

Best Practices and Systems of Support: Addressing Substance Use Among Our National Guard and Reserve

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Webinar
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SAMHSA
Substance Abuse and Mental Health
Services Administration

SAMHSA's SMVF TA Center Welcome



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The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Substance Abuse and Mental Health Services Administration (SAMHSA) or the U.S. Department of Health and Human Services (HHS).

SAMHSA Background



Since 2008, SAMHSA has partnered with states and territories to strengthen behavioral health systems serving **Service Members, Veterans, and their families** (SMVF), providing technical assistance (TA) through its SMVF TA Center.

SAMHSA leads efforts to ensure substance use and mental health issues among all Americans, including SMVF, are well understood.

SAMHSA's SMVF TA Center



- Strengthening ongoing collaboration among military and civilian stakeholders
- Providing a centralized mechanism for cities, states, and territories to learn, connect, and share
- Increasing awareness of and access to resources and programs that strengthen behavioral healthcare systems for Service Members, Veterans, and their families (SMVF)
- Supporting coordinated responses to the behavioral health needs of SMVF
- Encouraging cities, states, and territories to implement promising, best, and evidence-based practices

The SMVF TA Center provides training and technical assistance through activities such as:

- Policy Academies
- Implementation Academies
- Crisis Intercept Mapping
- Webinars
- Learning Communities
- Technical Assistance Call Series
- Onsite and virtual expert consultation
- Resource dissemination

Webinar Objectives

- ✓ Understand the National Guard Bureau's policy and programming for service members with a SUD.
- ✓ Explore some of the unique challenges faced by individuals with SUDs in the National Guard and Reserve communities.
- ✓ Increase knowledge of innovative strategies to engage individuals with SUDs in the SMVF community more effectively (especially those on active duty).

Webinar Objectives (continued)

- ✓ Explore the data, along with the efficacy of current and emerging treatment modalities recommended for individuals with co-occurring SUD and mental health diagnoses.
- ✓ Explore strategies to increase identification of risk factors and warning signs displayed by service members and leverage protective factors and resources in the community to help them.
- ✓ Examine how to raise awareness and increase understanding in the military and civilian communities to reduce stigma and increase help-seeking behaviors.

Our Presenters Today



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National Guard Bureau Addressing Substance Abuse

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Substance Abuse and Mental Health
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Army National Guard Substance Abuse Program

The National Guard Bureau's Substance Abuse Program supports the Substance Abuse Prevention and Drug Deterrence programs in all 54 States, Territories, and the District of Columbia with policy, training, and resourcing requirements. The intent of the Substance Abuse Program is to strengthen the overall fitness and effectiveness of Soldiers, conserve manpower, and enhance the combat readiness of Soldiers through comprehensive alcohol and drug abuse prevention, testing and education.

Policy & Programming: Army Regulation (AR) 600-85

The Army Substance Abuse Program, In accordance with AR 600-85:

- Army National Guard (ARNG) Soldiers who are identified as using illicit drugs will be referred by the commander for possible enrollment in a State-certified, community-based alcohol and other drug counseling and rehabilitation service within 45-days of a verified positive drug test or through self-identification
- Commanders will also refer all Soldiers identified by alcohol testing, driving under the influence/driving while intoxicated, investigation apprehension, underage drinking or a reportable incident involving the use of alcohol for a substance use disorder (SUD) evaluation within 5 days of the incident

Policy & Programming: Limited Use Policy

AR 600-85, Chapter 10-11:

Objectives of the Limited Use Policy are to facilitate early identification and care of Soldiers with substance use disorders and to maximize successful SUD treatment. The Limited Use Policy exists to encourage Soldiers to proactively seek help for substance abuse related issues.

