

Addressing the Behavioral Health Needs of Our National Guard and Reserve Components

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Kaffie Clark, DHS, LMHC, Suicide Prevention Program Manager, 364th Expeditionary Sustainment Command

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Webinar
February 3, 2022



SAMHSA
Substance Abuse and Mental Health
Services Administration

SAMHSA Welcome



Stacey Owens, M.S.W., LCSW-C

Military and Veterans Affairs Liaison

Office of Intergovernmental and External Affairs

Substance Abuse and Mental Health Services Administration

Disclaimer

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



SAMHSA ★ **SMVF TA CENTER**

Service Members, Veterans, and their
Families Technical Assistance 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

Technical Assistance Methods

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

Learning Objectives

- ✓ Describe the differences in insurance coverage from the military for behavioral health services between the Reserve and Active Components
- ✓ Illustrate differences in military behavioral health care received by National Guard and Reserve personnel compared to Active Component personnel
- ✓ Demonstrate concrete strategies for supporting Guard and Reserve members as they navigate insurance access and transition into and out of activation

Learning Objectives (continued)

- ✓ Provide examples of best practices and systems of support and services in place for the behavioral health needs of our National Guard and Reserve components
- ✓ Discuss strategies for community providers to improve access and sustained engagement in behavioral health services

Our Presenters Today



Dr. Kimberly Hepner
Senior Behavioral Scientist
Licensed Clinical
Psychologist
RAND Corporation



Dr. Justin Hummer
Associate Behavioral and
Social Scientist
RAND Corporation



Dr. Kaffie Clark
Suicide Prevention
Program Manager
364th Expeditionary
Sustainment Command

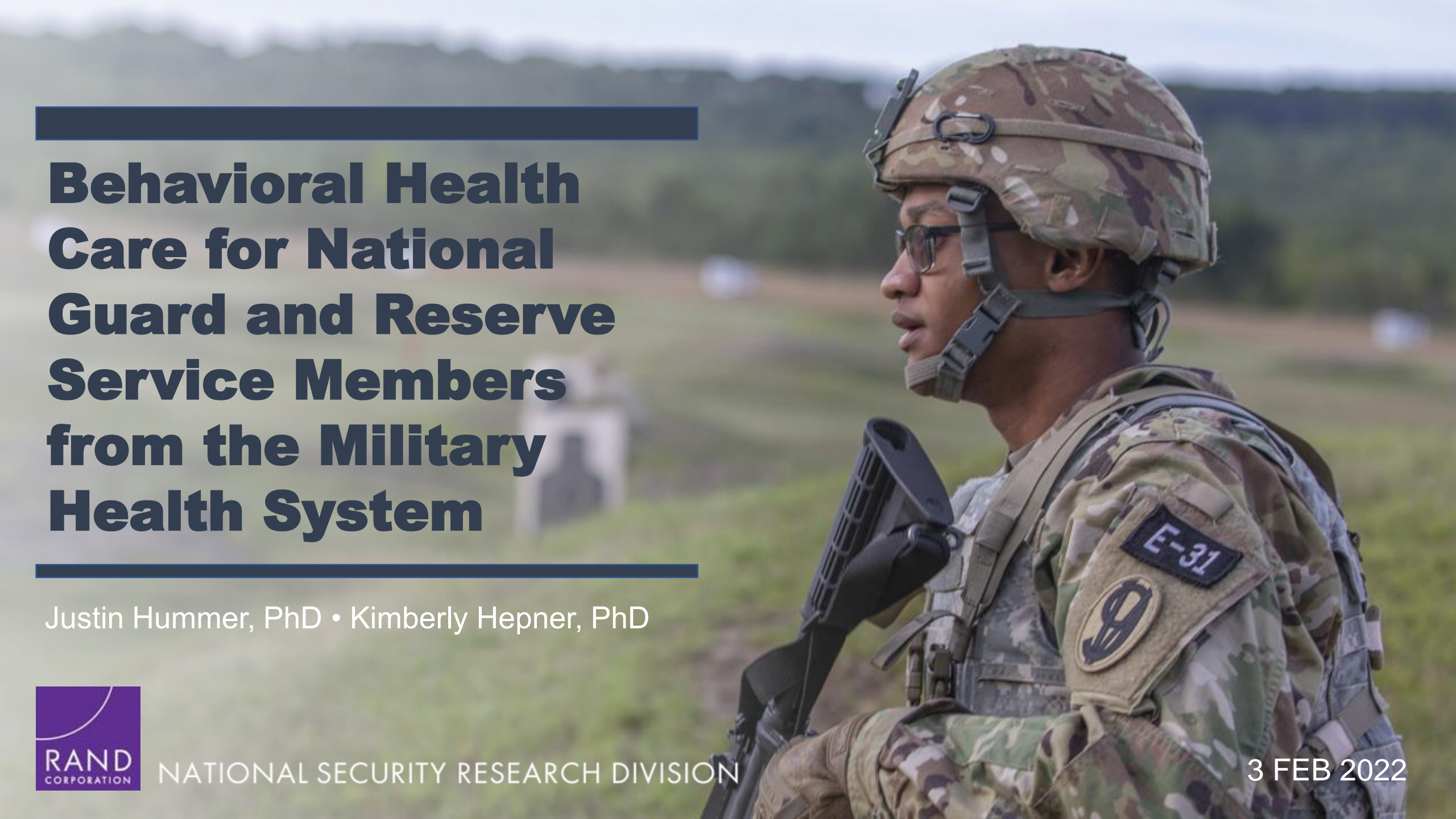


LTC Lindy I. White
Division Chief
Service Member and
Family Wellness
Oklahoma Army National
Guard

RAND Research

Kimberly Hepner, Ph.D., Senior Behavioral Scientist, Licensed Clinical Psychologist, RAND Corporation

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Behavioral Health Care for National Guard and Reserve Service Members from the Military Health System

