



OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JUL 28 2011

The Honorable Carl Levin
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to section 722(a) of the National Defense Authorization Act for Fiscal Year 2010, which required the Secretary of Defense to conduct a comprehensive review of the mental health care and counseling services available to dependent children of members of the Armed Forces. Section 722(b) required the Department to develop and implement a plan for improvements in access to counseling services based on the findings of this review, and for the Secretary of the Army to carry out a pilot program on the mental health care of military children and adolescents. The plan objective is to focus on promoting psychological health and resilience in children of deploying and deployed members of the Armed Forces. We apologize for the delay in submitting this report.

This report provides the findings of the comprehensive review of mental health care and counseling services available to dependent children of members of the Armed Forces which were conducted by Service subject matter expert representatives from the Offices of the Surgeons General and the Offices of the Assistant Secretaries for Manpower and Reserve Affairs of the Military Departments. A reference to the pilot program conducted by the Secretary of the Army is also provided.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

A handwritten signature in black ink, appearing to read "Jo Ann Rooney".

Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member



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JUL 28 2011

The Honorable Jim Webb
Chairman,
Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

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The Honorable Lindsey Graham
Ranking Member



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JUL 28 2010

The Honorable Daniel K. Inouye
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

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The Honorable Thad Cochran
Vice Chairman



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PERSONNEL AND
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04/28/10

The Honorable Howard P. "Buck" McKeon
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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The Honorable Adam Smith
Ranking Member



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PERSONNEL AND
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The Honorable Joe Wilson
Chairman,
Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

JUL 28 2010

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The Honorable Susan A. Davis
Ranking Member



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05 3 11

The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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The Honorable Norman D. Dicks
Ranking Member



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The Honorable C.W. Bill Young
Chairman,
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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NATIONAL DEFENSE AUTHORIZATION ACT 2010
Section 722(a)

Report on the Mental Health Care and Counseling Services Available to Military
Children

PREPARED BY

The Office of the Assistant Secretary of Defense (Health Affairs)



JUNE 2011

Preparation of this study/report cost the
Department of Defense a total of approximately
\$131,986 in Fiscal Years 2010-2011

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Background

This report is in response to section 722(a) of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010, which required the Secretary of Defense to submit to the Committees on Armed Services of the Senate and the House of Representatives the results of a comprehensive review and assessment of the Department of Defense’s (DoD) mental health care programs and counseling services available to dependent children of members of the Armed Forces. The availability, quality, and effectiveness of mental health care programs for military children are discussed in detail. Included in this report is a plan for improvements in access to care and counseling, based on the review findings.

The requirements of NDAA 2010, section 722, also specified that the Secretary of the Army shall carry out a pilot program on the mental health care needs of military children and adolescents. This was accomplished in March 2010 when the Army established the Child and Family Behavioral Health Office (CAF-BHO)¹, an office established by MEDCOM that specifically focuses on promoting and facilitating the development of interventions, programs, and policies that expand and improve behavioral health support to Military Children, Adolescents and their Families at Army installations. Figure 1 denotes each element required by NDAA 2010, section 722, for this pilot program and how the mission of the CAF-BHO meets these requirements.

Figure 1: Pilot Study from Section 722, FY 2010 NDAA

REQUIREMENTS	
(A) develop teams to train primary care managers in mental health evaluations and treatment of common psychiatric disorders affecting children and adolescents	A: The CAF-BHO provides coaching and training programs for primary care clinicians in the evaluation and management of common behavioral health disorders
(B) develop strategies to reduce barriers to accessing behavioral health services and encourage better use of the programs and services by children and adolescents; and	A: The CAF-BHO promotes coordination and integration of child and family programs at the Army and installation level and develops and provides behavioral health models for schools and civilian communities that promote prevention, early detection and delivery of care.
(C) expand the evaluation of mental health care using common indicators.	A: The CAF-BHO centralizes and standardizes data collection for needs identification, outcome measurement and performance improvement

¹ <http://depts.washington.edu/pbhp/downloads/training/Grand%20Rounds%20-%20Grand%20Rounds%2004-10-11.pdf>
 Faran, E., *Behavioral Health (BH) Support for Army Children, Adolescents, and Families*, January 2011

Introduction

Deployments associated with Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF) have exposed members of all Services and their reserve components (including Reserve and National Guard members) to prolonged absences from their home life. Active duty (AD) Service members have also been sent to Iraq and Afghanistan more often and for longer periods of time to meet the contingency personnel demands. Additionally, the numbers of Reserve and National Guard members activated in the past nine years has been the largest seen since World War II. While many of the effects on families of OEF/OIF deployments are not yet fully understood, there is concern about the impact of parental absence on the well-being of the children of Service members who deploy. A study conducted by RAND Health in 2009, commissioned by the National Military Family Association (NMFA), surveyed families that applied in 2008 for the NMFA's "Operation Purple" camp, a free program for military children to help them cope with the stresses of war². Over twelve thousand children applied for the camps and more than four thousand families were invited to participate in this study of children who had a parent in the Army, Air Force, Navy, Marines or Coast Guard. Approximately two thirds of the children's parents were in the active component, with the rest in the reserve components.

Researchers found that among a group of children between the ages of 11-17, children from military families reported significantly higher levels of emotional difficulties than children in the non-military population segment. The reported problems varied by age and gender. Older children had more difficulties with school and displayed problem behaviors such as fighting, while younger children reported more symptoms of anxiety. The study also noted that the longer the period of time a parent had been deployed, the greater the chance that a child reported

² 2009 RAND Study "Children on the Homefront: The Experience of Children from Military Families"

difficulties related to deployment. The study found no significant differences among military children parents' service or whether they were on active or reserve status³.

Other investigations have substantiated the adverse effects of combat deployments on family members. In a study of Army and Marine children ages 6-12, children who had a parent that deployed had anxiety levels significantly higher than those of the non-deployed control group (Lester et al. 2010)⁴. The at-home civilian parent reported increased symptoms of global distress, anxiety and depression, and the duration of deployment predicted the risk for depressive symptoms. The combination of total combat months deployed and the level of parental distress influenced child outcomes. A 2009 study (Flake et al.) found that one third of Army children between 5-12 years old of a deployed parent, scored in the "high-risk" for psychosocial morbidity on the Pediatric Symptom Checklist⁵. In this study, parental stress was the most significant predictor of child functioning. A 2010 study (Mansfield et al.) of Army wives reported that women whose husbands were deployed had an increase in diagnoses of anxiety, depressive disorders, sleep disorders, acute stress reaction and adjustment disorders, and that prolonged deployment was associated with increased rates of these disorders⁶. Another study (Gibbs et al.) looking at maltreatment of children during deployment reported an increase, particularly of child neglect⁷.