- A variation of this policy is identification of a Soldier seeking emergency treatment for an actual or possible alcohol or other drug overdose, not subsequent to a traffic accident or criminal offense
- Not intended to protect a Soldier who is attempting to avoid disciplinary or adverse administrative action
- Once the Soldiers volunteers to seek help, the Limited Use Policy becomes effective immediately
- Soldier cannot have any prior knowledge of a pending drug test prior to coming forward for help under the Limited Use policy

Policy & Programming: Army Directive 2019-12

- In an effort to reduce stigma attached with seeking help for alcohol-related concerns and increase the likelihood of Soldiers coming forward for help, the Army Directive 2019-12, Policy for Voluntary Alcohol-Related Behavioral Healthcare was published in March 2019
- This policy encourages Soldiers to voluntarily seek alcohol-related behavioral healthcare. They may proactively reenter behavioral healthcare, as needed, without being mandated to enroll in substance abuse treatment
- To qualify, Soldiers must not meet the mandatory enrollment criteria as outlined in AR 600-85 (eg, a Soldier who receives a DUI is not eligible to use the voluntary policy due to the regulatory requirement for mandatory enrollment in AR 600-85)
- Using the voluntary policy prevents the enrollment from reflecting on the Soldier's official drug and alcohol record, and does not require them to participate in treatment or follow mandatory enrolled substance abuse treatment policies, as described in AR 600-85