Justin Hummer, PhD • Kimberly Hepner, PhD



NATIONAL SECURITY RESEARCH DIVISION

3 FEB 2022

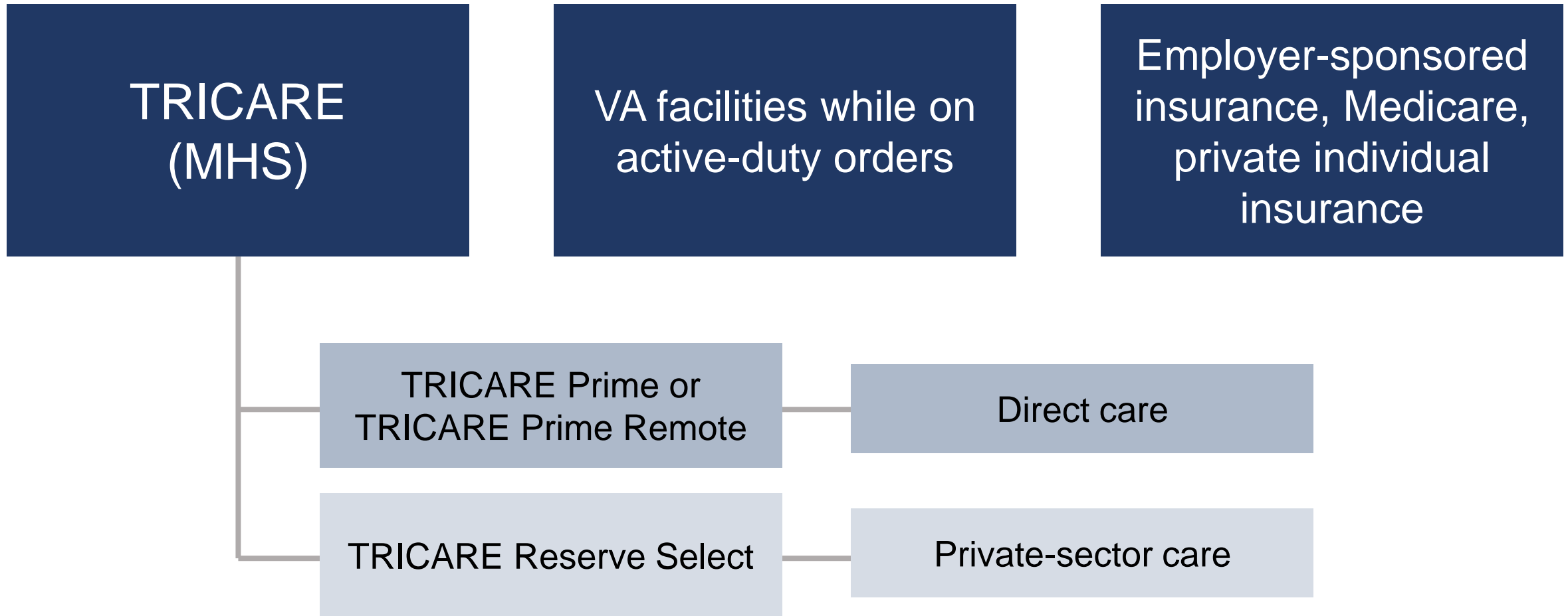
**Reserve and
National Guard
personnel are
more than
a third of the
U.S. military.**



But they may face difficulty accessing behavioral health (BH) care through the Military Health System.

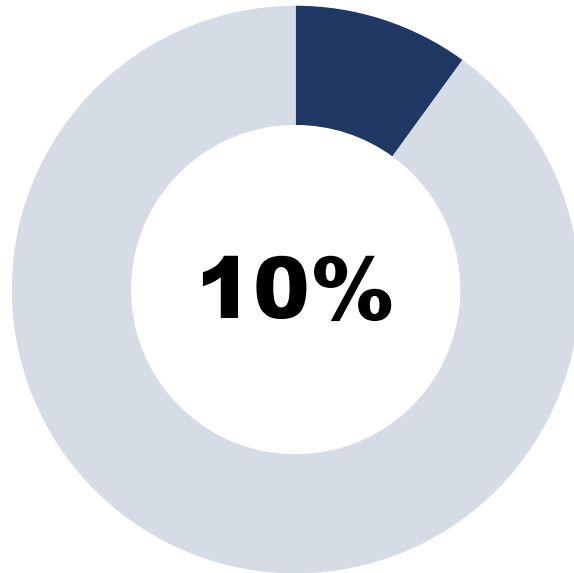


How do reserve-component members get health care?

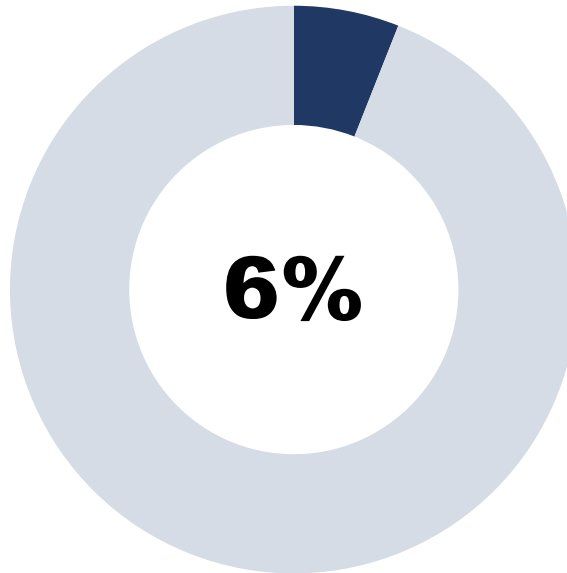


How common are BH conditions among reserve-component service members?

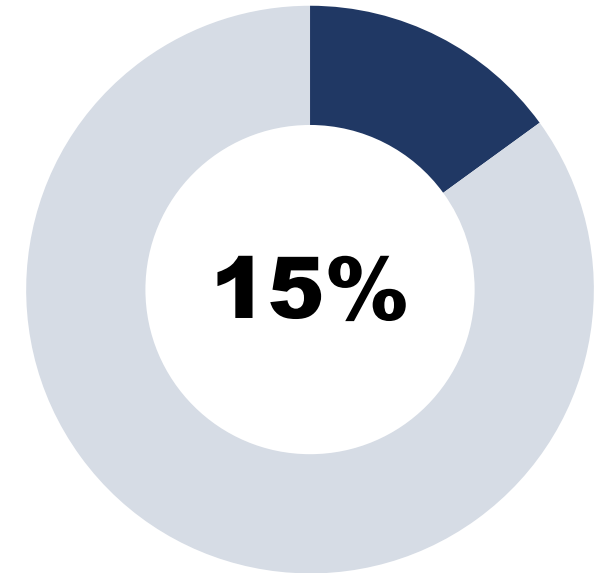
PTSD



Depression



Alcohol use disorder

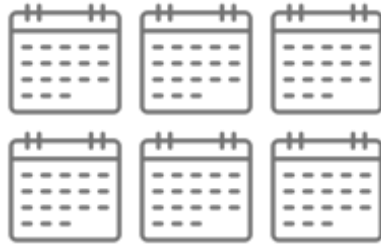


**We examined how
BH care in
the MHS
differs for
reserve- vs.
active-component
personnel.**



DATA SOURCES

Administrative data on service member demographic and service characteristics, MHS care received (military treatment facility, private-sector care)



