



OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

PERSONNEL AND  
READINESS

20 JUN 2019

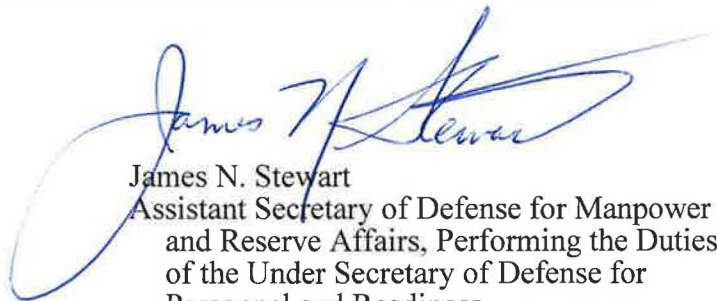
The Honorable James M. Inhofe  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

This letter serves as the report in response to Senate Report 114-255, page 200, accompanying S. 2943, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017, that directs the Secretary of Defense to: (1) review the current staffing, budget, and resourcing of the Center for Forensic Behavioral Sciences (CFBS); (2) evaluate the recommendations provided in the Defense Health Agency (DHA) information paper on the CFBS; and (3) provide a report, as a result of the review. The review of the current status of the CFBS, and a response to the 2015 Information Paper written by Colonel David Benedek, is found in the enclosure. Delivery of this report was delayed due to high-level decisions about mission and manpower, as the DHA takes over administration and oversight of the Military Treatment Facilities, per section 702 of the NDAA for FY 2017 and section 711 of the NDAA for FY 2019.

The CFBS is a multidisciplinary service within the Walter Reed National Military Medical Center (WRNMMC) Directorate of Behavioral Health. CFBS is the only Department of Defense (DoD) accredited fellowship training program for forensic psychiatry and forensic psychology, providing assessment and consultative expertise to military criminal investigation organizations, the intelligence community, and military commanders throughout the DoD. After careful consideration, DHA will maintain the current CFBS configuration at WRNMMC, with the primary mission of providing required forensic training to military psychiatry residents. Forensic evaluations are ultimately the responsibility of the Services' line community, and fall outside the health care mission of DHA. As such, any forensic evaluation requirements that exceed the capacity of the CFBS will remain the responsibility of Service line commanders to meet, and the costs associated with these evaluations should not be covered by Defense Health Program funding. Designated military providers with forensic training, however, may support the Line community for provision of forensic evaluations.

Thank you for interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the Chairman of the House Armed Services Committee.



James N. Stewart  
Assistant Secretary of Defense for Manpower  
and Reserve Affairs, Performing the Duties  
of the Under Secretary of Defense for  
Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Jack Reed  
Ranking Member



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The Honorable Adam Smith  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

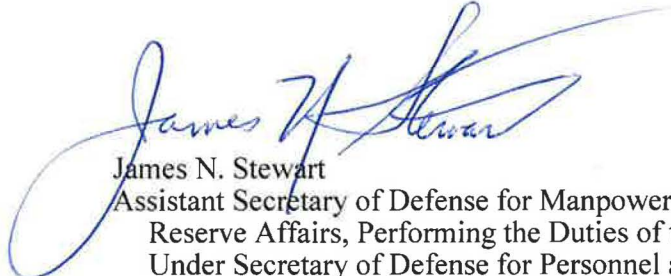
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James N. Stewart  
Assistant Secretary of Defense for Manpower and  
Reserve Affairs, Performing the Duties of the  
Under Secretary of Defense for Personnel and  
Readiness

Enclosure:  
As stated

cc:  
The Honorable William M. "Mac" Thornberry  
Ranking Member

## **Center for Forensic Behavioral Sciences Response**

**Background:** In August 2015, Colonel (COL) David Benedek submitted an Information Paper titled “Expert Behavioral Science Support for Courts-Martial: Challenges and Opportunities” to the Senate Armed Services Committee. In response to that Information Paper, Senate Report 114–225, accompanying S. 2943, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017, directed the Secretary of Defense to review the Center for Forensic Behavioral Sciences (CFBS) staffing, budget, and resourcing, as well as evaluate the recommendations in COL Benedek’s Information Paper and report the results. The CFBS is the only dedicated capability within the Department of Defense (DoD) to offer forensic services in support of the military justice system. The CFBS is also the only accredited fellowship training program for forensic psychiatry and psychology. It is currently staffed with five forensic behavioral scientists and two administrative support staff for a total personnel cost of \$1,330,817.66. The 2015 Information Paper further indicated the CFBS could only support approximately 27 percent of referrals (100 out of 366) from across the DoD, with 69 percent of these referrals involving sexual assault offenses. Private civilian forensic experts met the remaining demand, but at a substantial cost to the Services’ Line community. Although forensic behavioral science is a required training rotation for psychiatrists, forensic evaluations are not clinical care funded by the Defense Health Program (DHP).

