THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

May 3, 2018

The President
The White House
Washington, DC 20500

Dear Mr. President:

Executive Order 13822 of January 9, 2018, establishes requirements for a Joint Action Plan to be submitted by the Secretary of Defense, the Secretary of Veterans Affairs, and the Secretary of Homeland Security, that describes actions to provide to the extent consistent with law, seamless access to mental health treatment and suicide prevention resources for transitioning uniformed Servicemembers in the year following discharge, separation, or retirement.

Enclosed is the updated Joint Action Plan, dated April 18, 2018, with White House edits incorporated, designed to improve transition from active military service to Veteran status. This plan will provide the framework for a July 9, 2018, report.

Respectfully,

Robert L. Wilkie

Robert L. Wilkie
Acting

Enclosure

JOINT ACTION PLAN FOR SUPPORTING VETERANS DURING THEIR TRANSITION FROM UNIFORMED SERVICE TO CIVILIAN LIFE

March 9, 2018 (revised April 18, 2018)

Executive Summary

On January 9, 2018 President Trump signed Executive Order (EO) 13822 directing the Department of Veterans Affairs (VA), Department of Defense (DoD), and Department of Homeland Security (DHS) to address the complex challenges faced by our transitioning uniformed Service members and Veterans. The EO requires VA, DoD, and DHS to submit to the President a Joint Action Plan that describes actions to provide seamless access to mental health care and suicide prevention resources for transitioning Service members. The EO specifically emphasizes access to services during the critical first year period following discharge, separation, or retirement from military service. Additionally, the EO requires that within 180 days of the date of the Order, the Secretary of Defense, the Secretary of Veterans Affairs, and the Secretary of Homeland Security submit to the President, a status report on the implementation of the Joint Action Plan detailing how the proposed reforms have been effective in improving mental health care for all transitioning uniformed Service members and Veterans.

While the ultimate goal remains zero suicides, this Plan seeks systematic reductions in the number of Veteran suicides with progress measured by year-after-year reductions to zero. Recognizing that sometimes the warning signs for suicide do not appear until after a Service member transitions from military to civilian life, this Plan seeks to eliminate the gaps in access to mental health and suicide prevention services. This Plan also seeks to eliminate barriers to care. While Service members possess unique protective factors related to their military service, such as resiliency or a strong sense of belonging to a unit; they may also possess risk factors related to their military service, such as service-related injury or stressors that stem from a recent transition from military service to civilian life (employment, housing) or relationship issues. Put simply, preventing Veteran suicide requires strategies that maximize protective factors while minimizing risk factors at all levels throughout communities nationwide.

The framework for this report is built on National Academy of Medicine classifications for prevention. This framework prescribes the targeting of interventions or services based on where risk exists, a population, sub-group, or individual. A comprehensive service delivery system aimed at ensuring that all Veterans (universally) have knowledge of and access to mental health and suicide prevention services can help buffer risk for suicide. In addition to addressing universal populations, this Joint Action Plan framework calls for additional supports for those groups of Veterans that have identified risks (e.g., mental health or substance abuse issues, relational issues, financial issues, or legal struggles). Finally, our Plan targets individuals (or indicated Veterans) by ensuring that those individuals who are in need of immediate care get access to the best quality care available. A comprehensive framework that ensures services across all three domains (universal, selected, indicated) recognizes that identifying risk and engaging in early interventions is our most effective defense against suicidal thoughts and behaviors.

Introduction

The Department of Veterans Affairs (VA), Department of Defense (DoD), and Department of Homeland Security (DHS) share the responsibility of ensuring successful transitions of Service members and Veterans, while preventing suicides and ensuring access to mental health care. The purpose of the Executive Order (EO) is to ensure that mental health care is available to all eligible transitioning Service members and Veterans. We will not relent in our efforts to connect Veterans experiencing an emotional or mental health crisis with life-saving support. Collectively the work of VA, DoD, and DHS seeks to continuously improve services by: providing a full continuum of evidence-based mental health care; anticipating and responding to Veterans' needs; and supporting all returning Service members as they reintegrate into their communities. Mental health services are critical for people showing signs of suicide risk in their thoughts or behavior, but we must go beyond engaging mental health providers and involve the broader community.

