



Citizen Soldier Support Program (CSSSP)

A Department of Defense Funded Program Administered at the University of North Carolina - Chapel Hill

Program Overview

December 12th, 2011



Meeting Objectives

- Address the question of where returning service members and their families live...down to the community level
- Discuss the role CSSP plays in increasing financial and geographic access to trained, culturally competent, civilian health and behavioral health professionals.
- Discuss the way CSSP supports the Administration's Presidential Directive, "Strengthening Our Military Families: Meeting America's Commitment"
- Raise the awareness of CSSP Nationally
 - This is a modification of the briefing presented to the CJCS on 17 August, 2011

Citizen Soldier Support Program

The Citizen Soldier Support Program (CSSP) is a congressionally authorized, DoD funded program administered between the Department of Defense (USD (AT&L) / Office of Economic Adjustment) and the University of North Carolina – Chapel Hill.

CSSP has spent the last three years building on our strengths:

- Researching and Mapping where service members and their families live down to the community level (RC, AD, Recent Separations) ...“where we are”
- Developing free tools and courseware; training nearly 17,000 civilian health providers (in every state) to understand our unique military culture...“who we are”, and the diagnosis/treatment of behavioral health conditions like PTSD, TBI, Anxiety and Depression...“what issues we (SMs and Families) face”
- Developing a web-based searchable behavioral health provider database to connect SMs and Families to local providers...raising financial and geographic access

CSSP’s weakness is the lack of awareness that we are a DoD funded program available to be leveraged. We’re not reaching our potential as a program capable of working both inside and outside of government.



Defining the Problem...

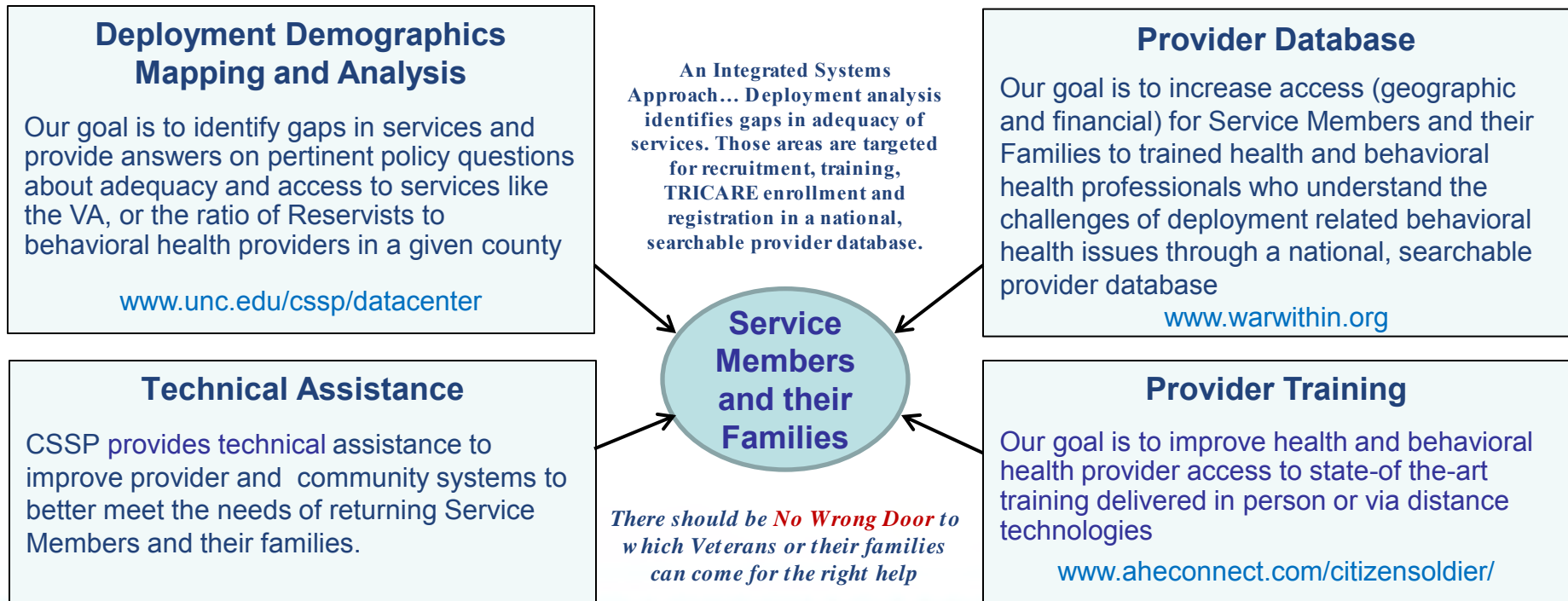
There are **significant behavioral health issues** facing Reserve Component Members and their families.

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 and behavioral health providers who accept TRICARE (i.e., military insurance program)**, in geographically isolated, underserved, and rural areas of the country.

Reserve Component Members and their families **generally do not know how or where to locate civilian health providers** interested in and/or trained to serve them.

- CSSP executes **retail level “distribution management”** to ensure three (3) trained civilian behavioral health providers are within thirty (30) minutes of every service member or family member that needs their services
- **Builds Community Awareness** around the issues of deployment related Behavioral Health. CSSP can help DoD and its community relations efforts in messaging to communities
- **Increases Community Involvement** by building a “no wrong door” public health model and case management approach to solving related issues (education, employment, substance abuse, domestic violence, child abuse and neglect, homelessness)
- **Promotes Community Services** everywhere but especially in areas where MTFs and the VA cannot effectively reach, serving as a conduit to - not a competitor of - the VA



Realizing CSSP's Potential (in a well defined problem)

Wellness: Building civilian capacity to proactively diagnose and treat the behavioral health issues facing veterans and their families (geographic and financial access)...especially in rural, frontier and underserved areas

Education: Helping student veterans connect in the classroom and educators/counselors understand what accommodations need to be made

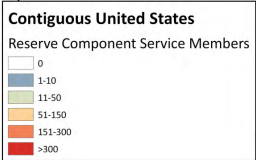
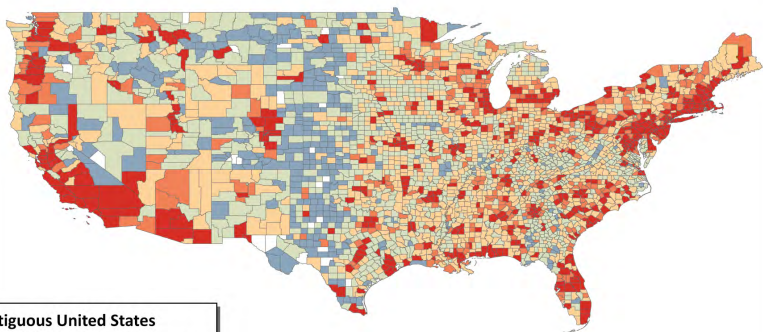
Employment: Working directly with employers on programs to retain returning veterans and new hires as well as understand where the talent pool is

- Regardless of Branch of Service, Component or relationship to the service member
- Directly or indirectly addressing the related issues of:
 - Child Abuse and Neglect
 - Domestic Violence
 - Homelessness
 - Wages and Unemployment
 - Retention, credentialing/licensing
 - Substance Abuse
 - Incarceration

Modeled in North Carolina (Not what we have done but what we can do)

- North Carolina is home to every Branch and Component
- Over 2,600 onsite behavioral health training participants in NC since 2008
 - Over 3,700 nationally
- Over 3,000 enrolled in free online training in NC since 2008
 - Nearly 13,000 nationally including all 50 states
- 1,227 Behavioral Health Providers from NC registered on our www.warwithin.org provider database
 - Representing 96/100 counties and 57% TRICARE participation
 - Nearly 2000 nationally
- Significantly increasing the number of TRICARE providers in the state (+300)
 - Working with key partners to influence major health care systems
- Significantly increasing the number of trained civilian providers around the major AD installations at Fort Bragg, Camp Lejeune, Cherry Point MCAS, Seymour Johnson AFB

602,572 RC members 795,378 Dependents

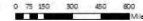
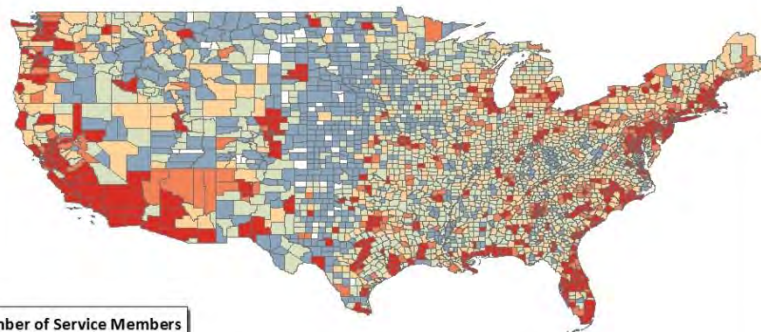


This map has been developed by the Citizen Soldier Support Program at the University of North Carolina at Chapel Hill and may not be distributed without written permission.



