UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

DEC 2 2014

The Honorable Barbara A. Mikulski
Chairwoman
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Madam Chairwoman:

The enclosed report responds to section 726 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84), which required the Secretary of Defense to submit a report no later than January 1, 2015, in response to the final assessment of a two-part study completed by the Institute of Medicine (IOM) in June 2014. The study reviewed the Department of Defense's (DoD) efforts to address Posttraumatic Stress Disorder (PTSD).

In its Phase II study, "The Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment," the IOM gathered data from site visits at military and Department of Veterans Affairs (VA) medical facilities, literature searches, and data provided by the DoD and VA. The IOM examined PTSD management systems in the DoD and VA, and assessed them against the attributes of an ideal high-performing system. Through this process, the IOM identified components that may help the DoD and VA address gaps to enhance the quality of care. The DoD appreciates the efforts of the IOM and concurs with the recommendations in areas of outcome measures, evidence-based treatments, and research related to treatments for PTSD. The DoD is actively working to incorporate these recommendations and offers a wide array of programs and services to address PTSD, in addition to other mental health disorders.

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 appropriate committees, as defined in section 726(e).

Sincerely,

Jessica L. Wright

Enclosure:
As stated

cc:
The Honorable Richard C. Shelby
Vice Chairman

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

DEC 2 2014

The Honorable Carl Levin
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to section 726 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84), which required the Secretary of Defense to submit a report no later than January 1, 2015, in response to the final assessment of a two-part study completed by the Institute of Medicine (IOM) in June 2014. The study reviewed the Department of Defense's (DoD) efforts to address Posttraumatic Stress Disorder (PTSD).

In its Phase II study, "The Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment," the IOM gathered data from site visits at military and Department of Veterans Affairs (VA) medical facilities, literature searches, and data provided by the DoD and VA. The IOM examined PTSD management systems in the DoD and VA, and assessed them against the attributes of an ideal high-performing system. Through this process, the IOM identified components that may help the DoD and VA address gaps to enhance the quality of care. The DoD appreciates the efforts of the IOM and concurs with the recommendations in areas of outcome measures, evidence-based treatments, and research related to treatments for PTSD. The DoD is actively working to incorporate these recommendations and offers a wide array of programs and services to address PTSD, in addition to other mental health disorders.

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 appropriate committees, as defined in section 726(e).

Sincerely,

Jessica L. Wright

Enclosure:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

DEC 2 2014

The Honorable Howard P. "Buck" McKeon
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report responds to section 726 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84), which required the Secretary of Defense to submit a report no later than January 1, 2015, in response to the final assessment of a two-part study completed by the Institute of Medicine (IOM) in June 2014. The study reviewed the Department of Defense's (DoD) efforts to address Posttraumatic Stress Disorder (PTSD).

In its Phase II study, "The Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment," the IOM gathered data from site visits at military and Department of Veterans Affairs (VA) medical facilities, literature searches, and data provided by the DoD and VA. The IOM examined PTSD management systems in the DoD and VA, and assessed them against the attributes of an ideal high-performing system. Through this process, the IOM identified components that may help the DoD and VA address gaps to enhance the quality of care. The DoD appreciates the efforts of the IOM and concurs with the recommendations in areas of outcome measures, evidence-based treatments, and research related to treatments for PTSD. The DoD is actively working to incorporate these recommendations and offers a wide array of programs and services to address PTSD, in addition to other mental health disorders.

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 appropriate committees, as defined in section 726(e).

Sincerely,

Jessica L. Wright

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

DEC 2 2014

The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report responds to section 726 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84), which required the Secretary of Defense to submit a report no later than January 1, 2015, in response to the final assessment of a two-part study completed by the Institute of Medicine (IOM) in June 2014. The study reviewed the Department of Defense's (DoD) efforts to address Posttraumatic Stress Disorder (PTSD).

In its Phase II study, "The Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment," the IOM gathered data from site visits at military and Department of Veterans Affairs (VA) medical facilities, literature searches, and data provided by the DoD and VA. The IOM examined PTSD management systems in the DoD and VA, and assessed them against the attributes of an ideal high-performing system. Through this process, the IOM identified components that may help the DoD and VA address gaps to enhance the quality of care. The DoD appreciates the efforts of the IOM and concurs with the recommendations in areas of outcome measures, evidence-based treatments, and research related to treatments for PTSD. The DoD is actively working to incorporate these recommendations and offers a wide array of programs and services to address PTSD, in addition to other mental health disorders.

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 appropriate committees, as defined in section 726(e).

Sincerely,

Jessica L. Wright

Enclosure:
As stated

cc:
The Honorable Nita M. Lowey
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

DEC 2 2014

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report responds to section 726 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84), which required the Secretary of Defense to submit a report no later than January 1, 2015, in response to the final assessment of a two-part study completed by the Institute of Medicine (IOM) in June 2014. The study reviewed the Department of Defense's (DoD) efforts to address Posttraumatic Stress Disorder (PTSD).

In its Phase II study, "The Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment," the IOM gathered data from site visits at military and Department of Veterans Affairs (VA) medical facilities, literature searches, and data provided by the DoD and VA. The IOM examined PTSD management systems in the DoD and VA, and assessed them against the attributes of an ideal high-performing system. Through this process, the IOM identified components that may help the DoD and VA address gaps to enhance the quality of care. The DoD appreciates the efforts of the IOM and concurs with the recommendations in areas of outcome measures, evidence-based treatments, and research related to treatments for PTSD. The DoD is actively working to incorporate these recommendations and offers a wide array of programs and services to address PTSD, in addition to other mental health disorders.

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 appropriate committees, as defined in section 726(e).

Sincerely,

Jessica L. Wright

Enclosure:
As stated

cc:
The Honorable Michael H. Michaud
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

DEC 2 2014

The Honorable Fred Upton
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report responds to section 726 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84), which required the Secretary of Defense to submit a report no later than January 1, 2015, in response to the final assessment of a two-part study completed by the Institute of Medicine (IOM) in June 2014. The study reviewed the Department of Defense's (DoD) efforts to address Posttraumatic Stress Disorder (PTSD).

In its Phase II study, "The Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment," the IOM gathered data from site visits at military and Department of Veterans Affairs (VA) medical facilities, literature searches, and data provided by the DoD and VA. The IOM examined PTSD management systems in the DoD and VA, and assessed them against the attributes of an ideal high-performing system. Through this process, the IOM identified components that may help the DoD and VA address gaps to enhance the quality of care. The DoD appreciates the efforts of the IOM and concurs with the recommendations in areas of outcome measures, evidence-based treatments, and research related to treatments for PTSD. The DoD is actively working to incorporate these recommendations and offers a wide array of programs and services to address PTSD, in addition to other mental health disorders.

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 appropriate committees, as defined in section 726(e).

Sincerely,

Jessica L. Wright

Enclosure:
As stated

cc:
The Honorable Henry Waxman
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

DEC 2 2014

The Honorable Bernard Sanders
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to section 726 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84), which required the Secretary of Defense to submit a report no later than January 1, 2015, in response to the final assessment of a two-part study completed by the Institute of Medicine (IOM) in June 2014. The study reviewed the Department of Defense's (DoD) efforts to address Posttraumatic Stress Disorder (PTSD).

In its Phase II study, "The Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment," the IOM gathered data from site visits at military and Department of Veterans Affairs (VA) medical facilities, literature searches, and data provided by the DoD and VA. The IOM examined PTSD management systems in the DoD and VA, and assessed them against the attributes of an ideal high-performing system. Through this process, the IOM identified components that may help the DoD and VA address gaps to enhance the quality of care. The DoD appreciates the efforts of the IOM and concurs with the recommendations in areas of outcome measures, evidence-based treatments, and research related to treatments for PTSD. The DoD is actively working to incorporate these recommendations and offers a wide array of programs and services to address PTSD, in addition to other mental health disorders.

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 appropriate committees, as defined in section 726(e).

Sincerely,

Jessica L. Wright

Enclosure:
As stated

cc:
The Honorable Richard Burr
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

DEC 2 2014

The Honorable Tom Harkin
Chairman
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to section 726 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84), which required the Secretary of Defense to submit a report no later than January 1, 2015, in response to the final assessment of a two-part study completed by the Institute of Medicine (IOM) in June 2014. The study reviewed the Department of Defense's (DoD) efforts to address Posttraumatic Stress Disorder (PTSD).

