Service Members and Veterans Mental Health

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FY2016 Quarter 2

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 2 Highlights

- The Make the Connection campaign *Crossroads* Public Service Announcement (PSA) is in the top 2% of all PSAs being aired nationwide according to Nielsen Sigma data.

- The Veterans Crisis Line campaign *1 Act* PSA is in the top 7% of all PSAs being aired nationwide according to Nielsen Sigma data.

- The total number of views of relevant/highlighted products on the SAMHSA Store increased to 4,365 page views.

- Through March 2016, Veterans have returned 22,831 total pounds of unwanted prescriptions including 10,832 pounds by mail and approximately 11,999 pounds of unwanted/unneeded medications deposited in receptacles at VA facilities and sent for environmentally responsible destruction.

- During Q2 FY 2016, the *inTransition* program, which supports Service members with behavioral health care as they transition to the VA system, opened 1,898 new coaching cases and closed 2,510 coaching cases. Survey respondents expressed high levels of satisfaction with *inTransition*. 95% indicated the assistance received from the *inTransition* program increased the likelihood of continuing treatment at the new location, and 100% indicated that *inTransition* products and services met their needs.

- The Proposed Rule for TRICARE mental health parity was published in the Federal Register and has completed a 60 day public comment period. Comments are being reviewed and adjudicated and will be incorporated by the Office of Management and Budget/Office of Information and Regulatory Affairs (OMB/OIRA) into the Final Rule. The rule is on track to be published in the Federal Register as a Final Rule by August 2016.

- The implementation of Behavioral Health Data Portal (BHDP) as an information management system designed to track behavioral health outcome data continues across the Services. Through March 2016, BHDP was implemented at approximately 76% of the intended sites across Army, Navy, and Air Force.

* Note: CAP Action and EA milestones completed prior to Q2 FY16 were reported in previous quarters and are not included within 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 Q2 FY 2016 and are 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 • FY15 telemental health unique users increase to 130,403 • 10 percent increase in Army telemental health encounters in FY15 • 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 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 Q2 FY 2016 and are 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 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 Q2 FY 2016 and are 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 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 3: Evaluate the quality and effectiveness of Veterans Crisis Line (VCL) and Military Crisis Line (MCL) and plan for continued program improvements			
VA develops end of call Veteran Satisfaction Measure	March 2016	Complete	VA
VCL/MCL will develop silent monitoring system for use in quality improvement	June 2016	On Track	VA
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	On Track	VA

* *Milestone complete but CAP Action remains open until Military OneSource report is published.*

† *Barriers, CAP Action 1 milestones were completed in previous quarters and removed from slide deck.*

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	On Track	DoD
Initial clearance of draft Final Rule	June 2016	Not Yet Started	DoD
Final Rule reviewed and approved by ASD/HA	August 2016	Not Yet Started	DoD
Final Rule formatted and published in Federal Register to go into effect 30 days after publication	September 2016	Not Yet Started	DoD

† *Executive Actions 2, 11, and 14 were completed in previous quarters and removed from slide deck.*

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	June 2016	On Track	VA

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	On Track	DoD, VA
Final report completed	December 2016	Not Yet Started	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 in FY15 receiving telemental health services across VA including those provided by the VA National Telemental Health Center by expert clinicians	December 2016	FY16 On Track	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

† *Access, CAP Actions 1, 3, and 5 milestones were completed in previous quarters and removed from slide deck.*

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	September 2016	On Track	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	On Track	DoD
Complete reorganization into the Embedded Behavioral Health model for all operational (deployable) units	October 2016	On Track	DoD

† *Executive Actions 1 and 19 were completed in previous quarters and removed from slide deck.*

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 to foster cooperation by Services and AT&L	February 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 Deputy Secretary for Defense signed the memorandum, "Department-Wide Support for Mental Health Executive Actions" on February 24, 2016. Defense Health Agency Public Health Division (DHA PHD) began signature coordination for an additional Assistant Secretary for Defense (Health Affairs) (ASD(HA)) memorandum, "Presidential Executive Action: First Responder Naloxone Initiative" on February 25, 2016. The ASD(HA) memorandum asks Services to provide support and input on implementation data to DHA PHD. Dates will be established once the ASD(HA) memorandum is signed.*

