







SAMHSA Strategic Initiative: Military Service Members, Veterans, and Their Families

(2013-2014)

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Behavioral Health is Essential To Health



Prevention Works





Treatment is Effective



People Recover

Admiral Mike Mullen (Chairman, Joint Chiefs of Staff)

"I fear they do not know us. I fear they do not comprehend the full weight of the burden we carry or the price we pay when we return from battle. This is important, because a people uninformed about what they are asking the military to endure is a people inevitably unable to fully grasp the scope of the responsibilities our Constitution levies upon them."

United States Armed Forces

The United States Military:

- Strong tradition of civilian control of the military
- The President is the overall head of the military
- The Department of Defense (DoD):
 - A federal executive department responsible for military policy
 - Led by the Secretary of Defense, a civilian and a member of the President's Cabinet;
 serves as second-in-command of the military
- National Security Council
 - Coordinates military action with diplomacy; headed by the National Security Advisor
- Joint Chiefs of Staff
 - Made up of 6 members of the 7 uniformed services (The Commandant of the Coast Guard is not a member); includes the head of each DoD service branch
 - Advises the President and Secretary of Defense
 - Led by the Chairman of the Joint Chiefs of Staff and the Vice Chairman of the Joint Chiefs of Staff

Typical Army Soldier

At 24 years of age, a soldier, on average, has:

- Moved from home, family and friends
- Resided in two other states
- Traveled the world (deployed)
- Been promoted four times
- Bought a car and wrecked it
- Married and had children
- Had relationship and financial problems
- Seen death
- Maintains millions of dollars worth of equipment; and gets paid less than \$40,000 a year



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- There are 7 uniformed services; 5 are armed services.
 The others are:
 - United States Public Health Service Commissioned Corps
 - National Oceanic and Atmospheric Administration
 Commissioned Corps
- The 5 armed forces of the United States:
 - Army
 - Navy
 - Marine Corps
 - Air Force
 - Coast Guard



Values in the Armed Forces

Army	Navy	Air Force (Core Values)	Marines
Loyalty	Honor	Integrity First	Honor
Duty	Courage	Service Before Self	Courage
Respect	Commitment	Excellence in All We Do	Commitment
Selfless Service			
Honor			
Integrity			
Personal Courage			

[&]quot;All swear an oath to protect the "Constitution of the United States"



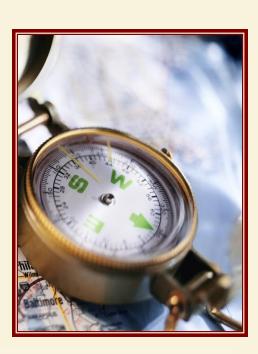
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→ Mission: to reduce the impact of substance abuse and mental illness on America's communities

→ Roles:

- Voice and leadership
- Funding service capacity development
- Information and communications
- Regulation and standard setting
- Practice improvement





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AIM: Improving the Nation's Behavioral Health (1-2)

AIM: Transforming Health Care in America (3-6)

AIM: Achieving Excellence in Operations (7-8)

1. Prevention 2. Trauma and Justice

3. Health Reform

4. Military Families

5. Recovery Support

6. Health Information Technology

7. Data,
Outcomes
& Quality

8. Public Awareness & Support



Why do we care about this population?

- Background/development history
- Obama Administration focus- long term commitment
- SAMHSA's role in behavioral health
- Breaching the military/ civilian gap



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- Started in 2005 because grantee/provider agencies noticed an increase of military/veteran populations who sought community-based services and requesting guidance from SAMHSA
- Developed voluntary internal workgroup to establish goals and activities
- Established linkages and contacts at both leadership and programmatic levels at DoD, VA and Military Component Commands.
- Co-Chaired a psychological health workgroup for PSD-9/Interagency Policy Council representing HHS producing the President's Report "Strengthening Our Military Families."
- Officially designated a SAMHSA strategic priority in 2010.



Purpose of the Strategic Initiative

 Support America's service men and women—Active Duty, National Guard, Reserve, and Veterans—together with their families and communities by leading efforts to ensure needed behavioral health services are accessible and outcomes are positive



Strategic Initiative #4: Goals for Military Families

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- Improve military families' access to community-based behavioral health care through coordination among SAMHSA, TRICARE, DoD, and Veterans Health Administration services
- Improve the quality of behavioral health prevention, treatment, and recovery support services by helping providers respond to the needs within the military family culture
- Promote the behavioral health of military families with programs and evidence-based practices that support their resilience and emotional health and prevent suicide
- Develop an effective and seamless behavioral health service system for military families through coordination of policies and resources across federal, national, state, territorial, tribal, and local organizations

