each facility Standard Operating Procedure (SOP) for completing same day initial screening evaluations by Q4 FY 2016	VA	N/A	100% of facilities submit SOP for review	N/A	Complete - 100% of facilities submitted SOPs for review.	N/A
Feedback provided to each facility by Q4 FY 2016	VA	N/A	Feedback provided to 100% of facilities	N/A	Complete - Feedback provided to 100% of facilities.	N/A
Development of training materials for clerical staff	VA	N/A	Training materials complete and available	N/A	Complete - Training presented on national scheduler call; training video completed, available online, negotiations with unions completed, and schedulers required to take training by November 2016.	N/A

Access: CAPG Indicators

Key Implementation Data						
Indicator	**Source**	**Baseline**	**Target**	**Frequency**	**Latest data**	**Trend**
Percentage of charts reviewed that meet criteria for documentation of all elements of initial assessment	VA	38% of charts (based on 700 charts reviewed for April 2016)	TBD, based on first quarter of chart reviews following launch of MyVA Access Initiative	Monthly chart reviews	31% of charts reviewed for Month 2 (May 2016) met criteria for documentation of all elements of initial assessment.	Two months of chart reviews were completed by end of Q4; 2nd month of data showed slightly lower completion rates relative to 1st month (31% vs. 38%). During Q4 FY 2016, national guidance was provided on role of nurses in completing initial assessments and national education on access requirements were continued. Facilities are implementing multiple elements of the MyVA Access initiative and VA expects lag time for training and new procedures and work flow processes to manifest in this metric. In depth training has been provided to facilities for establishing processes for local data monitoring.

Access: CAPG Indicators

Key Implementation Data						
Indicator	**Source**	**Baseline**	**Target**	**Frequency**	**Latest data**	**Trend**
Percentage of charts reviewed that have the urgency of the need assessed and documented within the appropriate time period (note: appropriate time period varies depending on whether request for care is initiated in-person or by telephone)	VA	67% of charts (based on 700 charts reviewed for April 2016)	TBD, based on first quarter of chart reviews following launch of MyVA Access Initiative	Monthly chart reviews	61% of charts reviewed for Month 2 (May 2016) had documentation that the urgency of need was assessed and documented within the appropriate time period.	Two months of chart reviews were completed by end of Q4; 2nd month of data showed slightly lower completion rates relative to 1st month (61% vs. 63%). During Q4 FY 2016, national guidance was provided on role of nurses in completing initial assessments and national education on access requirements were continued. Facilities are implementing multiple elements of the MyVA Access initiative and VA expects lag time for training and new procedures and work flow processes to manifest in this metric. In depth training has been provided to facilities for establishing processes for local data monitoring.

Research: CAPG Indicators

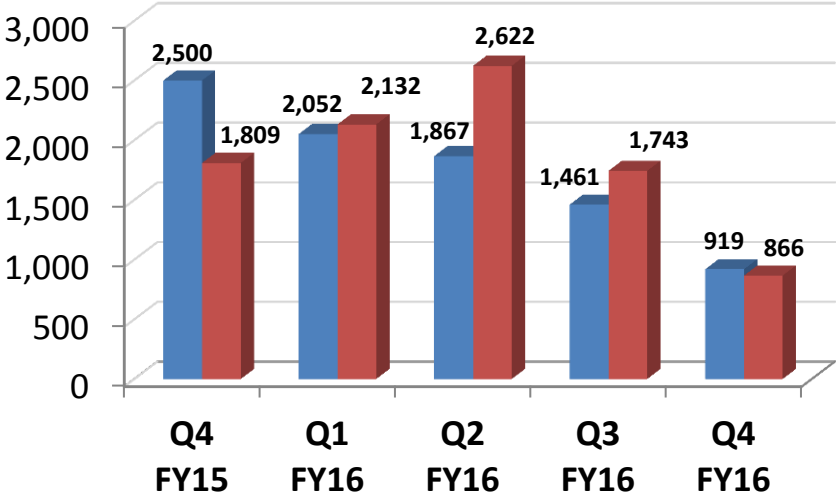| Key Implementation Data						
Indicator	**Source**	**Baseline**	**Target**	**Frequency**	**Latest data**	**Trend**
Convene cross-agency meeting to determine appropriate large scale or high impact projects that may function to set standard of data sharing	VA/NIH/DoD	Zero	October 2016	One-time	Complete. Agencies met in June 2016 and identified several projects that meet criteria for CDE and data sharing plans: Longitudinal Assessment of Posttraumatic Syndromes U01MH110925, Zero Suicide Implementation and Evaluation in Mental Health Clinics R01MH112139, and Acute Neurocognitive-affective Predictors of Chronic Post-trauma Outcomes R01MH10574.	Complete
Incorporate terms and conditions of awards to describe data sharing expectations	VA/NIH/DoD	Zero	December 2016	One-time	On track	N/A
Principal Investigators will establish accessible data dictionaries	VA/NIH/DoD	Zero	February 2017	One-time	On track	N/A
Agencies will ensure data dictionaries are harmonized across projects	VA/NIH/DoD	Zero	March 2017	One-time	On track	N/A

