Interagency Task Force on Military and Veterans Mental Health

2017 Annual Report

Department of Defense
Department of Veterans Affairs
Department of Health and Human Services

Fall 2017

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1. Executive Summary

The Interagency Task Force on Military and Veterans Mental Health (ITF) coordinates federal activities to improve access to mental health and substance use services and support for Veterans, Service members, and their families. Co-chaired by the Department of Defense (DoD) Assistant Secretary for Health Affairs, the Department of Veterans Affairs (VA) Under Secretary for Health, and the Department of Health and Human Services (HHS)/Substance Abuse and Mental Health Services Administration (SAMHSA) Assistant Secretary for Mental Health and Substance Use, the ITF was established by the 2012 Executive Order (EO) 13625, *Improving Access to Mental Health Services for Veterans, Service Members and Military Families.* The ITF was charged with monitoring the completion of EO requirements and to submit annual recommendations to either continue or expand EO activities. EO 13625 requirements were completed by Fall 2014, which included significant, notable interagency actions to strengthen suicide prevention and access to mental health care across the military and in the Veteran community, to promote mental health research, and advance effective treatment methodologies.

The scope of the ITF was expanded in 2014 to include the following additional interagency efforts: Cross-Agency Priority Goal on Mental Health (CAPG) and 2014 Executive Actions on Mental Health (EAs). The Service members and Veterans mental health CAPG included three sub-goals and 11 major actions to address barriers, enhance access, and support innovative research on mental health and substance use care. The EAs further addressed transition of care from DoD to VA; access to mental health care; suicide prevention; raising mental health awareness; and strengthening community resources in DoD and VA.

The Departments have placed high value on developing integrated governance structures, information technology infrastructure, and human capital investments across eight focus areas outlined below. With experienced staff, embedded resources, committed leadership, and a history of interagency cooperation, the ITF continues to spearhead joint federal efforts to improve mental health services for Veterans, Service members, and their families. Moving forward, the ITF will sustain progress and identify opportunities to augment existing initiatives through new collaborations.

ITF program and policy collaboration includes activities across eight established priority areas. Highlighted activities within this report include, but are not limited to:

ITF Recommendation	Key Initiatives
#1: Suicide Prevention	▪ VA/DoD Suicide Prevention Memorandum of Agreement ▪ VA/SAMHSA Interagency Agreement ▪ inTransition program ▪ Suicide prevention research (*as detailed in National Research Action Plan section) ▪ Interagency outreach and education
#2: National Research Action Plan	▪ Posttraumatic stress disorder research ▪ Suicide prevention research and predictive analytics ▪ Traumatic brain injury research

ITF Recommendation	Key Initiatives
#3: Joint Clinical and Outcome Metrics	▪ Application of Common Data Elements ▪ Administration of five core measures ▪ Behavioral Health Data Portal and Measurement-Based Care implementation ▪ Electronic Health Record alignment
#4: Community Partnerships	▪ Community Provider Toolkit ▪ VA Mental Health Summits ▪ Building Health Military Communities Pilot ▪ Data Driven Justice Project
#5: Lesbian, Gay, Bisexual, and Transgender Inclusion	▪ VA/DoD Transgender Specialty Care Access Network Extension for Community Healthcare Outcomes (ECHO) Joint Incentive Fund ▪ LGBT education and clinical consultation programs
#6: Substance Use Disorder Policies and Programs	▪ Opioid therapy and pain management ▪ Prescription Drug Monitoring Programs ▪ 21st Century Cures Act and Interagency Serious Mental Illness Coordinating Committee
#7: Sexual Assault, Sexual Harassment, and Military Sexual Trauma Policies and Practices	▪ Veterans Access, Choice, and Accountability Act Care Provision ▪ Joint and Department-specific sexual assault, harassment, trauma, and transition programs
#8: Workforce Development	▪ Military Culture Training ▪ VA/United States Public Health Service clinical staff augmentation Memorandum of Agreement ▪ Peer Support subject matter expert working group and interagency standards

The Departments jointly published the 2016 ITF Annual Report in November 2016, following review and approval by the participating ITF White House member agencies. This report summarizes progress on the ITF recommendations being addressed by the Departments since the 2016 Annual Report (through Fall 2017); it is intended as a progress update on the current recommendations rather than a comprehensive review of all inter- and intra-agency accomplishments in the mental health arena.

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3. Background & Introduction

The Interagency Task Force on Military and Veterans Mental Health (ITF) coordinates federal activities to improve access to mental health and substance use services and support for Veterans, Service members, and their families. Co-chaired by the Department of Defense (DoD) Assistant Secretary for Health Affairs, the Department of Veterans Affairs (VA) Under Secretary for Health, and the Department of Health and Human Services (HHS)/Substance Abuse and Mental Health Services Administration (SAMHSA) Assistant Secretary for Mental Health and Substance Use, the ITF was established by the 2012 Executive Order (EO) 13625, *Improving Access to Mental Health Services for Veterans, Service Members and Military Families* to monitor EO requirements and submit annual recommendations to continue or expand EO activities.

EO 13625 requirements were completed by Fall 2014, and included the following:

Suicide Prevention:

- Implemented annual joint DoD/VA suicide prevention campaign
- Increased capacity of the Veterans Crisis Line by December 2012 by 50 percent, hired an additional 57 staff in 2014
- Ongoing review of all DoD mental health, suicide prevention, and substance abuse programs

Enhanced Partnerships between VA and Community Providers:

- VA partnerships established with 24 community-based mental health and substance abuse providers across nine states and seven Veterans Integrated Service Networks; initiation of evaluation of outcomes and satisfaction with partnership clinics
- Jointly developed DoD/VA training to assist civilian mental health providers in treatment of Service members and their families

Expanded VA Mental Health Staffing:

- Trained and hired an additional 1,669 mental health clinical providers and 932 peer support staff, exceeding staffing mandates for 2014

Improved Research and Development:

- Released National Research Action Plan on August 10, 2013
- Launched two initiatives establishing joint DoD/VA research consortia with academia and industry partnerships on chronic effects of mild traumatic brain injury and posttraumatic stress disorder
- Enrolled over 100,000 Soldiers in the Army Study to Assess Risk and Resilience in Service Members longitudinal prevention study.

In addition to completing specific requirements of EO 13625, the ITF also established eight recommendations to continue the guiding principles of the EO to advance mental health care and support services for military and Veteran communities:

1. Advance suicide prevention infrastructure and training across agencies to support Veterans, Service members, and their Families
2. Support and implement National Research Action Plan (NRAP) initiatives within HHS, DoD, and VA agencies
3. Initiate data collection for joint clinical and outcome measures to track behavioral health service utilization and outcomes across agencies to support Veterans, Service members and their Families
4. Build and enhance community partnerships to support Military and Veteran Families
5. Implement and enhance policies and procedures to support full inclusion of Lesbian, Gay, Bisexual and Transgender populations in Departmental programs
6. Ensure effective policy and practice integration addressing substance use disorders in populations served by the Departments
7. Advance policies and practices that address military sexual assault, military sexual harassment and military sexual trauma and health concerns related to these experiences
8. Advance workforce development models that support Veterans, Service members and their Families

These eight recommendations have driven the ongoing work of the ITF. In February 2015, ITF oversight formally expanded to include coordination and reporting of the Cross-Agency Priority Goal on Mental Health (CAPG) and 2014 Executive Actions on Mental Health (EAs), in conjunction with coordination of annual ITF recommendations. The CAPG included three sub-goals and 11 major actions to address barriers, enhance access, and support innovative research on mental health and substance use care. The EAs further addressed transition of care from DoD to VA; access to mental health care; suicide prevention; raising mental health awareness; and strengthening community resources in DoD and VA. Per White House request in April 2015, the ITF integrated EAs into the CAPG quarterly reporting structure, which required updating milestones and adding indicators for each EA. CAPG and EA progress was published on performance.gov quarterly through the first quarter of fiscal year 2017. Remaining CAPG and EA milestones continue to be tracked internally until completion.

The framework for interagency governance is fully established, spanning five years of federal cooperation. The ITF collaboration promotes positive healthcare outcomes and experiences for Veterans, Service members, and their families by advancing outreach and messaging, data sharing and technological infrastructure, clinical guidelines, and workforce training initiatives across the Departments.

