

OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

MAR - 9 2016

The Honorable John McCain  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

Section 738 of the National Defense Authorization Act for Fiscal Year 2013 (Public Law 112-239) requires the Secretary of Defense to collect metrics and report on the performance of the warrior care programs of the Military Departments. The enclosed report is the second of five annual reports required by section 738(e)(2) related to the performance of the warrior care programs of the Military Departments in their care for wounded, ill, and injured (WII) Service members.

Overall, the report indicates that the Military Departments' warrior care programs are in compliance with established Department of Defense (DoD) standards for the care of WII Service members. The report concludes that the Military Departments' warrior care programs are well-positioned to adjust as their demographics change from primarily combat wounded Service members to a majority of non-combat ill and injured Service members, and that DoD is in the process of refining policy to institutionalize best practices for warrior care and improve the oversight of warrior care programs. It details the services provided by DoD and the Military Departments to improve Service members' ability to successfully recover, rehabilitate, and transition. The report also provides data on the differences in the structure and operation of the Military Departments' warrior care programs, and includes reports from each program in the appendices.

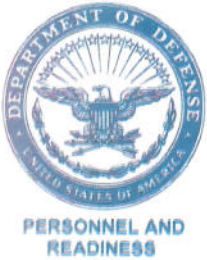
Thank you for your interest in the health and well-being of our Service members, veterans, and their families. The Department will continue its effort to refine performance metrics and policy to provide greater oversight and care to Service members. A similar letter is being sent to the other congressional defense committees.

Sincerely,

Brad Carson  
Senior Advisor to the Under Secretary of  
Defense for Personnel and Readiness,  
Performing the Duties of the Principal  
Deputy Under Secretary of Defense for  
Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Jack Reed  
Ranking Member



OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

MAR - 9 2016

The Honorable William M. "Mac" Thornberry  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

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Senior Advisor to the Under Secretary of  
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Performing the Duties of the Principal  
Deputy Under Secretary of Defense for  
Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member



OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

MAR - 9 2016

The Honorable Thad Cochran  
Chairman  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

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Performing the Duties of the Principal  
Deputy Under Secretary of Defense for  
Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Barbara A. Mikulski  
Vice Chairwoman



PERSONNEL AND  
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

MAR - 9 2016

The Honorable Harold Rogers  
Chairman  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

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Deputy Under Secretary of Defense for  
Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Nita M. Lowey  
Ranking Member



**Required by: National Defense Authorization Act for FY 2013 (Public Law 112-239), Section 738**

The estimated cost of this report or study for the Department of Defense is approximately \$55,000 in Fiscal Years 2015 - 2016. This includes \$43,000 in expenses and \$12,000 in DoD labor.

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## EXECUTIVE SUMMARY

This is the second annual report required by Section 738 of the National Defense Authorization Act for Fiscal Year 2013 (Public Law 112-239). The report requires the Secretary of Defense to submit to the congressional defense committees a report on the performance of the Military Departments' Warriors in Transition Programs using uniform performance outcome measures to track the physical and mental recovery, rehabilitation, and transition of wounded, ill, and injured (WII) Service members from point of injury or illness to a return to military service or to civilian life.

The Services and United States Special Operations Command (USSOCOM) established and institutionalized warrior care programs to support WII Service members through recovery, rehabilitation, and transition within the parameters of Department of Defense (DoD) policy. The *Army Warrior Transition Units*, *Marine Corps Wounded Warrior Regiment*, *Navy Wounded Warrior Safe Harbor Program*, *Air Force Wounded Warrior Program*, and *U.S. Special Forces Care Coalition* provide support to WII Service members who require complex care management.

This report contains an overview of the demographics and performance of the programs and a summary of corresponding DoD policy and oversight efforts. Service-specific reports provide detailed analysis of the performance of each Service's warrior care program. Together these reports include an analysis of:

1. An overview of the warrior care programs and program entry criteria.
2. Data on improvements in the progress of WII Service members enrolled in warrior care programs.
3. Access to health and rehabilitation services for WII Service members, including average appointment waiting times by specialty.
4. The effectiveness of the programs in assisting in the transition of WII Service members to military duty or civilian life through education and vocational assistance.
5. Any differences in outcomes in warrior care programs, and the reason for such differences.
6. The quantity and effectiveness of medical and non-medical case managers, legal support and physical evaluation board liaison officers, mental health care providers, and medical evaluation physicians in comparison to the number of WII Service members requiring such services.

The intent is to provide data on WII Service members who are enrolled in warrior care programs and their progress through the continuum of care from point-of-injury to a return to duty or transition from military service. Overall, each Service warrior care program reports compliance with the standards established in DoD policy. The Department will continue to gather data on the performance of the warrior care programs and report annually to Congress through 2018. The Department is updating policy to institutionalize guidance and procedures for the consistent

and accurate care to our Nation's WII Service members and ensure lessons learned and best practices are implemented to meet future needs.

## **1. OVERVIEW OF THE WARRIOR CARE PROGRAMS**

The Services and USSOCOMs' warrior care programs provide command, case management, and non-medical assistance to WII Service members navigating the recovery, rehabilitation, and transition phases of the military medical treatment system. The programs assist WII Service members through the continuum of care to a successful return to duty or transition to civilian life. Each Service and USSOCOM operate programs within the parameters of policies established by DoD, covering recovery care coordination, rehabilitation, employment and education opportunities, and the transition of WII Service members to care received through the Department of Veterans Affairs (VA). DoD reviews and updates policy on an ongoing basis in coordination with the Services and USSOCOM to incorporate new programs and procedures to deliver consistent, quality care and assist WII Service members' transition to a new normal.

### **1.1. ENTRY CRITERIA**

All DoD warrior care programs are designed to provide non-medical care and support services for WII Service members with complex care needs requiring long-term oversight. Support is not limited to combat injuries. The entry criteria for the Service and USSOCOM programs are outlined below.

#### *Army Warrior Care and Transition Program:*

Active Component and Active Guard Reserve Soldiers must meet one of the following:

1. Soldier has received or is anticipated to receive a profile of more than six months duration, with duty limitations that preclude the Soldier from training or contributing to unit mission accomplishment, and the complexity of the Soldier's condition requires clinical case management.
2. Soldier's psychological condition is evaluated by a qualified medical or behavioral health provider as posing a substantial danger to self or others if the Soldier remains in the unit.

Reserve Component Soldiers must meet all of the following:

1. Soldier's medical condition(s) incurred or aggravated in the Line of Duty during an Active Duty status (contingency or non-contingency) or inactive duty status (inactive duty training, funeral honors duty, etc.).
2. Soldier's condition(s) require(s) definitive care as a specific treatment or a sequence of treatments lasting 30 days or more, as determined and appropriately documented by a medical authority.



3. Treatment is expected either to return the soldier to duty or reach Medical Retention Determination Point and begin the Disability Evaluation System<sup>1</sup> process.
4. This treatment plan will require a major time commitment from the soldier (e.g. three or more medical appointments per week).

*Army Wounded Warrior Program (AW2):* The AW2 Program is designed for the oversight and management of the most severely Wounded, Ill, and Injured soldiers. Soldiers must suffer from wounds, illness, or injuries incurred in the line of duty after September 10, 2001 and receive or expect to receive at least a 30 percent rating from the Disability Evaluation System. The criteria were established to provide care for all soldiers who are expected to medically retire from the Army.

*Marine Corps Wounded Warrior Regiment:* Any Marine with an injury or illness that will require more than 90 days of medical treatment or rehabilitation is referred to the program.

*Air Force Wounded Warrior Program:* Airmen who have an injury or illness requiring long-term care that will require referral to the Integrated Disability Evaluation System (IDES) to determine fitness for duty.

*Navy Wounded Warrior Safe Harbor Program:*

- Any Active Component Sailor or Coast Guardsman who has a serious illness or injury requiring long-term care that may necessitate referral to the IDES to determine fitness for duty.
- Any Reserve Component Sailor or Coast Guardsman whose injury or medical condition must have incurred in the Line of Duty during active status (Active Duty Special Work and Mobilization) or inactive duty status (Active Duty Training, or Inactive duty Training Travel) may qualify for evaluation, treatment, and/or disability evaluation processing while in an Active Duty status.

*US Special Operations Command (USSOCOM) Care Coalition:* Service members of any branch who incur a wound, injury, or illness with a potentially long-term impact while assigned to USSOCOM and subordinate units or while holding a Special Operations occupational specialty code.

## 2. DATA ON SERVICE MEMBER IMPROVEMENTS

WII Service members are enrolled in warrior care programs to recover, rehabilitate, and transition in the aftermath of incurring a wound, injury, or illness. The following table shows total enrollment in warrior care program for FY 2014 through FY 2015.

Army	Navy	Air Force	Marine Corps	USSOCOM
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<sup>1</sup> The Disability Evaluation System (DES) determines the fitness of Service members with medical conditions which potentially inhibit performance of their military duties. See DoD Instruction 1332.18 Disability Evaluation System.

<b>Oct 2014</b>	4,752	786	1,312	963	4,782
<b>Sept 2015</b>	4,355	708	1,694	830	4,897

Enrolled Service members with complex care needs are assigned a non-clinical case manager known as a Recovery Care Coordinator (RCC). All WII Service members develop an Interagency Comprehensive Plan (ICP) at the beginning of the recovery process with the assistance of their care management team (CMT). The CMT consists of the personnel assisting the WII service member’s recovery. It includes at a minimum the RCC and medical case manager, but can also include health care professional(s), nurse case manager, therapist, social worker, chain of command representative, and transition coordinator.

The ICP serves as a roadmap to recovery, rehabilitation, and transition for the WII service member and family. The ICP outlines specific goals and guides the WII service member through the phases of recovery to a transition back to duty or to civilian life. The RCC serves as a single point of contact to help the WII service member navigate through the recovery process and achieve the goals outlined in their ICP, connecting WII Service members to needed resources along the way.

DoD policy requires the assignment of an RCC and the establishment of an ICP within 30 days of enrollment in a warrior care program. In compliance with DoD policy and verified through oversight, the Services and USSOCOM report 100 percent of WII Service members are assigned an RCC and establish an ICP within the 30 day requirement.

In FY 2015, the warrior care programs reported the average duration of WII service member enrollment in their warrior care programs:

<b>Average Enrollment Time in Warrior Care Programs (months)</b>		
<b>Service</b>	<b>FY 2015</b>	<b>FY 2014</b>
<b>Army</b>	10.3	10.4
<b>Navy</b>	22	21
<b>Air Force</b>	8.4	14.2
<b>Marine Corps</b>	22	27
<b>USSOCOM</b>	34.8	8.2

There is no DoD standard for the duration of a WII service member’s recovery. Each service member has unique needs and remains enrolled in a warrior care program as they recovery and

rehabilitate with the assistance of their CMT. Once the CMT determines a WII service member is stable and prepared to transition, a service member will either return to duty or transition to civilian life depending on their fitness for duty. The majority of Service members enrolled in warrior care programs are referred to the Integrated Disability Evaluation System (IDES) to determine their fitness for continued military service.

The Services reported transition statistics for their enrolled population:

<b>Transition Data of WII Service members (%)</b>				
<b>Service</b>	<b>Transition to Civilian Life FY 2015</b>	<b>Return to Duty FY 2015</b>	<b>Transition to Civilian Life FY 2014</b>	<b>Return to Duty FY 2014</b>
<b>Army</b>	78	22	77	23
<b>Navy</b>	90	10	81	19
<b>Air Force</b>	94	6	92	8
<b>Marine Corps</b>	97	3	89	11
<b>USSOCOM</b>	28	72	29	71

With the exception of USSOCOM, the warrior care programs report a significant and growing majority of their WII service member population transition to civilian life when they exit the warrior care programs. The differences in program entry criteria and the types of wounds, injuries, and illnesses incurred by Service members help explain the variation in transition statistics. Consistent and timely care is ensured by DoD policy requiring the development of an ICP and the assignment of an RCC within 30 days.

### **3. ACCESS TO HEALTH CARE AND REHABILITATION SERVICES**

#### **3.1. ACCESS TO HEALTH CARE**

Access to health care and rehabilitation services are the foundation of a successful recovery. Health care access standards are defined in Section 199.17 (p) (5) of Title 32 Code of Federal Regulations. These standards include:

- 30-minute drive time for primary care
- Specialty care appointments within four weeks
- Routine appointments within one week
- Urgent care appointments not to exceed 24 hours
- Emergency room access available 24 hours/7 days per week
- 60-minute drive time for specialty care

- Office wait times should not exceed 30 minutes unless emergency care is being rendered to another patient

The warrior care programs report compliance with established health care access standards. The Air Force noted however, that with respect to acute care in women’s health care clinics, while most facilities meet the one day standard, occasionally this standard may not be met.

