



**Defense Centers of Excellence
for Psychological Health and
Traumatic Brain Injury
Status Update**

**Captain Paul S. Hammer, MC, USN
Director**

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Purpose

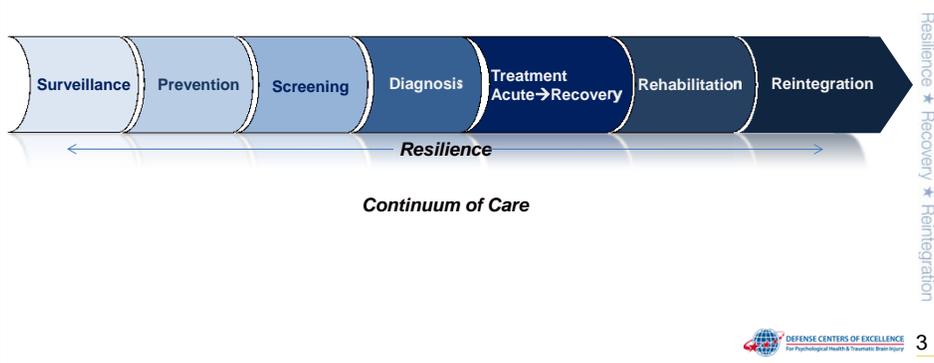
To provide an update of the activities and way ahead for the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE)

- Value Proposition, Unique Competencies, & Capabilities
- Role as Psychological Health (PH)/Traumatic Brain Injury (TBI) Integrator in the System of Care
- PH/TBI Current Initiatives & Emerging Areas of Interest
- Gray Team 4 Summary
- Future Governance

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Value Proposition

DCoE serves as the principal integrator and authority on PH/TBI knowledge and standards for the DoD. We are uniquely positioned to accelerate improvements in PH/TBI outcomes and policy impacting the continuum of care and further reducing variability across the Services.



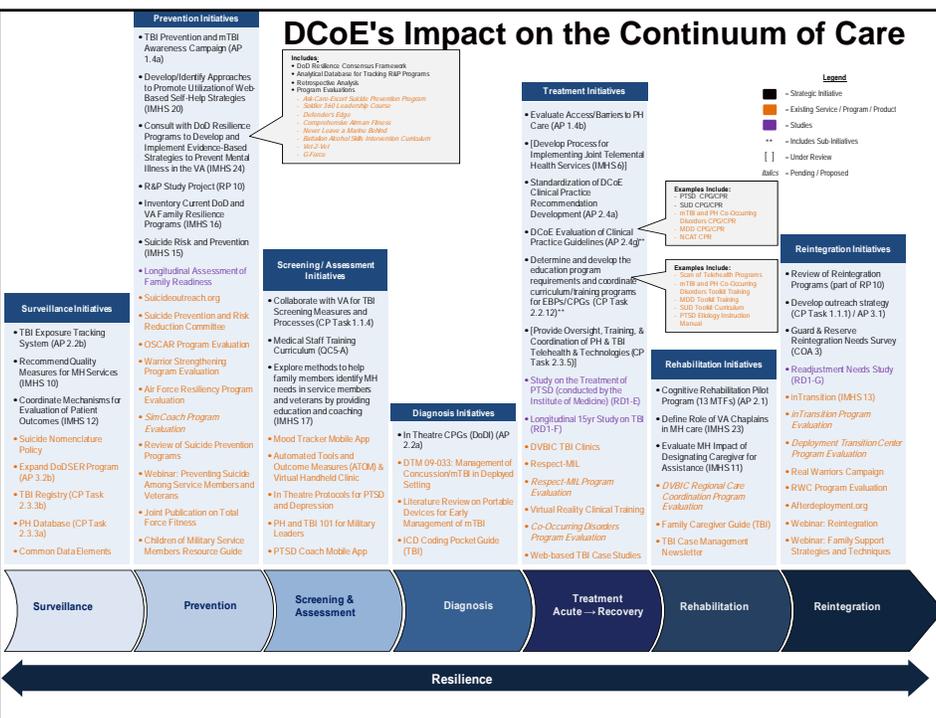
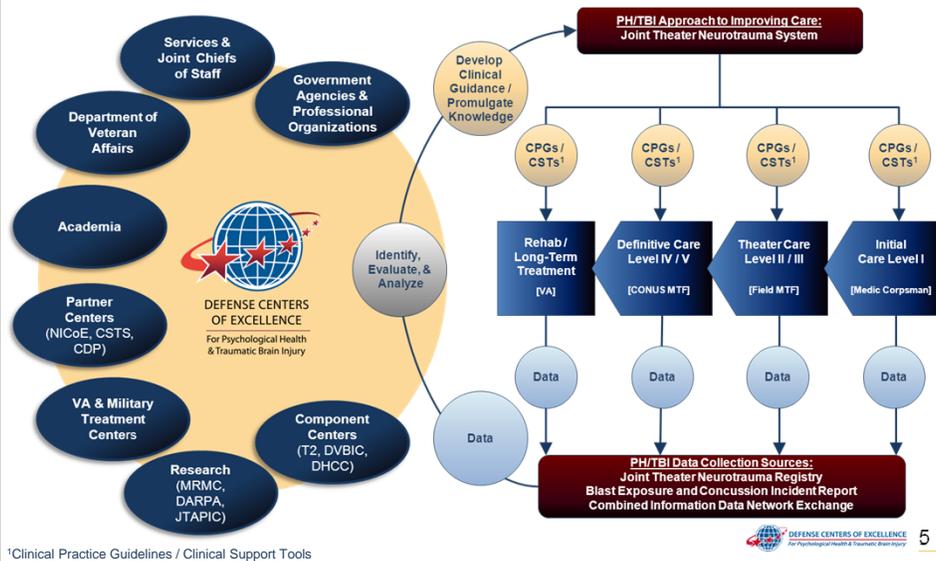
Unique Competencies & Capabilities

