OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Roger F. Wicker
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

FEB 14 2025

Dear Mr. Chairman:

This is a substantive interim response to section 718 of the National Defense Authorization Act for Fiscal Year 2020 (Public Law 116–92), "Comprehensive Policy for Provision of Mental Health Care to Members of the Armed Forces." Section 718 requires the Secretary of Defense to submit a report on the development and implementation of a comprehensive policy for the provision of mental health care to members of the Armed Forces.

The Department is required to develop policy for eight policy elements. This includes policy for the compliance to clinical practice guidelines for suicide prevention and medication-assisted therapy for alcohol use disorder and opioid use disorder, the access and availability of mental health services to members who are victims of sexual assault or domestic violence, availability of naloxone on military installations, referrals to military medical treatment facilities for high risk for suicide and opioid use disorder, and comprehensive behavioral health policy for members of the Reserve Component. The Department of Defense is engaged in multiple efforts to address the eight policy elements outlined in section 718, three of which are discussed in the enclosed substantive interim report. Given the length of time required to fully address all eight policy elements, the Department anticipates providing the final report to Congress no later than January 30, 2026.

Thank you for your continued strong support for the health and well-being of our Service members. I am sending a similar letter to the House Armed Services Committee.

Sincerely,

[redacted]

Darin S. Selnick
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

[redacted]

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

FEB 14 2025

Dear Mr. Chairman:

This is a substantive interim response to section 718 of the National Defense Authorization Act for Fiscal Year 2020 (Public Law 116–92), "Comprehensive Policy for Provision of Mental Health Care to Members of the Armed Forces." Section 718 requires the Secretary of Defense to submit a report on the development and implementation of a comprehensive policy for the provision of mental health care to members of the Armed Forces.

The Department is required to develop policy for eight policy elements. This includes policy for the compliance to clinical practice guidelines for suicide prevention and medication-assisted therapy for alcohol use disorder and opioid use disorder, the access and availability of mental health services to members who are victims of sexual assault or domestic violence, availability of naloxone on military installations, referrals to military medical treatment facilities for high risk for suicide and opioid use disorder, and comprehensive behavioral health policy for members of the Reserve Component. The Department of Defense is engaged in multiple efforts to address the eight policy elements outlined in section 718, three of which are discussed in the enclosed substantive interim report. Given the length of time required to fully address all eight policy elements, the Department anticipates providing the final report to Congress no later than January 30, 2026.

Thank you for your continued strong support for the health and well-being of our Service members. I am sending a similar letter to the Senate Armed Services Committee.

Sincerely,

[redacted]

Darin S. Selnick
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

[redacted]

Substantive Interim Report to the Committees on Armed Services of the Senate and the House of Representatives

Comprehensive Policy for Provision of Mental Health Care to Members of the Armed Forces

February 2025

The estimated cost of report or study for the Department of Defense (DoD) is approximately $6,200 in Fiscal Year 2023. This includes $0 in expenses and $6,200 in DoD labor.
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EXECUTIVE SUMMARY

This substantive interim report is in response to section 718 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2020 (Public Law 116–92) ("section 718"), which requires the Secretary of Defense to submit a report to the Committees on Armed Services of the Senate and the House of Representatives on a comprehensive policy for provision of mental health care services to members of the Armed Forces.

Section 718 requires the development and implementation of eight policy elements provided in subsections (b)(1)(A), (b)(1)(B), (b)(1)(C), (b)(2), (b)(3), (b)(4)(A), (b)(4)(B), and (b)(5). A review of each policy element indicated that six policy elements are distinct, with several elements aligning to already existing and established policy. Consequently, the Office of the Assistant Secretary of Defense for Health Affairs engaged in a course of action that appropriately aligns each policy element, updating or developing policy, as necessary.

Subsection (b)(1)(A) is addressed through updates to Department of Defense Instruction (DoDI) 6490.16, "Defense Suicide Prevention Program," November 6, 2017, as amended; and the publication of Defense Health Agency (DHA)-Administrative Instruction (AI) 6025.06, "Suicide Risk Care Pathway for Adult Patients in the Defense Health Agency," August 9, 2022. Subsections (b)(1)(B), (b)(1)(C), and (b)(3) are incorporated into DHA-AI 6025.08, "Pain Management and Opioid Safety in Military Medical Treatment Facilities," February 8, 2023; and DoDI 1010.04, "Problematic Substance Use and Gambling Disorder," January 17, 2025. Subsection (b)(2) is addressed through updates published in DoDI 6400.06, "DoD Coordinated Community Response to Domestic Abuse Involving DoD Military and Certain Affiliated Personnel," December 15, 2021, as amended; and DoDI 6495.02, Volume 1, "Sexual Assault Prevention and Response: Program Procedures," March 28, 2013, as amended.