In addition, Section 738 of Public Law 112-239 requires the Department to report average appointment wait times by specialty. The Office of Warrior Care Policy (WCP) collects this data from the warrior care programs. The table below provides the average specialty appointment wait times by Service in FY 2015. The reported wait times are aggregate for all beneficiaries (Service members, WII Service members, family members, and retirees).

<b>Average Appointment Wait Time by Specialty (Days)</b>			
<b>Specialty</b>	<b>Army</b>	<b>Navy</b>	<b>Air Force</b>
<b>General Surgery</b>	3.9	11.2	9.0
<b>Eye, Ear, Nose, &amp; Throat</b>	7.5	17.1	17.2
<b>Occupational Therapy</b>	6.1	12.1	9.0
<b>Physical Therapy</b>	5.8	12.9	11.0
<b>Neurology</b>	9.1	21.9	17.2
<b>OB/GYN</b>	5.6	16.1	13.0
<b>Behavioral Health</b>	4.8	10.8	9.5
<b>General Medicine</b>	5.5	5.2	9.5

In addition to the care provided by the warrior care programs, WII Service members have access to a 24 hour 7 day a week Nurse Advice Line. Beneficiaries can speak directly with a registered nurse to help address urgent care questions, receive health care advice, find a doctor, or schedule next-day appointments at a Military Treatment Facility (MTF) or clinic.

The TRICARE regions also established warrior support programs in 2015. These programs are designed to assist WII Service members as they transition from care received at a MTF to care provided through the TRICARE network. The programs include:

- UnitedHealth Military & Veterans Service’s (West region) Warrior Advocate Program is for Active Duty Service members with one or more health conditions that fall into the categories of "high risk", "high cost", and/or "higher acuity." Clinician case managers

consult by phone to provide a collaborative and integrated approach to coordinating health care services. This includes assessing the complex needs of the WII service member and his or her family, and coordinating services appropriately to make sure they receive the best possible care.

- Humana Military’s (South region) Warrior Navigation and Assistance Program helps guide warriors and their families through the military and VA’s health care systems, connect them with community resources, non-medical services, and civilian health care in order to return them to productive lives.
- Health Net Federal Service’s (North region) Warrior Care Support Program provides complete health care planning and coordination services for Service members who have been severely injured or have a combat-related behavioral health diagnosis, and their families.

**3.2. REHABILITATION SERVICES**

DoD’s Military Adaptive Sports Program (MASP) provides adaptive sport and reconditioning opportunities to all medically cleared WII Service members. The goal of participation is to increase holistic quality of life, and help WII Service members realize their new physical and mental capabilities, which may be beyond what they might have previously thought possible. This experience can build confidence that helps in other parts of their recovery. Adaptive sports and reconditioning play a key role in rehabilitation, and is discussed with WII Service members and families while developing and updating their individual ICP.

Participation in MASP is voluntary and requires a clinical clearance from the WII service member’s medical team. Participation in these programs is a key, non-clinical part of rehabilitation, but may not be a focus of Service members who are only beginning the recovery process.

The Department employs 36 MASP Adaptive Reconditioning Site Coordinators who are located at major MTFs and military installations. They are dedicated resources for the local command and interdisciplinary teams, and provide advice and programming guidance on adaptive sports and reconditioning activities for the populations served, and facilitate participation in adaptive sports camps, clinics, and in community-based events.

The table below provides MASP sports-related participation data in FY 2014 and FY 2015:

<b>Activity</b>	<b>Events Conducted FY 2015</b>	<b>Total Participants FY 2015</b>	<b>Events Conducted FY 2014</b>	<b>Total Participants FY 2014</b>
<b>Single Sport Clinics</b>	33	1,222	47	276
<b>Multi-Sport Camps</b>	43	588	23	679

In addition to its sports-related offerings, MASP also offers a wide variety of daily, non-sports activities that focus on holistic healing and preparing WII Service members for a successful, adapted post-transition lifestyle. A major goal of the MASP has been to create sustainable, adaptive lifestyle opportunities, which WII Service members can continue post-transition. Clinically cleared WII Service members have the opportunity to participate in; resilience training, community reintegration training, meditation, gardening, cooking, yoga, music therapy, equine therapy, healing arts program, and assertive living. The table below provides participation data for these daily and community activities.

<b>Activity</b>	<b>Events Conducted FY 2015</b>	<b>Total Participants FY 2015</b>	<b>Events Conducted FY 2014</b>	<b>Total Participants FY 2014</b>
<b>Daily &amp; Community Activities</b>	3,138	89,496	3,666	129,759

The total number of participants dipped slightly in FY 2015 due in part to a decline in the eligible population and a reduction in Disability Evaluation System processing times resulting in a shorter average enrollment duration in warrior care programs. However, the warrior care programs report a growing popularity of MASP, with each program undertaking efforts to increase opportunities and encourage participation. A working group established between DoD MASP and the VA National Sport Program Office has served to increase collaboration and inter-Departmental program development and cooperation. The goal of this partnership is to increase the likelihood that Active Duty MASP participants successfully transition into local VA sports clubs post-service as well as to increase veteran participation in local MASP events.

Many WII Service members who participate in the MASP express interest in adaptive reconditioning and sports occupations and education, yet many are not taking advantage of the education and employment programs offered by WCP. WCP moved to integrate MASP with the Education and Employment Initiative as well as the Operation Warfighter federal internship program. WCP now offers internships with our Adaptive Reconditioning Site Coordinators to WII Service members as part of their recovery. These internships offer WII Service members an opportunity to learn about adaptive reconditioning programming and methods to expand their knowledge and acquire skill sets that will help prepare them to transition into a similar post-Service occupation or education opportunities in fields such as: athletic training, health educator, nutritionist, personal trainer, recreational therapist, strength and conditioning specialist, adaptive physical educator, and athletic coach. Unlike formal medical internships at MTFs, MASP interns are not considered as part of the staff, nor will they provide any medical advice or guidance, handle medical or personal information, or participate in the treatment of patients who participate in the MASP.

MASP events like the Invictus Games and the Warrior Games use the power of sport to inspire recovery, support rehabilitation, and give our WII Service members an opportunity to showcase their resilience as they compete on a world-stage. These events emphasize inclusiveness and the celebration of ability and their achievements along their road to recovery and generate a wider public awareness, understanding, and respect for our Service members and Veterans. To help them prepare for competition, warrior athletes receive specialized coaching in the sports of track and field, swimming, sitting volleyball, wheelchair basketball, archery, shooting, and cycling through camps and clinics funded by the Office of Warrior Care Policy. More than 200 Active Duty and Veteran athletes are selected from a field of hopefuls during joint-Service trials held by the Department each year. Since 2010, over 800 WII Service members and veterans have competed in the Warrior Games.

The first Invictus games were held in September 2014 at the Queen Elizabeth Olympic Park in London, England. For the year preceding the Games, MASP liaised with the United Kingdom, the Services, and USSOCOM to provide programmatic guidance and planning support through event execution to field a U.S. DoD team of 100 athletes to participate in international competition in which thirteen coalition nation's athletes competed in eight sports: Athletics, Wheelchair Basketball, Sitting Volleyball, Cycling, Wheelchair Rugby, Archery, Indoor Rowing, and Swimming. The second Invictus Games will be held in Orlando, Florida in May 2016.

The Services' efforts to encourage participation in adaptive sports and reconditioning include:

- The Air Force integrates adaptive sports and reconditioning into each Airman's recovery plan. It reports increasing adaptive reconditioning opportunities for WII Service members by nearly 400 percent, and it is conducting a research study to measure the effectiveness of its adaptive reconditioning program.
- The Marine Corps expects all Marines physically capable to participate in at least three hours of reconditioning activities a week as part of their recovery process.
- The Navy reports 219 of its WII Service members are registered for adaptive sports, and 60 percent of those enrolled actively participate.
- The Army reports all soldiers enrolled in its warrior care program participate in adaptive reconditioning programs.

## **4. EFFECTIVENESS OF TRANSITION PROGRAMS**

### **4.1. EMPLOYMENT AND EDUCATION PROGRAMS**

It is DoD policy that WII Service members have access to education and employment opportunities during their recovery to promote transition, reduce reintegration times, and develop enhanced career and life skills. WII Service members prepare for the possibility of transition from the start of their recovery. Transition preparation begins with the creation of their ICP and includes steps to advance a WII service member's professional goals. The Education and

Employment Initiative (E2I) and the Operation Warfighter Program (OWF) are voluntary DoD programs designed to provide support to WII Service members ready for participation in transition programs.

OWF is DoD's federal internship program that presents an ideal way for WII Service members to maximize their recovery time, get valuable work experience, and develop new skills that will be beneficial when they either return to duty or transition to civilian life. The E2I program engages WII Service members early in their recovery process to help them plan their futures by offering opportunities in education, training, certification, or employment they will need when they return to civilian life. Both programs have proven integral to WII service member recovery. WII Service members are matched to Federal internships, education or employment opportunities, or a combination based on their goals and available opportunities.

From FY 2014 to FY 2015, there was a steady growth in the WII Service members interested in both programs and the number of commanders who approve participation in these programs. However, during this time, the Services accelerated their medical evaluation processes, thereby reducing the amount of time many of our potential candidates for the OWF program might spend in productive internships, causing a corresponding increase in the number of service member referrals to the E2I program.

During FY 2015, the E2I program received 2,148 WII service member referrals from the warrior care programs. These WII Service members were provided 952 education opportunities and 3,602 employment opportunities for a total of 4,554 matches between their goals and available opportunities. The OWF Program averaged 553 WII Service members participating in internships in each of the 13 federal agencies and Capitol Hill each month with an additional 247 WII Service members each month awaiting agency reviews of their resumes. These internships typically range in duration from three months to one year, at which time the WII service member either returns to duty or transitions to civilian life.

The Services and USSOCOM report utilizing their own transition programs to assist their WII service member population, including:

- The Navy Safe Harbor Anchor Program supported 218 transitioning Service members through a network of peer mentors who have successfully transitioned, and Navy Reserve personnel stationed throughout the country.
- Marines Corps' District Injured Support Coordinators are assisting 601 wounded, ill, or injured Marines, including those transitioning to civilian life.
- The Air Force Wounded Warrior Career Readiness Program supplements DoD transition programs by providing transition subject matter expertise as part of a WII service member's care management team.



- Army Continuing Education System counselors provide career assessments, counseling, financial information, credentialing, and college courses to members enrolled in their Warrior Transition Units.
- USSOCOM’s Care Coalition Transition Initiative provide assistance to 1,161 referred WII Service members since 2013, with 96 percent receiving resume assistance, and 84 percent receiving additional transition services. More than 150 WII Service members have completed internships through the program.

**4.2. DOD TRANSITION ASSISTANCE PROGRAM**

Depending on the extent of the injuries or illness and their progression along the continuum of care, transition preparation may not be appropriate for all WII Service members. However, all Service members, including WII Service members, will participate in the Transition Assistance Program (TAP) before separating from service. TAP provides information and training to ensure all transitioning Service members are prepared for their next step in life whether pursuing additional education, finding a job in the public or private sector, or starting their own business. All transition services are available for WII Service members. Under TAP, Service members receive training through the Transition Goals, Plans, Success (GPS) curriculum, which includes a core curriculum and individual tracks focused on accessing higher education, career technical training, and entrepreneurship. Transition GPS is delivered in a classroom environment and online.

WII Service members who are transitioning from Service must complete four requirements:

- 1) Attend pre-separation counseling.
- 2) Attend VA Benefits Briefings I and II, which explain benefits the Service member has earned and how to obtain them.
- 3) Attend the Department of Labor Employment Workshop which focuses on the mechanics of obtaining employment in today's job market and includes resume preparation, interview skills practicum, and networking.
- 4) Meet career readiness standards (CRS). Commanders must verify that WII Service members meet CRS and that they have a viable Individual Transition Plan (ITP). If the commander determines that a WII service member has not met CRS or does not have a viable ITP, they must conduct a "warm handoff" and put the WII service member in contact with a partner agency such as Department of Labor or VA for follow-up support.

