

Cross-Agency Priority Goal Quarterly Progress Update

Service Members and Veterans Mental Health

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FY2015 Quarter 4

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

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.

Progress Update: FY15 Quarter 4 Highlights

- In FY 2015 VA Medical Centers continued to hold annual Mental Health Summits for community-based programs and organizations supporting Veterans and their families. Community Mental Health Summits were well attended with 11,759 participants across 144 VA facilities (average of 82 per site).
- The Make the Connection campaign [When the Welcome Home Fades](#) Public Service Announcement (PSA) is in the top 9% of all PSAs being aired nationwide according to Nielsen Sigma data.
- With more than 21,000 website hits for the [VA/DoD military culture website](#), the FY 2015 target of 15,000 was exceeded by 41%.
- Army telemental health encounters exceeded the FY 2015 target by 11%, increasing by 6,056 encounters since FY 2014.
- The integrated display of AHTLA and VistA interfaces was piloted to over 27,000 total Joint Legacy Viewer users through FY 2015, which allows VA and DoD staff to access selected medical record information.
- Through September 2015, Veterans have returned 7,824 envelopes of unwanted prescriptions with a total weight of 3,515 pounds by mail and approximately 3,176 pounds of unwanted/unneeded medication has been deposited in receptacles at VA facilities and sent for environmentally responsible destruction.
- Approximately 11,000 pounds of unwanted, unused, or expired medications were collected during a Drug Enforcement Administration (DEA) Drug Take-Back Event on September 26, 2015 at 62 participating Military Treatment Facilities.
- Through September 2015, the [inTransition](#) program, which supports Service members with behavioral health care as they transition to the VA system, opened 2,499 new coaching cases and closed 878 coaching cases. Survey respondents expressed high levels of satisfaction with *inTransition*. 94% indicated the assistance received from the *inTransition* program increased the likelihood of continuing treatment at the new location, and 95% indicated that *inTransition* products and services met their needs.
- The TRICARE mental health parity Proposed Rule was approved by Assistant Secretary of Defense for Health Affairs and is on track to be published by August 2016.

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	<p><u>Cross Agency Priority Actions</u></p> <ul style="list-style-type: none"> • Reduce negative perceptions and increase awareness of resources (VA, DoD, HHS) • Evaluate quality and effectiveness of Military OneSource (DoD) • Evaluate quality and effectiveness of Veterans Crisis Line (VCL)/Military Crisis Line (MCL) (VA, DoD) • Host VA Mental Health Summits (VA) <p><u>Executive Actions</u></p> <ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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

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	<p><u>Cross Agency Priority Actions</u></p> <ul style="list-style-type: none"> • Evaluate and improve existing community collaboration efforts (VA, HHS) • Expand telemental health (VA, DoD) • Enhance integration of mental health and substance use care into primary care (VA, DoD) • Support open resource directory of vetted resources (VA, DoD, HHS) • Extend data sharing across DoD and VA health care <p><u>Executive Actions</u></p> <ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • Report results of formal evaluation of VA/Community Mental Health (CMH) Pilots to VA stakeholders • FY15 telemental health unique users will increase to 130,403 • There will be a 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 <i>inTransition</i> 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

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	<p><u>Cross Agency Priority Actions</u></p> <ul style="list-style-type: none"> • Standardize and integrate measurements for traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), and suicide prevention, across the research funded by DoD, VA, and NIH to advance research and 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) <p><u>Executive Actions</u></p> <ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • Release one set of general mental health CDE and 2 topic-specific CDE measures (for PTSD and suicide prevention), to allow scientists access to consistent assessment tools • Make at least one database available for all qualified researchers to upload appropriate mental health research data (including PTSD and suicide prevention CDE). Database will be active and open to scientific queries to researchers across agencies • Provide one set of recommendations on promising approaches for risk factor and protective factor assessments, based on comparative analyses for suicide risk detection in Service members and Veterans • 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