Source: Defense Manpower Data Center, as of 12/31/10

1,217,834 AD members 2,057,067 Dependents

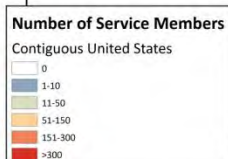
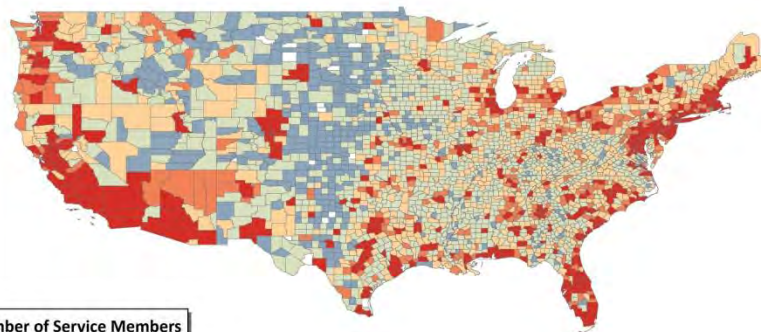


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Source: Defense Manpower Data Center, as of 3/31/11

847,461 AD members Separated



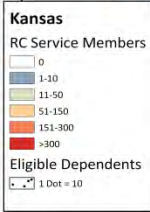
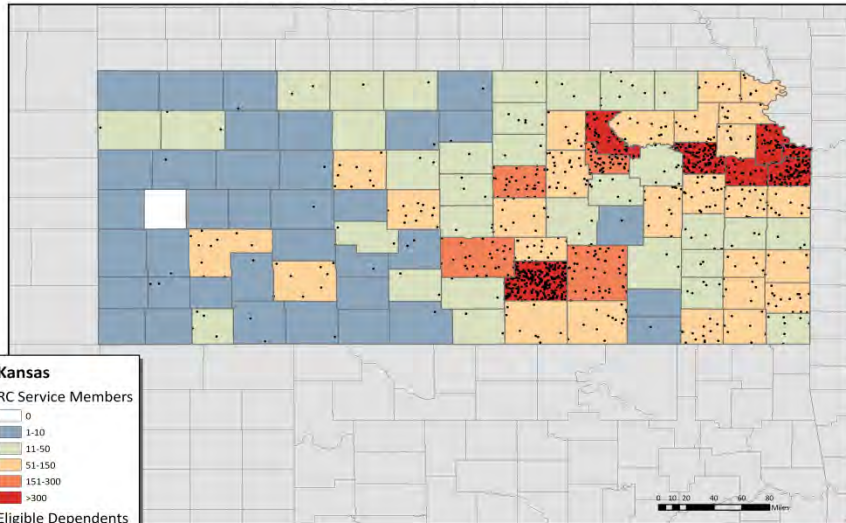
This map has been developed by the Citizen Soldier Support Program at the University of North Carolina at Chapel Hill and may not be distributed without written permission.



Source: Defense Manpower Data Center, as of 3/31/11

Understanding Where They Are

- Mapping as a means to inform the rest of our system
- Start with where everyone lives to determine where demands will be placed upon the system
- CSSP can handle any size dataset – backstopped by UNC



Source: Defense Manpower Data Center, as of 12/31/10

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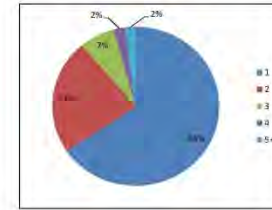


Kansas

Number of Reserve Component Service Members Deployed to OIF/OEF since 9/11/2001 by Branch of Service

Branch of Service	Number of Service Members
Army National Guard	4480
Army Reserve	2612
Air National Guard	1458
Air Force Reserve	429
Marine Reserve	243
Navy Reserve	127
Coast Guard Reserve	1
TOTAL	9350

Number of OIF/OEF Deployments per Reserve Component Service Member since 9/11/2001



Source: Defense Manpower Data Center, as of 12/31/10

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Kansas

Driving Distances³ from OIF/OEF-Deployed Reserve Component Service Members' Home of Record Zip Code to the Nearest VA Facility²

VA Medical Center	Driving Distances (in minutes)				
	< 30	30 to 60	60 to 120	120 to 180	> 180
Number of Service Members	4139	1790	1974	1019	538
% of Service Members	44.27	18.50	20.58	10.90	5.75

Community Based Outpatient Clinic	Driving Distances (in minutes)				
	< 30	30 to 60	60 to 120	120 to 180	> 180
Number of Service Members	4261	2758	2284	47	0
% of Service Members	45.57	29.50	24.43	0.50	0.00

Outpatient Clinic	Driving Distances (in minutes)				
	< 30	30 to 60	60 to 120	120 to 180	> 180
Number of Service Members	0	1223	1664	1339	5124
% of Service Members	0.00	13.08	17.80	14.32	54.80

Vet Center	Driving Distances (in minutes)				
	< 30	30 to 60	60 to 120	120 to 180	> 180
Number of Service Members	3986	1440	2712	706	506
% of Service Members	42.63	15.40	29.01	7.55	5.41

³Driving distances are based on a calculation that multiplies straight-line distances from zip code centroids by an average speed of 40 mph. This assumption comes from the following article: Luf, Harold & Pihlbi, C. (1995). Correlation of travel time on roads versus straight line distance. *Medical Care Research & Review*, 52(4), 530-542.

²Not all VA facilities offer the same range of health care and behavioral health services. Service Members are required to register at a VA Medical Center (VAMC) prior to receiving services at a Community Based Outpatient Clinic (CBOC) or Outpatient Clinic (OPC). It is not necessary to register at a VAMC to receive services at a Vet Center.

Source: Defense Manpower Data Center, as of 12/31/10
 Department of Veterans Affairs, as of 7/23/10

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Understanding Where They Are (use of relational tools)

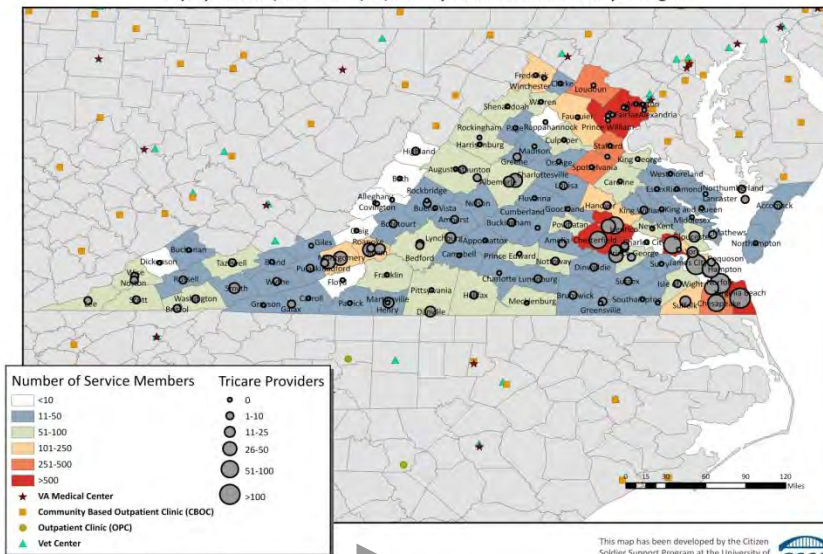
- Detailed analysis of each state...impact on communities
- Stratified by Component
- Includes eligible/ineligible dependent data (DEERS)
- Spatial analysis can be done to any other resource...access and adequacy



Understanding Where They Are (Impact on Communities)

- Capability exists to drill down into specific metro areas upon request...access and adequacy
- Stratified by Component
- Includes eligible/ineligible dependent data (DEERS)

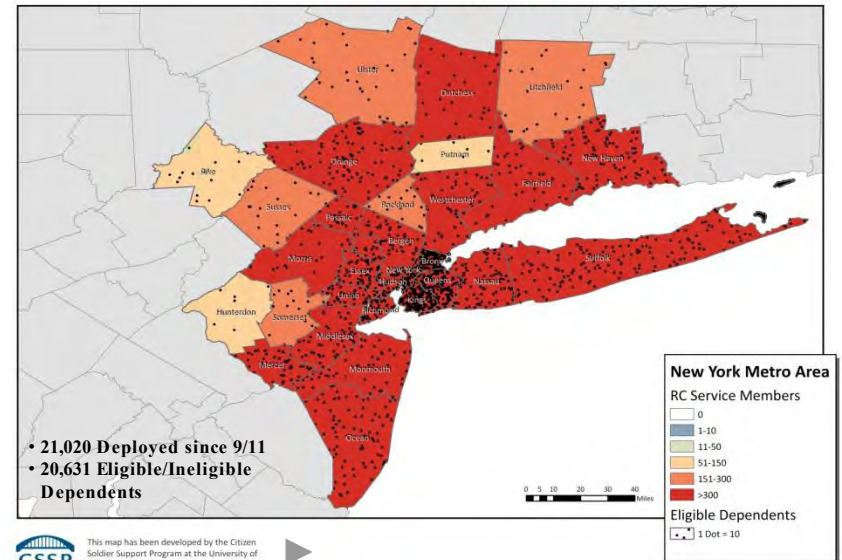
Prepared by the Citizen Soldier Support Program
Comparison of Tricare Providers with Number of Reserve Members Deployed to OIF/OEF since 9/11/2001 by Home of Record County in Virginia



Source: Defense Manpower Data Center, as of 12/31/09
Tricare

This map has been developed by the Citizen Soldier Support Program at the University of North Carolina at Chapel Hill and may not be distributed without written permission.

Prepared by the Citizen Soldier Support Program
Number of Reserve Component Service Members Deployed to OIF/OEF since 9/11/2001 and Eligible Dependents by Home of Record County



This map has been developed by the Citizen Soldier Support Program at the University of North Carolina at Chapel Hill and may not be distributed without written permission.

Source: Defense Manpower Data Center, as of 12/31/10

Understanding Where Others Are (use of relational tools)

- Depict relationship to other resources...in this case comparison of deployed RC members to TRICARE providers...access and adequacy
- Support to Organizations, Foundations and Program Initiatives (Community Blueprint)

CSSP On-Line Training

Train 100,000 new providers

<http://www.aheconnect.com/citizensoldier/>

The screenshot shows a Mozilla Firefox browser window displaying the CSSP website. The browser's address bar shows the URL <http://www.aheconnect.com/citizensoldier/>. The website header includes the CSSP logo and navigation links: About Us, Help, Courses, MyCE, and Logout. A course menu is visible at the top right, titled "Course Menu: Treating the Invisible Wounds ...".

