



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

PERSONNEL AND  
READINESS

DEC 9 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 739 of the National Defense Authorization Act for Fiscal Year (FY) 2013 (Public Law 112-239), which requires the Department of Defense (DoD) develop a plan to improve the coordination and integration of the programs in the DoD that address traumatic brain injury (TBI) and the psychological health (PH) of members of the Armed Forces. The required elements are to identify potential gaps and redundancies in services and treatments, and to develop a plan for mitigating identified gaps and redundancies.

The interim submitted July 24, 2013, described several initiatives already underway which contribute to the fulfillment of section 739 requirements. The Department has made significant progress with these initiatives. In FY 2013, the DoD initiated an information collection process to begin assessing the effectiveness of DoD PH programs. In FY 2014, the DoD implemented a comprehensive review and evaluation of DoD PH and TBI programs as well as an initial identification of gaps and redundancies. In FY 2015, the results of that evaluation will be briefed to senior leadership to inform programmatic decisions. The Department will continue activities supporting the provision of specialized program evaluation, instruction, and training to DoD PH and TBI programs.

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

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 9 2014

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

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Sincerely,

  
Jessica L. Wright

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member

# **REPORT TO CONGRESS**

**Section 739 of the National Defense Authorization Act**

**for**

**Fiscal Year 2013, P.L. 112-239**

**Plan to Eliminate Gaps and Redundancies in**

**Programs of the Department of Defense on**

**Psychological Health and Traumatic Brain Injury**



**November, 2014**

The estimated cost of this report or study for the Department of Defense is approximately \$2,150 in Fiscal Years 2013 - 2014. This includes \$1,920 in expenses and \$230 in DoD labor.

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## **Executive Summary**

The Department of Defense (DoD) submits this report in accordance with section 739 of the National Defense Authorization Act for Fiscal Year (FY) 2013, P.L. 112-239, which requires the DoD to develop a plan to improve the coordination and integration of programs that address traumatic brain injury (TBI) and the psychological health (PH) of members of the Armed Forces. The DoD is also tasked to identify gaps and redundancies in services and treatments provided and include a plan to mitigate the gaps and redundancies identified. Finally, section 739 mandates that an official within the DoD be identified to lead the implementation of the developed plan.

Fiscal accountability is a top priority for the DoD; DoD must account for the need for mental health and TBI services and the effectiveness of such services in addressing the needs of Service members, veterans, and their families. The Defense Centers of Excellence (DCoE) for PH and TBI was tasked with assessing and evaluating all DoD clinical and non-clinical PH and TBI programs. Through several assessment and evaluation initiatives, an analysis of PH and TBI programs is supported with a goal of improved quality and outcome performance throughout the DoD in fulfillment of section 739 requirements and related directives. At the completion of these initiatives, the Department will share the results with Committees on Armed Services of the Senate and House of Representatives.

## **Introduction**

Section 739 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013, P.L. 112-239, requires the Secretary of Defense to submit a plan to improve the coordination and integration of the programs of the Department of Defense (DoD) that address traumatic brain injury (TBI) and the psychological health (PH) of members of the Armed Forces. The DoD is responding to similar requests from its own Office of Cost Assessment and Program Evaluation in the Office of the Secretary of Defense (OSD-CAPE), the Office of Management and Budget (OMB), and the White House, which will cumulatively fulfill the requirements of section 739.

Approved in November 2010 by the DoD/Department of Veterans Affairs (VA) Health Executive Committee, the DoD/VA Integrated Mental Health Strategy (IMHS) is responsible for several strategic actions to achieve standardization between the two departments in mental health screening and in measuring quality and clinical outcomes of mental health services. Through the DoD/VA IMHS, the Departments share procedures, protocols, and lessons learned, reducing redundancies in: integration of behavioral health in primary care, training of providers in military culture and evidence-based psychotherapies, training of chaplains to enable access to mental health care, and translation of mental health research into practice.

In January 2012, OSD-CAPE requested a scientific review of the effectiveness of DoD PH program initiatives (OSD-CAPE Effectiveness Review). DCoE was initially tasked to execute this scientific review to assess the effectiveness of DoD-funded clinical and non-clinical PH programs outside of the Military Health System; this review was later augmented to include TBI programs. Among the first accomplishments within the OSD-CAPE Effectiveness Review was an information collection and assessment (IC&A) of DoD-funded PH programs. The IC&A effort used objective and comprehensive assessment criteria to systematically evaluate PH programs at different stages of maturity. Information was collected electronically via a secure, web-based repository and reviewed by a multidisciplinary panel of scientific experts in the fields of public health, sociology, medicine, and evaluation. Panelists assessed program information and scored programs across five major dimensions of effectiveness: Need, Structure, Process, Outcome, and Finance. Information submitted by the programs as well as quantitative and qualitative information collected from panelists was reviewed and analyzed for overall findings and trends related to the effectiveness of PH programs. Information was shared with each program assessed with respect to pertinent strengths and areas of development.

