

Update on DCOE Defense Health Board 8 March 2011

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Agenda

- History
- LoA #2
- Congressional Intent
- Current Mission and Vision
- Structure
- Strategic Planning Underway
- Way Forward
- Discussion

Events Leading up to DCoE Establishment

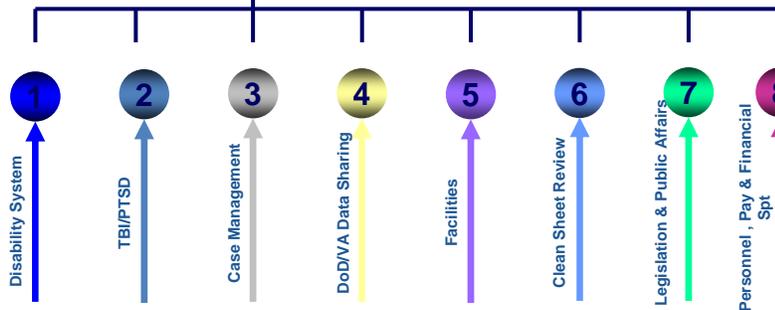
- Soldiers Face Neglect, Frustration At Army's Top Medical Facility, *Washington Post*, Sunday, February 18, 2007
- DoD Mental Health Task Force
- Independent Review Group
- Presidential Commission on Care for Wounded Warriors
- Task Force on Returning GWOT Heroes
- 400 Recommendations to DoD
- Establishment of Senior Oversight Committee



Senior Oversight Committee

Senior Oversight Committee (SOC)
 Co-Chairs:
 DEPSECDEF and DEPSECVA

Co-Chairs: Deputy Secretaries of Defense and Veterans Affairs
 Members: Service Secretaries
 Chairman or Vice Chairman of the Joint Chiefs of Staff
 Service Chiefs or Vice Chiefs of Staff
 Under Secretaries of Defense (P&R) and (Comptroller)
 Under Secretaries of Veteran's Affairs (Benefits) and (Health)
 Others...



Line of Action #2

- LoA #2 – Traumatic Brain Injury/Post Traumatic Stress Disorder (TBI/PTSD)
 - Established Defense Centers of Excellence November 2007
 - National Intrepid Center of Excellence (NICoE) groundbreaking June 2010
- Congressional funding 07/08: \$900M applied to TBI/PH (\$300M in research, \$300M in TBI and \$300M in PH)
- DoD lead DASD (FHPR) Ms. Embrey
- Formed “Red Cell” – Reps from each Service
- Programs solicited – Submitted from Services and vetted by the Red Cell
- Red Cell allocated funds to programs in 5 areas
 - Access to Care
 - Quality of Care
 - Surveillance
 - Transition of Care
 - Resilience
- DCoE established via Congressional mandate



National Defense Authorization Act 2008

SEC. 1621. CENTER OF EXCELLENCE IN THE PREVENTION, DIAGNOSIS, MITIGATION, TREATMENT, AND REHABILITATION OF TRAUMATIC BRAIN INJURY.

(a) In General- The Secretary of Defense shall establish within the Department of Defense a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury, including mild, moderate, and severe traumatic brain injury, to carry out the responsibilities specified in subsection (c).

SEC. 1622. CENTER OF EXCELLENCE IN PREVENTION, DIAGNOSIS, MITIGATION, TREATMENT, AND REHABILITATION OF POST-TRAUMATIC STRESS DISORDER AND OTHER MENTAL HEALTH CONDITIONS.

(a) In General- The Secretary of Defense shall establish within the Department of Defense a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of post-traumatic stress disorder (PTSD) and other mental health conditions, including mild, moderate, and severe post-traumatic stress disorder and other mental health conditions, to carry out the responsibilities specified in subsection (c).