The table below provides TAP performance outcomes as of September 2015:

<b>DoD Transition Assistance Program Performance Metrics</b>		
	<b>DoD Goal</b>	<b>Actual</b>
Percent of Service members who separated and attended (1) pre-separation counseling, (2) Veterans Affairs Benefits briefings prior to their separation, and (3) a Department of Labor Employment	85	94

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Workshop.

Percent of eligible active duty Service members who separated and met Career Readiness Standards prior to their separation.	85	88
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#### **4.3. TRANSITION TO CARE PROVIDED BY THE DEPARTMENT OF VETERANS AFFAIRS**

To improve streamline, synchronize, coordinate, and integrate the full spectrum of care, benefits, and services provided to WII service members as they separate from Service and transition to care provide by the Department of Veterans Affairs (VA), DoD and VA signed a Memorandum of Understanding for Interagency Complex Care Coordination (IC3) Requirements for Service members and Veterans. The IC3 requires:

- 1) Common, interagency, overarching guidance
- 2) A community of practice, connecting the DoD and VA clinical and non-clinical case managers of WII service members and veterans
- 3) A single, shared comprehensive recovery plan for each WII service member and veteran
- 4) The Interagency Comprehensive Plan (ICP) information technology (IT) solution for care coordination to enable data exchange between VA and DoD care coordinators
- 5) The Lead Coordinator (LC) role to serve a single point of contact for WII service members, veterans, and their caregivers during recovery and transition between DoD and VA

The Departments continue to make progress towards achieving these goals. DoD policy requires a member of the care management team must make contact with the VA to conduct a “warm handoff” of the WII Service member and his or recovery plan prior to transition to ensure a seamless transition to the VA upon separation from Service. The lead coordinator checklist (LCC) provides standardized procedures for a LC to facilitate the transfer of WII Service members to care provided by the VA. The warm handoff of the Service member and recovery plan is recorded in the DoD Case Management System (CMS), which was declared the non-clinical case management system of record for all warrior care programs in October 2015.

#### **5. DIFFERENCES IN WARRIOR CARE PROGRAM OUTCOMES**

The warrior care programs differ in several ways, including structure, demographics (including the types of wounds, injuries, and illnesses sustained), and the resources and assistance provided to those who transition from Service.

##### **5.1. PROGRAM STRUCTURE**

The Army provides care through infrastructure dedicated specifically to warrior care support. It established 25 Warrior Transition Units (WTUs), consolidating WII Service members, support staff, leadership, medical personnel, and support services into designated locations. WII Service members eligible for entry into the Army’s warrior care program are removed from their parent units and stationed at WTUs to complete their recovery and rehabilitation. As the Army WII

service member population declines, it announced plans to reduce its number of WTUs from 25 to 14, and proportionally reduce its support staff.

The Navy, Air Force, and USSOCOM warrior care programs rely on a network of care, keeping WII Service members attached to their parent units throughout the recovery process. They provide medical care through local Military Treatment Facilities (MTF) and developed a network of non-medical personnel stationed around the country to support WII Service members while working within the WII service member's chain-of-command. These programs keep Service members in familiar surroundings and are designed to be flexible based on the changing needs of the supported population.

The Marine Corps operates a hybrid model in which acute care cases are enrolled in two fixed wounded warrior battalions, while other WII Service members receive external care, including the assignment of a recovery care coordinator, at major MTFs and VA Polytrauma Rehabilitation centers.

## **5.2. PROGRAM DEMOGRAPHICS AND INCIDENCE OF WOUNDS, INJURIES, AND ILLNESSES**

The warrior care programs report different trends in the composition of their WII service member populations in FY 2015, including the severity of wounds, illnesses, and injuries sustained. Combat wounds have declined across all components over the years as combat operations decline, but the programs have varied expectations for their future size and needs. Despite variations across the Services the total WII service member population remained relatively flat in FY 2015.

- The Army's population continued to decline in FY 2015 following a steep drop in FY 2014. It expects the number of WII Service members enrolled to continue to fall before reaching a steady state in the coming years. The Army announced plans to close 11 of its 25 Warrior Transition Units, and reduce its staffing proportionally to maintain appropriate support for a reduced WII service member population.
- The Marine Corps Wounded Warrior Regiment population declined slightly in FY 2015, continuing a trend from FY 2014. The Marine Corps anticipates its population will remain steady in FY 2016. It continues to experience an increase in delayed onset mental and behavioral health diagnoses, including Traumatic Brain Injury and Post-Traumatic Stress Disorder, which offset a decline in combat casualties. In FY 2015, 83 percent of its WII service member population sustained wounds, injuries, or illnesses outside of a combat zone.
- The Navy Safe Harbor program continues to see strong growth after its program more than doubled in FY 2014. It expects to see continued growth through FY 2018. The Navy cites continued marketing and outreach campaigns to identify Service members who are eligible for entry into the program, and a reduction in the stigma of seeking mental health care for the continued growth. The number of Service members suffering from illnesses, including cancer and PTSD, grew by six percent in FY 2015.

- The Air Force Wounded Warrior Program averaged more than 100 Airmen enrolling in the program each month contributing to the continued growth of its population. It attributes growth to strong outreach efforts to educate Air Force leadership and medical personnel to build awareness of program eligibility requirements.
- U.S. Special Forces Care Coalition population grew slightly in FY 2015. The Care Coalition reports that 95 percent of its WII Service members are enrolled with physical health issues compared to only five percent with behavioral health issues. The Care Coalition reports 72 percent of its WII service member population are able to return to duty.

### **5.3. POST-SEPARATION SERVICES**

The warrior care programs also differ in approaches to assisting WII Service members after they transition to civilian life and care provided by the Department of Veterans Affairs (VA). DoD policy requires a minimum of a “warm handoff” of a WII service member and his or her recovery plan to the VA prior to separation, and the assignment of a VA case manager as the lead coordinator for care. All warrior care programs comply, and all go beyond this minimum requirement to support transitioned Service members in different ways.

- The Army maintains contact with separated veterans and continues to provide non-medical assistance after reintegration into civilian life.
- The Navy Safe Harbor Anchor Program provides transitioned WII Service members with mentorship from Reserve-component personnel and local veterans, operates a call center to respond to inquiries and conduct outreach, and its Transition Services Branch helps Service members make a seamless transition to veteran status.
- The Marine Corps Sergeant Merlin German Wounded Warrior Resource and Outreach Call Center conducts outreach to transitioned wounded, ill, and injured Marines and helps connect them with community and VA resources. District Injured Support Coordinators help provide assistance to those transitioning civilian life that lack nearby access to military facilities.
- Air Force Recovery Care Coordinators continue to serve as an available resource for WII Service members even after their transition to veteran status, and the Recovering Airman Mentorship Program connects enrolled Service members with those who have previously transitioned out of the warrior care program.

These differences reflect the culture of the Services and their WII service member populations, but highlight a continued commitment to WII Service members through transition from Service and beyond. DoD monitors monthly performance metrics of the warrior care programs to ensure that regardless of the differences in the programs they all comply with standards of care established in policy.

## **6. QUANTITIES AND EFFECTIVENESS OF SUPPORT STAFF**

The Military Departments and warrior care programs provide data on the quantity and effectiveness of their support staff. DoD policy establishes maximum workload standards for Recovery Care Coordinators and Physical Evaluation Board Liaison Officers to ensure WII Service members receive the appropriate level of care needed to successfully recover, rehabilitate, and transition.

### 6.1. RECOVERY CARE COORDINATORS

Recovery Care Coordinators (RCCs) are non-clinical case managers that assist WII Service members, their families, and caregivers through the phases of recovery. RCCs are assigned to all WII Service members with complex care needs. DoD policy requires all RCCs attend 40 hours of DoD instruction, and limits the number of WII Service members assisted by an RCC to no more than 40.

As of October 2015, 457 DoD-trained RCCs are providing services to support approximately 12,000 WII Service members, their families and caregivers at 269 installations worldwide. The table below depicts the number of DoD-trained RCCs by Service as of September 2015.

Service	USA	USAR	USN	USAF	USMC	USSOCOM
<b>Trained RCCs</b>	207	22	39	86	45	57

The Services and USSOCOM report compliance with RCC training requirements. All warrior care programs, with the exception of Navy Safe Harbor, report compliance with the maximum RCC caseload ratio in FY 2015. Navy Safe Harbor reports an RCC staffing shortfall in three of its six regions due to its program growth. The Navy is utilizing administrative staff to supplement RCCs to allow them to focus on WII Service members, and plans to address the shortfall through the annual DoD programming and budget process.

Service	Ratio of RCCS to WII Service members
<b>Army</b>	1:13
<b>Navy</b>	1:28*
<b>Air Force</b>	1:40
<b>Marine Corps</b>	1:20
<b>USSOCOM</b>	1:28

\*Exceeds 1:40 maximum ratio in three of six regions

More than 66 percent of RCC positions are filled by government contractors with the balance consisting of federal civilians and military personnel. This staffing profile provides warrior care programs with the flexibility to adjust staffing to support changes in their WII service member

population. The table below shows warrior care program RCC staff demographics as of September 2015.

<b>Position</b>	<b>Contractor</b>	<b>Military/Federal Civilian</b>
<b>RCC</b>	308	155

## **6.2. PHYSICAL EVALUATION BOARD LIAISON OFFICERS**

WII Service members processed through the Disability Evaluation System (DES) are assigned a Physical Evaluation Board Liaison Officer (PEBLO). The PEBLO is responsible for assembling the Service member's case file, counseling the Service member and family on the DES process, and actively managing the case from DES referral to separation from service or a return to duty. They ensure WII Service members understand: their expected time for completing the DES process; Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) determinations and the timeline to provide their response or to rebut MEB or appeal PEB findings, and; their right to legal counsel during the DES process.

DoD policy requires PEBLOs to manage no more than 34 active disability evaluation cases simultaneously. The table below reflects the total number of PEBLOs by Military Department and the ratio of PEBLOs to disability evaluation cases reported by Service as of October 2015.

<b>Service</b>	<b>PEBLOs</b>	<b>Ratio</b>
<b>Army</b>	409	1:30
<b>Navy</b>	97	1:17
<b>Air Force</b>	175	1:18

PEBLO positions are occupied by federal civilians, military Service members, and government contractors. The Military Departments continuously evaluate their PEBLO staffing requirements to ensure they have the flexibility to support changes in their DES population. The following is a breakdown of the Military Department PEBLO staff demographics as of October 2015.

<b>Position</b>	<b>Civilian</b>	<b>Military</b>	<b>Contractor</b>
<b>PEBLO</b>	484	83	114

## **6.3. LEGAL SUPPORT AND MENTAL HEALTH PROVIDERS**

### *Legal support*

Legal support is made available to advise and represent WII Service members during the DES process, or after an adverse Line of Duty determination, and any subsequent appeals to the Secretary of the Military Department concerned, relating to the final disposition of Service member disability cases. Legal counsel, whether military judge advocates or civilian attorneys employed by the Military Departments, are provided at no expense to the Service member. Such

legal counsel will not be assigned an overall caseload that requires them to represent more than 10 Service members per week at formal PEB hearings. Legal counsel must be available to consult (by telephone or otherwise) with a Service member regarding rights and elections following the member's receipt of the decision of an informal PEB. Representation is available through the respective Military Department's formal hearing appellate processes, until the Service member's discharge from Active Duty.

### *Mental health providers*

All WII Service members undergoing a MEB listing a behavioral health diagnosis must receive a thorough behavioral health evaluation and include the signature of at least one psychiatrist or psychologist with a doctorate in psychology to ensure behavioral health conditions are understood by members of the board.

## **7. DOD POLICY AND OVERSIGHT**

The Department's Office of Warrior Care Policy (WCP) supports WII Service members by developing policy and providing oversight of the Services' warrior care programs. The office is responsible for recovery care coordination and disability evaluation policy, covering the care and services provided to Service members throughout the continuum of care from point of injury to a return to duty or a transition to civilian life. WCP updates existing policies to institutionalize lessons learned and provide consistent care to WII Service members. Below is an overview of policy and oversight efforts under development.

### **7.1. POLICY DEVELOPMENT**

#### **7.1.1. Warrior Care Program**

WCP is developing overarching policy for the warrior care programs of the Military Departments and USSOCOM to institutionalize programs to support the physical and mental recovery, rehabilitation, and reintegration of WII Service members from the point of injury or illness to a return to military service or transition to civilian life. This policy is in coordination and is expected to be published in 2016.

