Service Members and Veterans Mental Health

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FY2015 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.

Governance and Alignment with the President's Executive Actions

Interagency Coordination for Service Member and Veteran Mental Health

<u>August 2012</u>: **Presidential Executive Order #13625** established 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 Executive Order #13625 were completed by Fall of 2014 and included actions to increase VA mental health staffing; expand the capacity of the Veterans Crisis Line; enhance VA partnerships with community mental health providers; review and prioritize DoD mental health outreach programs; increase suicide prevention awareness; and develop the National Research Action Plan on military and Veteran's mental health to better coordinate federal research efforts.
- The ITF submits recommendations, coordinates execution, and provides an Annual Report to the President on strategies to improve mental health and substance abuse treatment services for Veterans, Service members, and their Families.

<u>March 2014</u>: **Cross Agency Priority (CAP) Goal on Mental Health** launched to accelerate progress on Presidential priorities where implementation requires active collaboration between multiple agencies. The interagency mental health task force developed sub-goals and milestones to enable consistent reporting on CAP Goal progress each quarter.

<u>August 2014</u>: President announced 19 new **Executive Actions** to build on the Executive Order and the CAP Goal process.

<u>May 2015</u>: Executive Actions aligned with sub-goals of the CAP Goal on Mental Health in order to coordinate interagency work and reporting. A fourth Sub-Goal on Patient Safety was established to capture Executive Actions that did not align with the existing CAP Sub-goals.

Progress Update: FY15 Quarter 2 Highlights

- *The Power of 1* PSA for the Veterans Crisis Line/Military Crisis Line is in the top 2% of all PSAs being aired nationwide according the Nielsen Sigma data.

- Completed quantitative and qualitative evaluation of the 24 VA/Community Mental Health (CMH) Pilot sites.

- For those Service members completing a Post-Deployment Health Reassessment (PDHRA) in 2013 AND screened positive for PTSD, depression, or alcohol abuse AND received a referral to mental health specialty or behavioral health in primary care, 55% received care at the VA or DoD (FY13), up from 46% in 2011. Target is 56% by FY16.

- The NIMH Research Domain Criteria Database (RDoCdb) and the National Database for Clinical Trials related to Mental Illness (NDCT) (components of the NIMH Data Archive) have been launched and are active and open to scientific queries. These informatics platforms are for the sharing of human subjects data related to Mental Health research and include guidance on planning for data submission, sharing study data, and querying data that is shared.

- Data from over 20,000 individuals enrolled in the Army Study To Assess Risk and Resilience in Service members (STARRS) and other studies were deposited into the Psychiatric Genomics Consortium (PGC) database. A quarter of these cases were individuals with PTSD and the remaining were control cases.

- inTransition contract was modified so Service members who have received mental health care at DoD will be automatically enrolled to receive assistance in transitioning to care at the VA or a community provider.

- VA policy was revised to ensure that Service members transitioning to VA will maintain access to mental health medication prescribed by DoD providers, regardless of whether the medication is on the VA formulary.

- Military Culture Training is being disseminated to community providers.

- VA has responsibility for and has begun implementing the Clay Hunt Suicide Prevention for American Veterans Act which was passed by Congress in February 2015.

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)	• **Make the Connection**: Total number of visits to www.maketheconnection.net • **Veterans Crisis Line /Military Crisis Line (VCL/MCL)**: Total number of Public Service Announcements (PSAs) media impressions for PSAs • **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 • **Military OneSource**: Percent of participants receiving non-medical counseling who report being satisfied with services • **VCL/MCL**: Percent of 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 establish TRICARE mental health parity • Provide Operation SAVE training to volunteer tax preparers and partners by start of tax season.