STUDY TIMELINE

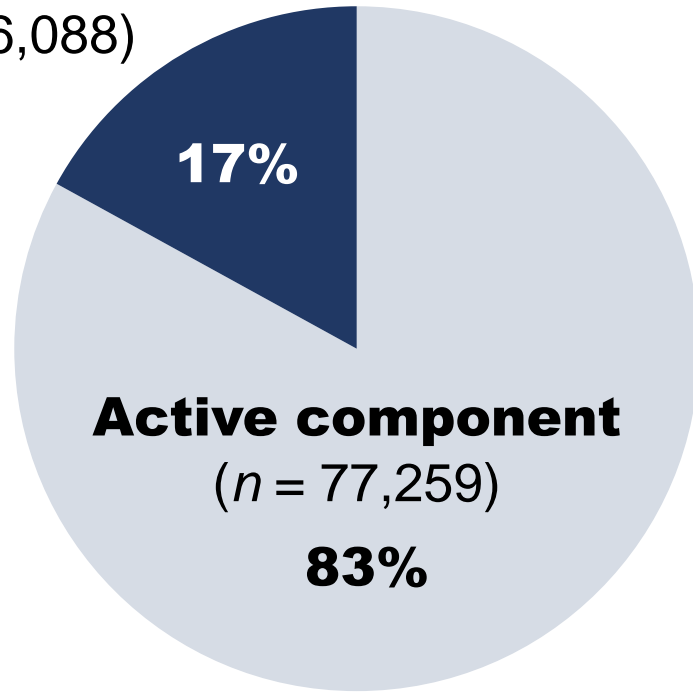
12-month cohort selection window (2016) with 6-month observation period following cohort entry



COHORT ELIGIBILITY

- Active, National Guard, or reserve
- Received care for PTSD, depression, or substance use disorder in 2016
- Enrolled in MHS care
- Not overseas, deployed, or separated

**Reserve
component**
($n = 16,088$)



Study sample





Reserve-component personnel were less likely than their active-component peers to receive recommended BH care through the MHS.

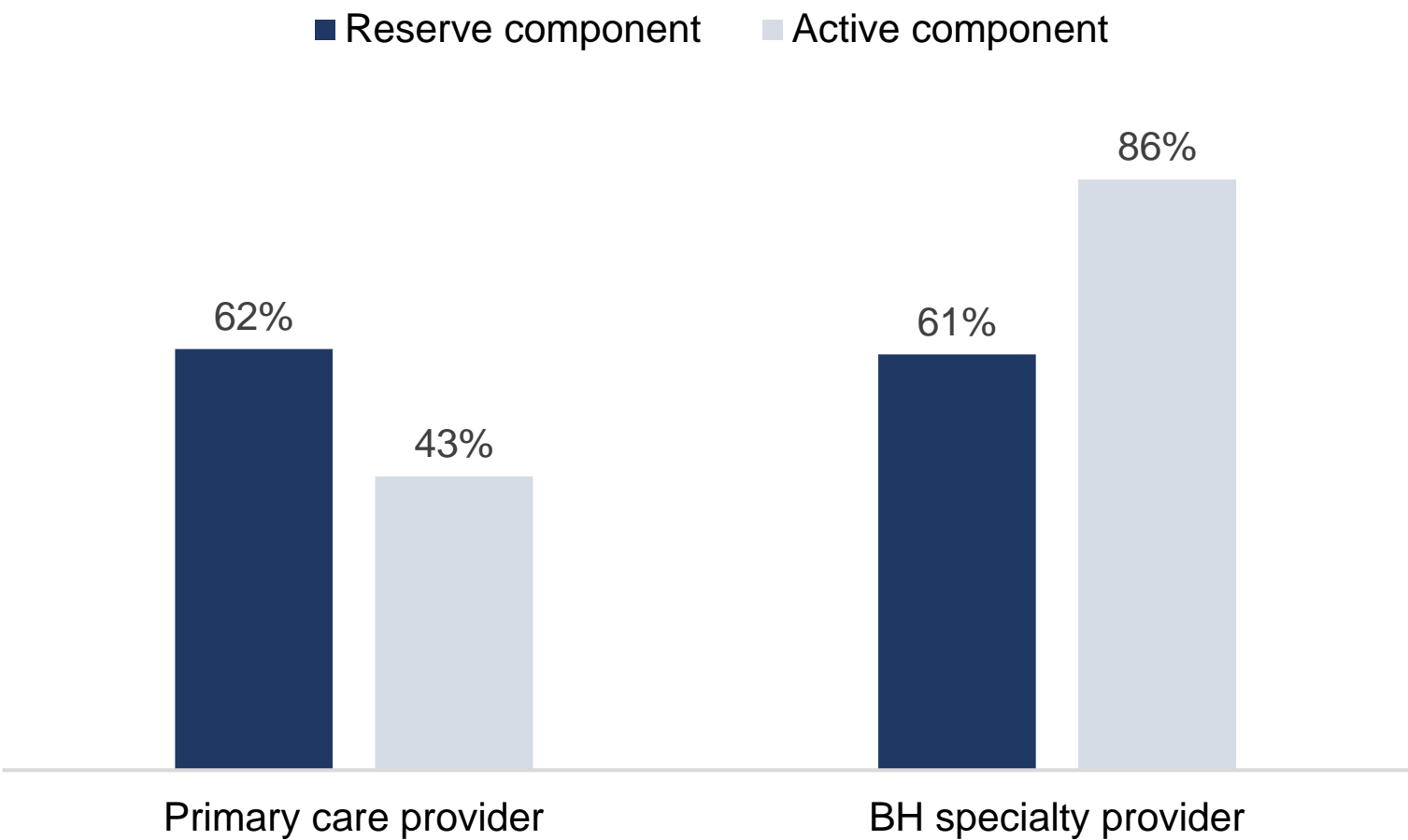
**Reserve-component
personnel were**

Less likely to receive BH
care from specialty
providers and from MTFs

Less likely to receive
psychotherapy and
recommended initial care
for PTSD or depression

Less likely to receive timely
follow-up after initiating
medication treatment

Less likely to receive timely
outpatient follow-up after
psychiatric hospitalization



NOTE: All differences were statistically significant at $p < 0.0001$.

