



---

# Welcome from the 6th Medical Group





---

# Mental Health, PTSD, Suicide & Veteran Affairs Collaboration

Licensed Clinical Social Worker  
Family Advocacy Element Chief  
Suicide Prevention Program Manager



# Overview



- 6 AMW Mission
- 6 MDG Overview
- MacDill AFB Mental Health & PTSD
- Suicide Prevention Program
- Veteran Affairs Collaboration
- Challenges & Successes



# 6 AMW Mission



*Prepare, Prevent, Heal, Deploy (P2HD)*




# 6 AMW & Tenant Partners

as of FY 2015




**6th Air Mobility Wing**  
2,749 Authorized



**USCENTCOM**

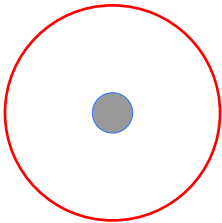
**2,927 Authorized**  
(Including 1,010 IMAs)



**USSOCOM**

**2,567 Authorized**  
(Including 497 IMAs)

**927th Air Refueling Wing**  
**1,121 Authorized**  
(Including 210 ART/Civilians)



**SOCCENT**  
493  
Authorized



**JCSE**  
480  
Authorized



**MARCENT**  
225  
Authorized



**NOAA**  
95  
Authorized



**NAVCENT**  
31  
Authorized



# 6 MDG Overview



**Mission:** Delivers comprehensive healthcare to 6 AMW, 927 ARW, USCENTCOM, USSOCOM, 36 diverse partner units and representatives from 53 coalition nations in **DoD's largest single unit catchment area** supporting 215K beneficiaries. 674-person staff manages \$55M budget producing 153K clinical, 25K dental, 990K ancillary visits annually at 2 MTF locations 20- miles apart. Oversees medical readiness for 3.9K active duty Airmen and 4K active duty Marines/Soldiers/Sailors.

## Medical Facilities:

Patient Care Facilities	Yr Built	SQ Ft.
Main Clinic	2009	331,112
Brandon Clinic	Leased	16,200
Satellite/Drive Thru Pharmacies	1993/2009	13,707
Health & Wellness Center	1975	4,914
Central Energy	2009	7,847

## MDG Facts/Accomplishments

- Currently: #3/75 MTFs in AF w/ 40.1K enrolled
- Jun 15 - Obtained 3 Year AAAHC Accreditation
- Jun 15 - 6 AMW “Effective” UEI Inspection
- May 14 - Aced 1st in DoD, AAAHC no-notice inspection w/ zero findings
- Dec 13 - Obtained Lvl-3 NCQA Certification



# Mental Health Flight



**Flight Mission:** Promote individual and family resilience through prevention and evidence-based treatment of substance abuse, domestic violence and mental health disorders.



