

DEFENSE CENTERS OF EXCELLENCE

For Psychological Health & Traumatic Brain Injury

2 0 1 3

annual
report



Welcome Letter

Mission

The mission of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury is to improve the lives of our nation's service members, families and veterans by advancing excellence in psychological health and traumatic brain injury prevention and care.

Vision

DCoE strives to be the trusted source and advocate for psychological health and traumatic brain injury knowledge and standards for the Department of Defense, and to profoundly improve the system of care.

Dear Stakeholders,

I am extremely proud to present the 2013 Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) Annual Report. There is a famous quote that states, "The only victor in war is medicine." This quote accurately articulates the fact that the advancements made in military medicine are often only as a result of wartime discoveries. The Military Health System has greatly benefited from the lessons learned in Iraq and Afghanistan and it must not be forgotten that the psychological health and traumatic brain injury challenges facing today's veterans will endure long after the current conflicts.

As a Defense Department center of excellence our primary objective is to identify and close gaps and recommend enhancements and improvements for implementation across the system of care. This is achieved through the promotion of research, clinical, educational and policy activities focused on an associated group of clinical conditions affecting the military and veteran populations. Regardless of whether the military is engaged in armed conflicts, we must continue to remain agile and vigilant in our efforts to promote health and readiness across the system of care to quietly influence the care delivered to millions every day.

In 2013, DCoE developed and disseminated 14 clinical recommendations and support tools to address posttraumatic stress disorder, substance use disorder, opioid therapy for pain management, visual dysfunction following mild traumatic brain injury, and neuroimaging in mild traumatic brain injury. These tools are intended to standardize and improve the evidence-based psychological health and traumatic brain injury care delivered in both the military and civilian settings.

Creating awareness through education in order to disseminate the most current and sound psychological health and traumatic brain injury evidence-based care standards is the bedrock for many of our strategic initiatives. The constant need to take stock of our efforts is essential to ensure positive and sustainable growth. To this end DCoE completed phase one of the Program Evaluation and Improvement initiative to assess and evaluate 167 Department of Defense psychological health programs to monitor and foster a change in culture across these programs.

I hope that you will read this year's report in its entirety in honor of those who continue to face the unseen battles at home and ensure that the progress and advancements made in military medicine over the last decade are not forgotten.

Richard F. Stoltz
CAPT, MSC, USN
Director

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DCoE at a Glance

FEBRUARY 1992	Defense and Veterans Head Injury Program established; later renamed Defense and Veterans Brain Injury Center
JUNE 1995	Gulf War Health Center established; later renamed Deployment Health Clinical Center
NOVEMBER 2007	Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury established
JANUARY 2008	Establishment of National Center for Telehealth and Technology
JUNE 2008	Groundbreaking ceremony of National Intrepid Center of Excellence (NICoE)
JUNE 2010	Defense Department releases Policy Guidance for Management of Concussion/Mild Traumatic Brain Injury in the Deployed Setting
SEPTEMBER 2012	DCoE and centers receive Defense Department Joint Meritorious Unit Award
JANUARY 2013	Defense Department Directive designates DCoE a DoD Executive Agency under U.S. Army

2013 AWARDS

DCoE received a 2013 American Graphic Design Award from Graphic Design USA for the DCoE 2012 Annual Report.

Military Kids Connect® received four awards in 2013: a Telly Bronze Award, a Silver Award from Television, Internet & Video Association of DC and two Communicator Awards of Excellence from the International Academy of Visual Arts.

T2's research work was honored with the 2013 American Military Surgeons of the U.S. Research and Development Award.

DCoE History

War historically inspires advances in medicine. Tourniquets, antiseptic, penicillin, medical evacuation by helicopter and vital vaccines were all discovered during times of war.

During the last 10 years, due in part to the most recent military conflicts, our nation witnessed remarkable advancements involving the human brain. Our military members report posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) as common injuries. These injuries, and the people dedicated to the recovery of our service members and veterans, ignited significant research and advancement of clinical care and prevention strategies.

Congress established Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) in 2007 as the lead Defense Department agency responsible for the advancement of psychological health and TBI prevention and care in the Military Health System (MHS). DCoE evaluates, integrates and promotes psychological health and TBI practices and policies across the services.

DCoE oversees three centers: Defense and Veterans Brain Injury Center, Deployment Health Clinical Center and National Center for Telehealth and Technology. As an enterprise, DCoE works to:

- Identify priorities and gaps in policy, practice and research
- Create clinical tools and recommendations
- Promote scientific or evidence-based care practices
- Lead program evaluation efforts and effectiveness studies and assess cost saving measures

DCoE has experienced tremendous change and growth as an organization. This year, DCoE aligned under U.S. Army Medical Research and Materiel Command (MRMC) as a Department of Defense executive agency.