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 • FY14 telemental health unique users will increase to 115,914 • There will be a 10 percent increase in Army telemental health encounters in FY14 • 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; 200,000 by 10/1/15 • Modify inTransition Contract • Establish operability of Operating Capability of electronic Interagency Comprehensive Plan. • Pilot Community Program and Peer Network Coordinators • Implement Behavioral Health Data Portal across military branches • Inventory Emergency Medical Service capability to deploy opiate overdose reversal kits • Train 3000 community mental health providers on first module of the online military culture training curriculum

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 White House Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Conference • Fund STARRS Longitudinal Study • Conduct randomized controlled trial to prevent suicides among Veterans.

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 Takeback DoD Instruction and Operational Guidance • Obtain funding and award centralized contract for drug takeback 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

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	On Track	DoD, VA, HHS
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	On Track	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			
Determine effectiveness of calls to VCL/MCL in real time, develop a plan to translate existing research on end-of-call outcomes into VCL/MCL practice	Q1 FY15	Complete	VA
VCL/MCL will develop silent monitoring system for use in quality improvement	Q1 FY16	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	Q4 FY15 (Q4 FY14 Complete)	On Track	VA

Work Plan – Sub-goal 1: Barriers (cont.)

Milestone Summary			
Key Milestones	**Milestone Due Date**	**Milestone Status**	**Owner**
Executive Action #2: Ensuring continuity of mental health medications during the transition from DoD to VA			
Expected publication of the Directive and notification of stakeholders. Dissemination to VA staff, Veterans and DoD will be requested within 1 week of publication.	February 2015	Complete	VA
Executive Action #5: Supporting TRICARE mental health parity			
Internal clearance of draft Proposed Rule	May 2015	On Track	DoD
Proposed Rule reviewed and approved by Assistant Secretary of Defense for Health Affairs (ASD/HA)	June 2015	Not Yet Active	DoD
Proposed Rule opens for 60-day public comment period	September 2015	Not Yet Active	DoD
Public comments adjudicated; revision to Proposed Rule incorporated into draft Final Rule	December 2015	Not Yet Active	DoD
Internal clearance of draft Final Rule	May 2016	Not Yet Active	DoD
Final Rule reviewed and approved by ASD/HA	June 2016	Not Yet Active	DoD
Proposed Rule formatted and published in Federal Register, to go into effect 30 days after publication	July 2016	Not Yet Active	DoD

Work Plan – Sub-goal 1: Barriers (cont.)

Milestone Summary			
Key Milestones	**Milestone Due Date**	**Milestone Status**	**Owner**
Executive Action #11: Promoting Vet Centers as a counseling resource for combat Veterans and their families			
Provide program information to the White House Joining Forces Initiative. Meetings are being coordinated to advance White House Joining Forces support in the promotion of Vet Center services for combat Veterans and their families and are ongoing	December 2015	On Track	VA
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			
Learning Collaborative joint trainings - 28-29 October 2014	September 2015*	On Track	DoD
Mental Health Integration of Chaplain Services Training Program face-to-face trainings - 3-5 December 2014 - 18-20 March 2015	September 2015*	On Track	DoD
DoD will expand existing mental health training for all Service members	Various	On Track	DoD
Improve chaplain training to recognize and refer Service members in need to mental health care	September 2015	On Track	DoD
Updated clinical training focusing on risk assessment and safety planning will be released no later than December 2015	December 2015	On Track	VA
Operation Save training refresher will be completed and available for use as refresher option	March 2016	On Track	VA

Trainings are complete; however milestone remains in progress due to finalizing of project reports to site leadership.

Work Plan – Sub-goal 1: Barriers (cont.)