## Customer Snapshot:

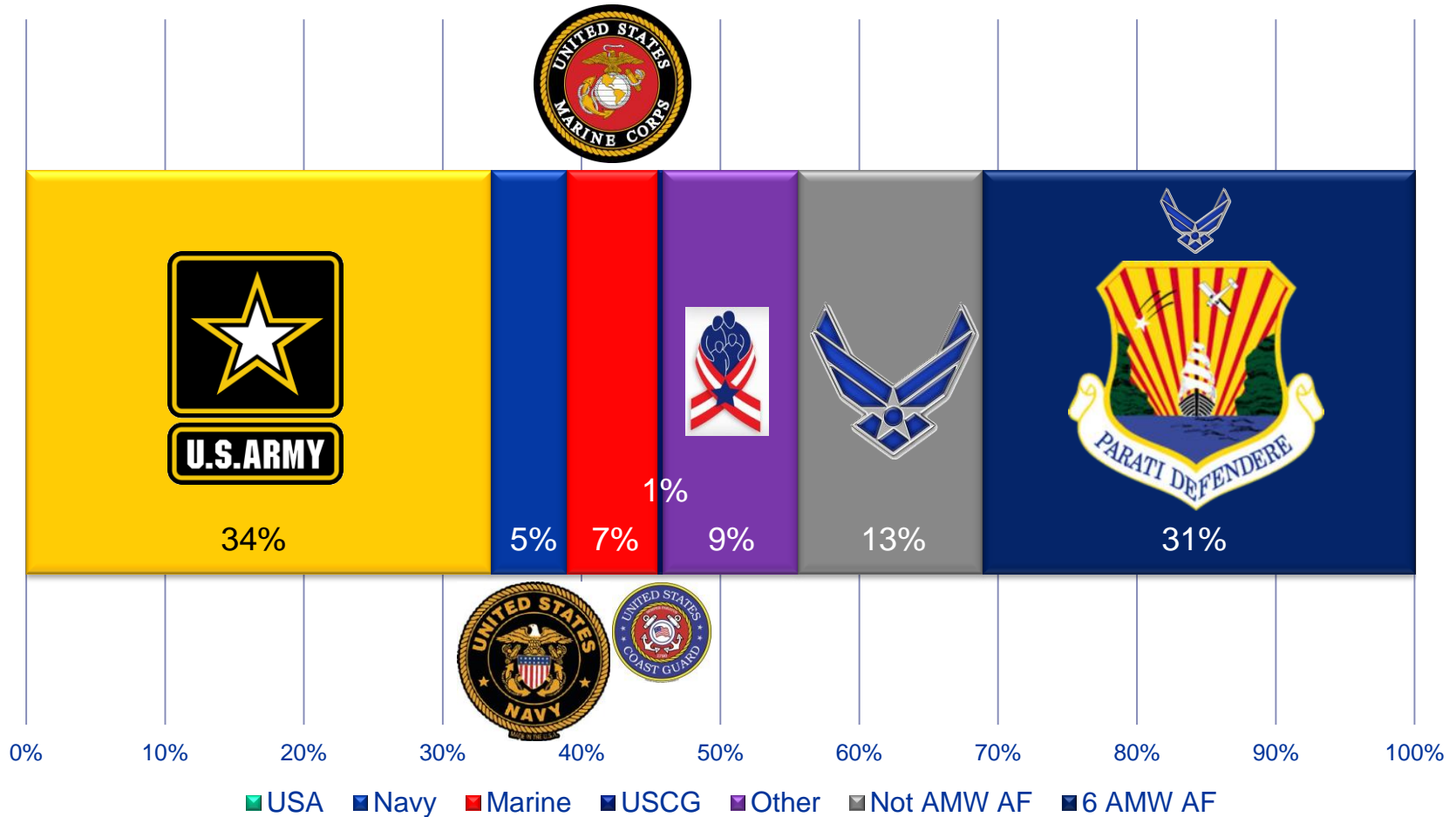
- Non 6 AMW units account for **70%** of substance referrals & **72%** of maltreatment cases & **72%** of mental health referrals.
- Top Diagnoses include:
  - PTSD
  - Anxiety
  - Depression

## Access to Care Process:

- No referral needed (outpatient clinic)
- MH Clinic--Active Duty only
  - Self, Medical, Command referrals
- Urgent walk-in during clinic hours
- Post Crisis Hospitalization



# Mental Health Clinic Customer Snapshot by Service



*Prepare, Prevent, Heal, Deploy (P2HD)*





# PTSD



- **FY15: PTSD was top diagnosis and consumed **20% of clinical encounters**; if you consider other pre-PTSD anxiety diagnoses it would be up to 35%.**
- **Established PTSD clinic to enhance training, treatment and oversight of this condition.**
  - **Weekly staffing; managing co-morbid and complex cases; use of virtual reality equipment; emphasizes evidence based interventions and discussion on providing quality care with positive outcomes.**
  - **Ensure providers trained on evidence based interventions; partnered with Center for Deployment Psychology.**