Action Plan Summary: Patient Safety

Sub-goal	Major Actions to Achieve Impact (Lead Agency)	Key Indicators/Milestones
4. Improve Patient Safety	<p><u>Executive Actions</u></p> <ul style="list-style-type: none">• 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)	<ul style="list-style-type: none">• 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	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	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			
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	December 2014	Complete	VA
VA develops end of call Veteran Satisfaction Measure	March 2016	On Track	VA
VCL/MCL will develop silent monitoring system for use in quality improvement	December 2015	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 2015	Complete	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
Educate providers – notify specialty leaders and pharmacy heads through clinical framework	April 2015	Complete	DoD
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	October 2015	Not Yet Started	DoD
Proposed Rule opens for 60-day public comment period	December 2015	Not Yet Started	DoD
Pubic comments adjudicated; revisions to Proposed Rule incorporated into draft Final Rule	March 2016	Not Yet Started	DoD
Initial clearance of draft Final Rule	May 2016	Not Yet Started	DoD
Final Rule reviewed and approved by ASD/HA	June 2016	Not Yet Started	DoD
Final Rule formatted and published in Federal Register to go into effect 30 days after publication	August 2016	Not Yet Started	DoD

* ASD (HA) approved Proposed Rule on October 10, 2015. Progress is on track with timeline requirements established by Office of Management and Budget and Washington Headquarters Service to have the Final Rule published by 2016.

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 Vet Center program information to the White House Joining Forces Initiative. Ongoing meetings are being coordinated to advance White House Joining Forces support in the promotion of Vet Center services for combat Veterans and their families	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			
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	On Track	VA
Operation SAVE training refresher will be completed and available for use as refresher option for VA employees	March 2016	Delayed*	VA

* Project has halted due to a lack of VHA Employee Education System (EES) funding; VA is investigating alternative sources of funding.

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
Complete evaluation (assessment) plan	June 2015	Complete	DoD, VA
Complete evaluation of public awareness campaigns	September 2016	Not Yet Started	DoD, VA
Final report completed	December 2016	Not Yet Started	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 would include 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 Operation SAVE training effort with the goal of training 250 people through IRS partnership by the end of FY 2015	September 2015	Complete	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	FY15 Missed*	VA
Increase the number of Army telemental health providers to support Child and Family Behavioral Health Services	September 2015	Complete**	DoD

* The number of unique telemental health users increased from 53,976 (Q1 FY 2015) to 122,704 (Q4 FY 2015), achieving 94% of the FY 2015 target. VA will continue to track telemental health users to until the target is achieved.

** The number of Army telemental health encounters increased by 6,056 encounters in FY 2015 for a total percent increase of 22% since FY 2014. In FY 2015, 15.5% of all TBH encounters were for Army dependents.

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

Milestone Summary			
Key Milestones	Milestone Due Date	Milestone Status	Owner
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	Complete*	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	Complete	DoD
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 Joint Legacy Viewer 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	Complete	DoD, VA

** The target has been affected by primary care's change in the way they calculate this measure. The inclusion of all primary care facilities irrespective of size, has increased the denominator and unintentionally reduced the penetration rate as initially calculated. The baseline measure was originally 7.1% and the goal was set at 8.0%. Applying the updated methodology reveals a recalculated baseline rate of 5.9% and completed rate of 7.2%, thus exceeding the projected increase in penetration rate.*

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			
<i>inTransition</i> contract modification completed	April 2015	Complete	DoD
Implement data sharing to transmit contact information	April 2015	Complete	DoD
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	September 2015	Delayed*	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

* Training for Care Coordinators to be held in November 2015.

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*	June 2015	Delayed	DoD
Hold joint training for peer coordinators*	June 2015	Delayed	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	June 2015	Delayed**	VA

* Program Concept of Operation remains in internal coordination due to delay in issuing Standard Operating Procedures to the components.

** A stepped approach to implementation is being utilized with an initial cohort of eight sites beginning in January 2016. Recruitment of additional sites is ongoing.

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			
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	Complete	DoD
Executive Action #15: Expanding access to opiate overdose reversal kits			
First Responders are trained and have access to an opiate overdose reversal kit	TBD*	On Track	DoD

* Medical and line leadership are coordinating to develop data collection mechanisms; suspense dates are yet to be established.

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	Delayed*	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	Complete	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	Complete	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	July 2015	Complete	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	Complete	VA, Treasury
VA and Treasury will finalize a schedule of outreach activities	September 2015	Complete	VA, Treasury

* Milestone is delayed due to challenges with recruiting community (non-DoD or VA) providers to complete modules for CE credits (1,165 of 3,000 targeted CEs awarded through close of Q4 FY15). Extensive stakeholder outreach continues to professional associations, federal healthcare programs, private healthcare systems, and military/veteran stakeholders, as well as a targeted Q4 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	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 Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Conference	September 2014	Complete	DoD, VA
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	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

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			
Complete formal coordination of drug take-back DoD Instruction and operational guidance	March 2016*	On Track	DoD
Vendor application for Federal Supply Schedule	July 2015	Complete	DoD
Release Interim Procedure Manual (IPM)	March 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

* Due dates for these milestones were extended, as the release of the IPM and Service procurement of drug take-back services and products are contingent on coordination of DoD Instruction and operational guidance, which is anticipated to be completed by March 2016.

