



DoD/VA Integrated Mental Health Strategy (IMHS)

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Agenda



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- Background on Department of Defense (DoD)/Veterans Affairs (VA) mental health collaboration
 - Mission and overview of the DoD/VA Integrated Mental Health Strategy (IMHS)
 - IMHS Accomplishments
 - Joint Incentive Funding (JIF) Follow-on Initiatives
 - IMHS Actions Pending Completion
 - IMHS Ongoing Projects
 - IMHS Way Forward
 - Discussion and Questions



DoD/VA Mental Health Collaboration - Background



- **February 2002** – Joint Executive Committee (JEC) mandated to oversee joint DoD/VA initiatives; Health Executive Committee (HEC) created by JEC to manage health-related initiatives.
- **May 2007** – Senior Oversight Committee (SOC) established to “jointly develop and implement comprehensive policies on the care, management, and transition of recovering Service members” (NDAA 2008).
- **October 2009** – VA/DoD Mental Health Summit.
- **January 2010** – SOC requested development of a joint mental health strategy.
- **November 2010** – HEC approved IMHS with a 3-year implementation plan and assigned responsibility for monitoring and oversight to the HEC Psychological Health / Traumatic Brain Injury Work Group (PH/TBI WG).
- **November 2010 to present** – All 28 individual Strategic Actions within IMHS have been jointly worked with a co-lead from each Department and the majority are on track for completing all milestones within the original 3-year implementation timeframe. IMHS updates have been provided to the HEC and JEC on a bi-monthly basis.



IMHS Overview



- IMHS Mission: The Departments will advance and integrated and coordinated public health model to improve the access, quality, effectiveness and efficiency of mental health services for Active Duty Service members (SMs), National Guard and Reserve members, Veterans and their families.
- IMHS is comprised of 28 Strategic Actions (SAs) that fall under four strategic goals:
 - Expand access to behavioral health care in DoD and VA;
 - Ensure quality and continuity of care across the Departments;
 - Advance care through community partnership, education and successful public communication; and
 - Promote resilience and build better behavioral health care systems for tomorrow.
- IMHS has laid a foundation for extensive collaboration that will extend well beyond the 3-year lifecycle of the original IMHS plan and continue to transform mental health care for SMs, Veterans and their families into the future.
- Four (4) IMHS Strategic Actions were approved to receive Joint Incentive Funds (JIF) to expand on implementation and dissemination of activities begun as part of IMHS.



IMHS – Accomplishments



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- **Integration of Mental Health into Primary Care**
 - Staffed behavioral health in primary care at 88% of VA Medical Centers and large Community Based Outpatient Clinics
 - 269 of the programmed 441 primary care behavioral health providers have been hired for all three military Services and the National Capitol Region (61% of the total needed); projected completion by the end of FY14, two years ahead of schedule.
 - Hosted a joint training conference in September 2011 for 305 clinical, administrative and research leaders from DoD and VA facilities across the country.
 - **Mobile Vet Center Expansion to SMs & Veterans in Rural Areas**
 - 20 new mobile Vet Centers enhance access to readjustment counseling for Active Duty SMs, National Guard and Reserve members, and families, as well as Veterans in rural areas who are geographically distant from existing programs.
 - **inTransition Program**
 - Provides support for SMs with traumatic brain injury (TBI) and SMs identified in Post-deployment Health Reassessment (PDHRA) as needing mental health services.
 - Developed joint training video and outreach efforts to promote referrals.



IMHS – Accomplishments



- **Impact of Designating Caregivers**

- Evaluated mechanisms for identifying caregivers in advance for SMs and Veterans with severe wounds, illnesses and injuries.
- Recommended that DoD add a block on DD93 Form (Record of Emergency Data) for advance designation of a caregiver.

- **Suicide Risk and Prevention**

- Created a shared mortality data repository including all known deaths from suicide among SMs, Veterans, and members of the Reserve and National Guard.
- Hosted 1,152 attendees at 2012 DoD/VA Suicide Prevention Conference.
- Launched joint outreach campaign for Military Crisis Line (MCL)/Veterans Crisis Line (VCL), including suicide awareness Public Service Announcements (PSAs).

- **Mental Health Messaging**

- Developed a communications plan to assist all SAs in increasing awareness about available mental health services and promoting help-seeking behavior among Service members, Veterans, and their families.
- Supported the award-winning “Make the Connection” campaign, the “Stand By Them” campaign for the MCL and VCL, and associated social media messaging efforts for each campaign.



