

SSA Preparations for Substance Abuse Service Needs of OEF/OIF Returning Vets: A NASADAD Inquiry

August 8, 2008

by
The National Association of State Alcohol and Drug Abuse Directors (NASADAD)

With Support from
**The Center for Substance Abuse Treatment
SAMHSA, US DHHS**



NASADAD

Overview of Findings

- Recent studies have shown that Veterans that experienced combat or other traumatic situations are at significantly elevated risk of substance use disorders (SUD), both pre- and post-discharge from service. Moreover, SUD can present years after discharge.
- Over 1.6 million soldiers have been in theater in Afghanistan or Iraq since 2001.
- A number of State substance abuse agencies have already begun initiatives to address the SUD needs of these Vets, and others are beginning to develop and implement plans.
- NASADAD was interested in exploring the extent of States' efforts to address the needs of returning veterans.
- Through its Inquiry process, NASADAD consulted with the SSAs between 7/23 and 8/5; 45 SSAs responded, representing 94% of the US population and 92% of Operation Enduring Freedom or Operation Iraqi Freedom (OEF/OIF) casualties.
- Most States have not yet tried to assess the numbers:
 - States that have assessed veteran's needs have detected an influx of OEF/OIF Vets seeking substance use disorder services. This has not been quantified
- States that have not assessed the number could use TEDs to project increases in Veterans presenting for care but cannot determine in which conflict, if any, these vets served nor would family members of vets be generally identified.

Overview of Findings, continued

- This inquiry only reveals which types of strategies SSAs have implemented. It could not examine what they are doing in detail, or their effectiveness!
- Over half of States have started the critical interagency coordination with the Veterans Administration (VA), state mental health (MH) and the National Guard—but only 8 have collaborated with DoD/TRICARE!
- There are 7 States with fairly comprehensive, multi-faceted initiatives -- their strategies include over two thirds of the 18 tactics assessed.
- Many states have the basic policies already in place; providers are required:
 - To screen: Vet status (31 states); need for assessment for MH (40 states) and TBI (23 states)
 - To make referrals, if needed, to assessment for MH (41 states) and TBI (29 states)
- Assessment of eligibility for DoD/TRICARE or VA reimbursement for OEF/OIF Vets with SUDs is important.
 - However clients may have to be referred to DoD/TRICARE or VA providers.
- States can, at relatively low cost:
 - Deliver training to SUD providers and counselors (13 States)
 - Provide information to SUD providers and counselors (22 States)
 - Perform outreach and advertising to reach OEF/OIF Vets (16 States)
- More expensive tactics include:
 - Arrange for expedited intake/admission to care (3 States)
 - Subsidize/pay for care even if the Vet or family member has DoD/TRICARE coverage (8 States)
- Additional strategies mentioned by one or more States (but not assessed across all States):
 - Establish and confirm referral networks for
 - DoD/TRICARE and VA
 - Mental health, traumatic brain injury
 - Identify and support EBPs for comorbid SUD and MH/TBI
 - Support inclusion of CBOs in DoD/TRICARE and VA networks
- Will there be research/evaluation to determine how well tactics work?

Methodology

- Reviewed results from March '08 NASADAD Inquiry of 10 states, identified 18 distinct tactics used by one or more SSA
- Developed 15 question Inquiry, aimed at 18 distinct tactics
- Distributed for comment to NASADAD Research Committee and CSAT
- Fielded Internet-enabled survey via E-mail on 7/23
- E-mail reminders 7/30, 8/2; phone calls 8/4-5
- 45 SSAs responded, with 94 % of US population
- Modal response was 10 minutes; 6 took > 30 minutes