While these studies shed light on the potential vulnerability of military children facing parental deployments, the DoD has recognized that more work is needed to better understand

3 <http://www.rand.org/news/press/2009/12/07.html> "Longer Parental Deployment Linked to More Emotional Challenges for Military Children"

4 Lester, P., Peterson, K., Reeves, J., Knauss, L., Glover, D., Mogil, C., et al. (2010). "The Long War and Parental Combat Deployment: Effects on Military Children and At-Home Spouses" [Article] *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(4), 310-320.

5 Flake, E. M., Davis, B. E., Johnson, P. L., Middleton, L. S. (2009). "The psychosocial effects of deployment on military children." *Journal of Developmental & Behavioral Pediatrics*, 30(4), 271-278

6 Mansfield, A. J., Williams, J., Hourani, L. L., & Babeu, L. A. (2010). "Measurement invariance of posttraumatic stress disorder symptoms among U.S. military personnel." *Journal of Traumatic Stress*, 23(1), 91-99

7 Gibbs, D. A., Martin, S. L., Johnson, R. E., Rentz, E. D., Clinton-Sherrod, M., & Hardison, J. (2008). "Child maltreatment and substance abuse among U.S. Army soldiers." *Child Maltreatment*, 13(3), 259-268.

these challenges, and to improve ways to support children throughout the deployment cycle. To move forward with this goal, a review was conducted of programs and services available to children of deploying and deployed members of the Armed Forces. The objectives were to focus on the availability, quality, and effectiveness of these programs and services. Based on the findings from this review, recommendations were drafted to address improvements in access to care and counseling.

Organization of the Report

The report first introduces the assessment elements, and then discusses the workgroup (WG) processes and method of data collection. It next details the data that were collected. This includes a synthesis of all of the programs and services that were identified as an outcome the review conducted of the DoD and Service-level programs. The discussion identifies areas for potential improvement, potential gaps, strengths within the DoD and concurrent national initiatives dedicated to meeting the needs of our military families. Last, the conclusion addresses the achievement of these NDAA requirements and next steps.

Methodology

The Assistant Secretary of Defense for Health Affairs, ASD(HA), convened a WG consisting of subject matter experts (SME) across the DoD Services and Agencies, to provide data and relevant information pertaining to the assessment elements referenced in the NDAA 2010, section 722. Experts in the administration and/or delivery of children's mental health programs and services were selected across the Air Force, Army, Navy, Marine Corps, Coast Guard, the Office of the Under Secretary of Defense (Personnel and Readiness), Office of the Deputy Assistant Secretary of Defense Military Community and Family Policy [USD (P&R)] MC&FP], the Office of the Deputy Assistant Secretary of Defense Force Health Protection and

Readiness (FHP&R), Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), and the Uniformed Services University of Health Sciences (USUHS).

Prior to convening the SME WG, a data collection tool was created to collect, track, and organize data related to the assessment elements (Figure 2). The project team identified questions that best addressed these elements and streamlined and organized them into topic areas (e.g., access, availability, resiliency, etc.), for inclusion into a workbook.

Figure 2: Assessment Elements from Section 722, FY 2010 NDAA

ASSESSMENT ELEMENTS
• The availability, quality, and effectiveness of Department of Defense programs intended to meet the mental health care needs of military children (2A)
• The availability, quality, and effectiveness of Department of Defense programs intended to promote resiliency in military children in coping with deployment cycles, injury, or death of military parents (2B)
• The extent of access to, adequacy, and availability of mental health care and counseling services for military children in military treatment facilities, in family assistance centers, through Military OneSource, under the TRICARE program, and in the Department of Defense Education Activity (DoDEA) schools (2C)
• Whether the status of a member of the Armed Forces on active duty, or in reserve active status, affects the access of a military child to mental health care and counseling services (2D)
• Whether, and to what extent, waiting lists, geographic distance, and other factors may obstruct the receipt by military children of mental health care and counseling services (2E)
• The extent of access to, availability, and viability of specialized mental health care for military children (including adolescents) (2F)
• The extent of any gaps in the current capabilities of the Department of Defense to provide preventative mental health services for military children (2G)
• Such other matters as the Secretary considers appropriate (2H)

Once all SMEs were identified, they were provided an orientation package including the bill language and an annotated summary of requirements. A series of WGs were held shortly thereafter to discuss the assessment elements in detail. The workbook was distributed at the first WG meeting to provide SMEs a tool to capture data and relevant findings with respect to the section 722 elements. Data from the workbooks were aggregated and synthesized once they were completed. Follow-up data requests were made to WG members as needed, when clarification or additional information was necessary. All data captured either in the workbooks or via subsequent data requests have been incorporated into this report.

This review of programs and services had associated strengths and benefits. The strengths lay in the data collection and analysis process that enabled capturing the broad and comprehensive range of responses provided by the SMEs. The workbook provided the SMEs with a standardized data collection tool with which to collect and organize their assessments. This provided a structured and consistent method to gather, qualitatively evaluate and discern trends in children's mental health programs and counseling services across the DoD from the data. Thus, synthesis of the data into a comprehensive response was facilitated. The narratives that were drafted based on these responses were then circulated back to the SMEs for review and validation.

Vulnerabilities were also identified with use of this method of review. Qualitative research methods may potentially contain biases held by an individual SME. For example, data about a particular program or Service specific initiative may not hold the same value – or even be known - across the entire DoD. This presented challenges in generalizing and/or categorizing findings across the many different programs and services given that data points may be unique to each Service. The standardization and centralization of the data collection process provided risk mitigation of these potential weaknesses. It is also important to note that collecting and analyzing qualitative findings—as accomplished in this review—is a labor intensive process and is not intended to make predictions as can often be made with more quantifiable data.

Data

Section 722(a) of the NDAA for FY 2010 required that a review of mental health programs and counseling services be conducted. DoD and Service-level mental health care programs and counseling services available to military children of deploying and deployed members of the Armed Forces were reviewed and assessed across a number of dimensions

including access to- and availability of- programs and services and whether the status of a member of the Armed Forces impacts the military child's access to those services. Programs and services intended to promote resiliency in military children in coping with deployment cycles, injury, or death of military parents were also reviewed, to assess their availability, quality, and effectiveness. Lastly, the ability to provide specialized mental health care services to military children was evaluated to assess whether these services meet this population of children's needs.