Purpose

EO 13822 provides an opportunity for the three Departments to collaboratively address the complex challenges faced by our transitioning uniformed Service members and Veterans; specifically ensuring seamless access to a continuum of high-quality mental health care and suicide prevention resources during the transition from uniformed service to civilian life, especially during the first year following transition.

The high operational tempo that Service members and their families have endured during nearly two decades of war have left some Service members and Veterans struggling with physical, psychological, and emotional issues. It is essential that the Departments work together to understand these issues and early engagement provides an opportunity to mitigate psychological stress and employ preventative measures. A comprehensive review of completed suicides across VA and DoD reveal many precipitating factors, such as challenges with transition to civilian life. Families, peers, military units, and communities should all be engaged to prevent suicide. VA, DoD, and DHS endorse multi-tiered public health strategies targeted at universal populations, as well as interventions targeted at known risk groups and individuals.

A few of the precipitants of suicide during this transition period are social disconnection and disruption with interpersonal relationships. Complicating rapid identification of risk is that often the signs and symptoms that stem from the challenges experienced during transition do not appear or begin until well after transition from military service. Delayed onset of symptoms presents challenges for VA, DoD, and DHS, as there are times when the Departments do not have regular contact with the transitioning Service member/Veteran. In keeping with our enduring commitment to those who have worn the uniform, the Departments will provide a seamless hand-off from the hands of the DoD/DHS to the hands of the VA.

This Joint Action Plan describes the actions that will occur to ensure knowledge of, and access to, mental health care and suicide prevention resources for transitioning Service members and Veterans. Recognizing the unique needs of each transitioning Service member and Veteran, this Plan details actions across three broad categories of transitioning Service members:

1. Universal (all transitioning Service members) – roughly 245,000 Service members leave the DoD every year. This report will outline actions aimed at the entire universal population.

2. Selected (high-risk groups) – this report will detail actions specifically targeting and increasing our understanding of those groups that are at high risk and offering evidence-based services designed for known risk populations.
3. Indicated (at risk individuals) – this report will target specific cross-agency actions necessary for engaging with individuals who are at highest risk.

VA, DoD, and DHS recognize that federal entities, while well equipped, cannot achieve meaningful or lasting reductions in suicide acting independently or through departmental action alone. The three Departments will need to rely on the expertise of Military Service Organizations (MSO) and Veteran Service Organizations (VSO), non-profit groups, academic institutions, and community partnerships. These non-government entities offer valuable insights, innovative interventions, and unique capabilities that bolster mental health and suicide prevention services for Service members and Veterans.

NOTE: VA, DoD, and DHS hosted a one-day summit on April 10, 2018 for the purposes of learning and consulting with a variety of researchers and industry experts on how to improve risk identification and essentials of successful transition during periods of risk.

VA, DoD, and DHS, as directed, will provide a status report within 180 days of the date of the EO, relaying the status of the Joint Action Plan's implementation and how the proposed reforms have been effective in improving access to mental health care and working toward the goal of preventing suicide for all transitioning Service members and Veterans.

There are a number of metrics and target goals included in this Joint Action Plan. To be clear, our ultimate goal is to get to zero Service member and Veteran suicides and to contribute to a reduction in the national rate of suicide. The metrics and targets provided in this Plan are intermediary measures, intended to be examined both individually and as a bundle, that collectively aim to identify risk early and reduce suicidal behavior. VA, DoD, and DHS support the nation's goal, put forth by the National Action Alliance, of the reduction of suicide by 20 percent by 2025. We will not stop in our efforts to exceed this goal by pushing the timeline with year-over-year reductions.

