



**DEFENSE CENTERS OF EXCELLENCE**  
For Psychological Health & Traumatic Brain Injury

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

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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



# 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.



*Resilience*

*Continuum of Care*





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# Unique Competencies & Capabilities

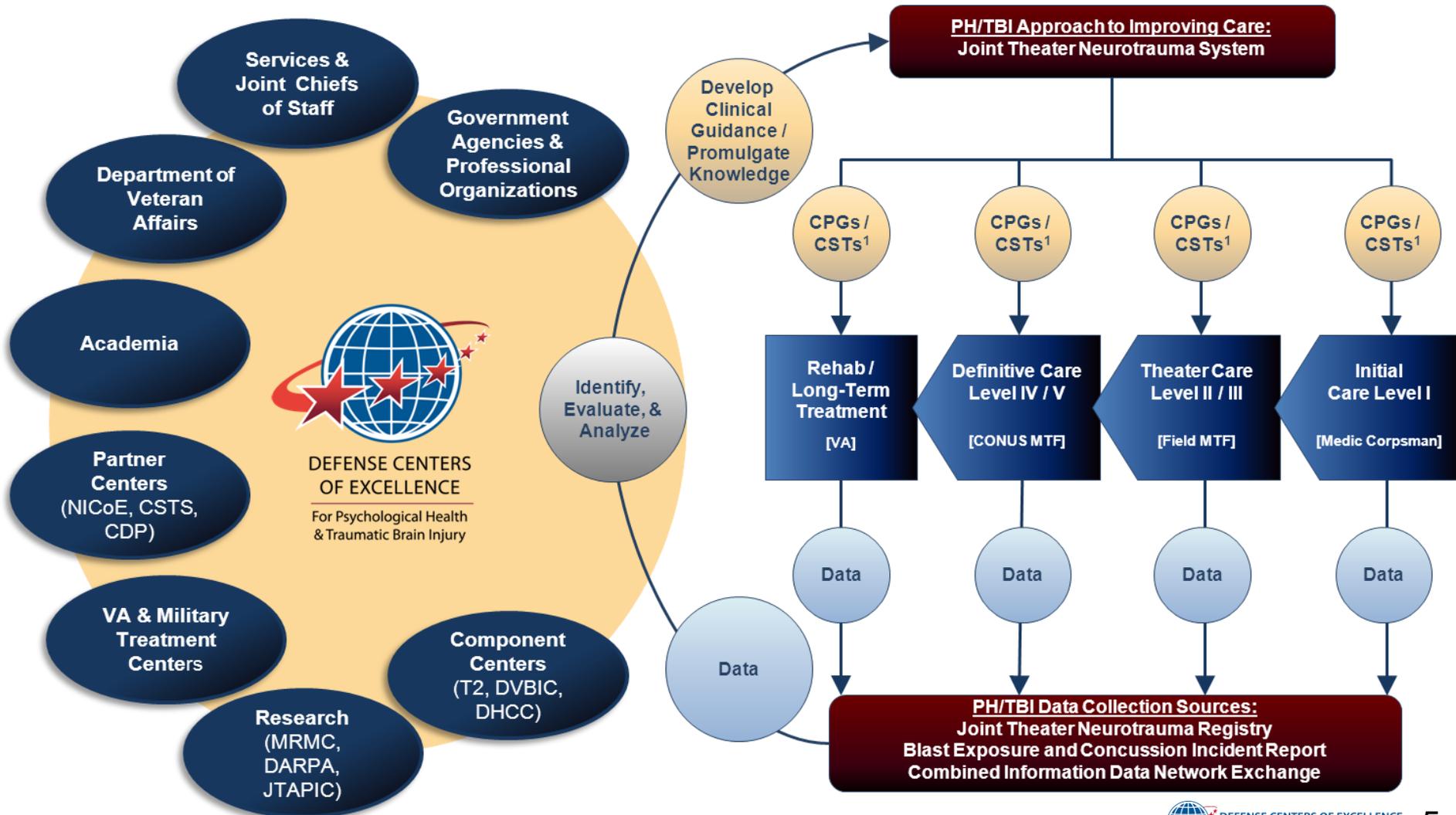
**We are differentiated in the following competencies and capabilities that demonstrate how DCoE will add value as a center of excellence:**

- 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”



<sup>1</sup>Clinical Practice Guidelines / Clinical Support Tools

# DCoE's Impact on the Continuum of Care

## Legend

- = Strategic Initiative
- = Existing Service / Program / Product
- = Studies
- \*\* = Includes Sub-Initiatives
- [ ] = Under Review
- Italics* = Pending / Proposed