The ITF has been widely recognized as an integrator and facilitator of federal mental health programs, and a key partner in addressing federal public health mandates such as expanding access to care and addressing the opioid epidemic. In partnership with White House entities such as the National Security Council, Domestic Policy Council, Office of Management and Budget, Office of National Drug Control Policy, and Office of Science and Technology Policy, the ITF continues to advance mental health care and support services.

Planning leads from the three Departments meet regularly to integrate and coordinate efforts of these eight key initiatives to ensure interdepartmental collaboration on Veteran and Service member mental health awareness; suicide prevention; resilience promotion; access, quality, and continuity of care; staff education and training; research; outreach; and community partnerships.

4. ITF Recommendation Progress

4.1 Advance Suicide Prevention Infrastructure and Training Across Agencies to Support Veterans, Service Members, and Their Families

Interagency Partnerships

- DoD and VA developed a suicide prevention Memorandum of Agreement (MOA), signed by senior Department leaders in November 2017, to formalize inter-departmental efforts. Suicide prevention has been identified as a top priority by the Departments' Secretaries, and joint programming and decision-making to address suicide throughout the active duty to Veteran transition is essential. The MOA established ten priority areas for formal collaboration, some of which build on existing interagency initiatives under the purview of the ITF Suicide Prevention Working Group (WG). Additional information is below in **Table 1**.

Table 1. Suicide Prevention MOA

MOA includes commitments to interdepartmental collaboration in the following areas:	
Category	**Examples**
Periods of Transition	▪ *inTransition* Program ▪ Warm handoffs for other-than-honorable discharges
Education, Outreach, and Strategic Communication	▪ DoD/VA Suicide Prevention Conference ▪ Public Service Announcements and outreach campaigns ▪ Safe messaging guidelines
Clinical Care	▪ Clinical Practice Guidelines ▪ Joint clinical pilot projects/training ▪ Military Culture Training
Lethal Means Reduction	▪ Gun lock distribution ▪ Safe messaging to discuss reduction of lethal means
Engagement and Capacity Building	▪ Collaborative engagement with non-profit organizations
Call Center Efforts	▪ Military Crisis Line / Veterans Crisis Line / National Suicide Prevention Lifeline ▪ Peer-to-Peer Call Center ▪ Military OneSource
Research and Program Evaluation	▪ Translation and dissemination of suicide prevention research ▪ Joint design and execution of program evaluation framework, including logic models, pilot studies, and outcome measurements
Data and Surveillance	▪ Military Mortality Database ▪ Data exchange between direct and purchased care systems
Postvention	▪ Joint development of plans, best practices, and information for family members
Military Suicide Subject Matter Expertise	▪ Military Suicide Research Consortium ▪ VA and DoD centers of excellence ▪ Expand expertise to military Services and direct care clinics

- In 2017, SAMHSA and VA renewed an Interagency Agreement (IAA) focused on preventing suicidal behavior among Veterans with a goal of reaching all Veterans not receiving Veterans Health Administration (VHA) health care. The IAA promotes innovation and fosters the spread of clinical and public health best practices, largely by strengthening the partnership between SAMHSA's National Suicide Prevention Lifeline (NSPL) and Veterans Crisis Line (VCL)/Military Crisis Line (MCL). Since its launch in 2007 through July 2017, VCL/MCL has answered more than three million calls and dispatched emergency services over 84,000 times. Since launching chat in 2009 and text services in November 2011, the VCL has answered nearly 359,000 and nearly 78,000 requests for chat and text services respectively.
- DoD and VA collaborate to promote the *inTransition* program. This voluntary and confidential program is designed to ensure continuity of care between DoD and VA health care systems as Service members and Veterans with psychological health needs transition from active duty service. Separating Service members with a mental health condition are automatically enrolled in the *InTransition* program to support their health care transition to VA. Through June 2017, there were over 56,000 unique assessments completed by the *inTransition* program, resulting in over 27,700 coaching cases opened and over 21,400 coaching cases closed. VA is also working with DoD to promote *inTransition,* which is available via self-referral to Veterans with any category of discharge. An estimated 505,000 other-than-honorably discharged individuals are now eligible for VA health services through recent VA policy changes.
- DoD and VA created the Military Mortality Database (MMDB) to store mortality-related information including suicide-related data for Service members and Veterans. The MMDB supports DoD and VA researchers and decision makers by serving as the integrated mortality data repository for DoD, VA, and the Centers for Disease Control and Prevention (CDC). A complex sharing of eight different databases from these three agencies comprise the MMDB.
- DoD, VA, and HHS, including SAMHSA, collaborate through multiple interagency forums including the National Suicide Prevention Action Alliance (and its Military/Veterans Task Force), NRAP, Military Suicide Research Consortium (MSRC), and Multi-Agency Means Safety Task Force.
- Suicide prevention research is a major component of the NRAP (see ITF Recommendation #2). Interagency collaboration on suicide prevention research initiatives occurs through existing NRAP governance structures. Joint funding and staffing contribute to interagency data sharing, and dissemination of research results, lessons learned, and best practices.

Outreach and Events

- DoD and VA leveraged the joint Suicide Prevention Conference held August 1-3, 2017 to disseminate up-to-date suicide prevention best practices and strategies and to advance the adoption of evidence based clinical practices by 1,400 participating suicide prevention professionals, coordinators, and managers. Ninety-one separate training sessions engaged the participants in a wide range of learning activities from the role of chronic pain in suicidal ideation, to overcoming stigma about seeking help, to advancing suicide prevention through peer support services.

- VA and DoD continue to collaborate and coordinate with the CDC on evaluating the impact of firearm storage safety practices. Through their joint work, VA and DoD also promote safe storage of lethal means and evaluating the effectiveness of those programs. Consistent with research demonstrating the impact of gun lock distribution on suicide by firearms, DoD distributed more than 63,000 gunlocks as of June 2017 to 28 Army National Guard, 93 Air National Guard, 26 Army, 17 Air Force, 19 Coast Guard, 112 Marine Corps, and 170 Navy units to be disseminated to Service members in support of suicide prevention efforts. Since 2010, VA has distributed approximately three million gun locks.
- Stigma surrounding mental illness is a significant barrier to seeking appropriate treatment. Mental health public education and awareness campaigns support a comprehensive strategy to address stigma and promote treatment-seeking behavior. Evaluations of mental health-focused public awareness campaigns deployed in both the U.S. and in other countries statistically suggest that such efforts can reach large audiences to increase mental health knowledge and reduce negative attitudes, beliefs, and perceptions towards those with mental illness in a cost-effective manner.
  - DoD and VA efforts to reduce mental health stigma include public service announcements (PSAs) in combination with other awareness activities (outreach, social media, websites, etc.). DoD and VA release joint PSAs designed to increase awareness and promote resources for suicide prevention and mental health. VA's Make the Connection campaign, which is coordinated with DoD's Real Warriors campaign and shared through both VA and DoD networks, includes 12 PSAs with over 395,000 airings. From November 2011 to October 2017, Make the Connection PSAs generated over 2.3 billion gross impressions on television and radio, resulting in approximately $38.5 million in equivalent paid media value. From 2013 to 2017, VA produced 14 dual-branded Veterans Crisis Line/Military Crisis Line PSAs, which were distributed by VA/DoD have aired over 957,000 times and garnered 5.4 billion gross impressions on television and radio. These dual Veterans Crisis Line/Military Crisis Line PSAs have resulted in approximately $86 million in equivalent paid media value. These data suggest significant awareness has been achieved.
  - Both Departments are currently conducting a cross-agency evaluation of mental health campaign efforts to understand their collective reach, penetration, and impacts. Furthermore, VA is also conducting a number of studies and research endeavors. Initial research data on Make the Connection suggests exposure significantly improved surveyed Veterans' beliefs in recovery and treatment; could help people live normal lives; raised their likelihood of sharing information on the Make the Connection website with others; and, increased their likelihood of discussing mental health issues including suicidal feelings, thoughts, or behaviors with others. Finally, those with recent Make the Connection exposure were also more likely to seek help for a mental health concern including self-reported use of clinicians, online resources, and VA crisis services such as the Veterans Crisis Line.
- SAMHSA, VA, and DoD held a public/private expert panel "Preventing Suicide Among Veterans Not in VHA Care" in July 2017. The conference focused on strategies for identifying and engaging at-risk Veterans and Reservists who are not receiving health care through VA or DoD, promoting innovation, and fostering the spread of clinical and public health best practices for preventing suicidal behavior. Areas prioritized include: establishing

linkages and cross-walking data between the National Violent Death Reporting System, MMDB, VHA clinical data, and potentially Medicare and Medicaid data; examining state Prescription Drug Monitoring Program (PDMP) data for Veterans; strengthening formal avenues for interagency research sharing; and, amplifying interagency outreach and messaging for National Suicide Prevention Month (September) through the National Suicide Prevention Action Alliance. The interagency team is also developing strategies to sustain its efforts and translate joint work into states and local communities.