In its Phase II study, "The Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment," the IOM gathered data from site visits at military and Department of Veterans Affairs (VA) medical facilities, literature searches, and data provided by the DoD and VA. The IOM examined PTSD management systems in the DoD and VA, and assessed them against the attributes of an ideal high-performing system. Through this process, the IOM identified components that may help the DoD and VA address gaps to enhance the quality of care. The DoD appreciates the efforts of the IOM and concurs with the recommendations in areas of outcome measures, evidence-based treatments, and research related to treatments for PTSD. The DoD is actively working to incorporate these recommendations and offers a wide array of programs and services to address PTSD, in addition to other mental health disorders.

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 appropriate committees, as defined in section 726(e).

Sincerely,

Jessica L. Wright

Enclosure:
As stated

cc:
The Honorable Lamar Alexander
Ranking Member

REPORT TO CONGRESS

National Defense Authorization Act for Fiscal Year 2010, Section 726

The Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment

December 2014

The estimated cost of this report or study for the Department of Defense is approximately $28,500 for the 2014 Fiscal Year. This includes $1,500 in expenses and $27,000 in DoD labor.
RefID: 1-8B18755

Table of Contents

Table of Contents 2

Executive Summary 3

Appendix A – IOM Report Recommendations and DoD Response 10

Executive Summary

INTRODUCTION

The Department of Defense (DoD) submits this report in accordance with section 726 of the National Defense Authorization Act (NDAA) for Fiscal Year 2010 (FY10), which directs the Secretary of Defense, in consultation with the Secretary of Veterans Affairs (VA), to enter into an agreement with the National Academy of Sciences (NAS) to conduct a study of the treatment for Posttraumatic Stress Disorder (PTSD) in military and veteran populations. The study, which was assigned by the NAS to the Institute of Medicine (IOM), consisted of two phases. The first phase of the study was published in March 2012 and a DoD report to Congress was submitted on January 29, 2013. The second phase was published in June 2014; this report is written in response to Phase II of the study.

DISCUSSION

Phase I of the study focused on gathering data from the DoD and VA related to prevention, screening, diagnosis, treatment, and rehabilitation of PTSD. Specifically, Phase I looked at collaborative efforts of the DoD and VA and related research studies and clinical trials. In Phase II, the IOM gathered additional data from site visits at nine military and six VA medical facilities, literature searches, and data requests from the DoD and VA. Using these methods, the IOM examined PTSD management systems in the DoD and VA and assessed them against attributes of an ideal high-performing system. Through this process, the IOM identified components that would help the DoD and VA address gaps and provide the best care possible. More specifically, the IOM reviewed what care is given and to whom, how effective the treatment is, what type of mental health care services are available, barriers to care, and costs associated with care.

The IOM stated that the increased exposure to combat-related trauma is associated with an increased risk for PTSD. The percentage of Service members who have been diagnosed with PTSD has increased from less than 1 percent in 2004 to more than 5 percent in 2012. Based on DoD date, 13.5 percent of Army, 10 percent of Marines, 4.5 percent of Navy, and 4 percent of Air Force had a diagnosis of PTSD in 2012. Of the total DoD patient population in 2012, 68 percent of Service members had non-PTSD diagnoses.

The IOM also observed that most DoD treatments for PTSD are provided on an outpatient basis and occur in general mental health clinics, primary care settings, or specialized PTSD programs. In an effort to reduce barriers to care, the IOM acknowledged that the Services are embedding mental health care providers in primary care clinics. In addition, some military installations provide intensive PTSD outpatient treatment programs that not only offer evidence-based treatments (EBTs) in areas of psychotherapy and pharmacotherapy, but also in the areas of complementary therapies, such as acupuncture, art therapy, and biofeedback.

Phase II of the study concluded with recommendations in eight major areas: (1) PTSD Management Strategies, (2) Leadership and Communication, (3) Performance Measurement, (4)

Workforce and Access to Care, (5) Evidence-based Treatment, (6) Central Database of Programs and Services, (7) Family Involvement, and (8) Research Priorities.

CONCLUSION

The DoD appreciates the efforts of the IOM and concurs with the recommendations for the expansion of outcome measures, EBTs, and research related to the treatment of PTSD among Service members, veterans, and their families. Detailed responses to all eight recommendations are located in Appendix A, but briefly described immediately below. The DoD is actively working to incorporate these recommendations and offers a wide array of programs and services to address PTSD, in addition to other mental health disorders.

A. PTSD Management Strategy

The most robust example of DoD and VA coordination to develop a comprehensive mental health management strategy is the Integrated Mental Health Strategy (IMHS). The IMHS is a coordinated public health model initiative intended to improve the access, quality, effectiveness, and efficiency of mental health services for all Active Duty Service members, National Guardsmen, reservists, Veterans, and their families. The main goals of the IMHS include: (1) expanding access to behavioral health care in the DoD and VA; (2) ensuring quality and continuity of care across the departments for Service members, Veterans, and their families; (3) advancing care through partnership; and (4) promoting improvements in behavioral health care. There are 28 Strategic Actions that make up the IMHS initiative.

Executive Order 13625, "Improving Access to Mental Health Services for Veterans, Service Members, and Military Families," August 31, 2012, called for the creation of an Interagency Task Force on Military and Veterans Mental Health to be co-chaired by the Secretaries of Defense, Veterans Affairs, and Health and Human Services. This task force is focused on measurement of treatment outcomes and evaluation of programs for both DoD and VA initiatives.

The DoD trains military and civilian behavioral health professionals to provide high quality, culturally sensitive, evidence-based services to military personnel, Veterans, and their families. Training both DoD and VA clinicians in the same evidence-based treatments ensures integrated and comprehensive PTSD care. The training is provided by the Center for Deployment Psychology and endorsed in the Joint Service Plan, which has the goal to train 2,000 providers in standardized EBT for PTSD through 2015. Additionally, the DoD works with the VA's National Center for PTSD to ensure that both departments are training clinicians in EBTs for PTSD.

An additional program that addresses the integration and coordination strategy for treatment of psychological health conditions is the Army's Behavioral Health Data Portal (BHDP), which has been launched throughout the DoD. Since the Army implemented the BHDP in 2012, it has been used in over 50,000 clinical encounters a month and over 70 percent of all individual outpatient appointments have been associated with standardized clinical outcome measures. The BHDP allows providers to view real-time data during patient encounters to determine the effectiveness

of care, and leaders at all levels can track aggregate outcomes to inform the effectiveness of the clinical services.

DoD has also funded through the RAND Corporation (RAND) a study of the mental health needs of minority group Service members, which constitute 30 percent of the Active Duty population. This study will examine the psychological health, treatment needs, perceived access to treatment, and utilization of mental health services by minority populations. Study results are expected in FY16.

B. Leadership and Communication

The DoD Instruction 6490.09, "DoD Directors of Psychological Health," February 27, 2012, established policy, assigned responsibilities, and prescribed procedures to ensure visible leadership and advocacy for psychological health throughout the DoD. This policy designated specific roles for advocacy at the installation, Military Department, and DoD levels to provide consultation to operational leadership, and coordinated clinical, counseling, and other services both in healthcare and operational environments, in order to promote the PH of Service members and their families. This policy also established the Psychological Health Council (PHC) to serve as the formalized coordination body between the medical and line offices within the DoD on matters related to psychological health. For instance, the PHC provides recommendations regarding the psychological health needs of Service members and their families to the Under Secretary of Defense (Personnel and Readiness) and the Services via the Medical and Personnel Executive Steering Committee.

In September 2013, the Assistant Secretary of Defense (Health Affairs) (ASD(HA)) issued a memorandum, "Military Treatment Facility Mental Health Clinical Outcomes Guidance," that mandates the use of clinical outcomes throughout the Military Health System (MHS) for the treatment of mental disorders based on measures standardized for patient cohorts and validated in scientific, peer-reviewed literature. Use of outcomes monitoring for the treatment of PTSD is an evidence-based best practice that will help enhance quality of care and treatment outcomes.

The Evidence Based Practice Guidelines Work Group advises the Health Executive Committee (HEC) on the use of clinical and epidemiological evidence to improve the health of the population across the Veterans Health Administration and MHS. This work group also identifies the DoD/VA Clinical Practice Guidelines (CPGs) that require clarification or modification to remove barriers to treatment access and enhance information sharing. Further, the group generates recommendations to streamline CPGs for specified clinical areas, develops tools to facilitate implementation of CPGs, and monitors and evaluates published CPGs to identify strengths and resolve problems.