Access: EA Indicators

Key Implementation Data

EA	Indicator	Source	Target	Latest Data/Status
1	Number of new cases for *inTransition* program	DoD	TBD	In Q4 FY 2016, the *inTransition* program opened 919 new coaching cases. From February 2010 to September 2016, the cumulative total of cases opened by the *inTransition* program is 18,858.
1	Number of closed cases for *inTransition* program	DoD	TBD	In Q4 FY 2016, the *inTransition* program closed 866 coaching cases. From February 2010 to September 2016, the cumulative total of cases closed by the *inTransition* program is 16,607.
1	Survey response: Did the assistance you received from the *inTransition* program increase the likelihood that you would continue your treatment at your new location?	DoD	Green: 90-100%, Yellow: 75-89%, Red Below: 74%	In Q4 FY 2016, 100% of respondents answered "Yes." Cumulative percentage through Q4 FY 2016 is 94% likely to continue treatment.
1	Survey response: Did the product or service meet your needs?	DoD	Green: 90-100%, Yellow: 75-89%, Red Below: 74%	In Q4 FY 2016, 100% of respondents answered "Yes." Cumulative percentage through Q4 FY 2016 is 96% satisfied with *inTransition* services.

† *EA #1 is complete, but quarterly reporting of case status and satisfaction data continues.*
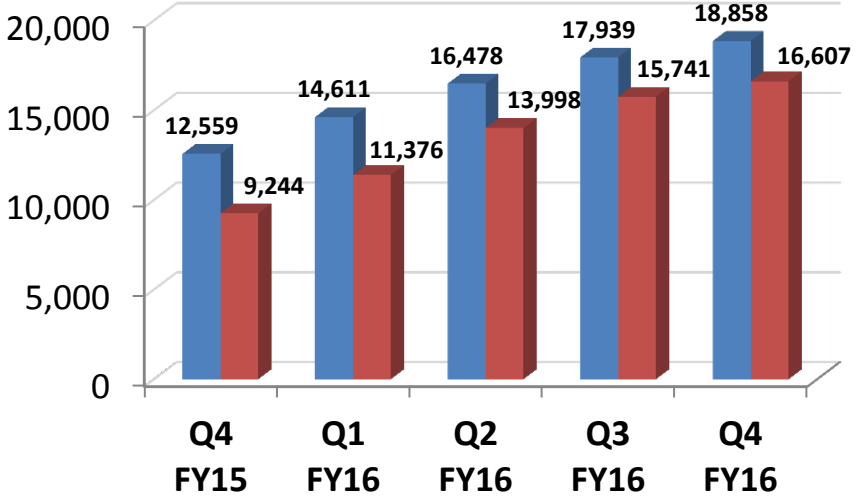
Access: EA Indicators

inTransition Progress by Quarter

Quarterly Caseload

Quarter	Cases Opened	Cases Closed
Q4 FY15	2,500	1,809
Q1 FY16	2,052	2,132
Q2 FY16	1,867	2,622
Q3 FY16	1,461	1,743
Q4 FY16	919	866

Cumulative Caseload

Quarter	Cases Opened	Cases Closed
Q4 FY15	12,559	9,244
Q1 FY16	14,611	11,376
Q2 FY16	16,478	13,998
Q3 FY16	17,939	15,741
Q4 FY16	18,858	16,607

■ Cases Opened ■ Cases Closed

* EA #1 is complete, but quarterly reporting of case status and satisfaction data continues.

** Cumulative figures are from February 2010 to September 2016. Detailed quarterly tracking began in Q4 FY 2015. Previous quarterly figures have been revised.