We are differentiated in the following competencies and capabilities that demonstrate how DCoE will add value as a center of excellence:

- We bring objectivity, credibility, and a collaborative scientific approach to the **evaluation, analysis, and standardization** of PH/TBI information, **pathways of care, clinical tools**, and programs
- We **prioritize identified needs in PH/TBI research**; we promulgate the most promising **evidence based practices and standards**, rapidly develop associated **criteria and measures of effectiveness** that translate **research into practice** upon implementation
- We are the DoD's **comprehensive resource** for current and emerging PH/TBI **clinical, educational, and research information** to advance knowledge exchange, program integration, interoperability, and transparency
- We are the nucleus of DoD's multidisciplinary, interdisciplinary, interagency **collaborative network** enabling extensive access to PH/TBI subject matter expertise and a unique perspective to address stakeholder inquiries

DCoE: PH/TBI Integrator in the System of Care

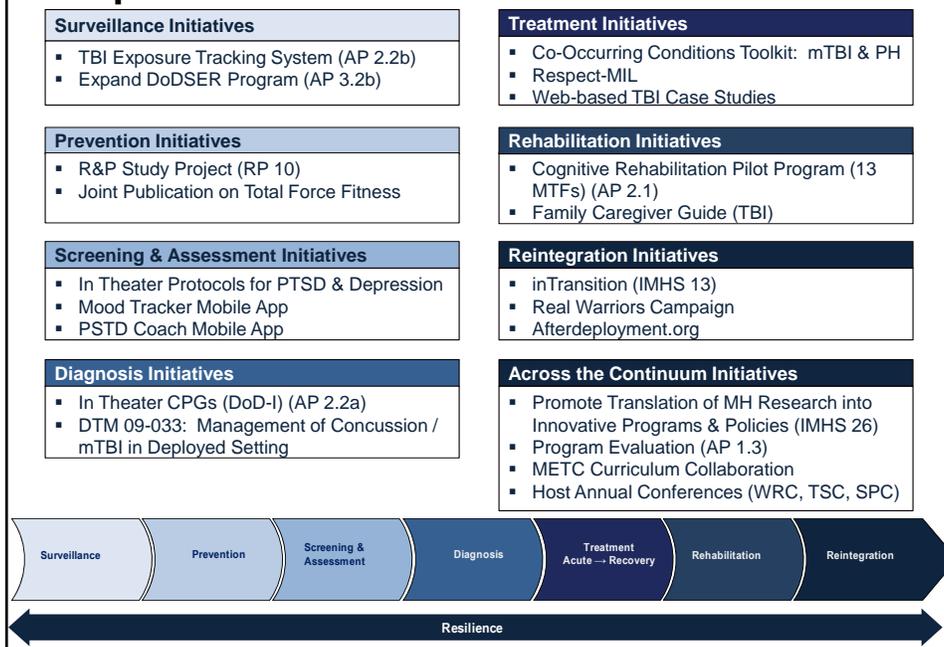
"Effectively leveraging our knowledge and clinical expertise to improve the system of care"