C. Performance Measurement

The ASD(HA) September 2013 memorandum ("Military Treatment Facility Mental Health Clinical Outcomes Guidance") mandating the implementation of clinical outcome measures further mandates that specific outcome measures be used during the initial evaluation and periodically until termination of treatment in mental health treatment settings for patients

diagnosed with depression, anxiety, and PTSD. This guidance also directs all Services to use the Army's BHDP, which is a standardized mobile behavioral health data collection system, via a web-based application interface. All Services are actively integrating the BHDP into all mental health clinics at this time.

The VA/DoD Practice Based Implementation (PBI) Network enables ongoing dissemination, implementation, and evaluation of a series of change initiatives. The Joint Incentive Fund authorized the VA/DoD PBI Network to pilot an infrastructure designed to improve the ability of health care systems to successfully disseminate best practices in mental health care via a standing network of clinics trained to implement new research findings. Across both the VA and DoD, the PBI Network is meant to: (1) inform implementation of best practices into routine care; (2) recruit clinics and clinicians into practice change initiatives; (3) identify system-specific barriers and solutions that affect adoption of new practices; and (4) promote the integration of these efforts into mental health care programs. The first best practice being introduced via the PBI Network is measurement-based care for PTSD.

The DoD is currently tasked with developing an enterprise-wide registry of Service members with psychological health conditions and Traumatic Brain Injury (TBI), which is to be linked to the VA. The registry will include information on the process and types of care delivered as well as data on clinical outcomes. This effort goes beyond the establishment of measurement-based care delivery systems and will serve as an important tool to further psychological health epidemiological surveillance and clinical effectiveness research initiatives.

D. Workforce and Access to Care

Section 714 of the NDAA for FY10 mandated that the DoD develop and implement a plan to significantly increase the number of military and civilian psychological health personnel by September 2013. DoD surveys indicate the incidence rate of PTSD in the DoD rose 656 percent between 2000 and 2011, while hospitalizations for PTSD increased 192 percent between 2006 and 2012. The DoD formed the Health Profession Incentive Working Group to leverage the NDAA-established pay and incentive adjustments to maximize the recruitment and retention of psychological health providers. Between the end of FY09 and the first quarter of FY14, civilian, military, and contractor providers increased by 43 percent, from 6,590 to 9,425. Staffing as of December 2013 was at 94 percent onboard against target needs/authorizations of 10,012, to include psychologists, psychiatrists, clinical social workers, psychological health nurses (registered nurses and nurse practitioners), and technicians/ counselors. Also, TRICARE currently has 65,000 psychological health providers available in its purchased care network; this number will remain high in order to foster ready access to mental health services.

To further understand current and future staffing needs, the DoD contracted with RAND to assess system capacity to provide quality PTSD care at Military Treatment Facilities (MTFs), availability of services, EBTs, patient load, average treatment length, and appointment wait times. The study is expected to conclude in late FY15. RAND was also contracted by the DoD to explore access to mental health care and mental health needs for rural and remote Service members and their families in the study "Psychological Health Treatment and Services for

Geographically Distant Service Members and their Families." The final report, projected for publication later this year, will identify gaps and make recommendations about the provision of services for Active Duty Service members, National Guardsmen, and reservists as well as their families who reside in areas that are remote from available care at MTFs and the existing purchased care network.

The DoD provides extensive training in EBTs for PTSD to military and civilian providers who treat Service members. The HEC Psychological Health/TBI Work Group (PH/TBI Work Group) developed joint strategic objectives which included the training of 40 additional trainers and consultants and 1390 providers in the DoD and VA in EBTs for PTSD, depression, and other conditions by September 2013, with an additional 30 trainers/consultants trained by September 2014; the DoD and VA met these goals. We currently maintain 90 trainers/consultants (54 for PTSD EBPs and 36 for non-PTSD EBPs). Also, the DoD and VA surpassed the work group's objective to train 800 providers in EBTs for PTSD by September 2013. The DoD has an additional goal to provide EBT training in PTSD, depression, and other conditions to another 400 staff by FY15.

E. Evidence-based Treatment

As described in the response to Recommendation D, the DoD trains its MHS and purchased care providers in EBTs. The DoD employs several methods to assess the effectiveness of the training and ensure that clinicians learn and use the newly acquired skills. For instance, the DoD conducts regular evaluations of its in-person EBT for PTSD training workshops. These evaluations have demonstrated a significant increase (approximately 50 percent) in workshop participants' knowledge about the treatments over the course of the workshop. Workshop attendees have also indicated an increase in their sense of preparedness to use the treatments; almost 85 percent of attendees reported feeling mostly or fully prepared to provide the EBT for which they were specifically trained, compared to about 40 percent of those attendees who reported feeling mostly or fully prepared prior to the workshops.

The Department is conducting an environmental scan of MTFs' offerings of complementary and alternative medicine (CAM) practices in an effort to identify current practices, ensure that all such practices are conducted safely, establish credentialing recommendations for practitioners, and inform policy pertaining to the use and monitoring of such practices. Concurrently, seven systematic reviews of CAM practices are underway as part of an effort to develop recommendations and create practice guidelines. The DoD recently created an electronic database of 59 national experts in the fields of CAM effectiveness for psychological health, CAM research methodology, and CAM health care policy. In addition, it compiled an electronic database of ongoing CAM studies for psychological health conditions, which contains 223 studies, including 74 in PTSD. The DoD is actively working on CAM research agenda recommendations, based on published evidence and analysis, in order to pinpoint specific CAM-related policy needs.

As noted previously, the DoD and VA initiated the execution of a pilot project of the PBI Network, which focuses on the implementation of proven innovations, treatments, and

management practices as well as the identification of system-level barriers to uptake and an evaluation of solutions to those barriers. Participating PBI Network pilot implementation sites will serve as operational platforms to identify efficiencies in the accelerated deployment of EBTs across the MHS enterprise.

F. Central Database of Programs and Services

The DoD is actively working to update its central database and directory of programs and services. A comprehensive and well-known directory is the National Resource Directory (NRD). This website represents a partnership among the DoD, VA, and the Department of Labor. It contains information from Federal, state, and local government agencies; veteran and military service organizations; non-profit and community-based organizations; academic institutions; and professional associations that provide assistance to wounded warriors, Veterans, and their families and caregivers. In addition to vetted information about PTSD, the NRD contains information on benefits and compensation, education and training, employment, family and caregiver support, homeless assistance, housing, transportation and travel, and opportunities for volunteers.

MilitaryOneSource.mil is a free directory of services that is available to Service members, Veterans, or family members via the internet or by phone. Among other things, it allows people to speak at no cost to a professional counselor over the phone or in person. In addition, Service members and Veterans can access a comprehensive online list of organizations that provide services and resources for those with PTSD. Another information resource is AfterDeployment.org, which started in 2008 in response to the 2006 and 2007 NDAAs that were aimed at improving the military and civilian health care systems. It is an online resource that supports Service members, Veterans, and their families with common post-deployment concerns. The website also partners with the VA, Department of State, hospitals, and civilian organizations. Other central resources that are readily available include the Defense Centers of Excellence (DCoE) Outreach Center and the National Center for PTSD. At the Outreach Center, information is available via a toll-free number, text, or live chat, and operators are licensed clinicians with training in military and veteran-specific mental health care needs.

G. Family Involvement

The DoD has a number of initiatives that strongly support family involvement in the PTSD treatment process. In 2008, Congress established the Recovery Coordination Program, which allows for a single point of contact and a plan for family engagement in mental health treatment.

DoD providers engage family members in treatment at every opportunity. However, family outreach is dependent on the Service member's consent. Nevertheless, the DoD involves family members in the care of their relatives with PTSD or TBI whenever possible and has several programs that require family involvement as a matter of practice. Providers also engage family members through education about PTSD symptoms, stress reactions, and ways for family members to assist and connect with available resources. Data have shown increases in positive outcomes when psychological health clinicians engage family members early in the treatment

process. The DoD has also developed and disseminated clinical support tools, based on the VA/DoD CPG for PTSD, for family members to read and learn about how to best support their Service member with PTSD.