IMHS – Accomplishments



- **Web-based Self-help Strategies**

- Launched Problem Solving Training web-based self-help course (www.startmovingforward.org) in November 2012. This online educational life-coaching program is focused on resilience and prevention.
- Course is aimed at Service members and Veterans who are experiencing challenges but not yet engaged in mental health care. It can also be used in conjunction with care.

- **Role of Chaplains**

- Completed a survey of 2,163 DoD and VA chaplains (response rate of 75% in VA, 60% in DoD); conducted site visits to over 30 VA and DoD facilities.
- Based on findings, had a JIF proposal funded to develop joint training initiatives that will enhance the integration between chaplaincy and mental health.
- Findings have been published in Journal of Health Care Chaplaincy.

- **Joint Mobile Phone Applications (i.e. “apps”) for Mental Health**

- E.g. Award-winning PTSD Coach app has been downloaded >100,000 times in 74 countries; helps users track and manage symptoms, links them with sources of support, and provides accurate information about Posttraumatic Stress Disorder (PTSD)



Joint Incentive Fund (JIF)



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- Four IMHS strategic actions have received approval and two-year DoD/VA Joint Incentive Funding (JIF) as follow-on enterprise-wide projects:
 - **Decentralized EBP Mental Health Provider Training and Consultation to Improve Quality and Access to Care** – to establish EBP champions/consultants at 10 MTFs
 - **Improving Patient-Centered Care via Integration of Chaplains with Mental Health Care** – to provide mental health training to chaplains and improve integration of services
 - **Implementation of Problem Solving Training in Primary Care** – to support sustained implementation of PST in DoD and VA primary care settings
 - **Establishment of a Practice-Based Implementation Network in Mental Health** – to develop an infrastructure for ongoing, iterative implementation of practice change initiatives



IMHS – Pending Completion



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- **Joint Review of Mental Health Screening Policies and Procedures**
 - Obtaining screening data to analyze rate of referrals from DoD to VA based on Post-Deployment Health Assessment (PDHA), Post-Deployment Health Reassessment (PDHRA), and Periodic Health Assessment (PHA) forms.
 - **Vet Center Expansion to OEF/OIF/OND Active Duty**
 - Awaiting publication in the Federal Register of the Final Rule for Sec. 401, Public Law 111-163. Implementation will be coordinated between VA, DoD and Services.
 - **Sharing Mental Health Staff**
 - Conducting pilot tests to share mental health staff in times of urgent need. VA providers will be deployed to Fort Hood (Phase I) and Fort Bragg (Phase II) for two week period to supplement DoD behavioral health resources.
 - **Identifying Rural Area Providers**
 - Preparing recommendations to increase awareness of available rural mental health providers who are knowledgeable about military culture.
 - **Mental Health Staffing Gaps**
 - Summarizing efforts of the two Departments to address identified staffing gaps.



IMHS – Pending Completion



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- **Clinical Information Sharing**
 - Developing final report based on findings from the HEC Information Sharing Task Force, which examined privacy policies within DoD and VA and developed recommendations for more open information-sharing between the Departments
 - **Family Resilience Programs**
 - Developing a summary report of existing family resilience programs and recommended program expansions.
 - **Family Members' Role in Identifying Mental Health Needs of SMs/Veterans**
 - Preparing a dissemination plan for resources available for family members of Service members in need of mental health care.
 - **Community Partnership**
 - Finalizing recommendations for ways to strengthen Departmental collaboration with community partners.
 - **Web-based Self-help Strategies; Access to Web Resources/Technologies**
 - Developing Parenting web-based training courses and corresponding mobile applications for Service members, Veterans, and their families to use as self-help and resilience-building tools.



IMHS – Pending Completion



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- **Military Culture Training**
 - Producing web-based Military Culture training available for VA, DoD, and civilian providers; aimed at increasing understanding of Military Culture, including signs and symptoms of deployment-related health conditions, to enhance treatment effectiveness.
 - **Translating Mental Health Research into Innovative Programs**
 - Creating a process to identify and recommend research findings from both Departments for more rapid translation into clinical practice; pursuing a pilot to test process.
 - **Review of Pilot Programs**
 - Compiling results of demonstration programs to disseminate information on promising/innovative practices that can be leveraged within and across the Departments.
 - **Gender Differences**
 - Examining gaps and needs in DoD and VA research, services, treatment and prevention efforts for women’s mental health and military sexual trauma.