DCoE's Impact on the Continuum of Care (cont.)



Sample Activities Across the Continuum of Care



Summary of IMHS Efforts

Strategic Goal #1: Expand access to behavioral health care in DoD and VA	Strategic Goal #2: Ensure quality and continuity of care across the departments for service members, veterans, and their families	Strategic Goal #3: Advance care through community partnerships, education, and successful public communication	Strategic Goal #4: Promote resilience and build a better behavioral health care system for tomorrow
Strategic Actions: <ul style="list-style-type: none"> ▪ SA 01 - Screening Policies ▪ SA 02 - Primary Care ▪ SA 03 - Vet Center ▪ SA 04 - Mobile Vet Centers ▪ SA 05 - Sharing Mental Health Staff ▪ SA 06 - Telemental Health ▪ SA 07 - Rural Area Providers ▪ SA 08 - Mental Health Provider Gap 	Strategic Actions: <ul style="list-style-type: none"> ▪ SA 09 - Evidence-Based Psychotherapies ▪ SA 10 - Quality Measures ▪ SA 11 - Impact of Caregivers ▪ SA 12 - Patient Outcomes ▪ SA 13 - inTransition ▪ SA 14 - Clinical Info Sharing 	Strategic Actions: <ul style="list-style-type: none"> ▪ SA 17 - Family Members' Roles ▪ SA 18 - Community Partnership ▪ SA 19 - Mental Health Message ▪ SA 20 - Web-Based Self Help Strategies ▪ SA 21 - Access to Web Tech ▪ SA 25 - Military Culture Training 	Strategic Actions: <ul style="list-style-type: none"> ▪ SA 15 - Suicide Risk and Prevention ▪ SA 16 - Family Resilience ▪ SA 22 - Mental Health Justice Outreach Pilot ▪ SA 23 - Chaplains Role ▪ SA 24 - Resilience Programs ▪ SA 26 - Translation of Mental Health Research ▪ SA 27 - Review of Pilots ▪ SA 28 - Gender Differences

Note: DCoE is the DoD lead for all strategic actions highlighted in blue.

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Gray Team 4: Background

<ul style="list-style-type: none"> ▪ Hand selected experts on “invisible wounds of war” matters, representing: <ul style="list-style-type: none"> • Service chiefs • Combatant commands (COCOMs) • Chairman of the Joint Chiefs of Staff (CJCS) ▪ Used OODA (Observe, Orient, Decide, Act) loop methodology <ul style="list-style-type: none"> • Theory develop by Air Force strategist Col John C Boyd ▪ Driven by the line leadership’s desire for action, yet maintains the medical traditions of quality improvement cycles ▪ Unique mechanism for accelerating positive change, aligning line and medical efforts toward actions across the spectrum

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Gray Team 4: Charter from JCS & CENTCOM

