

EXECUTIVE SUMMARY

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SUBJECT: Citizen Soldier Support Program Placement within USD PR and Funding

1. **Executive Issues:**

- Purpose: provide a recommendation that the Citizen Soldier Support Program (CSSP) move from its current administrative home within USD AT&L, be established as a separate program within the Wounded Warrior Care and Transition Policy (WWCTP) directorate of the USD Personnel and Readiness (USD PR), and funded through a new cooperative agreement between DoD and the University of North Carolina – Chapel Hill to complete a discrete scope of work for \$3.6M in 2012 and \$18.3M over five years.

2. **Background:**

- CSSP has received \$9.8M since its Congressional authorization in 2005 and is administered through the Office of Economic Adjustment (OEA) within the USD AT&L. Current expenditures are roughly \$1.8M per year and funding will be exhausted by the end of 2011.
- CSSP is requesting bridge funding of \$3.6M in 2012 as part of a deliberate five (5) year \$18.3M proposal to expand the program nationally; bridge funding required until the program can be funded by direct DoD appropriation on its own budget line.
- CSSP has garnered significant support from ADM Mullen, former CJCS (encl 1) and senior members of the NC Congressional Delegation including Sen. Hagan and Sen. Burr (encl 2).
- The program's current scope of work includes an integrated system which focuses on increasing geographic and financial access to deployment and post-deployment related civilian behavioral health services for Service Members and their families, especially those living in rural and underserved areas.
- The scope and integrated system include mapping of Service Member deployment demographics to understand where the population lives down to the community level and where they are likely to place demands upon civilian service systems; onsite and online provider training to meet the need for educating civilian health professionals, manage the distribution of those trained to match the needs in every community and who will serve as a conduit to treatment within the VA; and our provider database to connect trained, culturally competent health/behavioral health professionals who want to serve this population of Service Members, Veterans, their families and the families of the fallen.
- 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.
- Backed by the full resources of a major university at UNC-Chapel Hill and housed within the Odum Institute for Research in Social Science, there is:
 - No dataset too large for us to secure, manipulate, depict or perform spatial analysis;
 - Access to superior resources for building, maintaining and expanding a nationally capable web-based searchable provider database;
 - Access to research and statistical scientists, graduate students, call centers and all necessary administrative systems and overhead.

3. **Discussion:**

- CSSP as a program within WWCTP will connect that directorate to critical components within DoD, USD PR, the Veterans Administration (VA), White House Joining Forces, Health and Human Services (HHS), Department of Labor (DOL), Department of Education (DOE), etc. as well as include a place for WWCTP to innovate and work issues within a well-established framework of local, state, regional and national partners.
- CSSP's Mapping and Data Center funded at \$246K for one year/\$1.3M over five years will provide answers to the question "Where We Are" (Wounded Warriors, AD, RC, Recently Separated and their Families). Our mapping will be leveraged by a host of programs and initiatives which seek to solve their particular problem by first understanding where the Service Member populations reside with community level fidelity. We answer questions about adequacy, access and anticipation for service systems including DoD and VA health/behavioral health services from culturally competent civilian professionals as a conduit not a competitor to the VA. No other such mapping and data center exists.
- CSSP funded at \$598K for one year/\$2.9M over five years will provide the NRD, Warrior Gateway, the National Guard Bureau (NGB) Vets4warriors counselors, Network of Care, Give An Hour, the Community Blueprint Network and others with a link to a reliable, distribution managed, data base of over 30,000 (average of 500 per state/9 per county) civilian behavioral health providers who are interested in serving Wounded Warriors and other Service Members, Veterans, their Families and the Families of the Fallen and who accept TRICARE, private insurance, Medicare, Medicaid and/or patients with no insurance at all. No such database exists.
- CSSP onsite and online training funded at \$1.7M for one year/\$8.3M over five years will build out our number of culturally and clinically competent civilian health and behavioral health providers from roughly 16,000 to at least 130,000 including at least three providers within 30 minutes of 95% of every Wounded Warrior, AD, RC and Recently Separated and their Families who deployed since 9/11 (and provide the CDP with free CEU online courses for civilian health providers so they don't have to charge \$350 for 20 courses) No such training and management of the distribution of knowledge exists. Housed within WWCTP, our training would connect the directorate with the training and credentialing efforts of Health Affairs and the Veterans Administration as we assist in building capacity within the civilian behavioral health system through a public health model. We will assist in the seamless transition of care from active duty or mobilized Reserve Component members to the VA, or through civilian clinicians when military treatment facilities (MTF) refer members off post or wounded warriors convalesce away from an installation. We also ensure the adequacy and access to services for those family members who are otherwise ineligible for benefits or build capacity in areas where none exists through programs like Military Mental Health First Aide (mMHFA) piloted through our partners WICHE with the KSANG.
- Backed by the full resources of UNC-Chapel Hill, CSSP maintains a nimble professional staff funded at \$1M for one year/\$5.6M over five years dedicated to offering the management, technical assistance and the most innovative, results-driven and cost-effective program possible to serve the behavioral health needs of returning combat veterans and their families.

4. **Recommendation:** CSSP be placed under the DASD for WWCTP and funded through 2016.

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