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

PERSONNEL AND READINESS

JUL 16 2015

The Honorable John McCain
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report is in response to section 730 of the Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015 (Public Law 113-291), which required the Secretary of Defense to submit a report not later than 180 days after enactment (6/17/15) in response to the Institute of Medicine (IOM) recommendations regarding improvements to programs of the Department of Defense (DoD) intended to strengthen mental, emotional, and behavioral abilities associated with managing adversity, adapting to change, recovering, and learning in connection with service in the Armed Forces.

As a follow-on to the 2013 IOM congressionally mandated study "Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and their Families," the DoD tasked the IOM to conduct a systematic review of the Department's reintegration programs and prevention strategies and identify various performance measures of DoD prevention programs. The study concluded with recommendations in five major areas: (1) effectiveness and cost-effectiveness, (2) risk identification and intervention, (3) measurement and evaluation, (4) military families, and (5) community characteristics and interventions. The DoD appreciates the efforts of the IOM and is actively working to incorporate its recommendations where appropriate.

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 House Armed Services Committee.

Sincerely,

Brad Carson
Acting

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

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

PERSONNEL AND READINESS

JUL 16 2015

The Honorable William M. "Mac" Thornberry
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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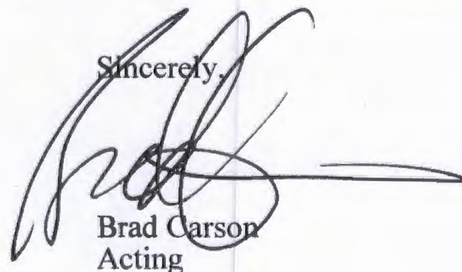

Brad Carson
Acting

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

REPORT TO CONGRESSIONAL ARMED SERVICES COMMITTEES

Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015, Section 730

Implementation of Recommendations of Institute of Medicine on Improvements on Certain Resilience and Prevention Programs of the Department of Defense

July 2015

The estimated cost of this report or study for the Department of Defense is approximately $5,120 for the 2015 Fiscal Year. This includes $0 in expenses and $5,120 in DoD labor.
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INTRODUCTION

Section 730 of the Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2015 (Public Law 113-291) requires the Secretary of Defense to provide a response to the Committees on Armed Services of the Senate and House of Representatives not later than 180 days after enactment (6/17/15) that examines the "feasibility and advisability of implementing the recommendations of the report regarding improvements to programs of the Department of Defense intended to strengthen mental, emotional, and behavioral abilities associated with managing adversity, adapting to change, recovering, and learning in connection with service in the Armed Forces." As a follow-on to the congressionally mandated study in section 1661 of the NDAA for FY 2008 (Public Law 110-181), "Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and their Families (March 2013)," the Department of Defense (DoD) tasked the Institute of Medicine (IOM) of the National Academy of Sciences to conduct a systematic review and critique of the Department's reintegration programs and prevention strategies and identify various performance measures of DoD prevention programs. The following report addresses the IOM recommendations concerning effectiveness and cost-effectiveness, risk identification and intervention, measurement and evaluation, military families, and community characteristics and interventions.

DISCUSSION

The key intention of prevention efforts is risk reduction, particularly when applied as part of a continuum-of-care model to avoid the onset of a clinical disorder and during treatment, rehabilitation, and reintegration phases of the disorder. To date, there have been neither systematic reviews nor sufficient, evidence-based outcome and effectiveness studies that address DoD psychological health prevention efforts and programs.

