

2011 Military Health System Conference

Substance Abuse Policy and Services in the MHS; Current State and the Way Ahead

The Quadruple Aim: Working Together, Achieving Success

CAPT DeMartino, MC, USPHS

24 Jan 11



Director of Behavioral Medicine
Office of the Chief Medical Officer, TMA

Report Documentation Page

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Overview



- Introduction and Background
- Evolving Programs
- Common SUD Programs and Services
- Unique Service Programs and Initiatives
 - Army
 - AF
 - Navy
- 596 Major Findings and Draft Plan
- Panel Discussion

Quadruple Aim



SUDs



Presenters and Panel Members



- Col John J. Stasinos, Addiction Medicine OTSG
- Lt Col Mark Oordt Chief, ADAPT, USAF
- Mr. Tom Marquez, Chief, Prev/Training Army Center for Substance Abuse
- Mr. Charles Gould, Prgm Dir, BUMED D/A
- Ms. LaNorfeia Holder, Navy Personnel
- Mr. Mary E. (Tib) Campise, OUSD, MC&FP
- Al Ozanian, OCMO, Addiction Med, Program Mgr

Background



- America's Armed Conflicts
 - New Medical Concerns
 - Long-term Impact ?
 - Leadership Concern

- 2010 NDAA, Section 596 Review/assess DoD SUD Prevention, Dx, Treatment Programs

2011 Military Health System Conference Evolution of SUD Programming & Tx

The Quadruple Aim: Working Together, Achieving Success
Al Ozanian, Ph.D



Addiction Medicine Program Manager
Office of the Chief Medical Officer, TMA

Evolution of Programming



- BLUF: DoD Medical Programming is Unique
 - Politics (Resourcing, Governance)
 - Beneficiary Continuum: Civilian-A/D-Civilian
 - Alignment of Healthcare System to Combat Missions and Tactics
-

- 1990's
 - IOM Studies Validate: No Single Approach Best (90)
 - Standup of TRICARE (Early 90's)
- Changing Treatment Modalities... The image shows a book cover for "Kemil's Therapy". It features a portrait of a man in a dark suit and white shirt, looking slightly to the side. The title "Kemil's Therapy" is visible in the bottom right corner of the cover.
- Every Encounter an Opportunity to Prevent

Common Programs and Services



COMMON SUD PROGRAMS ACROSS SERVICES

Prevention

- Drug Testing Program
- Drug Education for Youth
- That Guy
- Employee Assistance Program
- Red Ribbon

Screening

- Post-Deployment Health Assessment (PDHA) and Reassessment (PDHRA) Screening, Periodic Health Assessment
- Employee Assistance Program
- Military Pathways
- Primary Care

Treatment

- Employee Assistance Program
- Inpatient/Partial Hospital/Outpatient Assessment/Treatment Programs
 - Direct Care
 - Purchased Care

