



Treatment Communities of America

Preparing Communities: Securing Access and Treatment for Substance Use and Mental Health Disorders for Returning Veterans and Their Families

Background

Deployment and redeployment of troops in Iraq and Afghanistan has been a steady process since the war began with many of them Reservists and National Guard. This deployment not only affected our troops but their families and employers as well. Our troops will re-enter their communities at the end of their service and will return to civilian life without the benefit of having the support of being in a military community. These veterans are at risk.

A USA Today article reports from a study released in late March, 2005 by the New England Journal of Medicine that “as many as one in four veterans from Iraq and Afghanistan that were treated at VA hospitals in the past 16 months were diagnosed with mental disorders”. The article continues, “Post Traumatic Stress Disorder was most common at 10% of the patients, followed by 9% for substance abuse, 7% with depression and 6% for anxiety disorders”. Clearly, there is a rising need to prepare for these veterans. Post Traumatic Stress Disorder in the past was not necessarily recognized as a needed part of an individual’s treatment plan, which for years delayed appropriate care and plagued the Vietnam veteran.

Treatment providers and communities need to be prepared to assess and intervene earlier with our current returnees. TCA believes that returning veterans and their families should have ready access to appropriate substance abuse and co-occurring screening and treatment services. Public policy should anticipate the increase of newly returning at-risk veterans to their communities, many of who will seek out or need substance abuse and/or co-occurring mental health treatment. Client -based early intervention and treatment for veterans and their families based on evidence-based research will be an emerging and significant need in the coming years. Veterans that do not receive an honorable discharge may not seek treatment through a VA facility, and even the honorably discharge may not do so if they are trying to hide their issues from their families and employers. There is also a growing population of veterans that are not VA eligible at all or not utilizing VA services because of their geographic location. Those veterans are seeking or being referred from the criminal justice system to community programs using HHS-SAMHSA.

Role of the Therapeutic Community and Veterans

Therapeutic communities traditionally have provided mental health and addiction treatment to disadvantaged Americans with multiple barriers to recovery, including veterans. Our returning veterans from Iraq and Afghanistan who have or are at-risk for substance use and co-occurring mental disease disorders constitute a special population that will need treatment that has been modified from traditional modalities of care. Traditional methods of confrontation for addiction do not always work, especially with women who may have other trauma issues including sexual abuse. Our returning discharged military will need a continuum of care, including co-occurring treatment for Post Traumatic Stress Disorder and will need to be welcomed to a nurturing and safe environment. The buddy camaraderie of a military unit needs to be translated into services located in their home community. The result of a TCA member program, especially developed to serve veterans in New York, demonstrates the successful adaptation of a therapeutic community to serve veteran specific needs.

TCA member programs mostly provide services to veterans from combat through their general programs, often as a late intervention. With our military returning from Iraq, TCA hopes to assist veterans with addiction and co-occurring mental disease disorders by preparing and identifying the appropriate early interventions, actions, and services needed by veterans to make their re-entry successful. TCA supports public policy that gives veterans access to systems that would provide them and their families with substance abuse assessment and treatment. TCA firmly believes that returning veterans should not be lost between agencies or - worst yet-be left untreated because they fall through the cracks. SAMHSA has great potential to provide leadership and work with the Veterans Administration as communities prepare support services, particularly to our returning reservists and our National Guardsmen. SAMHSA and NIDA efforts to find common outcomes for the criminal justice system and the substance abuse treatment system have demonstrated their ability to work with other departments like the

Department of Justice to build bridges that foster positive societal outcomes. The connection between the Department of Defense, the Veterans Administration and HHS is paramount; as we need to meet the veteran at whatever door he enters for help through a coordinated system of care.

TCA and SAMHSA in partnership held a conference in March, 2006 attended by 1,000 clinicians, researchers, community and local organizations, State, and federal agencies to train community clinicians and identify the barriers and issues related to at-risk veterans returning to their communities and the issues facing families. Information on that conference can be found on our website and on www.samhsa.gov. Efforts are needed so a veteran and/or a family member can walk in any door to be welcomed to appropriate care.

TCA Recommendations for the 116th Congress

In preparation for our returning veterans, TCA recommends that Congress continue to consider language and funding that recognize the emerging need for veteran re-entry services and identifies the option of effective community programs for discharged veterans and their families. Congress' leadership is needed to assist communities to prepare and coordinate prevention and treatment addiction and mental health services to assist with a veteran's re-entry process. Leadership is needed to help federal agencies recognize the role and dynamics of the community as a resource.

- Demonstration Grants – Require the Secretary of the Veterans Administration to work with the Secretary of HHS, and the Secretary of Defense to develop model programs that coordinate military, Veteran Affairs, and public health systems of care for substance abuse and/or co-occurring mental health disorders for returning veterans and their families.
 1. Regional and State case management systems that broker and coordinate private, public, and non-profit resources for substance abuse prevention and treatment for returning veterans and their families.
 2. Coordinated programs for women veterans and/or for children of returning veterans specific to substance abuse and co-occurring illness.
 3. Coordinated programs for the purposes of developing early intervention, outreach and treatment to veterans at risk in their communities for substance abuse for veterans that do not use or not eligible VA services.
 4. Conduct research and evaluation of demonstration grants for both coordination of resources and clinical outcomes.
- Develop a federal interdepartmental advisory board that reviews resources, the role of public health, systems coordination, research, and clinical outcomes of current services to include representatives of DOD, VA, HUD, DOL, HHS, State and local governments and providers to develop a report and make timely recommendations to Congress.
- Support appropriations to HHS/SAMHSA that support opportunities for communities, civilian employers, non-profit organizations and providers to secure information and training on evidence-based treatment programs for veterans returning to their communities.
- Establish Medicaid demonstration pilot programs within non-hospital community-based substance abuse residential treatment centers and co-occurring programs specific to veteran's treatment and aftercare.
- Confirm policy/mechanism for the Department of Veteran Affairs to contract with HHS/SAMHSA through their CSAT discretionary grant program or other appropriate HHS entity to establish community substance abuse and/or co-occurring treatment for community based veterans and their families.

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