117th Congress

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

Background

Significant numbers of Reservists and members of the National Guard being deployed in Iraq and Afghanistan since U.S. engagement began more than 10 years ago. This deployment not only affects our troops, but their families and employers as well. Because these troops 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.

According to the Veterans Health Administration, recent OEF/OIF/OND Veterans are presenting to VA with a wide range of health conditions. Mental disorders are among the three most frequent diagnoses. Of the recent veterans who used VA healthcare from FY2002-2015, 58% have received treatment for mental disorders to include Post-traumatic stress disorder (PTSD), depressive disorders, and Substance Use Disorder. The cumulative number of individuals treated with possible mental disorders has steadily increased from quarter to quarter. Clearly, there is a rising need to prepare for these veterans. PTSD 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 veterans.

Additionally, the COVID pandemic has combined with the ongoing SUD epidemic in our nation – double pandemic. This twin crisis of COVID pandemic and overdose epidemic continues to take a toll on military personnel who are often called to hotspots to provide support and protection to the public health workforce.

Treatment providers and communities need to be prepared to assess and intervene earlier with returnees. TCA believes that returning veterans and their families should have ready access to appropriate substance use disorders and co-occurring screening and treatment services. Public policy should anticipate the increase of newly returning at-risk veterans to their communities, many of whom will seek out or need treatment. Client based early intervention and treatment for veterans and their families using evidence-based research will be an emerging and significant need in the coming years.

Veterans are a special population. The uniqueness of experience, training, and requirements qualify veterans to be afforded the distinction of specialized treatment services in much the same way as we do with other special populations like adolescents, women and children etc. No other group has been called to put themselves in harm's way as much as our veterans. And while funding for veterans' services can incorporate veteran counseling in comprehensive program services, it is important that funding exist to support veteran specific programming that includes veteran staffing, veteran clients, and veteran benefits.

Veterans who do not receive an honorable discharge may not seek treatment through a VA facility, and even the honorably discharged 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. Additional points of access to SUD treatment in their communities is vital.

Role of the Therapeutic Community and Veterans

Therapeutic communities traditionally have provided mental health and substance use disorder 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 substance use disorder 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 PTSD, and will need to be welcomed into a nurturing and safe environment. The camaraderie of a military unit needs to be translated into services located in the home community. The results of one TCA member program, especially developed to serve veterans in New York, demonstrate the successful adaptation of a therapeutic community to serve veteran specific needs.

TCA member programs mostly provide services to combat veterans through their general programs, often as a late intervention. With returning veterans, TCA hopes to assist veterans with substance use disorder 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 use disorder assessment and treatment. TCA firmly believes that returning veterans should not be lost between agencies or, worse 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 use disorder 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 because we must meet the veteran at whatever door he or she enters for help through a coordinated system of care.

TCA Recommendations for the 117th 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. Congressional leadership is needed to assist communities as they prepare and coordinate addiction prevention, treatment, and mental health services to support a veteran's re-entry process and 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, Veterans Affairs, and public health systems of care for substance use disorder 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 use disorder 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 use disorder 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 use disorder that do not use or are 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 Veterans Affairs to contract with HHS/SAMHSA through their CSAT discretionary grant program or other appropriate HHS entity to establish community substance use disorder and/or co-occurring treatment for community-based veterans and their families.

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