2011 Military Health System Conference Army Unique Findings

The Quadruple Aim: Working Together, Achieving Success

John J. Stasinis, M.D., COL, MC, USA

24 January 2011

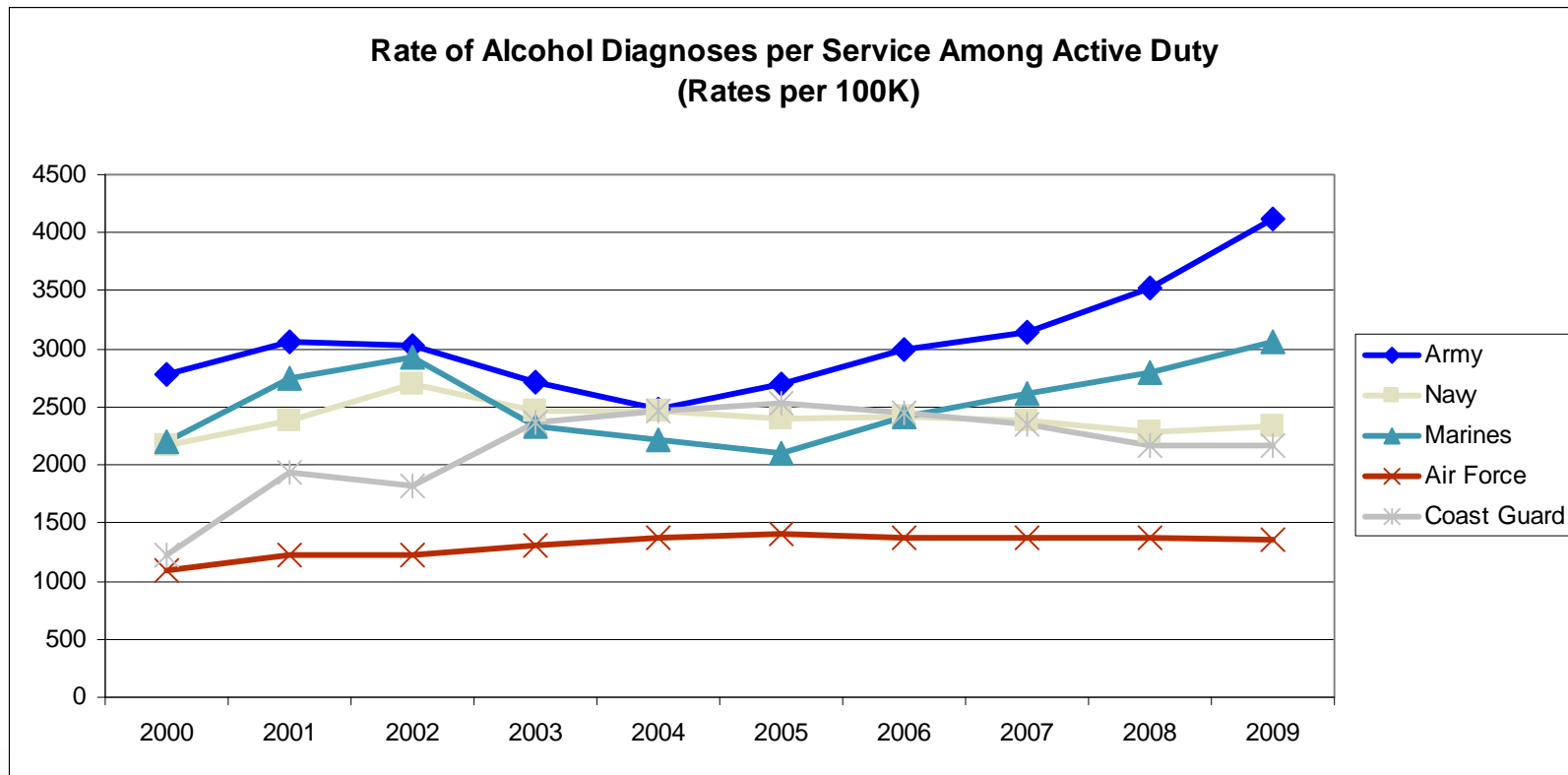