# Suicide Prevention

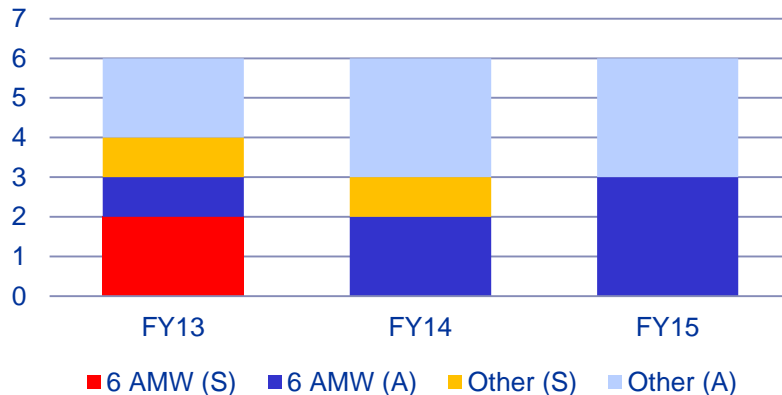


**STRATEGY:** Full implementation of the AF Suicide Prevention Program 11 Elements in order to cultivate a fit and ready force by reducing instances of self-directed violence.

## Key Factors:

- Leadership role & messaging
- Active Integrated Delivery System (Helping Agencies) resiliency efforts
- Accessible mental health consultation & timely response for crisis situation

## Suicide (S) & Attempts (A)



\* Suicides/Attempts logged into DoDSER

## Highlights:

- 2 years with No Active Duty suicide
- Jun 15 - UEI Inspection noted program compliant with no noted deficiencies
- 6 MDG/CC participated in AF Suicide Prevention Summit in September



# Active Duty Suicide Event Tracking



Event Type	Event Date
Death by Suicide	5/30/2012
Death by Suicide	6/2/2012
Suicide Attempt	8/28/2012
Suicide Attempt	9/22/2012
Death by Suicide	11/18/2012
Suicide Attempt	12/10/2012
Suicide Attempt	5/3/2013
Death by Suicide	6/17/2013
Death by Suicide	7/12/2013
Suicide Attempt	8/5/2013
Death by Suicide	11/12/2013
Suicide Attempt	2/21/2014
Suicide Attempt	5/26/2014
Suicide Attempt	6/9/2014
Suicide Attempt	6/24/2014
Suicide Attempt	9/6/2014
Suicide Attempt	11/16/2014
Suicide Attempt	02/16/2015
Suicide Attempt	02/23/2015
Suicide Attempt	05/01/2015
Suicide Attempt	05/2/2015

***Prepare, Prevent, Heal, Deploy (P2HD)***



# Veteran's Affairs Collaboration



**Overview:** 6 MDG has great working relationships with local area hospitals.



**Current Ops:** Ongoing discussions with local civilian and VA hospitals for new community partnerships (P4 Initiatives) to expand primary care platforms and establish avenues for maintaining inpatient readiness skills for internists and ancillary services.

**Success Story for FY15:**

Established internal DVBIC Clinic within the Mental Health Flight. The partnership provides internal access to a neuropsychologist and social work case manager 2 days per week.



**Way Ahead:**

- Grow internal DVBIC clinic
- Maintain and improve VA & 6 MDG training collaboration
- Monitor for complications & streamline process when service members separate and transition from 6 MDG care to VA care (i.e. timely follow-up)



# Challenges



- **“Joint Base” environment**
  - **Services have different view on Mental Health**
  - **Different profiling/duty limiting condition processes**
  - **Integrating prevention services with effective unit saturation**
  - **Providing mental health consultation; as COCOMS & tenant unit leadership structures vary; creating variation in value and acceptance of input.**
- **Patient population acuity**
  - **Rolling average of 20 to 30 patients on High Interest Log**
  - **~70 referred to higher care in last year (inpatient/residential)**
  - **Limited local TRICARE residential treatment with TRUE emphasis on military specific trauma & culture. Drives utilization of regional/national facilities that have good outcomes.**



# Successes



- **“Joint Base” environment**
  - We have good relations with COCOMS/tenant units but it requires **targeted maintenance**; could be enhanced with funding support for Top Secret mental health provider/technician billets, developing an embedding provider concept with CENTCOM (like SOCOM model) and/or funding-authorization for clinic to have one Army mental health provider on staff.
- **Internal DVBIC Clinic; March 2015 established MOU with the DVBIC to enhance in identification of TBI patients to ensure appropriate referrals and follow-up care.**
- **Internal PTSD Clinic; where the treatment of PTSD receives targeted staffing and attention.**