The DoD conducted a thorough review as required by the NDAA for FY 2017. The following responses are provided in reference to the courses of action (COAs) specified in the 2015 Information Paper:

**COA #1** – Initiate a fee for service (e.g. Military Interdepartmental Purchase Request) model to allow the CFBS to recover costs associated with providing forensic services outside of the training mission identified by Walter Reed National Military Medical Center (WRNMMC).

**Response#1** – Initiation of a fee for service model would require an Interservice Support Agreement with each of the Services, and possibly several per Service, to account for both the prosecution and the defense. As the Services would pay up to \$25,000 to \$30,000 per case for forensic services. The benefit of this COA in the long-run outweighs the cost to conduct the necessary research, develop, and administratively maintain the Agreements. This reimbursement arrangement with the Line community is the most legally justifiable COA whereby DHP invests in the sustainment and/or expansion of the CFBS.

**COA #2** – Supplement the CFBS’ budget with funding from outside sources (e.g., Sexual Assault Prevention and Response Office).

**Response #2** – There is a finite amount of money for the DoD. Any effort to identify funds from one DoD, or Service Program, to transfer it to another program would be something that is not feasible for the Defense Health Agency (DHA) to accomplish without interagency collaboration of effort and resources. Also, cost sharing legality remains unclear. Finally, this type of re-programming of funds from one program to another would require someone higher than DHA to determine priority of programs, and subsequent funding decisions.

**COA #3** – Re-position the CFBS to an organization outside of the Military Healthcare System (MHS) that is more aligned with the nature of the services provided by the CFBS (e.g., Defense Forensic Science Center).

**Response #3** – CFBS maintains the only American Psychological Association accredited military forensic psychology program in the U.S. While not engaged in the provision or support of healthcare operations, the CFBS to a large extent advances the MHS' mission to support Readiness, and the CFBS's affiliation with a major military medical center is viewed as enhancing the quality standards of the program.

**COA #4** – Expand the CFBS through appointment of Highly Qualified Experts to meet the mission critical demand for expert behavioral science court-martial support.

**Response #4** – CFBS provides in-depth training to Active Duty officers that will foster development of advanced skills as forensic behavioral scientists. The CFBS is the only DoD accredited fellowship training program for forensic psychiatry and forensic psychology, and it provides assessment and consultative expertise to military criminal investigation organizations, the intelligence community, and military commanders throughout the DoD. Forensic evaluations, however, are primarily the responsibility of the Services' line community and fall outside the health care mission of the DHA. Therefore, the DHA will sustain current support and continue to support this critical mission, but anything beyond this would be beyond the scope of responsibilities of the DHA, and will not be supported at this time. Forensic evaluation requirements that exceed the capacity of the CFBS will remain the responsibility of Service line commanders to meet, and the costs associated with these evaluations should not be covered by DHP funding. Designated military providers with forensic training or civilian experts, however, may support the Line community for provision of forensic evaluations.

**COA #5** (not included in the original Information Paper) – Maintain CFBS in its current configuration and staffing at WRNMMC.

**Response #5** – This COA would maintain CFBS at its current capacity to provide forensic support to the DoD, meeting the educational needs of its trainees and providing support for approximately 80 of 220 cases per year, or about 36 percent of the DoD's annual requirement. The remaining requirement will be outsourced to available Active Duty forensic experts located at duty stations other than CFBS or to civilian experts contracted on a case-by-case basis.

**Conclusion:** After careful consideration, the DHA made the decision to adopt COA #5 and continue CFBS staffing at its current level. COAs 1, 2, and 4 might apply if CFBS were to be expanded, which is not recommended; COA 3 might be a future consideration, with re-location to the Service Chiefs of Military Justice, as one example, but will not be implemented at this time as it would not confer a significant advantage over the current arrangement. Additionally, given the services provided at the CFBS fall outside the scope of the MHS, it would be an inappropriate use of DHA capital to fund the proposed expansions and increased staffing set forth in the Information Paper.