Office of the Surgeon General, HQDA

Army Centric Programming



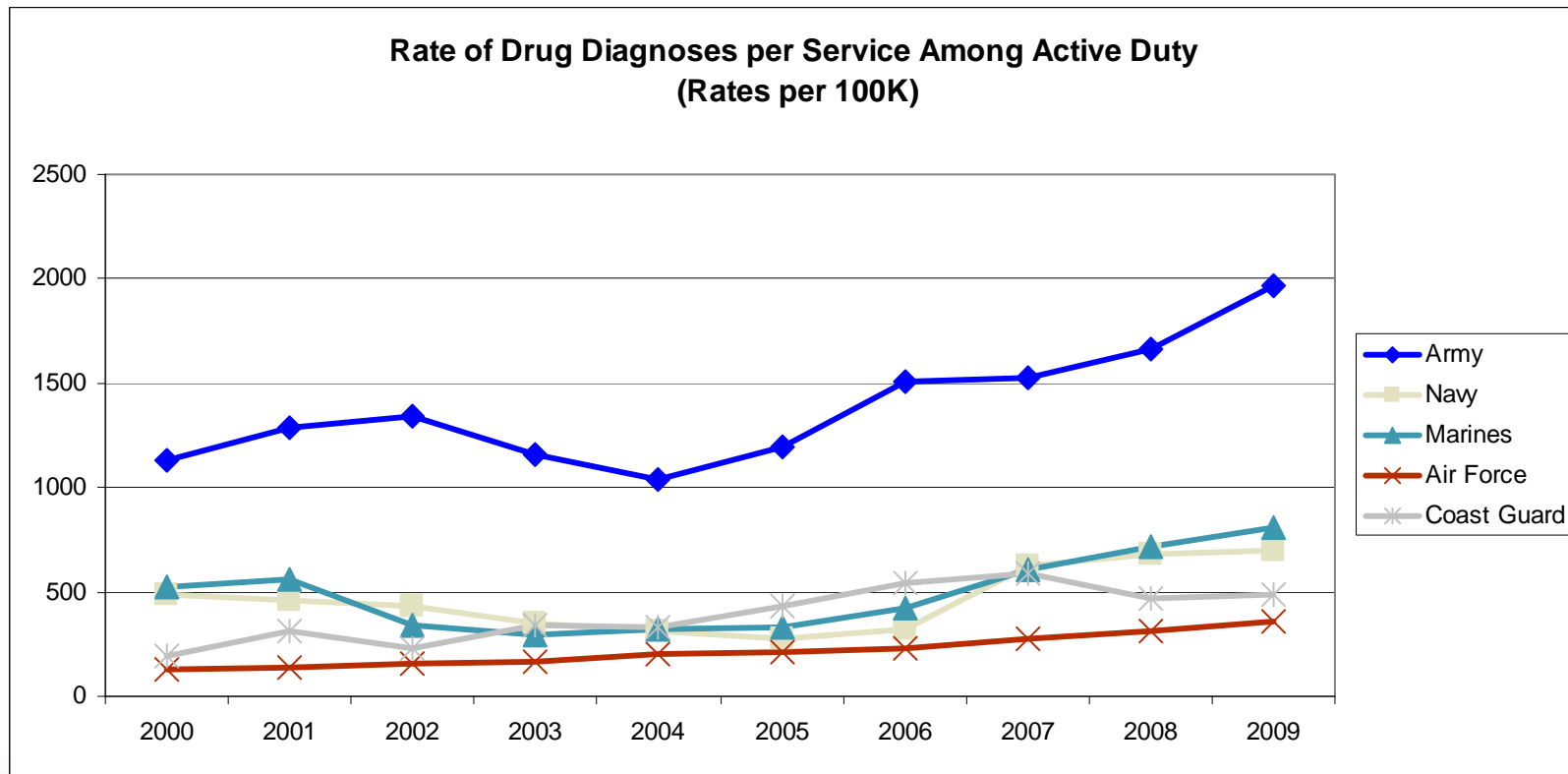
- Prevalence of Alcohol Use Disorder Dx's Among Active Duty Service Members



