



OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable James M. Inhofe
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

10 JUN 2019

Dear Mr. Chairman:

The enclosed report is in response to section 702(e)(1) of the John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Public Law 115-232), which requires the Secretary of Defense to submit an initial report on the Pilot Program on Treatment of Members of the Armed Forces for Post-Traumatic Stress Disorder Related to Military Sexual Trauma.

The report describes the Department's efforts to develop a comprehensive plan for the implementation and evaluation of an Intensive Outpatient Program (IOP) for Active Duty Service members seeking treatment for psychological health sequelae from sexual trauma. The Department of Defense (DoD) launched three core initiatives to identify programs with demonstrated evidence of effectiveness; ascertain which programs are most suitable for potential partnership; and estimate IOP demand among Active Duty Service members to best inform pilot program design and implementation. The DoD continues to work diligently with multiple experts and stakeholders to execute an effective plan that will enable a feasible, comprehensive, and evidence-based approach to implement and evaluate the pilot IOP. The pilot study is currently planned to begin in the fall of 2019.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the Chairman of the House Armed Services Committee.

Sincerely,

A handwritten signature in blue ink that reads "James N. Stewart".

James N. Stewart
Assistant Secretary of Defense for Manpower
and Reserve Affairs, Performing the Duties
of the Under Secretary of Defense for
Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member



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PERSONNEL AND
READINESS

The Honorable Adam Smith
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

10 JUN 2019

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Sincerely,

James N. Stewart
Assistant Secretary of Defense for Manpower
and Reserve Affairs, Performing the Duties
of the Under Secretary of Defense for
Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable William M. "Mac" Thornberry
Ranking Member

**INITIAL REPORT TO ARMED SERVICES COMMITTEES OF THE
SENATE AND HOUSE OF REPRESENTATIVES**

**Pilot Program on Treatment of Members of the Armed Forces for
Post-Traumatic Stress Disorder Related to Military Sexual Trauma**



**In Response to the Study Required by Section 702(e)(1) of the John S. McCain
National Defense Authorization Act for Fiscal Year 2019,
(Public Law 115-232)**

The estimated cost of this report for the Department of
Defense (DoD) is approximately \$22,000 for Fiscal
Years 2019 - 2020. This includes \$5 in expenses and
\$22,000 in DoD labor.

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June 2019

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INTRODUCTION

This report is in response to section 702(a) of the John S. McCain National Defense Authorization Act for Fiscal Year (FY) 2019 (Public Law 115–232), which authorizes the establishment of a pilot program to assess the feasibility and advisability of using intensive outpatient programs (IOPs) to treat members of the Armed Forces diagnosed with post-traumatic stress disorder (PTSD) resulting from military sexual trauma,¹ including treatment for substance abuse, depression, and other issues related to such conditions. Section 702(e)(1) requires the Secretary of Defense submit an initial report to the Committees on Armed Services of the Senate and the House of Representatives, to include a description of the pilot program and “such other matters on the pilot program as the Secretary considers appropriate.” The development of the pilot program requires partnership with health care organizations, universities, and institutions across public, private, and non-profit sectors, which provide evidence-based treatment, health care, support, and other benefits to Service members and their families.

GOAL AND OBJECTIVES

To codify requirements in section 702 and ensure establishment of a suitable strategic framework to meet those stipulations, the Department of Defense (DoD) developed the following goal statement and supporting objectives:

Goal: To advise Congress on the feasibility and advisability of using an IOP as means to treat Service members diagnosed with PTSD and other psychological health conditions (e.g., anxiety, depression, substance abuse) associated with sexual trauma.

Objectives:

- 1) Complete preliminary site selection
- 2) Establish strategic partnerships and implementation plan
- 3) Implement pilot program
- 4) Synthesize evaluative data
- 5) Make recommendations

Based on the aforementioned framework, a comprehensive project management plan – with a detailed timeline of milestones and supporting activities – is under development and slated

¹ The DoD uses the terms “sexual assault” and “sexual harassment” to refer to two separate types of behaviors, while the Department of Veterans Affairs uses the term “military sexual trauma” to mean both sexual assault and sexual harassment. For the purposes of this report, the terms “sexual assault” and “sexual trauma” refer to the events experienced by the DoD population in this treatment pilot.

for completion by the end of August 2019. A subsequent section of this report provides an overview of the project timeline.