Additionally, the organization went through an internal restructure to improve efficiency and reduce redundancies by integrating former DCoE directorates into existing centers. DCoE completed the restructure while remaining focused on the mission and continuing work on programs and resources to improve prevention and care for psychological health conditions and TBI.



DCoE recognizes that advancement cannot happen without the help and knowledge of others. To get the best care possible for our warriors, veterans and families, DCoE works with military, government and academic partner organizations to identify gaps, eliminate redundancies, and prioritize needs in psychological health and TBI research. DCoE plays an important role in both the psychological health and TBI quad service working groups. Additionally, the organization receives guidance from various sources which include, but are not limited to:

- National Defense Authorization Acts
- Department of Defense Task Force on Mental Health
- Department of Defense Suicide Prevention Task Force recommendations
- Department of Defense and Department of Veterans Affairs Integrated Mental Health Strategy
- Senior Military Medical Advisory Council
- Health Executive Council
- Joint Executive Council
- Formal research programs



U.S. Army photo by Staff Sgt. Teddy Wade

The Centers



Deployment Health Clinical Center (DHCC)

Mission: To promote the innovation, delivery, quality, effectiveness and measurement of psychological health care across the MHS through population-based, system-level initiatives, research, advocacy, implementation support and coordination.

For more than 15 years, DHCC has worked to improve deployment-related health care. The center seeks to transform military health care delivery systems from a disease management model to a more effective and efficient population-based collaborative model of care through health systems research, program implementation support at military treatment facilities, and program evaluation services.

DHCC promotes patient- and family-centered care through provider education and the development of care systems that meet the deployment-related and behavioral health needs of our service members. Integrated and collaborative primary care delivery systems reduce stigma, ensure that providers meet service member needs, and help service members fully reintegrate after deployment.

The center's vision is to drive system change that enhances clinical and health outcomes related to psychological health and optimizes service delivery mechanisms across the Defense Department.

DHCC is organized around these focus areas:

- Primary Care Behavioral Health (formerly RESPECT-Mil): Improve early identification/treatment and access to care for psychological health issues through the integration of behavioral health in primary care
- Population Health: Develop, implement, manage and coordinate programs delivered across the continuum of care as well as outside the medical context to promote resilience and to prevent psychological health problems
- Specialty Care: Develop and implement evidence-based treatments and clinical support tools to promote better psychological health specialty care and improved health outcomes

- Health Systems Research and Analysis: Conduct innovative research to improve the psychological health system of care within the MHS; oversee the DHCC research portfolio — including internally and externally funded investigations; and coordinate with partnering research organizations
- Health Systems Effectiveness: Coordinate and provide program monitoring and evaluations services to all DHCC programs; serve as the principle liaison between DHCC and DCoE headquarters on matters related to program effectiveness; carry out program evaluation activities, as needed, to support external clients; and oversee projects related to metrics and measurement
- Administration and Operations: Oversee and support all the administrative and operational needs of the other DHCC teams, serve as the principle liaison with DCoE headquarters to coordinate and synchronize mission, taskings, and organizational governance matters, and provide information management, information technology, Web services and communications support for all DHCC teams



Defense and Veterans Brain Injury Center (DVBIC)

Mission: To serve active-duty military, their beneficiaries, and veterans with TBI through state-of-the-art clinical care, innovative clinical research initiatives and educational programs, and support for force health protection services.

DVBIC was founded in 1992, largely in response to the first Persian Gulf War, under the name Defense and Veterans Head Injury Program. At that time, its goal was to integrate specialized TBI care, research and education across military and veteran medical care systems. Twenty years later DVBIC is a network of 16 centers, operating out of 11 military treatment facilities and five VA polytrauma centers. The specific activities vary at each site and include research; helping service members, veterans and their families find and use the right services for their needs; providing education in military and civilian settings; providing direct care to service members; and assessing TBI injury data.

DVBIC treats, supports, trains and monitors service members, veterans, family members and providers who have been affected by TBI.

DVBIC assists the MHS by performing pre-deployment provider training and provider training at military treatment facilities, gathering data mandated by Congress and the Defense Department, and overseeing research programs. The center treats service members and veterans with mild, moderate or severe TBI, and helps them from the moment of injury to their return to duty or reintegration into the community. DVBIC develops, provides and distributes educational materials for both military and civilian providers, families, service members and veterans. In 2013, DVBIC disseminated more than 630,000 educational materials and provided or participated in 785 educational briefs, presentations or events to a total audience of more than 57,000.