Army Centric Programming



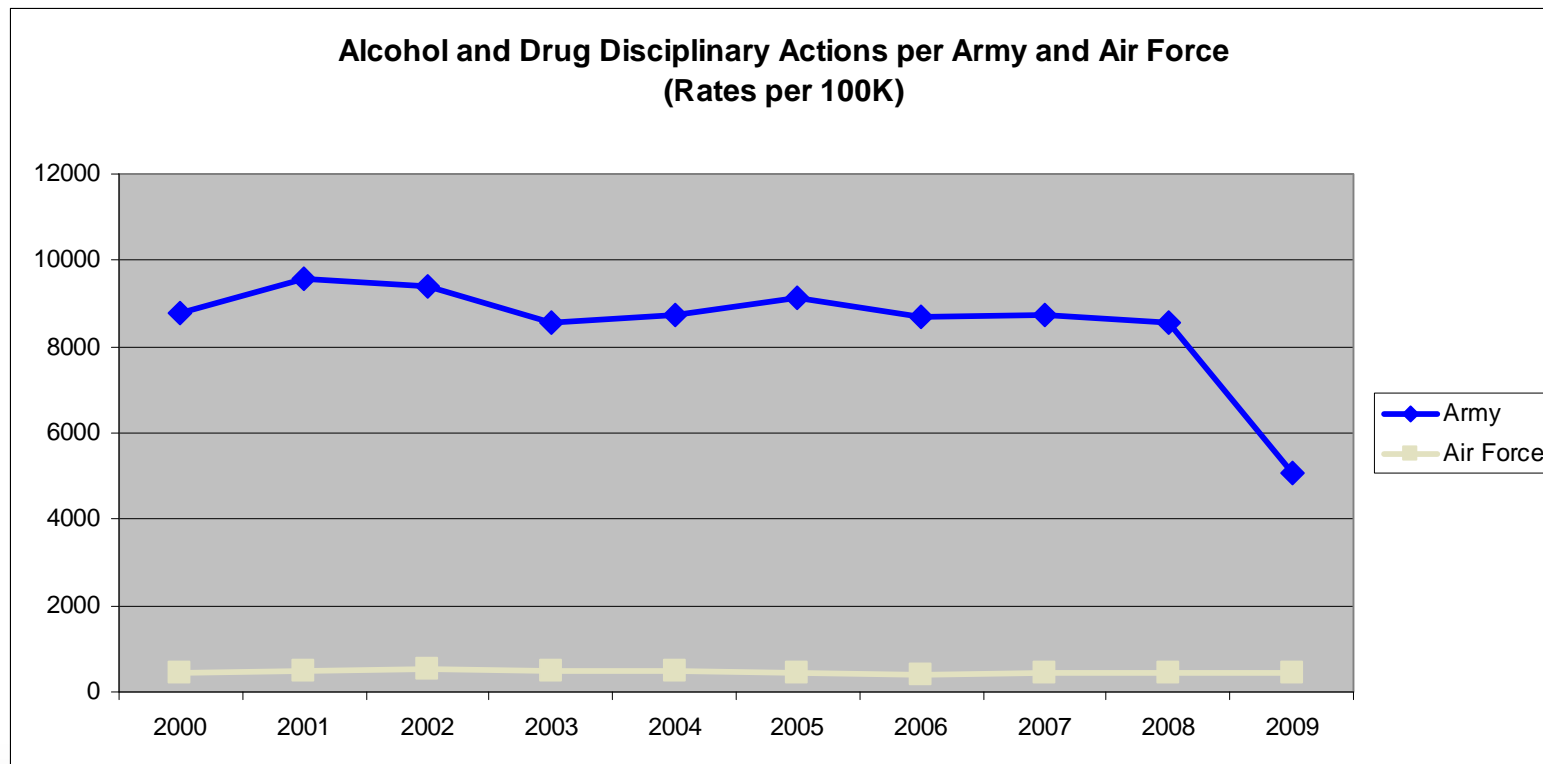
- Prevalence of Other Substance Use Dx's Among Active Duty Service Members



Army Centric Programming



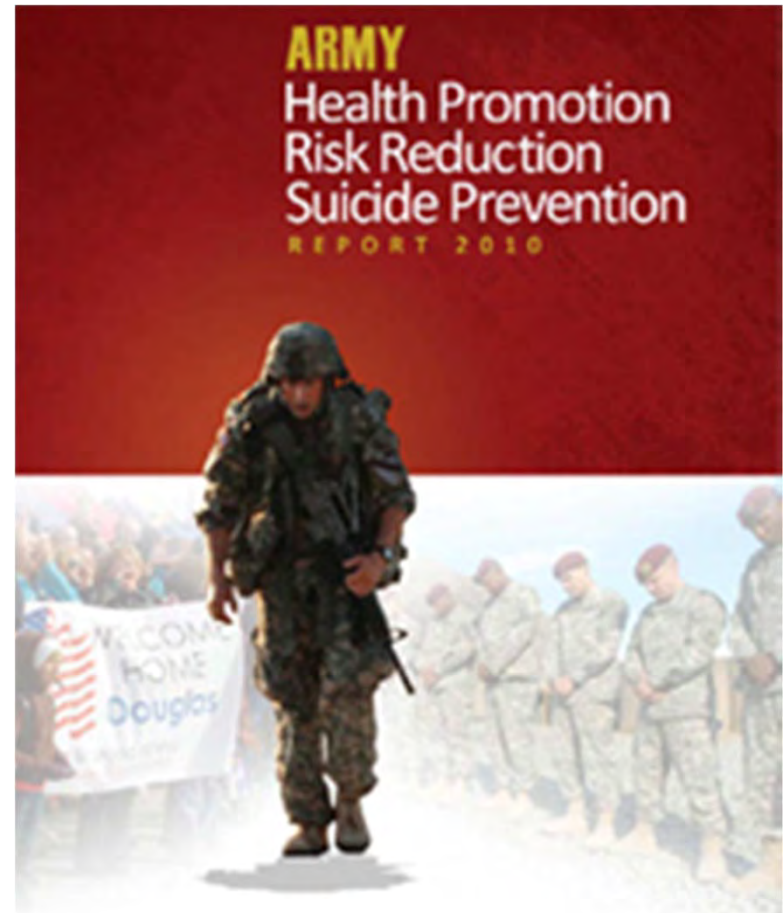
- Statistics Related to Substance Abuse Offenders