H. Research Priorities

In order to improve the coordination of research on PTSD and reduce the number of affected Service members and Veterans through better prevention, diagnosis, and treatment, the DoD and VA are implementing the strategic actions delineated in the National Research Action Plan (NRAP). This plan fosters the development of new treatments for PTSD; improves data sharing among researchers in the DoD, VA, academia, and industry to accelerate progress; reduces redundant efforts without compromising privacy; and makes better use of electronic health records to gain insight into the risk and mitigation of PTSD and related injuries.

The NRAP includes the support and guidance from the HEC Medical Research Work Group and the Defense Medical Research and Development Program, which ensure research collaboration and provide prospective identification of evolving research agendas. Specifically, the Consortium to Alleviate PTSD is a DoD/VA initiative focused upon novel PTSD treatment interventions. Combined with substantial Service, Federal, academic, and industrial PTSD initiatives, the DoD has a robust, comprehensive effort to address the ongoing needs of Service members, Veterans, and their families.

EBT research is critical. Shortfalls in the availability of providers well-trained in EBT for PTSD have driven the development of research projects to improve provider training and the delivery of care with fidelity to EBTs. Although a relatively new research focus, it is anticipated that these efforts will result in improved care due to more providers having the appropriate skill set for effective treatment of PTSD.

APPENDIX A

Institute of Medicine Report Recommendations and Department of Defense Response

POSTTRAUMATIC STRESS DISORDER MANAGEMENT STRATEGIES: Recommendation A

DoD and VA should develop an integrated, coordinated, and comprehensive PTSD management strategy that plans for the growing burden of PTSD for service members, veterans, and their families, including female veterans and minority group members.

Department of Defense Response

The Department of Defense (DoD) and Department of Veterans Affairs (VA) have spent the past several years working together to integrate and coordinate many facets of mental health care, including Posttraumatic Stress Disorder (PTSD), and are actively engaged in managing the growing burden that PTSD places on Service members, Veterans, and their families, including females and minority group members.

The DoD trains military and civilian behavioral health professionals to provide high quality, culturally sensitive, and evidence-based behavioral health services to military personnel, Veterans, and their families. Training both DoD and VA clinicians in the same evidence-based practices provides integrated and comprehensive PTSD care that conforms to existing best practices. The training is provided by the Center for Deployment Psychology (CDP) and endorsed in the Joint Service Plan, which has the goal to train 2,000 providers in standardized, evidence-based treatment (EBT) for PTSD through 2015. Additionally, the DoD works with the VA's National Center for PTSD to develop a training curriculum in EBT for PTSD, which then is disseminated to both DoD and VA providers.

The most robust example of DoD and VA coordination to develop a comprehensive mental health management strategy is the Integrated Mental Health Strategy (IMHS). The IMHS is a coordinated public health model initiative intended to improve the access, quality, effectiveness, and efficiency of mental health services for all Active Duty Service members, National Guardsmen, reservists, Veterans, and their families. The main goals of the IMHS include: (1) expanding access to behavioral health care in DoD and VA; (2) ensuring quality and continuity of care across the departments for Service members, Veterans, and their families; (3) advancing care through partnership; and (4) promoting improvements in behavioral health care. There are 28 Strategic Actions (SAs) that make up the IMHS initiative. Some specific SAs that are relevant to this recommendation and are already underway include:

- IMHS SA #2 has advanced the integration of mental health services into primary care clinics with coordinated plans and trainings across the two departments;

- IMHS SA #3 expands eligibility for mental health and readjustment counseling as well as other services, and includes members of the Armed Forces who were deployed in conflict zones (including the National Guardsmen and reservists that were on Active Duty);
- IMHS SA #5 explores and develops mechanisms to share mental health care personnel between departments;
- IMHS SA #8 evaluates current mental health care staffing, designs strategic initiatives to overcome any gaps, and addresses possible mental health provider shortages due to an increased demand for mental health treatment;
- IMHS SA #17 explores methods to help family members identify mental health needs of Service members and Veterans by providing education and coaching; and
- IMHS SA #28 explores findings from the research and evaluation of clinical and administrative data to improve delivery and effectiveness of mental health services for females as well as victims of military sexual assault.

In 2009, the DoD initiated the inTransition program, which was designed to facilitate care coordination and enhance the continuity of care by assigning a coach or counselor to a Service member transitioning from the DoD to VA health care system or from one Military Treatment Facility (MTF) or VA hospital to another. This warm hand-off has been shown to be an effective way to integrate and coordinate care between the DoD and VA and to encourage Service members to continue their mental health treatment. Based on results of the Interactive Customer Evaluation survey conducted between January 2012 and July 2014, 94 percent of all respondents said that the assistance they received from the inTransition program increased the likelihood that they would continue treatment at their new location.

In an effort to address the growing burden of PTSD for Service members, Veterans, and their families and develop a comprehensive management strategy, the Executive Order (EO) 13625, "Improving Access to Mental Health Services for Veterans, Service Members, and Military Families," August 31, 2012, directed the DoD, VA, and Department of Health and Human Services (HHS), in coordination with other Federal agencies, to work together to ensure that Service members, Veterans, and their families have access to mental health services, including services for PTSD and substance use disorders (SUDs). In order to improve the coordination of research on PTSD and reduce the number of affected Service members and Veterans through better prevention, diagnosis, and treatment, the DoD and VA are implementing the strategic actions delineated in the National Research Action Plan (NRAP). This plan fosters the development of new treatments for PTSD; improves data sharing among researchers in the DoD, VA, academia, and industry to accelerate progress; reduces redundant efforts without compromising privacy; and makes better use of electronic health records to gain insight into the risk and mitigation of PTSD and related injuries. The EO also called for the creation of an Interagency Task Force on Military and Veterans Mental Health to be co-chaired by the Secretaries of Defense, Veterans Affairs, and Health and Human Services. Furthermore, the EO directed the DoD and VA to jointly develop and implement a campaign to connect Service members and Veterans to mental health services, which includes services for PTSD. This effort will also highlight the benefits of seeking care and encourage Service members and Veterans to proactively reach out to other support services. Work is underway to address these directives.

The DoD and VA have collaborated on the development of the VA/DoD Clinical Practice Guidelines (CPGs) since the 1990s. These integrated and coordinated mental health management strategies include guidelines to manage suicide, bipolar disorder, major depressive disorder, PTSD, and SUD, among others. The goal of the CPGs is to standardize practice guidelines across the departments and to encourage provider use of EBT for PTSD or other conditions.

An additional program that addresses the management strategy through integration and coordination for treatment of psychological health conditions is the Army's Behavioral Health Data Portal (BHDP), which has been launched throughout the DoD. The BHDP standardizes mental health clinical data collection and documentation during the initial patient intake and at every follow-up appointment, giving all providers a standardized set of clinical data about their patients. Since the Army implemented the BHDP in 2012, it has been used in over 50,000 clinical encounters a month and over 70 percent of all individual outpatient appointments have been associated with standardized clinical outcome measures. The BHDP allows providers to view real-time data during patient encounters to determine the effectiveness of care, and leaders at all levels can track aggregate outcomes to assess the effectiveness of the clinical services.

DoD and VA clinics recognize how difficult it is to integrate new best practices into existing clinical infrastructure. Representatives from the IMHS SA #26 Work Group (Translation of Mental Health Research into Practice), which includes members from the VA National Center for PTSD Dissemination Office, have identified this translational problem as critical. As part of the management strategy, they recommended the creation of an ongoing collaborative network to address successful dissemination, implementation, and evaluation of new EBTs. This led to the creation of the VA/DoD Practice-Based Implementation (PBI) Network, which includes over 20 network sites across the VA and DoD and aims to reduce the amount of time it takes to translate an EBT research finding into clinical practice. The first test of the PBI Network is the implementation of the evidence-based use of outcomes monitoring to manage PTSD treatment, which will help both VA and DoD identify any system-specific barriers to implementing this best practice into routine care for PTSD.

Finally, the DoD has funded through the RAND Corporation (RAND) a study of the mental health needs of minority group Service members to better understand and meet the unique needs of these populations, which constitute 30 percent of the Active Duty population. Additionally, DoD data suggest that some minority groups are overrepresented in combat specialties, making them more susceptible to exposure to trauma and at-risk for developing PTSD. This study will examine the psychological health, treatment needs, perceived access to treatment, and utilization of mental health services by minority populations. Study results are expected in Fiscal Year 2016 (FY16). These results will be widely disseminated and will guide DoD and VA management strategies for PTSD.