A comprehensive listing of existing Service and DoD-wide mental health care programs and counseling services is provided in Appendix B. Each program is categorized by its primary focus (e.g., Prevention, Resiliency, Screening, Diagnosis, and Treatment) and the target population(s) each of these programs serves (e.g., Active Duty Children, Reserve Children, and/or National Guard Children). Examples of program evaluation activities that are tracked on a regular basis are noted. While this review found that there are a number of program evaluation activities being conducted, challenges were noted in attributing outcomes of effectiveness, negative or positive, to specific programs. This is in part due to a lack of available centralized outcome measure data at this time. A number of program evaluation efforts were reported as being underway for which data were not available at the time this report was prepared. The use of evidence-based practices (EBPs) is also noted across programs to illustrate how these programs are in accordance with the science and current literature about effective interventions.

Lastly, information is included regarding the ability to meet the mental health care needs of the target population and the programs' ability to accept eligible participants in a timely manner. The former is measured by programs that are available to respond to the identified needs. This is categorized by whether there is an existing program that sufficiently meets, partially meets, or does not at all meet the mental health care needs of the target population. Accessibility is described in terms of whether programs are able to accept eligible participants

without major delays, or whether a waiting list exists for eligible participants to gain entry into programs. While this measure provided information on the extent to which a program meets the needs of the geographic, demographic, or clinical population for which the program is specifically intended, it did not provide information on whether all individuals that might benefit from the program are being served. As well, it did not tell us about the quality of programs or if there is a delay in receiving offered services that may be clinically significant to their overall care.

Access to- and Availability of- Programs and Services

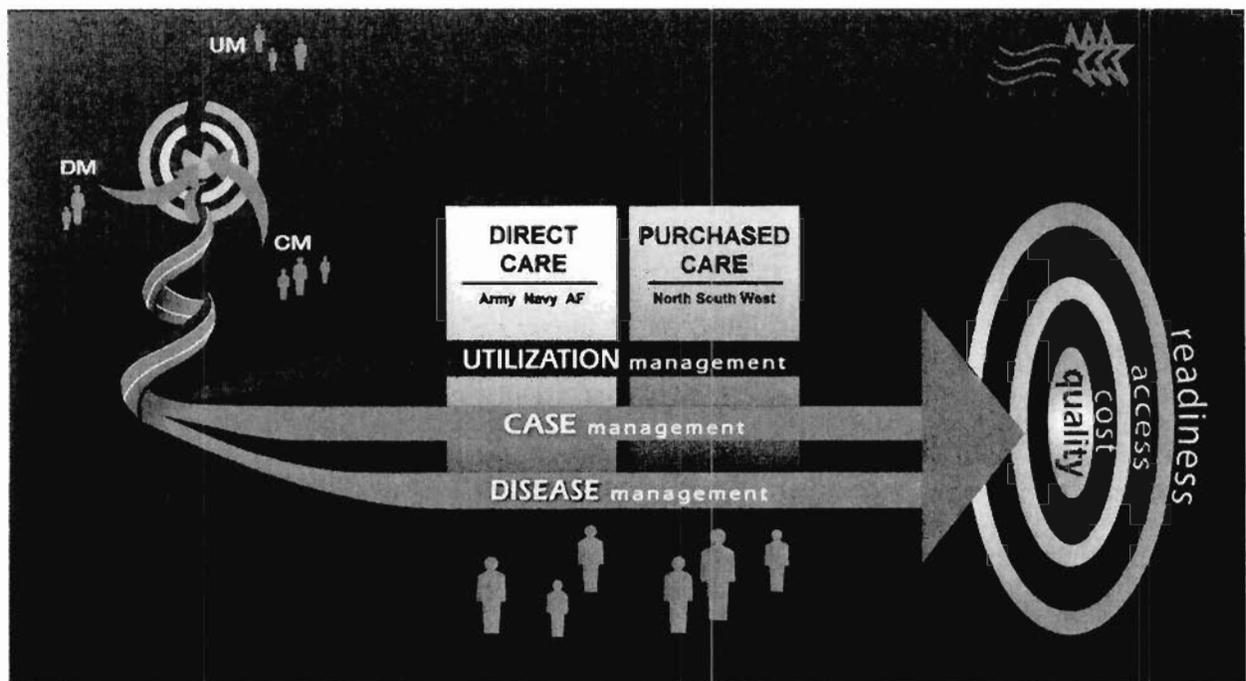
DoD provides a wide array of mental health programs and counseling services for military children. The majority of programs are provided through the Services at approximately three hundred worldwide military installations, where programs are tailored to the unique needs of their members including family members and children. As mentioned above, *Appendix B* provides a full listing of these programs, and also illustrates the variability in scope and accessibility across these programs and services. Most programs either sufficiently meet or partially meet the needs of their population, and the same applies to the programs' ability to accept eligible participants.

Access to mental health care and counseling services does not vary according to whether a member of the Armed Forces is on active duty or in activated reserve status. However, Reserve members must be ordered to active duty for a period greater than 30 days for their family members to be eligible for the same benefits as any other active duty family member. Once eligible, although the families of activated Reserves receive the same benefits for access to specialty care, this may not equate to having these services available within close proximity to a military treatment facility or to a robust medical care system with access to child and adolescent mental health support services. Once orders for deactivation are received, family members may

still access the Transitional Assistance Management Program (TAMP) or a range of other benefits and options for their mental health care needs, if not eligible for TAMP⁸.

To effectively serve the Military Health System (MHS) beneficiary population, the DoD leverages both the direct care system (with care delivered by military and civilian providers in military owned and operated treatment facilities) and the purchased care system (with care delivered by civilian providers outside military treatment facilities (MTF) under the healthcare support contracts overseen by the TRICARE Management Activity (TMA). (Figure 3: Direct Care System and Purchased Care Network). When the ability to provide the full scope of children's mental health care services is not sufficient in the direct care system, children and family members enrolled in TRICARE Prime (the option that most families of Active Duty choose) are referred to the TRICARE network. Between the direct care and purchased care system, military children are provided access to mental health care programs and counseling services within the established access standards. However, while the DoD's health care model is robust and provides the ability to care for a large number of MHS beneficiaries, including family members, factors impeding military children's access to programs and services were noted and will be discussed in the next section.