CURRENT STATUS

The DoD convened two subject matter expert (SME) work groups (WGs): an internal WG comprised of SMEs with experience in psychological health, sexual assault (SA), program execution and evaluation, research, and performance analytics; and an external advisory WG comprised of DoD and Department of Veterans Affairs stakeholders with additional broader expertise (to include legal, health care policy, and TRICARE). The overarching aim during January – February 2019 was to gather data and begin formulating strategies for the development, implementation, and evaluation of an evidence-based demonstration pilot.

The DoD launched three core initiatives to establish a foundation that will guide program design development and potential courses of action. During January and February 2019, the DoD accomplished the following milestones:

- 1) A brief evidence synthesis of the current existing empirical literature on IOPs for the treatment of SA sequelae

Figure 1. Synopsis of Evidence Synthesis Results

A rapid review of the empirical literature on IOPs for the treatment of SA sequelae yielded no randomized controlled trials (RCTs) on this topic. However, this review did identify a single, one-group pre-post treatment study of an IOP for SA with promising results (Zalta, 2018).² The review also identified three studies using similar methods conducted with patients largely diagnosed with PTSD and other trauma-related symptoms. Collectively, these very preliminary studies suggest a potential correlation between IOPs containing empirically based components and statistically significant symptom reduction and improvement on patient retention rates, although the literature is limited on IOPs specifically targeting SA sequelae. A clear need exists for RCTs to establish a body of evidence that will enable thorough assessments of the efficacy of IOPs for SA sequelae.

- 2) A completed comparative analysis of existing programs within the DoD and across the United States to better understand which programs meet descriptive criteria

² Zalta, Alyson K., Philip Held, Dale L. Smith, Brian J. Klassen, Ashton M. Lofgreen, Patricia S. Normand, Michael B. Brennan, et al. 2018. "Evaluating patterns and predictors of symptom change during a three-week intensive outpatient treatment for veterans with PTSD." *BMC Psychiatry* 18, no. 1 (July): 242-56. <https://doi.org/10.1186/s12888-018-1816-6>.

included in the legislative language: this analysis also identified programs with demonstrated evidence of effectiveness. Selection criteria³ were developed and used to identify the most suitable programs eligible for further examination and exploration for potential partnerships. Of the 22 programs identified from the initial scan, 10 programs met the selection criteria. From this pool, five programs were identified⁴ for final selection consideration. The next step consists of a further detailed review of the programs under consideration, including possible site visits, as needed.