Joint Action Plan

To support Service members and Veterans during the time of transition and mitigate suicide risk, simplified and assured access to mental health care and suicide prevention resources is a priority. The necessary reformatory actions associated with this effort are organized in accordance with the most appropriate mix of prevention efforts needed to reach all transitioning Service members and Veterans. This Joint Action Plan is guided by a prevention framework developed by the National Academy of Medicine (formerly the Institute of Medicine) that sorts prevention strategies into three levels (Figure 1):

1. ***Universal* Strategies aim to reach *all* Veterans in the U.S.** and include actions focused at entire populations.
2. ***Selective* Strategies are intended for *some* Veterans** that fall into subgroups that may be at increased risk for suicidal behaviors. These include targeted actions toward known groups of Veterans at risk such as female Veterans, Veterans with identified mental health conditions, Veterans struggling with substance abuse/addiction, or Veterans who have recently transitioned from military service.

3. ***Indicated*** **Strategies are designed for the relatively *few* individual Veterans** identified as having a high risk for suicidal behaviors, including those who have made a suicide attempt, have a known mental health or substance abuse issue, or any other identified risk.

Figure 1: National Academy of Medicine (NAM) Classification Framework

Goal 1: Improve actions to ensure ALL transitioning Service members are aware of and have access to mental health services.

A review of DoD data indicates an average of 245,000 Service members transition out of military service each year. Ensuring evidenced-based universal suicide prevention approaches targeted toward this entire population are essential. To accomplish this goal the following actions are proposed:

1.1 – Early and Consistent Contact: Conduct outbound calls to all Service members within 90 days of their expected date of separation from military service and at key intervals after separation (e.g., 90-, 180-, 365-days). Appropriately trained callers will follow a script providing information on access to peer support, availability of mental health care after separation, eligibility for health care, and eligibility for VA benefits; a list of available local and national resources; and a name and a point of contact for any immediate needs. In addition to calls, Service members will receive information on benefits and eligibility in written format (e.g., email or mailing).

Metric: Total number of Service members contacted within 90 days prior to their separation from military service. Total number of Veterans contacted within 90-, 180-, and 365-days after separation who are receiving VA mental health care. Of those Veterans called, satisfaction and the total number reached will be tracked. **Target:** July 2018: 30% contact during 90 days prior to separation. 80% of recently transitioned Veterans will be called at each interval (90-, 180-, and 365-days) within one year of implementation date.

Lead Agency: VA/DoD **Start Date:** April 2018 **Full Implementation:** October 2018

1.2 – Pre-transition VA Health Care Registration: Implement capability for transitioning Service members to apply on-line for VA health care (to the extent possible) during VA's Transition

Assistance Program (TAP) briefing. Transformative new process will result in eligible Veterans having their applications adjudicated immediately after military discharge.

Metrics: (A) Percentage of transitioning service member respondents on the TAP Participant Assessment who report being informed on health care options. (B) Percentage of TAP participants who elect to apply for health benefits during TAP course. Baseline will be zero for both metrics as this is a new capability. Data will be collected quarterly on the TAP Participant Assessment beginning July 2018, and monthly for elections to apply for health benefits. **Target:** For FY 2018 Q4 data: (A): 55% of transitioning service member respondents on the TAP Participant Assessment will report being informed on health care options. In addition, an increase by 10% for each consecutive quarter until the 12-month mark. (B) 25% of transitioning Service members who participate in TAP after April 2, 2018 will complete an application for VA health care during the VA TAP course. In addition, an increase by 10% for each consecutive quarter until the within 12-month mark.

Lead Agency: VA **Start Date:** April 2018 **Full Implementation:** September 2018

1.3 – Modification of TAP: Modify the VA's TAP briefing to ensure transitioning Service members are aware of mental health resources available during the first-year post-separation and beyond. Ensure transitioning Service members are aware of protective factors associated with social connectedness, belongingness, and social support and community resources available.

