Strategic Initiative #3: Military Families

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Key Facts

- Approximately 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.[48]
- Approximately 50 percent of returning service members who need treatment for mental health conditions seek it, but only slightly more than half who receive treatment receive adequate care.[49]
- The Army suicide rate reached an all-time high in June 2010.[50]
- In the 5 years from 2005 to 2009, more than 1,100 members of the Armed Forces took their own lives, an average of 1 suicide every 36 hours.[51]
- 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).[52]
- More than half of the Army National Guard members who killed themselves in 2010 had never deployed.[53]
- In 2007, 8 percent of soldiers in Afghanistan reported using alcohol during deployment, and 1.4 percent reported using illegal drugs/substances.[54]
- Between 2004 and 2006, 7.1 percent of U.S. veterans met the criteria for a substance use disorder.[55]
- Mental and substance use disorders caused more hospitalizations among U.S. troops in 2009 than any other cause.[56]
- According to an assessment by 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.[57]
- Cumulative lengths of deployments are associated with more emotional difficulties among military children and more mental health diagnoses among U.S. Army wives.[58, 59]
- Children of deployed military personnel have more school-, family-, and peer-related emotional difficulties, compared with national samples.[60]

Overview

There are an estimated 23.4 million veterans in the United States[61] as well as approximately 2.2 million military service members (including National Guard and Reserve)[62] and 3.1 million immediate family members.[v] Since September 11, more than 2 million U.S. troops have been deployed to Iraq and Afghanistan.[63] A significant proportion of returning service men and women suffer from PTSD, depression, TBI, and substance abuse (particularly alcohol and prescription drug abuse); too many die from suicide. A growing body of research exists on the impact of deployment and trauma-related stress on military families, particularly wives and children. Military service is likely to affect other family members as well, including parents of service members and others who may provide supports such as child care during deployments and other service-related disruptions. Although active duty troops and their families are eligible for care from the U.S. Department of Defense (DoD), a significant number choose not to access those services due to fear of discrimination or the harm receiving treatment for behavioral health issues may have on their military career or that of their spouse. National Guard and Reserve troops who have served in Iraq and Afghanistan (approximately 40 percent of the total) are eligible for behavioral health care services from the VA, but many are unable or unwilling to access those services. National Guard, Reserve, veterans, and active duty service members as well as their families do seek care in communities across this country, particularly from State, Territorial, Tribal, local, and private behavioral health care systems, often with employer-sponsored coverage.

Purpose of Initiative #3

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

This Initiative focuses on improving the behavioral health of the Nation's military service members, veterans, and their families, including relatives, caregivers, and significant others. As the Federal Agency with the mission to reduce the impact of mental illnesses and substance abuse on America's communities, the Substance Abuse and Mental Health Services Administration (SAMHSA) will provide support and leadership through a collaborative and comprehensive approach to increase access to appropriate services, prevent suicide, promote emotional health, and reduce homelessness. SAMHSA will facilitate innovative community-based solutions that foster access to evidence-based prevention, treatment, and recovery support services for military service members, veterans, and their families at risk for or experiencing mental and substance use disorders through the provision of state-of-the-art technical assistance, consultation, and training.

The President has identified military families as a key priority for the Nation. In May 2010, First Lady Michelle Obama, along with Dr. Jill Biden, rolled out a national Call to Action for military families to focus on three broad areas: (1) addressing the unique challenges facing military families, (2) building stronger civilian-military community ties, and (3) engaging and

[v] This number includes spouses, children, and adult dependents, but not other groups, such as parents or siblings, that can also considered part of a military family.

highlighting the service and sacrifice of military families. SAMHSA is well positioned to support all three and will work with States, Territories, Tribes, and communities to ensure that needed behavioral health services are accessible to America's service men and women and their families and that outcomes are successful.

Disparities

Minority populations are heavily represented in the military and in the enlisted ranks of the military services. Meeting the behavioral health needs of these populations within the military will require service providers that are attuned not only to the culture of the military context but to the cultures of these individuals who have also dedicated service to the military and their country. This reality is complicated by the reality that minority populations have been historically underserved by the behavioral health field.[64] Efforts to address the needs of returning veterans and their families from a variety of backgrounds will have to meet their unique needs, while contending with the existing workforce shortage.