LEADERSHIP AND COMMUNICATION: Recommendation B

DoD and VA leaders, who are accountable for the delivery of high-quality health care for their populations, should communicate a clear mandate through their chain of command that PTSD management, using best practices, has high priority.

DoD Response

The DoD will continue efforts to strengthen health care leadership communication to their chain of command about the importance of using best practices in PTSD management. A priority of the DoD is to develop and maintain a culture of leadership and advocacy, which will create a supportive environment free of stigma for Service members in need of clinical care for PTSD or other conditions. Taking care of people is a leadership responsibility, and the DoD demonstrates this responsibility at every level of leadership. The 2007 DoD Task Force on Mental Health asserted the need to promote a culture that promotes empowered leadership and advocacy for psychological issues.

The overarching authority for PTSD management is with the DoD/VA Joint Executive Council, which oversees the functions of the DoD/VA Health Executive Council (HEC) and its several work groups.

The Evidence Based Practice Guidelines Work Group advises the HEC on the use of clinical and epidemiological evidence to improve the health of the population across the Veterans Health Administration and Military Health System (MHS). This group also identifies CPGs that require clarification or modification in order to remove barriers to treatment access and enhance information sharing. Further, the group generates recommendations to streamline CPGs for specified clinical areas, develops tools to facilitate implementation of CPGs, and monitors and evaluates published CPGs to identify strengths and resolve problems.

Several guidelines within the health care community clearly communicate the importance of best practices in evidence-based PTSD treatment. For example, senior researchers and clinicians in both departments developed the widely disseminated "CPG for Post-Traumatic Stress [sic]" (2011) to ensure individual providers have access to information about best practices for PTSD treatment.

The HEC Psychological Health and Traumatic Brain Injury Work Group (PH/TBI Work Group) examines TBI, psychological health, and resilience-promoting initiatives of various DoD/VA committees and organizations to ensure there is coordination between the two departments; to identify needs; to make recommendations concerning appropriate responses to practice guidelines or policy, and to empower the departments to enact changes. The work group also increases the collaboration between the VA and DoD on the provision of mental health services to their beneficiaries and identifies barriers to interdepartmental collaboration as well as opportunities for improvement. For example, within the PH/TBI Work Group purview are the

IMHS, which address the psychological health related needs of a growing population of Service members and veterans.

The DoD Instruction (DoDI) 6490.09, "Directors of Psychological Health," February 27, 2012, established policy, assigned responsibilities, and prescribed procedures to ensure visible leadership and advocacy for psychological health throughout the DoD. This policy designates specific roles for advocacy at the installation, Military Department, and DoD levels to provide consultation to operational leadership and to facilitate the coordination of clinical, counseling, and other services in health care and operational environments. This policy also established the Psychological Health Council (PHC) to serve as the formal coordination body between the medical and line offices within the DoD on related matters. For instance, the PHC provides recommendations to the Under Secretary of Defense (Personnel and Readiness) and the Services via the Medical and Personnel Executive Steering Committee.

In September 2013, the Assistant Secretary of Defense (Health Affairs) (ASD(HA)) issued a memorandum, "Military Treatment Facility Mental Health Clinical Outcomes Guidance," that mandates the use of psychological health clinical outcomes based on measures standardized for patient cohorts and validated in peer-reviewed literature. Use of outcome measures is an evidence-based best practice that will help enhance quality of care and treatment outcomes of PTSD.

The DoD senior leadership mandated that the three Services' medical commands establish policies for the treatment of psychological health issues. The Army's medical command (USAMEDCOM) and other senior Army leaders consistently and regularly communicate the importance of using best practices for PTSD evaluation and treatment. The Army published the Army MEDCOM Policy Memo 12-035, "Policy Guidance on the Assessment and Treatment of Post-Traumatic Stress Disorder (PTSD)," April 10, 2012, a comprehensive policy for PTSD evaluation and treatment. The policy highlights the VA/DoD PTSD CPG and provides direct guidance on the use of screening tools, EBTs, and integrative medicine strategies to augment EBTs. Both the line and medical commands of the Navy and Marine Corps have made it clear that treatment of mental health conditions through evidence-based practices, particularly treatment of PTSD, is a high priority. The Navy's Bureau of Medicine and Surgery recently initiated an audit of their providers' compliance with the VA/DoD PTSD CPG. In August 2012, the Air Force distributed the ASD(HA) memorandum, "Clinical Policy Guidance for Assessment and Treatment of PTSD," August 24, 2012, mandating that MTF leadership ensure that all mental health care providers understand and comply with the VA/DoD PTSD CPG.

PERFORMANCE MEASUREMENT: Recommendation C

DoD and VA should develop, coordinate, and implement a measurement-based PTSD management system that documents patients' progress over the course of treatment and long-term follow-up with standardized and validated instruments.

DoD Response

The DoD concurs that a measurement-based PTSD management system that documents patient progress over time with standardized and validated instruments is needed. In addition to the broad requirement to use evidence-based outcome measures, the September 2013 ASD(HA) memorandum mandates that specific outcome measures be used during the initial evaluation and periodically until termination of treatment for patients diagnosed with depression, anxiety, and PTSD. This guidance also directs all Services to use the Army's BHDP. All Services are actively integrating the BHDP into all mental health clinics at this time.

The VA/DoD PBI Network would enable ongoing dissemination, implementation, and evaluation of a series of change initiatives. The Joint Incentive Fund (JIF) authorized the VA/DoD to pilot the PBI Network, an infrastructure designed to improve the dissemination of best practices in mental health care via a standing network of clinics trained to implement new research findings. Across both the VA and DoD, the PBI Network is meant to accomplish the following: (1) inform the implementation of best practices into routine care; (2) recruit clinics and clinicians into practice change initiatives; (3) identify system-specific barriers that affect adoption of new practices and their solutions; and (4) promote the integration of these efforts into mental health care programs. The PBI Network will start with measurement-based care of PTSD.

Each of the Services has ongoing and proposed efforts to expand and improve their use of outcome and performance measures. It is important to note that the DoD far exceeds the civilian sector in terms of quantifying clinical improvements resulting from mental health care.

For instance, beginning in 2012, the Army deployed a web application called the BHDP across all Army behavioral health clinics. The BHDP collects standardized patient self-assessments at the initial visit and at every follow-up visit. The BHDP is now being used in over 50,000 clinical encounters a month and over 70 percent of all individual soldier outpatient mental health appointments are associated with standardized clinical outcome measures. The BHDP allows mental health providers to view real-time data during patient encounters to determine the effectiveness of care, and mental health leaders at all levels can track aggregate outcomes to assess the overall effectiveness of mental health care at the facility and Service levels, among others.

The DoD is currently tasked with developing and linking to the VA an enterprise-wide registry of Service members with psychological health conditions as well as TBI. The registry will include information on the process and types of care delivered as well as data from indicators of clinical outcomes and therapeutic progress. This effort goes beyond the establishment of measurement-based care delivery systems and will serve as an important tool to further psychological epidemiological surveillance and clinical efficacy research initiatives.

WORKFORCE AND ACCESS TO CARE: Recommendation D

DoD and VA should have available an adequate workforce of mental health care providers—both direct care and purchased care—and ancillary staff to meet the growing demand for

PTSD services. DoD and VA should develop and implement clear training standards, referral procedures, and patient monitoring and reporting requirements for all their mental health care providers. Resources need to be available to facilitate access to mental health programs and services.

DoD Response

To provide high quality care for Service members affected by PTSD, the DoD continues to regularly monitor the health and readiness of Service members, analyze treatment needs, and adjust its workforce requirements in response to those analyses.

Section 714 of the National Defense Authorization Act (NDAA) for FY10 mandated that the DoD develop and implement a plan to significantly increase the number of military and civilian psychological health personnel by September 2013; DoD surveys indicate the incidence rate of PTSD in the DoD rose 656 percent between 2000 and 2011 while hospitalizations for PTSD increased 192 percent between 2006 and 2012. The DoD formed the Health Profession Incentive Working Group to leverage the NDAA-established pay and incentive adjustments to maximize the recruitment and retention of providers. Between the end of FY09 and the first quarter of FY14, civilian, military, and contractor care providers increased from 6,590 to 9,425 (43 percent). Staffing as of December 2013 was at 94 percent onboard against target needs/authorization of 10,012, to include psychologists, psychiatrists, clinical social workers, psychological health nurses (registered nurses and nurse practitioners), and technicians/counselors. Also, TRICARE currently has 65,000 psychological health providers available in its purchased care network; this number will remain high to foster ready access to services.