The IOM study was completed in February 2014 and produced a report, "Preventing Psychological Disorders in Service Members and Their Families: An Assessment of Programs," based on data collected between 2001 and 2011. The study concluded with recommendations in five major areas: (1) effectiveness and cost-effectiveness, (2) risk identification and intervention, (3) measurement and evaluation, (4) military families, and (5) community characteristics and interventions. It did not include a review of the following eight key DoD references:

- Applicable sections of the NDAAs for FY 2011, 2012, and 2013
- "The Challenge and the Promise: Strengthening the Force, Preventing Suicide and Saving Lives: Final Report of the Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces," August 2010
- Chairman of the Joint Chiefs of Staff Instruction 3405.01, "Chairman's Total Force Fitness Framework," September 1, 2011
- "2012 National Strategy for Suicide Prevention: Goals and Objectives for Action," September 2012
- Defense Suicide Prevention Office 2012 Annual Report

- Executive Order 13625, “Improving Access to Mental Health Services for Veterans, Service Members and Military Families,” August 31, 2012
- Department of Defense Directive 6490.14, “Defense Suicide Prevention Program,” June 18, 2013
- Interim report of the Interagency Task Force on Military and Veteran’s Mental Health, May 2013.

The actions, guidance, and requirements associated with these references highlight the significant efforts that the DoD has made and continues to make with regard to prevention and resilience in the area of psychological health. Detailed DoD responses to the Institute of Medicine’s five recommendations are discussed below.

Recommendation 1: Effectiveness and Cost-effectiveness

The committee recommends that the Department of Defense (DoD) employ only evidence-based resilience, prevention, and reintegration programs and policies and that it eliminate non-evidence-based programming. Where programming needs exist and the evidence base is insufficient, DoD should use rigorous methods to develop, test, monitor, and evaluate new programming.

DoD Response: The DoD partially accepts Recommendation 1

The IOM concluded that much of the existing prevention programming in the public health domain is not consistently based on evidence relative to effectiveness or cost-effectiveness. The committee recommended that the DoD target resources to develop the evidence base and facilitate their dissemination and implementation, which would optimize both the effectiveness and cost-effectiveness of interventions to prevent psychological health problems. While the DoD does not currently have definitive data about the evidence base or cost-effectiveness of its prevention programs, military and civilian researchers are working to strengthen the body of evidence for the prevention of mental disorders in military populations.

While the DoD concurs with the spirit of the committee’s recommendation and is striving to improve the evidence base of its entire psychological health psychological health prevention programs, the Department recognizes that the evidence-based data for many resilience and prevention programs are very limited and rejects the recommendation to eliminate programming judged by leadership to be beneficial, although not necessarily evidence based, at this time.

The DoD is currently evaluating effectiveness data from evidence-based programs, including the Families OverComing Under Stress (FOCUS) and Operational Stress Control and Readiness (OSCAR) programs, which have been developed to identify and target stressors and intervene before those stressors escalate and potentially require a more intensive level of care. One of the DoD’s vanguard programs for family psychological health resiliency, FOCUS utilizes core intervention components, including psycho-education about coping; emotional regulation education; goal-setting, problem-solving, and family communication skills; and traumatic stress

reminder management techniques. FOCUS applies a three-tiered approach to resilience and prevention that includes (1) community education, (2) psycho-education for families, and (3) brief interventions for families. These three approaches have resulted in statistically significant changes in targeted outcomes, including improved family functioning and decreased anxiety and depression in both parents and children. The FOCUS program takes a de-stigmatized approach and operates within the community context. High levels of leadership, including the Executive Office of the President, recognize the program as a model for psychological health disorder prevention and intervention services for military families. To date, more than 400,000 Service members, families, providers, and community members have received brief treatment intervention services through FOCUS.

The OSCAR program was developed as a partnership among Service members, mental health professionals, and chaplains to reduce the stigma of mental health care. It has evolved from a program focused on embedding mental health assets in infantry divisions to a comprehensive, line-led tool for leaders that is supported by medical, religious ministry, and mental health assets from a variety of sources. OSCAR teams are formed at the battalion level, and then each unit trains a team of OSCAR mentors. The goal of these teams is to help the unit commander prevent, identify, and manage combat and operational stress problems as early as possible. The OSCAR capability is now being applied across all the operating forces (ground combat divisions, air wings, and logistic groups) and is also being developed for family communities. The OSCAR program began in 2004 and was institutionalized in "Combat and Operational Stress Control" (Navy NTTP 1-15M and Marine Corps MCRP 6-11C, December 2010).