#### **7.1.2. Recovery Coordination Program**

DoD Instruction 1300.24, "Recovery Coordination Program," originally published in 2009, established procedures for the care, management, and transition of WII Service members. The policy is being revised to incorporate new programs, lessons learned, and to institutionalize care and case management procedures created by the DoD and the Department of Veterans Affairs (VA) Memorandum of Understanding (MOU) for Interagency Complex Care Coordination (IC3) Requirements for Service members and Veterans. Signed in July 2014, the MOU created the interagency comprehensive plan, a recovery plan template that standardizes procedures, terms, and definitions for care coordination and case management across both Departments. It created the "lead coordinator" (LC) concept intended to harmonize efforts and programs, reduce

confusion, and simplify processes for WII Service members receiving care coordination services by designating a primary point-of-contact within the care management team. The LC concept ensures that WII Service members always have one “go-to” point of contact to coordinate care. The LC role is transitioned to a member of the VA care management team when a WII service member transitions out of Service. The revised policy is expected to be published in 2016.

#### **7.1.3. Recovery Coordination Quality Assurance Program**

WCP is developing a Recovery Coordination Quality Assurance Program (QAP) to measure the consistency, accuracy, and timeliness of care delivered to WII Service members by the Services’ warrior care programs, and monitors compliance with DoD policy. The Recovery Coordination QAP will complement the existing DES QAP and will improve DoD’s oversight capabilities. The Recovery Coordination QAP policy is currently under development.

#### **7.1.4. Disability Evaluation System Quality Assurance Program:**

DoD developed a QAP, pursuant to the National Defense Authorization Act for FY 2013, Section 524, to evaluate and oversee the duty performance of Physical Evaluation Board Liaison Officers (PEBLOs) and other personnel within the Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB). In addition, the QAP ensures the accuracy and consistency of MEB and PEB findings.<sup>2</sup> In FY 2015, the QAP completed its Initial Operating Capacity period, completing data collection on key DES quality metrics and distributing quarterly reports to senior DoD leaders on the consistency of MEB and PEB determinations, and the performance of the duties of the MEBs, PEBs and PEBLOs. In FY 2016, it will be at Full Operating Capacity with added reporting on the accuracy of MEB and PEB determinations. DoD has standardized regular scheduled meetings with Military Department senior staff to discuss the results of DES QAP monitoring, to clarify DoD policy, and to identify improvement initiatives taken to resolve performance issues. DoD is collaborating with each of the Military Departments on steps they are taking to institutionalize the DES QAP.

#### **7.1.5. Guidance on the Use of Service Dogs by Service members**

To standardize guidance for the assignment and of service dogs to Service members, WCP worked with the Services and USSOCOM to develop an overarching policy. The policy is expected to be published in late 2015.

## **7.2. CASE MANAGEMENT SYSTEM**

The Assistant Secretary of Defense for Health Affairs designated the DoD Case Management System (CMS) as the system of record for providing interoperability with the Department of Veterans Affairs in support of WII Service members and Veterans in order to consolidate case records and improve oversight capabilities of the warrior care programs. As of October 15, 2015, DoD CMS is the system of record of all warrior care programs for the collection, transfer, and synchronization of all non-clinical case management data. Requiring the programs to utilize

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<sup>2</sup> See DoD Manual 1332.18 Volume 3: Quality Assurance Program, (QAP)



DoD CMS as a system of record enhances the Department's systematic oversight capabilities by consolidating data, allowing for the uniform collection of performance metrics, eliminating gaps in case records, and allowing record sharing within DoD and with the Department of Veterans Affairs. As the warrior care programs continue to use DoD CMS, the Department will be able to collect more accurate and detailed metrics to help measure the performance of the programs.

## SUMMARY

As we continue to drawdown to a new steady state, resources and support will be sized to support the WII service member population. The WII service member population continues to change. From 2007-2010, most WII Service members enrolled in warrior care programs were combat wounded. However, from 2011-2015 that profile has changed to a preponderance of non-combat ill and injured Service members. The programs are well positioned to adjust to this changing demographic, and have the flexibility to adjust their staffing levels to provide quality care for WII Service members while maximizing resources.

The WII service member population will continue to exist and the Nation's commitment to these individuals cannot be compromised. The Department is in the process of refining policy to institutionalize lessons-learned and best practices for warrior care, and improve the oversight of warrior care programs to sustain quality care provided to changing WII service population in an unpredictable world.

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**Appendix A: Department  
of the Army Report**



**DEPARTMENT OF THE ARMY**  
**WARRIOR TRANSITION COMMAND**  
**200 STOVALL STREET**  
**ALEXANDRIA, VIRGINIA 22332-5200**

MCWT-OPT-O

MEMORANDUM THRU

Commander, US Army Medical Command, 2748 Worth Road, JBSA Fort Sam Houston, Texas 78234-6000

Department of the Army, Assistant Secretary Manpower and Reserve Affairs, 111 Army Pentagon, Washington, DC 20310-0111

FOR Deputy Assistant Secretary of Defense, Office of Warrior Care Policy 2345-STE 120, Crystal Drive, Arlington, VA 22202

SUBJECT: Warrior Care and Transition Programs FY15 "Section 738" Annual Report

1. This memorandum provides the US Army's input into the FY15 Congressional reporting requirement on Department of Defense Wounded Warrior Programs. The US Army Warrior Transition Command (WTC), a major subordinate command of the US Army Medical Command, oversees the Army's Warrior Care and Transition Program (WCTP).

a. The WCTP provides centralized oversight, guidance, and advocacy empowering wounded, ill, and injured Soldiers, Veterans, and Families through a comprehensive transition plan for successful reintegration back into the force or into the community with dignity, respect and self-determination.

b. The WCTP is comprised of the WTC, Army Wounded Warrior Program, Regional Health Command Warrior Transition Offices, and Warrior Transition Units (WTU). Soldier and Family Assistance Centers (SFAC), subordinate elements of the US Army Installation Management Command, provide direct support to WTU Soldiers and their Families and caregivers.

c. WTUs closely resembles a "line" Army unit, with a professional Cadre and integrated Army processes that build on the Army's strength of unit cohesion and teamwork. Its singular mission is to provide comprehensive care management that allows assigned members to heal and transition. The WTU Soldier population has declined in FY15 from 4,948 Soldiers in Oct 14 to 2,961 Soldiers on 1 Oct 15. Commensurate with the declining Soldier population, the Army is transitioning from 25

WTUs to 14 WTU aligned with force projection platforms to support the Army mission and to improve readiness of the force.

**2. Staffing. The quantity and effectiveness of medical and non-medical case managers, legal support and Physical Evaluation Board Liaison Officers, mental health care providers, and medical evaluation physicians in comparison to the number of Wounded, Ill, and Injured (WII) Service members requiring such services.**

a. Staffing.

(1) Medical Case Managers. Nurse Case Managers provide medical case management for WTU Soldiers. There are 342 Nurse Case Managers assigned to WTUs with a required Nurse Case Manager to WTU Soldier ratio of 1:20. As of 1 Oct 15, the actual Nurse Case Manager to WTU Soldier ratio across the WCTP is 1:8.

(2) Non-Medical Case Managers. All eligible WTU Soldiers are provided Recovery Care Coordinator (RCC)-trained Lead Coordinators to assist Soldiers with their non-medical case management requirements. There are currently 54 RCCs working in WTUs with a required RCC to WTU Soldier ratio of 1:40. As of 1 Oct 15, the RCC to eligible WTU Soldier ratio is 1:13.

(3) Legal Support. The Army provides two types of legal support to Soldiers assigned to WTU. The attorneys are not assigned to WTUs and are not ratio based. The two types of legal support are:

(a) Soldier Counsel. Legal assistance to Soldiers undergoing the Army's Disability Evaluation System (DES) from the initiation of a Medical Evaluation Board (MEB) through final review by the Physical Evaluation Board (PEB) and separation or return to duty.

(b) Installation Legal Assistance. Legal assistance to assist Soldiers with their personal legal affairs including matters related to family law, estates, economic, civilian and military administrative, torts, taxes, real property, and civilian legal matters.

(4) Physical Evaluation Board Liaison Officers (PEBLO). The Soldier's non-clinical case manager providing the link between the Soldier, the Family, the Chain of Command, and the VA Military Service Coordinator. The PEBLO is the Soldier's primary DES advisor throughout the process from entry to transition. As of 5 Oct 15, there are 436 PEBLOS in the Army DES, a ratio of 1:30 for all Soldiers in Integrated DES (IDES).

(5) Mental Health Care Providers. WTU assigned Social Workers provide behavioral health case management to WTU Soldiers. There are 126 Social Workers

assigned to WTUs with a required Social Worker to WTU Soldier ratio of 1:50. As of 1 Oct, the actual Social Worker to WTU Soldier ratio across the WCTP is 1:22.

(6) Medical Evaluation Physicians. Medical Evaluation Physicians assigned to the WTU, or based out of the Army Health Readiness Platforms (HRP), assist Soldiers as they navigate through the DES. There are 16 Medical Evaluation Physicians assigned to WTUs with a required ratio of one per WTU company. As of 1 Oct 15, there are sufficient Medical Evaluation Physicians either assigned to WTUs or based out of the HRP to meet required ratios.

b. Effectiveness.

(1) The Army effectively and efficiently transitions Soldiers from point of injury, illness, or wound back to the force or to Veteran status. Soldiers that return to the force save DoD resources in terms of cost avoidance related to training, experience, and education and directly contributes to the readiness of the force. The WCTP returned 1,108 Soldiers back to the force during FY15 and 30,208 Soldiers since 2007. Soldiers that transition to Veteran status and to the VA have ample education, vocation, and transition assistance programs to better equip them during their transition to Veteran status.

(2) The Army continuously assesses program effectiveness through a comprehensive suite of program metrics, Soldier self-assessments, periodic satisfaction surveys, WTU Organizational Inspection Program and staff assistance visits, monthly WTU Readiness Review briefs, quarterly WTU Leaders' Symposiums, quarterly Town Halls, Soldier and WTU cadre sensing sessions, and external audits and inspections.

**3. Access to health and rehabilitation: Access to health and rehabilitation services WII Service members, including average appointment waiting times by specialty.**

- a. General Surgery. The average wait time is 3.86 days.
- b. Eye, Ear, Nose, & Throat (EENT). The average wait time is 7.52 days.
- c. Occupational Therapy (OT). The average wait time is 6.10 days.
- d. Physical Therapy (PT). The average wait time is 5.81 days.
- e. Neurology. The average wait time is 9.14 days.
- f. OB/GYN. The average wait time is 5.56 days.
- g. Behavioral Health. The average wait time is 4.76 days.

h. General Medicine. The average wait time is 5.46 days.

**4. Improvements in the progress of members: Data on improvements in the progress of WII Service members enrolled in WWP. The Services and USSOCOM will track milestones and show participation and benefit outcomes. Required measures include:**

**(a) Milestones**

**(1) When the member commences participation in the program.** In FY15 2,924 Soldiers entered WTUs.

**(2) At least once each year the member participates in the program.** The Army continuously monitors the progress of each Soldier as the Soldier transitions through medical care, rehabilitation, and if necessary through the IDES process. In order to determine outcomes and Soldier satisfaction with his/her care, the Army conducts a WTU Satisfaction Survey at 30, 120, 270, and 365 days in the program. Additionally Soldiers have multiple avenues to provide feedback on their care including the chain of command, Town Halls, sensing sessions, the Ombudsman program, unit Chaplain, inspector generals, equal opportunity, installation hotlines, Congressional inquiries, and Soldier self-assessments.

**(3) When the WII Service member ceases participation in the program or is transferred to the jurisdiction of the Secretary of Veterans Affairs.** In FY15, 1,108 Soldiers returned to duty and 3,372 separated from the force for a total of 4,880 Soldiers.

**b. Participation and benefit outcomes.**

**(1) Physical and behavioral health.** The Army provides physical and behavioral health care tailored to the needs of each Soldier's recovery plan. Soldiers with special needs have access to Centers of Excellence for amputee care, rehabilitation, burns, and traumatic brain injury. WTU Soldiers receive care from both HRP and WTU-based clinical personnel and are surveyed for their satisfaction with their medical case and care managers. As of the 15 Oct 15 WTU Satisfaction Survey, 95% of Soldiers were satisfied with their case manager and 90% of Soldiers were satisfied with their medical care provider.