Metric: Percentage of transitioning Service member respondents on the TAP Participant Assessment data who report being informed on accessing mental health services (including Military OneSource) post-separation. Data will be collected quarterly on the TAP Participant Assessment beginning July 2018. **Target:** For FY 2018 Q4 data: 55% of transitioning Service member respondents on the TAP Participant Assessment will report being informed on accessing mental health services. In addition, an increase by 10% for each consecutive quarter until the 12-month mark.

Lead Agency: VA **Start Date:** April 2018 **Full Implementation:** July 2018

1.4 – Messaging Campaign: A broad communications campaign targeting all Service members, Veterans, and family members with key messaging about access to mental health care

Metric: Increase in the total percentage of surveyed Veterans reporting improved awareness of mental health care options after 30 days of separating from military service (documented by peer caring outreach). Data will be gathered from the semi-annual national survey that assesses Veteran awareness/knowledge of resources, perceived barriers, and unmet needs. **Target:** 50% of those surveyed report awareness of mental health care options within one year of execution of new strategy. The goal is to increase this metric to 75% in the second-year survey execution.

Lead Agency: VA **Start Date:** June 2018 **Full Implementation:** Nov 2018

1.5 – Increased VSO Engagement Pre-Transition: Ensure transitioning Service members are aware of protective factors such as social connectedness that can be facilitated through access to non-governmental organizations, faith-based organizations, sports leagues, volunteer governmental organizations, and VSOs in the communities where Service members will live.

Metric: Percentage of transitioning Service members respondents on the TAP Participant Assessment data that report being informed of social connectedness support systems available in

civilian communities. Data will be collected quarterly on the TAP Participant Assessment beginning July 2018, which will provide baseline data prior to implementation of the initiative. **Target:** 55% of transitioning Service member respondents on the TAP Participant Assessment will report being informed on social connectedness support systems available in civilian communities starting in January 2019. Goal is to increase this metric by 10% for each consecutive quarter until the 12-month mark.

Lead Agency: VA **Start Date:** June 2018 **Full Implementation:** January 2019

Goal 2: Improve actions to ensure the needs of at risk Veterans are identified and met.

The below actions are aimed at identifying and engaging known groups of Veterans in need of mental health care and/or at risk for suicide (selected populations).

2.1 - Warm Hand-off for Peer Support: Implement a warm hand-off for transitioning Service members in need of (or requesting) additional psychosocial support to follow-on peer support offered through the "BeThere" call center.

Metric: Total number of contacts made by "BeThere" peer support specialists in response to referrals. **Target:** Goal is for follow-on peer engagement, within 180 days post-transition, for 90% of transitioning service members who received a warm hand-off to "BeThere." Targeting achievement of goal within one year of execution of new strategy.

Lead Agency: DoD **Start Date:** December 2018 **Full Implementation:** May 2019

2.2 – Screening and Identification: Conduct mental health screening on all transitioning Service members prior to separation. Use results to determine level of suicide risk to proactively intervene. Continue to assess individuals with standardized measures at key intervals once enrolled in care.

Metric: DoD will screen 100% of Service members prior to separation; 100% of Service members and Veterans identified as needing care and electing to participate in VA Health Care are enrolled in care. Symptom reduction based on follow-up scores on standardized measures. **Target:** 100% of Service members screened; 100% of those needing care and electing care enrolled.

Lead Agency: VA/DoD **Start Date:** May 2018 **Full Implementation:** December 2018

2.3 – Readiness Standards: Refine career readiness tool where necessary to capture potential risks for transitioning Service members across multiple life domains (e.g., social, relational, employment, housing, mental health, hope, sense of belonging). Implement a warm hand-off to follow-on peer support and clinical care offered through the "BeThere" call center and a host of VA, DoD, and community-based partnerships (as determined by the Veteran) in response to positive screenings for social, mental health, hope, and risk factors.