Figure 3: Direct Care System and Purchased Care Network



Specific factors were identified as impacting overall access and availability of programs and services. The need for psychologists and psychiatrists, clinical social workers, and other mental health providers, particularly those that are child and adolescent trained, has prompted the military to continue finding innovative ways to attract and retain mental health providers to provide the level of care needed. Programs like the Behavioral Health Optimization Program (BHOP) in the Air Force, where mental health providers are integrated into primary care settings, were identified. BHOP providers assist with screening, diagnosis, and treatment of behavioral health issues across the spectrum of health. Prior to these programs being implemented, the burden of assessing mental health conditions fell largely on primary care physicians to recognize and treat or refer for treatment, psychological conditions and disorders. Due to the number of benefits noted by researchers in integrating mental health programs with primary care in a variety of practice settings, patient populations, and clinical modalities, a DoD-wide implementation plan is in place to expand these types of programs across the Services by FY

2016. As a result, all primary care clinics across the Air Force, Army, and Navy/Marine Corps will have access to full-time behavioral health resources. These resources may treat children if it falls within their area of expertise; however it is important to note that these services have typically been geared toward adults. Therefore, those providers without expertise in treating children and adolescents would need extensive additional training to provide evidence-based primary care assessment and intervention for this population.

Programs Intended to Promote Resiliency

A number of programs in *Appendix B* have been highlighted to illustrate their capability in promoting resiliency in military children. These programs are focused on increasing awareness and knowledge of the deployment cycle and are available to youth to help address difficulties associated with family members facing operational deployments. Programs such as Families OverComing Under Stress (FOCUS), offered through the Navy, use family level techniques to highlight areas of strength and resilience and also identify areas in need of growth and change to contend with parental combat and combat-related operational stress and physical injuries. Structured activities are conducted to bridge gaps in communication among affected family members that often follow OEF/OIF deployments. In addition to being available to military children and families at designated Navy and Marine Corps sites, in 2009, FOCUS was made available to Army and Air Force families at designated installations.

Military OneSource, a Department of Defense program, provides confidential, non-medical, short term counseling support to Service members and their families. It is intended to augment, but not replace, services offered to military families by the Services and is available worldwide via telephone, online, and face-to-face. This program provides an opportunity for those who are unable or unwilling to utilize programs and services at the installations by bringing these services directly to them. All Active Duty, National Guard and Reserve members

and their families are eligible for Military OneSource non-medical counseling support. The Military OneSource counseling program addresses the stressors of military life and assists Service members and their families in dealing with circumstances amenable to brief intervention including, but not limited to, stress and anger management, grief and loss, deployment issues, parent-child relationships, couples communication, marital issues, reintegration, and relocations. This non-medical counseling service is an integral part of military and family support programs that are targeted to ensure personal and family issues do not detract from operational readiness; to strengthen individuals by assisting them in the problem-solving process and to increase individual and family member competencies and confidence.

The Air National Guard Wing Resiliency Coordinators (WRC) currently serve to provide consultation, assessment, and referral services to Service Members. Family members may be seen for information and referral or in conjunction with the Service member. WRCs work with the community and extended case management support personnel to proactively increase the resilience of the unit. By extension, this has the potential additive effect of strengthening military families. WRCs are available and accessible as a liaison for additional family support programs such as the Yellow Ribbon Reintegration Program (YRRP).

WRCs partner with the National Guard Bureau (NGB) Psychological Health Program, which employs independently licensed State Directors of Psychological Health (SDPH) located at each of the 54 Joint Force Headquarters. Resources identified by DPHs may include statewide programs, pro-bono services, additional resources and websites to link Service members and their families to quality care.

Military and Family Life Counselors (MFLC) and Child and Youth Behavioral (CYB) counselors provide confidential, non-medical, short term, situational, problem-solving counseling services to address issues that may occur intrinsic to the military lifestyle. The

MFLC and CYB counselors help Service members and their families cope with stressful situations coming out of deployment stress, reintegration, relocation adjustment, separation, coping skills, homesickness, loss and grief, etc. Rotational MFLC services are provided on installations at Family Centers, Child Development Centers, Schools, in designated military units, and summer programs. Surge MFLC support is also provided for up to 90 days to military units returning from combat to assist with reintegration. Additionally, Joint Family Support Assistance Program and “on-demand” MFLCs are available to geographically dispersed populations in 50 states and four territories. Together, these services are critical in bridging the gap in mental health programs and counseling services available to military families that are not close to an installation and live off base.

The data collected for this review also included programs that augment current resiliency programs and services. While Service-level programs such as Family Advocacy Programs: New Parent Support Program, Secondary Prevention and Clinical Maltreatment Services do not specifically target children who are coping with deployment cycles, injury, or death of military parents, they have the potential to prevent or provide early intervention for problems or maltreatment that may be associated with deployments, and to assist family members when spouses are deployed. Additionally, a number of prevention campaigns including Yellow Ribbon (which addresses family issues related to deployment) and Red Ribbon (which targets prevention of drug abuse) have deployment related training and briefings focused on parenting and relationships to encourage questions and provide information on different deployment related issues and also to provide youth with appropriate tools to cope with their specific deployment issues. The Chaplain Corps of each of the Military Departments also provides confidential counseling services to military members and their dependents. Chaplains may counsel on a range of topics including but not limited to spiritual/ethical issues, combat stress, workplace

issues, suicide interventions, deployments and marriage and family issues. Chaplains inform and encourage counselees to utilize other mental health programs and services as needed.

While there are a number of program evaluation activities conducted across these resiliency programs, attributing outcomes to specific programs were consistently noted as being a challenge. This is in part due to a lack of available outcome measure data at this time. A number of program evaluation efforts were identified as being underway for which data were not available at the time of this report.

Specialized Mental Health Care Services

While DoD provides a wide array of mental health programs and counseling services, a lack of specialized mental health care services available to military children was identified as a continuing shortfall across the Services. For this report, specialized mental health care services refer to “services delivered by a privileged clinical mental health provider who specializes in working with children and/or families” (e.g., child psychologists, child psychiatrists, clinical social workers). Although the need for additional child and adolescent trained psychologists and psychiatrists was an often identified issue, no data were provided to directly localize or quantify the magnitude of the problem. The MHS is taking steps to address these additional needs.