- Through its Suicide Prevention Resource Center, SAMHSA leads national efforts to promote *Zero Suicide* in health care systems. SAMHSA is championing a *Zero Suicide* grant program, which will target Veterans not receiving VHA care. The National Institute of Mental Health (NIMH), SAMHSA, and the Indian Health Service are funding *Zero Suicide* grants, and working to support opportunities for grantees to share lessons learned as they strive to improve health care delivery aimed at preventing suicide.

4.2 Support and Implement National Research Action Plan Initiatives within HHS, DoD, and VA Agencies

The NRAP is a 10-year blueprint for interagency research to enhance the diagnosis, prevention, and treatment of posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI), as well as to improve suicide prevention. Federal agencies involved in NRAP are DoD, VA, and HHS — including NIMH; National Institute of Neurological Disorders and Stroke; National Institute on Alcohol Abuse and Alcoholism; National Institute on Drug Abuse; National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR); and CDC.

PTSD Research

- The Psychiatric Genomics Consortium published the largest genome-wide association study of PTSD in April 2017, using data from 20,070 Service members, Veterans, and civilian samples funded by the National Institutes of Health (NIH), DoD, and VA. This study demonstrated strong evidence of heritability, with female heritability greater than in males, consistent with earlier twin studies.
- A consortium led by VA maintains the National PTSD Brain Bank biorepository to support research on the causes, progression, and treatment of PTSD affecting Veterans. Over the past year, Brain Bank has increased its inventory of frozen brains from medical examiners; it has 40 identified live donors who consented to donate their brains after death. Several studies are underway, and the consortium's first manuscript was recently published. This VA effort parallels other research efforts funded by NIH and DoD to build and expand brain banks for TBI as well as other psychiatric and neurological disorders.
- VA and DoD are hosting meetings with PTSD experts and potential pharmaceutical industry partners to discuss how to improve treatments for PTSD by identifying new drug targets and drug development. VA established the PTSD Pharmacology Initiative to stimulate interest and research within the area of PTSD drug therapy.
- The DoD/VA Consortium to Alleviate PTSD (CAP) is performing seven clinical trials of innovative treatments for PTSD. The integration of data across treatment studies is expected

to yield additional information relevant to development of Precision Medicine approaches to PTSD treatment. In October 2016, CAP hosted the first annual Combat PTSD Conference to enhance collaboration among scientists and clinicians.

- NIH/NIMH began a $21 million five-year study to carefully track 5,000 people exposed to acute trauma. The study will provide improved risk prediction through a detailed map of factors playing a role in the development of psychopathology and will also identify promising new treatment targets.
- VA is engaging in the Learning Healthcare Initiative (LHI), supporting research that translates discoveries to improve clinical care. LHI allows clinicians to benefit from access to big data and applies rigorous methods to produce knowledge that can benefit whole populations or whole healthcare systems. Currently, VA supports 31 LHI studies focused on provider behavior and measurement science.

Suicide Prevention Research and Predictive Analytics

- Army and NIMH funded the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) from 2009 to 2015. DoD has committed to support STARRS Longitudinal Study (STARRS-LS), launched in 2015, to perform longitudinal follow-up of approximately 72,000 participants from the original Army STARRS study through 2020. Re-contact and surveys of participants began in October 2016; more than 7,000 individuals had been surveyed as of April 2017. Army STARRS leadership is also working with VA to make VA health data available from the STARRS-LS subjects who use VA health services.
- Army's Research Advisory Team continues to monitor and review the Army STARRS project to identify actionable findings for potential implementation. More than 70 research articles have been published to date; Army reviews findings as they are released. This systematic review has yielded improvements in Army suicide prevention efforts. This review also has enhanced DoD leadership awareness of the range of behavioral health programs that could potentially address identified risks through better integration of behavioral health into other types of care.
- VA made its Systematic Review of Suicide Prevention in Veterans (2015)[1] available to the public to share the progress VA continues to make in advancing Suicide Prevention evidence-based practices to the benefit of Veterans. This review is integral as its findings will inform the delivery of care to Veterans outside of the VHA, who represent a large majority of the number of Veterans who die per day by Suicide. This review updates evidence on the accuracy of methods to identify individuals at increased risk for suicide, and the efficacy/effectiveness and adverse effects of healthcare service interventions in reducing suicide and other suicidal self-directed violence. Important areas of ongoing research and current evidence gaps on suicide prevention are also addressed. Finally, this report includes studies relevant to healthcare services provided to Veterans and military personnel in the United States, and updates three previous VA Evidence-based Synthesis Program reviews on these topics.

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[1] www.hsrd.research.va.gov/publications/esp/suicideprevention.cfm

- Building upon the predictive model established through the Army STARRS project, VA validated its own risk algorithm using VA's electronic medical records resulting in approximately 6,700 Veterans identified on a monthly basis for enhanced outreach. This VA initiative, Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET), is a clinical quality improvement program which includes use of this VA-specific algorithm to identify high-risk patients. Using data from nearly six million VA patients, this prediction model distinguishes patients according to suicide risk within the next year. REACH VET notifies local coordinators and providers of patients at the highest risk for suicide through a dashboard in the VA medical record system, and prompts providers to conduct re-evaluation of care and outreach based on a pre-determined script. Pilot testing is ongoing at all VA medical centers, and a randomized program evaluation began in 2017. VA will translate knowledge gained through this process to DoD regarding algorithm validation, script utilization, and evaluation as joint work continues.
- NIH funded the largest emergency department-based suicide intervention trial ever conducted in the United States, ED-SAFE, to examine if universal screening followed by safety planning guidance and periodic phone check-ins could reduce suicidal behaviors.[2,3] Universal screening was found to be feasible and lead to a nearly twofold increase in risk detection.[4] Important baseline factors — lower education, other recent emergency department visit, prior non-suicidal self-injury, current alcohol misuse, and intent or planning — were predictive of future suicidal behavior.[5] The delivered intervention led to a 30% decrease in suicide attempts over 52 weeks of follow-up compared to standard emergency department care.[6]
- Crisis response planning (CRP) reduced suicide attempts by 75% in two separate clinical trials in active duty Army populations.[7,8] Crisis response planning is one of several components of Brief Cognitive Behavior Therapy. A number of state and federal institutions have implemented CRP, including Madigan Army Medical Center and the U.S. Army Recruiting Command. VHA also instituted a safety planning intervention similar to CRP.

TBI Research

- The Chronic Effects of Neurotrauma Consortium is the largest medical research project jointly funded by DoD and VA. In late 2016, this Consortium published a special issue in the journal *Brain Injury* discussing findings related to increased understanding of: (1) the incidence and pathophysiology of mild traumatic brain injury (mTBI); (2) whether mTBI pathophysiology is a risk factor in the development of neurodegeneration and other co-existing morbidities; (3) developing diagnostic and prognostic tools for the pathophysiology of mTBI; and (4) assessing the efficacy of interventions on mTBI pathophysiology.

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[2] https://clinicaltrials.gov/ct2/show/NCT01150994?term=ED-SAFE&rank=1
[3] https://projectreporter.nih.gov/
[4] Boudreaux et al., Am J Prev Med. 2016 Apr;50(4):445-453. doi: 10.1016/j.amepre.2015.09.029. Epub 2015 Dec 4.
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[7] Bryan et al, J Affect Disord. 2017 Apr 1;212:64-72. doi: 10.1016/j.jad.2017.01.028. Epub 2017 Jan 23.
[8] Rudd et al, Am J Psychiatry. 2015 May;172(5):441-9. doi: 10.1176/appi.ajp.2014.14070843. Epub 2015 Feb 13.