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
Begin assessment of public awareness campaigns	June 2015	On Track	DoD, VA
Executive Action #14: Providing mental health awareness training more broadly			
Provide Operation SAVE training to volunteer tax preparers and partners by start of tax season. This included approximately 60-70 volunteer tax preparers and approximately 30 additional community partners. Eventually, this training will be offered to Internal Revenue Service (IRS) Stakeholder Partnerships, Education & Communication (SPEC) employees. VA and IRS are exploring the possibility of recording the Operation SAVE curriculum for future training use.	February 2015	Complete	VA
Suicide Prevention Coordinators to continue the SAVE training effort with the goal of training 250 people through IRS partnership by the end of FY2015	September 2015	On Track	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 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	Complete	VA
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 2015 (December 2014 Missed)	FY15 On Track*	VA
Increase the number of Army telemental health providers to support Child and Family Behavioral Health Services	Q4 FY15 (Q4 FY14 Missed)	FY15 On Track	DoD
CAP Action 3: Enhance integration of mental health and substance use care into primary care programs			
Increase connection of Service Members, Veterans and their Families with mental health issues to primary care services	December 2015	On Track	HHS
Increase Veteran access to behavioral health services within primary care settings	September 2015	On Track**	VA
Increase Service member and Family access to behavioral health services within primary care settings to include retired Service members and their adult family members	September 2015	On Track	DoD

*VA milestone data collection ends FY 2015, data will be reported out in December 2015. The FY 2014 target (reported out in December 2014) was missed due to barriers related to the expansion of MH specialists nationally in telehealth capable of treating complex mental health conditions.

**Target Changed Q2 FY15: Denominator for this percentage has changed due to a change in the measurement methodology. VA Primary Care service changed data collection to include all of primary care facilities instead of those required to implement PCMHI.

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

Milestone Summary			
Key Milestones	**Milestone Due Date**	**Milestone Status**	**Owner**
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 5: Extend data sharing across DoD and VA health care			
Expand the pilot to at least 1,000 DoD and 2,500 VA users that includes all of the information in both AHLTA and VistA	October 2015	On Track	DoD, VA

Work Plan – Sub-goal 2: Access

Milestone Summary			
Key Milestones	**Milestone Due Date**	**Milestone Status**	**Owner**
Executive Action #1: Supporting Service members with mental health conditions in making transition to VA care			
inTransition contract modification completed.	April 2015	Complete	DoD
Coordination with the Services and other stakeholders commence.	January 2015	Complete	DoD
Target date for policy signature	April 2015	On Track	DoD
Executive Action #3: Coordinating care between DoD and VA			
Co-Lab portal developed and operational.	January 2015	Complete	DoD, VA
All DoD and VA Care Coordinators trained on and granted access to Co-Lab	September 2015	On Track	DoD, VA
Initial Operating Capability of electronic Interagency Comprehensive Plan (eICP) • Secure transfer of the Lead Coordinator Checklist from DoD to VA	September 2015	On Track	DoD, VA
Full Operating Capabilities of eICP. • DoD and VA will develop an electronic version of the ICP. • Full Electronic Document Sharing. • Electronic ICP able to follow the Service member/Veteran over time and be updated to reflect evolving care needs	September 2016	On Track	DoD, VA

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

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 and began hiring of peer coordinators	October 2014	On Track	DoD
Complete program evaluation and hold joint training for peer coordinators	December 2014	Delayed*	DoD
Issue final program guidelines to USSOCOM commands and peer coordinators	January 2015	Delayed**	DoD
Mid-year review and course corrections	April 2015	Not Yet Active	DoD
Preliminary program assessment	May 2015	Not Yet Active	DoD
Decision whether to extend/expand/terminate pilot program	September 2015	Not Yet Active	DoD
Plan for VA pilot presented to VA Healthcare Delivery Committee	November 2014	Complete	VA
Request for proposals sent to the field	April 2015	On Track	VA
Site selection	June 2015	Not Yet Active	VA

*Initial training of 25 peer coordinators occurred by December 2014. Additional training of remaining coordinators dependent upon hiring.
**Program Concept of Operations remains in internal coordination.