Current DCoE Vision & Mission

Vision

Lead the nation in resilience, recovery, and reintegration for warriors and their families in all areas related to Psychological Health (PH) & Traumatic Brain Injury (TBI)

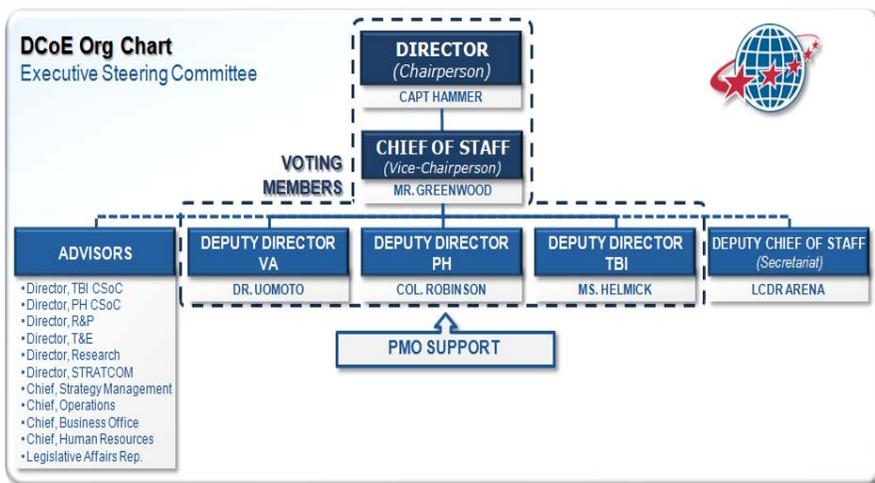
Mission

DCoE assesses, validates, oversees, identifies, and facilitates prevention, resilience, screening, treatment, outreach, rehabilitation, and reintegration programs for PH and TBI to ensure the Department of Defense meets the needs of the nation's warriors, families, and military communities

Resilience * Recovery * Reintegration



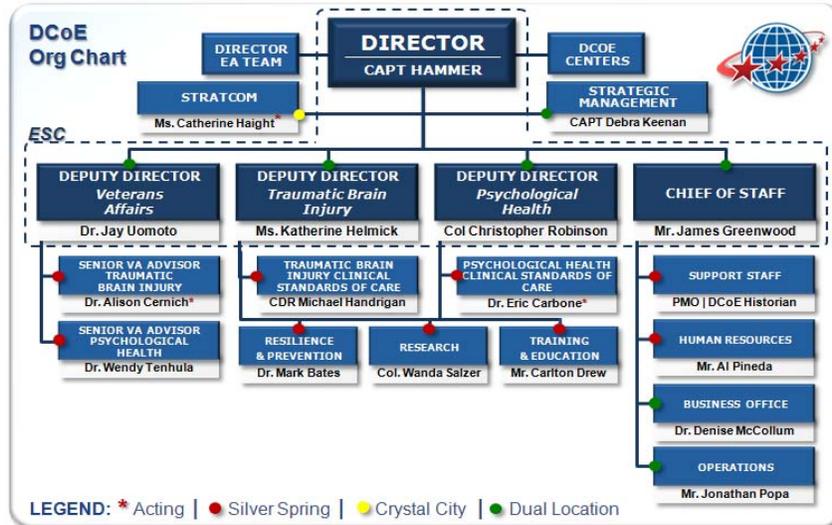
Executive Steering Committee (ESC) Structure



Resilience * Recovery * Reintegration



DCoE Organization Structure



Resilience * Recovery * Reintegration

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DCoE's Six Component Centers

- Center for Deployment Psychology
- Center for the Study of Traumatic Stress
- Defense and Veterans Brain Injury Center
- Deployment Health Clinical Center
- National Center for Telehealth & Technology
- National Intrepid Center of Excellence

Resilience * Recovery * Reintegration

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Customer 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.

Key Value Proposition Competencies and Capabilities

1. PH/TBI Programs

- Examples in Action:
 - PH In-Theater Protocols
 - Co-Occurring Conditions Toolkit: Mild TBI and PH
 - Policy Guidance for the Management of Concussion/mTBI in the Deployed Setting

2. PH/TBI Research

- Examples in Action:
 - Common Data Elements
 - Guidelines for Training Providers in Evidence-based practices for PTSD for OASD/HA
 - Cognitive Rehabilitation Research Efforts - DVBC Score Trial, CDMRP Grants, IOM Study

Key Value Proposition Competencies and Capabilities

3. PH/TBI Knowledge Advancement
 - Examples in Action:
 - Web Based Case Studies for mTBI
 - Drug Therapy Monitoring Demonstration Project
4. PH/TBI Collaborative Network
 - Examples in Action:
 - DoD/VA Integrated Mental Health Strategy (IMHS)
 - Program Evaluation
 - DCoE Hosted Training/Awareness Conferences
 - NATO mTBI working group

Way Forward

- Get organized
- Develop strategy
- Focus on execution
- Deliver quality products



DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury

Discussion