**(2) Rehabilitation.** The Army provides numerous rehabilitation care, services, and programs tailored to the Soldier's recovery plan including HRP-provided physical and occupational therapy care. Additionally, all Soldiers assigned to the WCTP participate in adaptive reconditioning programs during their rehabilitation consisting of both sport and non-sport activities.

### **(3) Educational and vocational preparation.**

(a) The Army provides educational preparation to WTU Soldiers through the Army Continuing Education System counselors located at the Soldier Family

Assistance Center or the installation Education Center. Services available include, but are not limited to, the Functional Academic Skills Training classes, career assessments, counseling on transferability of college course credit, information on financial assistance programs, credentialing program preparation, and face-to-face and online college courses with several colleges and universities. Additional training opportunities that may be available to WTU Soldiers include the VA Warrior Training Advancement Course which trains transitioning Soldiers into becoming Veterans Service Representatives who process disability claims for the VA, the Entrepreneurship Bootcamp for Veterans with Disabilities, which provides experiential training in entrepreneurship and small business management, and credentialing Army skills through successful completion of an exam(s).

(b) Vocational preparation is provided to WTU Soldiers through participation in the Soldier for Life Transition Assistance Program and completion of the federally mandated Veterans Opportunity to Work (VOW) requirements and DoD Career Readiness Standards (CRS), early access to the VA Vocational Rehabilitation and Employment (VR&E) Chapter 31 and 36 services, and access to internships to help develop or reinforce skill sets and positively impact transition and rehabilitation.

**5. Effectiveness of the program: The effectiveness of the programs in assisting in the transition of WII Service members to military duty or civilian life through education and vocational assistance.** The Army captures the effectiveness of the programs for transitioning WTU Soldiers by completion of the DD Form 2958, Service Member Career Readiness Standards/Individual Transition Plan Checklist, which is also referred to as Capstone, and the VA VR&E referral. Over the last three months of FY15 855 Soldiers transitioned from the Army and 85% completed the VOW requirements and 84% completed the CRS requirements. VOW requirements include pre-separation briefing, VA benefits I and II briefing, and Department of Labor (DOL) Employment Workshop. CRS requirements include individual transition plan, post service budget, job/college application, job offer, college acceptance, DOL Gold Card, gap analysis, continuum of military service counseling, eBenefits enrollment, resume completion, and DD Form 2958.



**Appendix B: Department  
of the Navy Reports**

## 2016 Reporting Requirements on DoD Wounded Warrior Programs

### 1. Overview:

Navy Medicine remains committed to providing the highest quality of medical care to our wounded warriors and their families. It is the reason we exist and our number one priority as an organization. Although our present conflicts are coming to an end, the need for quality healthcare for our wounded warriors will continue for years to come, and we are poised to provide these services now and in the future.

We will continue to work closely with organizations such as Navy Safe Harbor and the USMC Wounded Warrior Regiment, and we value the opportunity to coordinate our medical and non-medical assets to ensure quality care, coordinated care, and smooth transitions of care for our Service members.

### 2. Staffing:

Navy Medicine recognizes that maintaining the proper levels and mix of staff is vitally important for ensuring quality of care for our patients.

#### *Medical Evaluation Providers*

- Navy Medicine typically does not employ dedicated providers to initiate Medical Evaluation Boards. Rather, all of our physicians, as well as other allied health professionals, serve as medical evaluation providers for the patients whom they treat. Any Navy physician or specialist who is properly credentialed and actively engaged in clinical practice on the staff of a DoD Military Treatment Facility (MTF) may serve as a medical evaluation provider.
- The table below provides a snapshot of providers in specialties that commonly initiate medical boards. However, it should be noted that many more providers in other specialties also serve as medical evaluation providers.

<b><u>SPECIALTY</u></b>	<b><u>TOTAL</u></b>
Family Medicine	359
Internal Medicine	292
Psychologist	140
Psychiatrist	108

#### *Medical Case Managers*

- The Navy Case Management team is comprised of approximately 202 specially trained licensed registered nurses (RNs) and social workers (LCSWs) committed to helping recovering Service members (RSMs) and their families understand their medical status and obtain required services throughout the entire care process. Medical Case Managers remain vital members of the care delivery team throughout the treatment process, and they continue to ensure optimal outcomes for RSMs and their family members, both at home and abroad.
- Currently Navy Clinical Case Managers are assigned to 23 Navy MTFs. Between the start of FY14 and the second quarter of FY15, case management services were provided to over

36,000 beneficiaries. Analysis of case management utilization patterns indicate that the number of beneficiaries receiving case management services will continue to increase.

- Clinical Case Managers work as part of the recovery team along with recovery care coordinators (RCCs), nonmedical case managers (NMCs), and/or federal recovery coordinators (FRCs). Together these specialists help Service members successfully navigate through the military medical system, which can be very complex.

*Mental Health Providers*

- Navy Medicine provides timely, evidence-based mental health care for Sailors, Marines and their families across the continuum of care, including training and prevention services, outpatient care, and inpatient and residential treatment. Evaluation and treatment services are available ashore and underway, in the United States, and in a variety of locations overseas. The primary objective of all mental health care is to help individuals achieve their highest level of functioning while supporting the military mission.
- Mental Health providers are passionate about helping our wounded warriors suffering from the stress injuries and illnesses brought on by more than a decade of war.
- Currently there are 1,666 Mental Health professionals of various specialties working within our Navy Medicine facilities. The chart below depicts Mental Health providers by specialty (these numbers do not include mental health providers who are working in operational settings, outside of Navy MTFs):

<u>SPECIALTY</u>	<u>MIL</u>	<u>CIV</u>	<u>CONTR</u>	<u>TOTAL</u>
Psychologist	140	95	102	337
Psychiatrist	108	37	24	169
Social Worker	73	85	73	231
Mental Health Nurse (RN)	64	12	81	157
Mental Health Nurse (Nurse Practitioner)	32	1	9	42
Other Licensed MH Provider	--	19	39	58
Tech/Counselor	434	38	200	672
<b>TOTAL</b>	<b>851</b>	<b>287</b>	<b>528</b>	<b>1666</b>

*Physical Evaluation Board Liaison Officers*

- Physical Evaluation Board Liaison Officers (PEBLOs) work at each of our MTFs, overseeing the administrative and medical processing of individual IDES Cases. The MTF and PEBLOs work closely with the service member’s chain of command to ensure the IDES process is conducted as smoothly as possible.
- BUMED has 90 PEBLO positions, each with an average case load of approximately 17 Service members. The Navy standard is no more than 20 cases per PEBLO, while the DoD standard is no more than 34 cases per PEBLO.
- Navy PEBLOs have a particularly close working relationship with the Marine Corps Wounded Warrior Battalions (WWBs).

*Legal Support*

- While they do not work for Navy Medicine, we currently have 16 IDES attorneys assigned to our MTFs, with an additional 7 attorneys assigned to the Department of the Navy Physical

Evaluation Board. These attorneys work for the Office of the Judge Advocate General, and are available to support the needs of Sailors and Marines involved in the IDES process.

3. Access to Health and Rehabilitation:

Navy Medicine recognizes that patients have the right to quality treatment that is consistent with accepted guidelines and standards, including access to specialty care. For our wounded warriors and their families, access to health care and rehabilitation services is especially important. We continually monitor access to care standards, including wait times, to ensure compliance as delineated in 32 CFR 199.17(p)(5)(ii) (Appendix B).

*Specialty Care*

- Appointments for specialty care must be offered with an appropriately trained provider within 4 weeks (28 calendar days) or sooner. Specialty care appointment wait times at Navy MTFs for FY-15 have consistently remained within access standards.

The below chart depicts the average appointment wait times by Specialty:

<b>SPECIALTY</b>	<b>AVERAGE WAIT (DAYS)</b>
General Surgery	11.2
Eye, Ear, Nose, & Throat (ENT)	17.1
Occupational Therapy (OT)	12.1
Physical Therapy (PT)	12.9
Rehabilitation Clinic	9.1
Neurology	21.9
OB/GYN	16.1
Behavioral Health	10.8
General Medicine	5.2

It should be noted that Navy Medicine consistently provides same-day access for acute behavioral health appointments at all of our MTFs.

*Primary care*

The average wait time between the day a patient makes a request for an appointment with a physician and the third next available appointment is less than 1 day (24 hours), which is consistent with 32 CFR.

*Other tools available to enhance access to care for RSMs:*

*Nurse Advice Line*

The Nurse Advice Line is available 24 hours a day, 7 days a week. With the Nurse Advice Line, Service members can access a team of registered nurses by telephone for advice about immediate health care needs. The Nurse Advice Line helps patients make informed decisions about self-care at home or about when it's appropriate to see a health care provider.

## *Secure Messaging*

Relay Health clinical solutions enable secure messaging and convenient, HIPPA-compliant patient-provider communications between a patient and a physician. Relay Health's patient portal software enables secure messaging between patients and providers by allowing patients to send healthcare requests to their physician. The physician can then deliver diagnostic results, preventive care advice, and other healthcare information securely to the patient.

Secure messaging also allows patients to read physician messages when it is convenient for them, and to initiate requests to the care team, even after office hours, using workflows built into the patient portal. The portal is available to patients at all hours.

### 4. Improvements in the progress of members:

As discussed in prior coordination with ASN (M&RA), this question will be answered by Navy Safe Harbor and the USMC Wounded Warrior Regiment.

### 5. Effectiveness.

Similar to the above, this question will be answered by Navy Safe Harbor and the USMC Wounded Warrior Regiment. However, the following is provided for consideration.

The Military Health System (MHS) has embraced the Institute of Medicine (IOM) definition of quality as “the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.” The IOM has set forth six aims for improving the delivery of health care: “safe, effective, patient-centered, timely, efficient and equitable. All Navy Medicine policies and implementation guidance regarding health care quality are based on these IOM constructs as stated in Health Affairs (HA) Policy 02-016 and further elaborated in DoD Instruction and Manual 6025.13.

It is Navy Medicine’s goal to meet or exceed benchmarks for health care quality as defined by the Office of the Secretary of Defense (OSD), Service policies and guidance, and TRICARE.

The following, while not all inclusive, provides an overview of various methods utilized to measure the effectiveness of services provided to our wounded warriors.

## *Surveys*

- Each quarter, the Office of Warrior Care Policy reports on the results of a telephonic satisfaction survey administered to Sailors who are going through the IDES process. Data for each report spans the preceding six-month period. For the most recent report, data was collected between January 2015 and June 2015 from a sample of 2,555 Sailors in the IDES process, who were invited to participate in the telephone survey after completing the MEB or PEB phase of the process. 720 Sailors completed this survey, for a total response rate of 28%. For the seventh consecutive quarter, the overall IDES satisfaction rate exceeded the DoD goal of 80 percent. As in previous quarters, the satisfaction of Reserve Component

members (73 percent for the current period) fell slightly below the 80 percent goal. Overall satisfaction rates varied from 78 percent to 95 percent among Navy MTFs.

- In terms of the timeliness of the IDES process, Navy Medicine has primary responsibility to oversee and implement the first 100 days of IDES, which includes both the Referral Phase and the Medical Evaluation Board (MEB) Phase. Navy Medicine, in collaboration with our VA counterparts, has met the 100-day MEB phase goal every month for the last two consecutive years and continues to be well below the overall 295 Day Goal.
- The MHS Health Program Analysis & Evaluation Division (HPA&E) sponsors Military Health System (MHS) Beneficiary Satisfaction Surveys. The data collected through HPA&E surveys helps TRICARE improve the quality of health care provided to military beneficiaries, and helps gauge satisfaction with our programs. All eligible military health system beneficiaries, age 18 and older, can potentially be surveyed by phone, mail or email.
- Interactive Customer Evaluation (ICE) - ICE is a web based tool that collects feedback on services provided by various MTFs throughout DoD. It is designed to improve customer service by allowing managers to monitor satisfaction levels through reports and customer comments. ICE provides leadership timely data on service quality and allows managers to benchmark the performance of their service providers against other DoD organizations.

