HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

FEB 13 1997

MEMORANDUM FOR: ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (MRAI&E)

SUBJECT: Policy Memorandum on TRICARE Substance Abuse Treatment

References: (a) 10 U.S.C. Chapter 55
(b) DoD Instruction 1010.6, "Rehabilitation and Referral Services for Alcohol and Drug Abusers," March 13, 1985

This memorandum issues interim policies, procedures, and responsibilities regarding the provision of substance abuse treatment in the Department of Defense under 10 U.S.C. 1090 and other provisions of reference (a) pending revision of reference (b).

1. In support of its mission to provide medical services and support to members of the Armed Forces to keep them physically prepared for deployment, the Department of Defense shall provide a comprehensive TRICARE substance abuse treatment benefit to all members of the armed forces, delivered in a regional environment, with a seamless worldwide continuity of care. In addition, the Department of Defense shall, pursuant to applicable authorities offer substance abuse treatment to all eligible beneficiaries.

2. Service Medical Departments shall assume primary responsibility for the provision of substance abuse treatment within the direct care system and shall work in close coordination with the Lead Agent in each region; the "Lead Agent" is that regional Medical Treatment Facility (MTF) Commander, designated by ASD(HA), who functions as the focal point for regional health services and collaborates with the other MTF commanders within the region to develop an integrated plan for the delivery of health care for their beneficiaries. Lead Agents shall be responsible for establishing region-specific plans and programs in accordance with this policy guidance and for the delivery of substance abuse services in their respective regions. These programs shall reflect a clinical consistency across Services and regions. Regional health care plans shall be designed so as to improve access to substance abuse services for all DoD beneficiaries. Military counseling and treatment facilities, combined with civilian provider networks, shall have attributes of size, composition, mix of providers, and geographical distribution that together will adequately address the substance abuse treatment needs of all DoD beneficiaries.

3. All programs and services shall make the most efficient use of Military Health Services System (MHSS) resources. Primary care managers shall direct patients to an MTF or, when care is not available there, to civilian providers under contract to the Department in a managed care support contract

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4. All programs and services shall achieve a uniform standard of quality and shall meet the accreditation standards of the Joint Commission on Accreditation of Health Care Organizations (JCAHO) or other recognized accrediting organization.

5. All beneficiaries -- active duty members, dependents, and retirees -- are eligible for treatment, following TRICARE guidelines for access. Eligible beneficiaries shall receive substance abuse services as offered through their selected health care option: TRICARE Prime, TRICARE Extra, or TRICARE Standard.

6. All programs and services shall make effective use of information systems. Critical patient data must flow across the MHSS and through all regions; discontinuity of patient information allows for patients to continue to deny their illness and prevents effective and timely interventions, thereby interfering with military readiness. Information and data on patients receiving treatment for substance abuse will be handled no differently than patient data pertaining to any other medical condition. All records and files will be safeguarded in accordance with existing policies and procedures.

7. A continuum of substance abuse care, as determined by ASD (Health Affairs) and which is compatible with the patient placement criteria of the American Society of Addiction Medicine (ASAM), shall be provided. These criteria reflect the philosophy of placing patients in the least intensive/restrictive treatment environment, appropriate to their therapeutic needs. Variable lengths of stay/duration of treatment shall be provided within a variety of treatment settings.

8. Substance abuse services shall be provided by primary care physicians, mental health professionals, certified substance abuse counselors, and other qualified health care providers as determined by appropriate medical authority; e.g. nurse practitioners, social workers, and others with requisite skills and training. In recognition of the unique nature of substance abuse and addictions, providers of care shall be appropriately licensed or certified, and trained in the assessment and treatment of addictive disorders.

9. Adolescents between the ages of 13 and 18 shall be treated separately from adults, in programs staffed by personnel with skills and training in youth and adolescent development.

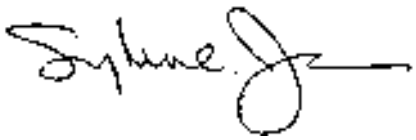
10. Treatment shall be provided for abusers of both alcohol and illicit drugs, subject to appropriate regulations for active duty members. Nothing in this program creates a right for active duty members to participate in any specific substance abuse program nor limits the ability of commanders to take adverse administrative or punitive action against active duty members.

11. Diagnostic criteria for substance abuse and dependence shall be based on the current edition of the *Diagnostic and Statistical Manual of Mental Disorders,* (DSM). Abuse and addiction are biopsychosocial conditions, the treatment of which shall be provided by a multi- disciplinary team of providers.

12. Screening, diagnosis, assessment, and treatment outcome evaluation are best accomplished with the use of scientifically-based, well-validated instruments which can be easily used and understood by providers and patients alike. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) have publications which contain descriptions of such instruments. Substance abuse program managers are encouraged to use these sources for guidance on how instruments can best be used. Screening, diagnostic, assessment, and treatment outcome evaluation instruments are tools which provide limited information and must always be used in conjunction with sound clinical judgment.

13. Substance abuse treatment is a health benefit with clear readiness implications for active duty members.

14. For active duty members, line and command involvement are critical to a comprehensive substance abuse treatment program, particularly in the prevention and early intervention stages, as well as during aftercare and follow-up activities.



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