

2011 Military Health System Conference

Mental Health Staffing: Where We Were, Where We Are, and Where We're Going

The Quadruple Aim: Working Together, Achieving Success

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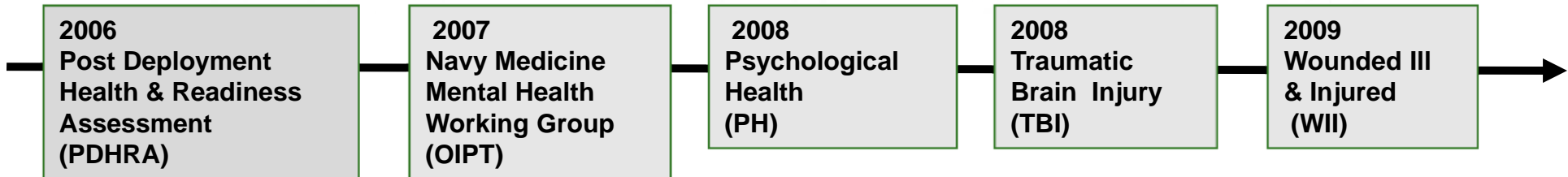
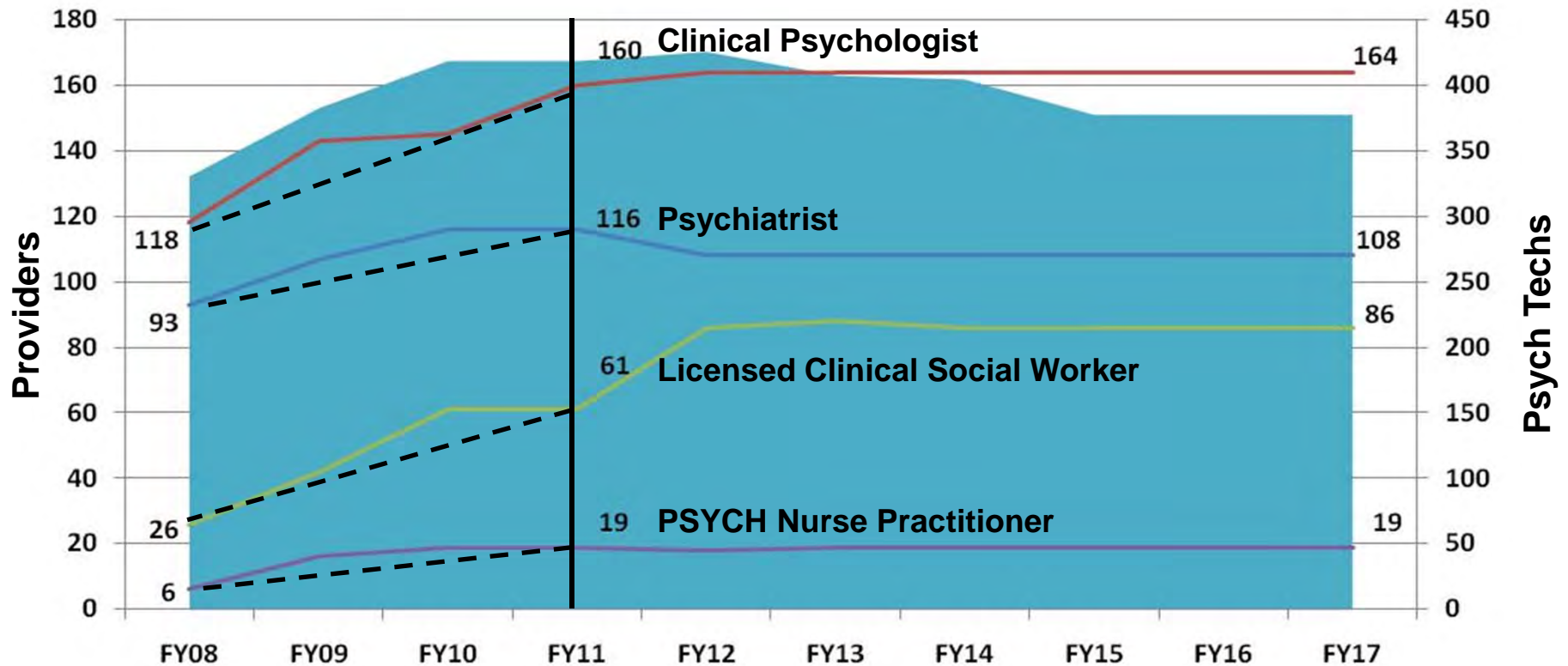
Total Force Background



- Where we were: Oct '07, Mental Health Working Group: needs assessment level
 - 105 provider deficit (Psychiatry, Psychology, Social Work, Psychiatric Nursing) to fill authorized billets and meet deployment requirements
 - Complicating the 105 gap
 - Congressional Mandates: Mil to Civ Conversions, Reversals, and Restorals
 - Scope: Social Work, Occupational Therapy, Audiology
 - Culture: stigma of mental health
- Where we are: evaluating alignment of resources
 - population demand by specialty with the right support ratios, mix, and Federal Service partnering

Staffing: NDAA 2010 SEC. 714

Increase DoD Mental Health Capabilities: Active Duty Navy



Methodology of Moving Forward



- Analyze the shadow effects of the long war:
 - Estimate the size of risk adjusted population demand for psychological health for each environment (MTF, Program, Operational, Home)
 - PHRAMS unique statistical estimation of demand – data source M2
 - Analyze purchased or direct care demand on the health system
 - Demand Based Staffing Model (DBSM) – data source M2
 - Conduct local market labor analysis
 - (ALTARUM Market Staffing Analysis)

Observations & Recommendations



- Funding: infusion of cash drives initial inefficiencies
- Support Staff Ratios: analysis by mental health specialty by tasks and programs
- Enhance use PHRAMS: statistical analysis profiles to improve education, training, and readiness for pre and post deployment
- Explore alternative technologies: telemedicine and personal avatar
- Evaluate feasibility of on/off ramps with the PHS
- Leverage PHRAMS as an approved Tri-service tool, not as the single MHS Model

Questions/Comments



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