### Prevention Initiatives

- TBI Prevention and mTBI Awareness Campaign (AP 1.4a)
- Develop/Identify Approaches to Promote Utilization of Web-Based Self-Help Strategies (IMHS 20)
- Consult with DoD Resilience Programs to Develop and Implement Evidence-Based Strategies to Prevent Mental Illness in the VA (IMHS 24)
- R&P Study Project (RP 10)
- Inventory Current DoD and VA Family Resilience Programs (IMHS 16)
- Suicide Risk and Prevention (IMHS 15)
- *Longitudinal Assessment of Family Readiness*

- Includes:**
- DoD Resilience Consensus Framework
  - Analytical Database for Tracking R&P Programs
  - Retrospective Analysis
  - Program Evaluations
    - *Ask-Care-Escort Suicide Prevention Program*
    - *Soldier 360 Leadership Course*
    - *Defender's Edge*
    - *Comprehensive Airman Fitness*
    - *Never Leave a Marine Behind*
    - *Battalion Alcohol Skills Intervention Curriculum*
    - *Vet-2-Vet*
    - *G-Force*

### Screening / Assessment Initiatives

- Collaborate with VA for TBI Screening Measures and Processes (CP Task 1.1.4)
- Medical Staff Training Curriculum (QC5-A)
- Explore methods to help family members identify MH needs in service members and veterans by providing education and coaching (IMHS 17)
- *Mood Tracker Mobile App*
- *Automated Tools and Outcome Measures (ATOM) & Virtual Handheld Clinic*
- *In Theatre Protocols for PTSD and Depression*
- *PH and TBI 101 for Military Leaders*
- *PTSD Coach Mobile App*

### Diagnosis Initiatives

- In Theatre CPGs (DoDI) (AP 2.2a)
- DTM 09-033: Management of Concussion/mTBI in Deployed Setting
- Literature Review on Portable Devices for Early Management of mTBI
- ICD Coding Pocket Guide (TBI)

### Treatment Initiatives

- Evaluate Access/Barriers to PH Care (AP 1.4b)
- [Develop Process for Implementing Joint Telemental Health Services (IMHS6)]
- Standardization of DCoE Clinical Practice Recommendation Development (AP 2.4a)
- DCoE Evaluation of Clinical Practice Guidelines (AP 2.4g)\*\*
- Determine and develop the education program requirements and coordinate curriculum/training programs for EBPs/CPGs (CP Task 2.2.12)\*\*
- [Provide Oversight, Training, & Coordination of PH & TBI Telehealth & Technologies (CP Task 2.3.5)]
- *Study on the Treatment of PTSD (conducted by the Institute of Medicine) (RD1-E)*
- *Longitudinal 15yr Study on TBI (RD1-F)*
- *DVBIC TBI Clinics*
- *Respect-MIL*
- *Respect-MIL Program Evaluation*
- *Virtual Reality Clinical Training*
- *Co-Occurring Disorders Program Evaluation*
- *Web-based TBI Case Studies*

- Examples Include:**
- PTSD CPG/CPR
  - SUD CPG/CPR
  - *mTBI and PH Co-Occurring Disorders CPG/CPR*
  - *MDD CPG/CPR*
  - *NCAT CPR*

- Examples Include:**
- *Scan of Telehealth Programs*
  - *mTBI and PH Co-Occurring Disorders Toolkit Training*
  - *MDD Toolkit Training*
  - *SUD Toolkit Curriculum*
  - *PTSD Etiology Instruction Manual*

### Reintegration Initiatives

- Review of Reintegration Programs (part of RP 10)
- Develop outreach strategy (CP Task 1.1.1) / AP 3.1)
- Guard & Reserve Reintegration Needs Survey (COA 3)
- *Readjustment Needs Study (RD1-G)*
- *inTransition (IMHS 13)*
- *inTransition Program Evaluation*
- *Deployment Transition Center Program Evaluation*
- *Real Warriors Campaign*
- *RWC Program Evaluation*
- *Afterdeployment.org*
- *Webinar: Reintegration*
- *Webinar: Family Support Strategies and Techniques*

### Rehabilitation Initiatives

- Cognitive Rehabilitation Pilot Program (13 MTFs) (AP 2.1)
- Define Role of VA Chaplains in MH care (IMHS 23)
- Evaluate MH Impact of Designating Caregiver for Assistance (IMHS 11)
- *DVBIC Regional Care Coordination Program Evaluation*
- *Family Caregiver Guide (TBI)*
- *TBI Case Management Newsletter*

