



## **FORT HOOD'S BEHAVIORAL HEALTH CAMPAIGN PLAN**

The comprehensive behavioral health care plan is a collaborative effort integrating resources from the throughout the Dept. of Defense, Fort Hood, and the Central Texas community at large.

All affected individuals have been assigned a case manager to assist with monitoring and coordination of care needs.

CRDAMC is submitting a request for Secretary of the Army designee status for all civilians affected by the incident to allow them access to military treatment facility behavioral health services.

All affected individuals will be re-screened by behavioral and public health professionals 90 days following the event to ensure any previously unidentified issues are addressed. A joint council, headed by the III Corps commander, will be established to assist with the continued integration of Fort Hood's emotional and spiritual health resources.

Three community-based clinics will be established in Harker Heights, Killeen and Copperas Cove. These clinics will offer primary and behavioral health care services to retirees and family members (active duty and retirees).

The III Corps Campaign Plan includes a request for an 82,000 square foot behavioral health center. This facility will allow CRDAMC to consolidate its behavioral health services from numerous facilities dispersed throughout post into a consolidated one-stop shop.

### ***There are three phases to the Behavioral Health Plan.***

#### ***Phase I***

The immediate behavioral health (BH) response began on the day of the shooting incident, Nov. 5. BH augmentation teams arrived to Fort Hood from across the Dept. of Defense and a BH Emergency Operations Center (EOC) was established.

Teams were quickly organized and directed to link with leadership of affected units and organizations. BH professionals provided initial traumatic event management (TEM) services to affected individuals and groups. Affected groups include SRP workers, soldiers going through the SRP process, individuals and units near the SRP site, professional first responders, the families of those who were killed or wounded, the greater Fort Hood community, and other communities.

A 24/7 BH hot line was established and the phone number was publicized. Organic BH clinics began operating extended hours and weekends. In addition to global outreach, directed outreach progressed in stages. BH professionals made contact with, and provided support for, the families of individuals who were killed, the wounded and their families, and all other affected individuals. Follow-up 1:1 BH screening of affected

individuals continued. Highly affected military units scheduled to deploy received additional readiness assessments.

A BH planning cell was established at III Corps, and began work on a BH Campaign Plan. A panel of national experts came to review the plan and provide input. A panel of community stakeholders was then convened for additional input into BH Campaign Plan development. We are now nearing completion of phase one as the initial evaluations are completed.

### ***Phase II***

During the near-term there will be a transition from the immediate response to ongoing need-based case management to ensure that behavioral health needs are met and that rescreening is performed. Fort Hood will augment BH resources as needed to ensure access to care.

Fort Hood leaders will conduct continuous BH needs assessments in order to establish new BH baseline necessary to ensure that SMs can be cared for within the military health care system. We're starting a surveillance program within the community in order to identify and monitor areas of concern. These findings may lead to targeted interventions to address these issues.

There will be individual behavioral health rescreening and continued surveillance of the greater Fort Hood community. Phase II ends upon the completion of the psychological rescreening (o/a D+90 health screening) of affected personnel. Public health messages tailored to convey key Phase II messages will be communicated.

### ***Phase III***

During Phase III, there will be ongoing need-based case management of affected individuals and continued surveillance of the community, with targeted interventions to address areas of concern. Other objectives include:

- ✓ Ensuring that Health and wellness needs in the Fort Hood community are met
- ✓ Restoring Soldier, family, civilian and community trust and confidence in Army medicine
- ✓ Ensuring that resources (personnel, facilities and equipment) required to meet the behavioral health care needs of Soldiers and beneficiaries are obtained
- ✓ Ensuring that Fort Hood's steady state operations balance mission readiness and training posture with BH needs
- ✓ Affected personnel are restored to an optimal level of physical and emotional well-being