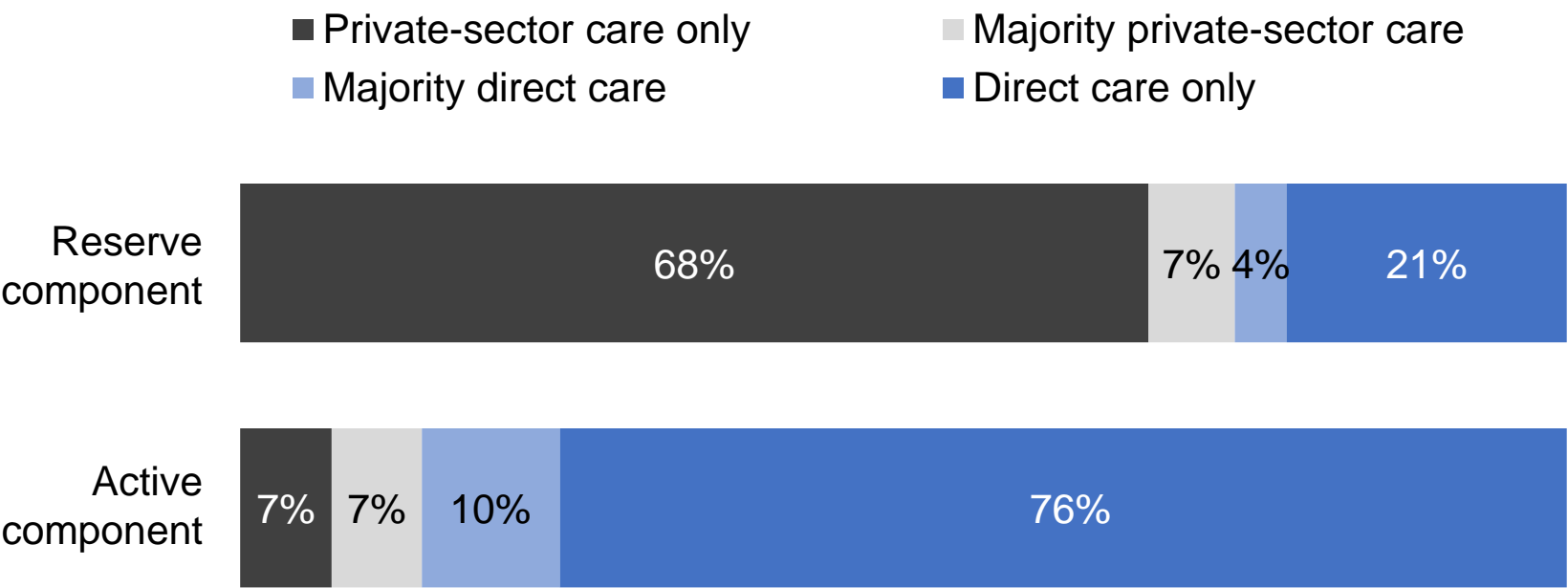
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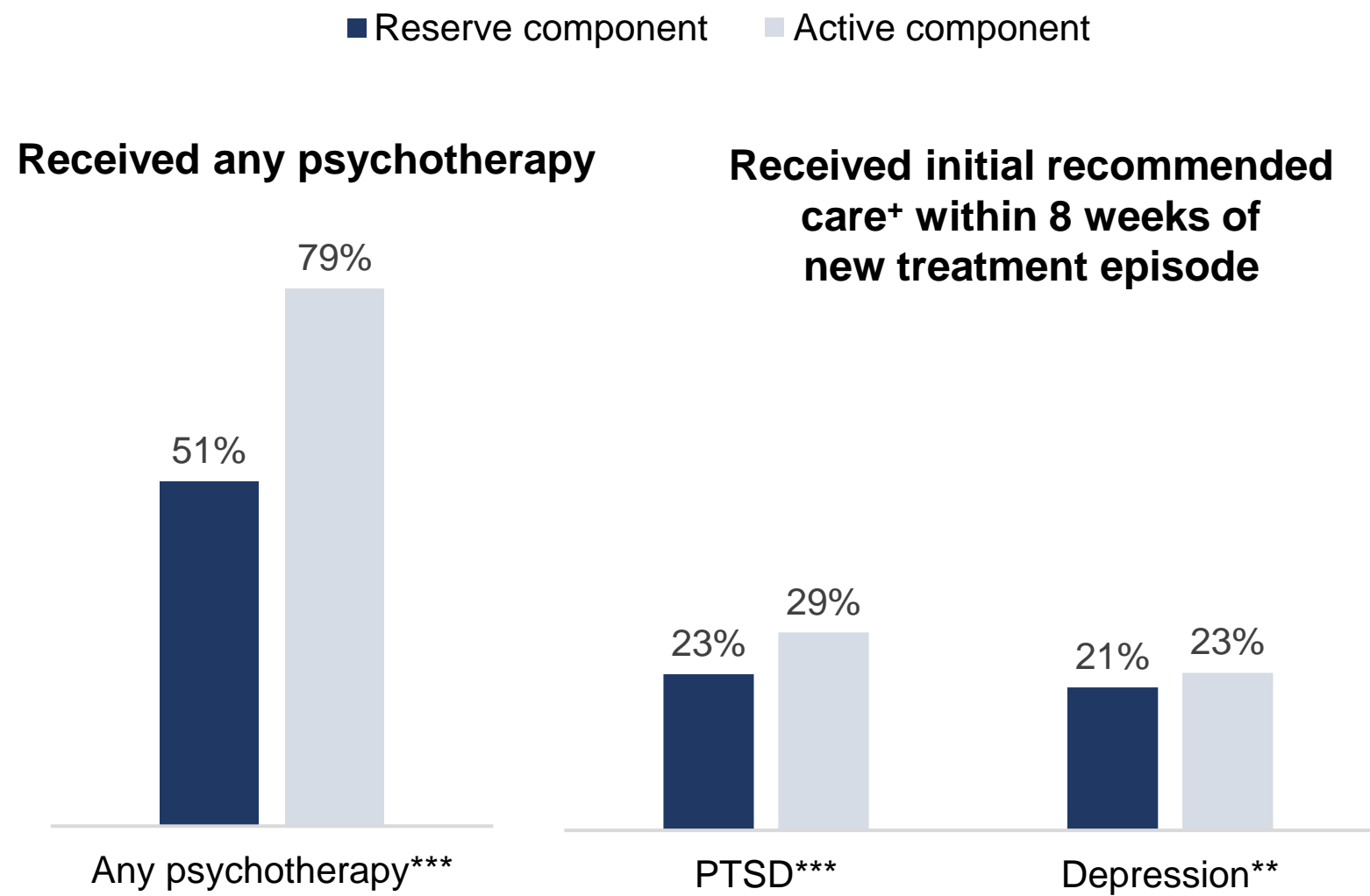
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** $p < 0.01$, *** $p < 0.0001$.