State and community service systems will be challenged and need to be flexible in understanding the complexities of serving military families in a cultural and societal context. For example, the proposed military buildup in Guam is expected to increase the island's population by 80,000 within the next 3 years, representing a 50 percent increase in Guam's total population. This increase in population may strain the current health care, education, and public safety service systems, and present unique issues with behavioral health consequences. Understanding and addressing the impact of this change on Guam's cultural and capacity issues will be important to meeting the behavioral health needs of members of the military, their families and the people of Guam.

Health Reform

Although the Affordable Care Act does not target the population of military families for special attention, it contains several provisions that especially are important to them. This Initiative will support and collaborate with Centers for Medicare and Medicaid Services (CMS), DoD, VA, National Guard, and Reserves on issues important to military families, including the expansion of Medicaid eligibility as well as subsidies for purchase of insurance through State Health Exchanges and the elimination of preexisting condition limitations (especially PTSD) for those military service members and their families seeking care through private employer or individual insurance.

Behavioral Health Workforce

The essential workforce issue for this Strategic Initiative is the development of a public health-informed model of psychological health service systems staffed by a full range of behavioral health practitioners who are well trained in the culture of the military and the military family and the special risks and needs that impact this population, such as PTSD and TBI. The role of peer counselors within this model will also be important to its success.

Programs adequately staffed appear to have a positive impact on the potential to improve the overall system of care for this population, but coordination is lacking and some redundancy

exists across these staff resources. Behavioral health service providers may also not have an understanding of military culture and the unique issues faced by military families. Lack of access to well trained staff using current evidence-based practices is a particular problem for those 60 percent of active duty military members living out in the civilian community, and especially for National Guard and Reserve families that have different needs and usually less access to services and supports due to distance.

Among the workforce efforts planned under the Military Families Strategic Initiative are exploration of funding to support expansion of the returning service members, veterans, and their families' Policy Academies; development and distribution of training curricula and resources for clinicians on needs of returning veterans; development of partnerships with professional organizations and academic institutions to ensure military culture is included in core curricula and published standards, as demonstrated by the American Psychological Association and the Council on Social Work Education; and continuing coordination with TRICARE®, VA, and DoD to ensure improved quality in care.

Components of Initiative

Several fundamental expectations underlie the work plan for this Strategic Initiative:

- When appropriate, military families should have access to well-prepared civilian behavioral health care delivery systems;
- Civilian, military, and veteran service systems should be coordinated;
- Suicide prevention for military families must be implemented across systems;
- Emotional health promotion for military families is important to reducing mental and substance use disorders and to weathering increased exposure to adverse events; and
- Military families want and need stable housing.

Goals

Goal 3.1: Improve military families' access to community-based behavioral health care through coordination among SAMHSA, TRICARE, DoD, and Veterans Health Administration services.

Goal 3.2: Improve the quality of behavioral health-focused prevention, treatment, and recovery support services by helping providers respond to the needs within the military family culture.

Goal 3.3: Promote the behavioral health of military families with programs and evidence-based practices that support their resilience and emotional health.

Goal 3.4: 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.

Specific Goals, Objectives, and Action Steps

Goal 3.1: Improve military families' access to community-based behavioral health care through coordination among SAMHSA, TRICARE, DoD, and Veterans Health Administration services.

Objective 3.1.1: Encourage and support community-based behavioral health care providers' participation in the TRICARE network.

Action Steps:

1. Sponsor TRICARE/behavioral health care provider organizations forums for national and regional representatives and an ongoing dialogue to provide a mechanism for sharing information (e.g., credentialing, reimbursable services, and filing claims).
2. Enhance communications, facilitate answers to questions, and identify system issues that need attention at senior management levels by acting as a liaison between the behavioral health field and TRICARE.

Objective 3.1.2: Increase credentialing under TRICARE for behavioral health providers.

Action Steps:

1. Implement a pilot to assess the value of onsite TRICARE technical assistance credentialing teams in providing consultation and support to selected community behavioral health care centers interested in credentialing of staff for the TRICARE network.
2. Increase the credentialing of culturally competent minority and minority-serving providers eligible for participation in TRICARE.

Objective 3.1.3: Educate and assist behavioral health care providers about the appropriate referral process to the Veterans Health Administration and DoD military treatment facilities.

Action Steps

1. Work with DoD, VA, Vet Centers, and the Health Resources and Services Administration to identify available resources and develop a user-friendly resource package to guide providers in the use of available referral sources for members of the military, veterans, and their families. Specify procedures for referral and ensure that the referral sources and materials include culturally appropriate providers and information. Recognizing the reluctance to seek behavioral health services, provide training on facilitated referrals to improve the linkage to needed services, including nonmilitary providers.