Metric: Total number of contacts made by peer support specialists in response to referrals, and total number of warm hand-offs to clinical care. Patient satisfaction self-report on peer and clinical care. **Target:** Goal is for peer engagement with 70% of referrals between 90- to 180-days post-separation (to assist with transition readiness issues) within 1 year of execution of new strategy.

Lead Agency: VA **Start Date:** April 2018 **Full Implementation:** July 2018

2.4 – Whole Health Peer Groups: Provide twice monthly open access (i.e., no appointment necessary) Whole Health orientation groups at every VA facility. These orientations will be advertised directly to transitioning Service members and their families through TAP and post-separation phone calls to offer an opportunity to connect with VA and to be referred into VA mental health care if needed or interested.

Metric: Collect data on percentage of recently transitioned Service members who attend monthly orientation groups, satisfaction with groups, and the number of those attending who are referred into mental health care. **Target**: Month-over-month increase in number of transitioning Service members participation in Whole Health Groups within first 12 months of execution. Of all Veterans attending, there will be an 80% satisfaction rate within the first 12 months of execution.

Lead Agency: VA **Start Date**: April 2018 **Full Implementation**: July 2018

2.5 – Peer Support Outreach: Conduct peer support outbound calls to all Veterans at specified intervals (e.g., 30-, 60-, 90-days) during the first-year post-separation from service. Provide on-going peer support and non-medical counseling if needed through the "BeThere" peer support call center. Strong linkages will be made between peer support capability and VA's concierge for care capability (the capability responsible for executing early and consistent contact; 1.1 above) in an effort to ensure warm handoffs and intensive follow-through between the two capabilities.

Metric: Number of Veterans reached by a peer support specialist between 90 – 180-days post-separation. **Target**: 60% of Veterans will be reached by a peer support specialist at key determined intervals. Additional goal of month-over-month increases are expected with this metric until 80% of Veterans are reached within one year of executing this new strategy.

Lead Agency: VA/DoD **Start Date**: July 2018 **Full Implementation**: December 2018

2.6 – Peer Specialist Community Outreach Pilot: Develop community peer support networks in additional locations that have a high number of transitioning Veterans, utilizing best practices and lessons learned through the current Clay Hunt Pilot Program on Community Outreach resulting from Section 5 of the Clay Hunt Suicide Prevention for American Veterans (SAV) Act.

Metric: VA currently has Clay Hunt SAV Act Section 5 pilot sites in five Veterans Integrated Service Networks (VISN) and will expand the pilot to five additional VISNs.

Lead Agency: VA **Start Date:** June 2018 **Full Implementation:** May 2019

2.7 – Predictive Analytics: Develop and implement a proof of concept initiative that builds the necessary data streams and infrastructure to support advanced analytics in a single predictive model that serves Service members and Veterans. This model will ensure rigorous approaches throughout the process including: identification of new variables in models and strong data processes and methods that facilitate reuse of its data for other analytic models that serve the public good.

Metric/Target: VA/DoD/DHS will share all predictive analytics models by July 2018. Departments will document any gaps to improve predictive analytics models (e.g., data sources, data integrity) by September 2018. Departments will document a way forward for an integrated data environment

and interagency analytical platform that could adequately support development of a single predictive model by April 2019.

Lead Agency: VA/DoD **Start Date:** July 2018 **Full Implementation:** July 2019

Goal 3: Improve mental health and suicide prevention services for individuals that have been identified (indicated populations) in need of care.

3.1 – Easy Button: Provide immediate and continuous access to VA health care for all transitioning Service members during the first 12 months post-transition. The Easy Button will provide resources and a straight path into mental health care for those who are eligible (Figure 2).

Metric: The percentage of new Veterans using the Easy Button to enroll in mental health care or to contact VA (new initiative, baseline is zero). Length of time until first appointment, appointments kept, length of treatment (total number of appointments kept), standardized clinical measures on symptom reduction and stabilization. **Target:** ≥15% of Veterans utilize capability within the first year.