At present, the DoD implements numerous psychological health prevention programs to support Service members and their families. Military and civilian researchers are working to strengthen the body of evidence for prevention of psychological health disorders in military populations. The DoD's Consortium for Health and Military Performance monitors and evaluates evidence-based prevention and resilience programs for Service members and their families in support of Total Force Fitness (TFF). The TFF model is used by the DoD to promote a holistic focus on all aspects of human performance, and it highlights the importance of whole-person health rather than individual aspects of health, wellness, or performance. The TFF model helps Service members and their families optimize personal and family performance with information and resources to enhance positive outcomes.

In addition, the DoD is working on several program evaluations and assessments examining the evidence base. To date, several technical reports on resiliency programs have been released, demonstrating positive effects of resilience training. While findings on the benefits of resiliency training may be limited thus far, prevention science research suggests that small, short-term effects from training programs may be associated with long-term, population-wide benefits. Beyond the technical reports published to date, the DoD is working on an in-depth program evaluation of resilience and performance training across the Army; this analysis is underway now, and results should emerge in early summer 2015.

The Combat and Operational Stress Control (COSC) doctrine provides guidance to the Navy and Marine Corps on developing training that fosters resilience, prevents stress problems, recognizes

stress problems, and provides combat and operational stress first aid. The stress-reduction continuum model promotes five core leader functions—strengthen, mitigate, identify, treat, and reintegrate—to reinforce a leader's knowledge and commitment to stress reduction and building resilience. The Navy has also developed and piloted a resilience training course for Service members to achieve and sustain optimal performance. The course also includes a new online NavyFIT Resilience Building System (RBS) that provides a global, flexible, and easily adaptable program, which focuses on improving military readiness and human performance through skill-building strategies. The NavyFIT RBS is based on current best practices that have been identified through research.

The Army is currently developing evidence-based strategies, plans, and policies that are designed to build a Ready and Resilient (R2) force. The R2 Campaign builds upon mental, physical, emotional, behavioral, and spiritual resilience to enhance the ability to manage the rigors and challenges of a demanding profession. R2 places significant focus on developing the individual as an enabler to achieving enhanced performance and subsequently increased readiness for the individual, unit, and Total Army (Active-Duty Soldiers, Reserve, National Guard, Army civilians, and families). The Program Capabilities Assessment (PCA), an evidence-based assessment of current programs, allows the DoD to reshape programs based on critical outcomes and eventually make adjustments where program initiatives are not effective. The PCA process began in 2010 and has since been applied to more than 50 programs that support building R2 in Soldiers, family members, and Army civilians. It is currently being revised to provide a more comprehensive assessment of the programs, outputs, and outcomes. The ArmyFit™ program evaluation also examines the relationships between health behaviors (e.g., activity, nutrition, and sleep) and determinants of resilience (e.g., optimism and catastrophizing) to improve the ArmyFit™ platform, which provides informed feedback to Army leaders and Soldiers and connects Soldiers to valuable resources designed to help improve and sustain physical and psychological health.

The Air Force New Parent Support Program (NPSP) uses home visitation services as an intervention to decrease potential maltreatment (i.e., abuse, neglect) in families with newborns and children up to three-year-olds. The NPSP assesses families for the presence of risk factors for maltreatment and provides interventions to reduce risk factors and strengthen protective factors. In particular, the NPSP focuses on strengthening six research-based protective factors: nurturing and attachment, knowledge of parenting and child development, parental resilience, social connections, concrete supports for parents, and social and emotional competence of children. Also, NPSP utilizes the research-based Nursing Child Assessment Satellite Training Feeding and Teaching Parent-Child Interaction scales in providing services to families. These valid and reliable instruments measure parent-child interactions, identify areas of concern related to attachment and communication, and guide interventions aimed at enhancing the parent-child relationship.