### Surveillance Initiatives

- TBI Exposure Tracking System (AP 2.2b)
- Recommend Quality Measures for MH Services (IMHS 10)
- Coordinate Mechanisms for Evaluation of Patient Outcomes (IMHS 12)
- *Suicide Nomenclature Policy*
- *Expand DoDSER Program (AP 3.2b)*
- *TBI Registry (CP Task 2.3.3b)*
- *PH Database (CPTask 2.3.3a)*
- *Common Data Elements*

Surveillance

Prevention

Screening & Assessment

Diagnosis

Treatment Acute → Recovery

Rehabilitation

Reintegration

Resilience

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



## Impacts Across the Continuum

- Identify and Evaluate Mission Relevant and Active DoD PH/TBI Training Programs (AP 1.7 a/b)\*\*
- Promote Translation of MH Research into Innovative Programs and Policies (IMHS 26)
- Identify all DoD Funded PH & TBI Research (AP 1.1)
- Synthesize all DoD Funded PH & TBI Research (AP 1.8)
- Program Evaluation (AP 1.3)
- Rapid Fielding Program (RS7)
- PH & TBI Network Platform (RS5)
- PH/TBI Supplemental Issue of Military Medicine (Journal) (RS10)
- Gender Differences and Military Sexual Trauma: Explore gender differences in the delivery and effectiveness of MH services (IMHS 28)
- Concept Submission Program (AP 1.6)
- Facilitate Access to Web-Mediated Resources (IMHS 21)
- Military Culture Training: Courses based on integrated DoD/VA curriculum (IMHS 25)
- Review of Pilots (Innovative Programs) (IMHS 27)
- 24/7 Outreach Center
- METC Curriculum Collaboration
- Research Joint Programmatic Committee IPR Participation (JPC-5, JPC-6 and JPC-8) (RS15)
- Host Annual Conferences (WRC, TSC, SPC)
- Training Effectiveness Toolkit

## Other

- [Formalize coordination of DoD/VA research platforms (CP Task 3.1.5)]
- [Establish a Central IRB for PH and TBI Research (AP 1.5) NOTE: Temporarily on hold]
- Identify and propose mechanisms for reviewing the activities of relevant outside organizations and developing collaborations or partnerships (IMHS 18)
- Identify partnerships and pursue MOUs/MOAs with government and non-government agencies, public private partners and academia (CP Task 2.1.7)
- Leadership Training (LA3-A)\*\*
- Stakeholder Reports and Inquiries

**Note:** The Impact on the Continuum of Care largely represent initiatives by DCoE with plans to include Component Center initiatives as a next step.

# Sample Activities Across the Continuum of Care

## Surveillance Initiatives

- TBI Exposure Tracking System (AP 2.2b)
- Expand DoDSER Program (AP 3.2b)

## Prevention Initiatives

- R&P Study Project (RP 10)
- Joint Publication on Total Force Fitness

## Screening & Assessment Initiatives

- In Theater Protocols for PTSD & Depression
- Mood Tracker Mobile App
- PSTD Coach Mobile App

## Diagnosis Initiatives

- In Theater CPGs (DoD-I) (AP 2.2a)
- DTM 09-033: Management of Concussion / mTBI in Deployed Setting

## Treatment Initiatives

- Co-Occurring Conditions Toolkit: mTBI & PH
- Respect-MIL
- Web-based TBI Case Studies

## Rehabilitation Initiatives

- Cognitive Rehabilitation Pilot Program (13 MTFs) (AP 2.1)
- Family Caregiver Guide (TBI)

## Reintegration Initiatives

- inTransition (IMHS 13)
- Real Warriors Campaign
- Afterdeployment.org

## Across the Continuum Initiatives

- Promote Translation of MH Research into Innovative Programs & Policies (IMHS 26)
- Program Evaluation (AP 1.3)
- METC Curriculum Collaboration
- Host Annual Conferences (WRC, TSC, SPC)

Surveillance

Prevention

Screening &  
Assessment

Diagnosis

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Acute → Recovery

Rehabilitation

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Resilience

# Summary of IMHS Efforts

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

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

# Gray Team 4: Background

- Hand selected experts on “invisible wounds of war” matters, representing:
  - Service chiefs
  - Combatant commands (COCOMs)
  - Chairman of the Joint Chiefs of Staff (CJCS)
- Used OODA (Observe, Orient, Decide, Act) loop methodology
  - Theory developed 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