Behavioral Health Facts Among this Population

- Almost 18.5 percent of service members returning from Iraq or Afghanistan have post traumatic stress disorder (PTSD) or depression, and 19.5 percent report experiencing a traumatic brain injury (TBI) during deployment
- In 2008, 47 percent of all current DoD service personnel were binge drinkers
- Nearly 50 percent of service members who need treatment for mental health conditions seek it, but only slightly more than half who receive treatment receive adequate care
- In 2010, the Army's suicide rate among active-duty soldiers dropped slightly (162 in 2009; 156 in 2010), but the number of suicides in the National Guard and Reserve increased by 55 percent (80 in 2009; 145 in 2010)

Behavioral Health Facts Among this Population

- Mental and substance use disorders caused more hospitalizations among U.S. troops in 2009 than any other cause
- According to the Departments of Housing and Urban Development (HUD) and Veterans Affairs (VA), nearly 76,000 veterans were homeless on a given night in 2009. Some 136,000 veterans spent at least one night in a shelter during that year



Deployments Are Hard on Families Too

- Cumulative lengths of deployments are associated with more emotional difficulties among military children and mental health diagnoses among U.S. Army wives
- Children of deployed military personnel have more school-, family-, and peer-related emotional difficulties, compared with national samples





SAMHSA's Partnerships and Relationships

- Department of Veterans Affairs (VA)
 - Interagency Agreement supporting the Veterans Crisis Line through the National Suicide Prevention Lifeline
 - MOU supporting each agencies strategic goals related to veterans
- Department of Defense (DoD)
 - Two MOUs with National Guard Bureau –General Support, Host NGB Liaison at SAMHSA.
 - MOU with Defense Centers of Excellence
 - MOU with Marine Corps providing on-site SAMHSA liaison at Camp Pendleton to support suicide prevention efforts
 - DoD Reserve Affairs funded 2011 Policy Academy
 - TRICARE Management Authority (TMA)
- Health Resources and Services Administration (HRSA)
 - Interagency Agreement to conduct training at Area Health Education Centers (AHEC)
- Behavioral Health Professional Organizations
- The Alliance of Military and Veteran Family Behavioral Health Providers
- Joining Forces



Policy Academies

- Policy Academies strengthen behavioral health care systems and services for service members, veterans, and their families within states, territories, and tribes through technical assistance and the promotion of ongoing interagency collaboration at state and local levels
- Each state/territory 10-member interagency team develops a unique, practical and sustainable strategic action plan that addresses goals, policies, time frames, and resources, and solicits input from key constituencies
- SAMHSA provides follow-up technical assistance to states and territories to enhance their behavioral health care systems for service members, veterans, and their families



Policy Academy Process

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Pre-Meeting Work, Technical Assistance Site Visit and S.W.O.T. Analysis

Formal Academy Meeting (On-site Technical Assistance)

Post-Meeting On-site Technical Assistance and Follow-up

Technical Assistance for Ongoing Implementation

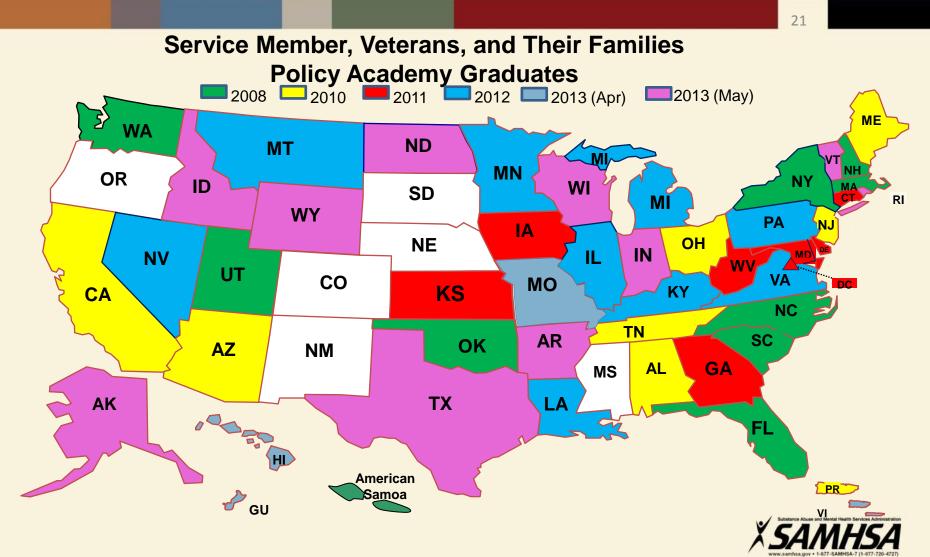


SMVF Policy Academies

- Conducted in 2008, 2010, 2011, 2012, 2013
- 44 States, Washington, D.C., and 4 territories have "graduated" from a Policy Academy
- SAMHSA provides follow-up TA to facilitate implementation of strategic plans.
- By September 30, 2013, all interested states and territories will have an opportunity to participate in an SMVF Policy Academy.