#### *Performance Metrics*

- Navy Medicine's Quality Program addresses all specialties. All of Navy Medicine's hospitals and clinics are evaluated using the standards of The Joint Commission (TJC), which are the same as those for US civilian hospitals. TJC includes the measurements of compliance with National Patient Safety Goals, accreditation standards for providers, and other applicable measurements given the type of care provided at each facility. Examples of these measures include ORYX (which monitor surgical care) and HEDIS (which track preventive medical testing and the management of chronic illnesses).
- HEDIS: BUMED analyzes and distributes detailed HEDIS reports to the Navy Medicine Regions, individual MTFs and specialty leaders, every month for review and action as needed. Periodic teleconferences are also offered by HEDIS data experts as part of our ongoing quality improvement efforts.
- ORYX: BUMED analyzes and distributes ORYX data to the Navy Medicine Regions every quarter. Periodic teleconferences are also offered by ORYX data experts to each MTF staff, to identify and issues or concerns.
- Regarding mental health in particular, Navy Medicine regularly tracks compliance with Clinical Practice Guidelines for the treatment of PTSD and Depression, with compliance scores typically above our civilian counterparts. We are also joining with the other services in implementing the Behavioral Health Data Portal (BHDP), which will track treatment outcomes across the MHS.

9 October 2015

From: Director, Navy Wounded Warrior-Safe Harbor (CNIC N95)  
To: Assistant Secretary of the Navy, Manpower and Reserve Affairs (MPP)

Ref: (a) ASD (HA) Memorandum of 14 Jul 15

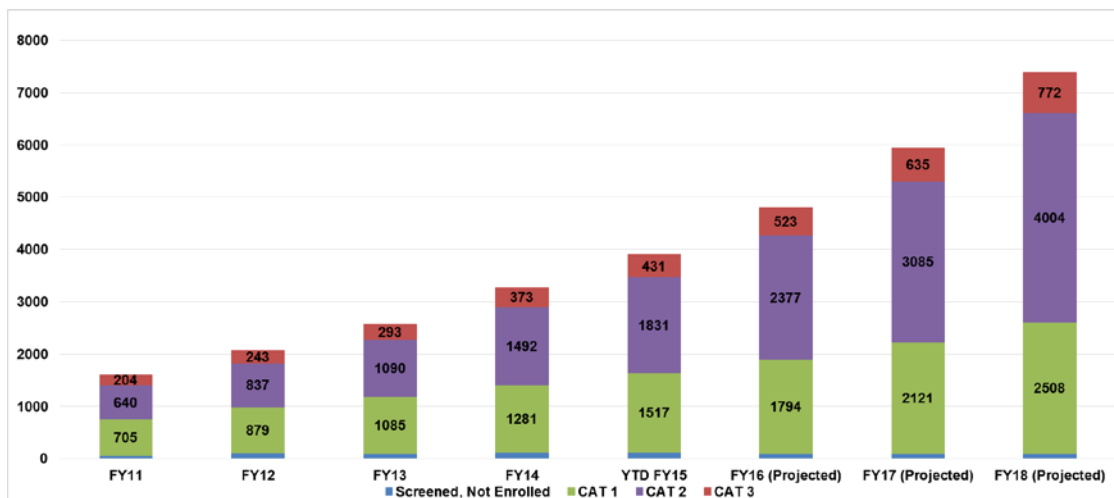
Subj: CONGRESSIONAL REPORTING REQUIREMENT ON DEPARTMENT OF DEFENSE WOUNDED WARRIOR PROGRAMS

1. The following is provided for incorporation into the Department of the Navy response which addresses the four areas and milestones listed in reference (a):

**a. Program Overview.**

The Navy Wounded Warrior-Safe Harbor (NWW-SH) Program will continue to coordinate and provide non-medical care to seriously wounded, ill, and injured Navy and Coast Guard Service members, their families and caregivers. In addition, our goal is to continue to promote outreach opportunities to increase program awareness throughout the Fleet.

NWW-SH has enrolled 2,262 seriously wounded, ill, and injured (Category 2 and Category 3) Service members over the life of the program and assisted 1,517 seriously, ill, and injured (Category 1) Service members for a total population of 3,779. NWW-SH has experienced continuous program growth since its inception in October 2005 with an exponential increase following realignment from the CNO's Total Force Requirements Division under the Chief of Naval Personnel to Commander, Navy Installations Command's (CNIC) Fleet and Family Readiness directorate. In FY15, the supported population has increased 23 percent and we anticipate continued growth in FY16. This growth is the result of increased awareness across the Fleet due to an effective outreach and marketing campaign, as well as an observed change in attitude of Navy and Coast Guard Service members willing to overcome the stigma of seeking help. The NWW-SH Program has witnessed a shift from injuries to illnesses within our population over the past year with a 6 percent growth in illnesses. This documented growth is attributed to an increased incidence of cancer and PTSD cases. The following chart depicts program growth since FY11. Projected growth is based on historical growth curves and should stabilize commensurate with the average incidence of illness and injuries across the Fleet once the awareness deficit is eliminated. The NWW-SH program addresses an enduring need and must remain capable of responding when or if the Nation engages in a future conflict.



This past year NWW-SH achieved the following program enhancements:

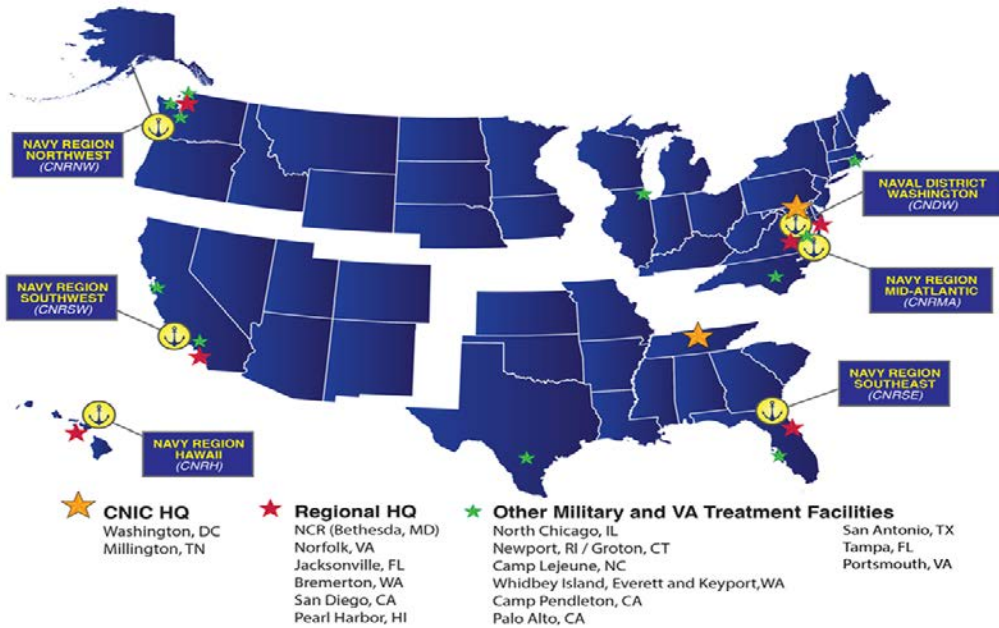
- Institutionalizing the NWW-SH Program:
  - Promulgated institutionalized program execution guidance with the publishing of CNIC Instruction 1740.1 (NWW-SH Program).
  - NWW-SH granted authority to expend Non-Appropriated Funds (NAF) under the Universal Funds Management (UFM) process providing enhanced flexibility in year-of-execution funds execution.
  - In February 2015, the NWW-SH Director provided the first program update to the House Armed Services Subcommittee on Military Personnel since 2008.
  
- Benchmarking/Modeling performance:
  - Conducted annual Site Assist Visits across all six Navy Regions where NWW-SH services are administered ensuring uniformity of program execution.
  - Spearheaded a successful non-medical case management database move from the Navy Non-medical Care Management System (NNCMS) to the Navy's Total Workforce Management Services (TWMS) increasing automation and resulting in decreased case manager workload.
  - Fully integrated NWW-SH under CNIC's Common Output Level Standards (COLS) and Quarterly Performance Data Call (QPDC) processes to better track program performance.
  - Initiated a regional case manager survey to capture lessons learned and impacts on delivery of services from the field to better align services to the customer.
  
- Building on Program Success:
  - NWW-SH hosted Family Symposiums in four CNIC Regions. During these events families and caregivers participated in a panel forum to share their experiences and challenges raising awareness of various needs and services required to support their Recovering Service Member (RSM).
  - NWW-SH is the Benefits Issuing Authority for two key wounded warrior benefits: Pay and Allowance Continuum (PAC) and Special Compensation for Assistance with Activities of Daily Living (SCAADL). PAC allows for the continuation of pay and allowances for up to one year during a service member's hospitalization and rehabilitation after incurring a wound, illness, or injury while on duty in a hostile fire area, or while exposed to other hostile actions. SCAADL is a monthly compensation for Service members who incur a permanent, catastrophic injury or illness. SCAADL helps offset the loss of income by a primary caregiver who provides non-medical care and support for the service member. In FY15, NWW-SH distributed \$289K in PAC benefits to 254 Sailors and \$451K in SCAADL benefits to 39 Sailors. In March 2015, the Assistance Commandant of Human Resources for the US Coast Guard promulgated COMMANDANT INSTRUCTION 6010.4 authorizing SCAADL payments to Coast Guard members.

**b. Staffing.** Address the quantity and effectiveness of medical and non-medical case managers, legal support and Physical Evaluation Board Liaison Officers, mental health care



providers, and medical evaluation physicians in comparison to the number of Wounded, Ill, and Injured (WII) Service members requiring such services.

The NWW-SH program continues to experience manpower challenges as a result of our exponential population increase with three out of six regional staffs exceeding the maximum 40:1 case ratio standard as required under DoDI 1300.24. These resource shortfalls are being addressed through the annual DoD programming and budgeting process. The NWW-SH RSM population is not centrally located as with other Service’s Wounded Warrior Programs and is assigned to a CNIC Region dependent on the RSM’s geographic location as depicted in the graphic below which poses additional challenges. Three of the six regions have acquired ADHOC administrative support to alleviate the administrative burdens allowing staff to focus on bedside visits, establishing and updating Comprehensive Recovery Plans (CRPs) and promoting awareness of the program.



The table below depicts current NWW-SH regional staffing levels:

REGION	REGIONAL STAFF NUMBERS			
	N95	RCC	NMCM	TCC
NDW	1	2	4	1
NRMA	1	5	6	0
NRSE	1	3	5	0
NRNW	1	2	2	0
NRSW	1	4	3	0
NRH	1	1	0	0
<b>TOTAL</b>	<b>6</b>	<b>17</b>	<b>22</b>	<b>1</b>

N95 –

Regional Program Director (RPD)  
RCC – Recovery care Coordinator  
NMCM- Non-medical Care Manager  
TCC – Transition Care Coordinator

NWW-SH continued program training this year in the following areas:

- Hosted a Regional Advisory Board for the six RPDs. Focus was on program overview, region best practices and challenges, database enhancements, site visit observation findings, OSD Warrior Care Policy Initiatives, and strategic planning.
- Conducted one week Program Orientation Trainings for 15 new staff members.
- All region staff completed required OSD Peer-to-Peer, Lead Coordinator, and Recovery Care Coordinator training and maintained current Health Insurance Portability and Accountability (HIPAA) training.
- Program- specific webinar training offered through the Department of Veterans Affairs (VA) and OSD Warrior Care Policy.

Legal support was provided by Navy Region Judge Advocate General staff as coordinated through the regional NWW-SH case managers.

**The quantity and effectiveness of medical case managers, Physical Evaluation Board Liaison Officers, mental health care providers, and medical evaluation physicians is deferred to the Bureau of Medicine and Surgery (BUMED) to respond as these areas are not captured by our program.**

**c. Access to Health and Rehabilitation.** Access to health and rehabilitation services for WII Service members, including average appointment waiting times by specialty.