+Initial recommended care is at least four psychotherapy visits or two medication visits.

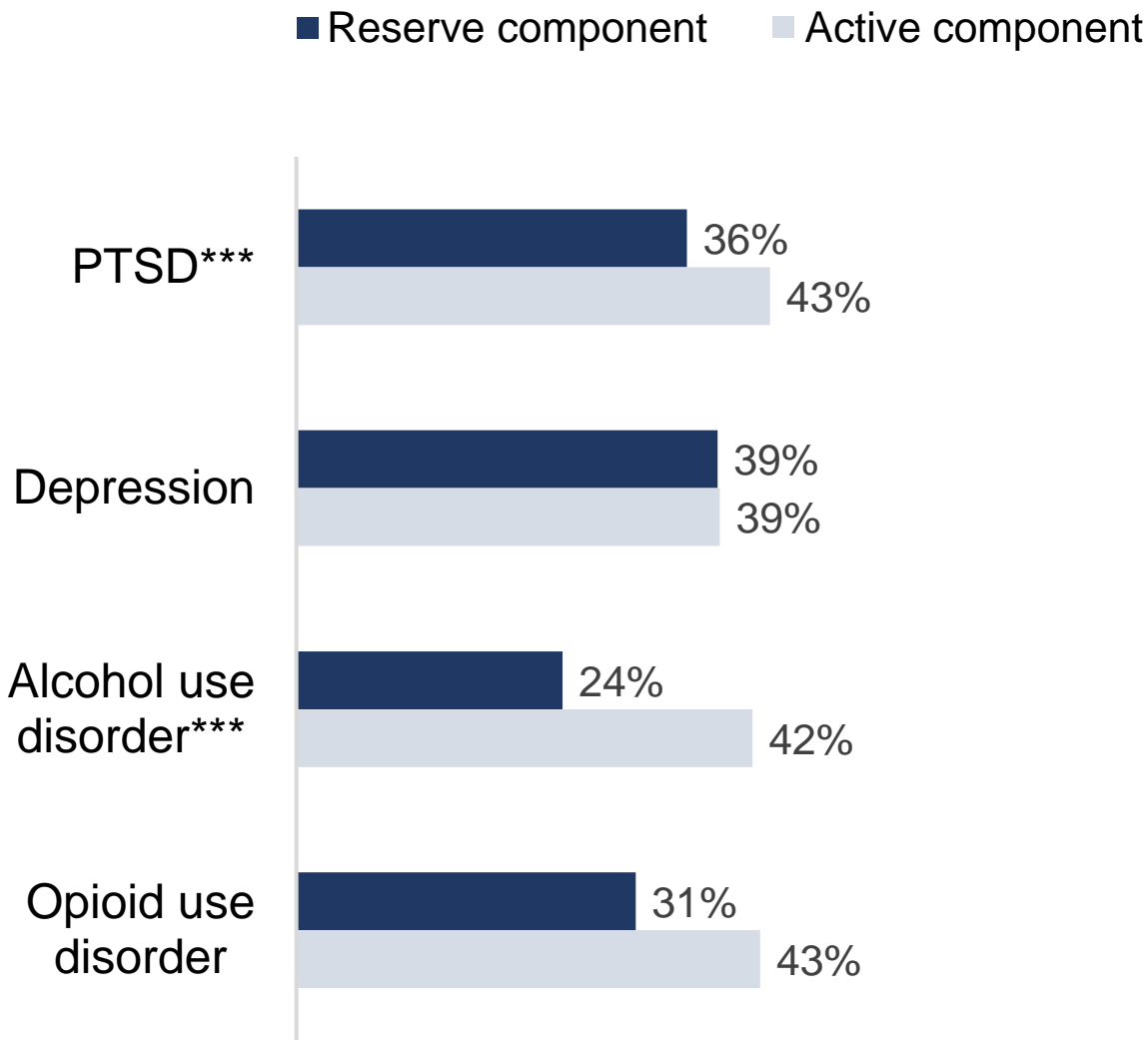
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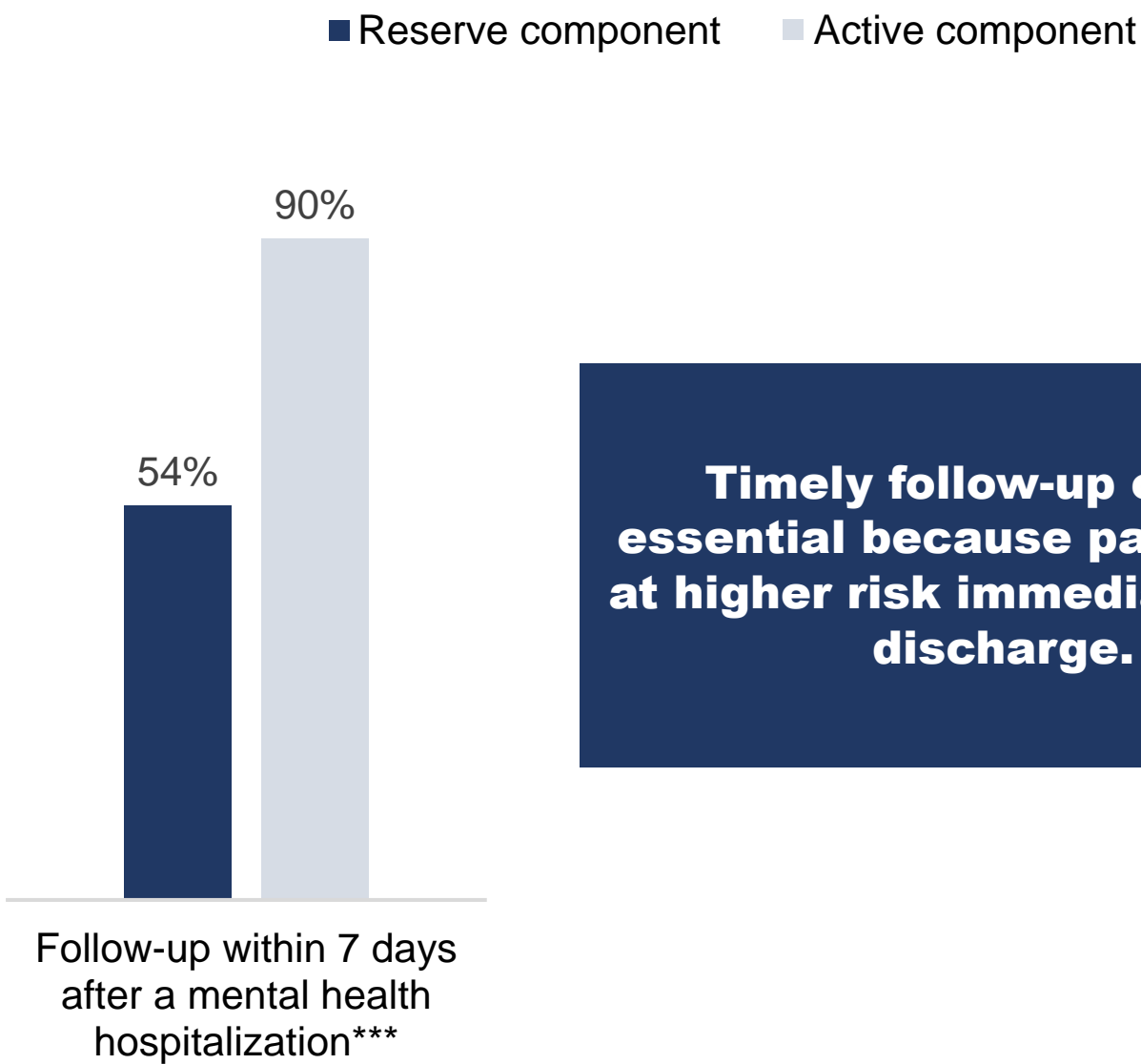
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Timely follow-up care is essential because patients are at higher risk immediately after discharge.