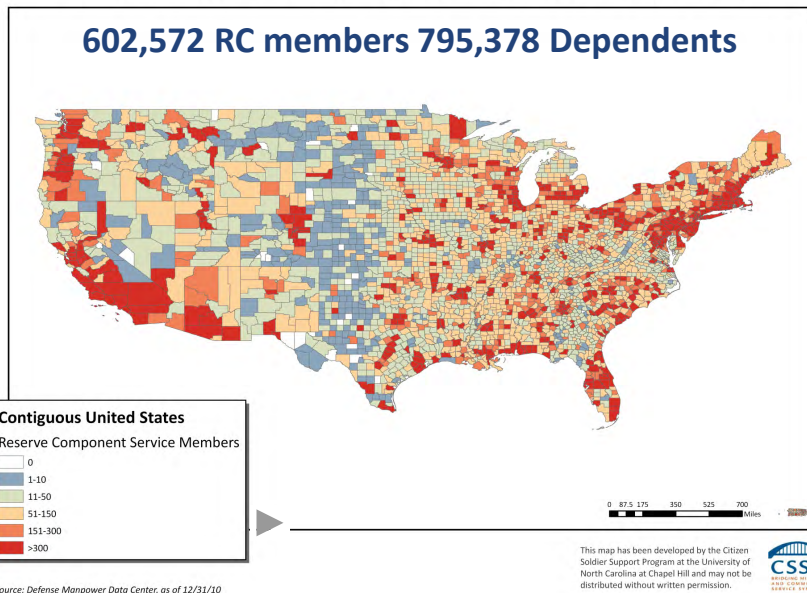
Available Courses

- Treating the Invisible Wounds of War**
A video thumbnail with a play button and the text "TREATING THE INVISIBLE WOUNDS OF WAR".
- Treating the Invisible Wounds of War Series: Issues of Women Returning from Combat**
A video thumbnail showing four soldiers in combat gear. Below the thumbnail is a video player with a progress bar at 0:00 / 1:47.
- Treating the Invisible Wounds of War: A Primary Care Approach**
A video thumbnail with the text "Treating the Invisible Wounds of War:".

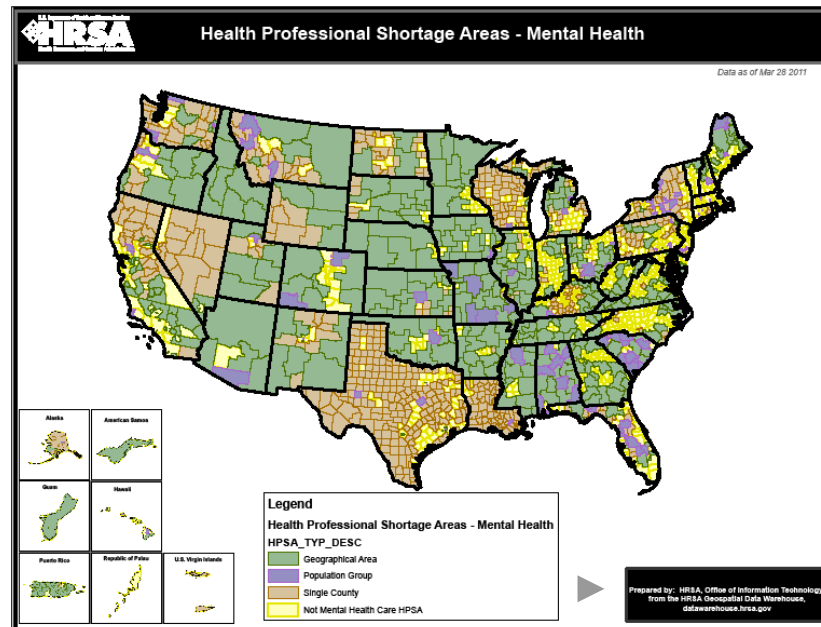
Text below the first video: "To build bridges between local community resources and military families, Congress established the National Demonstration Program for Citizen-Soldier Support. Spearheaded by the Odum Institute at the University of North Carolina at Chapel Hill, the Citizen-Soldier Support Program (CSSP) focuses on all branches of the military and other reserve component members and families. While it may be assumed that any post deployment mental health problems of service members and veterans would be identi... [more]"

Text below the second video: "Women military service members returning from deployment to the wars in Iraq and Afghanistan face gender-specific readjustment issues as they transition back to their local communities. This workshop will provide an overview of the health/mental health concerns of women veterans within the context of military culture, gender-specific roles, available support resources and effective treatments. **Objectives:** - Explain the history of women in combat and the scope of the problem - Desc... [more]"

The Windows taskbar at the bottom shows several open applications, including Firefox, Word, and various document files.



Source: Defense Manpower Data Center, as of 12/31/10

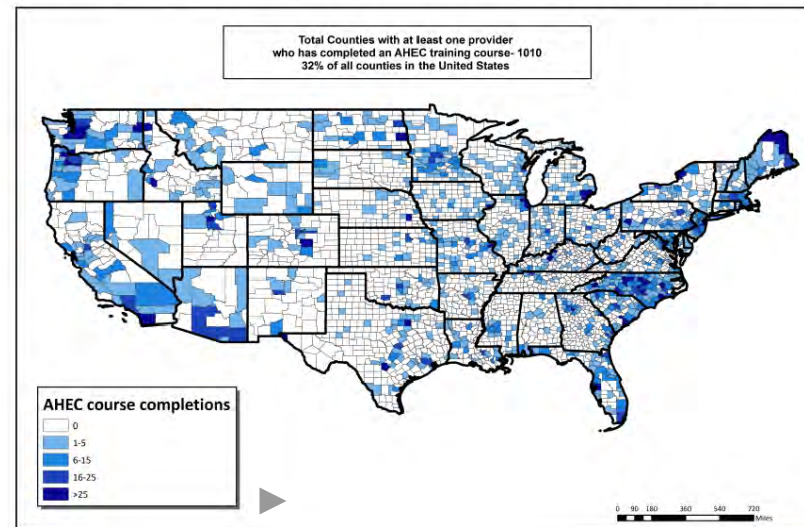


Prepared by the Citizen Soldier Support Program

Counties with at least one provider who has completed an AHEC online training course

Matching Capacity to the Need

- Start with where everyone lives to determine where demands will be placed upon the system
- Nearly 1/2 the country has no resident behavioral health capability (Mental Health – Health Profession Shortage Area)
- CSSP has online trained providers in 1/3 of the country (does not include onsite training in a dozen states)



Source: AHEC connect as of 12/8/11

This map has been developed by the Citizen Soldier Support Program at the University of North Carolina at Chapel Hill.

CSSP Provider Database

Add 30,000 new providers

<http://www.warwithin.org>

WARWITHIN.ORG Home Search Contact Disclaimer For Health Providers **FIND A PROVIDER in Your Area**

Connecting Servicemembers, Veterans, and their Families with Health Care Providers

The CSSP Primary Health Care and Behavioral Health Provider Directory is a network of primary and behavioral health care providers who are trained in, or who have expressed an interest in serving the specific needs of military members and their families. To locate a primary health care provider or behavioral health provider near you click here or navigate to your location using the map below.

Veterans Crisis Line
1-800-273-8255 PRESS 1

Crisis Hotline: If you or someone you know is in suicidal crisis or emotional distress, call 1-800-273-TALK(8255) and press 1 to be routed to the Veterans Suicide Prevention Hotline.

Select your State...

Additional Resources

MedlinePlus
Learn about deployment and combat-related conditions at MedlinePlus

Dedicated to
Charles Keith Springle

Commander Charles Keith Springle of Camp Lejeune, North Carolina, formerly of Daoufon, was killed May 11, 2009, while deployed to the Army 50th Medical Company Combat Stress Center at Camp Liberty in Baghdad, Iraq. The primary focus of his work involved counseling servicemen and women suffering effects of stress from battle, multiple deployments, and family issues. He volunteered for deployment to Iraq because he felt the greatest need for his services was there at the heart of the battle. He played an important role in CSSP as one of the best instructors for the program's PTSD training course for behavioral health professionals.

WHO WE ARE

Serving our nation is a hallmark of men and women in uniform. But deployments can be stressful times for service members and their families. Servicemembers often return from combat bearing the invisible wounds of war: post-traumatic stress disorder, depression, anger, substance abuse, traumatic brain injury, and related conditions. For those who have not engaged in combat, the prospect of deployment can itself create an emotional impact that can also affect the emotional well-being of servicemembers and their families.

The **Citizen Soldier Support Program (CSSP)** is working to connect servicemembers and their families to primary health care and behavioral health providers trained to address issues that affect military members and the people who support our Nation's troops before, during, and after deployment.