# 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

# Gray Team 4: Findings & Recommendations

Findings
Found Variations in Care
Need to Improve Sleep Hygiene
Need to Improve Behavioral Health Extenders
Complementary Alternative Medicine (CAM) Approaches Are Well Accepted
Pre-Deployment Screening Can Work
TBI DTM Works
Concussion Care Centers
Leadership

Recommendations
Embedded TBI Care for High Risk Units
Embedded Behavioral Health Providers
Mobile Care Team Concept Expansion
Automated Neuropsychological Assessment Metrics (ANAM) Use for Return to Duty
Supplement Use
Unit Resilience Training
Integrated Warfighter Management
Psychological First Aid



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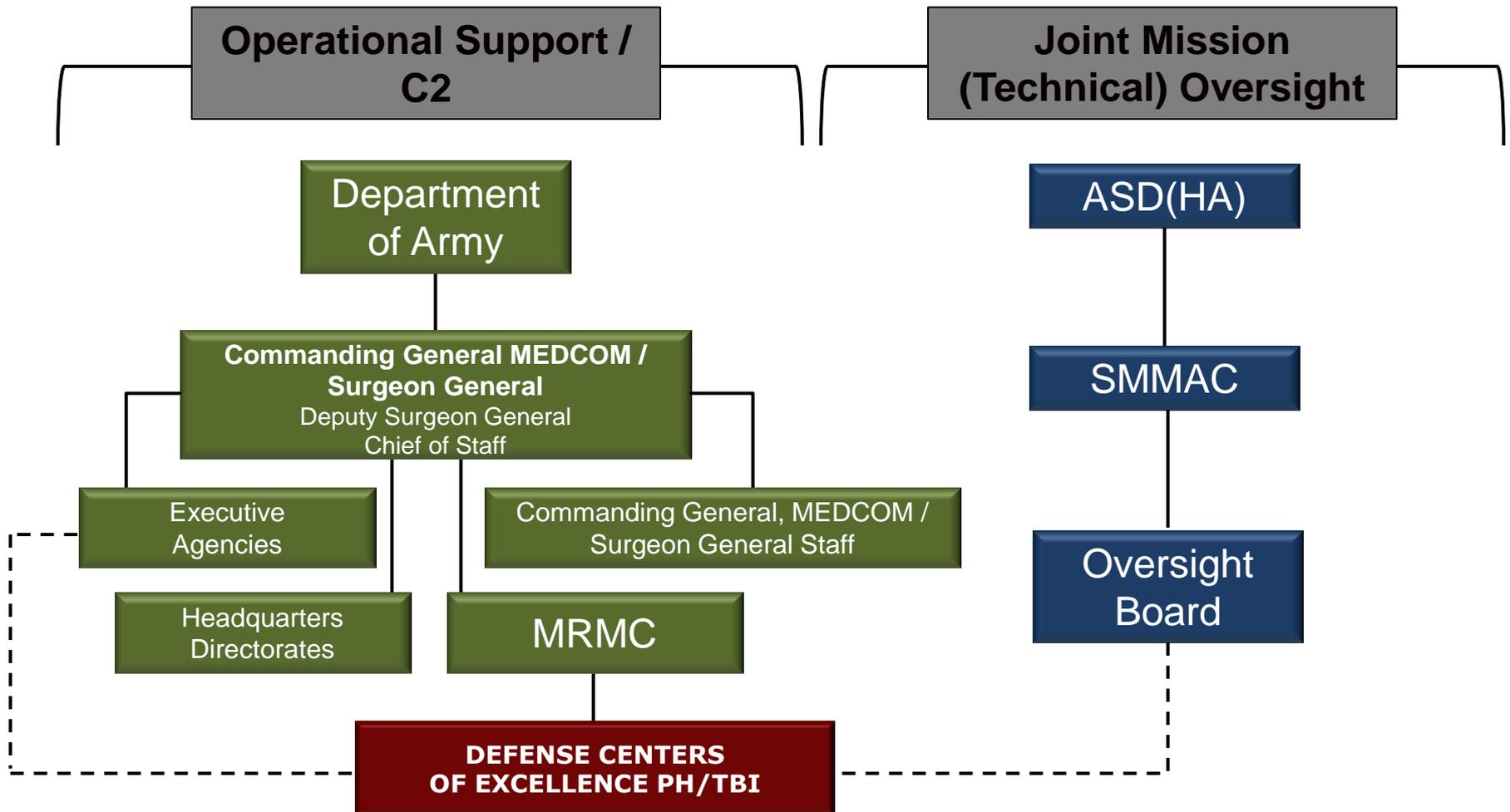
# DCoE Governance Update