The Air Force Family Advocacy Program's Prevention, Outreach, and Population Behavioral Health Services provide interventions and secondary prevention that spans across the treatment, rehabilitation, and reintegration phases of a disorder. Individuals and families identified as being at risk for maltreatment are offered intervention to deter problems and dysfunction before

escalation. This program supports individuals, couples, and parents with relationship skills, self-regulation (e.g., anger and stress management), and parenting (for parents of school-age children).

The Air Force also implemented a prevention strategy known as Social Norms, which seeks to enhance resiliency and mission readiness by working to modify the local alcohol culture and prevent alcohol misuse among at-risk Airmen. This prevention strategy uses peer influence and local data to attempt to dispel the myth that unhealthy, harmful alcohol-related behaviors and attitudes should be the norm among peers. Preliminary analyses of outcomes data showed a reduction in drinking frequency and quantity at bases with the Social Norms program, which suggests that the program helped Airmen shift away from potentially harmful beliefs about alcohol use.

Recommendation 2: Risk Identification and Intervention

The committee recommends that the DoD consistently use validated psychological screening instruments appropriate to the type of screening and conduct systemic targeted prevention annually and across the military life cycle (from accession to pre-deployment, deployment, post-deployment, reintegration, and separation) for Service members and their families.

DoD Response: DoD accepts Recommendation 2

The IOM noted that while DoD implements systematic screening processes to identify Service members at-risk for psychological health problems annually and at various points in the military life cycle, some screening instruments administered are not evidence-based or validated. The IOM committee also acknowledged the DoD's recent policy to expand screening requirements in primary care settings, but identified the gaps of a lack of routine health screening targeting Service members at separation, no systematic psychological health screening for military spouses and children, and the lack of data on appropriate and timely follow-up with targeted interventions to individuals and families with at-risk psychological profiles.

Consistent with this recommendation, the DoD has been continuously improving its screening methodology across the entire spectrum of military service and will use validated instruments where they exist and will work to develop screening tools to meet our needs in this area. The DoD places a high priority on early detection of potential health problems by using extensive screening methods based on the best available clinical evidence. Research is underway to improve DoD screening tools and implement new primary and secondary prevention mental health screening initiatives.

Additionally, the DoD has set forth a number of policies and memoranda that mandate screening and assessments at a number of transition points and settings. In 2013, the DoD issued policy and implementation guidance to expand existing mental health assessment requirements throughout the DoD to enhance prevention, early identification, and treatment of Service members and their families. The annual Periodic Health Assessment (PHA) provides an opportunity for all Service members to answer questions related to their current mental health

status. The questions ask about work-related stress, general life satisfaction, and available resources to deal with feelings of loneliness, depression, anger, and anxiety. The DoD has implemented new, validated annual mental health screenings with expanded mental health questions, which provide a more rigorous assessment that is similar to what Service members receive when they return from deployment. This effort integrated the mental health portion of the current Deployment Health Assessments into the PHA.

In September 2013, the Assistant Secretary of Defense for Health Affairs issued the memorandum "Military Treatment Facility Mental Health Clinical Outcomes Guidance," which mandates the use of specific, validated screening and outcome measures for psychological health conditions and directs the Services to implement the Behavioral Health Data Portal (BHDP), a software application for clinical data collection and documentation. The BHDP standardizes mental health clinical data collection and documentation during the initial patient intake and at every follow-up appointment, which will give all providers a standardized set of clinical data about their patients. The standardized data will help providers better identify patients at risk for mental health disorders, allowing them to intervene earlier. The use of the BHDP began in the Army in April 2012, and its use is now mandatory for all of the Services' mental health outpatient clinics, including those with telemental health capabilities; implementation across the Services is in progress. As of January 2015, the BHDP was used in over 50,000 psychological health encounters every month.

DoD Instruction (DoDI) 6490.12, "Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation," February 26, 2013, instituted systematic mental health assessments throughout the deployment cycle, which strengthened targeted prevention efforts.