CSSP BRIDGING MILITARY AND COMMUNITY SERVICE SYSTEMS | **UNC** THE CECEL G. BRISPS CENTER FOR HEALTH SERVICES RESEARCH | **Privacy Statement** Version 2.2.1

WARWITHIN.ORG Home Search Contact Disclaimer For Health Providers **SEARCH AGAIN**

Results for Zip Code 27713 (showing 10 of 50 practices, ordered by closest distance) [Reset Map]

Click on a practice to see the details:

Artea Cobb, MS, LCAS 1.5 miles
Office: Durham, NC 27707
Phone: (919) 824-8756
Payers: Medicaid, Sliding Scale

Artea R. Cobb
License: Licensed Clinical Addiction Specialist
Training: Received specialized training in military behavioral health issues
Focus: PTSD, Depression, Anger, Addiction, Anxiety, Marriage/Family

RHEMA Counseling & Support Services, PC 1.8 miles
Office: Durham, NC 27713-6622
Phone: (919) 544-1300
Payers: Medicaid, Sliding Scale

Janice L. Bryant
License: Licensed Professional Counselor
Focus: PTSD, Depression, Anger, Addiction, Anxiety, Crisis Intervention, Marriage/Family

Sevenhill Associates, PA 1.9 miles
Office: Durham, NC 27713
Phone: (919) 544-4300
Payers: Tricare Standard, Medicaid, Private Insurance

Dr. Victoria Marie Soltis-Jarrett
License: Nurse Practitioner
Certified Psychiatric Nurse Specialist
Focus: PTSD, Depression, Anxiety

A Rational Counseling Center 2 miles
Office: Durham, NC 27713
Phone: (919) 405-2800
Payers: Tricare Standard, Medicare, Medicaid, NC Health Choice, Private Insurance, Uninsured

Dr. Patricia Ramsey
License: Licensed Clinical Social Worker

Click on a marker to see the details:

Artea Cobb, MS, LCAS
249 E. NC Hwy. 54, Ste. 320
Durham, NC 27707
Phone: (919) 824-8756
Directions: Click Here

• **Artea R. Cobb**
Specialty: PTSD, Depression, Addiction
Extended Hours: Extended Day Hours

Map data ©2011 Google - Terms of Use

CSSP BRIDGING MILITARY AND COMMUNITY SERVICE SYSTEMS | **UNC** THE CECEL G. BRISPS CENTER FOR HEALTH SERVICES RESEARCH | **Privacy Statement** Version 2.2.1

Interactive Flash page which allows users to search for providers by selecting their state from the map

Users answer brief questions and are provided search results for their area and symptoms



Way Ahead

- CSSP received memos of support from CJCS in September 2011 and members of the NC Congressional delegation in October/November 2011
- CSSP is seeking a better home in DoD to continue our significant work
- Raise the awareness of CSSP within DoD and the uniformed services
 - Showcase CSSP in DoD Publications, Websites, News Letters and Conferences
 - Promote CSSP training products within DoD and to prof medical associations
 - Improve the effectiveness of CSSP mapping products through greater cooperation with DMDC, VA, NGB, each service strength manager

So We Can:

- Continue to support “Strengthening Our Military Families” and “Joining Forces”
- Refine mapping where service members and their families live - down to the community level working toward dynamic mapping with near real time data
- Meet our goal of three (3) trained behavioral health providers within thirty (30) minutes of every service member or family member that needs their services
- Work toward real solutions by increasing our reach and credibility to stakeholders and partners inside and outside of government
- Breakdown stovepipes through our partnerships and coordination within local, state, regional, federal, national, for-profit and non-profit groups or programs
- Further anticipate and articulate the needs within communities



Way Ahead... with additional support CSSP can

- Train 115,300 new civilian providers nationally, add 30,000 new providers to our behavioral health provider database and expand our mapping and deployment analysis
 - Start with where everyone lives
 - A lot of groups are hanging content, building websites and trying to engage communities. Few if any of this content leads to practice improvement; how this training changed the provider practice and achieved better results.
 - CSSP does the dirty, grinding, “retail level” work increasing capacity by ensuring their products are distributed nationally. Modeled in NC, CSSP is scalable to a national level.
 - CSSP uses an integrated systems approach. Deployment analysis identifies gaps in adequacy of services. Those areas are targeted for recruitment, training, TRICARE enrollment and registration in a national, searchable provider database...distribution of providers
 - CSSP is small and nimble but backed by tremendous resources at UNC, the VA, DMDC, and an ever growing network of key partners
 - Part of the problem CSSP has getting traction is that too many organizations and individuals don't know we exist and that we are part of DoD

Backup Slides

CSSP: An Integrated Systems Approach

Executed within Community Based Solutions

- CSSP executes retail level “distribution management” to ensure three (3) trained civilian behavioral health providers are within thirty (30) minutes of every service member or family member that needs their services
- Builds Community Awareness around the issues of deployment related Behavioral Health. CSSP can help DoD and its community relations efforts in messaging to communities
- Increases Community Involvement by building a “no wrong door” public health model and case management approach to solving related issues (education, employment, substance abuse, domestic violence, child abuse and neglect, homelessness)
- Promotes Community Services everywhere but especially in areas where MTFs and the VA cannot effectively reach, serving as a conduit to - not a competitor of - the VA

CSSP Supports the Administrations “Strengthening Our Military Families: Meeting America’s Commitment” Jan 11

Priority #1: Enhance the overall well-being and psychological health of the military family.

- Need 1.1. Increase behavioral health care services through prevention-based alternatives and integration of community-based services.
- 1.1.1. DOD and the Department of Veteran Affairs (VA) will implement a multi-year integrated Mental Health Strategy to promote early recognition of mental health conditions.
- 1.1.3. DOD is working to improve the Military Health System and to enhance the availability of mental health providers to increase the quality of care available to service members and their families.
- 1.1.4. HHS, through its Health Resources and Services Administration (HRSA), is using innovative approaches to improve the capacity of hospitals in rural areas to deliver mental health and other health services.
- 1.1.5. DOD will further implement counseling options that are free, convenient, and confidential to encourage self-initiated treatment and improve military families’ quality of life.

CSSP Supports the Veterans Administration

VA Office of Rural Health (ORH) set to release the findings of a survey done of civilian providers (1/3 from rural communities)

Some 57% of civilian providers reported that they do not ask if the patient is a veteran (likely much higher in practice than reported)

Majority reported that they do not refer to the VA because they hear that it does not help. (This stereotype must be broken by engaging them directly)

CSSP repeated listed as a best practice

CSSP can help with the engagement and messaging; working in cooperation
NOT Competition with the VA



CSSP Supports the National Resource Directory (NRD) and National Guard Bureau with our Provider Database

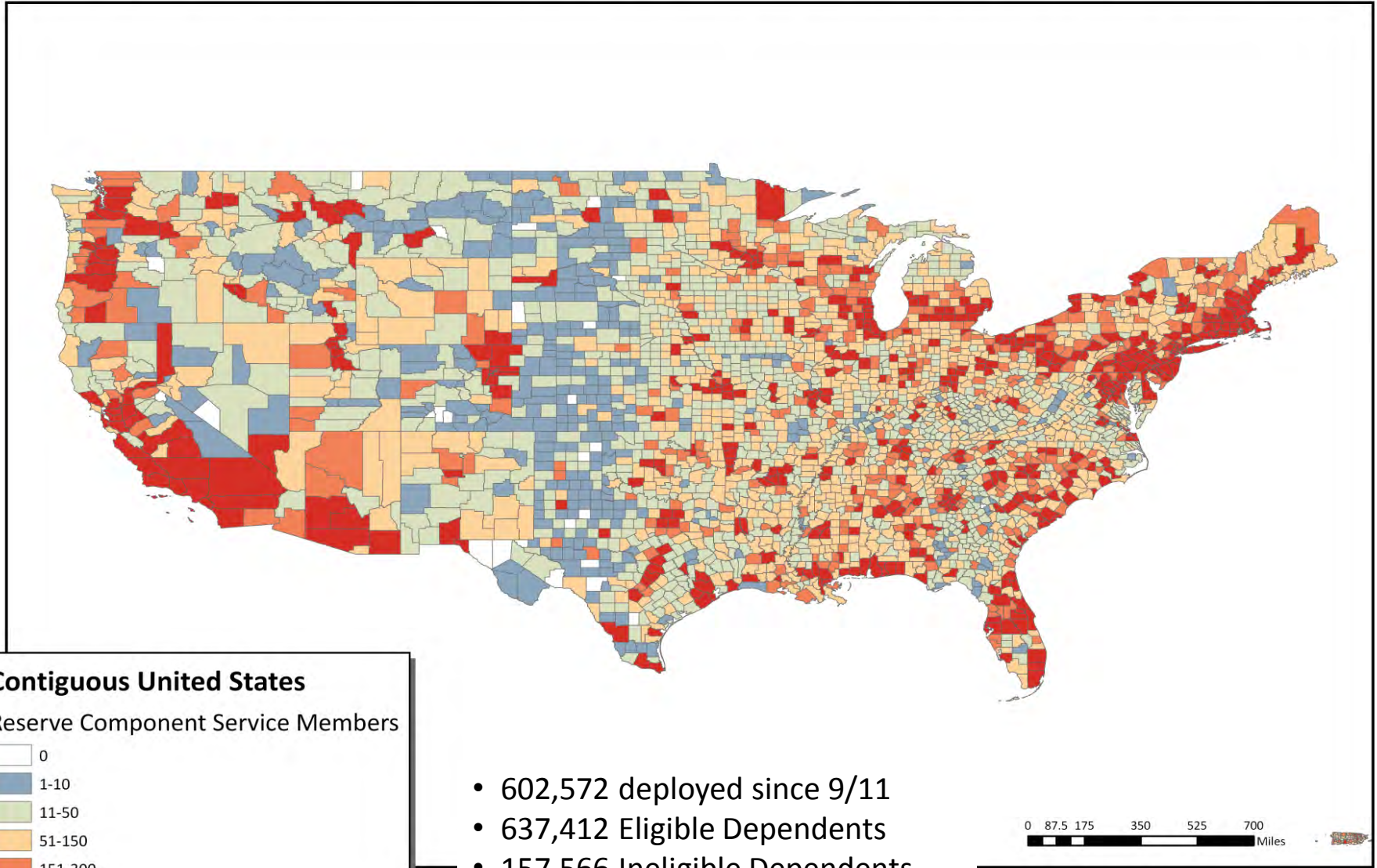
National Resource Directory (NRD)

- Committed to recommending to their advisory committee a partnership with www.warwithin.org to serve as the basis for finding local behavioral health services
 - On the NRD Website, we envision having under the Health section – a prominent link that would say, “Find Health Providers In Your State” – this would then link to the map on the WarWithin.org site – we would develop a page that would house this map that connects to the WarWithin.org health providers...Karen Vaughn
- Requesting reciprocal links back to the NRD from the www.warwithin.org site

National Guard Bureau (NGB)

- Committed to leveraging www.warwithin.org in support of their Vets4warriors Peer Counselors and Military Family Life Consultants as a referral tool to find local behavioral health services