2. Through a memorandum of understanding, distribute package to provider networks participating in two National Guard/SAMHSA pilot States; Solicit feedback from providers, including minority and minority-serving providers, on the usefulness of the resource package; and assess possible expansion of use of this resource to other States and Territories.

Goal 3.2: Improve the quality of behavioral health focused prevention, treatment, and recovery support services by helping providers respond to the needs and culture of military families.

Objective 3.2.1: Optimize SAMHSA grantees' provision of prevention, treatment, and recovery support services to military families.

Action Steps:

1. Work with State and Territorial mental health and substance abuse authorities to focus attention on needs of service members, veterans, and their families.
2. Collect military families' data in all SAMHSA data sets to identify military service members, veterans, and their families to track outcomes for this population.
3. In collaboration with other U.S. Department of Health and Human Services (HHS) agencies, develop standard definitions around military/veteran status to be included in HHS data sets and surveys.
4. Engage behavioral health providers and require grantees to collect military/veteran status of service recipients.

Objective 3.2.2: Strengthen community-based behavioral health care providers' understanding of military culture and their ability to provide effective prevention and treatment services for returning combat veterans, military service members, veterans, and their families.

Action Steps:

1. Develop and conduct a Webinar on behavioral health for military families that explores the potential collaboration across the behavioral health field, VA, and SAMHSA programs.
2. Explore the lessons learned from Operation Immersion and assess its potential as a model and its applicability to improving recovery for the diverse ethnic; racial; and lesbian, gay, bisexual, transgender, and questioning (LGBTQ) people within the military.
3. Establish a national technical assistance behavioral health resource for behavioral health care providers, military members, veterans, and their families.

4. Collaborating with the National Center for PTSD, VA Medical Center, National Institute on Drug Abuse (NIDA), National Institute on Alcohol Abuse and Alcoholism (NIAAA), DoD, etc. to collect a list of evidence-based practices that have shown to be effective with military members/veterans. Once identified, collaborate with federally funded regional centers, academic institutions, professional organizations, and other primary care providers to develop a training plan in evidence-based techniques and best practices leveraging the training resources of various Federal, State, Territorial, and Tribal agencies.
5. Collaborate with the Defense Center of Excellence to develop a white paper about TBI and the role of the behavioral health system in addressing TBI.

Goal 3.3: Promote the behavioral health of military families with programs and evidence-based practices that support their resilience and emotional health.

Objective 3.3.1: Identify and develop activities at SAMHSA that support a public health model for psychological health services that emphasizes prevention, resilience, and delivery of high-quality recovery-oriented and specialized behavioral health care.

Action Steps:

1. Provide leadership as appropriate in the implementation of the proposed recommendations included in the report of the Sub-Interagency Policy Council (IPC) Group on Psychological Health.
2. Review current inventory of existing SAMHSA toolkits and ensure awareness of and use of these toolkits by VA and DoD provider services.
3. Develop a behavioral health guide for racial and ethnic minorities and the LGBTQ population about the challenges and the strategies for coping with their realities in the military.
4. Explore possibility of using SAMHSA technical assistance centers for training and technical assistance to support resilience and promote emotional health for the diverse racial, ethnic, and LGBTQ populations in the military.

Goal 3.4: 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 community organizations.

Objective 3.4.1: Continue and facilitate ongoing partnerships with appropriate Federal, national, State, Territorial, and Tribal agencies and organizations to develop a full-spectrum behavioral health service system for military families.

Action Steps

1. Work closely with the National Security Council and HHS to disseminate and support the Presidential Study Directive 9 on Military Families.
2. Work through Sub-IPC to finalize the report from the Psychological Health Team.
3. Convene the Federal Partners Reintegration Work Group.
4. Create a SAMHSA/National Guard memorandum of understanding (MOU).
5. Engage DoD Suicide Prevention Task Force and include a focus on diverse populations.
6. Develop the proposed MOU with the Defense Center of Excellence.
7. Work with SAMHSA Tribal representatives to explore possible initiatives for military families within existing Tribal structures.
8. Work with employers to design and implement initiatives that support this objective.
9. Support policy academies to establish of statewide plans to comprehensively address the behavioral health needs of service members, veterans, and their families.

Strategic Initiative #3 Measures

Population-Based

- Reduce rates of untreated mental and substance use disorders among veterans and/or family members.

SAMHSA Specific

- Improve behavioral health outcomes for veterans and their families who are served through SAMHSA supported programs.

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