118th Congress

# PRIORITY ISSUE: PREPARING COMMUNITIES, SECURING ACCESS AND TREATMENT FOR SUBSTANCE USE AND MENATL HEALTH DISORDERS FOR RETURNING VETERANS AND THEIR FAMILIES

**Background**

The United States military is deployed in most countries around the world, with between 150,000 to 200,000 of its active-duty personnel stationed outside the United States and its territories. At the height of the War in Afghanistan, the U.S. had more than 100,000 U.S. troops in Afghanistan in a single year. Each year, thousands of troops reenter their communities, at the end of their service, and return to civilian life. Service members transitioning from active duty to civilian life can have challenges that affect many areas of their lives. For many, the loss of their military community puts them at high risk for difficulties with mental health and substance use, including post-traumatic stress disorder (PTSD), anxiety, depression, and substance use disorders (SUD). Research has found that 46% of veterans report alcohol or substance use during active duty and 42% reported use after transitioning to civilian life. Between 4.7% and 19.9% of veterans experience PTSD, while 44% to 72% experience high levels of stress when returning home from active duty. Further, between 82-93% of veterans who served in Afghanistan and Iraq with an SUD had at least one co-occurring disorder. Some reports have shown these numbers growing as the COVID-19 pandemic continues.

Treatment providers and communities need to be prepared to assess and intervene early when in the transition to civilian life. 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 use and/or co-occurring mental health treatment. 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 honorable 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 who have or are at-risk for substance use and co-occurring mental health disorders

constitute a special population that will need treatment that has been modified from traditional modalities of care. Traditional methods do not always work, especially with individuals who may have experienced other traumas, 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 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, TCA hopes to assist veterans 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 Recommendations

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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