- **Question C is deferred to BUMED to respond as access to health and rehabilitation services are medical questions and not captured by our program.**

**d. Improvements in the Progress of Members.** Data on improvements in the progress of WII Service members enrolled in WWPs. The Services and USSOCOM will track milestones and show participation and benefit outcomes. Required measures include:

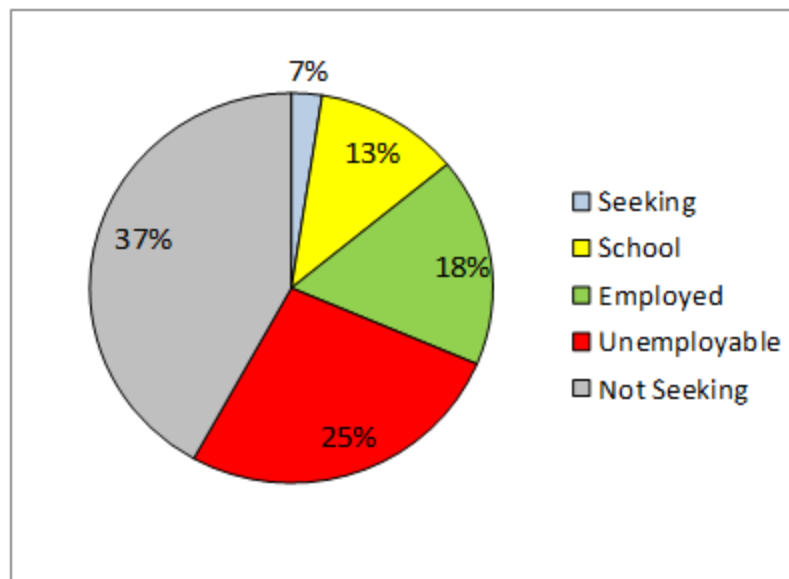
- Upon enrollment in the NWW-SH program all enrolled RSMs, family members or designated caregivers participate in the development and establishment of their personal Comprehensive Recovery Plan (CRP). This is completed within 30 days of enrollment and updated every 30 days or upon transition into each phase of recovery. The RCC meets with the RSM and their family member or designated caregiver to identify their needs and create goals and actions to complete each identified task.
- The Military Caregiver PEER Forum Initiative utilizes Military Family Life Counselors to facilitate support groups consisting of military family members and caregivers at Military Treatment Facilities (MTFs) and bases. At these forums attendees discuss topics they would like to focus on such as managing stress, nutrition, financial wellness, and

employment. The Military Caregiver PEER Forums aim to reduce stress, provide emotional support, and be a resource for valuable information through guided discussion among military caregivers, allowing them to share practical, accurate, and thorough information based on their personal experiences. Navy family members and caregivers have participated in twelve forums this fiscal year at different MTFs.

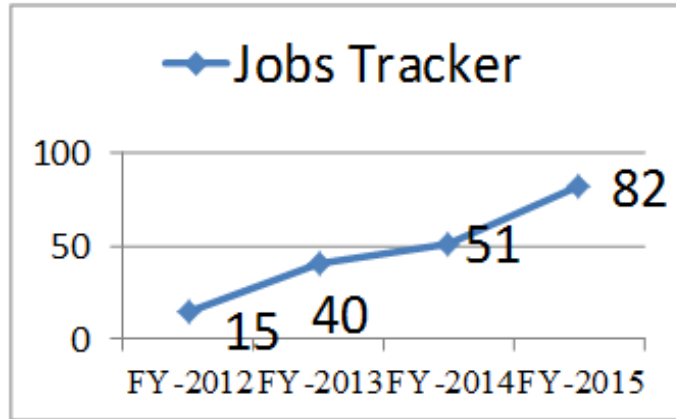
- The Transition Services Branch (TSB) supports the Transitioning Service Member (TSM) by providing information regarding changes in benefits and laws, and certifying completion of the Transition Reintegration Plan (TRP). The TSB is equipped to assist TSMs make a seamless transition into civilian life by taking a proactive approach to addressing immediate concerns and developing long-term transition plans.
- The NWW-SH Anchor Program provides transitioned Service members with a peer mentor from a local Reserve component and a senior mentor selected from a pool of community veterans and retirees to facilitate their transition and reintegration into the community during their first year as a military veteran. NWW-SH has supported 218 transitioned Service members with 182 peer mentors and 75 senior mentors of which 163 are Navy Reservists.
- The Navy Wounded Warrior Call Center (NWWCC) provides 24/7 quality customer service in accurate, effective and responsible call center operations, while ensuring the ongoing wellbeing of seriously wounded, ill, and injured (WII) Sailors and Coast Guardsmen and their families or caregivers. In FY15 the NWWCC handled 1,235 incoming calls and over 752 outreach calls.
- Adaptive sports and recreation activities – athletic activities that are modified to meet the abilities of seriously wounded, ill, and injured individuals – are essential to the recovery and rehabilitation of wounded warriors. In FY15, 219 enrollees registered for adaptive sports with 60 percent actively participating in an adaptive sports event this fiscal year to include introductory clinics, camps, the Navy Warrior Trials, and DoD Warrior Games.
- Our Service members are involved in a limited capacity with the OSD Military Adaptive Sports Program (MASP). Presently MASP coordinators are imbedded on 29 Army installations and at major MTFs. Although these personnel act as regional coordinators, our Navy and Coast Guard enrollees are generally not located near Army installations making participation difficult. Involvement would be higher if the MASP Coordinators were also co-located at Navy installations.
- Education and vocational preparation is executed by the Regions during the service member rehabilitation phase. Service members are briefed on the DoD Education and Employment Initiative, Operation Warfighter federal internship program, the VA Vocational Rehabilitation and Education program and the 9/11 GI Bill. Those who qualify for internships are referred to the process and receive one-on-one counseling and support from representatives of these programs.

**d. Effectiveness of the program.** The effectiveness of the programs in assisting in the transition of WII Service members to military duty or civilian life through education and vocational assistance.

- The NWW-SH program is focused on placing enrolled seriously wounded, ill, or injured Service members in employment, internship and education opportunities to assist with their transition into civilian life. Only 10 percent of NWW-SH enrollees Return to Duty; 90 percent are medically retired as result of their illnesses or injuries.
- Through a systematic process approach the TSB has validated and monitored the education/employment status for 98 percent of all transition cases. During FY15 the program experienced a large increase in cases moving to transitioned status. In FY15, 304 veterans entered transitioned status compared to 227 in FY14 resulting in a 34 percent increase. NWW-SH is currently tracking 1,343 transitioned cases. The pie chart below shows that only 7 percent of enrollees are seeking employment at any given time.



- NWW-SH networks with government agencies and civilian companies to identify employment opportunities. Since NWW-SH began tracking employment data by category in FY12, we have found that 79 percent of TSMs have been placed in industry jobs, 15 percent in non-DoD Federal jobs, and 6 percent in DoD jobs. The following chart depicts job placement by year showing an increase with time.



2. My point of contact for this matter is Ms. Merissa Larson, Deputy Director, who can be reached at: Comm: 202-433-9143, or e-mail [merissa.larson@navy.mil](mailto:merissa.larson@navy.mil).

/S/  
B. M. BREINING  
Captain, USN

## **Public Law 112-239, Sec. 738 Service Report – USMC Wounded Warrior Regiment**

**Overview:** Wounded Warrior Regiment has operationalized the Marine Corps moral obligation to “keep faith” with wounded, ill and injured (WII) Marines through programs, initiatives and policies that ensure coordinated delivery of resources and services to our recovering Marines, Sailors directly supporting Marines, and their families.

The Wounded Warrior Regiment serves as the Marine Corps’ single command responsible for executing the Recovery Coordination Program. The Regiment is also responsible for the oversight and management of several HQMC functions; therefore, the command’s mission space includes actions at the strategic, operational, and tactical level.

As a military unit, the WWR enables successful recoveries and transitions for wounded, ill, and injured (WII) Marines. Marines requiring acute care may be joined to the Regiment, allowing them to focus on recovery while maintaining the Marine mindset that breeds success in overcoming obstacles. Further, parent units remain focused on the fight, ready to receive their Marine again if and when they are capable to return to regular duty.

As directed by Congress, WWR provides services to both combat and non-combat injured and ill. While recent and projected overseas operations are resulting in fewer combat casualties, the ever present non-combat injuries and illnesses, across the Marine Corps, will likely remain stable based on historical information. Currently, approximately 83 percent of the WWR’s Marines are ill / injured outside a combat zone; 11 percent are combat wounded; and six percent are ill / injured in a combat zone, which includes post-traumatic stress (PTS) and traumatic brain injury (TBI).

WWR supports recovering Marines through a comprehensive organization of non-medical care capabilities. Depending upon the individual Marine’s assessed needs, the following capabilities are coordinated for optimal recovery care support.

- On an average ratio of 20:1, our 45 Recovery Care Coordinators (RCCs) work with WII Marines and their families to develop and execute their Comprehensive Recovery Plans. RCCs are part of the Marine’s recovery team working closely with the Marine’s command and medical team to optimize recovery. Currently, approximately 830 WII Marines are receiving RCC support.
- VA Federal Recovery Coordinators (FRCs) are VA employees embedded at the WWR HQ on a non-reimbursable basis. The FRC is fully invested in our recovery team efforts and helps ensure Marines’ smooth transition to VA. There are currently 26 Active Duty Marines assigned to a FRC.
- District Injured Support Coordinators are mobilized reserve Marines who provide assistance to Marines recovering away from military bases, transitioning from Active Duty or reserve to veteran status, or medically retired to the Temporary Disability Retired List. Thirty DISCs are geographically dispersed throughout the country and are currently assisting 601 Marines.
- WWR Transition Specialists are available to WII Marines and families to enhance community reintegration by identifying employers and education opportunities to help ensure they are competitive in the job market.

- WWR Liaison Officer (LNO) to Marine Forces Reserve (MARFORRES) was established in the spring of 2013. The LNO liaisons between WWR and MARFORRES staff in matters related to care and support of active and reserve WII Marines / families assigned to MARFORRES. Reserve Marines needing services face unique challenges, specifically in benefits and entitlements determination and access to care. WWR has the expertise to mitigate these issues for Reserve Marines.
- Wounded Warrior complexes at each Wounded Warrior Battalion (Camp Lejeune and Camp Pendleton) offer Battalion Headquarters, ADA-compliant barracks, and Hope and Care Centers, to support Marines physical rehabilitation/reconditioning and provide transition assistance in one location.
- WWR Medical Section provides medical subject matter expertise, advocacy, and liaison to the military and civilian medical community. Additionally, the section conducts morbidity review of incoming cases to assess potential behavioral health needs and facilitate access to care.
- Our Sergeant Merlin German Wounded Warrior Resource and Outreach Call Center conducts an average of 10,500 outreach calls per month (Purple Heart recipients, Temporary Disability Retired List Marines, Marine veterans) and receives calls for assistance (average 1,100 per month) on a 24 / 7 basis.
  - The WWR Call Center was recognized as a best practice by DoD in 2010.
  - The Call Center can connect a Marine directly to a medical professional who may direct or advocate for behavioral health/medical care. Call center staff also conduct outreach to determine if Marines have any unresolved needs and to share information, including: benefits and entitlements; TSGLI; awards; employment and education; and counseling.
  - Call Center is used to conduct Rapid Action Polls (to survey WII Marines and make informed program adjustments), and serves as our Social Media hub for Facebook, Twitter, YouTube and the WWR's mobile application.
- Wounded Warrior Battalion Contact Centers conduct outreach calls to WII Marines on Active Duty recovering with their parent commands to ensure their needs are being met. Total average monthly calls are 3,300 placed and 400 received.
- WWR Administrative Section helps Marines with WII-specific pay issues, to include pay audits, Pay and Allowance Continuation, Special Compensation for Assistance with Activities of Daily Living, and Traumatic Injury Servicemembers' Group Life Insurance.
- Integrated Disability Evaluation System (IDES) support provides advocacy through IDES subject matter experts and continuous monitoring of case processing timeliness.

The WWR's mission is as essential to the readiness of the Marine Corps now as it was during combat operations. More than ten years of combat operations has had lasting effects, namely incidences of traumatic brain injury (TBI) and post-traumatic stress

disorder (PTSD). Treatment for TBI and PTSD is often delayed by a reluctance to seek help or fully understand the extent of the injury. As a result, Marines continue to need high-level support years after exposure.

Historically, approximately 1 – 1.5% of the total Marine force end-strength is in the Department of the Navy Disability Evaluation System (DES) for non-combat related illnesses and injuries. This population will continue to require WWR resources and services. Of the 2,236 Marines currently enrolled in the DES process, 493 are receiving a high level of recovery support through the WWR; however, WWR monitors the processing of all Marine IDES cases.

Increasingly important is the WWR's continued facilitation between the Marine Corps and Veterans Affairs in order to ensure successful transition of individual Marines as well as ongoing progress in service coordination. Approximately 97 percent of Marines joined to the WWR will transition from military service and are in need of transition assistance, in all facets: medical care, education, employment, benefits, family needs.

WWR, through the District Injured Support Coordinators and Wounded Warrior Call Center, support wounded, ill or injured Marines after separation from service. These capabilities allow the WWR to keep faith with our Marines and offer continuing assistance through transition to veteran status.