** *Milestone due date extended to June 2017 to account for implementation of FY16 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 registry will become active November 2016. There have been challenges with recruiting community (non-DoD or VA) providers to complete modules for Continuing Education Unit (CEU) credits (1,880 of 3,000 targeted CEUs awarded through close of Q2 FY16). Extensive stakeholder outreach continues to professional associations, federal healthcare programs, private healthcare systems, and military/veteran stakeholders, as well as a targeted mailing campaign to psychologists and social workers in Enhanced Multi-Service Markets (eMSMs).*

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 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 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 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	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	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 slide deck.*

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	On Track	DoD
Release Interim Procedure Manual (IPM)	April 2016	On Track	DoD
Complete Service procurement of drug take-back services and products for MTFs	June 2016	On Track	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	Delayed*	VA

* *In March 2016, the Office of General Counsel provided concurrence on the Directive; it is now under review by the Office of Labor Management Relations.*

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
Completion and dissemination of gun safety training to Veteran Service Organizations, community members, VA and public	June 2016	On Track	VA

CAPG/EA Key Indicators

Barriers: CAPG Indicators

Key Implementation Data						
Indicator	Source	Baseline	Target	Frequency	Latest data	Trend
VCL/MCL: Percent of monitored calls that meet silent monitoring expectations	VA	TBD (based on FY 2016, Q3 data)	TBD, FY16, Q3	Quarterly	N/A	N/A Q2 data unavailable; Silent Monitors have begun and data will be available for Q3 FY 2016.
Number of VA medical centers (VAMC) that led a Mental Health Summit	VA	167 (based on FY 2014 data)	125 (75% of 167)	Annually	N/A	N/A. Data to be reported as fiscal year totals become available.

Access: CAPG Indicators

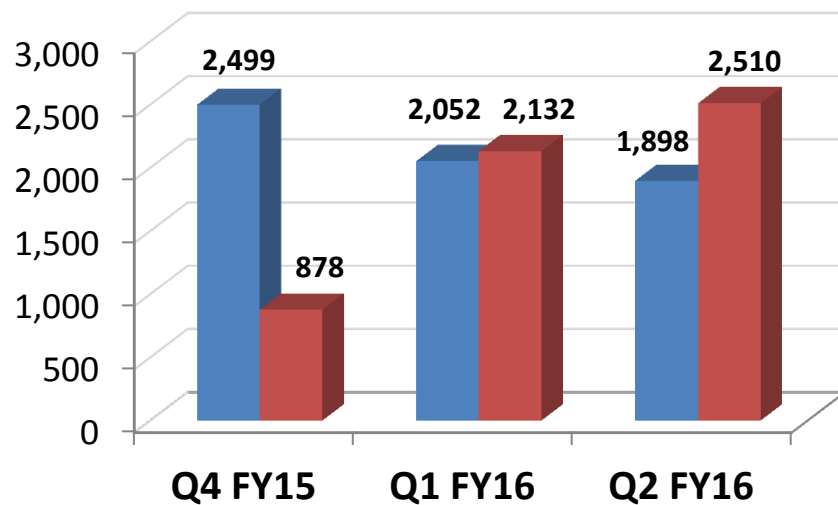| Key Implementation Data						
Indicator	**Source**	**Baseline**	**Target**	**Frequency**	**Latest data**	**Trend**
FY15 telemental health unique users will increase to 130,403	VA	122,704 (FY 2015)	130,403	Quarterly	122,704 FY15 Cumulative (Oct 15-Sep 16) 85,847 FY16 Q1-Q2 Users (Sep 16-Mar 16) FY15 + Q1 +Q2 FY16 = 208,551 users	Slower growth in Q2 as anticipated and experienced in past year trends; Q2 growth is pure quarterly growth without the fiscal year re-set 'bounce' that enhances the Q1 total; Q2 is never a doubling of the Q1 total
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	12,885 page views (Q2 FY 2016)	Decrease
Total number of views of the relevant/highlighted products on the SAMHSA Store	HHS	2,011 page views	TBD	Quarterly	4,365 page views	Q2 included a more inclusive list than Q1 as new product was identified, which likely accounts for increase.