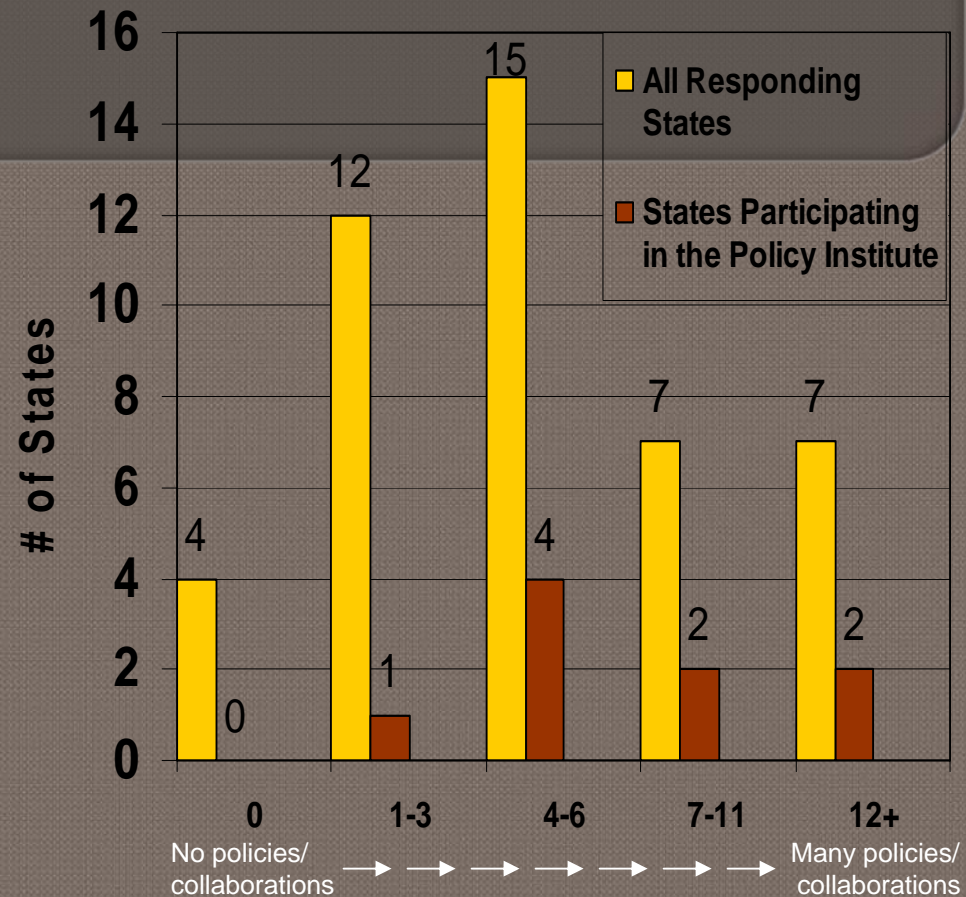
18 Policies, Services and/or Collaborations for OEF/OIF Returning Veterans and their Families

- Undertaken **specific treatment or prevention initiatives** for OEF/OIF Veterans and their families
- **Met/coordinated** with
 - National Guard
 - DoD (TRICARE military health system)
 - Department of Veterans Affairs
 - State Mental Health Department
- **State appropriated funds** for treatment or prevention
- Made “special” arrangements to refer or **pay for services** for Vets/family members **w/o DoD or VA coverage**
- Distributed **information** to
 - substance use disorder counselors/providers
 - mental health professionals
 - other professionals (i.e. medical providers, criminal justice, community groups, recovery support groups)
- Held/arranged specialized **trainings** for
 - substance use disorder counselors/providers
 - mental health professionals
 - other professionals (i.e. medical providers, criminal justice, community groups, recovery support groups)
- Has done (or assisted providers in doing) **outreach/advertising**
- Arranged for **expedited intake or admission** for OEF/OIF
 - Returning Veterans
 - family members
- Arranged for “**specialized**” **treatment services** (providers, groups) for
 - OEF/OIF Returning Veterans
 - family members

Addressing the Issue

Based on the States' responses, NASADAD evaluated the relative level of activity implemented to meet the needs of OEF/OIF Returning Veterans and their families. States were categorized into five groups ranging from “no policies/collaborations” through “many policies/collaborations.”