- Two joint NIH- and DoD-funded studies, *Transforming Research and Clinical Knowledge in TBI and TBI Endpoints Development*, were issued a letter of support from the Food and Drug Administration Center for Devices and Radiological Health for consideration of magnetic resonance imaging (MRI) biomarkers as a potential diagnostic tool for mTBI.
- NIDILRR and CDC are engaged in a multi-year program of epidemiologic research on inpatient rehabilitation of moderate to severe TBI. The goal is to determine rates of inpatient rehabilitation and the associated long-term outcomes of the care received. This is based on the large, longitudinal TBI Model Systems National Database. A 2016 policy fact sheet summarized findings from the program and specified ways federal and state decision-makers, service providers, and researchers might respond to the lifetime conditions that often occur after moderate to severe TBI.
- NIH and DoD collaborated to improve procedures to assist researchers in entering data into the Federal Interagency TBI Research (FITBIR) Informatics System. FITBIR has archived data from more than 40,439 participants, and it has exceeded 1.5 million data elements shared. NIH and DoD are working together to implement FITBIR policy changes and to refocus data submission efforts to conform to common data elements for TBI.
- NIH and DoD are leaders in International TBI Research collaboration, an international effort among the United States, Canada, and Europe to develop standard operating procedures such as common data collection and data archiving processes to allow for international data sharing across multiple research studies.
- Approximately 15 to 20 percent of Service members returning from Operation Iraqi Freedom reported having at least one TBI during their tours of duty. Data suggests that a higher percentage of Service members deployed for Operation Enduring Freedom in Afghanistan have suffered TBIs. DoD has established a brain tissue repository to which families of deceased Service members and other eligible donors may contribute. The repository will enable scientists to conduct research on many aspects of TBI, including its relationship to mood disorders and suicide.[9]

4.3 Initiate Data Collection for Joint Clinical and Outcome Measures to Track Behavioral Health Service Utilization and Outcomes Across Agencies to Support Veterans, Service Members, and their Families

Common Mental Health Measures

- As part of the NRAP, NIH, DoD, and VA strongly encourage the use of common data elements (CDE) in funded mental health and TBI research. The agreed-upon mental health measures (e.g., for PTSD and suicide prevention) are contained in a web-based database available for use by investigators who are designing research studies.
- The Departments instituted terms and conditions surrounding data sharing for several projects meeting criteria for CDE and data sharing plans under the NRAP, including projects to predict acute and chronic posttraumatic disorder trajectories and to prevent suicide. The

[9] http://www.researchbraininjury.org/brain-tissue-donation

MSRC provides an excellent example of the use of common data elements. MSRC combines data from several smaller projects to analyze suicidal ideation in several thousand individuals, which was possible because the smaller studies used identical data elements. The Research Domain Criteria Database is specified as the data repository for the harmonization and sharing of individual, item level, and summary research data. Data are deposited every six months during the project.

- DoD and VA continue to electronically administer a common set of measures linked to the electronic health record for use by mental health clinicians: Generalized Anxiety Disorder 7 (GAD-7); Patient Health Questionnaire for Depression (PHQ-9); Posttraumatic Stress Disorder Checklist 5 (PCL-5); and questions monitoring alcohol and tobacco use over the past 30 days. The ITF Common Metrics WG submitted a report to the ITF Co-Chairs in September 2016 detailing Department progress in implementing the measures. Additional information on the number of administrations by measure is available in Table 2.
- Unlike VA and DoD, SAMHSA does not operate an agency-controlled healthcare services system and therefore does not directly perform mental health screenings. Despite this difference, efforts continue to encourage adoption of the common measures through SAMHSA state and grantee provider networks. SAMHSA recently launched a new data collection system for all of its grantees known as the Performance Accountability and Reporting System (SPARS), and some programs have included the tobacco and alcohol use measures into their reporting requirements. Requests around the adoption of these measures will also be formalized in FY 2018 as updates to SAMHSA's National Outcome Measurement System (NOMS) are scheduled to occur.
- Additional information can be found in the table below:

Table 2. Summary Measure Implementation by Department

Mental Health Measures Tracked Enterprise-wide			
Measure	**VA**	**HHS/SAMHSA**	**DoD**
PHQ-9	✓ Utilized as a symptom monitor within the Mental Health (MH) Measurement Based Care (MBC), Primary Care Mental Health Integration (PCMHI) and Evidence-Based Practices (EBP) programs. Usage numbers for FY 2017 were 550,665.	✓ (selectively) Used in some discretionary grant programs to track depression and suicidality.	✓ Administered by all Services through BHDP and as part of pre- and post-deployment mental health assessments.
GAD-7	Used by MH MBC initiative as a symptom monitor for anxiety disorder. Usage numbers for FY 2017 were 155,770.	Not required by HHS / SAMHSA grant programs.	✓ Administered by all Services through BHDP.
PCL-5	✓ Used as a symptom monitor within the MH MBC, PCMHI, EBP programs. Usage numbers for FY 2017 were 281,920.	⃠ Not used.	✓ Administered by all Services through BHDP and as part of pre- and post-deployment mental health assessments.

Mental Health Measures Tracked Enterprise-wide			
Measure	**VA**	**HHS/SAMHSA**	**DoD**
Alcohol Use	✓ Alcohol Use Disorders Identification Test (AUDIT-C) is used as a screening tool for problem drinking. Usage numbers for FY 2017 were 5,505,003. Brief Addiction Monitor-Revised (BAM-R) used as outcome monitor in SUD settings. Usage numbers for FY 2017 were 32,703.	✓ (selectively) A variety of alcohol screening tools including the AUDIT and AUDIT-C are used in some of HHS/SAMHSA's discretionary grant portfolio.	✓ AUDIT-C administered by all Services through BHDP and as part of pre- and post-deployment mental health assessments.
Tobacco Use	✓ VA conducts annual screening for tobacco use. This information is captured using health factors, a data element within the electronic health record (EHR).	✓ (selectively) A variety of tobacco screening tools are used in some of HHS/SAMHSA's discretionary grant portfolio.	✓ Administered by all Services through BHDP.

Technological Platforms and Applications

- As of June 2017, the Behavioral Health Data Portal (BHDP) is deployed at all DoD medical treatment facilities (MTFs). BHDP is a secure, automated system allowing providers, patients, and clinical leaders access to vital patient-centered clinical outcomes data for mental health conditions and substance use disorders (SUDs). BHDP is being utilized by clinics to collect patient-reported outcomes across the five common measures. DoD and VA are collaborating on the use of measurement-based care built on strategies and lessons learned from BHDP implementation across the Services.

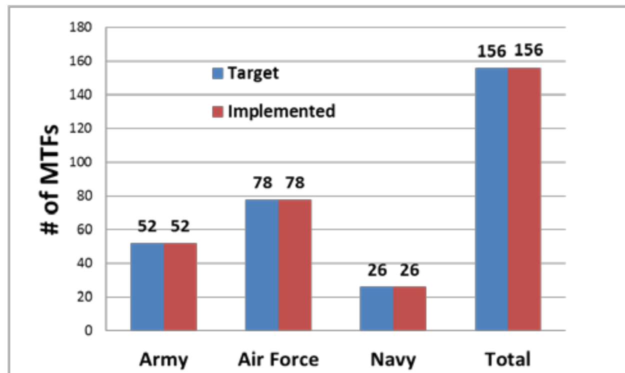

Figure 1. BHDP implementation across designated Service MTFS through June 2017

- VA has implemented a national initiative for Measurement-Based Care (MBC) in mental health. At the beginning of Fiscal Year (FY) 2017, 59 VA facilities were approved to begin implementation of MBC in their local mental health clinics. Those MBC Champion Sites are implemented in more than 170 unique clinics across 18 VISNs. Sites are required to implement the repeated use of at least one of four patient reported outcome measures: GAD-7, PHQ-9, PCL-5, or the Brief Addiction Monitor (BAM). Sites are encouraged to implement MBC with Veterans new to mental health programs, and required to capture measurement data in the electronic medical record. Sites are using new infrastructure to provide extensive reports and feedback on their implementation methods, challenges, and successful strategies. National implementation of VA's MBC effort is planned to launch in FY 2018.