The Defense Department has further solidified DVBC's role by naming it the office of responsibility for these tasks:

- Creation and maintenance of a TBI surveillance database to describe the scope of the TBI issue
- Chair of the chartered Neurocognitive Assessment Implementation Working group (NAIWG)
- Design and execution of a 15-year longitudinal study of the effects of TBI in Operations Iraqi and Enduring Freedom service members and their families
- Design and completion of independent head to head study to evaluate the reliability and validity of computerized neurocognitive tests
- Design and execution of a study of the effectiveness of cognitive rehabilitation for mild TBI



National Center for Telehealth and Technology (T2)

Mission: To lead the innovation of health technology solutions for psychological health and TBI, and deliver tested, valued health solutions that improve the lives of our nation's warriors, veterans and their families.

The center's vision is world-class health care and optimized health in the Defense Department through effective leveraging of behavioral science and technology.

The advanced health technology solutions of T2 are user-friendly, valued by warriors and cost-effective. These qualities align with the Military Health System "Quadruple Aim" to ensure readiness, population health, experience of care, and responsible management of the total cost of health care. T2 also supports Defense Department goals of:

- Increasing access to care
- Establishing best practices and quality standards for health technology and telehealth
- Reducing military suicide rates and prevalence of stigma associated with seeking behavioral health services

T2 leads the Defense Department in applying existing and emerging technologies for delivering psychological health care options to the military community.

The center is organized into Mobile Health, Telehealth, and Emerging Technology programs, which are supported by the divisions of Technology; Operations; National Capital Region; and Research, Outcomes and Investigations.

Collective Accomplishments

Research

Resources and Tools

Clinical Support Tools; Programs; Projects; Mobile Apps; Websites

Education and Training

Program Effectiveness

Leadership and Collaboration

Research

DCoE has more than 75 active psychological health and TBI research protocols. Through this innovative clinical research, DCoE is able to promote evidence-based care practices and care standards to advance psychological health and TBI prevention and care. These targeted actions help patients, health care providers and policy makers take action and make informed decisions. Examples of these research efforts are detailed below.

15-year Longitudinal Study

This study is a long-term longitudinal study on TBI in Operation Enduring Freedom and Operation Iraqi Freedom service members and veterans. The study (in year four) develops a data repository of clinical and health data and bio specimens collected from injured and non-injured service members. It documents long-term outcomes throughout 15 years to improve understanding of TBI in a military cohort. In 2013, the studies developed an integrated approach with the VA longitudinal study that is part of the Chronic Effects of NeuroTrauma Consortium.

Study of Cognitive Rehabilitation Effectiveness in Mild TBI (SCORE!)

This study evaluates the effectiveness of integrated cognitive rehabilitation treatments, including computer treatments geared to improve brain fitness, in veterans of Operation Enduring and Iraqi Freedom with a history of mild TBI.

ProTECT III

Progesterone for the Treatment of TBI, commonly referred to as ProTECT III, is a trial study to determine if progesterone, a hormone normally found in the human body, is useful in limiting the amount of brain damage from TBI. As part of the National Institute of Health Neurological Emergencies Treatment Trials system, the goal of this study is to evaluate progesterone in moderate and severe TBI.

Stepped Enhancements of PTSD Services using Primary Care (STEPS UP)

This randomized effectiveness trial tests several enhancements to the RESPECT-Mil and patient-centered medical home models for the management and treatment of PTSD and depression in active-duty service members. These enhancements add to existing models by offering evidence-based Web and telephone therapies, additional care management training in problem solving, behavioral activation and motivational interviewing, and the option for telephone care management. The trial launched at six data collection sites, and study recruitment was completed in August 2013.

Virtual Reality Exposure Therapy Clinical Study

The multi-year randomized clinical trial of the Virtual Reality Exposure Therapy study completed in 2013. This study, funded by Congressionally Directed Medical Research Programs, was the first study of prolonged exposure treatment in an active-duty setting. The study compared traditional prolonged exposure treatment to treatment augmented by the use of virtual reality simulations of the kinds of combat experiences that precipitate post-traumatic stress. Results are planned for publication in 2014.

** A comprehensive list of research articles published in 2013 can be found on page 29.*



U.S. Air Force photo by Senior Airman Renae Kleckner

RAND STUDIES

“Gatekeepers in the Army and Marine Corps Suicide Prevention Program: Perspectives of Chaplains and Non-commissioned Officers” identifies factors that may help chaplains and non-commissioned officers prevent suicides. Expected publication 2014.