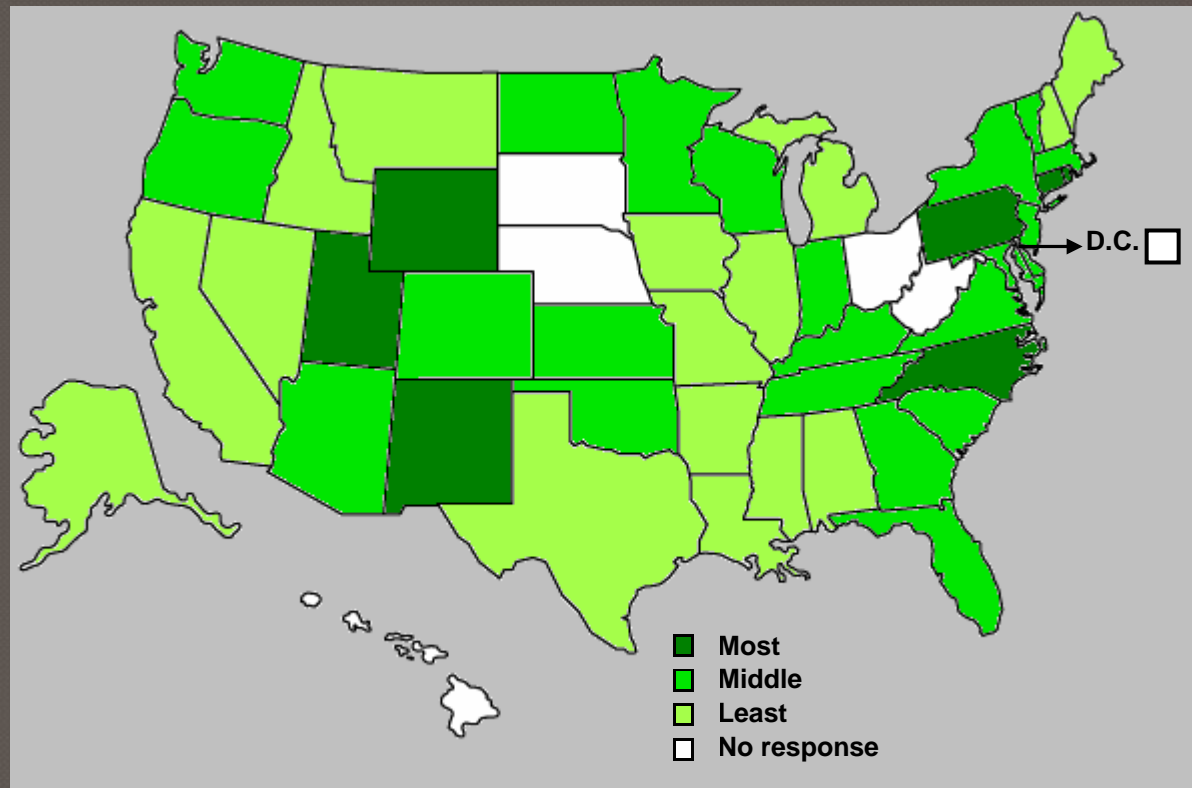
NASADAD found that there is a great deal of variation among the States in terms of how much has been done to address the SUD needs of OEF/OIF Returning Veterans and their families.



How Much Have States Done?

Based on their responses to the brief inquiry on OEF/OIF Returning Veterans, the States were divided into three groups based on how many policies, services and collaborations each State reported. The map to the right shows which States are in each group.