The Navy currently provides specialized mental health care services to children within the MTFs via privileged clinical mental health providers (both active duty and civilian) who specialize in working with children. Mental health services for children are also available in the TRICARE network. Additionally, partnerships exist in which a contractor is able to scale up services if needed to meet a surge in need for these services. Also highlighted for its ability to meet the current need for specialized mental health services was the Army’s School of Behavioral Health (SBH) program. While facing challenges in achieving proliferation of their programs across the Army, SBH is tapping into innovative ways - tele-behavioral sciences, to

reach children in remote populations. The Army has successfully established 36 on-post SBH programs across seven installations. In addition, the Army has piloted three Child and Family Assistance Centers (CAFACs) to deliver direct behavioral health care to Army children and their families. CAFAC services are designed to provide comprehensive, integrated, coordinated and standardized behavioral health services to support Army families throughout the Army Force Generation (ARFORGEN) and Family Life Cycle. The CAFAC programs also include tele-behavioral health services.

Discussion

Section 722(b) of the 2010 NDAA required that a comprehensive plan for improvements in access to quality mental health care and counseling services for military children be developed. In this section, suggested actions are identified to guide efforts in bolstering the DoD's capabilities to provide preventative mental health, diagnosis, and treatment services to military children. The DoD has been and continues to be dedicated to achieving this goal as well as accomplishing the concomitant objectives to develop and promote psychological health and resilience of these children.

While reviewing DoD's capabilities for providing preventative mental health, diagnosis, and treatment services for military children in need of these services, some gaps were noted and acknowledged throughout the Services. The first is a need to broaden preventative mental health programs so that they are available both at military installations and in the TRICARE network for all military children, not just "at-risk" youth. These services are beneficial for all military children, to bolster the development and promotion of psychological health and resiliency in children of all deploying and deployed members of the Armed Forces. The second is a reported

Key Finding
Finding: Prevention and resiliency programs typically focus on "at-risk" youth.
Impact: Hinders the development and promotion of psychological health and resiliency in all military children by limiting the scope of these programs to "at-risk" youth.

shortage of mental health providers (especially those that can provide the full scope of children's mental health care services). The extent and nature -- i.e., geographic proximity to care centers; direct vs. purchased care -- of the need for additional child specialty providers warrants further examination.

Other types of factors that still require further examination are wait times for appointments, and whether appointments are able to be scheduled within acceptable time standards for the care need, or primarily gained on a space available basis. Depending on their location, families may end up traveling long distances to have their children be seen by mental health providers, particularly for specialized care.

DoD provides a broad scope of mental health programs and counseling services for military children that are tailored to meet the unique needs of the Service members. The DoD also leverages its robust healthcare system -direct care and the purchased care systems- to provide care to large numbers of MHS beneficiaries including family members and children. There is a consistently reported ongoing need for mental health providers, particularly those that are child and adolescent trained to provide the full scope of children's mental health services, although the magnitude of need has not been quantified and varies by community.

Preventative mental health services available to MHS beneficiaries typically target "at-risk" youth. Expanding access of these programs to all military children is critical to developing and promoting psychological health and resiliency in military children. In order to open up access to these programs and services to all military children in need, an adequate number of mental health resources are needed to provide care. The DoD has already developed a plan in response to this need and is moving forward on this plan to increase mental health resources incrementally across the Services. As well, the DOD continues to research the extent of need and the means to extend services to family members in remote areas and/or living in off base

communities, taking into account best practices from programs like the Army's School Behavioral Health program. These lessons and experiences will be leveraged and implemented across the Services as more evidence is presented to ensure quality mental health care and counseling services are provided to all military children including those located far away from military installations.

Conclusions

A review of mental health care programs and counseling services available to military children in response to Section 722 of the 2010 NDAA revealed a wide array of mental health programs and counseling services that are available to this population. This review also revealed a number of program evaluation activities and the use of EBPs across programs and services. Identifying outcomes of effectiveness to specific programs due to the lack of available data (at the time this report was drafted) was reported as a consistent challenge. While a number of program evaluation activities were noted as being underway, these results were not anticipated to be available until the latter part of 2011. Therefore, a limitation of the report of findings for this report is the paucity of analyses of program effectiveness and outcomes available from the Military Services. As well, these data did not indicate that program-level outcome evidence is being gathered directly from families or from on-site evaluations.

The analyses for this response to Congress also found that the DoD's health care model is robust and provides the ability to care for a large number of MHS beneficiaries including family members and children but that the factors that were noted as impeding military children's access to programs and services particularly in isolated or remote areas needed to be further evaluated. This was recently accomplished via another analysis conducted by the Government

Accountability Office (*Report on Defense Health Care, "Access to Civilian Providers under TRICARE Standard and Extra,"* June 2011, GAO-11-500.)⁹

It is noteworthy that numerous highly related large-scale initiatives and studies have either been concluded, or continue in their progress, concurrent with the timeline of this analysis and report. These include: completion and publication of the President's Task Force Report *Strengthening our Military Families: Meeting America's Commitment* (Jan-2011)¹⁰; upcoming publication (not yet cleared for public release) of a RAND Report, *Programs Addressing Psychological Health and Care for Traumatic Brain Injury Among U.S. Military Service members and Their Families*¹¹; a compilation and analysis of all psychological health programs across the DoD and Military Services inclusive of those for family members being conducted by the Psychological Health Working Group under the under the Office of Strategy Management, Office of the Assistant Secretary of Defense (Health Affairs) related to the development of DoD-level outcome measures for psychological health; and, an analysis of the Services' best practices to enhance the psychological health and well being of the military family being conducted by the Chairman of the Joint Chiefs of Staff Family Support Integrated Product Team.

The DoD remains committed to ongoing assessment, leveraging of resources and the application of findings provided through these multiple-sourced initiatives to assure that the capabilities to meet the needs of military families are in place and accessible. Next steps to be

⁹ [http://www.gao.gov/products/GAO-11-500.](http://www.gao.gov/products/GAO-11-500))

¹⁰ http://www.defense.gov/home/features/2011/0111/initiative/Strengthening_our_Military_January_2011.pdf)

¹¹ This research was sponsored by the Assistant Secretary of Defense for Health Affairs and the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). The research was conducted jointly by the RAND Center for Military Health Policy Research and the Forces and Resources Policy Center of the RAND National Defense Research Institute, a federally funded research and development center sponsored by the Office of the Secretary of Defense, the Joint Staff, the Unified Combatant Commands, the Navy, the Marine Corps, the defense agencies, and the defense Intelligence Community. For more information ... contact the co-directors, Terri Tanielian (Terri_Tanielian@rand.org) and Susan Hosek (Susan_Hosek@rand.org).

taken by the DOD will be to explore options for broadening preventative and treatment mental health programs so that they are available for all military children, not just those perceived to have a need for specialized services.

