

OASD(HA) Mental Health Policies and Programs

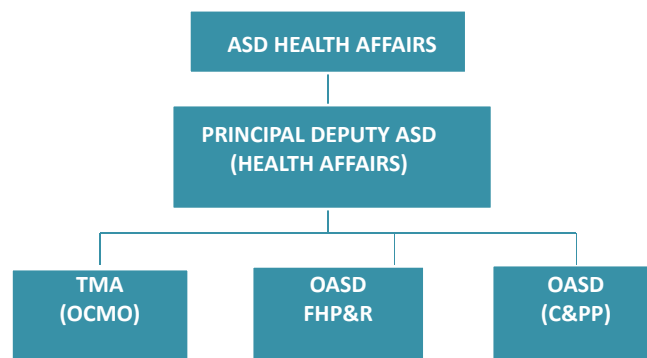
Presentation for the Defense Health Board


November 27th

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OASD (HA) Offices with Mental Health Policy & Programs





Clinical & Program Policy Mental Health



DoDI 6490.10 – “Continuity of Behavioral Health Care for Transferring and Transitioning Service Members”

- Objective:
Establish policy for the Military Departments, assigns responsibilities, and prescribes guidelines for establishment of Military Department policy and procedures to ensure continuity of behavioral health (BH) care at the losing and gaining installations when Service members transition from one health care provider (HCP) to another when transferring to a new duty station or transitioning out of the Service
- Current Status: Published March 26, 2012

DoDI 6490.08 – “Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members”

- Objective:
 - Establish policy and prescribe procedures for healthcare providers for command notification requirements as applied to Service members’ involvement in mental health care, voluntarily sought drug and alcohol abuse education (as distinguished from substance abuse treatment)
 - Provide guidance for balance between patient confidentiality rights and the commander’s right to know for operational and risk management decisions and for establishment of Military Department policy and procedures
 - Ensure continuity of behavioral health (BH) care at the losing and gaining installations when Service members transition from one health care provider (HCP) to another when transferring to a new duty station or transitioning out of the Service.
- Current Status: Published August 16, 2011

ASD(HA) Memorandum – “Guidance for Providers Prescribing Atypical Antipsychotic Medication”

- Objective:
 - The guidance focuses on two objectives:
 - Reducing use of atypical antipsychotics; and,
 - Fostering evidence-based use of psychotropic medications in treatment
 - Use of new DoD-VA clinical practice guidelines for post-traumatic stress disorder which recommend multidimensional management is emphasized
- Current Status: Published February 22, 2012

ASD(HA) Memorandum – “Guidance for Mental Health Provider Training for the Treatment of Post-Traumatic Stress Disorder and Acute Stress Disorder”

- Objective:
Ensure that mental health professionals apply evidence-based psychotherapies (EBTs); this guidance provides recommended training requirements for DoD mental health providers who treat Service members with post-traumatic stress disorder (PTSD) and acute stress disorder (ASD)
- Current Status: Published December 13, 2010

ASD(HA) Memorandum – “Clinical Policy Guidance for Assessment and Treatment of Post-traumatic Stress Disorder”

- Objective:
Establish guidance regarding the assessment and treatment of PTSD to ensure that:
 - The screening, assessment, a diagnosis of PTSD is based on the evidence published in the scientific, peer-reviewed literature
 - The VA/DoD CPG is a resource for all individuals treating PTSD and related conditions
http://www.healthquality.va.gov/post_traumatic_stress_disorder_ptsd.asp
 - Conferred diagnoses are well documented with special attention to documentation of comorbid diagnoses of Personality Disorder and Adjustment Disorder
 - Military healthcare providers are supported in balancing operational considerations with the needs and desires of the Service Member
- Current Status: Published August 24, 2012

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DoDI 6490.04 – “Mental Health Evaluations of Members of the Military Services”

- Objective:
 - Reissue DoD Instruction 6490.4 and establish policy, assign responsibility, and prescribe procedures for the referral, evaluation, treatment and medical and command management of Service members who may require assessment for mental health issues, psychiatric hospitalization, and/or who are at risk of imminent or potential danger to self or others.
 - Incorporate and cancel DoD Directive 6490.1
- Current Status: Continues in coordination

FHP&R – Psychological Health Strategic Operations (PHSO)

DoDI 6490.05 – “Maintenance of Psychological Health in Military Operations”

- Objective:
 - Establish policy and responsibilities for combat operational stress control (COSC) programs within the Services, the Combatant Commands, and Joint Service Operations
 - Reissue Combat Stress Control Programs DoD Directive as a DoD Instruction
- Current Status:
 - Published November 22, 2011
 - FHP&R is monitoring the quality and effectiveness of Service COSC programs and identifying evidence-based programs within the Services for dissemination

DoDI 6490.09 – “Directors of Psychological Health (DPH)”