The key finding from the FY13 IC&A was the lack of sufficient data from PH programs to enable the assessment of effectiveness. Such findings may be largely the result of the inability of DoD programs to readily access and communicate the requested outcome data or lack of previous requirements to report such data. In FY14, DCoE received additional direction from the Office of the Assistant Secretary of Defense for Health Affairs to more extensively collect and evaluate information from both PH and TBI programs. This was addressed through the implementation of an information collection and rapid evaluation (ICRE) process, designed to improve upon the IC&A process by gathering programmatic information via telephonic interviews in lieu of web-based collection. This improved process enhanced the accuracy of the reported information by minimizing the variation in responses and reducing the amount of missing data submitted by programs. The revised design ensured accurate evaluation findings through the collection of robust and comprehensive programmatic information. Additionally, DCoE added a rapid evaluation review of the collected programmatic information by subject matter experts to analyze data toward the identification of program characteristics indicative of effectiveness and program cost.

As part of the interviews conducted in FY14, program information was collected using a semi-structured interview by trained subject matter experts throughout several telephonic sessions. During the interview phase, the interviewer guided the program administrator through the appropriate line of questioning using a standardized interview format to ensure consistent and systematic recording of information. The questionnaire administered to program personnel included items designed to inform program effectiveness and also demographic questions about the program to capture relevant information across categories such as program location, intended beneficiaries, target issues, and service delivery method. The information tabulated across these categories informs DoD's plan for addressing gaps and redundancies as mandated by section 739.

Upon completion of the interviews across all identified DoD PH and TBI programs, data was compiled and synthesized to allow for analysis and comparison across programs. Similar to the review of PH programs in the IC&A, the TBI programs assessed in FY14 underwent a scientific review by a panel of experts in the field of program evaluation. Scientific panel reviews employed by DCoE provided an impartial, external assessment of DoD programmatic information by recognized experts within the public sector; the resulting qualitative and quantitative outputs from each panel were incorporated into programmatic analysis and relevant information was again shared with individual programs. The final phase of the ICRE process consisted of the evaluation of collected programmatic information. The evaluation phase focused on key areas indicative of program effectiveness to ensure an accurate review of information through comprehensive analysis. These focus areas were structured around established program performance measures as outlined in program evaluation and public health literature. The rapid evaluation phase facilitated identification of gaps and redundancies to be briefed to senior leadership in FY15 for programmatic review. Additionally, program responses generated a score for each program indicative of its readiness for a full on-site evaluation. DCoE continues to execute ongoing evaluation activities to including institution of evaluation capabilities in each program to enable regular reporting, onsite evaluations to verify data reported through interview, and change management activities geared toward establishing a “culture of effectiveness” in PH and TBI programs in the Department.

In June 2012, the DoD established a FY13 agency priority goal to “Improve the care and transition of Wounded, Ill, and Injured Warriors including: Improve the effectiveness of behavioral health programs.” Additionally, in August 2012, the President signed Executive Order (EO) 13625, “Improving Access to Mental Health Services for Veterans, Service Members, and Military Families,” which directs the DoD, the VA, and the Department of Health and Human Services, in coordination with other federal agencies, to take steps to ensure that Service members, veterans, and their families receive the mental health services that support their needs. The EO includes a requirement to review all existing mental health and substance abuse prevention, education, and outreach programs, and identify programs that are effective and produce the greatest impact on outcomes. The OSD-CAPE Effectiveness Review referenced above fulfills the EO requirement regarding programmatic review by assessing program effectiveness to facilitate the rank ordering of programs in support of senior-level decision-making about the realignment of programmatic resources. The initial analysis of gaps and redundancies from the OSD-CAPE Effectiveness Review will continue to facilitate further action in accordance with section 739.

The efforts described above provided the basis for the identification of gaps and redundancies based on the available portfolio of programs in the DoD and provided the basis for the Department plan that satisfies the requirements of section 739. This plan and the data gathered to support it will be briefed to senior leadership in FY15 and the Department will share those decisions as they become available.

## Discussion

The development of the plan to eliminate gaps and redundancies is guided by key findings gathered from DoD's FY13 and FY14 activities. The Department's efforts in FY13 and FY14 were a necessary step to establish the baseline of services provided across DoD and enable assessment of performance. Qualitative and quantitative analyses were conducted using inputs provided by programs and available data at various stages of completeness. Key initial findings from the OSD-CAPE Effectiveness Review suggest that a majority of PH and TBI programs lack the tools and processes necessary to measure effectiveness. Specifically, many programs are not able to provide sufficient or complete information about program participation, participant outcomes, and cost-related effectiveness measures. Although this comprehensive review enabled high-level programmatic comparison, the requisite information to inform cost-effectiveness is not collected in a systematic fashion across DoD programs at present.