DoDI 6490.15, "Integration of Behavioral Health Personnel Services into Patient-Centered Medical Home Primary Care and Other Primary Care Service Settings," August 8, 2013, provides for mandatory annual screening using validated instruments for depression, Posttraumatic Stress Disorder, and substance use disorders for all beneficiaries seen in the patient-centered medical home (PCMH) setting. To date, 70 percent of adult PCMH clinics are staffed with behavioral health providers.

Although not yet validated, the DoD is examining two systems with potential merit for addressing psychological readiness and resilience are currently being examined. The Army implemented an empirically validated Tailored Adaptive Personality Assessment System (TAPAS) that uses a longitudinal methodology and measures factors intended to predict an Army applicant's performance, attitudes, and attrition across the first term of enlistment. Specifically, TAPAS is intended to assist with the prediction of a broad range of outcomes, including supervisor and self-ratings of adjustment to the Army, perceptions of fit in the job and Army, disciplinary incidents, and non-academic attrition. In addition, the Army developed the Descriptive Assessment of Soldier Health–Resilience (DASH–R), a complementary and psychometrically valid instrument to be used in conjunction with TAPAS to help screen the psychological health states of potential recruits. This instrument uses psychometric methods to assist in identifying personality traits in recruits that may be associated with success during

initial military training and the first term of enlistment. The DASH–R and TAPAS are intended to work together to give a more holistic view of a candidate's psychological personality and psychological states. Testing of the DASH–R began in August 2014, and results are expected in 2016.

The DoD has launched a knowledge translation initiative designed to ensure that evidence-based practices for substance abuse screening and secondary prevention are implemented throughout the Services. The DoD recognized screening, brief intervention, and referral to treatment (SBIRT) as an evidence-based approach for the early prevention and targeted intervention of substance misuse in the military PCMH settings. The PCMH is an enhanced health care delivery model that emphasizes coordination among primary care providers and proactive prevention. Substance misuse, chiefly alcohol misuse, is among the most common and costly conditions within the military due to detrimental impacts of substance misuse on mission readiness and Service member health. The 2011 Health Related Behaviors Survey indicates that heavy alcohol use and binge drinking remains prevalent throughout the military and is the primary substance of choice for abuse. Additionally, the 2009 DoD/Veterans Affairs Clinical Practice Guideline for the Management of Substance Use Disorders recommends the implementation of SBIRT, ultimately allowing for improvement and growth of psychological health services within the PCMH setting. This intervention is being piloted in the DoD in 2015.

Recommendation 3: Measurement and Evaluation

The committee recommends that, when appropriate, the DoD employ existing evidence-based measures using the systematic approach identified in this report. When appropriate measures are not available, DoD should develop and test measures to assess the structure, process, and outcomes of prevention interventions across the phases of the military life.

DoD Response: DoD accepts Recommendation 3

The IOM committee concluded that there is no generally accepted comprehensive set of measures to assess the structure, process, and outcomes in resilience, prevention, and reintegration programming. Their review of existing measures in national quality measure sets found few measures relevant to psychological health. Those they found to be relevant to psychological health were primarily clinically focused screening measures that do not address domains relevant to resilience, prevention, or reintegration.

As the committee pointed out, the evidence-based effectiveness measures in the public health arena are very sparse. Since 2013, the DoD has been actively seeking to measure psychological health intervention effectiveness via the most current scientific means possible; where systematic approaches or evidence-based measures do not exist, the DoD has been actively developing them.

In FY 2012, the DoD Office of Cost Assessment and Program Evaluation (CAPE) initiated a five-year effort to evaluate effectiveness of psychological health and Traumatic Brain Injury (TBI) programs based on dimensions derived from program evaluation research literature.

Through FY 2014, results from the CAPE initiative indicated that most DoD psychological health and TBI programs readily provided input and output data along the evaluation dimensions of need, structure, and process. However, many programs did not provide robust information along the evaluation dimensions of outcome and cost. More detailed onsite program evaluation studies are slated for FY 2015 and beyond for most programs.