INTRODUCTION

This substantive interim report is in response to section 718 of the NDAA for FY 2020 (Public Law 116–92), which requires the Under Secretary of Defense for Personnel and Readiness to "develop and implement a comprehensive policy for the provision of mental health care to members of the Armed Forces."

The Department of Defense (DoD) is required to develop policy for eight policy elements. This includes policy for the compliance with clinical practice guidelines (CPGs) for suicide prevention and medication-assisted therapy for alcohol use disorder and opioid use disorder, the access and availability of mental health services to members who are victims of sexual assault or domestic violence, availability of naloxone on military installations, referrals to military medical treatment facilities (MTFs) of those at high risk for suicide or who are receiving treatment specifically for opioid use disorder, and comprehensive behavioral health treatment for members of the Reserve Component. The DoD is engaged in multiple efforts to address the eight policy elements contained in Section 718.

Mental health care delivery is complex and constantly evolving. The development and implementation of policy to address section 718 requirements necessitated a review and analysis

of several policies, as well as significant stakeholder coordination. The complexity of section 718(b)'s requirements cannot be adequately addressed by developing or reissuing a single policy. Therefore, this substantive interim report includes a description on the policy elements implemented for sections (b)(1)(A), (b)(2), and (b)(3). The Department will supplement this report for sections (b)(1)(B), (b)(1)(C), (b)(3), (b)(4), and (b)(5) as policy is published.

SECTION 718(b)(1). COMPLIANCE WITH CLINICAL PRACTICE GUIDELINES

Developing policy that requires compliance with CPGs must take into consideration that health care and health care delivery, especially with regard to mental health, is constantly evolving. New evidence may emerge, which results in portions, or all, of a CPG becoming obsolete; therefore, being overly prescriptive should be avoided. As an alternative, requirements should incorporate the compliance of health professionals with standard of care evidence-based best practices, which include, but are not limited to, CPGs and evolving treatment modalities.

Subsection (b)(1)(A). For Suicide Prevention

Updates to DoDI 6490.16, on February 2, 2023, require DHA to widely distribute the Department of Veterans Affairs (VA) and DoD CPG, "Assessment and Management of Patients at Risk for Suicide." Suicide prevention clinical support tools and training must be readily available to Military Health System (MHS) providers, and DHA is required to monitor and evaluate the MHS effectiveness of current evidence-informed diagnostic tools and treatment methods as contained in the VA/DoD CPG on risk for suicide.

On August 9, 2022, DHA published DHA-AI 6025.06, which establishes procedures for screening and comprehensively assessing MHS beneficiaries for suicide risk and provides guidance for managing and treating MHS beneficiaries at suicide risk using evidence-based and evidence-informed practices. Per DHA-AI 6025.06, DHA monitors compliance with processes and procedures for suicide risk care. Further, DHA-AI 6025.06 contains procedures for education and training requirements, which includes a requirement for behavioral health providers at military MTFs to complete core training on screening, assessment, and safety planning, within 90 days of initially assuming clinical duty and every 3 years thereafter.

Subsection (b)(1)(B) and (b)(1)(C). For Medication-Assisted Therapy for Alcohol Use Disorders and Opioid Use Disorders

Currently, DHA-AI 6025.08 enables the use of evidence-based pain management guided by CPGs, which includes the use of medication-assisted treatment for substance use disorders (SUD). This guidance includes the use of the 2021 VA/DoD CPG, "Management of Substance Use Disorders," which addresses medication-assisted therapy for alcohol and opioid use disorders, describing critical decision points in the management of SUD, and providing DoD and VA providers clear and comprehensive evidence-based recommendations for incorporating best practices into SUD treatment. Further, DHA-AI 6025.08 requires training for designated health care providers in the use of medication-assisted treatment, complying with applicable federal, state, and local laws and regulations.

Subsections (b)(1)(B) and (b)(1)(C) are further addressed through the issuance of DoDI 1010.04. The issuance establishes policy, assigns responsibilities, and prescribes procedures for problematic substance use and gambling disorder prevention, identification, assessment diagnosis, and treatment for DoD military personnel, eligible beneficiaries of the MHS, and DoD civilian personnel. The issuance requires providers to adhere to evidence-based best practices (e.g., CPGs) in the treatment of SUD and gambling disorder (e.g., the Substance Abuse and Mental Health Services Administration).