The DoD optimizes the distribution of personnel resources through the Psychological Health Risk-Adjusted Model for Staffing (PHRAMS), which it uses to estimate staffing needs and make staffing adjustments across the Services in both the MHS and the TRICARE purchased care network. PHRAMS is a flexible, population-based, and risk-adjusted staffing model that determines the required number and mix of providers to meet the needs of beneficiaries. The DoD also uses data from the annual Mental Health Advisory Team reports to adjust staffing allocations in the operational environment.

To further understand current and future staffing needs, the DoD contracted with RAND to assess MTF system capacity to provide quality PTSD care, availability of services and EBTs, patient load, average treatment length, and appointment wait times. The study is expected to conclude in late FY15. Another RAND study contracted by the DoD, "Psychological Health Treatment and Services for Geographically Distant Service Members and their Families," explores access to mental health care and the mental health needs of Active Duty, National Guardsmen, and reservists as well as their families who reside in areas that are remote from care at MTFs and the existing purchased care network.

The DoD provides extensive training in EBTs for PTSD to military and civilian providers who treat Service members. Pursuant to the 2010 NDAA, the HEC PH/TBI Work Group developed

joint strategic objectives to include the training of 40 additional trainers/consultants in the DoD and VA in EBTs for PTSD, depression, and other conditions by September 2013 as well as an additional 40 trainers/consultants by September 2014; the DoD and VA met these goals. Also, the DoD and VA surpassed the group's objective to train 800 providers in EBTs for PTSD by September 2013. The DoD has an additional goal to provide EBT training in PTSD, depression, and other conditions to another 400 staff by FY15.

The DoD developed standardized training expectations for military personnel in the context of the ASD(HA) memorandum, "Guidance for Mental Health Provider Training for the Treatment of Post-Traumatic Stress Disorder and Acute Stress Disorder," December 13, 2010, which recommended that all psychological health providers attend training workshops in EBTs for PTSD. The DoD offers training workshops for its providers in the use of EBTs for PTSD, including Prolonged Exposure Therapy (PE), Cognitive Processing Therapy (CPT), and Eye Movement Desensitization and Reprocessing. To date, over 4,000 DoD providers have completed a workshop in either PE or CPT through various programs. In addition, the DoD promotes the use of consultation services to help ensure that providers retain and refine skills learned in training. While there is no requirement that purchased care providers receive similar training, the DoD also offers workshops in PE and CPT as part of training programs targeted toward civilian providers. These workshops are open to all providers, but efforts are made to ensure that TRICARE providers are included among the attendees. Since 2007, the DoD has trained approximately 4,700 non-DoD civilian providers in EBTs for PTSD, and approximately 630 were TRICARE providers. However, the TRICARE number is most likely an underestimate because some programs did not begin to gather this information until well after their initial workshops.

As recommended in the Institute of Medicine report, the DoD also offers providers military culture training through live and web-based courses consistent with recent guidance that requires all new hires, both direct care and purchased care providers, be trained or have experience in military culture and terminology. One of the HEC PH/TBI Work Group's objectives is the training of 2,000 providers annually in military culture by September of 2013, 2014, and 2015, respectively; this objective has been on track for successful and timely completion. As of the second quarter of FY14, nearly 5,000 providers have completed military culture education courses. Of these, 3,348 completed the existing online courses available to all primary care and psychological health providers, including DoD and VA personnel, contractors, civilians (TRICARE and non-TRICARE), as well as non-provider caregivers (e.g., chaplains, case managers, etc.). Clinicians can earn free continuing education credits for completing each course module, and the departments can track the number of providers who take the course and receive continuing education credits. Through March 2014, nearly 300 providers obtained continuing education units for completing the first course module.

MTFs refer patients to authorized civilian providers based on the facility's capability and capacity, and the DoD has monitoring and reporting procedures in place to track these referred patients. Managed care support contractors (MCSCs) help oversee the credentialing of TRICARE network providers and have access to provider directories that list network providers by sub-specialty to ensure the patient is appropriately referred. Treatments provided by civilian

providers must meet established reliable evidence criteria to be considered proven medical care and eligible for cost sharing under TRICARE regulations (DoD 6010.57-M, "TRICARE Policy Manual," February 1, 2008).

Under the current managed care support contracts, MTFs have the responsibility to track reports on all patients referred to and from civilian network providers. The MCSCs continuously monitor providers through:

- credentialing requirements,
- retrospective chart reviews to validate quality of care and reports on inappropriate medical care,
- inappropriate utilization,
- nonconformance with disease-specific key quality performance measures and other quality issues,
- beneficiary complaints and grievances,
- MTF-identified concerns,
- claims,
- publicly reported information, and
- other sources.

The ASD(HA) memorandum, "Policy for the Clear and Legible Report," February 4, 2011, indicates that "reports" are the completed consultation reports from both TRICARE network providers and MTF providers who render care to network enrollees under the Right of First Refusal. The MHS has guidance for medical records, documentation, transferring medical records within time limits, and audit processes. Electronic record management systems provide tracking of patient records, and all reports are archived in the patient's DoD medical records. In addition, the MTFs use the MCSCs secure portals for daily access to information regarding inpatient admissions of beneficiaries to purchased care facilities. Service members are also required to authorize and facilitate disclosures of all health care received outside of the MTF or purchased care network to their DoD medical record (DoDI 6025.19, "Individual Medical Readiness," June 9, 2014).

The DoD supports multiple initiatives to ensure that resources are available to facilitate Service member and family access to programs. The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) Outreach Center is staffed 24 hours a day, seven days a week by licensed clinical staff who assist Service members, National Guardsmen, reservists, Veterans, military families, health care providers, researchers, and the general public with their needs and questions. The Outreach Center has collaborative agreements with other DoD and VA hotlines and resource centers. The DoD website Afterdeployment.org offers video stories, a Posttraumatic Stress self-assessment, workbook, reading materials, and links to other information and forums. The website describes EBTs for PTSD and helps Service members better access services through call and chat features and a provider locator tool.

Each of the Services has care models that embed psychological health into primary care clinics. The VA/DoD IMHS SA #2, "Advance Integration of Mental Health Services into Primary Care," delineated clinical, operational, quality, and administrative standards for these models. Between

September 2012 and September 2013, the DoD increased full-time psychological health personnel assigned to the primary care environment from 207 to 306; in addition, each Service established funding, hiring, and training practices, and each plans to be fully staffed at the end of FY14. This effort contributed to the content of DoDI 6490.15, "Integration of Behavioral Health Personnel Services into Patient-Centered Medical Home Primary Care and Other Primary Care Services Settings," published in August 2013. This DoDI sets minimum staffing of at least 1 full-time psychological health provider at each primary care clinic with 3,000–7,499 adult enrollees. Similarly, each primary care clinic with 7,500 or more adult enrollees must have at least 1 full-time psychological health provider and 1 full-time psychological health care facilitator.

The Real Warriors Campaign (RWC) is a multimedia public health awareness campaign designed to encourage Service members and Veterans to reach out for appropriate care or support. The RWC website contains information on how and where to access health care and describes first-line and adjunctive treatments for PTSD. The RWC website received 1.2 million page views in 2013. The campaign added 31 multimedia products (e.g., video profiles, video and radio public service announcements, and podcasts, etc.) in the last year. Campaign video and radio public service announcements aired more than 18,000 times on American Forces Radio and Television Service channels to potential audiences of more than 2 million Service members in 177 countries each week, including Afghanistan and Iraq. The VA/DoD IMHS SA #19 focused on the coordination of DoD and VA public psychological health messaging, concluding in May 2013 with a joint communication plan that ensures consistent and integrated messaging to effectively reach diverse audiences in both departments. In 2014, surveys of Active Duty Army personnel found that respondents reported they were more comfortable seeking care and that stigma related to mental illness had decreased in recent years (in 2011 soldiers sought psychological health assistance at nearly twice the rate as in 2002).

EVIDENCE-BASED TREATMENT: Recommendation E

Both DoD and VA should use evidence-based treatments as the treatment of choice for PTSD, and these treatments should be delivered with fidelity to their established protocols. As innovative programs and services are developed and piloted, they should include an evaluation process to establish the evidence base on their efficacy and effectiveness.