Army Centric Programming



- Findings
- Recommendations
 - Comply with Existing Policies
 - Enact New Policies to Close Gaps in Monitoring & Coverage of SUD-Related Behaviors



Army Centric Programming



- Research Triangle Institute Stigma Study
 - Stigma Study Has Documented That:
 - ASAP Treatment is Typically Associated With Administrative Response to Alcohol-related Infractions
 - 40% of Soldiers Surveyed Believe That Their Careers Will Be Harmed if They are in Treatment for Alcohol Abuse
 - Bottom Line: Soldiers Believe That Self-referral To ASAP Would Harm Their Careers

Army Centric Programming



- ASAP Pilot: CATEP
 - Authority: Secretary of Army
 - Scope: Pilot for Soldiers Who Self-Refer to The ASAP With Alcohol Problems Before They Have an Incident, Without Consequent Compromise to Military Career.
 - Purpose: Test Feasibility of Trial Policy Changes With Intent to Improve Soldiers' Access to Alcohol Treatment Earlier in The Course of Their Illness.

Army Centric Programming



- ASAP Pilot: Trial Policy Changes
 - Command Involvement in ASAP Treatment is OPTIONAL (But Encouraged).
 - Active Participation in Asap Treatment is Voluntary.
 - Soldiers in Asap Treatment Are Not Subject to Negative Personnel Actions (Barred, Flagged, Etc.).
 - Soldiers Who Fail Treatment Will Not Be Administratively Separated.

2011 Military Health System Conference Navy Unique Programming Navy More Program

The Quadruple Aim: Working Together, Achieving Success

Mr. Charles Gould,

24 Jan 11



Program Dir, BUMED D/A

Navy More



NAVY MORE help and answers

“I’m busy and I can become easily distracted and forget to make recovery a priority. Using MORE and answering the assessment questions really made me look at how I am doing every day.”

— A MORE participant



Call your local SARP

NAVY MORE *for you*

Your goal is lifelong recovery. And a strong continuing care program will help you stay sober longer. That’s why the Navy gives you **NAVY MORE**—an exclusive, secure, confidential online program of recovery support.

With **NAVY MORE**, help is at your fingertips through all the ups and downs of early recovery, including a recovery coach you can contact electronically or by phone.

Talk with your counselor about **NAVY MORE** today, and see for yourself how it works. With the tools, support, and fellowship of **NAVY MORE**, you have what you need to build your new life in recovery.



Call your local SARP



Free ongoing recovery support, right at your fingertips



Call your local SARP

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2666_3_NavyMoreBrochure_F.indd 1

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Navy More



NAVY MORE NAVY MORE

is your daily recovery connection

If addiction treatment is about getting sober, recovery is about learning how to stay sober.

The Web-based NAVY MORE program connects you with the tools, support, and fellowship you need to build your new life in recovery. No matter where you are—on ship, on ground, on base, on leave, or retired—NAVY MORE offers you constant access to

critical information and support—24 hours a day, 7 days a week.

Your first 12 to 18 months following treatment are a time of unique challenges and choices. That's why the Navy gives you NAVY MORE to help stay the course. It's free, easy-to-use, and always accessible. Think of NAVY MORE as a personal guide for your recovery journey.



“I would highly recommend MORE. It's another resource that you can use to help you stay focused on your sobriety.”

— A MORE participant

NAVY MORE helps you ...