** The directive is under legal review by the Office of General Counsel (OGC).

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	December 2015	On Track	VA

CAPG/EA Key Indicators

Barriers: CAPG Indicators

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 (FY 2013 Visits)	10% increase per year	Quarterly	588,818 (Q4 FY 2015) 1,710,592 (FY15 cumulative)	Substantially exceeded target
Veterans Crisis Line /Military Crisis Line (VCL/MCL): Current PSA ranking	VA	FY 2014 PSA "These Hands" ranked 29th inside the top 2% according to the Nielsen Sigma data	New PSAs will be within top 10% of all PSAs being aired nationwide	Bi-annually	"Lost" PSA inside top 4% of all PSAs being aired nationwide according to the Nielsen Sigma data*	Achieved target
Real Warriors: Expand reach through targeted media activity	DoD	N/A	4 per quarter	Quarterly	4 media events	Achieved target
HHS Media Campaign: Number of "clicks" on each campaign URL total and by social media platform	HHS	178 (based on Q3 FY 2014)	Increase clicks 10% annually	Quarterly	No new social media data during Q4. The cumulative total for link clicks in FY15 was 641.	There were no SMVF related social media campaign efforts launched in Q4. Link clicks exceeded FY15 target of 196.

* SAMHSA/HHS media campaign outreach efforts will be combined with the launch of new Military/Veteran focused PSA effort in conjunction with Give An Hour in Q2 and Q3 FY16, resulting in more visibility for all Service member, Veteran, and family products.

Barriers: CAPG Indicators (cont'd)

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	94.86%	Target continues to be met and performance has been stable
VCL/MCL: Percent of monitored calls that meet silent monitoring expectations	VA	TBD (based on FY 2016, Q2 data)	TBD, FY 16, Q3	Quarterly	Pilot to finalize form content completed in Spring 2015. Inter-rater reliability (IRR), re-training based on IRR results, and feedback training to be completed by end of October. Data collection to start early November for reporting in FY16 Q2.	N/A
Number of VA medical centers (VAMC) that led a Mental Health Summit	VA	167 (based on FY 2014 data)	125 (75% of 167)	Annually	85% of Medical Centers held summits, including joint summits for some in close proximity.	Target exceeded. Summits held over a 7 month timespan. Medical Centers select dates that best work for each facility.

Access: CAPG Indicators

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	March 2015	Report has been finalized and presented to VHA leadership and ITF Co-Chairs	N/A. Indicator closed.
FY15 telemental health unique users will increase to 130,403	VA	108,766 (FY 2014)	130,403	Quarterly	122,704 FY15 Cumulative (Oct-Sep)	VA telemental health grew by 13% in FY 2015.
There will be a 10 percent increase in Army telemental health encounters in FY15	Army	27,688 Encounters	30,457 Encounters	Annually	Q4: 7,935* FY15 Cumulative: 33,744	Encounters increased 22% over FY15. Army exceeded FY15 target by 11%.

* Final data for Q4 FY2015 is not currently available due to data lag issues. As a result of the data lag and the overall reporting structure, these numbers are most likely underreported and may be revised upward at a later date.

Access: CAPG Indicators (cont'd)

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 and will not have access to data until Q2 FY16.	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% (Updated baseline = 5.9%)	8%* (Updated baseline = 7.1%)	Quarterly	7.20%**	The corrected percentage increase exceeded the projection.
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% Completed as of Q2 FY 2015.	N/A. Indicator met.
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	15,546 page views (Q4 FY 2015)	Increase

* The target has been affected by primary care's change in the way they calculate this measure. The inclusion of all primary care facilities irrespective of size, has increased the denominator and unintentionally reduced the penetration rate as initially calculated. The baseline measure was originally 7.1% and the goal was set at 8.0%. Applying the updated methodology reveals a recalculated baseline rate of 5.9% and completed rate of 7.2%, thus exceeding the projected increase in penetration rate.