“Postvention in the Department of Defense: The Evidence, DoD Policies and Procedures, and Perspectives of Survivors” helps military leaders respond to military suicides in their ranks and summarizes current Defense Department and service-specific policies and procedures for responding to military death generally and suicide specifically. Expected publication 2014.

“Deployment Life Study: Defining and Measuring Family Readiness” evaluates aspects of family readiness to determine what behaviors and programs best buffer and protect families from negative effects associated with deployment. Expected publication 2015.

“Family Resilience in the Military” identifies and reviews a set of key metrics, constructs and related outcomes associated with family resilience, setting the stage for future evaluation of the Defense Department sponsored family resilience programs. The project will also outline short-, medium- and long-term goals to create a Defense Department support infrastructure to facilitate family resilience program evaluations across all components. Expected publication 2014.

“Sleep in the Military: An Evaluation of Military Programs and Policies — Sleep Resources and Tips for Line Leaders” identifies the prevalence of poor sleep quality and sleep disorders among military personnel returning from deployment and seeks to identify practices and programs related to improving sleep quality across the Defense Department. Expected publication 2014.

“Stigma Reduction Efforts in the Department of Defense” looks at stigma reduction strategies both across the services and Defense Department as a whole, to identify programmatic strengths as well as gaps that should be addressed. Expected publication 2014.

“Framework for Quality Assessments of Department of Defense Traumatic Brain Injury and Psychological Health System of Care” develops a framework to assess quality of care being delivered, conducts an extensive review of existing quality measures for psychological health conditions, identifies candidate measures for consideration, and prepares detailed descriptions of more than 50 candidate quality measures. Expected publication 2014.

“Availability and Efficacy of Military-culture Appropriate Psychological Health Treatment and Services for Geographically Distant U.S. Service Members and their Families” is the Defense Department’s first attempt to evaluate the degree of access to high quality psychological health care — delivered in a culturally competent manner by providers familiar with military culture — to service members and their families in remote or rural areas. The study has constructed a novel geospatial mapping of where beneficiaries reside calculating their location relative to mental health clinics located at the nearest military treatment facilities

(MTFs). It also categorizes rural mental health care risk and care utilization, identifies best practices, and provides recommendations on how to meet the mental health care needs of these service members and families. Expected publication 2014.

“Assessment of the Impact of Fidelity to Clinical Practice Guidelines on Treatment Outcomes for Posttraumatic Stress Disorder and Major Depressive Disorder in the MHS” describes the extent to which mental health providers in the MHS implement evidence-based health care consistent with established clinical practice guidelines for PTSD and major depressive disorder, and evaluates the relationship between guideline-consistent care and clinical outcomes for these conditions. Expected publication 2014.

“Cost-effectiveness of Integrative Medicine Approaches to the Prevention and Treatment of Psychological Health Conditions and TBI in the Department of Defense” seeks to determine the availability of complementary and alternative medicine and integrative medicine in MTFs, the procedures related to its use, and the extent to which it is used for the prevention and treatment psychological health problems and the treatment of TBI. Expected publication 2014.

“Psychological Health Treatment Needs and Outcomes of Minority Service Member Groups in DoD” analyzes the behavioral health care needs of diverse demographic groups in the military. The study will research mental health care utilization and treatment preference differences between minority groups and non-minority groups in the military and between minority groups in military and civilian populations.



U.S. Marine Corps photo by Sgt. Denise M. Serrano

Tools

Back to School: Guide to Academic Success After Traumatic Brain Injury

DVBIC created a guide for service members and veterans with ongoing TBI symptoms who are coping with the challenges of returning to college, university or vocational school. Additional complementary multimedia, fact sheets and other resources related to academic success after a TBI are available. Providers can use this guide as a teaching tool to help their patients build a list of helpful contacts, track their progress and create a detailed schedule to manage their time.

Quarterly TBI Surveillance Reports

DVBIC is the Defense Department office of responsibility for tracking TBI data in the U.S. military. The DVBIC website provides numbers (updated quarterly) for service members diagnosed with TBI since 2000, listed in total and identified by service and injury severity. In 2013, DVBIC broadened data source partnerships, established a data use agreement with TRICARE Management Activity, expanded surveillance capabilities with internal and external stakeholders and developed major reports to guide and influence staffing and policy, to include the Event Monitoring Summaries, Medical Encounters Report, TBI Worldwide Numbers report and others.

Quarterly Blast Exposure and Concussion Incidence Reports

DVBIC analyzed reporting variables and provided a historical comparison of previous data for the Defense Department in quarterly reports from the Blast Exposure Concussion Incident Report database.