- In April 2011 the Under Secretary of Defense for Personnel and Readiness directed<sup>1</sup>:
  - 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**

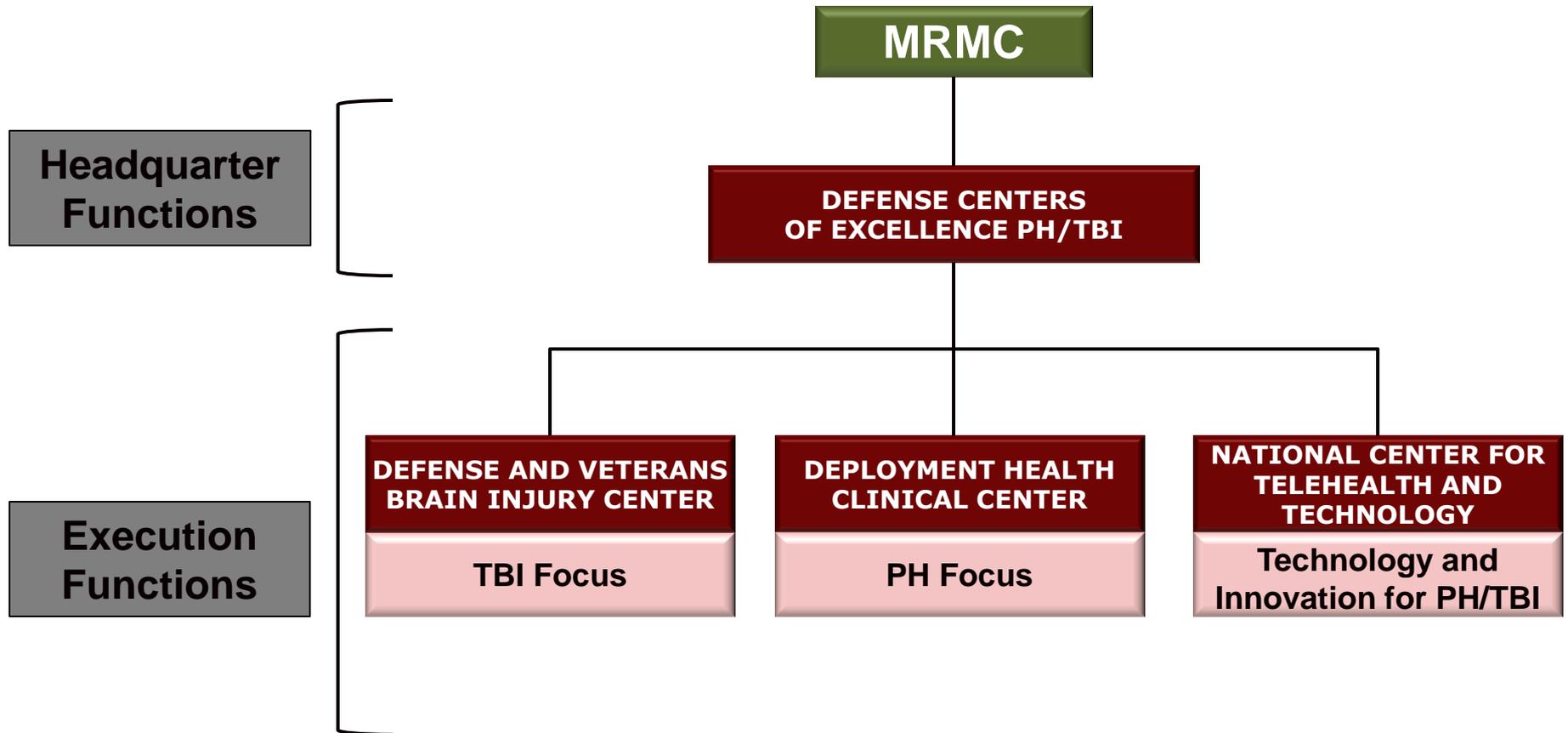
<sup>1</sup>As documented in the April 2011 Report to Congress on the Department of Defense Medical Centers of Excellence



# DCoE's Proposed Future Governance



# DCoE's Proposed Future Governance (cont.)



Resilience ★ Recovery ★ Reintegration