*** One of the following outcomes constitutes a completed/closed case:
   (a) the appointment between the Service member and inTransition coach is kept
   (b) Service member withdraws from the inTransition program after acknowledging appointment information was supplied by the coach
   (c) Service member withdraws or disengages from the inTransition program prior to completion (this constitutes a closed but not completed case)
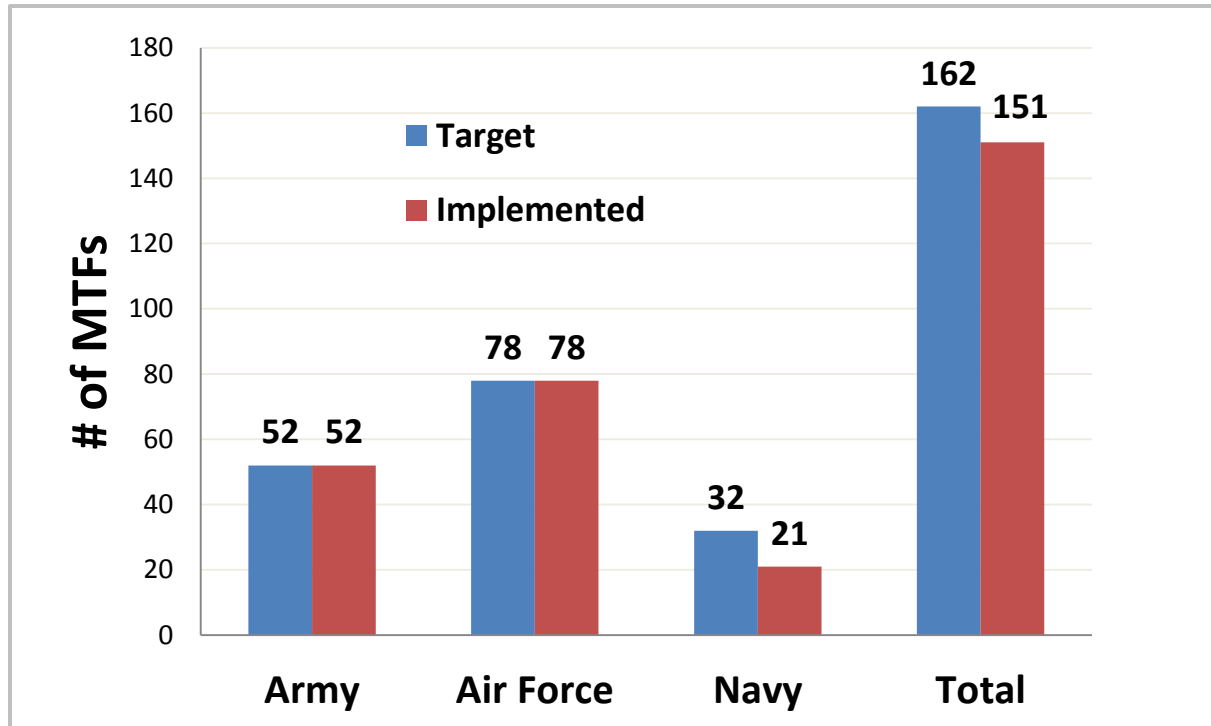   (d) Service member opts-out

Access: EA Indicators

Key Implementation Data				
EA	Indicator	Source	Target	Latest Data/Status
6	Implement BHDP in 100% of Navy MTFs	DoD	March 2017	Implementation of BHDP continues across the Navy. Through September 2016, Navy BHDP has deployed across 21 MTFs and 105 specialty care clinics. 863 providers, counselors, and administrative staff have been trained.
6	Implement BHDP in 100% of Air Force MTFs	DoD	September 2016	Complete. All targeted Air Force bases (78/78) are currently live with BHDP, which includes all USAF-affiliated enhanced multi-service market sites. The remaining bases have scheduled training dates through 2016. 1,295 providers, counselors, and administrative staff have been trained.