- Work through issues commonly faced in early recovery
- Identify healthy coping strategies using worksheets and activities
- Strengthen self-awareness by journaling thoughts and feelings
- Access useful articles, videos, and fact sheets

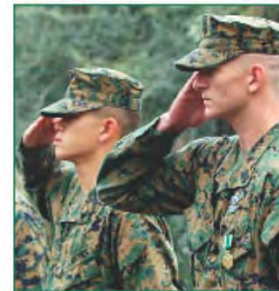


“You've talked me through some difficult moments. Somehow you always have just the right words to say, and I'm so thankful you are part of my recovery.”

— A MORE participant's message to her recovery coach

NAVY MORE supports you with ...

- Guidance from your recovery coach—electronically or by phone
- Encouragement to set and reach personal commitments each week
- Spiritual insights and inspiration through an online Serenity tool
- Essential relapse-prevention content and interactive tools in seven in-depth online modules



“I just celebrated one year of sobriety, and MORE has been an integral part of my recovery program.”

— A MORE participant

NAVY MORE connects you with ...

- Online, real-time discussion boards with other NAVY MORE participants
- Links to helpful Web sites including AA and other Twelve Step programs
- Links to social networking

Military imagery has been obtained from the U.S. Navy and Marines. It is used in illustration without endorsement expressed or implied by the individuals shown.

Navy More



What is Navy MORE?

- Web- and Phone-based Recovery Management Program
- Patient Education and Support
- Starting During Treatment to 12 Months Into Recovery

The screenshot shows the Navy MORE web application interface. At the top, there is a navigation bar with the "NAVYMORE" logo and a "My Disgusting Recovery Experience" button. Below the navigation bar is a "MY HOME" section with a background image of sailors. The main content area includes a "Relapse Prevention Plan" button, a "My Account • Logout" link, and a navigation menu with items like "My Home", "Recovery Modules", "Workbook", "Commitments", "Journal", "Library", "Serenity", and "Fellowship". The main content area features a personalized message: "James, you've been sober for: 54 Days!". Below this is a "Recovery Module" section for "Module 1: A New Beginning", which includes a list of topics: "Assessment Summary", "Grounding Yourself", "Checking Your Reality", "Sticking with It", "Creating Routines", and "Progress Check". A "MY MODULE PROGRESS" section shows a progress bar with seven numbered circles, where the first circle is highlighted. At the bottom, there is an "Update My Commitments" section with a "Due" date and a "View All Commitments" button. On the right side, there are two promotional cards: "Recovery Coach Connection" with a "Message Center" showing "1 Unread Message" and a "Send Message to Coach" button, and "Reach Out Now" with a "Suicide/PTSD Concerns" button and a "Struggling in Recovery" button.



Goals of Navy MORE

- Higher Recovery Success Rates
- Shorter Episodes of Relapse
- Improved Quality of Life
- Improved Mission Readiness



Navy MORE Participants

- All Patients Diagnosed as Substance Dependent
- Includes Retirees, Family Members, and Those Facing Discharge From The Military
- Navy More Will Be Used In SARP Residential, IOP and OP Programs

Navy More



“Recovery management” (RM) is a philosophical framework for organizing addiction treatment services to provide pre-recovery identification and engagement, recovery initiation and stabilization, long-term recovery maintenance, and quality-of-life enhancement for individuals and families affected by severe substance use disorders

-William White, 2009



- Continuing Care is Related to Improved Substance Use Outcomes Following Treatment (Donovan, 1998; McKay, 2001; Moos & Moos, 2003)
- The Longer the Continuing Care Duration Over Time, The Better the Outcome
 - While the First Six Months are Critical, Initial Research Suggests Even Longer Durations of Care May Be of Benefit (McKay, 2005)



Evidence-Based Practices Utilized in Navy MORE

- Twelve Step Facilitation
- Cognitive-Behavioral Therapy
- Motivational Enhancement Therapy
- Community Reinforcement
- Contingency Management

Navy More



Core Components of the Navy MORE Program

- Personal Home Page
- Assessments
- Recovery Modules
- Progress Checks
- Journal
- Workbook
- Commitments
- Serenity
- Relapse Prevention Plan
- Library of Resources
- Fellowship
- Case Management Solution (CMS)