States/Territories that Completed SMVF Policy Academies



State/Territory Plans

- Strategic plans address
 - Increasing access to appropriate care
 - Closing gaps in the system
 - Building the system's capacity
 - Increasing interagency communication/ collaboration
 - Incorporating promising-, best- and evidencebased practices
 - Sustaining efforts
 - Dialogue with military



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- Strengthening Our Military Families
 - Published January 2011
 - Statement of Support signed by 16 Secretaries
- Four Priorities
 - 1. Enhance the well-being and psychological health of the military family
 - 2. Ensure excellence in military children's education and their development
 - 3. Develop career and educational opportunities for military spouses
 - 4. Increase child care availability and quality for the Armed Forces



Presidential Study Directive Report: Strengthening Our Military Families

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Enhance the well-being and psychological health of the military family

- 1.1 By increasing behavioral health care services through prevention-based alternatives and integrating community-based services;
- 1.2 By building awareness among military families and communities that psychological fitness is as important as physical fitness;
- 1.3 By protecting military members and families from unfair financial practices and helping families enhance their financial readiness;
- 1.4 By eliminating homelessness and promoting home security among Veterans and their families;
- 1.5 By ensuring availability of critical substance abuse prevention,
 treatment, and recovery services for Veterans and military families; and
- 1.6 By making our court systems more responsive to unique needs of Veterans and families.

Veterans and Suicide

- SAMHSA/VA partnership
 800-273-TALK press 1
- Veterans Crisis Line received 16,125 calls monthly (FY12)
 - 85% of whom identified themselves as veterans, service members, or their friends and family members
- 6,462 emergency rescues (FY12)
- Suicide rate for veterans age 18-29 is lower for those using VA health care services; every VA medical center has a suicide prevention coordinator
- About 1 in 5 suicides in U.S. is by a veteran
 - The majority are age 50+ years, similar to non-veterans

Family Systems/Dynamics

- Deployment assignment of military personnel to temporary unaccompanied tours of duty; extended separation
- Pre Deployment preparation
- Deployment separation
- Post Deployment –
 homecoming/reunion/reintegration



Health & Behavioral Health Needs

- Address Reintegration Issues
 - Trauma
 - PTSD/TBI
 - Isolation
- Suicide prevention/prevention of homelessness
- Peer support
- Education
- Access to health care
- Fulfilling and secure employment
- VA/DoD/Community agencies



SAMHSA's Current Activities

- Focus on military families across the SAMHSA portfolio, especially in the areas of Prevention, Trauma & Justice
- Support Military Culture Training for behavioral health providers
 - Internal: Operation Immersion, grantee webinars
 - Best Practices: Center for Deployment Psychology, The National Council for Community Behavioral Healthcare, Citizen Soldier Support Program
- Continue TRICARE credentialing and behavioral health provider network development in cooperation with DoD
- Support other commitments presented in the psychological health chapter of the President's Report "Strengthening Our Military Families."
- Define and collect demographic data on military families and ensure data coincide with what HHS distributes
- Support and Implement Executive Order, Aug 2012: Improving Access to Mental Health Services for Veterans, Service Members and Military Families

Tools for Connection

- State policy academies
- Military Families Strategic Initiative Technical Assistance Center
- National Guard Liason
- Veterans Administration Interagency Agreement
- Defense Centers for Excellence Technical Assistance Services



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- SAMHSA's Service Members, Veterans, and their Families TA Center
 - Provides TA to state level entities for improving the BH needs of Military/Veterans, and families
 - www.samhsa.gov/militaryfamilies
- Community Provider Treatment Locator Website for National Guard and others
 - www.communityproviders.samhsa.gov
- Veterans Crisis Line (800-273-8255; Press 1)
 - Partnership with SAMHSA and National Suicide Prevention Lifeline
 - http://www.veteranscrisisline.net/
- Access to Recovery (30 States/Tribes) most have identified a priority to serve Military/Veteran and families
 - Voucher program for SA Treatment and recovery support services



Resources

Jail Diversion for Military/Veteran population

- Jail Diversion programs from arrest to re-entry in 13 States (CO, CT, GA,FL, IL, MA, NM, NC, OH, PA, RI, TX and VT)
- http://gains.prainc.com/grant programs/jdtr.asp
- National Child Traumatic Stress Network
 - Resource center focused on Child Trauma and Military/Veterans, and families
 - http://www.nctsn.org/resources/topics/military-children-and-families
- Suicide Prevention Resource Center

www.sprc.org

National Action Alliance for Suicide Prevention

www.actionallianceforsuicideprevention.org



Thank you! Questions?

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