Access: EA Indicators

Key Implementation Data				
EA	Indicator	Source	Target	Latest Data/Status
1	Number of new cases for *inTransition* program	DoD	TBD	In the 2nd quarter of FY 2016, the *inTransition* program opened 1,898 new coaching cases. From February 2010 to March 2016, the cumulative total of cases opened by the *inTransition* program is 16,509.
1	Number of closed cases for *inTransition* program	DoD	TBD	In the 2nd quarter of FY 2016, the *inTransition* program closed 2,510 coaching cases. From February 2010 to March 2016, the cumulative total of cases closed by the *inTransition* program is 13,673.
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 the 2nd quarter of FY 2016, 95% of respondents answered "Yes." *Several respondents did not answer the question, affecting the number who answered "yes." Cumulative percentage through Q2 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 the 2nd quarter of FY 2016, 100% of respondents answered "Yes." Cumulative percentage through Q2 FY 2016 is 95% satisfied with *inTransition* services.

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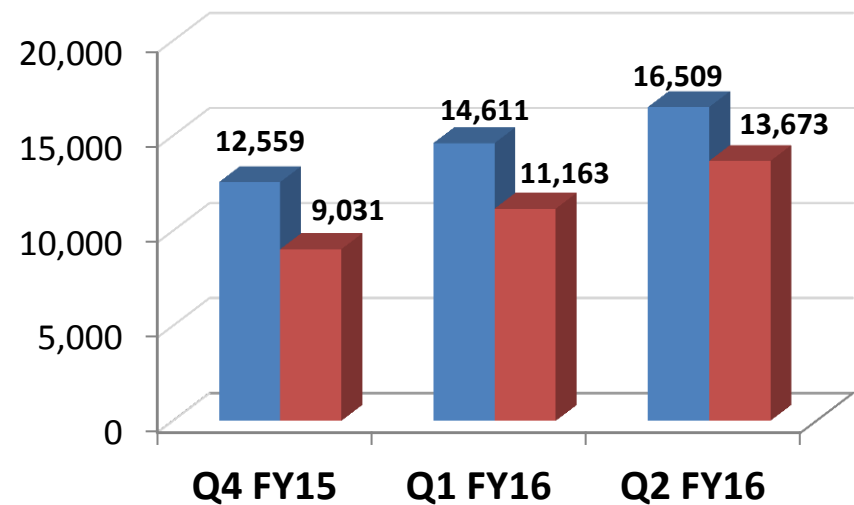
Access: EA Indicators

inTransition Progress by Quarter

Quarterly Caseload

Q4 FY15: Cases Opened 2,499, Cases Closed 878
Q1 FY16: Cases Opened 2,052, Cases Closed 2,132
Q2 FY16: Cases Opened 1,898, Cases Closed 2,510

Cumulative Caseload

Q4 FY15: Cases Opened 12,559, Cases Closed 9,031
Q1 FY16: Cases Opened 14,611, Cases Closed 11,163
Q2 FY16: Cases Opened 16,509, Cases Closed 13,673