Department of Defense Suicide Event Report (DoDSER)

T2 developed the fifth annual Department of Defense Suicide Event Report (DoDSER). This comprehensive report standardizes suicide surveillance efforts across the services to support the Defense Department's suicide prevention mission. The DoDSER is a collaborative effort among the Defense Department's Suicide Prevention and Risk Reduction Committee, the services' Suicide Prevention Program managers and T2.

TBI Case Management Guides

DVBIC published five case management resource guides containing quick-reference materials for military case managers supporting service members with TBI. The guides are organized by TRICARE regions to make identifying resources easier.

Telehealth and Technology Web Resource Locator (TTWRL)

The website, TTWRL (pronounced "twirl"), was launched in 2013 to support Defense Department and VA TBI case managers and care coordinators in their work with service members, veterans and their families dealing with TBI and associated psychological health concerns.

CLINICAL SUPPORT TOOLS

PTSD Clinical Support Tools

DCoE led the development of five Defense Department and VA PTSD Clinical Support Tools for health care professionals, service members and their families. The tools provide information and guidance on symptom recognition, diagnosis, treatment options, common co-occurring conditions and recovery.

Management of Opioid Therapy for Chronic Pain

DCoE developed clinical support tools, including a patient education guide, to help providers who administer and direct opioid therapy for chronic pain in VA or military clinical settings. The tools support evidence-based treatment that complies with the "VA/DoD Clinical Practice Guideline for the Management of Opioid Therapy for Chronic Pain."

Neuroimaging Following Mild TBI in the Non-deployed Setting

To provide guidance on the use of neuroimaging for mild TBI, DCoE developed a clinical recommendation and companion clinical support tool to assist providers with imaging from the acute through chronic stages following mild TBI in the non-deployed setting.

Assessment and Management of Visual Dysfunction Associated with Mild TBI

To help primary care providers assess and manage patients complaining of vision problems, DCoE, in collaboration with Vision Center of Excellence, developed a clinical recommendation and reference card. The new resources offer a practical approach for providers to identify patients with mild TBI who may benefit from further eye or vision evaluation and care.

PROGRAMS

Primary Care Behavioral Health

The behavioral health component of the Patient Centered Medical Home program, formerly referred to as RESPECT-Mil, operated in more than 95 clinics at 49 Army, Navy and Air Force sites. In 2013, total patient visits of 952,726 were screened (93.6 percent of total visits), 114,019 visits generated positive screens for PTSD and/or depression, and 53,023 resulted in a behavioral health diagnosis. Program participation continues to increase with approximately 74,273 visits screened per month. Throughout the life of the project, more than 25,282 soldiers have been referred to the program and more than 123,344 (nearly 31,832 in 2013) soldiers with previously unmet behavioral health needs were referred for care.

DCoE Outreach Center

The DCoE Outreach Center is the only Defense Department resource center dedicated exclusively to psychological health and TBI concerns. The center is staffed 24 hours a day, seven days a week by licensed clinical staff with a master's degree or higher. No personally identifiable information is needed to prove status or ask for information – the center aids all of the services, National Guard and Reserve members, veterans, military families, health care providers, researchers and the general public. The DCoE Outreach Center has collaborative agreements with other Defense Department and VA hotlines and resource centers to ensure that service members, veterans and families get a warm hand-off to the agency or program that can best address their needs.

inTransition

The inTransition program is a collaborative effort between the Defense Department and VA that bridges the gap for service members with psychological health concerns who are transitioning between behavioral health care systems or providers. The program is voluntary and provides coaches who are licensed behavioral health care providers trained in military culture. InTransition staff conducted 42 provider information sessions by video teleconference that were attended by more than 1,117 participants during the year. Briefing materials included information on inTransition, DCoE Outreach Center and other DCoE resources and tools. Program staff also conducted exhibits and briefs at nine Yellow Ribbon Reintegration Program events and 10 military conferences. Throughout the year, the program received 15,465 calls, 3,302 of which became actual intake calls with service members. Ninety-seven percent of the service members offered the program accepted its services.

Real Warriors Campaign

The Real Warriors Campaign is a multimedia public health awareness campaign designed to encourage service members and veterans coping with invisible wounds to reach out for appropriate care or support. Key 2013 accomplishments include producing 31 multimedia products (video profiles, video and radio PSAs, podcasts), securing an interview with the sergeant major of the Army to demonstrate leadership support of anti-stigma efforts, and receiving more than 1.2 million page views on its website (realwarriors.net). Campaign video and radio PSAs aired more than 18,000 times on American Forces Radio and Television Service channels to potential audiences of more than 2 million service members in 177 countries each week, including Afghanistan and Iraq.