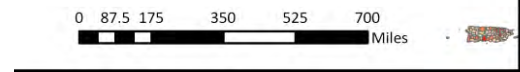
Number of RC Service Members Deployed to OIF/OEF since 9/11/2001 by Home of Record County



Contiguous United States
Reserve Component Service Members

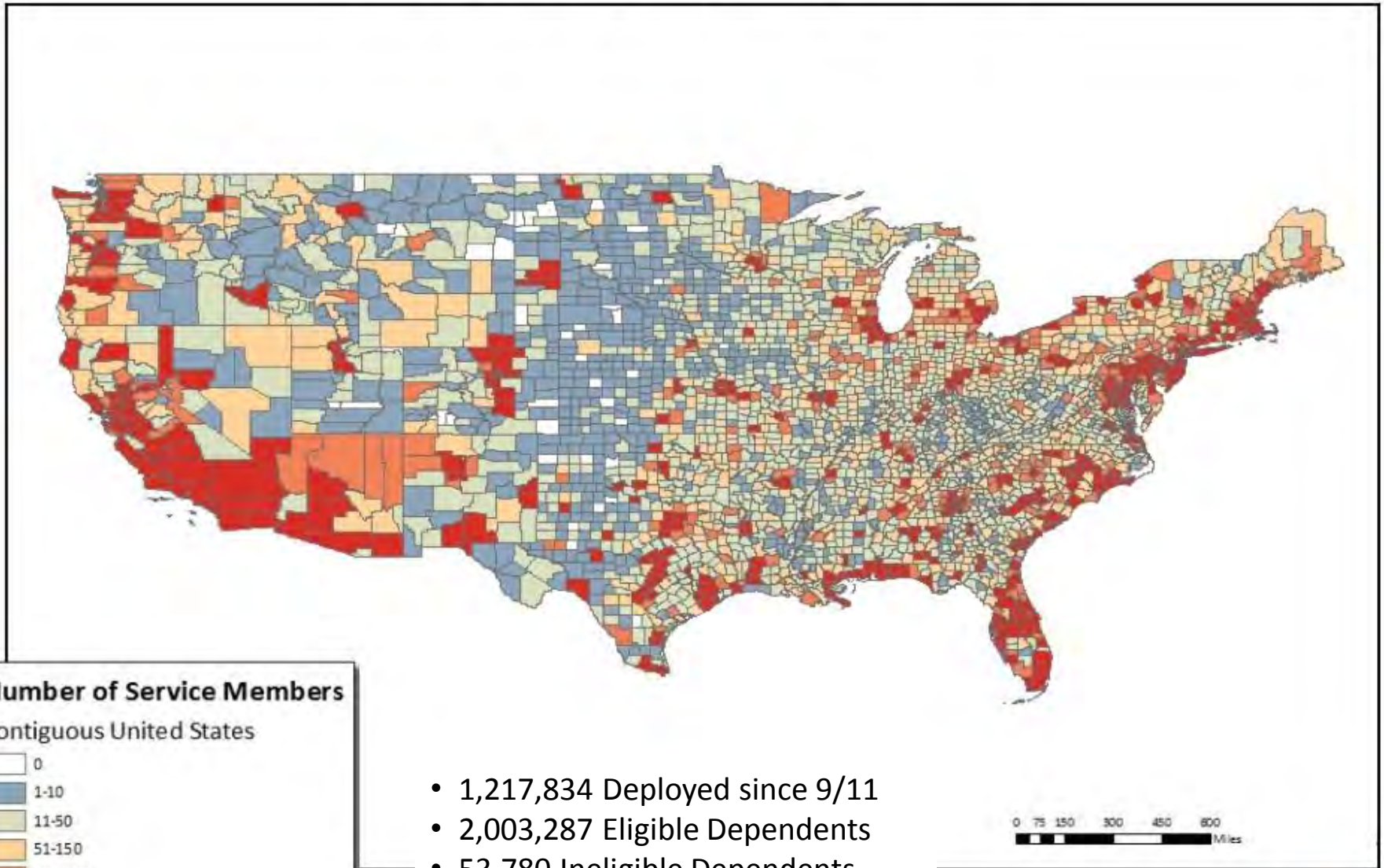
White	0
Blue	1-10
Light Green	11-50
Orange	51-150
Red-Orange	151-300
Dark Red	>300

- 602,572 deployed since 9/11
- 637,412 Eligible Dependents
- 157,566 Ineligible Dependents
- ▶ • 32 counties w/o a deployed RC member



Source: Defense Manpower Data Center, as of 12/31/10

Number of Active Duty Service Members by Home County



Number of Service Members

Contiguous United States



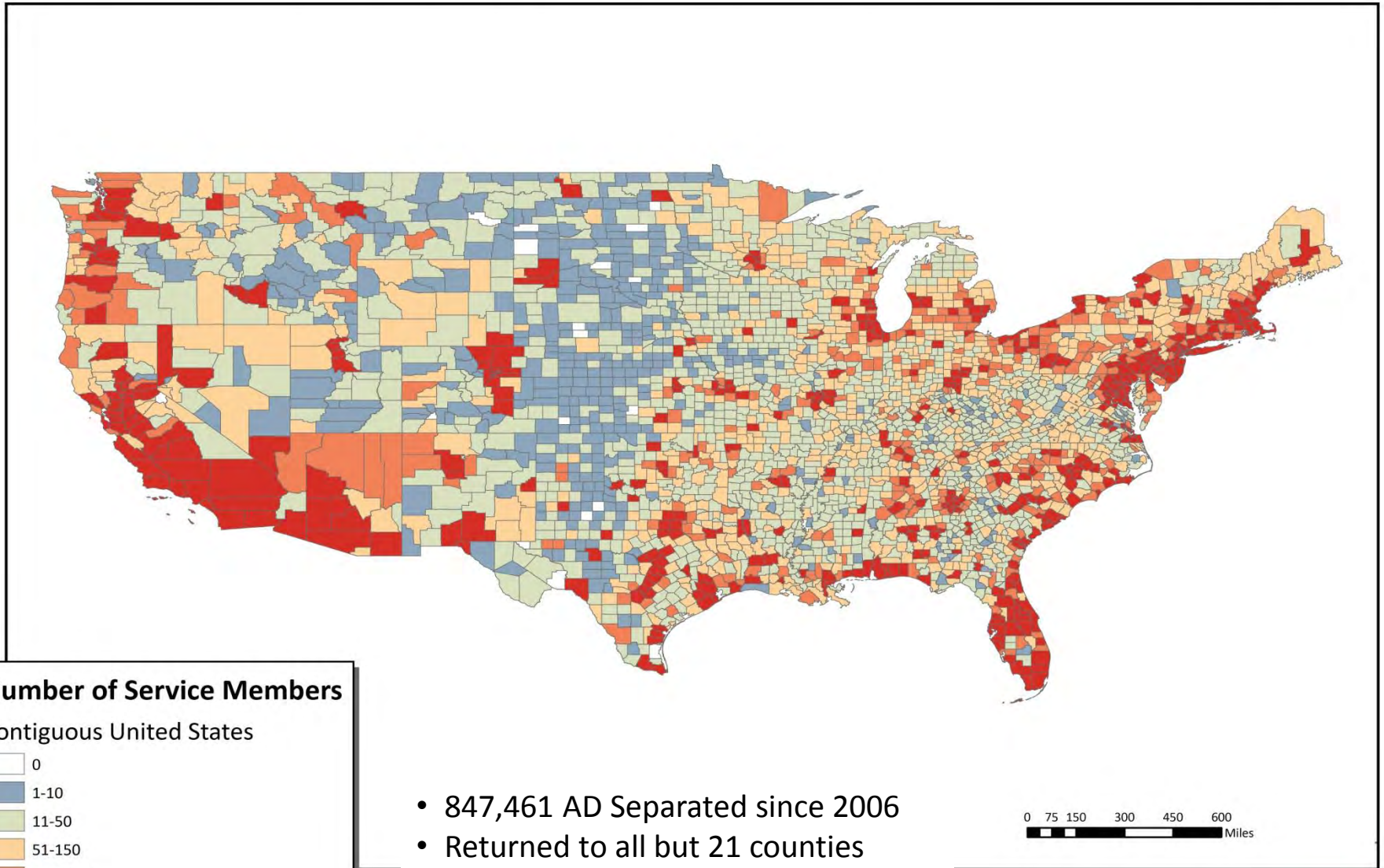
- 1,217,834 Deployed since 9/11
- 2,003,287 Eligible Dependents
- 53,780 Ineligible Dependents
- 47 counties w/o a deployed AD member

Source: Defense Manpower Data Center, as of 3/31/11

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Number of Active Duty Service Members who have separated between 1/1/2006 and 3/31/2011 by Home County