DoD Response

As described in the response to Recommendation D, the DoD trains its MHS and purchased care providers in EBTs. The DoD employs several methods to assess the effectiveness of the training and ensure that clinicians learn and use their newly acquired skills. For instance, the DoD conducts regular evaluations of its in-person training workshops. These evaluations have demonstrated a significant increase (approximately 50 percent) in workshop participants' knowledge about PTSD EBTs over the course of the workshop. Workshop attendees also indicated an increase in their sense of preparedness in using the treatments; almost 85 percent of attendees reported feeling mostly or fully prepared to provide EBT for which they were specifically trained after the workshops, compared to about 40 percent feeling mostly or fully

prepared prior to the workshops. In 2013, the DoD also surveyed trainees 6 to 12 months after completing the workshops to evaluate the impact of the training programs on clinical practice. Data from these surveys indicated that over two-thirds (68 percent) of respondents had used the EBT to treat at least one client with PTSD, and over 90 percent of those who used the protocols found them effective in reducing PTSD symptoms. In a separate 2013 survey of Air Force providers trained in EBT for PTSD, over 80 percent of those providers indicated that they were confident in the use of the treatments, and over three-quarters (77 percent) of those who had seen at least one patient with PTSD had used the EBT protocol on which they were trained. Patient symptom improvement is another measure of the effectiveness of provider training. Outcome data from over 100 cases treated by approximately 30 DoD EBT-trained providers at about 15 different sites indicated an average reduction in symptom severity of 44 percent.

In 2013, the DoD initiated a pilot project to evaluate the usefulness of online synchronous (live) multi-day workshops on EBTs for PTSD. Pre- and post-test data from the initial 3 workshops showed that attendees demonstrated a knowledge increase of over 50 percent. More than 85 percent of attendees reported feeling mostly or fully prepared to deliver the treatment following the workshops, compared to only about 20 percent prior to the workshops.

The DoD also offers follow-on consultation after training, which is available to MHS personnel to help reinforce the initial training and assist with fidelity to the treatment model. The DoD conducted the Advanced Proficiency Pilot Project to determine the effectiveness of this consultation effort on treatment fidelity in providers who completed a workshop in EBT for PTSD (i.e., PE). Pre- and post-test scores suggested that participants, on average, significantly increased their readiness to administer the EBT from a rating of "Advanced Novice" to a rating of "Advanced Proficient." Additionally, patients in this project demonstrated a statistically significant reduction of 31 percent in PTSD symptoms.

The DoD contracted with RAND to assess fidelity to the CPGs for PTSD and Major Depressive Disorder (MDD). The study, currently in progress, will examine existing practice patterns and current CPG utilization rates, assess variation from best practices in CPGs, and assess the impact of the use of CPGs for management of PTSD and MDD on clinical outcomes.

Another method the DoD is employing to assess and improve fidelity to EBT protocol emerged from the work of the VA/DoD IMHS SA #9. The IMHS SA #9 focused on the design and implementation of a joint DoD/VA system to support the delivery of EBTs, including a shared formulary of therapies, joint training opportunities, and methods for the delivery of therapy, standards for documentation, and the evaluation of patient-level outcomes. A JIF project, "Decentralized EBTs Mental Health Provider Training and Consultation to Improve Quality and Access to Care," grew out of the work of the IMHS SA#9. The project seeks to promote sustainability of two EBTs for PTSD, PE and CPT, through the establishment of local EBT champion consultants at DoD and VA installations.

The DoD uses technology to monitor patient progress in care and effectiveness of treatment. The Department is currently working with the Army to update the BHDP to track providers' use of and compliance with CPGs as well as capture and monitor the types of treatments they use to

treat PTSD and other mental health conditions. Programs like Primary Care Behavioral Health also use web-based workflow and symptom tracking systems to track treatment progress. These systems alert care managers and providers when patient symptoms are not improving or worsening so the provider can expeditiously alter treatment as necessary.

A number of Service-specific initiatives to assess adherence to treatment protocols are also completed or currently underway. The Air Force collaborated with researchers at the Pennsylvania State University to examine provider fidelity to treatment protocols and outcomes for patients who received these treatments by Air Force psychological health provider at one particular MTF. The first phase results indicated better patient outcomes with adherence to EBTs. Further expansion of the study is underway, including an extension of evaluation protocol to other Air Force MTFs. The Navy also assesses compliance with the CPG for PTSD on a quarterly basis through data and chart reviews at each of its MTFs. Key metrics for compliance are treatment with evidence-based psychotherapy, quantitative assessment of outcomes, appropriate prescription of antidepressant medications as indicated in the CPG, and avoidance of non-recommended medications. Over the last year, compliance with these key metrics exceeded 90 percent.

The Army conducted a systematic survey of psychological health providers about their use and adherence to EBTs. The results showed that 86 percent of patients with a PTSD diagnosis received an EBT; however, less than half of the clinicians reported using all the core EBT techniques required in the manual for treatment. These survey results were instrumental in the development of the Army Office of the Surgeon General/Medical Command Policy Memo 12-035, "Policy Guidance on the Assessment and Treatment of PTSD," April 10, 2012, which mandates CPG adherence in the treatment of PTSD.

The Department has engaged RAND to conduct an environmental scan of MTFs' offerings of complementary and alternative medicine (CAM) practices in an effort to identify current practices, ensure that all such practices are conducted safely, establish credentialing recommendations for practitioners, and inform policy pertaining to the use and monitoring of such practices. Concurrently, seven systematic reviews of CAM practices are underway so that recommendations can be developed and practice guidelines created. The DoD recently created an electronic database of 59 national experts in the fields of CAM effectiveness for psychological health, CAM research methodology, and CAM health care policy. In addition, it compiled an electronic database of ongoing CAM studies for psychological health conditions, which contains 223 studies, including 74 in PTSD. The DoD is actively working on CAM research agenda recommendations based on published evidence and analysis in order to pinpoint specific CAM-related policy needs.

Efforts are also underway to accelerate the implementation of innovations with strong evidence. In 2013, the DoD and VA began the development of the PBI Network to pilot implementation of proven innovations, treatments, and management practices, as well as identify system-level barriers to uptake and evaluate solutions to those barriers. Participating PBI Network implementation sites will serve as naturalistic laboratories that help identify efficiencies in the accelerated deployment of EBTs across the MHS enterprise.

CENTRAL DATABASE OF PROGRAMS AND SERVICES: Recommendation F

DoD and VA should establish a central database or other directory for programs and services that are available to service members and veterans who have PTSD.

DoD Response

It would be useful to have a single repository of PTSD-related information, programs, and services. The DoD also believes that the primary focus needs to be on the standardization of care and treatment for PTSD. Many factors necessary to establish a central database related to available programs and services for PTSD are outside the domain of clinical care delivery. The DoD and VA provide connection to services through centralized points of contact, like the DCoE Outreach Center and VA's National Center for PTSD.

A comprehensive and well-known directory is the National Resource Directory (NRD). This website represents a partnership among the DoD, VA, and the Department of Labor. It contains information from Federal, state, and local government agencies; veteran and military service organizations; non-profit and community-based organizations; academic institutions; and professional associations that provide assistance to Service members, Veterans, and their families. In addition to vetted information about PTSD, the NRD contains information on benefits and compensation, education and training, employment, family and caregiver support, homeless assistance, housing, transportation and travel, and opportunities for volunteers.

MilitaryOneSource.mil is a free directory of services that is available to Service members, Veterans, or family members via the internet or by phone. Among other things, it allows people to speak at no cost with a professional counselor over the phone or in person. In addition, the website provides Service members and Veterans with a comprehensive list of organizations that address needs related to PTSD. Another information resource is AfterDeployment.org, which started in 2008 in response to the 2006 and 2007 NDAAs that were aimed at improving and augmenting military and civilian health care systems. It is an online resource that supports Service members, Veterans, and their families experiencing common post-deployment concerns. The website also partners with the VA, Department of State, hospitals, and civilian organizations.

Other central databases that are readily available include the DCoE Outreach Center and the National Center for PTSD. At the Outreach Center, information is available 24/7 via a toll-free number, text, or live chat, and operators are licensed clinicians with training in military and veteran-specific mental health care needs. The National Center for PTSD is run by the VA, and it has PTSD-specific information for patients, family members, providers, and the public.

FAMILY INVOLVEMENT: Recommendation G

DoD and VA should increase engagement of family members in the PTSD management process for service members and veterans.