In light of each of the aforementioned related and concurrent initiatives, it will be an important next step for the DoD to compare and contrast these findings to evaluate if further analyses of the capacity of direct care and, particularly, network care services is needed. As well, it will be important for TMA to examine the more specific issue of the requirements for mental health providers in both the direct and purchased care systems.

The expansion of programs to meet the needs of military children and to continue developing and promoting their psychological health and resiliency, is a priority shared within the DOD and with the community of national leaders¹². In addition, the DOD is committed to continue assessing and taking steps to meet mental health resource requirements across the Services.

¹² White House Report, *Strengthening Our Military Families: Meeting America's Commitment*. January 2001

Appendix A – List of Abbreviations

AD	Active Duty
ARC	Air Force Reserve Command
ASD (HA)	Assistant Secretary of Defense for Health Affairs
BHOP	Behavioral Health Optimization Program
CYB-MFLC	Child and Youth Behavioral Military and Family Life Counselor
DCoE	Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
DoD	Department of Defense
DoDEA	Department of Defense Education Activity
EBP	Evidence-Based Practices
FHP&R	Force Health Protection and Readiness
FOCUS	Families OverComing Under Stress
FY	Fiscal Year
MEDCOM	United States Army Medical Command
MFLC	Military and Family Life Counselor
MHS	Military Health System
MOS	Military OneSource
MTF	Military Treatment Facility
NDAA	National Defense Authorization Act
NMFA	National Military Family Association
OEF	Operations Enduring Freedom
OIF	Operation Iraqi Freedom
SBH	School Behavioral Health Program
SME	Subject Matter Experts
TAMP	Transitional Assistance Management Program
USD (P&R)] MC&FP	Undersecretary of Defense (Personnel and Readiness) Military Community and Family Policy
USU	Uniformed Services University
WG	Workgroup

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Appendix B – Service-level and DoD Children’s Mental Health Programs and Counseling Services

Key¹³:

Clinical and/or Preventive Focus	The primary focus is noted by placing a “●” in the Clinical Focus column; there may be more than one primary focus.
Target Population	Noted by placing a “●” in the Target Population column.
Program Evaluation Activities	Examples of those program evaluation activities being tracked on a regular basis are listed within this column
Use of Evidenced-based Practices (EBPs)	Whether the use of EBPs is relevant to, or a required part of the implementation of the identified program noted by: <ul style="list-style-type: none"> - Required - Used but not required - NA (not applicable or relevant to this program)
Type of Quality Monitoring	As noted in column; or, NK – Information not currently available (in many cases, program evaluation efforts were reported as being underway)
Availability	<ul style="list-style-type: none"> ● – Sufficiently meets the targeted needs of the target population ◉ – Partially meets the targeted needs of the population ○ – Does not meet the targeted needs of the population
Accessibility	<ul style="list-style-type: none"> ✓ – Accepts all eligible participants without delay NK – Not known or specified (i.e., duration of wait time, if any) NA – Not applicable or relevant to this program

¹³ **NOTE:** A full discussion of the information gathered and the basis for annotating these listings may be found on pp 7- 8 of this report.

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Service: Air Force

CURRENT PROGRAMS		Clinical Focus					Target Pop.		Examples of Program Evaluation/ Outcomes	Use of EBP's	Type of Quality Monitoring Program	Availability	Accessibility	
Program Name	Purpose and Goals	Prevention	Resilience	Screening	Diagnose	Treatment	Active Duty Children	Reserve Children	Natl Guard Children					
Psychological Health Advocacy Program (PAP)	Three Regional teams that locate resources for Air Force Reserve Corp (ARC) members and their families who have psychological health concerns or needs. The teams provide free consultation services, non-clinical case facilitation, and act as liaisons to help achieve positive outcomes. Their focus has been on deplorers and their family members who voluntarily see assistance.									<ul style="list-style-type: none"> • Customer Satisfaction Surveys • Follow through with referrals • Categorization of referrals by type and number 	<ul style="list-style-type: none"> • NA 	<ul style="list-style-type: none"> • Continuous 		
NAG Wing Resiliency Coordinator (WRC) Program	Works provide consultation, assessment, and referral services to Service members. Family members may be seen for information and referral networks or in conjunction with the service member. WRCs work with the community and extended case management support to proactively increase the psychological health and resilience of the unit, and by extension, strengthening military families. WRCs are available and accessible as a liaison for additional family support programs such as yellow Ribbon Reintegration Program (YRRP)	●	●	●			●			<ul style="list-style-type: none"> • Program Rating Scale • Utilization • Follow through with referrals 	<ul style="list-style-type: none"> • Used but not required 	<ul style="list-style-type: none"> • Continuous 	⊙	✓
Air Reserve Component Teen Leadership Camp	Specialty camps provided for teenage children of Air National Guard and Air Force Reserve Children whose parents are deployed. The residential camp brings youth together with others in their same situation, and provides a series of leadership experiences that alternate between skill building sessions and a variety of information on deployments. The camp's goal is to increase teen resiliency. It is non-medical.	●					●	●		<ul style="list-style-type: none"> • Pre/Post event assessments (tracked centrally) • Number of camps (tracked centrally) • Number of camp attendees (tracked centrally) 	<ul style="list-style-type: none"> • NA 	<ul style="list-style-type: none"> • NK 	●	✓
Air Force Reserve Teen Leadership Council (AFR T.L.C.)	Comprised of AFR dependent teens from 10 states. Enhance youth programming at Yellow Ribbon events; develop projects to strengthen AFR youth programs; speak on behalf of AFR youth at special events; link families to community resources; create awareness of AFR family concerns	●					●			<ul style="list-style-type: none"> • Number of events/programs supported (tracked centrally) 	<ul style="list-style-type: none"> • Used but not required 	<ul style="list-style-type: none"> • NK 	●	✓

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Service: Navy / Marine Corps

CURRENT PROGRAMS		Clinical Focus		Target Pop.			Type of Quality Monitoring Program	Use of EBPs	Examples of Program Evaluation/ Outcomes	Availability	Accessibility
		Prevention	Resilience	Screening	Diagnosis	Treatment					
Program Name	Purpose and Goals										
Navy Fleet and Family Support Center - Clinical Counseling for Children	Brief, non-medical counseling is provided by independently licensed mental health professionals with training and experience providing services to children. Counseling for children is available at most medium and large Navy family centers worldwide.	●	●	●		●		<ul style="list-style-type: none"> Client Satisfaction Survey Utilization review Triennial Certification 	<ul style="list-style-type: none"> Utilized but not required 	<ul style="list-style-type: none"> Continuous 	✓
Navy Operational Stress Control ¹⁴	Offers online resources using BUMED's Stress Injury Continuum model as the guiding framework to help family members understand the impact of deployment on service members, spouses, children and other in the family across the deployment cycle.	●	●			●		<ul style="list-style-type: none"> Website 	<ul style="list-style-type: none"> Utilized but not required 	<ul style="list-style-type: none"> NK 	✓

¹⁴ Note: See above comparable USMC specific program, "USMC Combat and Operational Stress Control" somewhat similar to the Navy Operational Stress Control but it does not see children; rather, it provides the USMC Behavioral Health Information Network for child resources.