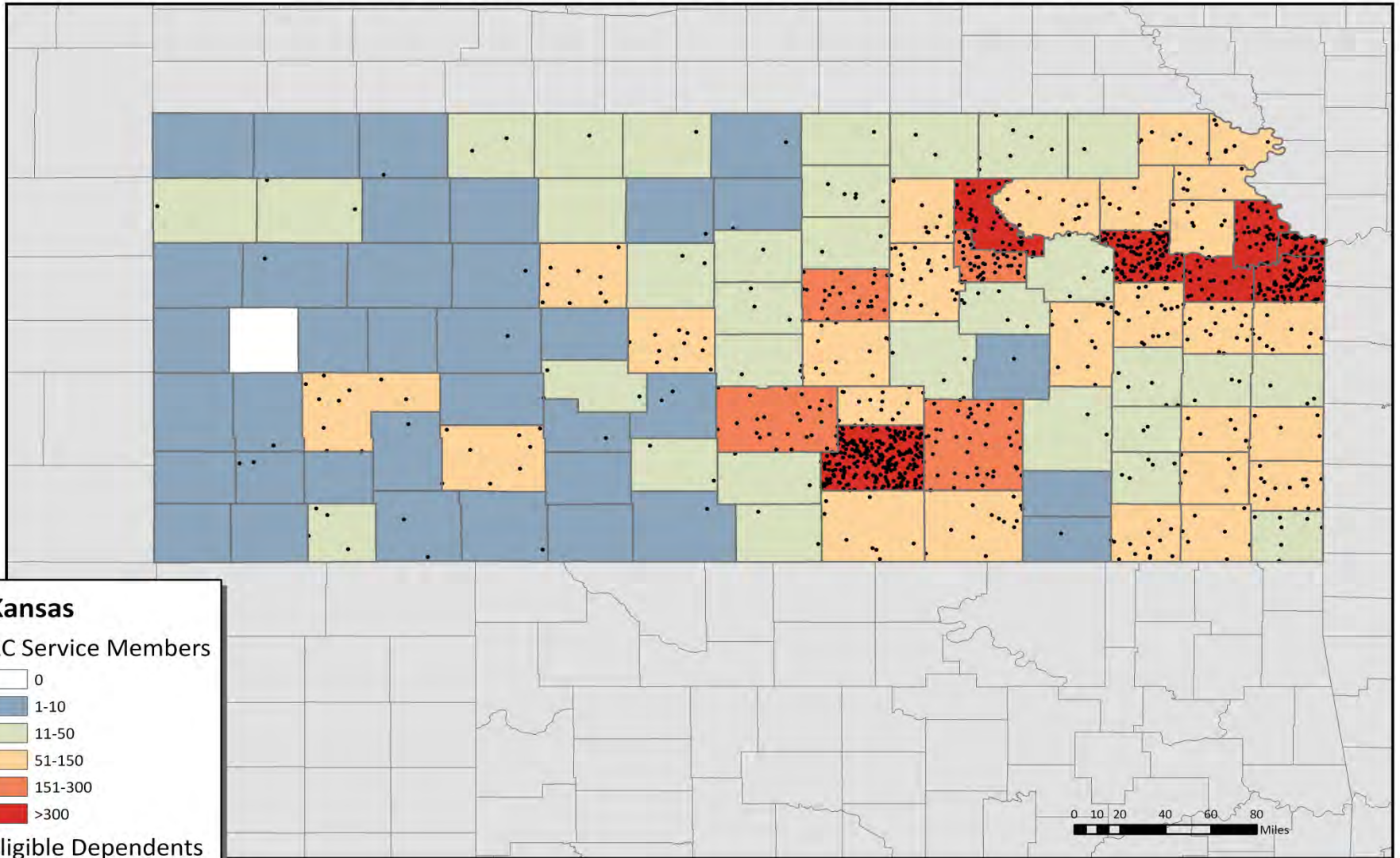
Source: Defense Manpower Data Center, as of 3/31/11

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Prepared by the Citizen Soldier Support Program

Number of RC Service Members Deployed to OIF/OEF since 9/11/2001 and Number of Eligible Dependents by Home of Record County



Kansas

RC Service Members

- 0
- 1-10
- 11-50
- 51-150
- 151-300
- >300

Eligible Dependents

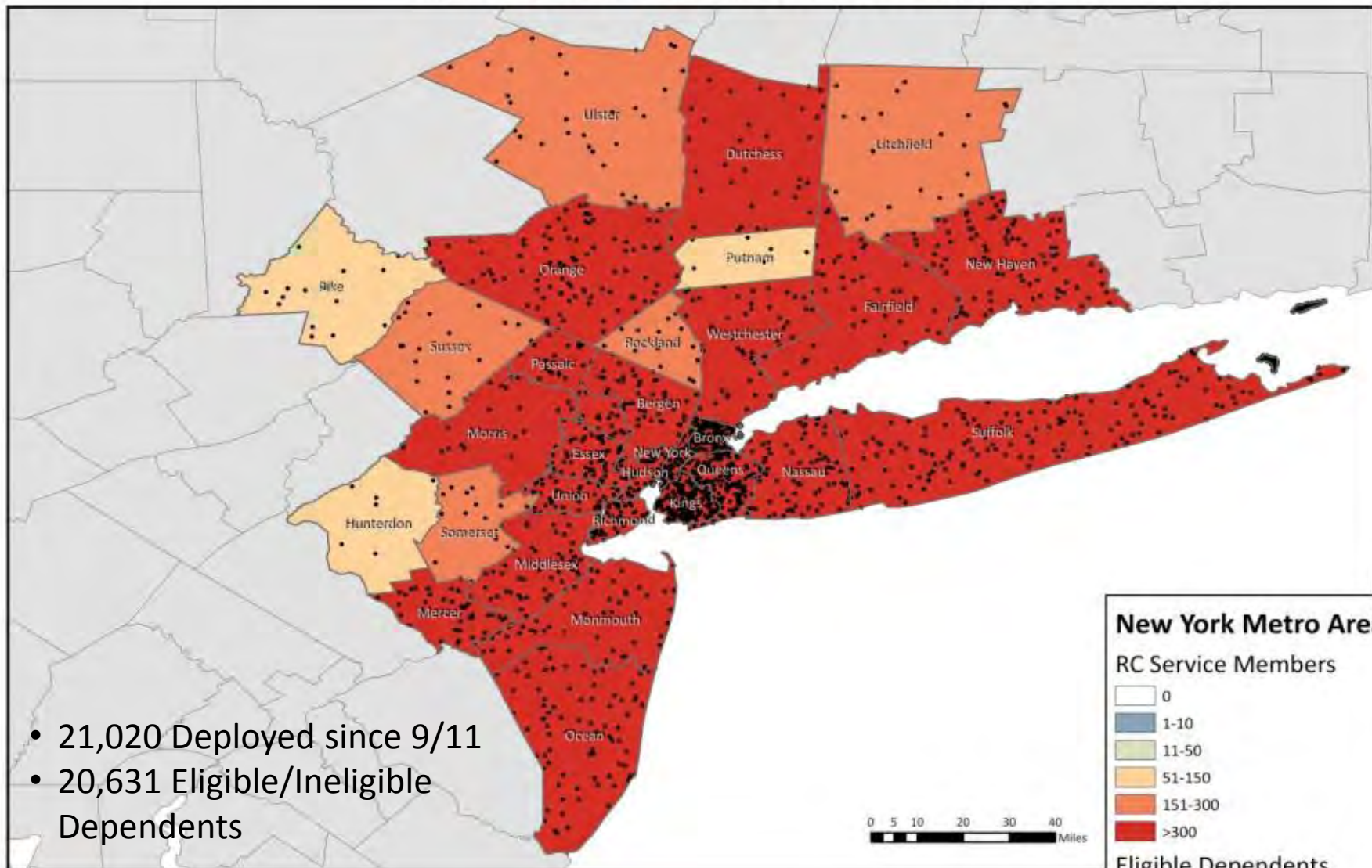
- 1 Dot = 10

Source: Defense Manpower Data Center, as of 12/31/10

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**Number of Reserve Component Service Members Deployed to OIF/OEF since 9/11/2001 and
 Eligible Dependents by Home of Record County**



- 21,020 Deployed since 9/11
- 20,631 Eligible/Ineligible Dependents

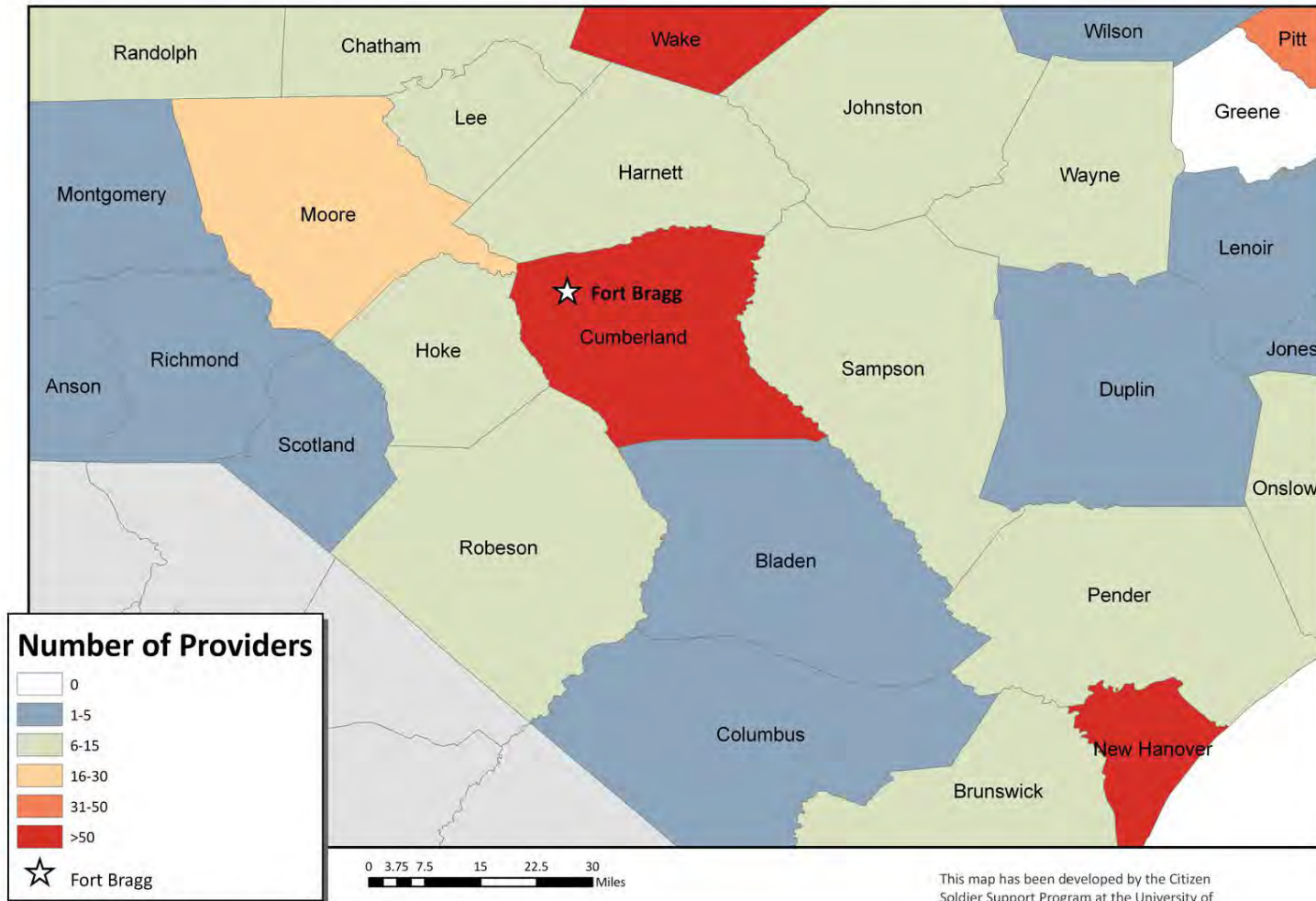


This map has been developed by the Citizen Soldier Support Program at the University of North Carolina at Chapel Hill and may not be distributed without written permission.