In June 2014, the Under Secretary of Defense for Personnel and Readiness signed the memorandum "Uniform Definition of Resilience and Programmatic Definition of Resilience for the Department of Defense," which requested the DoD-wide adoption of the definition of resilience the Chairman of the Joint Chiefs of Staff developed in 2011 as part of the Total Force Fitness model. To support that adoption, the Defense Suicide Prevention Office developed a framework, based on research, to inform future policy and help coordinate resilience efforts across the lifespan of military service. These efforts will move the DoD toward a stronger evidence base for its resilience programs and measures.

Each of the Services has implemented Service-relevant psychological health prevention programs based on specific needs assessments of their target populations, and they are currently evaluating the effectiveness of their resilience and prevention efforts through funded research. For instance, the Navy's FOCUS program evaluation analyzes specific outcomes and examines retrospective data on outreach events/activities, community resources, referrals to the program, program enrollment, participants' satisfaction with the program, perceived and actual impact in family functioning, and community awareness of the program. The Air Force's Comprehensive Airmen Fitness program evaluation is a short-term outcomes evaluation that examines program fidelity and program impact on Airmen's resilience knowledge and psychological health outcomes. Part of the National Prevention Strategy since 2011, the Army's Program Capabilities Assessment (PCA), designed to provide a more comprehensive assessment of its resilience-building and personnel readiness programs, was applied to more than 50 Army resilience programs. The Army also has an Ask, Care, and Escort suicide prevention program that uses a training process evaluation and fidelity assessment to examine participants' satisfaction and knowledge gained and trainers' adherence to the program components.

Recommendation 4: Military Families

The committee recommends that the DoD implement comprehensive universal, selective, and indicated evidence-based prevention programming targeting psychological health in military families, spouses, partners, and children. The targeted risks and vulnerabilities should include family violence, substance abuse, stress reaction, stigma, and depression.

DoD Response: DoD accepts Recommendation 4

The IOM found that many of the risks and vulnerabilities military families face are associated with family violence, substance abuse, stress reaction, stigma, and depression. While each military Service and the Office of the Secretary of Defense administer many family-focused prevention programs, the IOM identified gaps in evidence supporting the effectiveness of these interventions for military families. The IOM recognized the DoD's initiatives in place to build

the research base in family-focused programs, but believed a more coordinated, comprehensive, and systematic approach was needed to support the development and implementation of evidence-based prevention programming for military spouses, partners, and children addressing risk and vulnerabilities specific to particular points in the military life cycle.

The DoD is strongly committed to investing in prevention and resilience programs for military families and employs multiple preventive efforts across the continuum of care. Its prevention strategies raise community awareness, ensure trained commanders and professional staff are ready to recognize and respond to families at risk for maltreatment (i.e., abuse, neglect), provide education and support to couples and parents, empower victims while providing instrumental support, and leverage shared resources of the military and civilian communities.

The DoD employs multiple universal prevention programs across the military to support Service members and their families. For example, the DoD has launched several initiatives, including the Real Warriors Campaign to encourage help-seeking behavior among Service members, veterans and military families coping with invisible wounds; Total Force Fitness to mitigate stress reaction; and other efforts addressing family violence, substance abuse, and suicide prevention. The DoD implements many programs across the enterprise, including those aimed at preventing domestic abuse and child abuse and neglect, substance abuse, and mental health conditions. These programs encompass individual and couples counseling as well as classes in couples communication, anger management, stress management, depression awareness, effective parenting, and conflict resolution.

The DoD family research portfolio has 30 active research studies that support and strengthen military families. Areas of research cover epidemiological studies to enhance the Department's understanding of risk and resilience factors for military families and communities, studies on interventions to enhance family functioning, prevention of relationship problems, and support for families during deployment. For instance, the DoD has partnered with the Centers for Disease Control and Prevention to determine a baseline for the prevalence of intimate partner violence in the military in comparison to the general population. Prior research has been completed on the effects of multiple deployments on domestic violence and child abuse and neglect, and further research is in progress. Research findings will influence future programs, policies, and practices.