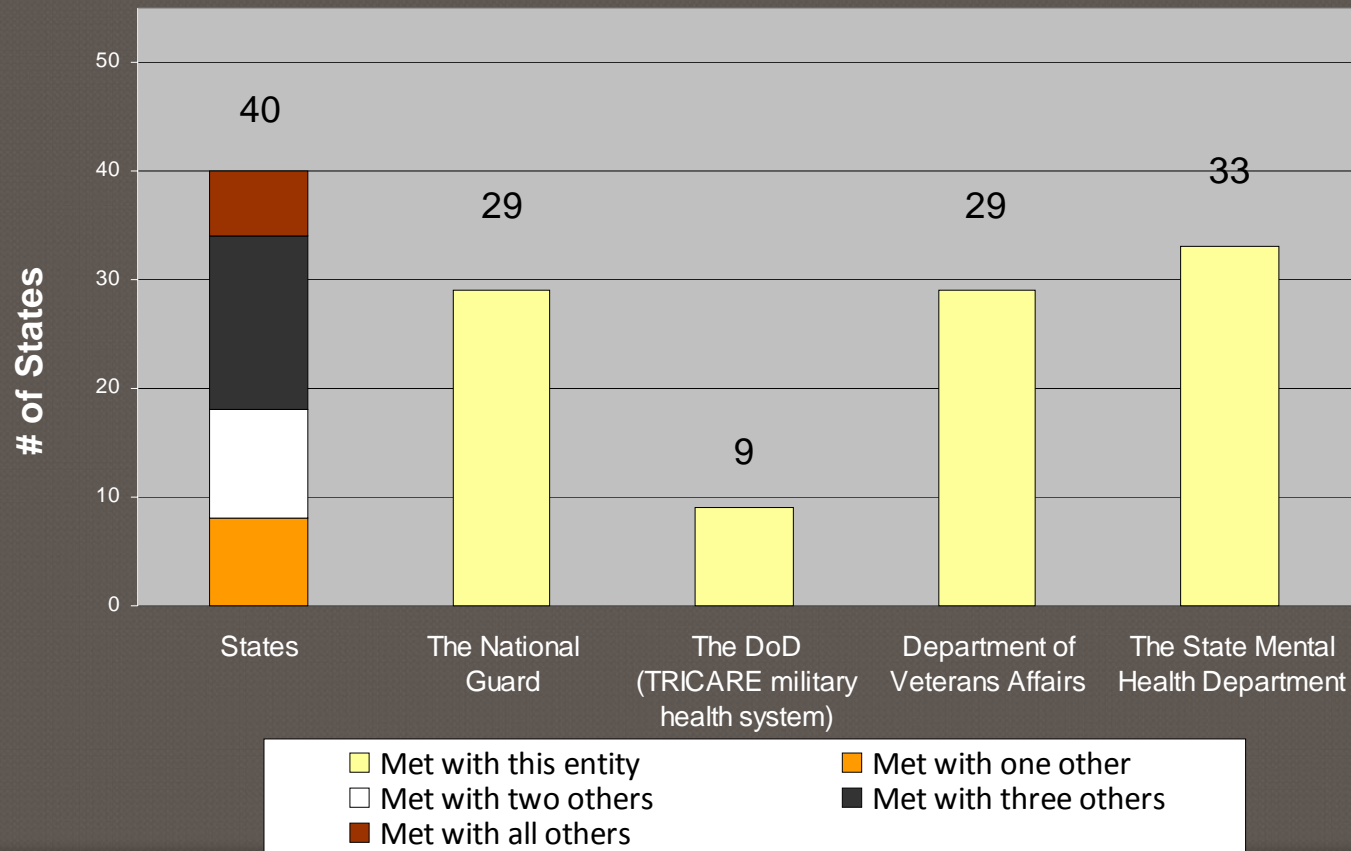
Through the Addiction Technology Transfer Centers (ATTCs), some States have been working collaboratively within their regions to hold conferences, provide trainings, publish information on how to treat Returning Veterans and create resource lists to help their State systems and providers better serve this population.



SSA Collaboration with Other Agencies

It is important that multiple State agencies collaborate to meet returning veteran's needs, because they and their families have multiple behavioral health symptoms. Nearly all of the responding SSAs have met with at least one other agency to discuss the needs of this population in their State.

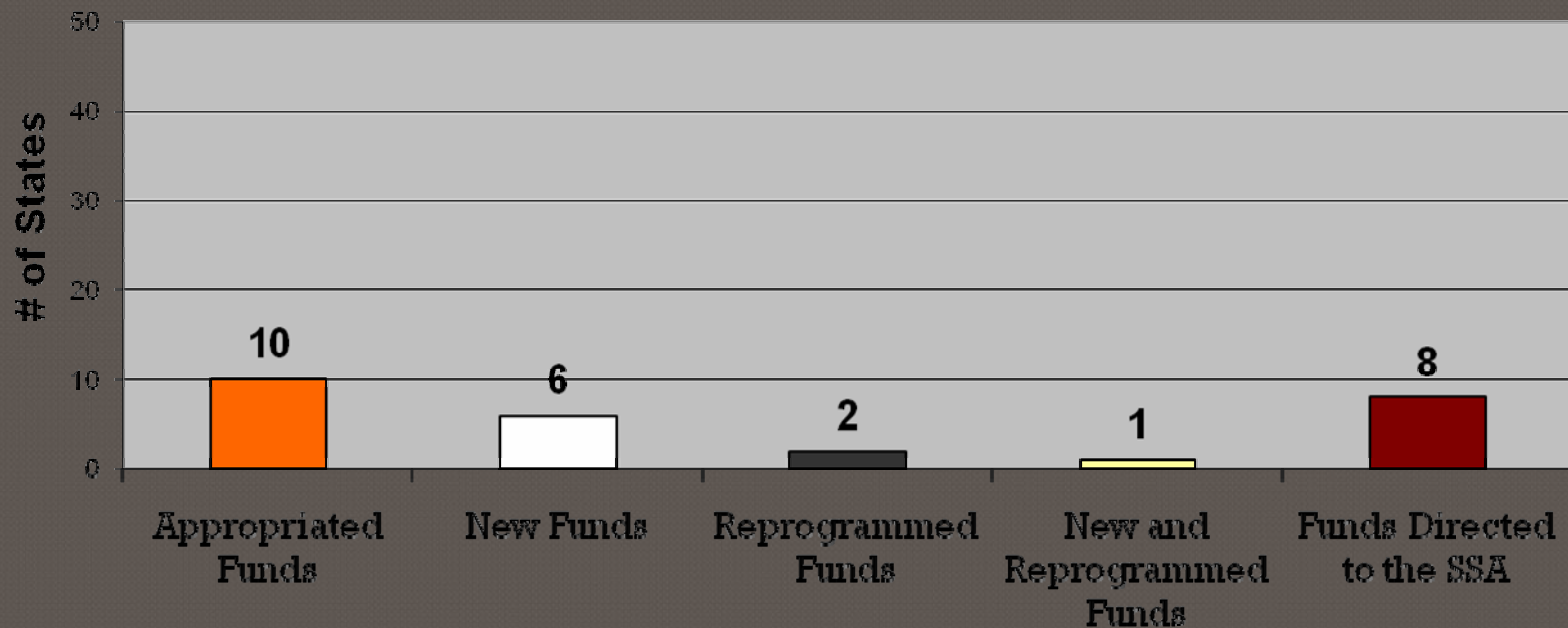
Of the 40 States that had met with one or more other agency to discuss OEF/OIF Returning Veterans, more than half (23) of the meetings were initiated by the SSA.