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

Milestone Summary			
Key Milestones	**Milestone Due Date**	**Milestone Status**	**Owner**
Executive Action #6: Enhancing mental health care where Service members work			
Behavioral Health Data Portal (BHDP) in Army: Implement BHDP at all Army Military Treatment Facilities (MTF)	October 2014	Complete	DoD
BHDP in Navy: Implement BHDP at all Navy MTFs	March 2017	On Track	DoD
BHDP in Air Force: Implement BHDP at all Air Force MTFs	September 2016	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 a study that analyzes forward behavioral health care delivery	October 2015	On Track	DoD
Complete study of the Embedded Behavioral Health model of care	October 2016	Not Yet Active	DoD
Complete reorganization into the Embedded Behavioral Health model for all operational (deployable) units	October 2016	On Track	DoD
Executive Action #15: Expanding access to opiate overdose reversal kits			
Complete inventory of emergency medical services capability between Service and deployed assets	September 2015	Not Yet Active	DoD

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

Milestone Summary			
Key Milestones	**Milestone Due Date**	**Milestone Status**	**Owner**
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	September 2015	On Track	DoD, VA
Executive Action #19: Supporting construction of medical facilities in communities with large Veteran populations			
Treasury will provide VA with its Community Development Financial Institutions (CDFI) Fund outreach materials. CDFI Fund outreach materials are used to educate financial institutions on the grant and New Markets Tax Credit (NMTC) programs. The VA and Treasury will determine how best to use this material to educate service providers on how to seek funding from CDFIs for Veteran and community mental health needs	April 2015	On Track	VA, Treasury
Treasury will provide VA with an overlay of VA and CDFI Fund data to identify the locations with high populations of Veterans and investment activity of CDFIs. Review of these areas will determine where to target outreach efforts	April 2015	On Track	VA, Treasury
VA will utilize Treasury's initial matched data to conduct a final review to determine the degree of unmet Veteran mental health services in those regions. These findings will be used to target areas for outreach on Treasury's CDFI Fund grant and NMTC programs.	May 2015	Not Yet Active	VA, Treasury
VA will work with Treasury to finalize possible outreach activities, including but not limited to: VA outreach to service providers raise awareness of CDFIs and financing opportunities; Treasury outreach to CDFIs operating in areas of need provided; Potential outreach through VA or Treasury media outlets or events (i.e., program announcements, mental health awareness activities)	May 2015	Not Yet Active	VA, Treasury
VA and Treasury will finalize a schedule of outreach activities	TBD	Not Yet Active	VA, Treasury

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	On Track	DoD, VA, HHS
Establish or expand databases that use CDE. The agencies will work with existing and evolving databases and investigators to develop data dictionaries and unique data elements to represent new CDE being collected	December 2016	On Track	DoD, VA, HHS
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	On Track	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 #7: Harnessing the efforts of researchers from DoD, VA, the National Institutes of Health, and academia			
Conduct White House Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Conference	September 2014	Complete	DoD, VA, HHS
Executive Action #8: Advanced cutting edge PTSD research			
Broad Agency Announcement (BAA) posted	December 2014	Complete	DoD
Proposals due	February 2015	Complete	DoD
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	On Track	DoD
Executive Action #10: New investments in suicide prevention			
Results from the five year randomized controlled trial	December 2019	Not Yet Active	VA

Work Plan – Sub-goal 4: 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			
Formal Coordination of Drug Take Back DoD Instruction and Operational Guidance	September 2015	On Track	DoD
Award centralized contract for drug takeback	TBD	On Track	DoD
Obtain funding for the new Drug Take Back Program	TBD	On Track	DoD
Complete formal coordination for the Interim Procedure Manual (IPM)	May 2015	On Track	DoD
IPM released	August 2015	Not Yet Active	DoD
Begin VA contracting process for purchase of take back envelope	April 2015	On Track	VA
Publication of VA policy on drug take back	February 2015	Delayed*	VA
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	November2014	Complete	VA
Completion and dissemination of gun safety toolkit	July 2015	On Track	VA
Completion and dissemination of gun safety training to Veteran Service Organizations, community members, VA and public	December 2015	On Track	VA

The directive is currently in the concurrence process and assigned to the Office of General Counsel for legal review.