*** $p < 0.0001$.

What are the implications?

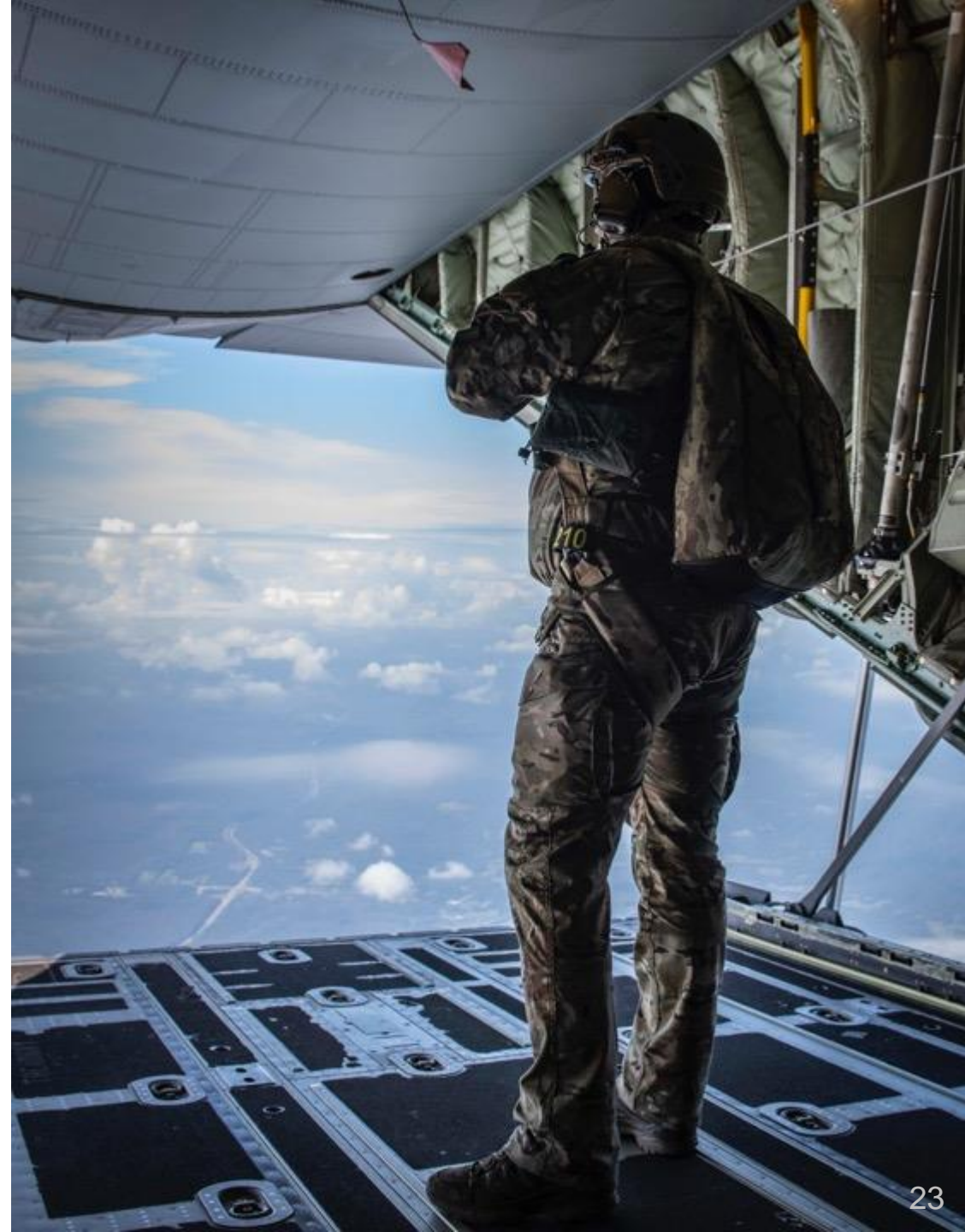
Patients who do not receive recommended care are at risk for worse outcomes

Deterioration of symptoms

Reduced functioning

Increased suicidality

Increased risk to the health and readiness of the force





RECOMMENDATION
Monitor and improve access to high-quality behavioral health care across the reserve component.

RECOMMENDATION
Identify barriers to accessing high-quality behavioral health care through the MHS.