PROJECTS

Defense Department Psychological Health Imperatives Dashboard

The Defense Department Psychological Health Imperatives Dashboard is a robust monitoring system that aggregates and analyzes data from multiple Defense Department health informatic systems to provide senior military medicine leaders with information necessary to manage and modify psychological health programming. This initiative will standardize psychological health data collection efforts and reporting formats across the MHS to facilitate detailed comparisons of performance and to identify potential best practices.

Psychological Health Care Documentation Integration

As part of a larger initiative to optimize and integrate psychological health within the MHS, Psychological Health Care Documentation Integration project is facilitating the implementation of structured documentation to address process, outcomes, cost and patient satisfaction to monitor PTSD treatment. In early 2013, DCoE collaborated with the services to adapt the already existing Tri-Service Work Flow Alternate Input Method Form for behavioral health for this purpose.



U.S. Army photo

MOBILE APPS

Developed by T2

Provider Resilience

The “Provider Resilience” mobile app addresses the unique stress of military health care providers. This app has tools to help protect providers from compassion fatigue as they treat patients. Self-assessments in the app show periodic ratings for compassion satisfaction, risk for burnout and secondary traumatic stress. The app also includes tools to reduce work-related stress.

BioZen

The “BioZen” mobile app helps service members use the therapeutic benefits of biofeedback, a technique for gaining control of a person’s body processes to increase relaxation and relieve pain. The app uses wireless sensors to show the user their physical level of relaxation. This is the first portable, low-cost method for clinicians and patients to use biofeedback in and out of the clinic.

Virtual Hope Box

The “Virtual Hope Box” mobile app helps service members focus on positive influences in their life when they are upset or having a bad day. Users can combine meaningful memories with relaxation coaching and distracting activities to help them cope. The mobile app will be released in 2014.

Developed in Partnership

Cognitive Behavioral Therapy for Insomnia (CBT-i Coach)

A companion app used as an adjunct to clinical psychological treatment of insomnia and a stand-alone education tool. Developed in partnership with VA National Center for PTSD.

Stay Quit Coach

Support and information for those who are already in treatment to quit smoking and to help them remain nicotine free even after treatment ends. Developed in partnership with VA National Center for PTSD.

The Big Moving Adventure

Interactive mobile app helps children cope with emotional challenges experienced during the frequent moves of military families. Developed in partnership with Sesame Workshop.

WEBSITES

AfterDeployment

AfterDeployment celebrated its fifth anniversary in 2013. The website continues to deliver useful psychological health and TBI self-care information and assessments for service members, veterans and their families. New features on the website include a redesigned module for sleep disorders focused on enhanced self-care tools. A clinical guide to help health care providers interested in using AfterDeployment tools as part of their in-person practice is complete and will be posted on the website in 2014.

Moving Forward

T2 and VA developed Moving Forward, an eight-module online educational and life coaching program to teach problem solving and stress management skills to our military and veteran populations.

Military Parenting

This free, online course offers a “boot camp” approach to the basics of parenting for military parents. This site is also part of the Integrated Mental Health Strategy (IMHS), a joint initiative of the Defense Department and VA.

Military Kids Connect

Military Kids Connect celebrated its one-year anniversary. New resources were added to the website to address challenging issues and transitions that are common in military life.

Military Pathways

Military Pathways transitioned under the management of T2 in 2013. The website provides free, anonymous mental health and alcohol self-assessments for service members and their families.

Leadership and Collaboration

DCoE provides psychological health and TBI leadership throughout the Defense Department. DCoE engages with strategic partners to increase reach and form a responsive and collaborative network among the Defense Department, VA, government agencies and communities of interest.

Integrated Mental Health Strategy Initiatives

DCoE is the Defense Department lead for 16 of the 28 IMHS actions to increase access to quality clinical services, and ensure continuity of care, treatment settings and transitions between Defense Department and VA. DCoE provides leadership on: **inTransition**, the role of chaplains, resilience programs, telemental health, family resilience, family member roles, community partnership, Web-based self-help strategies, access to Web technology, review of pilot programs, quality measures, patient outcomes, mental health outreach pilot, translation of mental health research and gender differences.

Joint Incentive Fund Projects

DCoE is the Defense Department lead for three DoD/VA enterprise Joint Incentive Fund projects that continue the work started by several of the IMHS strategic actions. These three include the improvement of patient-centered care by integrating chaplains into mental health care; implementation of problem solving training in primary care with resilience programs; and establishment of a practice-based implementation network in mental health through the translation of mental health research.