Lead Agency: VA **Start Date:** July 2018 **Full Implementation:** December 2018

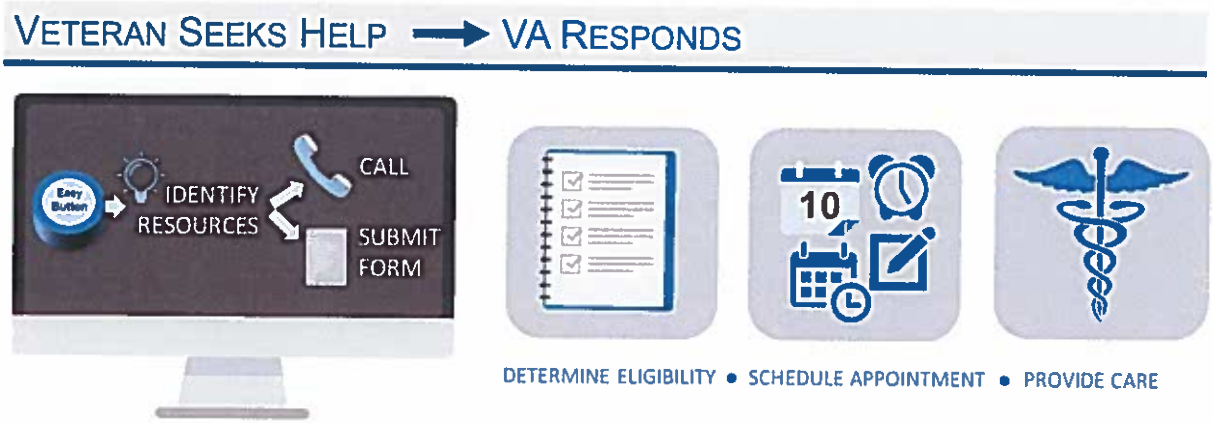

Figure 2: VA "Easy Button"

3.2 – Improved Monitoring: Increased monitoring of care through standardized tools and evidence-based treatment practices for Veterans engaged in VA mental health care during the first 12 months post military separation—with a focus on transition stressors. Utilize standard assessments throughout care addressing depression, sleep, chronic pain, and suicide risk.

Metric: Percentage of Veterans reporting improvement on individual measures (specific focus on transition stressors) and symptoms assessed over time throughout care. **Target:** 70% of Veterans in VA mental health care will have at least two assessments of their progress in care within the first year following separation from active duty.

Lead Agency: VA **Start Date:** April 2018 **Full Implementation:** August 2018

Metric: Follow-up phone calls at key intervals 30-60-90-365-days to ensure Veterans are receiving the services they need. **Target:** July 2018: 20% of Veterans in the first year following separation

from active duty will be contacted to ensure care needs are met. Goal is to increase this metric by 10% each month working towards 80% of Veterans referred are reached within one year of execution of new strategy.

Lead Agency: VA **Start Date**: April 2018 **Full Implementation**: August 2018

3.3 – Expand Military OneSource: Expand availability of a familiar resource for Service members and Veterans from 180- to 365-days post-separation; provide non-medical counseling services, such as specialty consultations in areas such as finance, employment and wellness and comprehensive information and referral support. Enhance case management system to identify clinical mental health care referral data, which can be analyzed for trends.

Metric: Percentage of Veterans accessing Military OneSource post-service. Percentage referred to medical services and to clinical mental health care upon enhancement of case management system. **Target:** Month-over-month increase in the number of those in the first year following separation from active duty who contact Military OneSource and who are 7-12 months post-separation.

Lead Agency: VA/DoD **Start Date**: July 2018 **Full Implementation**: August 2018

3.4 – Build and Expand Partnership Models: Develop and ensure local community models that demonstrate effectiveness in increasing access to and coordination of care between VA Health Care Systems, DoD, and community-based support resources. Through these models, transitioning Service members who need mental health care but who are barred from VA care, otherwise ineligible, or not interested in VA care can be referred to Vet Centers when appropriate or to other community providers with follow-up out-going calls (actions 1.1 and 2.4) occurring to ensure their needs are being met.