Funding Initiatives

Very few States have appropriated additional funding to provide specific services for OEF/OIF Returning Veterans and their families.

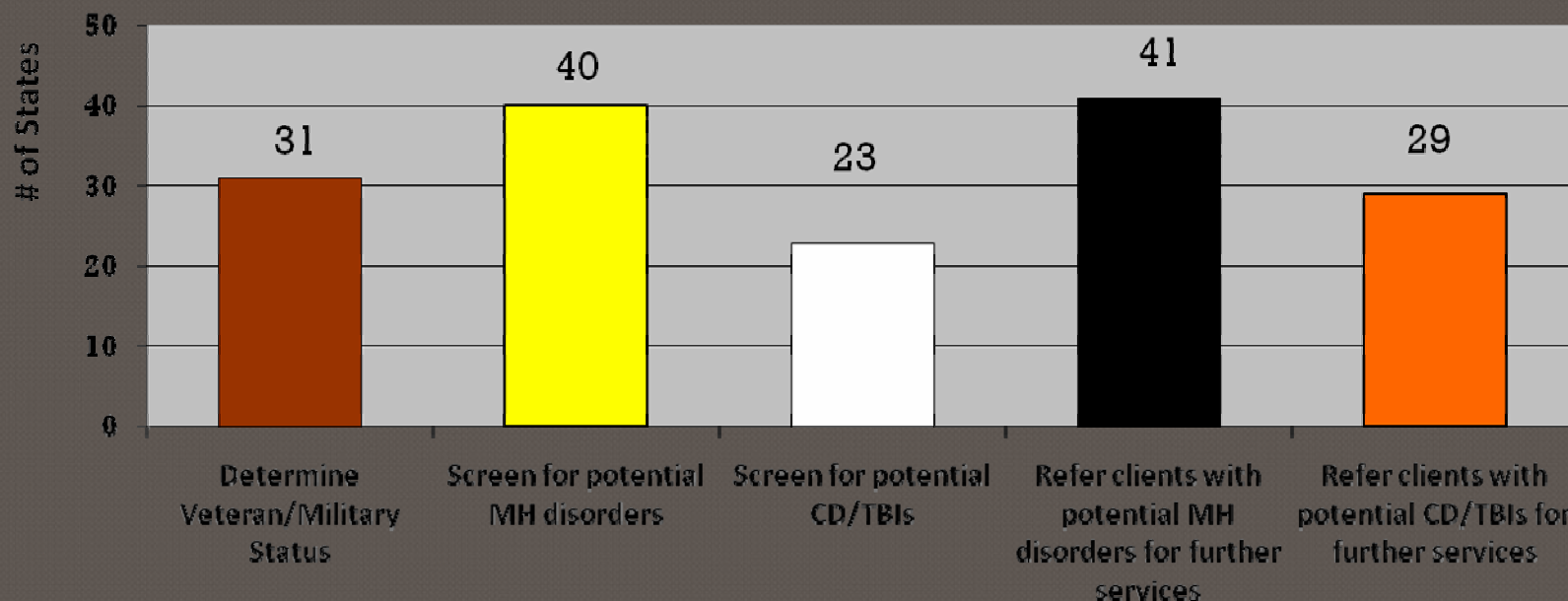
Of the ten States that have had specific funding initiatives, eight of these States have funds directed to the SSA. The funds in the remaining two States are managed by the State Veterans Affairs Liaison Office.