- VA Secretary David Shulkin announced on June 5, 2017, VA will migrate from the Veterans Information Systems and Technology Architecture (VistA) to a commercial-off-the-shelf (COTS) EHR platform modeled after the Military Health System (MHS) GENESIS platform. VA's decision to adopt and implement the next generation EHR was informed by VA clinicians, chief information officers from various sectors, Government Accountability Office (GAO), Inspector General (IG) reports, and Blue Ribbon Commission recommendations. The use of a COTS platform mirroring DoD's EHR decision is expected to improve medical record interoperability between DoD and VA. Once fully implemented, this will improve health information sharing, and facilitate and improve medical treatment continuity between the Departments.

4.4 Build and Enhance Community Partnerships to Support Military and Veteran Families

Community Partnership Events and Resources

- VA Community Mental Health Summits are entering their sixth year and remain critically important to identifying needs and gaps in caring for Veterans and their families. From 2013 to 2017, more than 64,000 individuals have participated in a Community Mental Health Summit.
- A one-stop web-based interagency repository of resources and tools was developed with input from VA, DoD, and SAMHSA and launched for public use on VA's Community Provider Toolkit (CPT) website in March 2016. CPT had 55,131 page views from March 2016 to July 2017, and the ITF repository had 1,504 page views. CPT and its interagency resource page are being evaluated and re-designed for increased impact based on user research. The repository provides a single point of access to resources including the National Resource Directory, SAMHSA Treatment Locator, Military OneSource, Military Families Learning Network (MFLN), and Defense Centers of Excellence on Psychological Health and Traumatic Brain Injury (DCoE).
- DoD maintains and coordinates with ITF partners on MFLN to provide military family service professionals with information, education, training, and resources to enhance their capacity to support Service members and their families. More than half of MFLN web learning attendees are from VA, HHS, and higher education institutions. In 2017, MFLN hosted 44 webinars, one Virtual Learning Event, and one Virtual Conference, where 5,404 service professionals attended, earning 8,459 continuing education credits. Attendees included more than 120 individuals from HHS, 284 from VA, and 424 from higher education. MFLN Facebook reach averaged more than 49,000 individuals.

VA Community Mental Health Summit Findings

At the 2017 VA Community Mental Health Summits:

- Over 500 community agencies nationwide were represented.
- 80% of MH Summits invited Give-an-Hour providers to attend and 56% of sites provided information about Give-An-Hour
- Identified needs/gaps include: increased collaboration with community partners around high-risk Veterans seeking care in community and how best to care for them (especially in regards to suicide prevention strategies across agencies); and continued education of Veterans, families, community providers, and VA staff on the wide range of programs available and how to access these services

- DoD developed a "Community Capacity Building" curriculum to train military and civilian service providers to employ results-focused planning strategies to build capacity at the local level to support military families. This curriculum supports the Building Healthy Military Communities (BHMC) pilot, a multi-year initiative across seven states (Florida, Indiana, Maryland, Minnesota, Mississippi, New Mexico, and Oklahoma) to better understand unique challenges faced by geographically dispersed Service members and their families that may impact force readiness and well-being across the active duty, National Guard, and Reserve Component populations. SAMHSA and VA support BHMC by connecting technical assistance teams and Community Veteran Engagement Boards to newly embedded state coordinators. In 2017, more than 1,200 service providers enrolled in the course and 989 have received certificates of completion.

Data-Driven Justice Initiative

- The inaugural meeting of ITF's DDJ WG took place in August 2017 to connect ITF Department staff with partners from the Departments of Justice and Housing and Urban Development, National Institute of Corrections, counties, and local communities. The ITF will provide an oversight mechanism to track and report the expanding DDJ collaboration to federal mental health leadership. SAMHSA currently addresses many community-level issues through state policy academies, which will be a pertinent medium to disseminate information about the partnership.
- Data Driven Justice (DDJ) Initiative began in October 2015, and expanded to over 130 local communities nation-wide with leadership provided by the National Association of Counties. DDJ targets "super utilizers" of emergency health services, social services, and local jails — individuals who absorb a disproportionate amount of community resources and commonly exhibit mental health symptoms, but may not have a diagnosis. DDJ merges data across social services, law enforcement, and health systems to reduce negative outcomes and mitigate inappropriate treatment of mental health issues through incarceration. The ITF Co-Chairs approved incorporation of DDJ Initiative into ITF's portfolio in June 2017.
- DDJ is a coalition of city, county, and state governments who, with support from a range of partners from non-profits, private sector, philanthropies, and universities, commit to:
  - Equip law enforcement with tools, including training first responders, to respond safely and effectively to people in mental health crisis and divert people with high needs to identified service providers instead of arrest;
  - Combine data from criminal justice and health systems to identify individuals with the highest number of contacts with police, ambulance, emergency departments, and other services; and, leverage existing resources to link them to health, behavioral health, and social services in the community; and
  - Expand preventive services such as objective, data-driven, validated risk assessment tools proven to inform safe release of low-risk defendants from jails in order to reduce the jail population held pretrial.
- DDJ's innovative strategies, implemented on a smaller scale in several communities, have measurably reduced jail populations, helped stabilize individuals and families, and reduced government expenditures on super utilizers.

- DoD's Service Member Justice Outreach Project (SMJOP) is a program with similar goals to DDJ and evolved from the 2010 joint DoD/VA Integrated Mental Health Strategy. SMJOP provides specialized mental health support and services to Service members facing possible adverse discharges due to disciplinary action. From 2014 – 2016, 378 Service members were enrolled in the SMJOP across three participating pilot sites, which received highly positive feedback. SMJOP works closely with commands, medical and mental health, legal, chaplains, and other stakeholders to identify and assist a segment of the separating population who may be at higher risk for suicide and other mental health issues that are often corollaries of legal and disciplinary action.

4.5 Implement and Enhance Policies and Procedures to Support Full Inclusion of Lesbian, Gay, Bisexual and Transgender Populations in Departmental Programs

Education, Training, and Programs

- A VA/DoD Joint Incentive Fund (JIF) proposal establishing a Transgender (TG) Specialty Care Access Network-Extension for Community Healthcare Outcomes (ECHO), was reviewed for funding by the Health Executive Committee (HEC) but ultimately not funded due to uncertainty about DoD policy regarding transgender Service members. The proposal would have trained up to 12 cohorts of DoD healthcare providers on TG care using best practices identified and implemented by VA. However, DoD providers have access to several VA trainings on transgender care through a public Internet platform, VHA TRAIN, a free service of the Public Health Foundation. Learners receive free continuing medical education hours.
- SAMHSA supported presentation of the DoD MFLN Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth Webinar Series to thousands of its grantees during April 2017. Two archived webinars on LGBT and Transgender family education, respectively, have been viewed over 200 times following the initial presentation in April.
- VA issued its first national directive on healthcare for Veterans who identify as lesbian, gay, or bisexual in July 2017. The directive asks providers to assess sexual orientation identity and conduct a brief history of sexual health at intake and update at least annually in order to best address the needs of sexual minority Veterans. A training is available to assist providers in assessment of sexual orientation and sexual health. This training is available on the VA web-based educational platform and to DoD and community providers on the public site VHA TRAIN. Learners receive free continuing medical education hours.
- VA LGBT Health Program oversees two national clinical consultation programs designed to enhance treatment for TG Veterans. These programs include: 1) completed training for 75 interdisciplinary teams of nearly 600 VA providers in TG care through a biweekly case-based videoconferencing program, and 2) 530 nationwide e-consultation on TG Veteran clinical care needs through the electronic medical record. Four DoD teams participated in a recent case-based videoconferencing series. Both programs are being tailored to focus on the particular needs of rural VA healthcare providers from 2017 to 2019.