- Stigma
 - Mental Health Prevention and Treatment
- Sleep Hygiene
- Standards of Practice in Both TBI and Behavioral Health (BH)
 - “The Lottery of Luck and Location”
- Role of Leadership
 - Prevention of BH and the Exacerbation of BH Problems (“Toxic Leadership”)
- Feasibility and Deployment of a Behavioral Health Directive-Type Memorandum (DTM)
- TBI and DTM 09-033
 - State of Play In Theater and Concussion Care Centers
 - Blast Dosimeter Fielding
 - MRI Fielding

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Gray Team 4: Findings & Recommendations

Findings	Recommendations
Found Variations in Care	Embedded TBI Care for High Risk Units
Need to Improve Sleep Hygiene	Embedded Behavioral Health Providers
Need to Improve Behavioral Health Extenders	Mobile Care Team Concept Expansion
Complementary Alternative Medicine (CAM) Approaches Are Well Accepted	Automated Neuropsychological Assessment Metrics (ANAM) Use for Return to Duty
Pre-Deployment Screening Can Work	Supplement Use
TBI DTM Works	Unit Resilience Training
Concussion Care Centers	Integrated Warfighter Management
Leadership	Psychological First Aid

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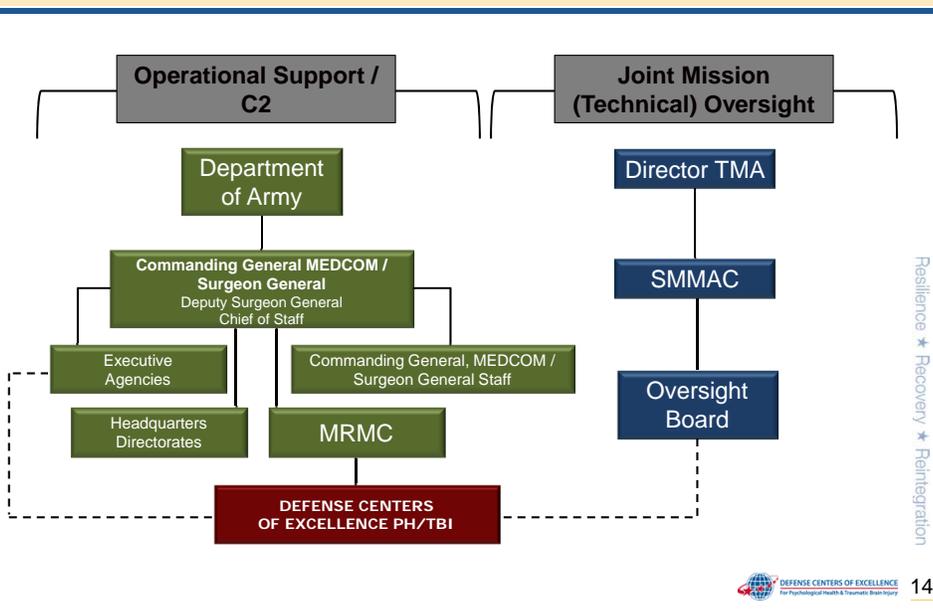
DCoE Governance Update

- In April 2011 the Under Secretary of Defense for Personnel and Readiness directed¹:
 - The establishment of a **Military Health System (MHS) Centers of Excellence (CoEs) Advisory Board** that is responsible for providing policy guidance and oversight of all MHS CoEs, including the DCoE
 - The **transfer of support responsibility** for the DCoE from TRICARE Management Activity to the U.S. Army Medical Research and Materiel Command (MRMC)
- Under this new governance construct, **DCoE will continue to carry out its mission** defined by the Assistant Secretary for Health Affairs and approved by Congress
- Although the formal transfer of DCoE to MRMC has not occurred, both parties are currently meeting to develop a way ahead for the proposed realignment, identifying and addressing potential barriers
- **Formal transfer of support is expected by October 2012**

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¹As documented in the April 2011 Report to Congress on the Department of Defense Medical Centers of Excellence

DCoE's Proposed Future Governance



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DCoE's Proposed Future Governance (cont.)