DoD Response

DoD has a number of initiatives that strongly support family involvement in the Service member PTSD management process. DoD providers engage family members in treatment at every opportunity. However, family outreach is dependent on the Service member's consent. Nevertheless, the DoD involves family members in the care of their relatives with PTSD or TBI whenever possible, and the Department has several programs that require family involvement as a matter of practice.

In 2008, Congress established the Recovery Coordination Program, which allows for a single point of contact and a plan for family engagement in psychological health treatment.

Providers also engage family members through education about PTSD symptoms, stress reactions, and ways for family members to assist and connect with available resources. The DoD has also developed and disseminated clinical support tools (based on the VA/DoD CPG for PTSD) for family members to read and learn about how to best support their Service member with PTSD.

The DoD approach to engaging families of Service members with PTSD can be described across three vital areas: **emergency, treatment,** and **education**.

Emergency engagement of Service members and their families around PTSD starts with the Military Crisis Line, a 24/7 crisis service with multiple portals accessible worldwide through DoD, VA, and non-governmental organization websites/services. The Services also provide emergency family engagement, such as the Army's Embedded Behavioral Health program and Air Force's Airman Family Readiness Centers. In addition, web resources and outreach centers provide round the clock access to information relevant to Service member and Veteran concerns. Specific relevant information includes AfterDeployment.org (lifetime visits of about 393,000 through December 2013), MilitaryOneSource.mil, MilititaryMentalHealth.org, MilitaryHomeFront.dod.mil, and the DCoE Outreach Center (lifetime visits of 18,562 through August 2014).

Treatment for PTSD often begins with self-assessment and self-/family-referrals, which are available at MilitaryMentalHealth.org. The website allows for anonymous online mental health and alcohol assessment in an effort to reduce stigma, while increasing psychological knowledge and fitness. Existing EBT protocols developed and used by DoD-sponsored scientists and providers, such as CPT and PE, also allow for family sessions. The importance of family involvement is echoed by on-post services such as Comprehensive Child and Family Behavioral Health, which is aligned with Patient Centered Medical Homes.

Treatment engagements exist on multiple fronts as part of the DoD Family Readiness System. Treatment for PTSD is provided at every military installation and in most cases, it begins with self-assessment and self-/family referrals, which are available at MilitaryMentalHealth.org (216,420 visits in FY13). This website allows for anonymous online mental health and alcohol assessment in an effort to reduce stigma while increasing psychological knowledge and fitness. Through MilitaryOneSource.mil, families can access support such as military family life counselors and non-medical, private counseling services available on- and off-base. Mobile applications, which families and Service members can use for education and access to adjunctive treatment, are widely available and developed in collaboration with VA. These include PTSD Coach (lifetime visits of 173,256 through August 2014), Mood Tracker (lifetime downloads of 184,338 through August 2014, PE Coach (lifetime visits of 26,598 through August 2014), etc.). Finally, Military Kids connect provides military families with media-rich, interactive resources from child-focused websites and videos t. Military Kids Connect has received 237,287 visits through November of 2013.

Educational engagement of families is inherent within the programs mentioned above. Each Service provides local education and support centers, such as Navy Fleet and Family Support, Airman Family and Readiness, and Army Community Service. Additional resources include family/caregiver webinars from the CDP, Children of Military Service Members resource guide, and life coaching by next generation virtual SIMCOACH. SIMCOACH is an online avatar that engages Service members and caregivers in a non-threatening private manner, leading them to resources, education, and treatment. While technology is far-reaching, the DoD's Yellow Ribbon Program, which allows access to programs, resources, referrals, and services to minimize stress on families during all phases of deployment and mobilization, is available to all Service members, National Guardsmen, reservists, Veterans, and their family members .

Finally, DoD assets also regularly host webinars for family members and caregivers such as "We Serve, Too: Supporting and Engaging Spouses, Parents and Significant Others" and "Recognizing the Needs of Parents of Service Members."

RESEARCH PRIORITIES: Recommendation H

PTSD research priorities in DoD and VA should reflect the current and future needs of service members, veterans, and their families. Both departments should continue to develop and implement a comprehensive plan to promote a collaborative, prospective PTSD research agenda.

DoD Response

The National Research Action Plan (NRAP) includes the support and guidance from the HEC Medical Research Work Group and the Defense Medical Research and Development Program, which ensure research collaboration and provide prospective identification of evolving research agendas. Specifically, the Consortium to Alleviate PTSD (CAP), the STRONG STAR Multidisciplinary Research Consortium, and the PTSD/TBI Clinical Consortium (INTRuST) are

initiatives focused on novel PTSD treatment interventions. Combined with substantial Service and Federal, academic, and industrial PTSD initiatives, the DoD has a robust, comprehensive effort to address the needs of Service members, Veterans, and their families.

In August 2013, the DoD and VA, along with the HHS and the Department of Education, collectively developed and implemented the NRAP in response to the E.O. 13625. The NRAP is a comprehensive 10-year national blueprint to conduct research on PTSD, mental health conditions, and TBI using an interagency research continuum approach that focuses on three targeted priorities: mechanisms, biomarkers, and treatments.

Mechanisms research seeks to identify and understand which parts of the brain are affected by traumatic stress as well as the subsequent development of PTSD and common co-occurring disorders (such as addiction and anxiety). Biomarkers are indicators of a healthy, at-risk, or diseased state, and they include cognitive markers such as an intelligence quotient (i.e., IQ) score. PTSD-specific biomarkers research may include patterns of responses on psychological screens and bio-signatures (patterns of specific markers) research such as the CAP initiative, which is examining a variety of treatment interventions along specimen collections (e.g., blood draws, etc.). Treatment studies within the plan look at a variety of evidence-based interventions, such as psychotherapies, medications, and access to care, adapted for Service members with PTSD. Research efforts include the adaptation of traditional, individual, couples, and face-to-face protocols to other intervention modalities, including group, telephone-based, in-home, web-based, and self-administered settings, in order to better match deployment needs and garrison life.

Research that addresses the wellbeing of military families spans a broad area, which includes skills building for improved functioning, support during deployments, and intervention-oriented research that addresses specific deployment-related difficulties such as PTSD, suicidality, coping with physical injuries, and bereavement.

Prevention with resilience is also a critical area of research. The overall prevention of psychological health/behavioral health issues may reduce distress resulting from trauma exposure and lessen the burden on the care system. Towards that end, DoD has sponsored considerable research in the area of resilience skills building for Service members, families, and civilians. Research topics include universal and at-risk resilience building interventions, mindfulness meditation (including the biologic mechanisms underlying meditation), pre- and post-deployment screening tools and training, pharmacologic interventions, and the nature and impact of leadership and other factors on resilience (e.g., social connectedness, group cohesion, family, etc.).

Access to care research acknowledges that many Service members are reluctant to seek treatment. Research projects underway address improved access to care, reduction of stigma associated with PTSD, and the incorporation of psychological screening and care directly into primary care settings. Much of the research is expected to reduce Service members' negative connotations associated with behavioral health involvement and should facilitate higher rates of psychological health care engagement.

Technology and medication research includes the evaluation of virtual reality technology as a standalone treatment or as an adjunctive treatment to exposure-oriented psychotherapy. Medications are also being vigorously investigated to include both the development of new compounds as well as repurposing FDA-approved medications to create a medication formulary for PTSD.

Synergy (e.g., combined therapies, CAM, etc.) research seeks to combine interventions such as psychotherapy and emerging medications toward discovering the best treatment mixture for successful outcomes. CAM treatment approaches to treat PTSD are well-represented by projects ranging from meditation, transcranial stimulation, and acupressure to canine-assisted psychotherapeutic interventions.

The need for EBT research is critical. Shortfalls in the availability of providers well-trained in EBT for PTSD have driven the development of research projects to improve provider training and the fidelity of care delivery to the EBTs. Although a relatively new research focus, it is anticipated that these efforts will result in improved care as more providers build the appropriate skill set for effective treatment of PTSD.

In addition to the NRAP, the Services are actively engaged in EBT implementation. The PBI Network effort is underway within DoD mental health clinics to create a practitioner network and an associated information technology infrastructure to support the implementation of new EBTs for PTSD and related psychological health conditions.

In summary, the comprehensive research agenda serves the current needs of Service members, Veterans, and their families by ensuring DoD practitioners stay current in the field and are enabled to provide the highest quality of care accessible anywhere in the world, now and into the future.