- Several educational initiatives about LGBT Veterans have been produced through the VA LGBT Health Program and made available on the VA web-based educational platform, and to DoD and community providers on public Internet sites such as VHA TRAIN, a free service of the Public Health Foundation. To date, LGBT-related programs have been viewed more than 28,000 times on the VA site and 368 times on the public VHA TRAIN site.
- VA Office of Academic Affiliations and Mental Health Services supports nine post-doctoral fellowships for the training of psychologists in unique treatment needs of LGBT Veterans. More than half of fellows accept clinical or research positions in VHA or other federal agencies upon completion of the fellowship.
- Forty-five VA facilities were named "Leaders in LGBT Health" by the Human Rights Campaign, following a self-study and education program called the Healthcare Equality Index.
- VA LGBT Health Program partnered with VA facilities to identify at least one LGBT Veteran Care Coordinator at every medical center. Currently, 173 local LGBT Veteran Care Coordinators work to identify gaps in services, train staff, and create a more welcoming environment for LGBT Veterans at 168 VA medical centers and community outpatient clinics.
- VA launched the initial phase of a new Self-Identified Gender Identity demographic field in the electronic record system and the LGBT Health Program and Population Health produced a 20-minute training video and downloadable resources to support and educate the field about this change. Over 5,000 staff have viewed this training, and pilot assessment in one region demonstrated that the training was well-received and that frontline staff found it helpful. Later phases will make the data visible in the health record system.

Reports, Policies, and Guidance

- SAMHSA contributed to the HHS Healthy People 2020 Midcourse report, highlighting that inclusion of questions identifying LGBT populations are increasing in population-based data systems.
- MHS stakeholders including Office of the Assistant Secretary of Defense for Health Affairs (OASD[HA]), Defense Health Agency (DHA), and the military Services are collaborating to develop a DoD TG DHA-Interim Procedures Memorandum. This issuance will provide additional implementation details to the OASD(HA) guidance for medical care of TG Active Duty Service members (ADSM) and Reservists who have been diagnosed with gender dysphoria.
- Since OASD(HA) guidance on gender dysphoria was issued in July 2016, patients with at least one clinical encounter for gender dysphoria have quadrupled across active duty, Guard, and Reserve populations, from approximately 100 cases/month in June 2016 to over 400 cases/month in April and May 2017.
- The TRICARE Mental Health Parity Final Rule was published in Federal Register on September 2, 2016. It includes a provision to permit coverage of non-surgical, medically-necessary care among beneficiaries diagnosed with gender dysphoria by TRICARE

purchased care providers, to include psychotherapy, pharmacotherapy, and hormone treatment.

- VA LGBT Health Program in the Office of Patient Care Services is responsible for Directive 2013-003, *Providing Health Care for Transgender and Intersex Veterans*.

4.6 Ensure Effective Policy and Practice Integration Addressing Substance Use Disorders in Populations Served by the Departments

Opioid Therapy and Pain Management

- Through its coordinating function, ITF is taking necessary steps to ensure responsible pain and medication management by DoD, VA, and community providers as part of the joint federal response to the national opioid epidemic. An updated VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain (OT CPG) was released in February 2017, with collaboration from VA and DoD subject matter experts. The OT CPG includes objective, evidence-based information on management of chronic pain. It is intended to assist healthcare providers in all aspects of patient care, including, but not limited to, diagnosis, treatment, and follow-up. The goal of the guideline is to improve the patient's health and well-being by providing evidence-based guidance to providers treating patients with, or being considered for, opioid therapy. The CPG outlines clear and comprehensive evidence-based recommendations to incorporate current information and practices for all clinicians throughout DoD and VA healthcare systems.

VA/DoD Opioid Therapy for Chronic Pain Clinical Practice Guideline

Expected outcomes:

- Assess the patient's condition
- Optimize health outcomes
- Improve quality of life
- Minimize preventable complication and morbidity
- Emphasize patient-centered care

Updated sections (from previous OT CPG):

- Initiation and Continuation of Opioids
- Risk Mitigation
- Type, Dose, Follow-up, and Taper of Opioids
- Opioid Therapy for Acute Pain

- DoD and VA collaboratively hosted a webinar in June 2017 on the OT CPG offering continuing education units (CEUs) for providers to learn how to discern patient expectations, evaluate the use of patient-centered care, choose an appropriate chronic pain therapy, and minimize adverse outcomes of pain therapy. Over 260 attendees participated in the webinar, and received informational pain management resources to share with patients, including "Patient Information Guide: Long-term Opioid Therapy for Chronic Pain" and "Managing Side Effects and Complications of Opioid Therapy for Chronic Pain."

- Through an interagency partnership, DoD, VA, and HHS announced in September 2017 a multi-component research project focusing on non-drug approaches for pain management addressing needs of Service members and Veterans. Twelve research projects, totaling approximately $81 million over six years (pending available funds), will focus on developing, implementing, and testing cost-effective, large-scale, real-world research on non-drug approaches for pain management and related conditions in military and Veteran health care delivery organizations. NIH will be the lead HHS agency in this partnership.

- DoD's Opioid Prescriber Safety Training Program was developed by DCoE with consultation and assistance from substance use, pain, and primary care Service representatives, National Capital Region's Opioid Safety Program, and Defense & Veterans Center for Integrative Pain Management. The training, published in November 2016, consists of two one-hour modules outlining safe opioid prescribing, including guidelines for prescribing opioids for chronic pain. As of June 2017, approximately 13,000 DoD prescribers out of an estimated total of 19,000 who prescribe controlled substances (68%) have completed the training.
- VA continues to pursue a comprehensive strategy to promote safe prescribing of opioids when indicated for effective pain management. The purpose of the Opioid Safety Initiative is to ensure pain management is addressed thoughtfully, compassionately, and safely. Based on comparisons of national data between the quarter beginning in July 2012 and the quarter ending in September 2017, several aspects of the Opioid Safety Initiative demonstrate positive results. Despite an increase of 157,923 Veterans who were dispensed any medication from a VA pharmacy, 192,742 fewer Veterans were on long-term opioids, and 82,285 fewer Veterans received opioid and benzodiazepine medications together. There has been an increase in the percentage of Veterans on opioid therapy who have had at least one urine drug screen from 37 percent to 88 percent. The average dose of selected opioids has continued to decline as 33,565 fewer patients were receiving daily doses greater than or equal to 100 milligrams of morphine equivalent, demonstrating that prescribing and consumption behaviors are changing.
- Additional developments to promote opioid safety include a requirement for signed informed consent with standardized patient education for those on opioid analgesics for more than 90 days and national guidance supporting opioid overdose education and naloxone distribution including availability by prescription of standardized intranasal and intramuscular naloxone overdose prevention kits through the Centralized Mail Outpatient Pharmacy. As of FY 2017, VHA has distributed naloxone kits to approximately 84,000 Veterans with over 10,500 unique VA clinicians providing this new prevention intervention to patients. During early implementation efforts, 172 overdose rescues were reported spontaneously to the national workgroup by participating clinicians.
- VA and DoD collaborate to promote drug take-back among military and Veteran populations to provide beneficiaries with a way to properly and safely remove unused and expired medications from circulation to mitigate suicide attempts, prescription misuse, diversion, or accidental poisoning. The Departments produced a joint PSA on medication take-back in 2016. VA offers take-back services through mail back envelopes and on-site receptacles for Veterans to safely dispose of unwanted/unneeded medications. Through June 2017, Veterans have returned over 45 tons (90,960 pounds) of unwanted/unneeded medication using these services. DoD sponsors an enterprise-wide MHS Drug Take-Back program, and MTFs participate in Drug Enforcement Administration (DEA)-hosted Prescription Drug Take-Back Days. Collected medications by military Service are below:

Table 3. Total weight of unwanted prescriptions collected across MHS through December 2016

	DEA-Sponsored Drug Take-Back Days	Ongoing Collection at MTFs
Air Force	15,884 pounds	42,691 pounds
Army	12,749 pounds	45,104 pounds
Navy	3,826 pounds	1,296 pounds
NCR (Joint)	N/A	6,227 pounds

- The use of medication assisted treatment (MAT) for opioid and alcohol misuse is promoted through provider education and consultation in the Buprenorphine VA Initiative, Academic Detailing program, and Psychotropic Drug Safety Initiative, a VHA nationwide psychopharmacology quality improvement program aiming to improve the safe and effective use of evidence-based psychopharmacologic treatments across VHA. In FY 2016, over 22,000 Veterans received medication for opioid use disorder, representing a five percent increase from the previous fiscal year.
- DoD, VA, and SAMHSA partner to provide quarterly buprenorphine training to federal providers as a prerequisite for the DEA waiver for eligible providers; 221 DoD, VA, and community providers were trained through this collaboration between May 2015 and May 2017.
- ITF partners are coordinating across PDMP database systems, as necessary and safe, to share patient prescription data in order to prevent diversion of medications. VA pharmacy data is shared with 47 states and the District of Columbia, with data sharing agreements in progress for the remaining states. State PDMP data is available through a data hub administered by the National Association of Boards of Pharmacy (NABP); approximately 40 states are participating. DoD is also exploring a protocol to access state PDMP data through a secure NABP platform that would allow MTFs to track cash purchases of prescriptions outside the TRICARE network. Clinicians and pharmacists are working together to identify risks based on trends in data, and sharing information across DoD, VA, and state PDMP programs to close gaps and standardize prescribing practices with applicable alternatives to opioids.