The screenshot shows the Navy MORE website interface. At the top right, there is a "Relapse Prevention Plan" button and a "My Account • Logout" link. The main header features the "NAVY MORE" logo and a "My Ongoing Recovery Experience" tag. Below the header is a navigation bar with links for "My Home", "Recovery Modules", "Workbook", "Commitments", "Journal", "Library", "Serenity", and "Fellowship". The "COMMITMENTS" section is active, displaying a "COMMITMENT TOOL: TIPS AND STRATEGIES" and a "Printer-Friendly" icon. The content area is titled "Tips and Strategies" and includes five key points:

- Use your support network.** Recovery is not something you can do alone - at least not successfully. Call on people who are supportive of your recovery (e.g. Twelve Step group, sponsor, family, friends in recovery, counselor) for advice and encouragement to help you meet your commitments. Tell them about the commitments you are setting and ask them to check in on you to see how you are doing with meeting them.
- Identify your barriers.** Figure out why you were not able to meet your commitment. What barriers got in your way? Do you know how to get around them? If not, who can you call for help and advice? Is the date you set to meet your commitment realistic?
- Remind yourself of the benefits of recovery.** Always keep in mind the short- and long-term benefits of recovery. This may help you get through the rough spots when setting and keeping commitments seems difficult and progress seems slow.
- Believe in yourself.** If you have confidence in your ability to set and meet the commitments that are a necessary part of working an active recovery program, you are more likely to do so.
- Remind yourself of the phrase "One day at a time."** Then ask yourself, "What commitments do I need to set and meet to stay clean and sober today?" Then do it!



Navy MORE Modules

- Module 1: Grounding Yourself
- Module 2: Fueling Motivation
- Module 3: Building Relationships
- Module 4: Taking Care of You
- Module 5: Ready, Willing & Able
- Module 6: Recover Your True Self
- Module 7: Sustaining Your Recovery

The screenshot displays the Navy MORE website interface. At the top, there is a navigation bar with the 'NAVYMORE' logo, a 'My Ongoing Recovery Experience' badge, and a 'Last Viewed Module' indicator for 'Reapse Prevention Plan'. Below the navigation bar, there is a 'MODULES' section with a list of modules: 'My Home', 'Recovery Modules', 'Workbook', 'Commitments', 'Journal', 'Library', 'Serenity', and 'Fellowship'. The main content area is titled 'SECTION 1: GROUNDING YOURSELF' and features a 'Printer-Friendly' icon. The primary heading is 'Get Back to Daily Life', accompanied by a quote: 'Your most important commitment is your commitment to recovery.' The text explains the challenge of starting recovery and getting back into a routine, emphasizing the importance of having a plan and a support system. A 'Life Exercise' section follows, titled 'What do I say to others?', which discusses the challenges of talking about addiction and recovery in daily life. A 'Set Commitment' button is provided for users to engage with the exercise. At the bottom, there is a 'Chemical dependency is a disease' notice and a link to 'Understanding Addiction (PDF)'. Navigation buttons for 'Previous' and 'Next' are also visible.

2011 Military Health System Conference Air Force Unique Programming

The Quadruple Aim: Working Together, Achieving Success

Lt Col Mark S. Oordt, Ph.D., ABPP

24 January 2011



Air Force Medical Operations Agency

Air Force Programming



- Current Unique SUD Programs and Services
 - Alcohol Brief Counseling
 - Targeted/Tailored Secondary Prevention
 - Move From Educational Format to Individualized Brief Counseling Model
 - Focus on Feedback & Motivational Enhancement
 - Primary Care SUD Services
 - NDAA 714 Resources Will Institute BHOP Services at All AF MTFs
 - Guidelines For Primary Care Screening/Referral

Air Force Programming



- Current Unique SUD Programs and Services
 - Substance Use Assessment Tool (SUAT)
 - Standardized SUD Evaluation Protocol With Validated Assessment Instruments
 - Collects Data for Centralized Database
 - Co-Occurring disorders
 - Treated Through Co-located ADAPT / MH Clinics
 - Multi-Disciplinary Clinical Case Conference for Patients Involved in Multiple MH Clinics
 - Consolidated Clinical MH Record

Air Force Programming



- Near-term Emphasis and New Initiatives in SUD
 - Updated Guidance On High Risk Patient Management
 - High Risk Log Procedures
 - Post-discharge Planning and Transition
 - Migration of SUAT to Web-based Platform
 - Improved Data Retrieval Capability
 - Enhanced Reliability