Provider Analysis Around a Specific Military Installation

Prepared by the Citizen Soldier Support Program

Number of Health Care Providers Registered in WarWithin.org by County



Source: WarWithin.org as of 11/8/2010

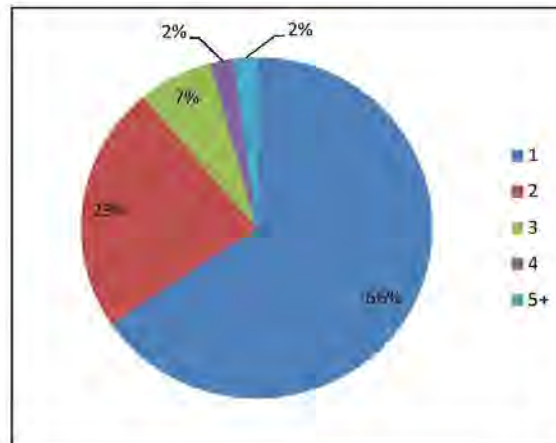
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Kansas

Number of Reserve Component Service Members Deployed to OIF/OEF since 9/11/2001 by Branch of Service

Branch of Service	Number of Service Members
Army National Guard	4480
Army Reserve	2612
Air National Guard	1458
Air Force Reserve	429
Marine Reserve	243
Navy Reserve	127
Coast Guard Reserve	1
TOTAL	9350

Number of OIF/OEF Deployments per Reserve Component Service Member since 9/11/2001



Kansas

Driving Distances¹ from OIF/OEF-Deployed Reserve Component Service Members' Home of Record Zip Code to the Nearest VA Facility²

VA Medical Center	Driving Distances (in minutes)				
	< 30	30 to 60	60 to 120	120 to 180	> 180
Number of Service Members	4139	1730	1924	1019	538
% of Service Members	44.27	18.50	20.58	10.90	5.75

Community Based Outpatient Clinic	Driving Distances (in minutes)				
	< 30	30 to 60	60 to 120	120 to 180	> 180
Number of Service Members	4261	2758	2284	47	0
% of Service Members	45.57	29.50	24.43	0.50	0.00

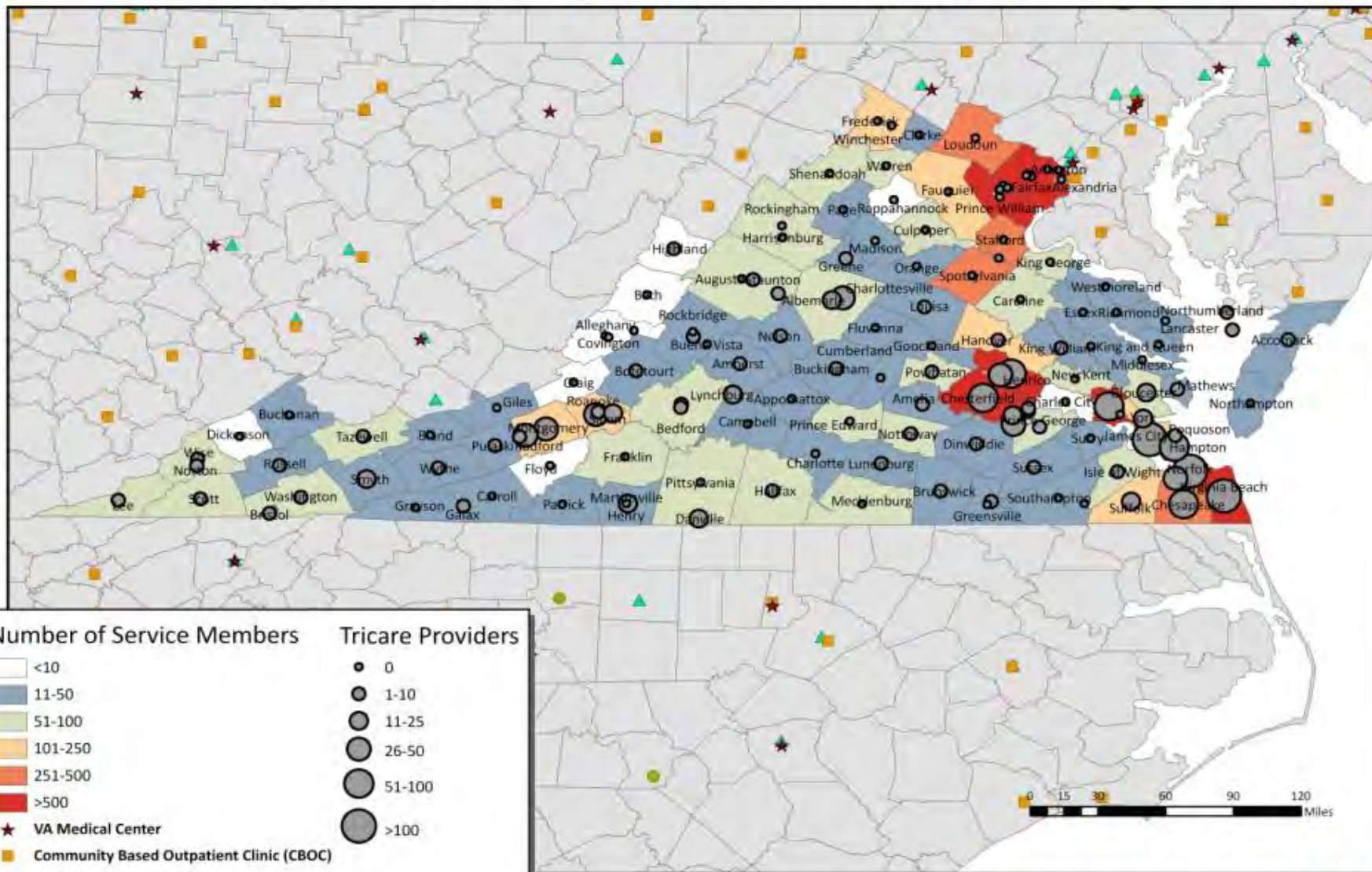
Outpatient Clinic	Driving Distances (in minutes)				
	< 30	30 to 60	60 to 120	120 to 180	> 180
Number of Service Members	0	1223	1664	1339	5124
% of Service Members	0.00	13.08	17.80	14.32	54.80

Vet Center	Driving Distances (in minutes)				
	< 30	30 to 60	60 to 120	120 to 180	> 180
Number of Service Members	3986	1440	2712	706	506
% of Service Members	42.63	15.40	29.01	7.55	5.41

¹Driving distances are based on a calculation that multiplies straight-line distances from zip code centroids by an average speed of 40 mph. This assumption comes from the following article: Luft, Harold & Phibbs, C. (1995). Correlation of travel time on roads versus straight line distance. *Medical Care Research & Review*. 52:4, 532-542.

²Not all VA facilities offer the same range of health care and behavioral health services. Service Members are required to register at a VA Medical Center (VAMC) prior to receiving services at a Community Based Outpatient Clinic (CBOC) or Outpatient Clinic (OPC). It is not necessary to register at a VAMC to receive services at a Vet Center.

Prepared by the Citizen Soldier Support Program
**Comparison of Tricare Providers with Number of Reserve Members
 Deployed to OIF/OEF since 9/11/2001 by Home of Record County in Virginia**