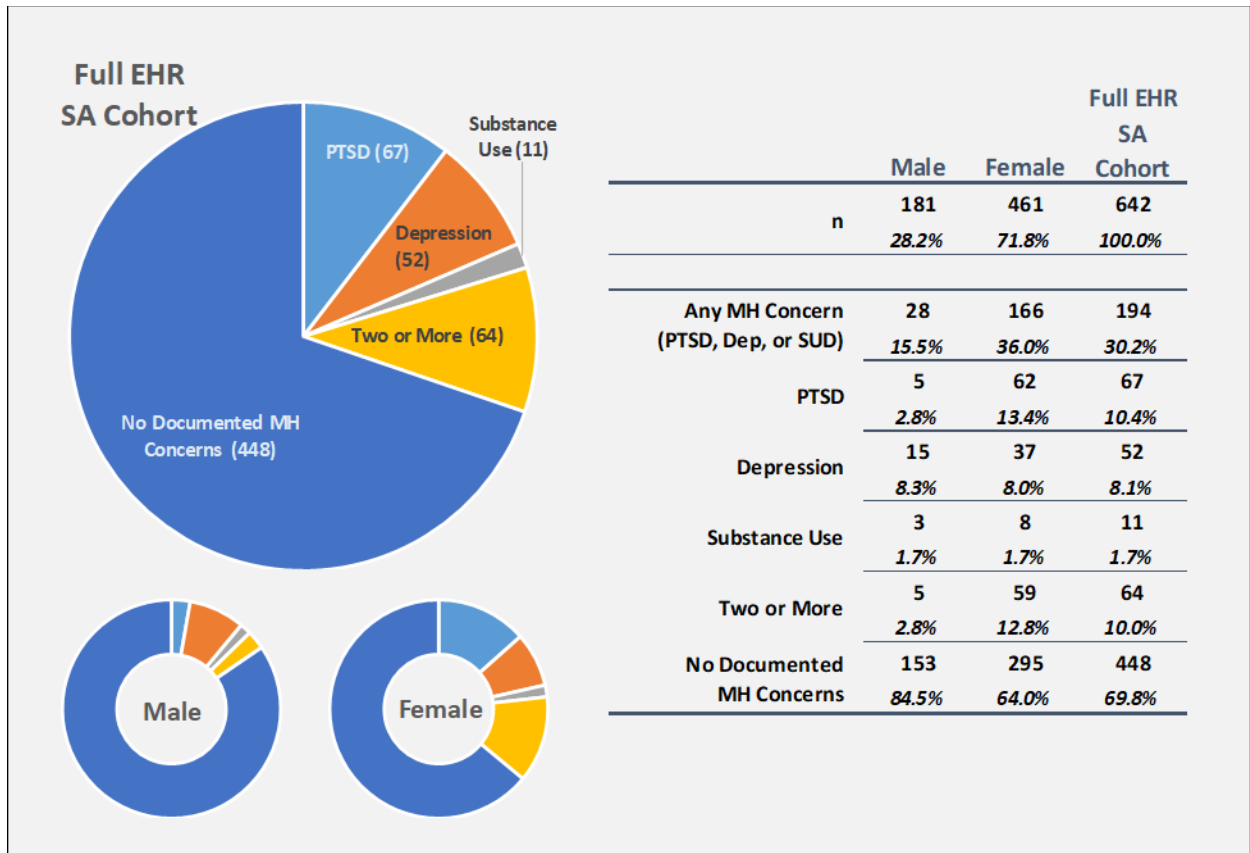
- 3) An analysis of the medical data repository to estimate the potential demand for an IOP to treat SA sequelae: data supporting this analysis were extracted for the FY 2016 – FY 2017 period. Using medical records, all Active Duty Service members (ADSMs) identified as SA victims in FY 2016 were followed for 1 year after their first SA-related encounter to identify any subsequent records of encounters coded with mental health diagnoses. This analysis can inform the pilot's framework to include scope, feasibility, locations, and treatment. From Military Health System (MHS) administrative health care encounter data (coded by providers in patient medical records), 30 percent of ADSMs who disclosed a SA subsequently sought care for PTSD, depression, or substance use in the year following their first SA-related encounter.⁵ Data also revealed meaningful differences between male and female ADSMs who disclosed experiencing SA with regard to their subsequent use of mental health services within the MHS.

³ Selection criteria included evidence of effectiveness, TRICARE authorization status, and a focus that includes sexual trauma and sequelae.

⁴ Selection criteria included hours/day of treatment offered consistent with findings from the Evidence Synthesis, and location in a region accessible to all Military Service Branches.

⁵ The use of administrative medical records to identify SA survivors grossly underestimates the true prevalence of SA within the DoD. However, this method likely identifies that portion of the survivor population with accuracy who is both a) willing to report; and b) actively seeking care for problems arising from experiencing SA. As such, estimates presented here may be useful in approximating the demand for IOP services as a function of the impacted population.

Figure 2. Mental Health Service-Seeking Amongst an Electronic Health Record-Identified Cohort of Active Duty Service Members Who Disclose Sexual Assault



[Table 2 Key. EHR: electronic health record; Dep: depression; MH: mental health; SUD: substance use disorder]

Throughout February 2019, the DoD continued to gather information to identify known potential model IOPs; integrate scholarly, program procedural, and operational materials from existing IOPs (from DoD and non-DoD programs); and review IOP accreditation requirements and resources.