IMHS – Ongoing Projects



- **Joint Telemental Health**

- Planning for tele-pain management pilot between VA Connecticut Health Care System and Joint Base Anacostia-Bolling (JBAB) to begin within next 30 days.
- Delays occurred in obtaining access to DoD patient records, finalizing MOU, and establishing referral process.

- **Evidence-based Psychotherapies (EBPs)**

- In DoD, from October 1, 2012 to March 31, 2013, training in EBPs for PTSD has been provided to 274 providers, and training in EBPs for depression and other PH conditions has been provided to 241 providers.
- Challenges include creating infrastructure to provide follow-up case consultation to providers trained in EBPs, including protected time, supervisor support, and availability of consultants.
- DoD has developed a new advanced proficiency training model designed to be feasible in military environments and is beginning to pilot the new model. Two-year JIF funding will enhance joint EBP training efforts.



IMHS – Ongoing Projects



- **Quality Measures and Evaluation of Patient Outcomes**
 - Recommend quality measures for mental health services based on DoD-VA Clinical Practice Guidelines (CPGs) and related evidence-based practices
 - Coordinate mechanisms for evaluation of patient outcomes from mental health care services, and the use of outcome data for clinical decision support, quality improvement, program evaluation, and comparative effectiveness studies
 - Challenges include coordination among multiple efforts in both Departments which overlap, but with variations in scope and focus.
- **SM Justice Outreach Program**
 - Exploring benefits and conducting pilot to provide a DoD service modeled on VA's Veteran Justice Outreach (VJO) program;
 - Developed Standard Operating Procedures (SOPs) and position descriptions for SM Justice Outreach Liaisons (SMJOLs); completed DoD coordination process to identify pilot sites for each Service.
 - Contracting mechanism for hiring SMJOLs has now been identified, and the pilot is expected to begin in the next 60 days.



IMHS – Way Forward



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- Eighteen (18) SAs are expected to be complete by November 2013, with close-out activities continuing into FY 2014.
 - Ongoing activities will be tracked through the HEC PH/TBI WG and as part of the JEC Joint Strategic Plan.
 - Multiple resources, programs, processes, and recommendations have been developed through IMHS that will have a lasting impact on mental health care for SMs, Veterans and their families.
 - DoD and VA are building collaborative relationships that will last beyond the initial IMHS timeframe and continue transforming mental health care in both Departments.
 - JIF funding will support recommendations that have emerged from IMHS and allow for expansion of several IMHS initiatives.



IMHS – Backup Slides





IMHS Goal #1: Expanding access to behavioral health care in DoD and VA



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- SA #1 - Joint review of MH Screening Policies & Procedures
 - SA #2 – Behavioral Health in Primary Care
 - SA #3 - Vet Center expansion to OEF/OIF Active Duty
 - SA #4 - Mobile Vet Center expansion to SMs and Veterans in rural areas
 - SA #5 - Sharing of Mental Health Staff
 - SA #6 - Telemental Health
 - SA #7 - Rural Area Providers
 - SA #8 - Mental Health Gap



IMHS Goal #2: Ensuring quality & continuity of care for Service members, Veterans, & families



SA #9 - Develop System to Deliver Evidence-Based Psychotherapies

SA #10 - Quality Measures

SA #11 - Impact on Caregivers

SA #12 - Patient Outcomes

SA #13 - *inTransition* Program

SA #14 - Clinical information sharing

IMHS Goal #3: Advancing care through community partnership, education & public communication



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- SA #17 - Family Members' Role
 - SA #18 - Community Partnership
 - SA #19 - Mental Health Messaging
 - SA #20 - Self Help Strategies
 - SA #21 - Access to Web Technologies
 - SA #25 - Military Culture Training



IMHS Goal #4: Promoting resilience & building better behavioral health care systems for tomorrow



SA #15 - Suicide Risk and Prevention

SA #16 - Family Resilience Programs

SA #22 - Justice Outreach Programs

SA #23 - Chaplains' Role

SA #24 - Resilience Programs

SA #26 - Mental Health Research into Innovative Programs

SA #27 - Review of Pilots

SA #28 - Gender Differences