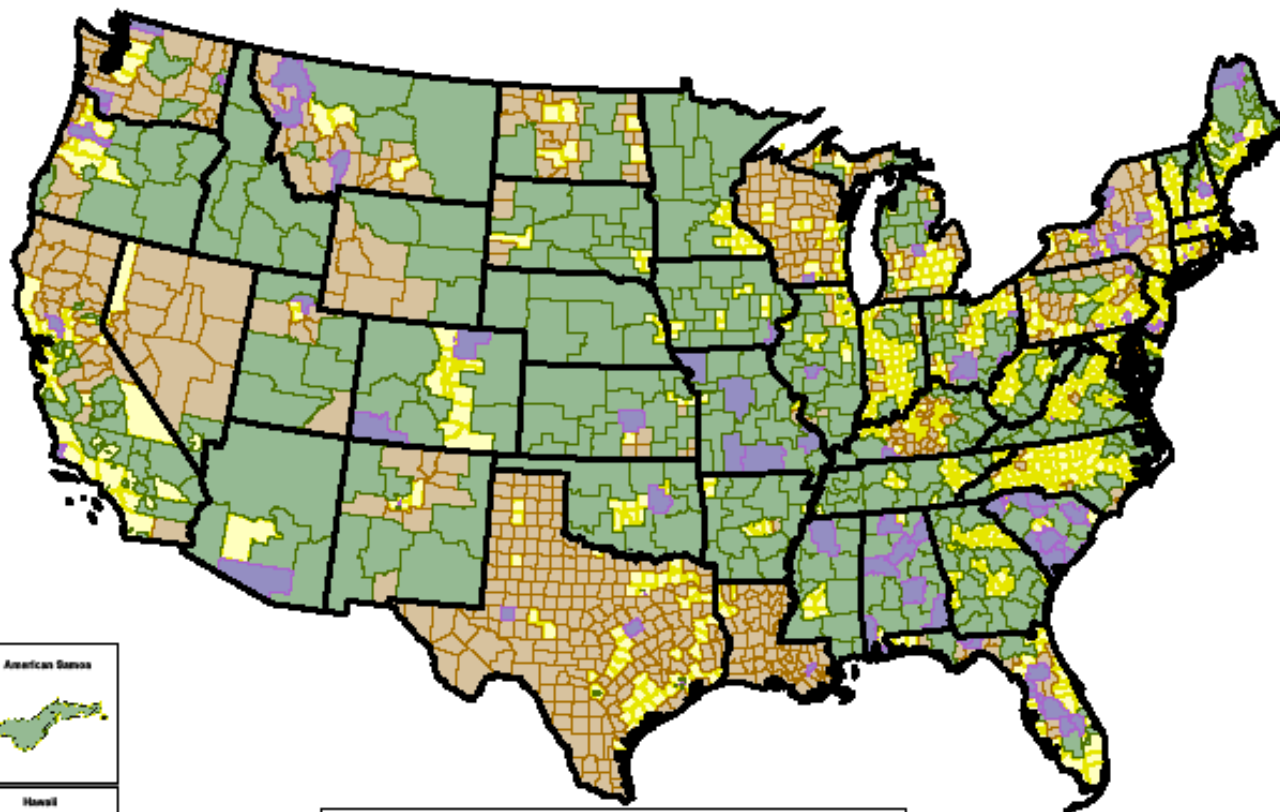


Number of Service Members	Tricare Providers
<10	0
11-50	1-10
51-100	11-25
101-250	26-50
251-500	51-100
>500	>100
VA Medical Center	
Community Based Outpatient Clinic (CBOC)	
Outpatient Clinic (OPC)	
Vet Center	

Source: Defense Manpower Data Center, as of 12/31/09
 Tricare

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Legend

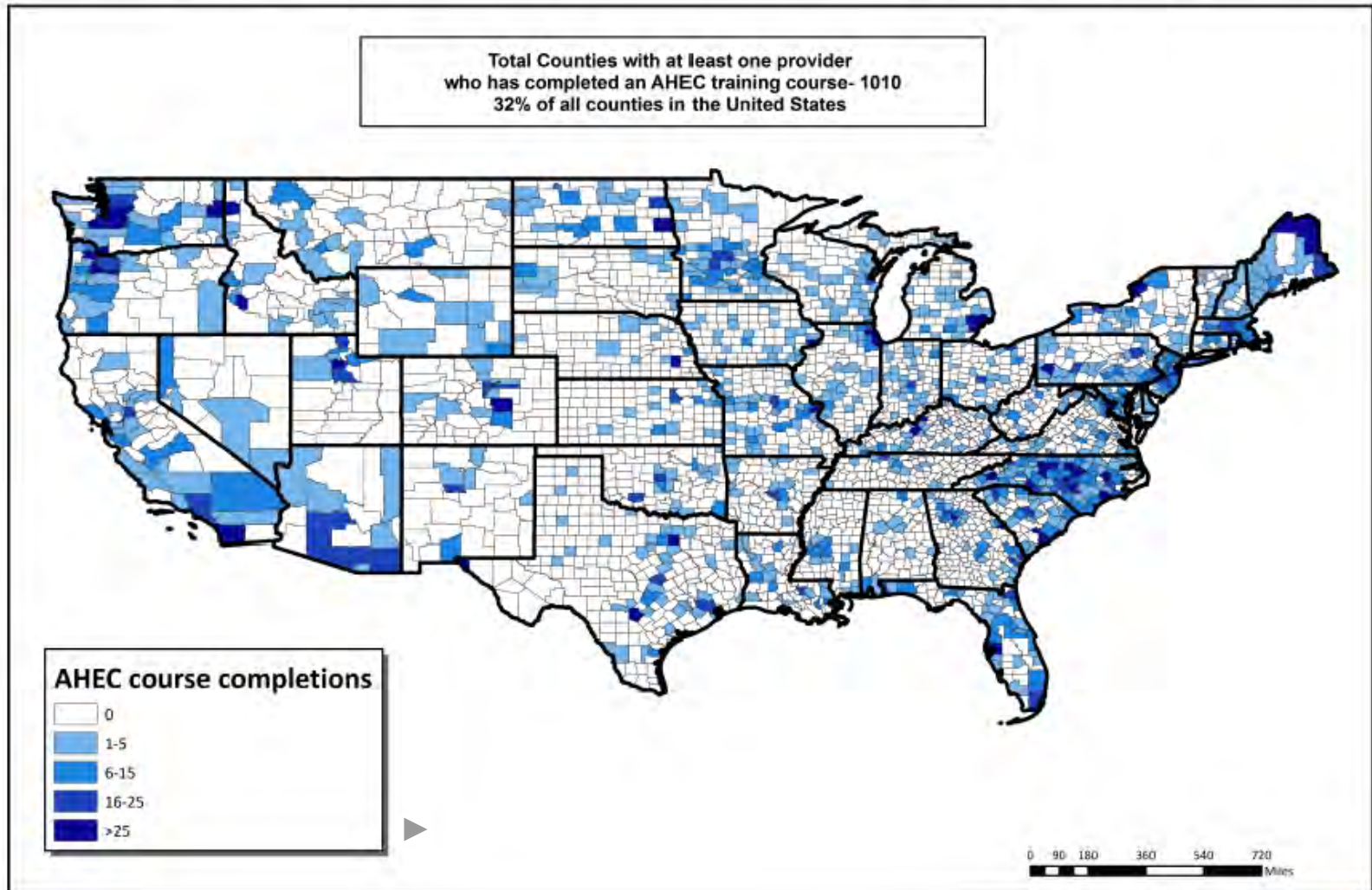
Health Professional Shortage Areas - Mental Health

HPSA_TYP_DESC

- Geographical Area
- Population Group
- Single County
- Not Mental Health Care HPSA

Prepared by: HRSA, Office of Information Technology
 from the HRSA Geospatial Data Warehouse,
datawarehouse.hrsa.gov

Counties with at least one provider who has completed an AHEC online training course



Source: AHEC connect as of 12/8/11

This map has been developed by the Citizen Soldier Support Program at the University of North Carolina at Chapel Hill.



CSSP Under OEA...Not the best fit

**Under Secretary of Defense for
Acquisition, Technology and
Logistics USD (AT&L)**



**Deputy Under Secretary of
Defense Installations and
Environments**



**Office of Economic
Adjustment**



**Citizen Soldier
Support Program**



- CSSP can thrive with a champion in DoD to:
- Take advantage of what the program has already produced (\$9.8M since 2006)
 - Provide the environment to realize our great potential going forward

CSSP (Dispelling Some Myths)

- CSSP is a National Program NOT North Carolina centric
 - Created as a National Demonstration Program for Citizen-Soldier Support to model programs in NC and build them out nationally.
- CSSP supports the Total Force (AD/RC), 22 Million Veterans and their extended social networks (parents, grandparents, siblings, spouses, children, significant others, employers, co-workers, etc.) NOT simply the RC
 - Although directed at the Reserve Component, the efforts of CSSP clearly impact and increase access for Active Duty members and their families, many of whom are referred from a Military Treatment Facility (MTF) onto the local economy, await deployments with family or convalesce from their injuries in areas without access to a military installation for care.

Program Opportunities (building out the program)

- Train 100,000 additional providers on-line
 - www.aheconnect.com/citizensoldier/
- Train 15,300 additional providers on-site
 - Provide onsite training in PTSD/TBI at 150 additional locations throughout the US
 - Military Mental Health First Aid (mMHFA) with our strategic partner WICHE to build capacity in the most rural and Mental Health, Health Profession Shortage Areas (HPSA)
- Pilot additional course each year through the North Carolina Area Health Education Center and its nine (9) regions
- Add 30,000 additional providers to our web-based searchable provider database
 - www.warwithin.org
- Provide mapping and data analysis of deployment demographics to inform the system of where needs will be placed upon civilian and military communities.
 - CSSP can handle any size dataset with the ability to quickly leverage additional resources from the university www.unc.edu/cssp/datacenter

Everything we do supports SMs and their families regardless of Branch of Service or Component and is subject to robust third party evaluation



Accomplishments and Outcomes

- 16,899 enrolled and 11,001 completed on-site/on-line training including providers in all 50 states
- Active Duty and Reserve Component Deployments and Dependent Data mapped for every state with spatial analysis from Veterans Administration resources
- Expanding Courseware for Primary Care, Optometrists and Dentists in 2011
- Community Blueprint Pilot (Fort Bragg and Norfolk)
- Joining Forces
- Partnership with the National Resource Directory (NRD) to provide Behavioral Health referrals
- Links to our Training from DCOE
- Participating with the Clinton Global Initiative (CGI) America
- Partnership with Warrior Gateway
- Partnership with Vets4Warriors – expansion of vet to vet call center nationally
- Partnership with Operation Home Base
- Proposal with American Academy of Family Physicians (AAFP) to promote Primary Care Training
- East Carolina University (ECU) – Operation Re-Entry North Carolina
- Continued support to the North Carolina National Guard and National Guard Bureau
- Service Members Counseling and Support Center (MAHEC Project) Haywood County, NC
- Faith Initiatives with the Duke Endowment and New Bern District of the United Methodist Church
 - Working Miracles/Operation Compassion