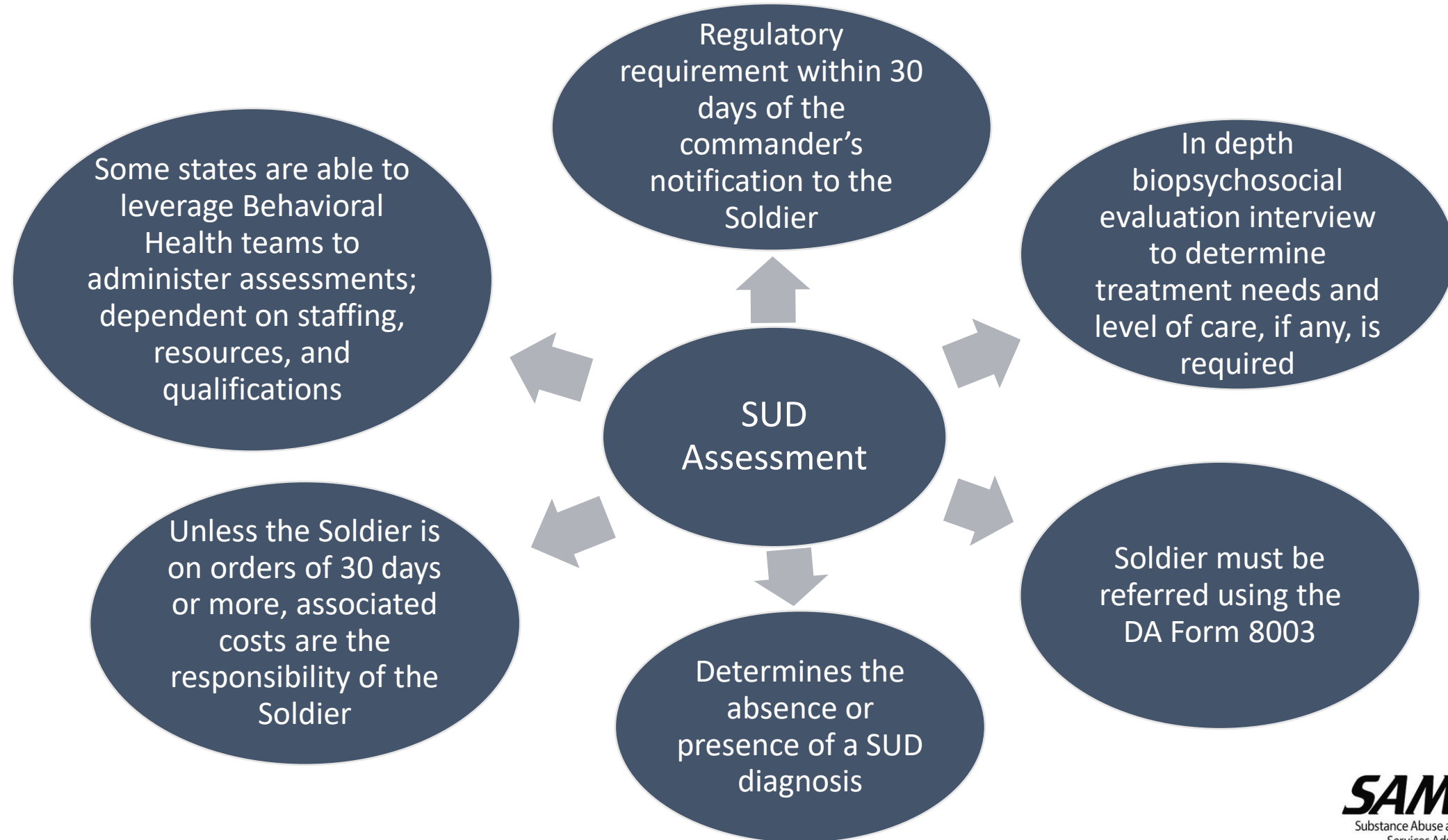
Policy & Programming: National Contract

- The ARNG utilizes a national contract that includes Risk Reduction Coordinators (RRC) and Prevention coordinators (PC) to have a working knowledge of community outreach and prevention initiatives and programs
- RRCs and PCs identify approved substance abuse assessment and referral services provided by community partnerships and utilize these resources when assisting with the referral for Soldiers

Policy & Programming: Psychological Health

- The National Guard Psychological Health Program provides Service Members and their families with resources to master psychological health challenges and maintain operational readiness
- High-quality behavioral health services for individual needs are provided, with confidentiality maintained while professional treatments are coordinated
- Educational resources to maintain and improve personal resiliency are also provided

Substance Use Disorder (SUD) Assessment



Fiscal Year (FY) 18 Survey: Exploring Challenges

- In FY18, ARNG Substance Abuse Program conducted a nationwide survey of nearly 1000 ARNG Soldiers who have not completed assessments to explore challenges they faced in obtaining assessments
- ARNG Soldiers cited access to care issues as the primary reasons for incomplete assessments, such as prohibitive out-of-pocket expenses, civilian providers not supplying documentation of completed assessments, and transportation issues

Difficulty in
contacting Soldier to
provide resources

Financial Burden
Cost of assessment
Uninsured
Underinsured

Geographical
Dispersion / Limited
access to care within
a reasonable distance

Provider has not
supplied necessary
documentation of
assessment

Mandatory discharge;
views assessment as
unnecessary

Additional Considerations

- ARNG relies on a variety of solutions for care
- Assessments allow commanders to assess the level of care the Soldier needs, as well as their potential for rehabilitation and retention in the ARNG
- Factors that impact both the ability to obtain care and their own risk/protective factors include the following: geographical location, financial means, availability of insurance, additional high-risk factors, and resources or partnerships available in the community

Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities

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SAMHSA
Substance Abuse and Mental Health
Services Administration

Georgia Army National Guard Soldier's Support

- Risk Reduction Coordinator
- Substance Abuse Prevention Coordinator
 - Suicide Prevention Coordinator
 - Drug Testing Coordinator
 - State Resiliency Officer (MRT)
- Psychological Health Coordinators
- Behavioral Health Coordinators

Substance Use Disorder (SUD) Assessment

Regulatory Requirements

Initiating Contact with SAP Team

ASAP Enrollment Forms

DA Form 8003

DA Forms 4465/4465

DA Form 2446

Soldier Status:

Traditional Guardsmen

Active Guard Reservist (AGR)

30+ Day Orders

Challenges Faced

Challenges: Inability to Contact Soldiers

Best Practice: Well established Partnerships

Challenges: Financial Burdens of Uninsured and Underinsured

Best Practices: Partnering with Community Services and
Establishing a list of providers for Sliding Scale

Challenges: Geographical Dispersion of Soldiers throughout the state

Best Practice: Continually updating the Nation Services
Database of Providers

Georgia Army National Guard

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SAMHSA
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Clinical Case Presentation: SPC DOE

SPC Doe (Traditional Guards Member; Technician)

Diagnosis: Alcohol Use Disorder; severe F10.20, PTSD by report and observable symptoms

Referral: Company Commander

SPC Doe is a 31 year old Caucasian female, single mother of five from east Georgia. SM has been a part of the GA National Guard for less than 4 years as a mechanic. No deployment history. SM joined on a dare as reported by her leadership. SM 's alcohol use has affected her military career and contributed adverse action.