Metric: Percentage of applicable Department personnel that are trained on availability and referral process to community-based support resources. Follow-up phone calls at key intervals (30-,60-, 90-, 365-days) to ensure Veterans are receiving needed community-based services. **Target:** Baseline of trained personnel will be zero as this is a new initiative. Within 6 months of execution, ensure 50% of providers are trained. July 2018: 20% of transitioning Service members referred to community mental health care will be contacted to ensure care needs are met. Goal is to increase this metric by 10% each month working towards 80% of Veterans that are referred are reached within one year of execution of new strategy.

Lead Agency: VA/DoD/DHS **Start Date**: June 2018 **Full Implementation**: June 2019

Governance

In 2017, in recognition of Veteran suicide risk during transition from military service, VA and DoD signed a Memorandum of Agreement to improve coordination related to suicide prevention. The MOA created an executive level Strategic Decision Team (SDT) which is chaired by Senior Executive Service level VA and DoD leaders, reporting to the Joint Executive Committee (JEC). The SDT will oversee the implementation of the activities outlined in this Joint Action Plan. To appropriately align the work of the

SDT with the goals of EO 13822, the MOA will be expanded by June 9, 2018 to ensure DHS is a partner for addressing uniformed member transitions.

Resources

In accordance with the directive outlined in the EO, a status report on the implementation of these objectives will be submitted by July 9, 2018. As of November 7, 2017, DoD had an Active Duty end strength of 1.3M with a Reserve force of ~1.1M. The USCG had an Active Duty end strength of 42,000 with a Reserve force of 7,000. Based on those numbers and the history of Service members transitioning from uniformed service, it is estimated that up to 32,000 additional former Service members may seek VA mental health services as a result of this EO. The cost of this initiative is dependent on the actual number of Veterans who will seek care and the severity of their conditions, and an estimate will be provided in the July status report.

Appendix: Evolving Metrics Efforts

This Joint Action Plan serves as a continuation of ongoing VA, DoD, and DHS suicide prevention efforts. To enhance existing efforts, this Joint Action Plan contains actions and metrics that have never been collected or measured by the Departments. Because these actions and associated metrics are new, it will take time to determine efficacy of both. In order to determine efficacy, the Departments will need to:

- Identify reliable data sources
- Verify data stability
- Establish baseline data
- Adjust metrics based on efficacy
- Determine a data and results presentation format
- Set targets for future efforts

The Departments have identified initial data sources, as outlined in Table 1.

Action	Data Sources
1.1 – Early and Consistent Contact	Concierge 4 Care (C4C)
1.2 – Pre-transition VA Health Care Registration	Transition Assistance Program (TAP)
1.3 – Modification of TAP	TAP
1.4 – Messaging Campaign	Office of Public and Intergovernmental Affairs
1.5 – Increased VSO Engagement Pre-Transition	TAP (Participant Assessment)
2.1 – Warm Hand-off for Peer Support	DoD "BeThere"
2.2 – Screening and Identification	DoD Separation Health Assessment; Veterans Benefits Administration (VBA)
2.3 – Transition Readiness	DoD Health Affairs "Health Readiness Standards"
2.4 – Whole Health Peer Groups	Whole Health
2.5 – Peer Support Outreach	C4C; "BeThere"
2.6 – Clay Hunt Peer Specialist Pilot	Section 5 Clay Hunt SAV Act
2.7 – Predictive Analytics	VA/DoD/DHS
3.1 – Easy Button	Digital Service at VA; VBA
3.2 – Improved Monitoring	Strategic Analytics for Improvement and Learning (SAIL)
3.3 – Expand Military OneSource	Military OneSource
3.4 – Build and Expand Partnership Models	Community Care Metrics

Table 1: Data Sources