Screening and Referrals

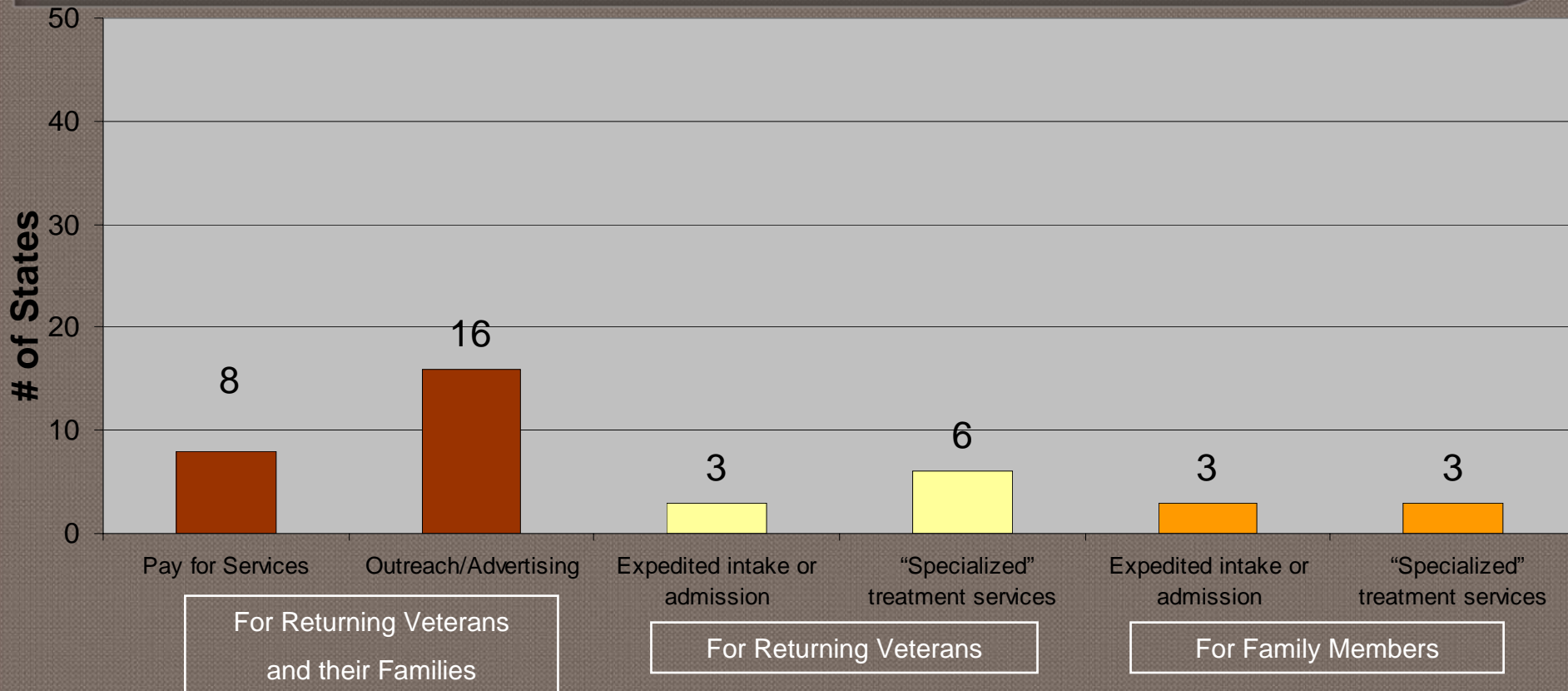
State AOD systems have always been involved in serving veterans. Therefore, it is not surprising that 73% of States require their substance use disorder treatment providers to collect data on veteran/military status. Several of the States that do not currently collect this data have added it to their list of required data beginning in 2009 because of their concerns for OEF/OIF Veterans.

Nearly all States require their providers to screen for and to provide referrals for clients with potential mental health (MH) disorders. About half of States require their providers to screen for and provide referrals for clients with potential cognitive disabilities or traumatic brain injuries (CD/TBIs).