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Common Programs Across Armed Forces

CURRENT PROGRAMS		Clinical Focus		Target Pop.		Type of Quality Monitoring Program	Use of EBPs	Examples of Program Evaluation/ Outcomes	Availability	Accessibility
Program Name	Purpose and Goals	Prevention	Resilience	Screening	Diagnose					
Family Advocacy Program: Primary Outreach/ Prevention/ Resilience	DoD social service agency responsible for the primary prevention of family maltreatment and the development of community capacity /community resilience. Primary service modalities include education and community resource development through interagency partnerships	●	●				●	<ul style="list-style-type: none"> Every installation develops a Community Action Plan incorporating needs assessments and targeted services to address identified concerns (tracked locally) Program participation and/or attendance (tracked locally) Customer satisfaction (tracked locally) 	⊙	✓
Family Advocacy Program: New Parent Support Program	Voluntary maltreatment prevention program providing information, support, and guidance to expectant parents and parents with children ages 0-3 and 0-5 in the USMC who have been screened as high risk for family maltreatment. Services are provided primarily via home visitation.	●	●	●			●	<ul style="list-style-type: none"> Of the total number of families who began receiving NPSP home visitation services during the previous fiscal year and received services for at least 6 months, how many had no substantiated child maltreatment incidents within 12 months after NPSP services ended (tracked centrally) Program participation and/or attendance (tracked locally) Customer satisfaction (tracked locally) 	⊙	✓

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CURRENT PROGRAMS		Clinical Focus			Target Pop.		Type of Quality Monitoring Program	Use of EBPs	Examples of Program Evaluation/ Outcomes	Availability	Accessibility
Program Name	Purpose and Goals	Prevention	Resilience	Screening	Diagnosis	Treatment					
Family Advocacy Program: Secondary Prevention Services	Short-term family-focused counseling when risk factors for family maltreatment are identified but there is no known recent incident of family maltreatment. Typically involves those not eligible for New Parent Support Program. May involve screening for other mental health needs resulting in referrals to mental health where indicated. Any maltreatment incident results in discontinuance of secondary prevention services and initiation of safety assessments and interventions under FAP maltreatment services. Any identified requirement for intensive mental health care is referred to a TRICARE provider or to a suitable MTF mental health provider, if available.	●	●	●	●	●	●	●	<ul style="list-style-type: none"> No subsequent allegation of family maltreatment (tracked locally) Program participation/attendance (tracked locally) Customer satisfaction (tracked locally) 	●	✓
Family Advocacy Program: Clinical Maltreatment Services	Clinical interventions to stop Family Violence, including spouse maltreatment, intimate partner violence, child abuse, and neglect. Services also include psychotherapeutic counseling to reduce potential for re-offense. This may involve consultation with law enforcement agencies or command to ensure safety of family members. Any identified requirement for intensive mental health care, to include substance abuse treatment, is referred to a TRICARE provider or to a suitable MTF mental health provider, if available.	●	●	●	●	●	●	●	<ul style="list-style-type: none"> No subsequent allegation of family maltreatment (tracked centrally) Program participation and/or attendance (tracked locally) Customer satisfaction (tracked locally) 	●	✓

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CURRENT PROGRAMS		Clinical Focus				Target Pop.		Type of Quality Monitoring Program	Availability	Accessibility
Program Name	Purpose and Goals	Prevention	Resilience	Screening	Diagnosis	Treatment	Active Duty Children			
Educational and Development Intervention Services (EDIS)	Special educational services of a psychological nature, provided to children deemed by the DoD schools to be eligible for supportive services. Services are provided by mental health providers to support a free and appropriate public education (AW the Individuals with Disabilities Education Act (IDEA).									
Child Psychiatry Services	Specialized mental health services are provided at some locations by clinical psychiatrists who have completed subspecialty fellowship training in Child and Adolescent Psychiatry. These providers are not available at all MTFs.									
Child Psychology Services	Specialized mental health services are provided at a very few locations by clinical psychologists who have completed subspecialty fellowship training in Child and Adolescent Psychology. These providers are not available at most MTFs. This limited service primarily exists to support the Educational and Developmental Intervention Services (EDIS) program.									
Pediatric Primary Care	Addressing mental health needs of children/adolescents in primary care setting									

Report and Plan on the Mental Health Care and Counseling Services Available to Military Children

CURRENT PROGRAMS		Clinical Focus		Target Pop.		Examples of Program Evaluation/ Outcomes	Use of EBPs	Type of Quality Monitoring Program	Availability	Accessibility
Program Name	Purpose and Goals	Prevention	Resilience	Screening	Diagnosis					
Chaplain Counseling Services	Chaplains provide confidential, short-term, and solution-oriented counseling to military members and their families. Chaplains are normally not licensed clinicians or psychotherapists and work within a spiritual/pastoral framework. Chaplains make referrals to other base agencies or services as needed.	●	●	●			●	●	●	✓
Chaplain Corps Outreach and Prevention (Religious Education and Small Groups)	The Chaplain Corps plans and executes religious education and outreach programs to military members and their families that facilitate spiritual growth, promote moral and character development, and foster a sense of community.	●	●	●			●	●	●	✓
Reserve Command (AFRC) Yellow Ribbon Program	Activities include identifying and contacting all Reservists that will be or have been called to active duty in support of a contingency for 90 days or more, and hold a Yellow Ribbon Event for the service members and/or their families. The Yellow Ribbon Program (YRP) consists of informational events and activities for members of the reserve components of the Armed Forces, their families, and community members to facilitate access to services supporting their health and well-being through the three phases of deployment.	●	●				●	●	⊙	✓