Legislation and Policy Directives

- The 21st Century Cures Act was signed into law on December 13, 2016. The legislation mandates HHS/SAMHSA to collaborate with other federal departments, including DoD, VA, Housing and Urban Development (HUD), and Labor (DOL) to improve care for Veterans and Service members. Funding to state programs is distributed based on an algorithm to proportionately balance the number of state programs with the number of opioid deaths. SAMHSA will coordinate the HHS response, and VA will reach to community members and Veterans to support this effort. The legislation also established the requirement to stand up the Interagency Serious Mental Illness Coordinating Committee (ISMICC) to report to the HHS Secretary, Congress, and relevant federal agencies regarding advances in serious mental illness and serious emotional disturbance research, treatment, and interventions.

- ISMICC includes membership from DoD and VA and is chaired by the HHS Assistant Secretary for Mental Health and Substance Use — a new position created under the 21st Century Cures Act.
- ISMICC's inaugural meeting was held on August 31, 2017 and included senior mental health leadership representation from HHS, VA, and DoD. ISMICC will stand up working groups to identify needs, challenges, and gaps in the field of Serious Mental Illness. ITF can assist by advising ISMICC on interagency governance structures and processes to collaboratively address gaps in federal mental health policy and programs.
- The provisions in Table Four detail potential areas of intersection between the 21st Century Cures Act and ITF's mission that may be prioritized for further alignment.

Table 4. 21st Century Cures Act Provisions

Section	Description
Section 1003	Provides $1 billion over two years for grants to states to supplement opioid abuse prevention and treatment activities, such as improving prescription drug monitoring programs, implementing prevention activities, training for health care providers, and expanding access to opioid treatment programs.
Section 6031	Establishes the ISMICC to report to the HHS Secretary, Congress, and relevant federal agencies regarding advances in serious mental illness and serious emotional disturbance research, treatment, and interventions. ISMICC is chaired by the HHS Assistant Secretary for Mental Health and Substance Use, and includes membership from DoD and VA.
Section 14017	Ensures that Veterans receive due process protections before being adjudicated as mentally ill by VA.

- The TRICARE Mental Health Parity Final Rule, published in September 2016, reduced barriers to mental health and SUD treatment, including offering expanded coverage to intensive outpatient programs and venues for MAT for opioid use disorder. Recent TRICARE Operations Manual changes streamlined participation agreement requirements for institutional care providers to expand TRICARE criteria and allow properly credentialed civilians to provide care within the TRICARE network. DoD is working with HHS and VA to educate civilian providers about these changes in order to improve access to care following rule effectiveness in July 2017.

4.7 Advance Policies and Practices That Address Military Sexual Assault, Military Sexual Harassment, and Military Sexual Trauma, and Health Concerns Related to These Experiences

Veterans Access, Choice, and Accountability Act of 2014 (VACAA) Implementation and Outcomes

- Following passage of VACAA, VA expanded eligibility for military sexual trauma (MST)-related care to include sexual trauma experienced during inactive duty training, which pertains primarily to Reservists and National Guard members on weekend drill. VACAA Section 402 also authorizes VA to provide counseling and treatment to ADSMs who experience sexual assault or harassment while serving on active duty, active duty for training, or inactive duty training without need for a referral from DoD.

- In October 2015, the VA-DoD HEC endorsed a plan to implement VACAA Section 402 at VA Vet Centers, to ensure that MST-related counseling services would be provided confidentially to ADSMs. Vet Centers records are fully confidential with respect to DoD and maintained separately from DoD or VA medical facility records. Vet Centers have MST counselors on staff, who are fully trained and licensed mental health professionals clinically experienced in treating psychological trauma and associated issues such as anxiety, depression, and substance use disorder. In FY 2017, 605 ADSMs received confidential MST-related counseling at Vet Centers, for a total of 5,311 MST-related visits. This represents a 65% increase in the number of ADSMs receiving MST-related services (from 367), and an increase of 103% of MST-related visits (from 2,615) since FY 2015. VA and DoD will continue to promote and facilitate utilization of services through extensive outreach to ADSMs, to inform them about all services available from both Departments, as well as provide information to VA and DoD healthcare providers to ensure they are also knowledgeable. Towards this end, a DoD/VA MST work group has already drafted brochures describing VA and DoD services for ADSMs who have experienced sexual assault or harassment during military service (see Information Sharing section below).
- Following guidance from the VA-DoD Joint Executive Committee (JEC) in 2016 to further expand ADSM access to VA MST-related care, a VA-DoD Workgroup has been exploring implementing Section 402 at VA Medical Centers (VAMCs). The first phase of implementation at VAMCs would be a limited rollout at three "focused review" sites (VAMCs near large military bases).
- In order to implement Section 402 at VAMCs, a number of new business requirements related to enrollment, appointment scheduling, documentation of care, and billing would need to be implemented to protect ADSM privacy to the greatest extent possible. The DoD/VA MST work group worked extensively with the VA Office of Information and Technology (OI&T) to develop an architecture plan to make these modifications. This plan was completed in Q4 FY 2017; however, OI&T has notified the Workgroup there is currently no funding available to implement the new requirements. If funding were to become available, there would be a significant time requirement for implementation, due the complexity of the required changes.
- VA and DoD are continuing to collaborate to provide ADSM access to VA MST-related care without a referral in a way that preserves their privacy to the greatest degree possible. This includes developing outreach strategies to inform ADSMs about the services available to them from both Departments, as well as providing information to VA and DoD healthcare providers.

Information Sharing

- VA and DoD are collaborating on streamlined outreach brochures to inform ADSMs about the services available to them from both Departments. A brochure describing VA MST-related services and resources available to ADSMs will be distributed in DoD, and a brochure describing DoD Sexual Assault Prevention and Response services and DoD healthcare resources will be available at both VAMCs and Vet Centers.
- Vet Centers are conducting outreach to ADSMs to inform them about the availability of confidential MST-related readjustment counseling services available at Vet Centers, with

particular focus on military installations, National Guard Armories, and DoD health screening and Transition Assistance Program events. VA's Readjustment Counseling Service, which has national oversight for Vet Centers has made available its own informational materials, as well as DoD's Sexual Assault Health Care Support for Patients pamphlet, at all Vet Centers. Once finalized, the two new outreach brochures in development (described above) will also be made available to all Vet Centers.