Working Groups

DCoE leads and participates in a variety of working groups, which provide a platform to promote communication among the services and organizations to ensure the best use of resources to avoid duplication and to improve psychological health and TBI care. Examples include: Psychological Health Quad Service Working Group, TBI Quad Service Working Group, NICOE Satellite Working Group, Chaplain Working Group and DOD/VA Telehealth Work Group.

Military Health System 2013 Telehealth Strategic Planning Forum

The T2 Telehealth Program was the action office for the strategic planning forum in September 2013 on the future of telehealth across the MHS. Dr. Jonathan Woodson, assistant secretary of defense for health affairs, invited senior health care leaders from DoD Health Affairs, military services, VA and new Defense Health Agency to discuss the development of telehealth as a critical health care access, quality and cost-containment tool. Following the forum, T2 established the Telehealth Integrated Product Team directed by Woodson to recommend a formal path for organizing and developing telehealth in the MHS.



U.S. Navy photo by Mass Communication Specialist 1st Class Abraham Essenmacher

Education and Training

In order to advance the treatment and care of psychological health and TBI, it is vital to provide credible and relevant knowledge and resources to key stakeholders including military leadership, health care providers, researchers, service members, veterans and their families. DCoE provides knowledge and education through a variety of education and training resources and venues.

Regional Care Coordinators

As part of the DVBIC Care Coordination Program, in 2013, DVBIC Regional Care Coordinators coordinated the care of active-duty service members and veterans who experienced TBIs while serving in support of Operations Enduring Freedom, Iraqi Freedom and New Dawn. Coordinators completed 651 intakes and 1,256 follow-ups to help guide and support patients in accessing care.

Regional Education Coordinators

DVBIC's Regional Education Coordinators provided 785 outreach briefs and educational presentations related to TBI and reached over 57,000 service members, veterans, families and community-based organization members.

DCoE Monthly Webinars

Monthly webinars provided information and facilitated discussion on a variety of topics related to psychological health and TBI. Each month featured a different topic with presentations by subject matter experts followed by an interactive discussion period. DCoE tailored content for health care providers, but webinars are open to the public. More than 12,100 people attended webinars in 2013.

Virtual Training Events

DCoE hosted one of the Defense Department's first large-scale conferences using a virtual training platform in August 2013. The fifth annual Warrior Resilience Conference had nearly 500 attendees participate, with 300 earning continuing education credits. Featuring 31 sessions 56 speakers the conference was a collaboration of the services, including the National Guard and reserves, Defense Department, VA, RAND Corporation, and Human Performance Resource Center. Presentations focused on prevention and treatment of combat and operational stress injuries, optimizing performance, and enhancing physical and psychological resilience.

In 2013, DCoE also hosted the TBI Global Synapse, "A Summit Without Borders," a three-day online educational seminar for 1,200 military health professionals to educate them on the latest treatments for TBI.



Photo by Sara Goodeyon USAG Wiesbaden Public Affairs

Program Effectiveness

DCoE optimizes quality and efficiency by identifying psychological health and TBI programs that meet measurable program objectives for quality and are cost-effective. Programs are further optimized when they are evidenced-based, promote standardized processes where appropriate and reduce redundancy. Given the clinical complexities and health care costs associated with treating psychological health and TBI conditions, DCoE makes an important contribution to the MHS by identifying ways to increase efficiency, while improving quality.

Psychological Health and TBI Program Effectiveness

DCoE implemented a program effectiveness and improvement capability across psychological health and TBI programs to track and maintain information on program effectiveness and to identify trends, gaps and promising practices to help benefit other programs. As the Defense Department designated agency for determining the effectiveness of psychological health and TBI programs, DCoE conducts program evaluation studies; provides support to individual programs through training, tool kits and additional services; and submits reports to stakeholders. *(See chart on following page)*