- Objectives:
 - Establish DPHs at installation, Service, and DoD level (Psychological Health Council)
 - Establish coordinating councils at these three levels, to improve collaboration between medical and non-medical psychological health resources
- Current Status:
 - DoDI 6490.09, was signed February 2, 2012
 - Psychological Health Council members were appointed
 - 1st meeting held on June 25, 2012
 - September 25, 2012 meeting focused on program reviews and to determine way forward

DoDI 6055.17 and DoDI 6200.03 – Disaster Mental Health (DMH)

- Objective:
 - Establish guidance for DMH in response to an all-hazards incident
- Current Status:
 - DMH services have been integrated into DoDI 6055.17, signed November 19, 2010 and DoDI 6200.03, signed June 1, 2012 (Civil/Military Medicine is the lead)
 - Incorporation of DMH in 5-day Public Health Emergency management Course
 - Development of DMH curriculum for the Defense Medical Readiness Training Institute's online Emergency Preparedness and Response Course, required for all healthcare providers
 - Coordination continues for signature of ASD(HA) action memo requesting Service-level POCs to discuss Service implementation of DMH requirements

DRAFT

DoDI 6490.mm – “Mental Health Assessments For Members Of The Armed Forces Deployed In Connection With A Contingency Operation”

- Objectives:
 - Replace DTM 11-011 and provide guidance on the implementation of mental health assessments (MHAs) in accordance with the requirements of Section 1074m of Title 10 United States Code
 - Ensure the implementation of MHAs with trained and certified providers at four points across the deployment cycle (pre- and 3 post [90-180 days; 18 days – 1 yr.; and, 18 mo.- 3 yrs.]
- Current Status:
 - In coordination
 - MHA questions have been incorporated into revised deployment health assessment forms
 - Services have completed 392,023 MHAs (electronic and hard copy) and are developing plans for implementation of new health forms
 - Over 6,200 providers have completed online training on the administration of MHAs and are certified to administer these assessments



OCMO – Behavioral Medicine Division, Office of the Chief Medical Officer



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DoDI 6490.ss – “Integration of Behavioral Health Personnel Services into Patient-Centered Medical Home Primary Care and other Primary Care Service Settings”

- Objectives:
 - Assigns responsibilities and prescribes procedures for attainment of inter-Service standards for developing, initiating and maintaining adult behavioral health services in primary care
 - Establishes:
 - Staffing requirements and behavioral health models of service delivery for primary care
 - Competency training and clinical and administrative standards required for the delivery of behavioral services in primary care
 - A DoD Primary Care Behavioral Health Committee to coordinate clinical and administrative processes, procedures and protocols for consistent evidence-based behavioral health services in primary care
- Current Status: Continues in coordination

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DoDI 1010.04 – “Problematic Substance Use by DoD Personnel”

- Objectives:
 - Issues alcohol and drug use policy and prevention, identification, diagnosis, and treatment guidance for DoD military and civilian personnel
 - Consolidates content and cancels DoDI 1010.6 and cancels DoDD 1010.4 to be reissued as the new DoDI 1010.04
 - Charges the DoD Addictive Substance Misuse Advisory Committee (ASMAC) to evaluate the extent to which services provided meet organizational needs and program goals
 - Fulfills requirement of the FY 2010 NDAA Section 596 calling for an integrated statement of policy
- Current Status: Continues in coordination

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CFR Change – “TRICARE Substance Use Disorder Treatment”

- Objectives:
 - Eliminates SUD treatment outpatient and family therapy annual limits and lifetime limits
 - Allows reimbursement of authorized mental health providers outside of TRICARE authorized substance use disorder rehabilitation facilities and hospitals
 - Allows up to 30 days of residential rehabilitative care per year
 - Allows up to 60 days per year of partial hospitalization and/or intensive outpatient program (IOP) in TRICARE authorized facilities
- Current Status: Draft Proposed Rule package remains in coordination.

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CFR Change – “TRICARE-Certified Mental Health Counselors”

- Objectives:
 - Creates new category and criteria for TRICARE-Certified Mental Health Counselors (TCMHCs) to independently provide care and receive payment
 - Increases access to mental health care providers and services for beneficiaries
 - Establishes standards for education and certification qualifications for TCMHCs and a transition period to phase out the requirement for physician referral and supervision for mental health counselors
- Current Status: Draft Proposed Rule package remains in coordination

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CFR Change – “Removal of the Prohibition to Use Addictive Drugs in the Maintenance Treatment of Substance Dependence in TRICARE Beneficiaries”

- Objectives:
 - Allows TRICARE benefits for medically or psychologically necessary maintenance treatment of substance dependence utilizing a specific category of psychoactive agent
 - Recognizes the accumulated medical evidence supporting certain maintenance programs as one component of the continuum of care necessary for the effective treatment of substance dependence
 - Allows medications such as methadone and buprenorphine to be prescribed if indicated, consistent with current mental health standards of practice and IOM recommendations on Substance Use Disorders
- Current Status: Draft Proposed Rule package remains in coordination

