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

The Quadruple Aim: Working Together, Achieving Success
CAPT DelMartino, MC, USPHS
24 Jan 11
# Substance Abuse Policy and Services in the MHS; Current State and the Way Ahead

**Military Health System, TRICARE Management Activity, 5111 Leesburg Pike, Skyline 5, Falls Church, VA, 22041**

Presented at the 2011 Military Health System Conference, January 24-27, National Harbor, Maryland

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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
Presenters and Panel Members

- Col John J. Stasinos, Addiction Medicine OTSG
- Lt Col Mark Oordt Chief, ADAP, 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
Addiction Medicine Program Manager
Office of the Chief Medical Officer, TMA

Evolution of SUD Programming & Tx

*The Quadruple Aim: Working Together, Achieving Success*

Al Ozanian, Ph.D
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…
- Every Encounter an Opportunity to Prevent
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<th>COMMON SUD PROGRAMS ACROSS SERVICES</th>
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<td>• Drug Testing Program</td>
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<td>• Primary Care</td>
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The Quadruple Aim: Working Together, Achieving Success

John J. Stasinos, M.D., COL, MC, USA
24 January 2011
Army Centric Programming

- Prevalence of Alcohol Use Disorder Dxs Among Active Duty Service Members

![Graph showing the rate of alcohol diagnoses per service among active duty members from 2000 to 2009. The graph compares the rates for the Army, Navy, Marines, Air Force, and Coast Guard.]
Army Centric Programming

- Prevalence of Other Substance Use Dxs Among Active Duty Service Members

![Graph showing the rate of drug diagnoses per service among active duty in various years.](image-url)
Statistics Related to Substance Abuse Offenders

Alcohol and Drug Disciplinary Actions per Army and Air Force (Rates per 100K)
Army Centric Programming

- Findings
- Recommendations
  - Comply with Existing Policies
  - Enact New Policies to Close Gaps in Monitoring & Coverage of SUD-Related Behaviors
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.
The Quadruple Aim: Working Together, Achieving Success

Mr. Charles Gould,
24 Jan 11
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

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 gave 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.

Free ongoing recovery support, right at your fingertips

NAVY MORE,
Call your local SARP

NAVY MORE,
Call your local SARP

NAVY MORE,
Call your local SARP
Navy More

NAVyMORE

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.

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

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

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

"I would highly recommend MORE. It's another resource that you can use to help you stay focused on your sobriety."  
— A MORE participant

"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

"I just celebrated one year of sobriety, and MORE has been an integral part of my recovery program."  
— A MORE participant

Military imagery has been obtained from the U.S. Navy and Marine. It is used in illustrations without endorsement expressed or implied by the illustrators shown.
What is Navy MORE?

- Web- and Phone-based Recovery Management Program
- Patient Education and Support
- Starting During Treatment to 12 Months Into Recovery
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
“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
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)
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 Quadruple Aim: Working Together, Achieving Success

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

24 January 2011
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
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 Adsm
  - Explore Methods to Educate Family Members on Deployment Related SUD Problems
What are examples of at-risk populations that we are not targeting?
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
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.
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
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