RAND's latest findings show that reserve-component personnel were less likely than their active-component counterparts to receive recommended BH care



More attention is needed to ensure access to high-quality BH care for reserve-component personnel

LEARN MORE

Justin Hummer, Kimberly A. Hepner, Carol P. Roth, Ryan Andrew Brown, Jessica L. Sousa, Teague Ruder, and Harold Alan Pincus, RAND Corporation (2021)

Behavioral Health Care for National Guard and Reserve Service Members from the Military Health System

www.rand.org/t/RRA421-1

QUESTIONS?

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NATIONAL SECURITY RESEARCH DIVISION

Army Reserve Behavioral Health

Dr. Kaffie Clark

Suicide Prevention Program Manager

364th Expeditionary Sustainment Command (ESC)

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Webinar



SAMHSA
Substance Abuse and Mental Health
Services Administration

Army Reserve Mission

- **Mission:** To provide COMBAT READY units and Soldiers to the Army and the Joint Force across the full spectrum of conflict.

As the dedicated Federal Reserve Force of the Army, the Army Reserve exists to serve the Army and the Nation, and has never failed to accomplish its mission for the last 113 years. The Army Reserve is integrated into and directly supports every Army Service Component Command and Combatant Command, with a strength of over 200,000 Soldiers and Civilians. The Reserve “footprint” encompassing over 2000 Units covering all states and territories, the District of Columbia, and more than 30 countries.

- 364th ESC Area of Responsibility includes 6 States:
 - Washington
 - Oregon
 - Montana
 - Wyoming
 - Utah
 - Idaho

Our “footprint” covers more than 500,000 square miles**

Reaching out is a Sign of strength

Army Reserve Characteristics

Reserve Soldiers

- Most often reside in geographically dispersed areas.
- Are civilians for 28 days each month – no provision for care via the military unless in a duty status.
- Are required to attend 2 weeks of Annual Training (AT) each year and attend Battle Assembly (BA) one weekend per month
- Internal Behavioral supports are limited

Force Composition:

- TPU – Troop Program Units (may be called to active duty at any time)
- AGR – Active Guard/Reserve (serves on active duty)
- IMA (includes ADOS) – www.usar.army.mil/IMA
- IRR – www.usar.army.mil/IRR

Psychological Health Program

Psychological Health Program (PHP)

- An Army Reserve specific program that understands the stressors of an Army Reserve Soldier's responsibilities of balancing a civilian job, school, family, work, and being a Soldier.
- Staff locations within four regions within the continental US provided by each Readiness Division.
- Assist operational leadership through Command consultation, preserving unit cohesion through traumatic event management, and developing enduring partnerships with sister organizations.
- Preserves confidentiality of the Soldier.
- Facilitates behavioral health services for Soldiers and family members who need them.

Psychological Health Program (continued)

Psychological Health Program (PHP)

- Acts as liaison for civilian providers and Army policy requirements.
- Offers clinical assessment and referral for Behavioral services for Soldiers/families.
- Provides case management
- Provides Postvention support for units after the loss of a Soldier.
- Assist Soldiers in locating and engaging with Behavioral Health resources most appropriate for their specific situation.

Resource Options

Military Crisis line/Crisis text line

800-273-8255/text 838255

Military One Source

800-342-9647

Psychological Health Program

www.usar.army.mil/PHP

Vet Centers across the US (contact specific area)

Veteran's Administration (contact specific area)

Tri-Care Reserve Select

www.tricare.mil/trs

Strong Bonds – Chaplain's Program

Deputy Command Chaplain - boguslaw.a.augustyn.mil@army.mil

State and County Resources (local hospital/BH facilities)

Private Practitioners (Insurance carrier specific)

Thank You

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

Dr. Kaffie Clark

364th Expeditionary Sustainment Command

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Oklahoma National Guard

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Division Chief

Service Member and Family Wellness

Oklahoma National Guard

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Webinar



SAMHSA
Substance Abuse and Mental Health
Services Administration

Differences

Active Duty

- Federal missions
- Army Post / Air Force Base
- Base Hospital

Guard

Federal and State missions
Armed Forces Reserve Centers/Armories
Base and Community Hospitals

Status:

- *T-32 – Federal Technician (Military)
- *T-5 – Federal Technician (Civilian)
- *Active Guard Reserve (AGR)
- *Active Duty for Special Orders (ADOS)
- *Traditional Guardsmen
- *State Employee

Based on 2020 Governor's Report (1 of 4)

Army – more than 6,400

Air – more than 2,260

Full-time – more than 2,270

Based on 2020 Governor's Report (2 of 4)

OPERATIONS

Operation Noble Eagle
Operation Enduring Freedom
Operation Spartan Shield
Operation Iraqi Freedom
Operation New Dawn
Operation Freedom's Sentinel
Operation Inherent Resolve
Kosovo Force Operation

THE OKLAHOMA NATIONAL GUARD DEPLOYED TO OVER
14 LOCATIONS
WORLDWIDE IN SUPPORT OF
FIVE MAJOR
GEOGRAPHIC COMMAND AREAS OF RESPONSIBILITY

Based on 2020 Governor's Report (3 of 4)

THE OKNG JOINT OPERATIONS CENTER OVERSAW
TWENTY-THREE
- STATE ACTIVE DUTY & TITLE 32 DOMESTIC MISSIONS -
NEARLY 1,000
PERSONNEL PROVIDED SUPPORT TO OKLAHOMANS



DOMESTIC OPERATIONS MISSIONS



17

SERVICE MEMBERS
WATER TRANSPORT



12

SERVICE MEMBERS
AVIATION



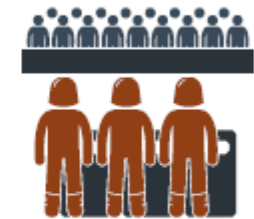
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SERVICE MEMBERS
AVIATION STANDBY



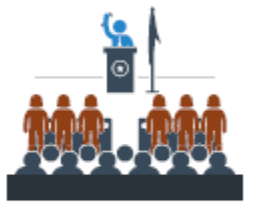
360

SERVICE MEMBERS
COVID-19



280

SERVICE MEMBERS
LAW ENFORCEMENT
SUPPORT



275

SERVICE MEMBERS
POTUS VISIT SUPPORT

Based on 2020 Governor's Report (4 of 4)