** Data lags 6 months behind current quarter.

Access: CAPG Indicators (cont'd)

Key Implementation Data						
Indicator	Source	Baseline	Target	Frequency	Latest data	Trend
Total number visits to VA/DoD military culture website	DoD	1,196 (based on June 2014)	15,000 (by September 2015)	Quarterly	21,147	Significant increase in Q4 FY15, resulting in 141% actual hits vs target through Q4 FY15.
Total number of views of the relevant/highlighted products on the SAMHSA Store	HHS	TBD	TBD	Quarterly	0	N/A. Data should be available Q1 FY16.*
Number of Joint Legacy Viewer users -3,500 by 10/1/14	DoD	DoD 120, VA 150	DoD 1,000; VA 2,500	Quarterly	VA ended FY15 with 17,965 JLV viewers 9,284 DoD JLV viewers	VA: VA increased JLV users during FY15 by more than 30-fold, from approximately 600 to approximately 18,0000 users. DoD: Milestone Complete

* Analytic tracking of website traffic changed during launch of redesigned SAMHSA.gov. Awaiting metrics after change. Data should be available by end of next quarter Q1 2016.

Access: EA Indicators

Key Implementation Data				
EA	Indicator	Source	Target	Latest Data/Status
1	Number of new cases for <i>inTransition</i> program	DoD	TBD	In the 4 th quarter of FY15, the <i>inTransition</i> program opened 2,499 new coaching cases.
1	Number of closed cases for <i>inTransition</i> program	DoD	TBD	In the 4 th quarter of FY15, the <i>inTransition</i> program closed 878 coaching cases.
1	Survey response: Did the assistance you received from the <i>inTransition</i> program increase the likelihood that you would continue your treatment at your new location?	DoD	TBD	In the 4 th quarter of FY15, 94% of respondents answered "Yes."
1	Survey response: Did the product or service meet your needs?	DoD	TBD	In the 4 th quarter of FY15, 95% of respondents answered "Yes."

Access: EA Indicators

Key Implementation Data				
EA	Indicator	Source	Target	Latest Data/Status
6	Implement BHDP in 100% of Army MTFs	DoD	October 2014	BHDP implementation complete. BHDP deployed in 100% of Army MTF behavioral health clinics.
6	Implement BHDP in 100% of Navy MTFs	DoD	March 2017	Implementation of BHDP continues across the Navy. Equipment contract has been finalized and all laptops have been purchased. Estimated Time of Arrival to Navy MTFs is November. BHDP was deployed at Naval Hospitals Bremerton and Lemoore and implementation is being planned for Naval Health Clinic Hawaii.
6	Implement BHDP in 100% of Air Force MTFs	DoD	September 2016	35 USAF sites are currently live with the BHDP. At this point, 40 sites have scheduled training dates through August 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	September 2015	1,165/3000

* 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.

Research: CAPG Indicators

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

Research: CAPG Indicators (cont'd)

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	Complete. Assessment and management of patients at risk for suicide in health care settings have been established through Clinical Practice Guidelines (CPG) in healthcare systems such as the VA and DoD. Screening approaches like those outlined in the joint VA/DoD CPG are now supported by research indicating that universal screening may nearly double suicide risk detection. Now, teams of scientists have suggested two specific tools to facilitate risk factor and protective factor assessments. These approaches and others are currently under investigation in a “gold-standard” and head-to-head comparison to yield optimal screening and risk assessment tools.	N/A

Research: CAPG Indicators (cont'd)

Key Implementation Data						
Indicator	Source	Baseline	Target	Frequency	Latest data	Trend
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

Patient: Safety EA Indicators

Key Implementation Data				
EA	Indicator	Source	Target	Latest Data/Status
16	Collect unwanted/unneeded prescriptions by mail	VA	TBD	3,515 pounds of unwanted/unneeded prescriptions returned by mail to VA
16	Collect unwanted/unneeded prescriptions at VA facilities	VA	TBD	3,176 pounds of unwanted/unneeded medication deposited in receptacles at VA facilities
16	Number of sites participating in 26 SEP 2015 DEA Drug Take-Back Event	DoD	None	62 military treatment facility sites
16	Pounds of unwanted prescription drugs collected by DoD sites during 26 SEP 2015 DEA Drug Take-Back Event	DoD	None	Approximately 11,000 pounds
17	Distribute gun locks to Service members and families	DoD	December 2014	Complete. Gun locks distributed to over 150,000 military personnel and family members over past three years

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
BAA – Broad Agency Announcement
BHDP – Behavioral Health Data Portal
BRAIN – Brain Research through Advancing Neurotechnologies
CAP – Cross Agency Priority
CDE – Common Data Element
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
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
IRS – Internal Revenue Service
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
SPEC – Stakeholder Partnerships, Education, and Communication
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