Special Initiatives/Programming for OEF/OIF Returning Veterans and Their Family Members

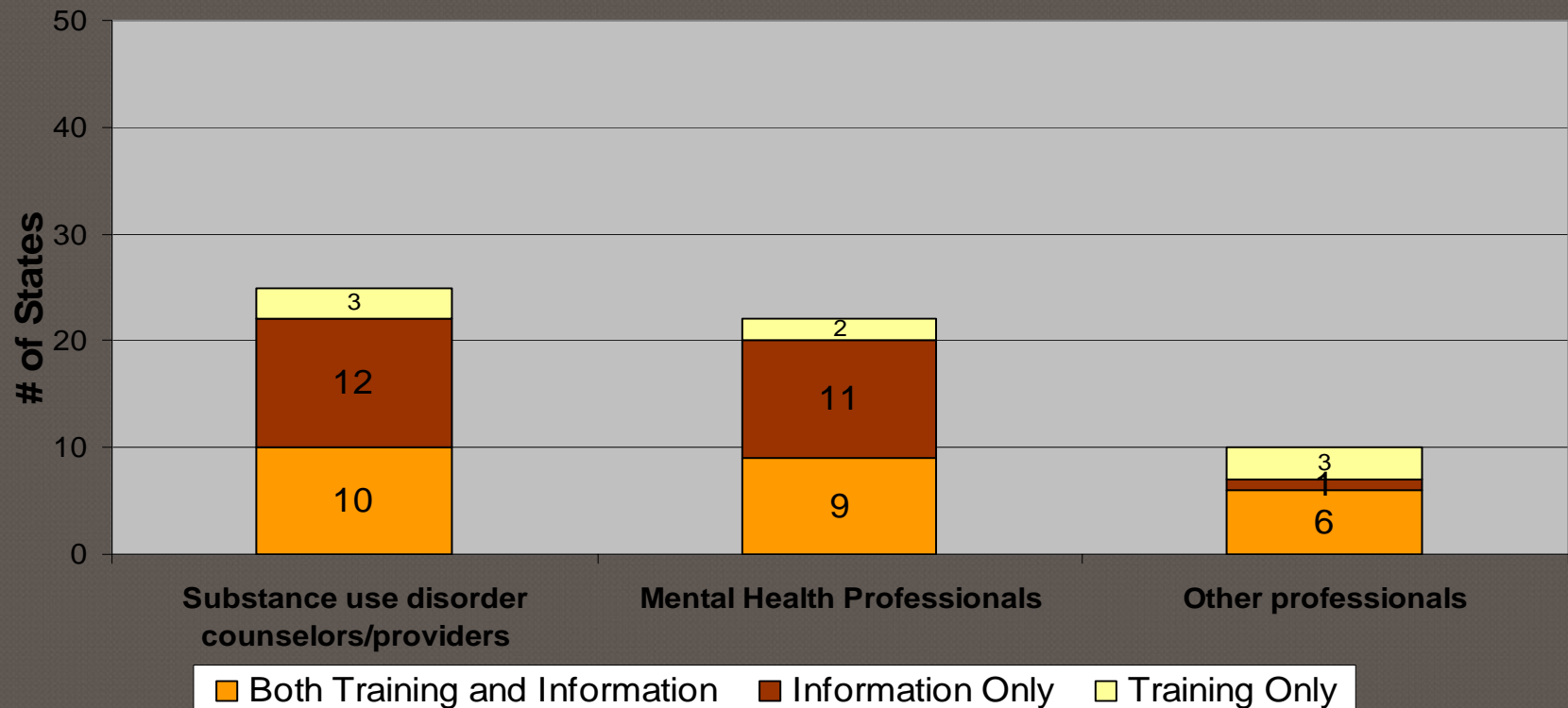
A few States have begun to offer special initiatives and programming directed towards OEF/OIF Returning Veterans in recognition of their specific needs. In addition to providing payment for services, outreach/advertising, expedited intake/admission and specialized services, States have also instituted broad screening processes, 24-hour hotlines, and conducted gap analyses to improve access for returning veterans.



Supporting and Educating Professionals

States have attempted to address the increased needs for specialized services for Returning Veterans by providing training and/or information to substance use disorder professionals, mental health professionals, and other professionals.