Several high-level themes were identified throughout the assessment and evaluation process, including that PH and TBI programs readily provided input and output data along the evaluation dimensions of need, structure, and process. For example, most programs provided robust data within evaluation criteria such as program objectives, target population, and Service mandates. Alternatively, many PH and TBI programs did not provide robust information along the evaluation dimensions of outcome and finance. Detailed information for questions designed to capture changes in participant knowledge, patient behavior, or cost-per-participant was often unavailable or not provided. Programs did not provide adequate outcome data to inform impact on target beneficiaries. A majority of DoD PH and TBI programs submitted sufficient information to demonstrate their readiness for in-depth evaluation but approximately one-third of programs will require further training activities in order to facilitate in-depth, exhaustive evaluation within coming years.

To meet the requirements of section 739 of the NDAA for FY13, the DoD has prepared the following plan:

1. Section 739(b)(2)(A)(i) and Section 739(b)(2)(A)(ii): The OSD-CAPE Effectiveness Review, as detailed in the above Introduction, provides initial identification of gaps and redundancies. Demographic variables and geographic site/catchment area information for programs were employed to generate a baseline assessment. Information regarding program geographic location was tabulated from primary site information provided by program administrators. Program locations were then cross-referenced with military branch and program type to facilitate further analysis. A number of general observations pertaining to program demographic characteristics were notated following this analysis, including: a) both DoD PH and TBI programs predominately target active duty Service members over veterans, reservists, or family members; b) TBI programs are primarily located on Military Treatment Facilities whereas PH programs are more widely dispersed across a variety of venues; and c)

TBI programs are administered almost solely through direct patient care and consultation, whereas PH programs are provided to beneficiaries through a variety of delivery mediums including by mobile health solutions and educational materials.

2. Section 739(b)(2)(B): Subsequent to the identification of initial gaps and redundancies through the OSD-CAPE Effectiveness Review, reconciliation of identified gaps and redundancies is ongoing and in the process of being socialized with senior leadership in the Services and the Military Health System. The initial analysis of gaps and redundancies conducted in response to section 739 provides an overview of PH and TBI program offerings across key variables, including geographic location, target population, program mission, and cost-per-participant. The analysis of gaps and redundancies within DoD PH and TBI programs, as a nationwide network, mandates preliminary appraisal of geographic service offerings by program type, target population, and branch of Service. DCoE's initial survey indicates this information may be available at the Service level; however, it is not systematically tabulated in a format that is readily available to senior level leadership. A major aim of DCoE's ongoing, on-site program evaluation activities is to gather more nuanced geographic and demographic information to fully assess how programs interact to provide a network of services to military members, veterans, and their families. As the Department continues to reconcile gaps and redundancies of programs in these areas, efforts will be targeted toward staff education and training for ongoing evaluation efforts and DoD policy recommendations for the establishment and sustainment of programs through standardized data collection and reporting efforts. In all reconciliation activities, any realignment of DoD PH and TBI programs will ensure a broad spectrum of diverse, appropriate, and timely services are available for Service members, veterans, and their families.
3. Section 739(b)(2)(C): The DoD lead representative for implementation of the developed plan is the Chief of the Office of Shared Services Support at DCoE.

## **Conclusion**

Section 739 of the NDAA for FY13 requires the DoD to develop a plan to improve the coordination and integration of the programs of the DoD that address PH and TBI of members of the Armed Forces. The information collection and evaluation activities in response to section 739 and the ongoing IMHS effort toward determining quality and clinical outcomes in PH programs provides robust and comprehensive information about gaps and redundancies in PH and TBI programs, the effectiveness of these programs, and how well the programs are being coordinated and integrated into overall operational delivery of care for Service members, veterans, and their families. These findings will be briefed to leadership in FY15 and any programmatic adjustment will follow. Activities supporting the provision of specialized program evaluation, instruction, and training to DoD-wide PH and TBI programs will continue on an ongoing basis.



Given the vision of standard terminology, metrics, and data collection toward PH and TBI program evaluation across DoD, the plan and results of this evaluation are a component of an ongoing process to fully respond to the various congressional, executive, and departmental directives governing DoD PH and TBI program performance. The establishment of the baseline program characteristics and effectiveness across the Services through the OSD-CAPE Effectiveness Review was an essential result that is driving the analysis of gaps and redundancies of PH and TBI programs in the Department.

The outcomes and recommendations derived from the current evaluation activities informs policy and program decisions, identifies and allows remediation of gaps and redundancies, enables the endorsement, adoption, and application of best-practices moving forward, and helps achieve the goals of improving program performance and increasing competence and accountability in the evaluation of program effectiveness. As we continue in our efforts to provide ongoing evaluation of available programs and work to identify gaps in current program offerings, the Department will be able to provide complete and up-to-date information in a systematic and valid manner.