CAPG 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 (FY13 Visits) FY14 TBD	10% increase per year	Quarterly	833,853	On track to substantially exceed target
Veterans Crisis Line /Military Crisis Line (VCL/MCL): Current PSA ranking	VA	FY14 PSA "These Hands" ranked 29th inside the top 2% according the Nielsen Sigma data	New PSAs will be within top 10% of all PSAs being aired nationwide	Bi-annually	"The Power of 1" PSA inside top 2% of all PSAs being aired nationwide according to the Nielsen Sigma data	On track to exceed target
Real Warriors: Expand reach through targeted media activity	DoD	N/A	4 per quarter	Quarterly	3	Same as Q1 – these numbers will average out over the course of the year
HHS Media Campaign: Number of "clicks" on each campaign URL total and by social media platform	HHS	178 (based on Q3 FY14)	Increase clicks 10% annually	Quarterly	199 clicks	SAMHSA anticipates fluctuation from quarter to quarter as related campaigns change monthly

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

Key Implementation Data						
Indicator	**Source**	**Baseline**	**Target**	**Frequency**	**Latest data**	**Trend**
Military OneSource: Percent of participants receiving non-medical counseling who report being satisfied with services	DoD	92%	90%	Quarterly	93.6%	Target continues to be met and performance has been very stable (within 1%)
VCL/MCL: Percent of monitored calls that meet silent monitoring expectations	VA	TBD (based on FY16, Q2 data)	TBD, FY 16, Q3	Quarterly	N/A*	N/A
Number of VA medical centers (VAMC) that led a Mental Health Summit	VA	167 (based on FY2014 data)	125 (75% of 167)	Annually	N/A	N/A

* *Due to VA staffing freeze, hiring for VCL with these responsibilities has been delayed. Baseline and target data will be established after first full quarter of successful data collection.*

† *Eliminated two indicators for VCL/MCL regarding end-of-call outcomes and mood indicators per VA recommendations. VA plans to propose revised indicators later this FY.*

CAPG 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	Q2 FY15	Report has been finalized and presented to VHA leadership and ITF Co-Chairs	N/A
FY15 telemental health unique users will increase to 130,403	VA	108,766 (FY14)	130,403	Quarterly	83,230 FY15 Cumulative (Oct-Mar)	Cumulative growth 54% from Q1FY15
There will be a 10 percent increase in Army telemental health encounters in FY15	Army	27,688 Encounters	30,457 Encounters	Annually	7,841*	There has been a 22% increase in encounters between Q1-2FY14 and Q1-2FY15

Due to data lag issues, as well as the overall reporting structure, these numbers are most likely underreported.

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

Key Implementation Data						
Indicator	Source	Baseline	Target	Frequency	Latest data	Trend
Number of Service members, Veterans and their Families receiving primary care services in behavioral health settings	HHS	TBD	TBD	Quarterly	No data to report. SAMHSA changed data reporting systems during this quarter and data is not available to report at this time	Not enough data to determine trend
Percent of primary care population that has had a behavioral health care provider visit in primary care	VA	6.8%	8%*	Quarterly	6.90%	Improving; Q2FY14 was 6%**
Percent of patients that had at least one appointment with their primary care provider who also had at least one appointment with a primary care behavioral health provider	DoD	0.2%	2%	Quarterly	2.04%	Exceeding target goal

*Target Changed Q2 FY15: Denominator for this percentage has changed due to a change in the measurement methodology. VA Primary Care service changed data collection to include all of primary care facilities instead of those required to implement PCMHI.