OKNG COVID-19 RESPONSE



2,692

PALLETS OF ESSENTIAL
ITEMS & PPE PREPARED
FOR DELIVERY



19.6M

PPE ITEMS DISTRIBUTED



437K

MILES DRIVEN TO DELIVER
PPE, FOOD & SUPPLIES



101K

CALLS ANSWERED/CALLS
MADE AT CALL CENTERS



95.3K

TESTS OR SCREENINGS
ADMINISTERED

1.3 MILLION

POUNDS OF BULK FOOD

54,864

MEALS PROVIDED

Differences

Active Duty

- Federal missions
- Army Post / Air Force Base
- Base Hospital

Guard

Federal and State missions
Armed Forces Reserve Centers/Armories
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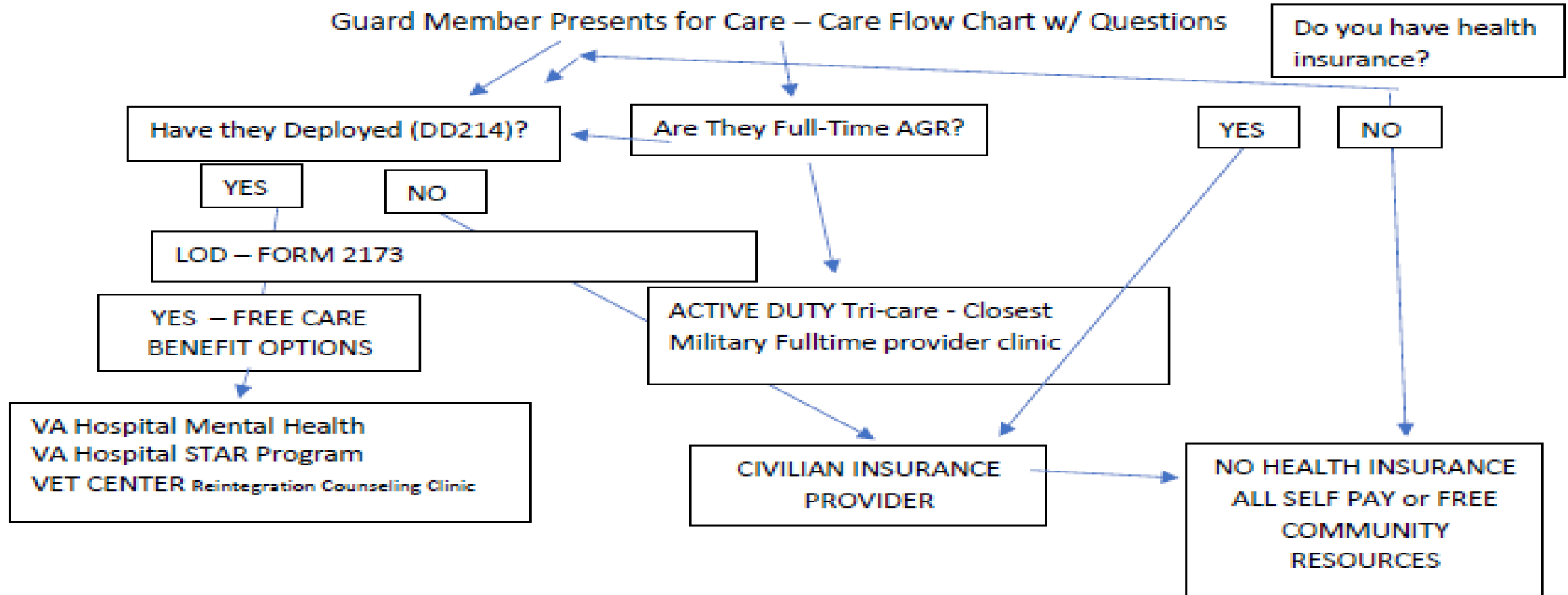
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Navigating Coverage

ARMY/AIR Guard /Reserve Member

Guard Member Presents for Care – Care Flow Chart w/ Questions



Strategies for Support – External Resources

Governor and Mayor's Challenges

- Developing key strategies
- Partnering with various agencies and communities
- Developing plans
- Executing plans

Best practices are working in conjunction with agency and community partners

- Military cultural training
- Project Echo

Education and dialogue with community providers will help improve access and sustained engagement in behavioral health services

Strategies for Support – Internal Resources

Chaplains

Behavioral Health

Leaders / Chain of Command

Guard Advocacy Program (Unique to OK)

Master Resilience Trainer

Suicide Intervention Officer

Unit Prevention Leader

Family Programs

Transition Assistance Advisor

Professional Financial Counselors

OKNG Public Access

Public Website and the OKGuard App

App Store Preview

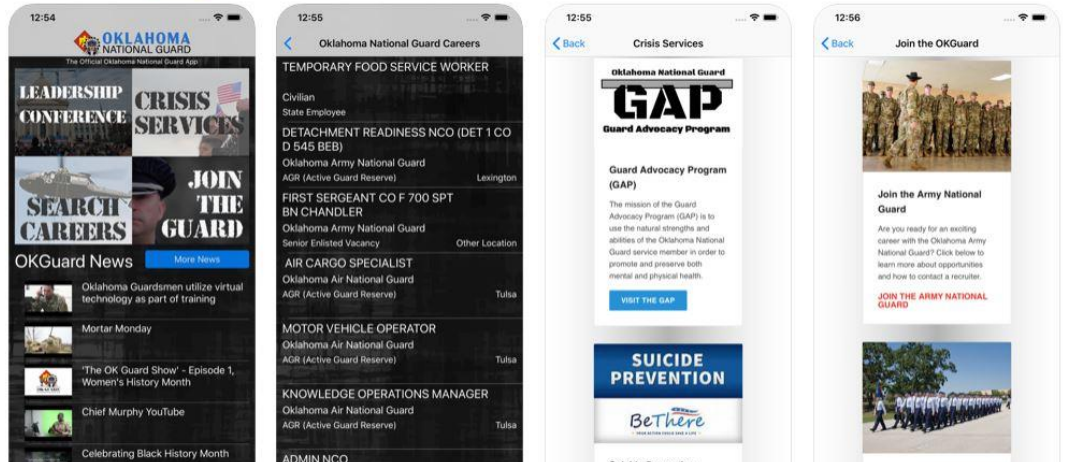
This app is available only on the App Store for iPhone and iPad.



OKGuard 9+
The Official OKGuard App
Oklahoma National Guard
★★★★★ 5.0 • 1 Rating
Free

Screenshots

iPhone iPad



<https://ok.ng.mil/>
OKGuard App

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Thank You

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SAMHSA ★ SMVF TA CENTER

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