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CURRENT PROGRAMS		Clinical Focus				Target Pop.			Availability				
Program Name	Purpose and Goals	Prevention	Resilience	Screening	Diagnosis	Treatment	Active Duty Children	Reserve Children	Nat'l Guard Children	Examples of Program Evaluation/ Outcomes	Use of EBP's	Type of Quality Monitoring Program	Availability
Military and Family Life Consultants (MFLCs) and Child and Youth Behavioral (CYB-MFLCs)	MFLCs and CYB-MFLCs, (ongoing rotational on installations—at Family Centers, Child Development Centers, Schools, in designated military units, surge support for up to 90 days, and Summer Programs) Members of Joint Family Support Assistance Program (JFSAP) teams in each state and 4 territories—supporting the geographically dispersed, and on-demand event support, primarily for the Guard and Reserve (though Active Duty also utilizes this type of support) in support of events such as Drill weekends, annual training events, Yellow Ribbon Reintegration Program events.	●	●				●	●	●	<ul style="list-style-type: none"> Client Satisfaction Surveys Utilization reports Program Evaluations/Hot Washes Weekly Supervision Meetings 	<ul style="list-style-type: none"> NA 	<ul style="list-style-type: none"> Continuous 	⊙
DCoE Outreach Center	Provides information on psychological health and traumatic brain injury issues and resources. The Center provides responses to specific questions and needs of warriors, family members, educators, or clinicians. Information is provided by phone, online chat or email by trained, professional health resource consultants with expertise in psychological health and traumatic brain injury.	●	●				●	●	●	<ul style="list-style-type: none"> Number of callers Average handle time The extent to which the call is answered within 20 seconds of the first ring Phone calls, emails and chats are monitored in order to assure that quality assurance standards (per their quality assurance program) are met 	<ul style="list-style-type: none"> Utilized but not required 	<ul style="list-style-type: none"> Continuous 	⊙

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CURRENT PROGRAMS		Clinical Focus				Target Pop.			Examples of Program Evaluations/ Outcomes	Use of EBPs	Type of Quality Monitoring Program	Availability	Accessibility
Program Name	Purpose and Goals	Prevention	Resilience	Screening	Diagnosis	Treatment	Active Duty Children	Reserve Children	Net'l Guard Children				
Real Warriors Campaign	Multimedia public education initiative designed to encourage help-seeking behavior among Service members, veterans and military families with invisible wounds. The campaign features stories of real service members and families who have sought care or treatment and are continuing to maintain successful military or civilian careers. The campaign uses a variety of communication and social networking tools, including radio and TV public service announcements, posters and flyers and an interactive website with service-specific content.	●					●	●	●	Utilized but not required	Continuous	NA	NA
Center for Deployment Psychology	Train military and civilian behavioral health professionals to provide high-quality deployment-related behavioral health services to military personnel and their families. CDP offers both classroom and online training courses.	●	●	●	●	●	●	●	●	Required	Continuous	NA	NA
Defense and Veterans Brain Injury Center	Provides active duty military, their dependents and veterans with traumatic brain injury with state of the art medical care, innovative clinical research initiatives, and educational programs.	●	●	●	●	●	●	●	●	Required	Continuous	NA	NA
Deployment Health Clinical Center	Provides hands-on medical and behavioral healthcare to combat veterans while serving as a resource center for the continuous improvement of deployment healthcare across the military healthcare system through health services delivery research and clinical education programs.	●					●	●	●	NA	NK	NA	NA

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CURRENT PROGRAMS		Clinical Focus				Target Pop.			Availability	Accessibility			
Program Name	Purpose and Goals	Prevention	Resilience	Screening	Diagnosis	Treatment	Active Duty Children	Reserve Children	Nat'l Guard Children	NA			
Center for the Study of Traumatic Stress	<p>Major programs/initiatives include:</p> <ul style="list-style-type: none"> A Child and Family program that generates and disseminates knowledge related to military childhood experiences, develops effective public education materials, and expands and studies effective intervention strategies to advance the health and mental health of military children and family A Family Violence program that studies family violence and child maltreatment and child abuse in particular. The Military Families Knowledge Bank which is an online database of resources, reports, articles, activities, and announcements related to military family and children issues. The Family Violence and Trauma project addresses the prevalence and trends of spouse abuse and child maltreatment in the Army, informing Army leadership and their Family Advocacy Program of the scientific and medical aspects of child and spouse abuse. 	●	●				●	●	●	⊕	NA		
Courage to Care, Courage to Talk Campaign	<p>Educational campaign for hospitals and healthcare sites, designed to improve communication about war injuries between healthcare providers and families, and within the family itself, especially in talking to children.</p>	●								●	NA	⊕	NA

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CURRENT PROGRAMS		Clinical Focus				Target Pop.		Examples of Program Evaluation/ Outcomes	Use of EBPs	Type of Quality Monitoring Program	Availability	Accessibility
Program Name	Purpose and Goals	Prevention	Resilience	Screening	Diagnosis	Treatment	Active Duty Children					
Sesame Workshop – Talk, Listen, Connect	Multi-media, multi-phase outreach program to young children and military families who are experiencing deployment, multiple deployments, or a parent's return home due to a combat-related injury. It includes videos, music, printable information and Sesame Family Connections related to deployments, homecomings, changes, and grief – targeted towards children and/or towards parents in order to support their children.	●					●	●	●	● NIK	●	NA
The National Intrepid Center of Excellence	Designed to provide the most advanced services for advanced diagnostics, initial treatment plan and family education, introduction to therapeutic modalities, referral and reintegration support for military personnel and veterans with traumatic brain injury, post traumatic stress disorder, and/or complex psychological health issues. Conducts research, tests new protocols and provides comprehensive training and education to patients, providers and families while maintaining ongoing tele-health follow-up care across the country and throughout the world.	●	●	●	●	●	●	●	●	● NIK	●	NA
Military OneSource	MOS delivers counseling support with providers off of the installation using a traditional 50 minute counseling session face-to-face, telephonically or on-line. Face-to-face providers are located within 15 miles or 30 minutes of the Service member or family member. Individual, family or group sessions are available allowing up to 12 sessions per person, per issue, at no cost.	●	●	●			●	●	●	● Continuous	●	✓
Afterdeployment.org	Offers online wellness resources for the military community via a self-help, self-paced program to help military parents assist their children in successfully coping with the deployment experience.	●	●	●			●	●	●	● NIK	●	NA