4.8 Advance Workforce Development Models That Support Veterans, Service Members and Their Families

Training and Dissemination of Best Practices

- *Military Culture: Core Competencies for Healthcare Professionals* is a free, four-module course that trains healthcare professionals to be more culturally competent when working with Veterans, Service members, and their families. The online course was developed jointly by DoD and VA to educate providers, including psychologists, psychiatrists, nurses, social workers, licensed professional mental health counselors, and marriage and family therapists about military culture and its unique effect on a patient's views and behaviors. Following extensive interagency dissemination of information about the training, continuing education credits have been awarded to over 6,000 providers, including more than 3,500 community providers and 2,500 DoD and VA providers, for completion of the first module of the course as of July 2017.DoD and VA collaborated on the development of three additional courses on aspects of military culture to complement the existing four-module course *Military Culture: Core Competencies for Healthcare Professionals* that trains healthcare professionals to be more culturally competent when working with Veterans, Service members, and their families. One of the new courses is directed toward primary care staff, another toward chaplains, and the third toward health care professionals working with members of the National Guard and Reserve Component. All courses are accredited through VA's Employee Education System for continuing education credits and available through VA's TRAIN site.
- DoD, VA, and HHS collaborate through a WG to determine best practices for developing the skills of peers (people with lived experience), peer services, and their role in supporting prevention, treatment, and recovery support. VA and SAMHSA are pursuing peer support through an expanded peer workforce and research. SAMHSA and VA co-authored a white paper on peer support standards and best practices in Spring 2017.
- VA and SAMHSA partnered in March 2017 to host a policy academy focused on the roles of peers in suicide prevention. The offering was virtually broadcast among military and Veteran peers at locations in eight states, including Florida, Illinois, Michigan, Missouri, New York, Pennsylvania, Texas, and Virginia. The academy was well-attended by VA peer support workers, allowing this federal workforce population to connect and share strategies with Suicide Prevention Coordinators, VISN Mental Health Leads, National Guard Suicide Prevention staff, and community members. As a result of this collaboration, delegations from seven states and one city formed consensus on implementing best practices related to suicide prevention and peer support, and created draft implementation plans outlining action items, outcome measures, and a timeline for implementing joint priorities.

- On January 17, 2017, VA entered into an agreement with HHS to place up to 20 United States Public Health Service (USPHS) clinicians in VA mental health and primary care clinics in underserved communities. The agreement also allows up to 10 more USPHS officers to help support coordination for Veterans receiving non-VA community care. The arrangement will support USPHS officers assigned to VA billets with the potential for long-term employment opportunities. VA is engaging DoD and HHS for lessons learned based on an existing psychological health staff augmentation Memorandum of Understanding with USPHS. VHA and HHS are working proactively to match potential providers to clinics with high need, including additional mental health services. HHS is currently screening potential candidates, after which VHA will join in the selection and assignment process.
- SAMHSA identified an opportunity to facilitate entry of Veterans into post-military careers in behavioral health professions. SAMHSA's Service Members, Veterans, and their Families Technical Assistance Center held two Learning Collaborative calls in May 2017, with ten different state teams focused on leveraging military training licenses from DoD service (e.g., for medics and corpsmen) into reciprocal opportunities in the private sector. A related event, "Promoting Career Pathways for Veterans in the Behavioral Health Field," was held in June 2017, with VA and DoD representation for education, government, military educators, and workforce development leaders to collaborate on this initiative.

Policy Responses

- VA has implemented Section Five of the Clay Hunt Suicide Prevention for American Veterans Act to develop Community Peer Support Networks in five VISNs where there are large numbers of Veterans transitioning from active duty, including the National Guard and Reserve components. In these networks, (covering Alabama, Arkansas, California, Georgia, South Carolina, Texas, and Virginia) VA has performed collaborative and outreach activities where Veteran and military culture peer support training and agency navigational guidance have occurred, to promote suicide prevention and mental health treatment for the targeted populations. These new peer support networks participate in the VA's existing annual Mental Health Summits. This is a three-year pilot ending in January 2019.
- FY 2017 National Defense Authorization Act Section 742 authorized DoD to conduct a pilot program to assess the feasibility and advisability of expanding the use of physician assistants specializing in psychiatric medicine at MTFs in order to meet the increasing demand for mental health care providers. The MHS Mental Health WG and Uniformed Services University of Health Sciences are providing an analysis of mental health supply and demand based on deployment trends to make recommendations to MHS leadership on the specifications for the proposed pilot. Parallel efforts to integrate psychiatric physician assistants into the mental health workforce to meet demand are also taking place within VA and the private sector. DoD will work with VA and HHS partners to leverage industry standards developed through these programs.

5. CONCLUSION

This report provides an update on interdepartmental actions during FY 2017 to fulfill the ITF's mission through a consensus-driven strategy and recommendations. It outlines continuing efforts to further improve mental health care coverage and access, prevention and treatment programs, transitions, and development opportunities for Veterans, Service members, and their families. While each of the ITF recommendations varies in scope, affected populations, and intra- and inter-agency resource allocations, the ITF partners offer this report to demonstrate the significant strides and way forward for mental health policies and programs across the federal government. Readers should consider this report a sampling of initiatives across a wide portfolio that comprehensively address the mental health needs of Veterans, Service members, and their families.

In the coming years, the ITF will continue its governance function based on the policy priorities and resources allocated by Congress and the Administration. The Co-Chairs will continue to shape the design and execution of the ITF recommendations, with the ITF staff providing an ongoing feedback loop to identify and address emerging mental health risks and challenges on the ground and in the field. The Departments will also continue to work with the White House, federal mental health care experts, and community assets to advance care and improve outcomes for Veterans, Service members, and their families.

APPENDIX A – ACRONYM LIST

Term	Definition
ADSM	Active Duty Service Member
AUDIT-C	Alcohol Use Disorders Identification Test
BAM	Brief Addiction Monitor
BHMC	Building Healthy Military Communities Pilot [DoD]
CDC	Centers for Disease Control and Prevention
CDE	Common Data Element
CEU	Continuing Education Unit
COTS	Commercial Off The Shelf
CPT	Community Provider Toolkit [VA]
CRP	Crisis Response Planning
DCoE	Defense Centers of Excellence on Psychological Health and Traumatic Brain Injury
DDJ	Data Driven Justice
DEA	Drug Enforcement Administration
DHA	Defense Health Agency
DoD	U.S. Department of Defense
DOL	U.S. Department of Labor
ECHO	Extension for Community Healthcare Outcomes
EO	Executive Order
FITBIR	Federal Interagency Traumatic Brain Injury Research
FY	Fiscal Year
GAD-7	Generalized Anxiety Disorder 7
GAO	Government Accountability Office
HEC	Health Executive Committee [VA/DoD]
HHS	U.S. Department of Health and Human Services
HUD	U.S. Department of Housing and Urban Development
IAA	Interagency Agreement
IG	Inspector General
ISMICC	Interagency Serious Mental Illness Coordinating Committee
ITF	Interagency Task Force on Military and Veterans Mental Health
JEC	Joint Executive Committee [VA/DoD]
JIF	Joint Incentive Fund
LGBT	Lesbian, Gay, Bisexual, and Transgender
MAT	Medication Assisted Treatment
MBC	Measurement-Based Care
MCL	Military Crisis Line
MFLN	Military Families Learning Network
MH	Mental Health
MHS	Military Health System
MMDB	Military Mortality Database

Term	Definition
MOA	Memorandum of Agreement
MRI	Magnetic Resonance Imaging
MSRC	Military Suicide Research Consortium
MST	Military Sexual Trauma
mTBI	Mild Traumatic Brain Injury
MTC	Make the Connection [VA]
MTF	Medical Treatment Facility [DoD]
NABP	National Association of Boards of Pharmacy
NIDILRR	National Institute on Disability, Independent Living, and Rehabilitation Research
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
NRAP	National Research Action Plan
NSPL	National Suicide Prevention Lifeline
OASD[HA]	Office of the Assistant Secretary of Defense for Health Affairs
OI&T	VA Office of Information and Technology
OT CPG	Clinical Practice Guideline for Opioid Therapy
PCL-5	Posttraumatic Stress Disorder Checklist 5
PCMHI	Primary Care Mental Health Integration
PDMP	Prescription Drug Monitoring Program
PHQ-9	Patient Health Questionnaire for Depression
PII	Personally Identifiable Information
PSA	Public Service Announcement
PTSD	Posttraumatic Stress Disorder
REACH VET	Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment
SAMHSA	Substance Abuse and Mental Health Services Administration
SCAN	Specialty Care Access Network
SMJOP	Service Member Justice Outreach Project
STARRS	Study to Assess Risk and Resilience in Servicemembers [Army]
STARRS-LS	Study to Assess Risk and Resilience in Servicemembers Longitudinal Study [Army]
SUD	Substance Use Disorder
TBI	Traumatic Brain Injury
TG	Transgender
USPHS	United States Public Health Service
VA	U.S. Department of Veterans Affairs
VACAA	Veterans Access, Choice, and Accountability Act of 2014
VAMC	U.S. Department of Veterans Affairs Medical Center
VCL	Veterans Crisis Line
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Information Systems and Technology Architecture
WG	Working Group