■ 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 March 2016. Detailed quarterly tracking began in Q4 FY15.
*** 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)
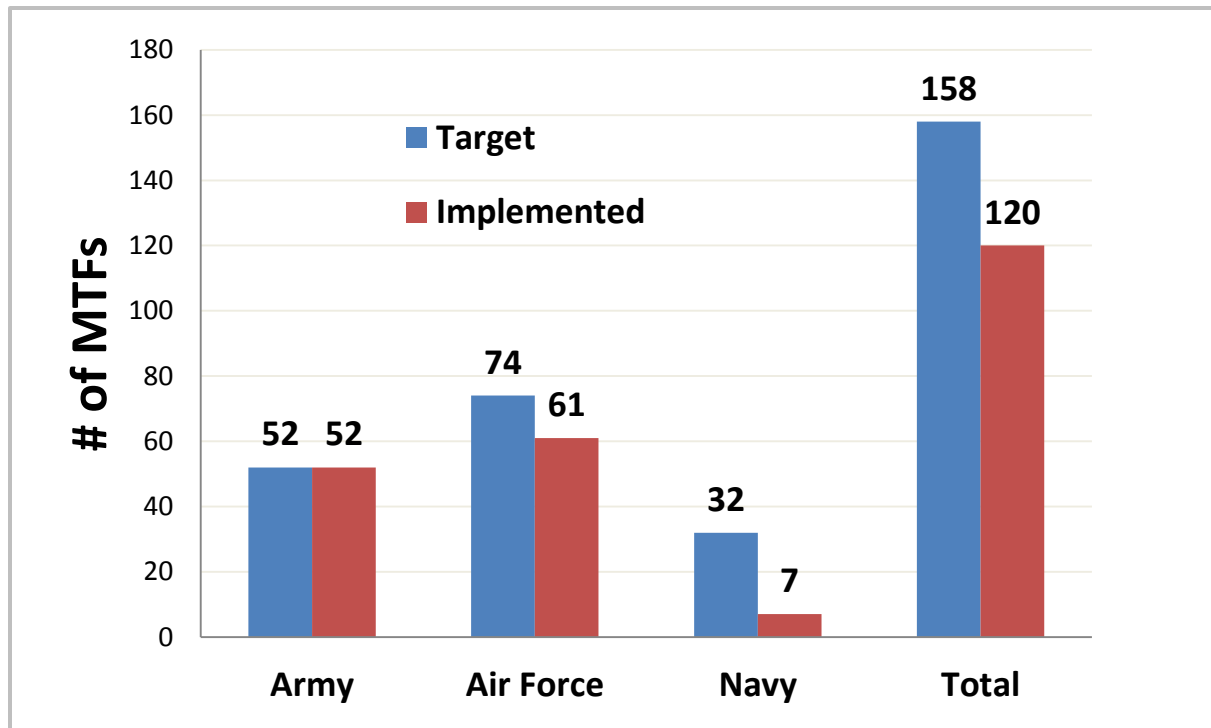   (d) Service member opts-out

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. As of the end of March 2016, Navy BHDP has deployed across 7 MTFs and 37 clinics. 261 providers, counselors, and psych tech/front desk staff have been trained.
6	Implement BHDP in 100% of Air Force MTFs	DoD	September 2016	61 bases are currently live with BHDP, which includes all USAF-affiliated enhanced multi-service market sites. 19 have scheduled training dates through 2016.

† 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 Q2 FY16

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	September 2015	1,880/3000

* Medical and line leadership are coordinating to refine metrics and 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	10,832 pounds of unwanted/unneeded prescriptions returned by mail to VA
16	Collect unwanted/unneeded prescriptions at VA facilities	VA	TBD	11,999 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)

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

AHLTA – Armed Forces Health Longitudinal Technology Application

BHDP – Behavioral Health Data Portal

BRAIN – Brain Research through Advancing Neurotechnologies

CAP – Cross Agency Priority

CDE – Common Data Element

CEU – Continuing Education Unit

CMH – Community Mental Health

DCoE – Defense Centers of Excellence

DHA – Defense Health Agency

DoD – Department of Defense

DSPO – Defense Suicide Prevention Office

EES - Employee Education System

eICP – electronic Interagency Comprehensive Plan

eMSM – Enhanced Multi-Service Market

EMT – Emergency Medical Technician

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

N/A – Not Applicable

NDCT – National Database for Clinical Trials

NIH – National Institutes of Health

NIMH – National Institute of Mental Health

NMTC - New Markets Tax Credit

PCMHI – Primary Care Mental Health Integration

PSA – Public Service Announcement

PTSD – Posttraumatic Stress Disorder

RDoCdb – Research Domain Criteria Database

RPTF – Research Prioritization Task Force

SAMHSA – Substance Abuse Mental Health Services Administration

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

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

TBI – Traumatic Brain Injury

Treasury – Department of the Treasury

USSOCOM – US Special Operations Command

VA – Department of Veterans Affairs

VAMC – VA Medical Centers

VistA – Veterans Health Systems and Technology Architecture

VCL – Veterans Crisis Line

VHA – Veterans Health Administration

VSO – Veteran Service Organization