**Data lags six months behind current quarter.

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

Key Implementation Data						
Indicator	**Source**	**Baseline**	**Target**	**Frequency**	**Latest data**	**Trend**
Number of page views for VA Community Provider Toolkit	VA	11,027 page views for Q1 FY14	Maintain or increase # of page views	Quarterly	15,448	increase
Total number visits to VA/DoD military culture website	DoD	1,196 (based on Q3 FY14)	15,000 (by Q4FY15)	Quarterly	16,082	over 50% increase
Total number of views of the relevant/highlighted on the SAMHSA Store	HHS	TBD	TBD	Quarterly	0	N/A*
Number of Joint Legacy Viewer users -3,500 by 10/1/14 -200,000 by 10/1/15	DoD	DoD 120, VA 150	DoD 1,000; VA 2,500	Quarterly	3,700	N/A

 * Analytic tracking of website traffic changed during launch of redesigned SAMHSA.gov. Awaiting metrics after change. This data should be available next quarter

CAPG Key Indicators: Sub-goal 3: Research

Key Implementation Data						
Indicator	**Source**	**Baseline**	**Target**	**Frequency**	**Latest data**	**Trend**
Release one set of general mental health CDE and two topic-specific CDE measures (for PTSD and suicide prevention), to allow scientists access to consistent assessment tools	DoD, VA, HHS	Zero	November 2014	N/A	Complete. On December 5, 2014, one set of general mental health CDE and two topic-specific sets of CDE measures (for PTSD and suicide prevention) were released and are available at PhenX Toolkit.	N/A
Make at least one database for all qualified researchers to upload appropriate mental health research data (including PTSD and suicide prevention CDE). Database will be active and open to scientific queries to researchers across agencies	DoD, VA, HHS	Zero	October 2015	N/A	Complete. The NIMH Research Domain Criteria Database (RDoCdb) and the National Database for Clinical Trials related to Mental Illness (NDCT) (components of the NIMH Data Archive) have been launched and are active and open to scientific queries. These informatics platforms are for the sharing of human subjects data related to Mental Health research and include guidance on planning for data submission, sharing study data, querying data that is shared.	N/A

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

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

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
- BAA – Broad Agency Announcement
- BHDP - Behavioral Health Data Portal
- BRAIN – Brain Research through Advancing Neurotechnologies
- CAP – Cross Agency Priority
- CDE – Common Data Elements
- CDFI – Community Development Financial Institutions
- CMH – Community Mental Health
- DCOE - Defense Centers of Excellence
- DHA – Defense Health Agency
- DoD – Department of Defense
- DSPO – Defense Suicide Prevention Office
- eICP – electronic Interagency Comprehensive Plan
- FY – Fiscal Year
- HHS – Department of Health and Human Services
- HRSA – Health Resources and Services Administration
- IPM – Interim Procedure Manual
- IRS – Internal Revenue Service
- ITF – Interagency Task Force
- ITM – Interim Procedure Manual
- MCL – Military Crisis Line
- MTF – Military Treatment Facilities
- N/A – Not Available
- NDCT – Nationals 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 Integrated
- PDHRA – Post-Deployment Health Reassessment
- PGC – Psychiatric Genomics Consortium
- POTFF – Preservation of the Force and Families
- PSA – Public Service Announcement
- PTSD – Post Traumatic Stress Disorder
- RDoCdb – Research Domain Criteria Database
- RPTF – Research Prioritization Task Force
- SAMHSA – Substance Abuse Mental Health Services Administration
- S.A.V.E. - Signs of suicide, Asking about suicide, Validating feelings, Expediting treatment
- SPEC – Stakeholder Partnerships, Education, and Communication
- STARRS – Study to Assess Risk and Resilience in Service members
- TBI – Traumatic Brain Injury
- Treasury – Department of the Treasury
- USSOCOM – US Special Operation Command
- VA – Department of Veterans Affairs
- VAMC – VA Medical Centers
- VCL – Veterans Crisis Line
- VHA – Veterans Health Administration
- VSO – Veteran Service Organization