† *BHDP is implemented at 100% of Army MTF behavioral health clinics. See next slide for visual depiction of implementation by Service and total across DoD.*

Access: EA Indicators

BHDP Implementation through Q4 FY 2016

Access: EA Indicators

Key Implementation Data

EA	Indicator	Source	Target	Latest Data/Status
15	Military Health System Emergency Medical Services responders who are trained and have access to an opiate overdose reversal kit (EMS with MHS Oversight)	DoD	TBD*	Percentages of MHS EMS pending, broken down by EMS (i.e., Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), and Emergency Medical Technician-Paramedics (EMT-P)) category and Service*
15	Fire and Emergency Services responders who are trained and have access to an opiate overdose reversal kit (EMS with F&ES Oversight)	DoD	TBD*	Percentages of Fire and EMS pending, broken down by EMS (i.e., EMR, EMT, EMT-P) category and Service*
15	Non-Emergency Medical Services responders who are trained and have access to an opiate overdose reversal kit (Fire Department)	DoD	TBD*	Percentages non-EMS pending, broken down by Service*
18	Number of community providers awarded Continuing Education credits for Military Culture Training Module #1 completion	DoD	June 2017	2,486/3000

* Medical and line leadership are coordinating to develop data collection mechanisms; reporting of Service implementation will begin once established metrics are available. Proposed metrics are divided by resource category rather than Service based on the oversight and funding structure for fire and EMS personnel.

Patient Safety: EA Indicators

	Key Implementation Data			
EA	**Indicator**	**Source**	**Target**	**Latest Data/Status**
16	Collect unwanted/unneeded prescriptions by mail	VA	TBD	20,350 pounds of unwanted/unneeded prescriptions returned by mail to VA.
16	Collect unwanted/unneeded prescriptions at VA facilities	VA	TBD	28,017 pounds of unwanted/unneeded medication deposited in receptacles at VA facilities.

BACKUP SLIDES

Governance and Alignment with the President's Executive Actions

Interagency Coordination for Service Member and Veteran Mental Health

August 2012: **Presidential Executive Order (EO) #13625** established the Interagency Task Force on Military and Veterans Mental Health (ITF) to oversee Veterans and Service members mental health activities at the Department of Veterans Affairs (VA), Department of Defense (DoD), Department of Health and Human Services (HHS), and other federal agencies.

- Initial actions of EO #13625 were completed by Fall of 2014, which included increased VA mental health staffing; expanded the capacity of the Veterans Crisis Line; enhanced VA partnerships with community mental health providers; review and prioritization of DoD mental health outreach programs; increased suicide prevention awareness; and establishment of the National Research Action Plan to better coordinate federal research efforts on military and Veterans mental health.

March 2014: **Cross Agency Priority Goal (CAPG) on Mental Health** launched to accelerate progress on Presidential mental health priorities where active collaboration between multiple agencies is required. Interagency staff collaboratively developed measures to facilitate consistent quarterly reporting on CAPG progress.

August 2014: The President announced 19 new **Executive Actions** (EAs) that build upon many of the EO and CAPG actions.

February 2015: CAPG and EA governance aligned under ITF.

May 2015: EAs aligned with sub-goals of the CAPG and reported on performance.gov.

Contributing Programs

Department of Defense

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

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)

Acronyms

ASD/HA – Assistant Secretary of Defense for Health Affairs

AT&L – Acquisition, Technology, and Logistics

BHDP – Behavioral Health Data Portal

CAP – Cross Agency Priority

CDE – Common Data Element

CEU – Continuing Education Unit

CMH – Community Mental Health

DCoE – Defense Centers of Excellence

DepSecDef – Deputy Secretary of Defense

DHA – Defense Health Agency

DoD – Department of Defense

DoDI – Department of Defense Instruction

DSPO – Defense Suicide Prevention Office

eICP – electronic Interagency Comprehensive Plan

EMT – Emergency Medical Technician

EO – Executive Order

FY – Fiscal Year

HHS – Department of Health and Human Services

HRSA – Health Resources and Services Administration

IPM – Interim Procedure Manual

ITF – Interagency Task Force

MCL – Military Crisis Line

MTF – Military Treatment Facilities

NIH – National Institutes of Health

PDHRA – Post-Deployment Health Reassessment

P&R – Personnel and Readiness

PSA – Public Service Announcement

PTSD – Posttraumatic Stress Disorder

SAMHSA – Substance Abuse Mental Health Services Administration

SAVE – Signs of suicide, Asking about suicide, Validating feelings, Expediting treatment

SOP – Standard Operating Procedure

Army STARRS – Study to Assess Risk and Resilience in Service members

TBI – Traumatic Brain Injury

Treasury – Department of the Treasury

USD – Under Secretary of Defense

USSOCOM – US Special Operations Command

VA – Department of Veterans Affairs

VAMC – VA Medical Centers

VCL – Veterans Crisis Line

VHA – Veterans Health Administration

VSO – Veteran Service Organization