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TRICARE Benefit Change – “Applied Behavior Analysis (ABA) for Autism Spectrum Disorders (ASD)”

- Objectives:
 - In response to a class action lawsuit, Judge Walton (D.C. District Court) ordered coverage of ABA as a medical benefit to all beneficiaries in accordance with “applicable TRICARE guidelines” on July 26, 2012
 - TRICARE and the DHB have consistently determined that ABA is a non-medical behavioral intervention, and therefore TRICARE lacked authority to provide ABA as a medical benefit
 - DoJ has requested the Judge reconsider his decision; DoD complied with the court order by authorizing ABA by masters-level Board Certified Behavior Analysts (BCBAs)
- Current Status:
 - Literature review underway to determine whether evidence supports that ABA therapy is a medical treatment
 - TRICARE Policy Manual (TPM) under revision to include additional guidance for provision of ABA by BCBAs under the Basic plan

Interagency, Integrating Workgroups, and Other

Interagency Workgroups

- Behavioral Medicine Division Director is the DoD Co-chair of the DoD/VA Psychological Health and Traumatic Brain Injury Workgroup under the HEC; responsible for execution of DoD/VA Integrated Mental Health System strategic actions and inter-agency strategy for TBI rehabilitation and treatment
- C&PP & OCMO mental health SMEs represent DoD at Office of National Drug Control Policy (ONDCP) interagency meetings
- ONDCP OCMO SME represents DoD on the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD)
- OCMO SME serves as the TRICARE liaison to Substance Abuse and Mental Health Services Administration (SAMHSA)
- C&PP Director of Mental Health represents the DoD as an appointed member of the Injury and Traumatic Stress Consortium External Advisory Meeting under the Congressionally Mandated Federal Research Program
- Deputy Director FHP&R, Chairs DoD/VA, Active and Reserve Component of the Psychological Health Council

Interagency Collaboration – DoD/VA Integrated Mental Health Strategy (IMHS)

- Objectives:
 - Executes 28 strategic actions under 4 overarching goals endorsed by the HEC and monitored by the DoD/VA Psychological Health and Traumatic Injury Workgroup:
 - Goal 1: Expand access to behavioral health care in DoD and VA
 - Goal 2: Ensure quality and continuity of care across the Departments
 - Goal 3: Advance care through community partnership, education, and successful public communication
 - Goal 4: Promote resilience and build better behavioral health care systems for tomorrow
- Current Status:
 - Approaching end of Year 2 of IMHS; reporting monthly to the HEC on the status of IMHS milestones
 - Four strategic actions complete; 13 open Strategic Actions expected to complete implementation plans in FY 2013; 11 open Strategic Actions have timelines that extend beyond FY 2013.

Other: C&PP

- DoD-Wide Mental health Diagnosis Disability Evaluation System Review
 - By direction of a October 5th memorandum signed by Secretary Panetta, a review is underway of cases of Service members who completed a disability evaluation process between 9-11-2001 and 4-3-2012 and whose mental health diagnoses might have been changed to their disadvantage during that process.
 - The SECDEF identified C&PP to serve as the POC. The USD (P&R) was directed to provide policy and oversight and to assure that the review is completed within 18 months
- DCoE Mental Health Program Review: Rack and Stack
- Government Accountability Organization Investigations (e.g., Preventive Health, Women's Health)
- SF 86 Question 21 Revision

Other: FHP&R

- DoD/DHHS Mental Health Memorandum of Agreement (MOA) – United States Public Health Service (PHS) Behavioral Health Officers Detailed to Military Treatment Facilities MTFs
 - 10-year MOA was signed April 2008, by the ASD(HA) and the Assistant Secretary for Health, DHHS to detail credentialed mental health officers to MTFs within the CONUS, Alaska, and Hawaii
 - 185 out of the targeted goal of 215 officers have been detailed or are pending orders to ~ 70 MTFs
- Improve deployment-related primary care provider assessments of PTSD and MH conditions
 - Grant-funded research building off of prior collaborative research with Vanderbilt
 - Pilot study of communication training and feedback program to increase provider communication and documentation in primary care interviews and MH referrals, post-PDHRA healthcare encounter
 - Final report due September 2013



Questions?




Back-up Slides:
List of All DoD/VA Integrated
Mental Health Strategy (IMHS)
Strategic Actions

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

- 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


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 (completed)
- SA #12 - Patient Outcomes
- SA #13 - inTransition Program (completed)
- SA #14 - Clinical information sharing



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

- 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



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

- SA #15 - Suicide Risk and Prevention
- SA #16 - Family Resilience Programs
- SA #22 - Justice Outreach Programs
- SA #23 - Chaplains' Role (completed)
- SA #24 - Resilience Programs (completed)
- SA #26 - Mental Health Research into Innovative Programs
- SA #27 - Review of Pilots
- SA #28 - Gender Differences