Tele-Psychological Health Competencies and Guidelines

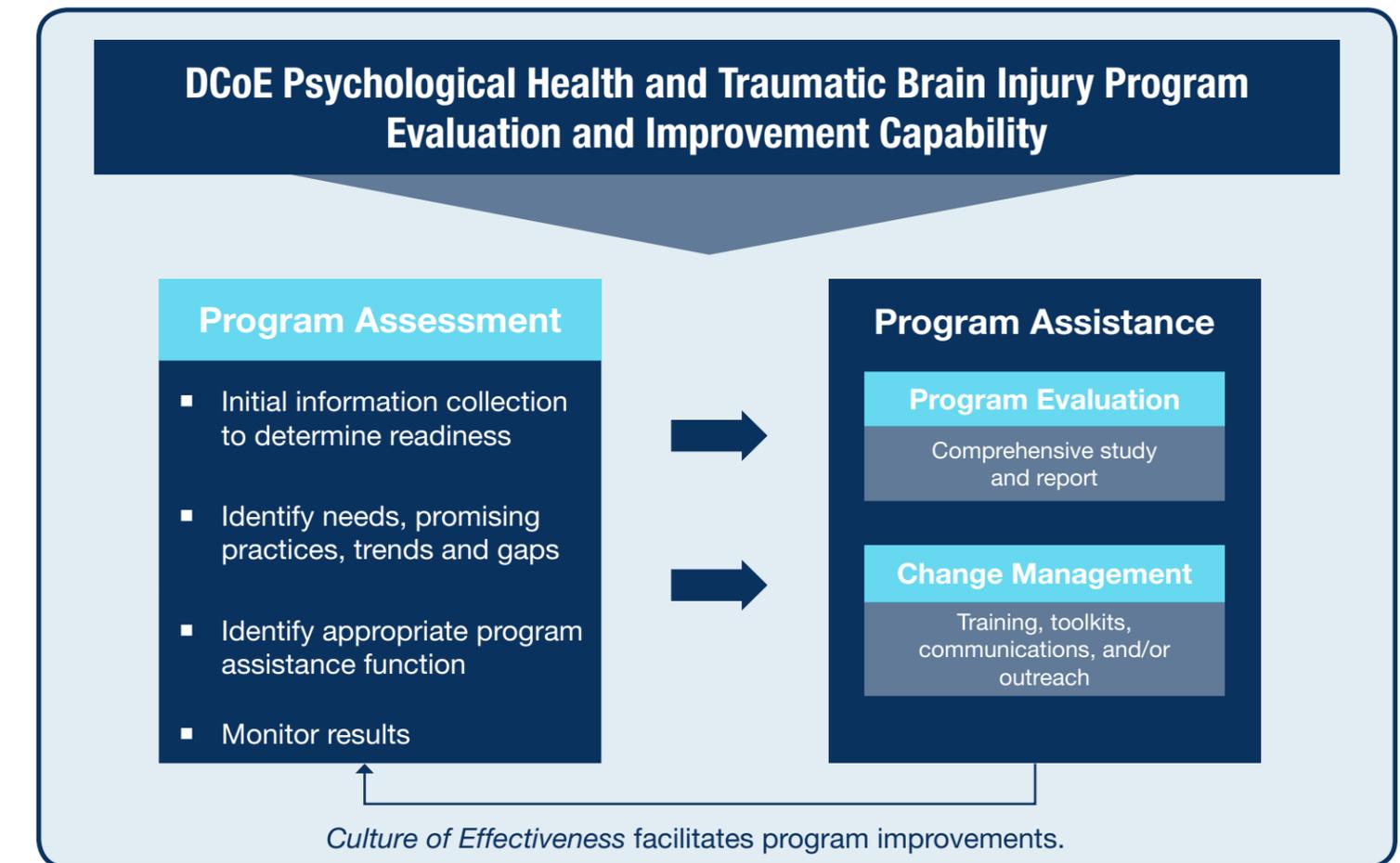
The “Competency Framework for Tele-Psychological Health” refined MHS standards of care for tele-psychological health and tele-traumatic brain injury. The competency framework defines the recommended skill set for entry-level, standard and expert providers and supporters of tele-psychological health services.

RAND Tool Kit for Improving Psychological Health and TBI Programs

To ensure that resources are wisely invested to maximize the benefits of programs to support service members and their families coping from a decade of conflict, DCoE asked the RAND National Defense Research Institute to develop a set of tools to assist with understanding, evaluating and improving program performance. A four-volume tool kit, released in late 2013, helps program overseers answer questions about whether their programs fully address the needs of the population they serve.

Suicide Prevention Program Evaluation Tool Kit

The Suicide Prevention Program Evaluation Tool Kit helps suicide prevention program leaders determine whether their programs produce beneficial effects to help them responsibly allocate resources.



As DCoE moves forward into 2014, we will continue to solidify our identity as the single point of accountability for the advancement of psychological health and TBI prevention and care in the MHS. We pledge to continue to bring our warriors, veterans and their families the best care possible by leading the way on psychological health and TBI initiatives by:

- Continuing to strengthen our relationships with the services by taking a collaborative approach toward evaluation, analysis and standardization of psychological health and TBI information
- Working with partner organizations to identify gaps, eliminate redundancies and prioritize needs in psychological health and TBI research
- Promoting evidence-based practices and care standards by creating clinical tools and care pathways that translate research into practice
- Ensuring stakeholders are aware of DCoE products and services and increasing use of those products and services, especially within the services
- Providing a thorough, robust program evaluation and effectiveness capability to support MHS and service level psychological health and TBI programs

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