

**STATEMENT BY
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BEFORE THE

SENATE COMMITTEE ON VETERANS AFFAIRS

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**VA MENTAL HEALTH CARE:
ENSURING TIMELY ACCESS TO HIGH QUALITY CARE**

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SENATE COMMITTEE ON VETERANS AFFAIRS**

Chairman Sanders, Ranking Member Burr, and Distinguished Members of this Committee – thank you for the opportunity to appear before you to discuss the Army's initiatives to improve Soldier readiness and resiliency.

The United States Army has fought for over eleven years, the longest period of conflict in our Nation's history. The unprecedented length and the persistent nature of conflict during this period have tested the capabilities and the resilience of our Soldiers and the Army as an institution and of our supporting Families. The majority of our Soldiers have maintained resilience during this period. However, the stresses of increased operational tempo are evident in the increased demand for Behavioral Health Services.

Taking care of our own—mentally, emotionally, and physically—is the foundation of the Army's culture and ethos. The Army is keenly aware of the unique stressors facing Soldiers and Families today and continues to address these issues on several fronts. The Army's Ready and Resilient Campaign Plan and Behavioral Health Service Line are two major groups of initiatives that address stressors and improve resiliency across the Wellness Continuum, from pre-clinical prevention activities through clinical treatment and surveillance efforts. Both the Ready and Resilient Campaign Plan and the Behavioral Health Service Line emphasize the shared responsibility amongst medical assets, commanders and leaders, and individual Soldiers and Family Members in optimizing the readiness and resiliency of our Force.

The Ready and Resilient Campaign Plan was mandated through a Directive issued on February 4th, 2013. This campaign plan will create a holistic, collaborative and coherent enterprise to increase individual and unit readiness and resilience. This campaign integrates and synchronizes multiple Army-wide programs aimed to embed resiliency into day to day operations. The campaign directs us to review programs, processes and policies to ensure effectiveness and reduce redundancies, improve methods for commanders to understand high risk behaviors and intervene early, and continue improvements to the Integrated Disability Evaluation System. Several key programs and initiatives are nested under the Ready and Resilient Campaign Plan, including the Behavioral Health Service Line, the Army Suicide Prevention Program, The Performance Triad and Comprehensive Soldier and Family Fitness. These programs

will teach Soldiers, Families, and DA Civilians coping skills for dealing with the stress of deployments and everyday life.

The Behavioral Health Service Line is the treatment component of the Ready and Resilient Campaign Plan, designed to provide consistent and ready access to integrated and evidence-based behavioral health services across the Soldier's Lifecycle, delivered by the most appropriately trained and credentialed providers and teams to meet the needs of the Army Family.

While the Behavioral Health Service Line codifies 28 Behavioral Health enterprise programs identified to support the behavioral health and well-being of Soldiers and their Families, its key areas of focus are Embedded Behavioral Health programs that put our behavioral health teams into the unit footprint, integrated behavioral health departments to simplify access for our beneficiaries and to integrate our services, child and family services, integrated behavioral health support in the Army's Patient Centered Medical Homes, and the Behavioral Health Data Portal, an IT capability that enables us to capture and share real time patient wellbeing status, risk assessment and treatment outcomes for the first time.

I want to highlight the demonstrated success of the Embedded Behavioral Health program, which provides multidisciplinary behavioral health teams to provide community behavioral healthcare to Soldiers in close proximity to their units and in coordination with their unit leaders. Utilization of this model has demonstrated statistically significant reductions in: (1) inpatient behavioral health admissions; (2) off-post referrals; (3) high risk behaviors; and (4) number of non-deployable Soldiers for behavioral health reasons. Leaders have a single trusted behavioral health point of contact and subject matter expert for questions regarding the behavioral health of their Soldiers. Embedded team members know the unit and are known by the unit, knocking down access barriers and stigma commonly associated with behavioral healthcare in the military setting. Currently, 26 Brigade Combat Teams and 8 other Brigade Sized Units are supported by

Embedded Behavioral Health Teams. Expansion of Embedded Behavioral Health teams to all operational units is anticipated no later than FY16.

Our Tele-Behavioral Health (TBH) program increases access to specialty care in geographically isolated areas to include more than 60 sites in Afghanistan, enables greater continuity of care, and provides surge capacity for enhanced behavioral health evaluations at Soldier Readiness Processing sites. Furthermore, Telehealth is being leveraged to recruit behavioral health providers for hard to fill locations, by allowing clinicians to provide care from alternate geographic areas where it is easier to hire clinical professionals. These Army Telehealth (TH) services are provided across 19 time zones in over 30 countries and territories at over 70 sites across all five RMCs and over 90 sites in the operational environment, a global net to extend capable accessible services wherever the Army goes.

The Army is also implementing new programs to provide care to spouses and children in the communities where they live through school based programs and by placing behavioral health providers in our Patient Centered Medical Home primary care clinics.

The Behavioral Health Data Portal is an IT platform that tracks patient outcomes, patient satisfaction, and risk factors via web application, enabling improved surveillance and assessment of program and treatment efficacy. It provides improved patient tracking within behavioral health clinics, provides real-time information regarding Soldier's behavioral health readiness status, and enhances provider communication with Commanders to ensure optimal, coordinated behavioral health care. The Behavioral Health Data Portal was rapidly deployed and trained at 31 Military Treatment Facilities by the end of last year.

While the Army continues to improve behavioral health care to our Soldiers and Families, we recognize that we must pay special attention to Soldiers in transition, whether they are relocating to another assignment, returning from deployment, transitioning from active duty to reserves, or preparing to leave the service. The Army

has established a system internally to ensure continuity of care for Soldiers moving from installation to installation. We also support the DoD inTransition Program, which provides ready access to nationwide cadre of experienced and independent Behavioral Health professionals for Soldiers pending transition. These coaches teach life skills, provide guidance in obtaining long-term behavioral health assistance and resources, and provide current and relevant education on specific Behavioral Health conditions. We also utilize Military OneSource as an equivalent resource for Soldiers that are transitioning.

We are actively working with the VA to ensure continuity of care for Soldiers transitioning to leave military Service. For Soldiers with complex medical conditions, to include Behavioral Health, Warrior Transition Units ensure personal support, case management and a warm hand-off to the VA. We continue to collaborate with our DoD and VA partners to improve the Integrated Disability Evaluation System to ensure timely access to benefits that Soldiers have earned during their time on Active Duty Service and to ensure appropriate transfer of care to the VA. Army Medicine has increased IDES capacity by putting more resources (people) in place, reducing the number of days Service Members are in the process (and reducing the backlog), decreasing the amount of time spent on the Narrative Summary by accepting the proposed VA rating as the single rating, and conducting Army-wide training on customer service. VA Nurse Case Managers are assigned to Soldiers in the Integrated Disability Evaluation System to further support continuity of care upon separation from military service.

Behavioral Healthcare and resiliency are important factors in the readiness of the Army and important issues for our Veterans. The Army's capable and honed behavioral health personnel, evidence based practices and far-reaching programs comprise key pillars in its commitment to a ready and resilient Army family. Thank you again for the opportunity to testify before the committee and for your steadfast support to our Soldiers and Veterans.