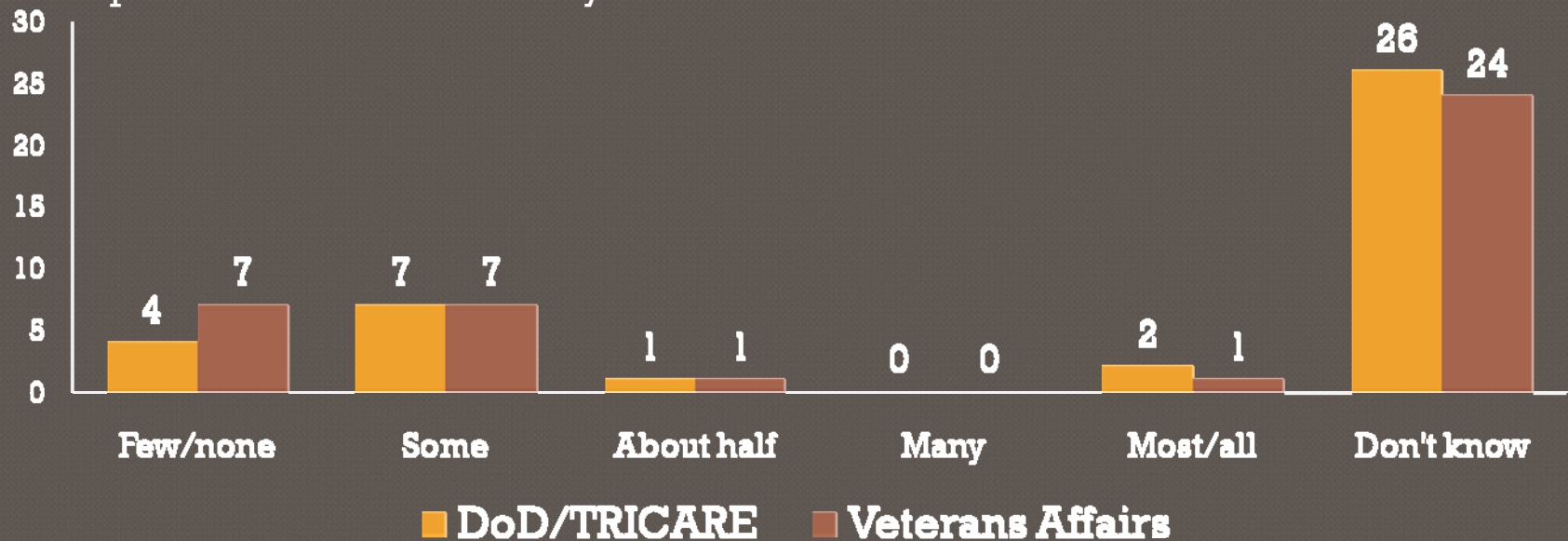
Many States are also providing information and training to community groups, medical professionals, state prosecutors, public defenders, first responders (including local/state police and corrections officers), and peer support groups.



Inclusion of CBOs in Provider Networks/ Systems of TRICARE and the VA

Veterans that seek care from “public” providers (CBOs) are likely to discover that these providers are not able to treat them under either TRICARE or the VA, and they may need to seek care elsewhere in order to get TRICARE or VA covered care.

SSAs report that the inclusion of CBOs in TRICARE and VA networks has not improved in the last several years.



Conclusions

- Hopefully, the attention paid to the SUD, mental health and other health needs of the OEF/OIF Vets and their family members will not be short-lived,
 - However, experience tells us that the challenge to serve OEF/OIF Vets and their families will be ongoing, and probably growing for the next several years.
- All States (and their providers) have worked with Vets since the 1970s, so the challenges that they present are not entirely new.
- This Inquiry shows that SSAs have varying degrees of experience in working with the OEF/OIF generation and that more advanced SSAs may be able to mentor those beginning to address this issue.
- How well these policies and initiatives will work is an open question. While the SSAs are implementing tactics that experience indicates should work evaluation may be useful to refine and document approaches that are productive.

Acknowledgements

- This Inquiry could not have been accomplished without the great assistance of the 45 Single State Agencies that assembled and reported the information reported on in this Brief. Their leadership and staff made this product possible.
- Particular thanks is owed to the NASADAD leadership and the Research Committee, who provided input, review, and advice on the Inquiry, and on this Brief.
- CSAT provided not only support for this effort through Grant TI-08-002, but also very insightful and timely advice about the Inquiry. Particular thanks goes to Mr. Hal Krouse, Ms. Anne Herron, Ms. Ruby Neville, and especially, Dr. H. Westley Clark.
- This effort was performed by Kara Mandell and Marcia Trick of the NASADAD Research and Program Application group. It was done under the direction of Henrick Harwood and Lewis Gallant, Ph.D.