2011 Military Health System Conference MC&FP

- Non-Medical SUD Coordination

The Quadruple Aim: Working Together, Achieving Success

Mary E. (Tib) Campise, LICSW

24 Jan 11



OUSD, Military Community and Family Policy

MC&FP Programming



- Programs
 - Family Advocacy Program/New Parent Support
 - Military OneSource
 - Military Family Life Consultants
- Points of Entry (Identification and Referral)
 - Prgrms Provide Warm Hand-off to Medical Staff
 - Sufficient Info to Facilitate Appropriate Care
- Relationship Between SUD Programs & Non-Medical Counseling Services is Quality Care

2011 Military Health System Conference

- Findings and Draft Plan

The Quadruple Aim: Working Together, Achieving Success

CAPT DeMartino, MC, USPHS
24 Jan 11



Director of Behavioral Medicine
Office of the Chief Medical Officer, TMA

Policy Findings



- No DOD or Service-level Policies for
 - Routine/Regular Use of Standardized Validated Screening Instruments
 - Standardize Collection of Admin/Pt. Outcome Data
 - Implementation and Utilization of Approved CPGs
- Benefits: SUDRF Affiliation/Limitations on Services
- Confidentiality Policy: Balances Need to Preserve Mission Readiness, Safety of Service Members, and the Imperative of Getting Service Members the Treatment and Support Services they Require

Policy Findings



- Disposition of SUD Offenders
 - Are Consistent With Stated Mission Priorities And are Sufficiently Permissive for Providers/ Commanders to Pursue Treatment and Recovery Rather Than Disciplinary Action.

 - But, May Provide too Much Flexibility in Response to Service Members With Unresolved Substance Misuse Issues, Thereby Undermining the Deterrence Benefit of Potential Disciplinary Action.

Policy Plan



- Explore Risks & Make Policy R/T
 - Standardized Use of Screening Instruments
 - Standardized Collection of Admin/Pt. Outcome Data
 - Implementation of CPGs
- Examine Benefit Requiring SUDRF Affiliation for Providers
- Confidentiality: Continuous Examination of Risks/Benefits of Increasing Protections

Clinical Care Programs



- Assessment and Care of Co-occurring Disorders Within Specialty SUD Treatment Programs is Limited
 - Work to Provide Guidelines on Co-Occurring Conditions (No Closed Door)
- Use of Telemental Health is Under Utilized
 - Collaborate With VA to Develop Technical-Clinical Processes for Implementing Joint Services

Prevention Programs



- Current Programming Does Not Sufficiently Target At-Risk Populations
 - Dod Should Specify Additional At-Risk Groups
 - Identifying and Adopt Available Evidence-Based Programming
- Prevention Services Under Utilize Family Members as a Strategy to Reach Adsmms
 - Explore Methods to Educate Family Members on Deployment Related SUD Problems

RD3

RD3

What are examples of at-risk populations that we are not targeting?

RDeMartino, 1/14/2011

Screening Programs



- Evidence-Based Screening Tools Not Consistently Used Across the Services
 - Implementation of Behavioral Health in Primary Care in the MTFs Provides Opportunity to Include SUD Screening in Primary Care
- DOD Has Many Levels Of Screening, But Their Implementation is Varied
 - Routinize the Location of Screening and Identify Tools That Should Be Used

RD1

Slide 40

RD1

This feels weak - is there a way we can specify this, or perhaps we should use one of the other findings instead of this one

RDeMartino, 1/14/2011

Program Availability/Accessibility



- Access to SUD Assessment/Treatment in Primary Care is Limited
 - Implement Behavioral Health in Primary Care
- Availability of SUD Care Challenging in Remote Areas for Both AD and Reserve
 - Improve Access/Availability to VA SUD Services
 - Identify and Target Increased Availability of TRICARE Providers in Regions With Limited Services
 - Improve Coordination With Ngo's, Community Organizations and Professional Societies

Staffing Methodology



- Shortages Vary By Location and Lacks a Population Based, Risk-adjusted Model to Determine Staffing
 - Utilize the Psychological Health Risk Adjusted Model for Staffing (PHRAMS) to Permit Consistency and Comparability of Staffing Needs Across the Services



PANEL DISCUSSION

Q&A