Treatments History: Individual with a community provider; 45 day residential treatment for substance use; crisis stabilization/detox following a drug overdose (Cocaine; perps and ecstasy over a period of two days). National Guard Case Management. No history of treatment until referred to behavioral health.

Insurance- Private Insurance through technician employment.

Clinical Case Presentation: SSG Snuffy

SSG Snuffy (Active Guard and Reserve (AGR))

Diagnosis: Alcohol Use Disorder; sever F10.20; PTSD

Referral: Company Commander

SSG Snuffy is a 36 year old Caucasian male married with one child. SSG Snuffy has 18 years of service two deployments as administration support; 15 years of active duty time (AGR). Additionally, SM has had 3 DUI's. He has tremendous leadership support and collaboration between the GA Guard, Military treatment and private providers, however, they are reporting burnout with trying to keep him safe. When drinking, he becomes suicidal and has had two recent attempts.

Treatments History: Individual therapy with a military treatment facility, 2- 30 day residential treatment stays; IOP and AA. No history of treatment prior to referral following initial DUI 7 years prior.

Insurance- Tricare-Prime

Clinical Case Presentation: SGT SNOOPY

SGT Snoopy (502F orders COVID mission/MDAY)

Diagnosis: Alcohol Use Disorder; sever F10.20; PTSD

Referral: Task Force Commander

SGT Snoopy is a 32 year old African American single male who resides in South Georgia. SGT Snoopy has over 10 years of service and 1 deployment as an engineer. SGT Snoopy has no prior active duty services. While on active duty SM reported to work sites intoxicated and was referred for an assessment following self-report of suicidal ideations.

Treatments History: Detox; PHP; residential treatment. Did not receive any services until placed on orders.

Insurance: Tricare Prime, insurance will expire six months after he is discharged from active duty orders.

Clinical Case Presentation: SGT LOKIE

SGT Lokie (502F orders COVD/MDAY)

Diagnosis: PTSD; Alcohol Use Disorder severe

Referral: BDE Chaplain

SGT Lokie is a 40 year old married/separated Caucasian Male who resides in South Georgia. SGT Lokie has over 15 years of service with 3 deployments as a medic. SM was referred to treatment by his leadership following multiple failed treatment attempts.

Treatments History: Two Residential treatment facilities; PHP; IOP; currently going through the MEB process and has been referred to Soldier Readiness Unit. No treatment prior to being placed on orders.

Insurance- Tricare Prime.

Separation Actions

Chapter 9; Unsatisfactory Performance.

a. This is your “catch-all” separation clause. This is more administrative centric. For leadership, they will have to provide unsat counseling’s and documentation of performance. Without the previously stated, there is no ground for separation recommendations. This option has the potential to hurt the Soldier more than the other two below in strictly benefits. There is potential for the separation to be General or OTH. VA and additional service benefits are not given with an OTH discharge. This option has the potential to drag out due to administrative processing; expectation timeline is 9-12 months for orders processing.

Chapter 10; Substance Abuse Rehabilitation Failure ****Recommended****

a. This clause is specific to his rehab/inpatient failures. With this clause he will get a full physical evaluation prior to discharge. He will be able to take his documents/medical information to the VA and file for his VA benefits on his own. Discharges under this clause can be either honorable or general. The Soldier’s benefits stay intact. Expectation timeline is 60 days.

Chapter 3; (3-33 Learning, psychiatric, and behavioral health)

a. This clause allows the command to DIRECT a behavioral health evaluation. With this the Soldier will have the ability to have a medical examination and pull any other medically disqualifying factors and potentially be processed via IDES if found “not fit” for continued service. This allows him to process his VA claim while still in service. This process has the ability to take 60 days to over a year depending on any other identified medical issues.

Regulations AR 40-501 (standards of medical fitness) and AR 135-178 (enlisted administrative separations).

Georgia Army National Guard

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Questions?

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