SECTION 718(b)(2). ACCESS AND AVAILABILITY OF MENTAL HEALTH CARE SERVICES TO MEMBERS WHO ARE VICTIMS OF SEXUAL ASSAULT OR DOMESTIC VIOLENCE

Updates to DoDI 6400.06 on May 16, 2023, and DoDI 6495.02, Volume 1, implement policy for access and availability of mental health care services for Service members who are victims of domestic violence or sexual assault.

DoDI 6400.06 establishes policy that provides access or referral, as appropriate, to evidence-based mental health care services to victims affected by domestic abuse. This policy provides guidelines and procedures to enable access and availability of mental health care services for Service members who disclose domestic abuse. During initial response and assessment, Family Advocacy Program (FAP) clinical providers evaluate the Service member for potential for self-harm and refer for a mental health assessment if risk is indicated. The FAP clinical providers provide information and child advocacy services in support of child victims identified in domestic abuse cases, helping to address and lessen the impact on the victim and family by providing information and referrals to medical, mental health, and legal assistance services. Additionally, upon request for an expedited transfer, if the Service member or dependent seeks continued advocacy, legal, or health care services (mental health or other medical) at the new location, the losing command advises the Service member of the requirement to have an intake meeting with the gaining commander. During the required FAP intake, the Domestic Abuse Victim Advocates or FAP clinical provider will facilitate appointments with mental health, medical, and legal services.

For approval of an expedited transfer associated with sexual assault, responsibilities, and procedures for losing and gaining Sexual Assault Response Coordinators (SARCs) are provided in DoDI 6495.02, Volume 1. The losing SARC will meet with the Service member to outbrief and address any sexual assault prevention response (SAPR) questions about the transfer process. The purpose of the intake meeting with the gaining SARC helps the Service member understand the full range of support options at the new installation and facilitate appointments with mental health, medical, advocacy, legal services, or other response personnel at the new location, and helps answer any questions the Service member may have. To enable oversight of victim services for Restricted Report cases, the SARC will confirm in the report that the Service member is offered SAPR advocacy services, received a safety assessment, received explanation of the notifications, offered medical and mental health care, and informed of his or her eligibility for Special Victims Counsel or Victims Legal Counsel.

In support of safety, victim services, and retaliation reporter referrals for Service members who report a sexual assault, a case management group (CMG) chair conducts oversight of monthly CMG activities, which includes confirming personnel designated to conduct safety assessments of victims making both Restricted and Unrestricted reports have specialized training, including assessment of suicidal ideation and risk of harm to self and to/from others. The Military Departments can select which personnel conduct safety assessments according to location, mission, and available resources. SARCs may conduct non-clinical safety assessments with Service members and are authorized to recommend immediate victim referrals to mental health for a comprehensive clinical safety assessment if they identify concerns for self-harm. If there is a safety issue, the SARC will immediately refer to mental health for crisis support and the commander will assess the immediate safety risk.

SECTION 718(b)(3). AVAILABILITY OF NALOXONE REVERSAL CAPABILITY ON MILITARY INSTALLATIONS

Currently, DHA-AI 6025.08 requires the Pharmacy Operations Division to include medication for opioid use disorder and opioid antagonist reversal capabilities (e.g., naloxone) as part of the DoD Uniform Formulary. DHA-AI 6025.08 provides guidance for clinical operations, including the use of opioid antagonists, requiring availability at all MTFs and dental treatment facilities for emergency use in case of opioid overdose, to dispense to MHS beneficiaries who are assessed at increased risk of opioid overdose or for MHS beneficiaries who self-request.

Subsection (b)(3) is further addressed through in the issuance of DoDI 1010.04. The issuance establishes policy, assigns responsibilities, and prescribes procedures that enable naloxone reversal availability on military installations.

CONCLUSION

Mental health care delivery is complex and constantly evolving. Section 718 requires the development and implementation of eight policy elements. A review of each policy element indicated updates to multiple policies and the development of two new policies is required to address this requirement. The DoD engaged and continues to engage in multiple efforts to address each policy requirement.

Compliance with CPGs for suicide prevention is addressed through updates to DoDI 6490.16, and the publication of DHA-AI 6025.06. Compliance with CPGs for medication-assisted therapy for alcohol use disorders and opioid use disorders is included in DHA-AI 6025.08 and DoDI 1010.04. Access and availability of mental health services for victims of domestic violence and sexual assault are addressed through updates to DoDI 6400.06, and DoDI 6495.02, Volume 1. The promotion of referrals to MTFs for those at high suicide risk or who are receiving treatment specifically for opioid use disorders requires new policy, which is anticipated end of calendar year 2025. Similarly, the provision of comprehensive behavioral health service for members of the Reserve Component requires the development of new policy.