The Sexual Assault Advisory Group (SAAG), of the DoD Psychological Health Readiness Council, provides governance for this effort. The SAAG consists of senior psychological health and SA SMEs from the Office of the Assistant Secretary of Defense for Health Affairs, the Defense Health Agency, the Sexual Assault Prevention and Response Office, and the Military Services. It advises senior DoD leaders on matters related to the mental health needs of Service members who disclose SA.

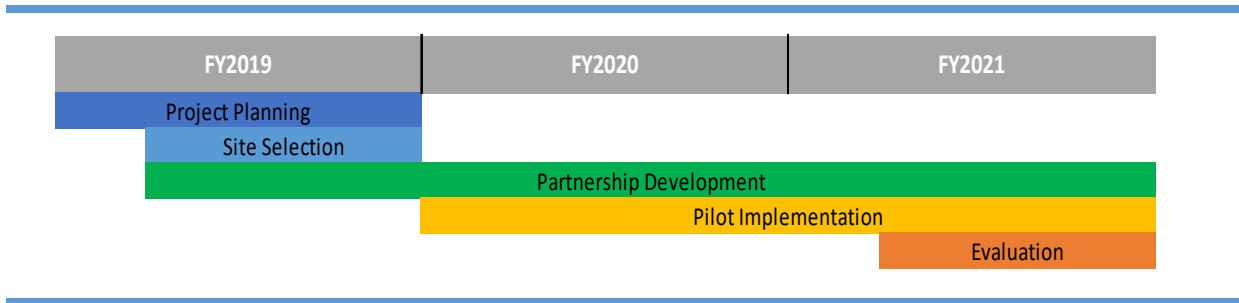
PLAN OF ACTION INCLUDING MILESTONES

Significant milestones moving forward will include:

- 1) Detailed data collection from the top five potential partner programs (Estimated completion date (ECD): June 1, 2019)
- 2) Final selection of the partner organization(s) or institution(s)⁶ (ECD: June 15, 2019)
- 3) Completion of the implementation and evaluation plan (ECD: September 1, 2019)
- 4) Resolution of logistical challenges regarding pilot program implementation, including barriers, facilitators, site selection, legal and contractual considerations, and funding (Ongoing throughout the pilot duration)
- 5) Implementation and evaluation of the pilot program(s) and pilot partnership network (Start: October 1, 2019)
- 6) Completion of the final report to Congress (180 days upon completion of pilot in 2021)

The DoD’s second phase of this effort, begun in May 2019, entails executing a contract – or contract modification – and initiating implementation and evaluation plan development. It will conclude in FY 2021, upon analysis and synthesis of data generated from the pilot program.

Figure 3. Phases of the Demonstration Pilot, Delineated by Fiscal Year



⁶ By legislative mandate, each partnering organization must be able to demonstrate evidence of effectiveness; have a program focus that includes sexual trauma and sequelae; and participate in annual outcomes assessment activities under the pilot program.

CONCLUSION

The DoD is working diligently with multiple experts and stakeholders, within the DoD and other Federal agencies, to execute an effective plan that will enable a feasible, comprehensive, and evidence-based approach to implement and evaluate an intensive outpatient pilot program for the treatment of mental health sequelae for Service members who have disclosed SA. The DoD has moved quickly to establish a plan for the way forward, and is executing efforts in alignment with established goals, objectives, and projected milestones.

ACRONYMS

ADSM	Active Duty Service Member
DoD	Department of Defense
ECD	Estimated Completion Date
FY	Fiscal Year
IOP	Intensive Outpatient Program
MHS	Military Health System
PTSD	Post-Traumatic Stress Disorder
RCT	Randomized Control Trial
SA	Sexual Assault
SAAG	Sexual Assault Advisory Group
SME	Subject Matter Expert
WG	Work Group