During the 2013–2014 academic school year, the DoD implemented the Teen Resilience and Performance Training Curriculum (TRPTC) to increase the resilience of the family unit and provide a common language of resilience as military families navigate adversities and challenges. Initial pilots during the 2013–2014 academic school year were completed, and program evaluations are in progress; preliminary data analysis of the initial pilots looks promising. The TRPTC was expanded in the 2014–2015 academic year to a larger pool of students and the National Guard, with analyses results expected in August 2015.

In June 2014, the Air Force launched the Early Mental Health Help-Seeking Campaign. The key messages during the campaign include "Warriors don't fight alone," "Early action: a better you, a better Air Force," and "Healthy mind. Healthy body. Healthy Air Force." The campaign consists of print media (e.g., posters) and social media (e.g., Facebook and Twitter). It also

includes an evaluation of outcomes to determine the effectiveness of the campaign, which will end in December 2015.

Recommendation 5: Community Characteristics and Interventions

The committee recommends that the DoD use existing evidence-based community-level prevention interventions and policies to address the psychological health of military members and their families. Where sufficient evidence does not exist, DoD should support research on the effects of communities and social environments on Service members and their families.

DoD Response: DoD accepts Recommendation 5

The IOM noted that Service members' communities can shape the risk and protective factors that affect individual behaviors and psychological health outcomes. However, the committee found a dearth of studies examining the impact of community factors on readiness and reintegration among military Service members and their families. Subsequently, the IOM recommended research in this area to help inform the development of effective community-level prevention interventions for Service members and their families.

The DoD provides or supports numerous on-base and off-base community prevention programs. On-base programs include assigned installation-level psychological consultants, embedded behavioral health providers, military family life consultants, unit chaplains, and health promotion councils. Off-base programs include military leadership councils, which include community leaders, and military culture training for community providers.

The Department partners with the National Guard and Reserve components to provide resources to support school districts that educate children of military families. The DoD has awarded grants to school districts for programs that minimize the effects of transitions and deployments, include strategies to promote a sense of community, and address challenges that exist for children enrolled in military-connected schools.

The next steps for the family and community research portfolios are the development and validation of generic predictive models (e.g., algorithms) and descriptive models (e.g., complex behavior models) that use an evidence-based approach to predict future outcomes and identify high-risk situations where early prevention may be effective.

The DoD is moving toward a community-based psychological health prevention model and is actively funding research to improve the integration among individual, organizational, and community resources to optimize the well-being of military members and their families.

The DoD tasked RAND Corporation to conduct a longitudinal family readiness study that includes community aspects. This study will assist with better understanding how deployments affect military families as well as factors that mitigate or buffer negative effects to better target future interventions. Results from this study are expected in December 2015.

The DoD and Department of Agriculture collaborated to provide evidence-based community capacity-building strategies, including an online curriculum and individual and community readiness inventory tools for leadership, management, and community service providers of military and family support programs, especially in rural and remote areas.

In 2008, the DoD established the ongoing Behavioral and Social Health Outcomes Program (BSHOP). Based on a comprehensive public health perspective, BSHOP addresses psychological health issues through targeted program evaluations, provides surveillance data on psychological health outcomes of concern, and responds to leadership requests for the identification of risk and protective factors among their units. BSHOP-led findings provide specific recommendations that commanders use to improve the psychological health and well-being of their units and inform program and policy changes (e.g., development of the Embedded Behavioral Health Team concept, creation of the Polypharmacy Medical Education Program to increase understanding and prevention of polypharmacy, improved understanding of the multi-faceted reality of stigma around behavioral health, and targeted interventions to enhance recovery and resilience).

CONCLUSION

The DoD appreciates the efforts of the IOM and partially accepts the recommendations produced. Prevention efforts, when applied as part of a continuum-of-care model, are intended to avoid the onset of a clinical disorder and during treatment, rehabilitation, and reintegration phases of the disorder. The data from evidence-based outcome and effectiveness studies suggest a greater need to address psychological health prevention efforts and programs. The DoD is actively working to incorporate the IOM recommendations where appropriate.