Lack of Family Involvement: Though the Act specifically includes marriage and family counseling, few family members are involved in treatment. Respondents

Stigma: Many veterans are concerned that seeking treatment from the VA or military will be noted in their personnel records, negatively impact their careers, and label them as "weak" or "crazy."

Long Distances: Veterans often must travel long distances to the VA or a military base. Travel times can be as long as five hours in rural areas. Others do not have access to a vehicle or public transportation, or may be unable to drive or take public transportation because of physical and mental limitations.

Access to Care: Almost two-thirds of respondents said veterans and their families experience long delays to get initial appointments for people in crisis and excessive waits in between appointments.

Survey Finds Barriers to Veterans and Mental Health; Veterans Mental Health Act Still Not Implemented

The survey of National Council members nationwide shows some of the most serious roadblocks that prevent veterans from getting treatment include:

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- Stigma: Many veterans are concerned that seeking treatment from the VA or military will be noted in their personnel records, negatively impact their careers, and label them as "weak" or "crazy."
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National Council members, community-based mental health and addictions treatment organizations, are filling these service gaps by providing a range of treatment and support services for veterans, service members and their families. The survey finds that 90 percent of respondents currently provide mental health and substance use services to veterans, reservists and National Guard. Respondents serve an average of more than 70 veterans, service members and their families a month. Two-thirds of responding organizations have veterans on staff and some provide peer-to-peer support for veterans and service members.

Respondents cited the consequences of not meeting the needs of veterans, service members and their families. For example, Indiana received 69 calls from returning deactivated soldiers that involved suicide attempts during the first six months of 2009. Six of those returning service members ultimately died. Respondents in other states reported
problems of domestic violence, divorce, homelessness, unemployment, and criminal justice system involvement. More information and a survey report is available by contacting the National Council at 202.684.3728.

**CMS Releases Guidance on Implementing Mental Health Parity for CHIP & Medicaid Plans**

The Centers for Medicare and Medicaid Services has issued a letter to state health officials providing guidance on the implementation of the mental health parity requirements in the Children’s Health Insurance Program Reauthorization Act of 2009. Among other requirements, the letter specifies that CHIP plans must fully comply with the Wellstone-Domenici Parity Act, and Medicaid programs must comply only if the state contracts with managed care or prepaid health plans. The full letter is available online.

**H1N1: HHS Secretary Authorizes Reimbursement for Providers**

Recently, Secretary of Health and Human Services Kathleen Sebelius invoked her waiver authority under Section 1135 of the Social Security Act. This allows for the waiver or modification of certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and that providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse). Once an 1135 Waiver is authorized, health care providers can submit requests to operate under that authority or for other relief that may be possible outside this waiver authority to either the State Survey Agency or CMS Regional Office. For further information, visit CMS' H1N1 webpage.