



The Citizen Soldier Support Program

Underlying Assumptions Regarding the Problem:

- There are significant behavioral health issues facing Reserve Component Members and their Families, including depression, anxiety, post traumatic stress disorder (PTSD), traumatic brain injury (TBI), substance abuse, marital problems, unemployment, underemployment, homelessness, incarceration, and suicide.
- Civilian health providers often lack knowledge of military culture and the mental/behavioral health issues facing veterans and their families to appropriately identify and treat their needs.
- There is limited access to health providers, with few providers who are accessible to veterans and their families living in geographically isolated/ underserved/rural areas of the country and/or who accept TRICARE.
- RC Members and their families generally do not know how or where to locate civilian health providers interested in and/or trained to serve them.

Underlying Assumptions Regarding the Program Intervention:

The Philosophy/Rationale Behind the Model is:

- Training and educating health and behavioral health providers, especially in rural and underserved areas, will increase their sheer number, awareness, and knowledge of the behavioral health issues common to Reserve Component Members and their Families as well as assist in their treatment.
- Increasing the number of health and behavioral health providers trained to treat PTSD and other behavioral health problems will increase veterans' propensity to access providers.
- By collecting and analyzing Reserve Component (RC) deployment data, displaying the geographic dispersion and the distance to services, we can assess areas of need and gaps in coverage.
- By geographically identifying underserved areas, and increasing access to providers in these areas, more RC Members and their Families will receive the assistance they need.

The model is powerful because it is:

- Topic Relevant: Training courses address issues of significant relevance to returning combatants.
- Evidence-Based: Created by national experts in the field, Harold Kudler MD and Charlotte Wilmer PhD.; incorporating the most up to date information and best practices
- Results-Oriented: Has demonstrated positive outcomes to date, e.g., Nearly 17,000 health provider trainings, increase in TRICARE participation (50% increase in North Carolina)
- Multi-Perspective: Facilitated by a team of curriculum experts, military behavioral health professionals, and Service Members.
- Public Health Focused: Aimed at not only civilian behavioral and rehabilitative health providers, but also providers who may serve as the point of contact for RC Members (i.e., primary care providers, emergency responders, optometrists, dentists, etc.).
- Partner-Driven: CSSP partners include key stakeholders and advocates throughout the country.

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Goals of CSSP for reserve Component Members and their Families:

- Identify Gaps in Health Coverage (including TRICARE) and Underserved Areas Requiring Civilian Health Services
- Increase Civilian Health Providers' Knowledge of and Sensitivity to Deployment Related Issues
- Improve Civilian Health Providers' Identification and Treatment of Behavioral Health Issues
- Build Capacity of Civilian Health Providers and Services
- Expand Access to Knowledgeable Civilian Health Providers

Long Term Goals of CSSP:

- Build a National Network of Civilian Health Providers who are Knowledgeable of Issues Facing Service Members, Veterans and their Families
- Align Civilian Health Resources for Service Members, Veterans and their Families
- Expand the Target Population from the Reserve Component (RC) to Include All Service Members, Veterans and their Families
- Increase Public Awareness of Civilian Health Services Needed for RC Members, and Eventually All Service Members, Veterans and their Families
- Expand Access to Civilian Health Services for All Service Members, Veterans and their Families

Western Interstate Commission for Higher Education (WICHE) – Strategic Partnership: CSSP has always recognized that it was to be a National Demonstration Program for Citizen Soldier Support. That language has continued through subsequent authorizing language including the 2007 authorization which stated that “The committee also believes that there is a need for services for these members [National Guard and Reserve component personnel and their families], many of whom reside far away from military installations, and encourages expansion of the Citizen-Soldier Support Program both geographically and programmatically.” Over the past two years CSSP has built and maintained a strategic partnership in the West with the Western Interstate Commission for Higher Education (WICHE) <http://www.wiche.edu/> WICHE is a regional organization created by the Western Regional Education Compact. Under the terms of the compact, each of the 15 states commits to support WICHE's basic operations through annual dues established by the full Commission. WICHE has completed numerous face-to-face trainings in WICHE territory as well as represented the program at national events. CSSP and WICHE will further collaborate on expanding the program's comprehensive state wide model to other states within its footprint .

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