**Staffing:** Navy Bureau of Medicine and Surgery (BUMED) manages the variety of personnel who assist and support recovering Marines. BUMED's report about staffing, training and effectiveness will include information relative to Marine's care.

**Access to health and rehabilitation:** Also reported by BUMED.

**Improvements in the progress of members:** WWR administers the Recovery Coordination Program in two ways: Marines with complex issues may be joined or attached to a WWR element and assigned a RCC; others may be assigned a RCC and receive support but remain with their parent units. All recovering Marines assigned a RCC develop a Comprehensive Recovery Plan (CRP) used to guide their recovery goals.

- a) Milestones
  - i) In FY15, 843 Marines entered the Recovery Coordination Program through WWR. These Marines may be joined / attached or externally supported by an RCC.
  - ii) Each Marine with an RCC receives ongoing support and opportunities to access the various programs offered through WWR. Through goals set in the CRP, RCCs engage their assigned Marines at designated intervals, not less than once every two weeks.
  - iii) WWR staff and RCCs facilitate WII Marines' transition through a warm hand-off with Veterans Affairs as intended by the DoD/VA Interagency Care Coordination Committee (IC3). In FY15, 967 Marines transitioned out of the RCP. Marines assigned or joined to a WWR element are classified as complex care cases with a recovery prognosis that is unlikely to return them to a full and medically unrestricted duty status. Approximately 97 percent of those Marines will transition to the



civilian community. Those Marines who return to duty also receive transition assistance through the WWR, helping them prepare for future transitions.

- b) Participation and benefit outcomes reported below are derived from the WWR administered Care Coordination Survey, administered to joined / attached Marines in October 2014. This data is self-reported and provides valuable insight into the health, recovery and goals of WII Marines. Respondents represent 65 percent of the population.
- i) The majority of supported Marines (67%) have both physical and behavioral health issues; 29% of Marines are being treated for physical issues only; 4% of the respondents were being treated for behavioral health issues only.
  - ii) All Marines in the RCP have access to Warrior Athlete Reconditioning – Program. All those who are physically capable are expected to participate in a minimum of three hours of rehabilitation each week. Physical therapy, adaptive sports and camps, charitable sporting events and recreation therapy are means through which Marines rehabilitate.
  - iii) RCCs refer all Marines receiving support to educational and vocational rehabilitation programs. Each is required to attend the VA Vocational Rehabilitation Orientation course. However, education and employment plans are then crafted based on an individual Marine’s goal. Marines identified the following goals through the Care Coordination Survey:
    - (1) Employment: 37%
    - (2) Self-Employment: 13%
    - (3) Education: 38%
    - (4) Stay at home parent: 5%
    - (5) Other: 4%
    - (6) None of the above: 3%
    - (7) Of those not pursuing education/employment, 44% reported having a disability that prevents them from doing so.

**Effectiveness of the program:** Wounded Warrior Regiment elements each have transition coordinators to assist Marines and family members in planning and preparing for their transition to the civilian community. Transition coordinators facilitate participation in internships, job fairs, Vocational Rehabilitation counseling and various local and VA-led programs.

WWR leaders developed and implemented an exit survey to assess the plans of transitioning Marines, intended to produce longitudinal data over time. Data regarding the use of programs while assigned to Regiment elements and plans following Expiration of Active Service (EAS) was collected through an online survey instrument and will drive the questions on follow-up phone surveys.

- Post-transition plans at time of EAS/leave:
  - Accepted Employment: 10%
  - Searching for employment: 15%
  - Pursuing self-employment: 3%
  - Accepted to college/trade school: 33%
  - Applying to College/trade school: 24%

- Percentage of offered programs used while assigned:
  - OWF: 11%
  - E2I: 14%
  - Vocational Rehabilitation: 50%
  - TRS Seminar: 55%
  - Resume Writing Course: 50%

WWR leaders are using the collected data to inform program development and needed resources. Overall, Marines transitioning through WWR have expressed satisfaction with the transition services provided. Ratings and comments were provided through the 2014 Care Coordination Survey, noted above. The majority of comments highlighted the valuable resources available and knowledgeable transition team members.

Wounded Warrior Battalion leaders also coordinate with local organizations to further expand recovering Marines' access to transition resources. One-on-one assistance with resume writing, local internship opportunities, educational resources and applications for VA educational benefits are available to recovering Marines, creating the best possible position for transition.

In addition to rigorous efforts to plan a successful transition prior to a Marine's end of service, the Wounded Warrior Resource and Outreach Call Center provides support for Marines who need continuing facilitation after transitioning. The call center will provide resources and referrals, or determine if a higher level of support is necessary to ensure a Marine meets his or her transition goals. The full spectrum of support offered by WWR – from hospitalization to post-service civilian employment – ensures the Marine Corps “keeps faith” with those who have served.

**Appendix C: Department  
of the Air Force Report**

## **AIR FORCE WOUNDED WARRIOR PROGRAM ANNUAL REPORT FOR 2015**

### **Requirement**

The following is submitted in fulfillment of the annual requirement to the Secretary of Defense's Office of Warrior Care Policy to report on the status of the Air Force Wounded Warrior program. This requirement is in response to Public Law 112-239, Section 738 which requires an annual report to Congress on the DoD Wounded Warrior programs. The Office of Warrior Care Policy has requested specific information to be included in a cumulative report involving all programs. This information covers the non-medical and medical portions of our program, the Air Force Wounded Warrior (AFW2) program and how we provide for the care of our wounded, ill and injured.

### **Staffing**

In 2015 the Air Force had 43 Recovery Care Coordinators (RCCs) and 18 Non-Medical Care Managers (NMCs) to provide direct non-medical care management for our wounded, ill and injured. Our program (as of 15 September 2015) has 5,036 wounded warriors enrolled and continues to grow at an average rate of 103 cases monthly despite the decline in combat operations. This is attributable to increased marketing efforts to better educate leadership and medical personnel on the eligibility criteria for our program. Out of the 5,036 enrollees, 2,415 meet the recognized standards established in Department of Defense Instruction 1300.24 (through Date of Separation and all Temporary Disabled Retired List) to be considered active cases. The remainders of our cases (2,621) are considered in sustainment. This phase of the continuum of care ensures we maintain contact with those Airmen already separated or returned to duty and whose identified non-medical care needs (education, employment, finance, housing, etc) have already been met. Our overall active case load ratio is 40:1. Of the 2,415 active cases, 1,551 cases require daily interaction from our care managers (26:1 ratio) and 864 require less frequent involvement in their care.

In 2015, we implemented a regional approach to our overall care management concept. We have dedicated recovery teams assigned to six geographic regions. This concept integrates the Care Management Team (CMT) to more effectively determine the best course of action as it pertains to guiding Airmen through their recovery and transition. Each region is led by a Regional Team Lead (RTL) with oversight of all RCCs and NMCs assigned to that region. The RTL supervises case load and provides direction to ensure the best overall care for the Airman.

Our program also supports a variety of programs to assist our Airmen with physical, psychological, social and family rehabilitation, encouraging members and their families on the road back to self-sufficiency. We maintain 22 government and contract personnel to administer these programs to provide the broadest range of resources available to our Airmen.

The Air Force Medical Case Management program was authorized 132 case managers in the FY 2015 and an additional 25 Wounded Warrior Case Managers through special funding. Currently we have a total of 141 case managers on staff. Most of the staff are registered nurses; with only three licensed clinical social workers. Except for the staff filling the Wounded Warrior

specifically funded positions, case managers provide clinical services to all beneficiaries meeting case management criteria. Accordingly, workload reports for the time period of Aug 1, 2014 through Jul 31, 2015 indicate that Air Force Clinical Case Management provided appointments to an average 2,000 clients monthly of which 168 per month were Wounded, Ill or Injured Service members.

In accordance with FY 10 NDAA Section 714, the Air Force Medical Service (AFMS) increased the number of AD military mental health provider authorizations by 25%. As of the Third Quarter of FY 2015, there are a total of 2,157 on board mental health assets in the USAF. This includes 393 psychologists, 149 psychiatrists, 539 social workers, 124 mental health nurses, 35 mental health nurse practitioners, and 917 mental health technicians. These represent an increase of 314 total personnel, or 15% increase since 2012. Specific to each career field, since 2012, there has been an increase of 70 psychologists, 3 psychiatrists, 167 social workers, 31 mental health nurses, 18 mental health nurse practitioners, and 25 mental health technicians. However, there still remains a gap between the total number of authorizations and assigned personnel in most career fields. To address this gap for psychologists, the AF has increased compensation and training efforts to recruit and retain, including offering incentive, retention, and accession bonuses. For psychiatrists, the AF has increased the number of child and forensic fellowships, continues to support the Financial Assistance Program to offer financial aid to psychiatry students in exchange for a service commitment. To reduce the gap for social workers, the AF continues to offer health Professions Loan Repayment and accession bonuses for fully qualified applicants. Retention bonuses have also been approved for social workers and are awaiting implementation. In order to reduce the gap for mental health technicians, the AF has initiated a selective re-enlistment bonus, approved the Prior Service reentry program, and approved for AFRC members to cross over to Active Duty.

The AFMS has 189 Physical Evaluation Board Liaison Officers (PEBLOs) assigned to 75 MTFs, based on the 1 PEBLO to 20 Integrated Disability Evaluation System (IDES) case mandated ratio requirement. Every Service member referred to the IDES is assigned a PEBLO who is the focal point for accomplishing a variety of actions essential for prompt, effective and adequate IDES case processing, to include that of counselling the patient at every stage of the process. When the member is referred to the IDES, the PEBLO establishes contact and conducts a face-to-face interview where the member is provided an initial overview of the process and is given an IDES Fact Sheet that contains an in-depth description of every step of IDES processing from referral to disposition. Throughout the member's stay in IDES, the PEBLO maintains constant contact and stands ready to answer any question posed by the Service member, his or her family members and those in his or her chain-of-command. In addition, the PEBLO is responsible for informing the member of any actions initiated, the impact of those actions and all available options. To ensure the member is apprised of the most current information, the PEBLO is charged with maintaining open communication channels with the member's Primary Care Physician, the VA Military Services Coordinator, Commander, Military Personnel Section (Active Duty) and Airman and Family Readiness Center (Reserve Component) and other agencies as required.

The Air Force Office of Airmen's Counsel (OAC), a division of the Community Legal Services Directorate under the Air Force Legal operations Agency, is a team of nine lawyers and four paralegals assigned at Joint Base San Antonio-Randolph to represent Airmen that are entered

into the Integrated Disability Evaluation System, also known as the MEB process. The OAC team is available to support members from start of notification through the Formal Physical Evaluation Board and the attorneys enjoy an attorney-client privilege with their clients and work to preserve their clients' interests, whether it be a disability rating increase, a return to duty finding, or a disability separation or retirement that the wounded or ill Airman so richly deserves. The OAC will assist Airmen through their appeals process all the way to the Secretary of the Air Force Personnel Council or the Veterans Administration. The nuanced legal issues involved in the IDES require early and often communication between the Airmen and the OAC.

With innovative outreach activities, including an Armed Forces Network commercial, news articles, and posters throughout Air Force installations, the OAC is making a difference to Airmen who are not familiar with Team OAC. When an Airman is put into the IDES at the Medical Treatment Facilities, they generally do not understand they can seek immediate legal assistance from the OAC. Outreach becomes very important because without the OAC guiding Airmen, their rights and benefits may be negatively affected due to the numerous filing deadlines that run throughout the IDES.

OAC represents Airman worldwide, Active Duty and reservists. Their workload translates into more than 2,000 clients and more than 700 hearings each year. It is the member's right to seek immediate legal advice from the OAC upon notification from the Medical Treatment Facility that they will be placed into the IDES.

### **Access to Health and Rehabilitation**

Access to Care is a very high Air Force priority for all beneficiary categories. All TRICARE Prime beneficiaries have a need and a right to timely care under the TRICARE program, with Active Duty members having first priority for care within our Military Treatment Facilities (MTFs). Due to the nature of their medical needs, Wounded Warriors stand out as high priority patients who generally receive closer attention when accessing MTF care, much of this from the more personalized approach many Wounded Warriors receive through our case management services. Because the Air Force does not identify Wounded Warriors in a separate category from other Active Duty members, it is not possible to distinguish them apart from other Active Duty patients when looking at Access to Care related measures; therefore, Active Duty as a whole are reviewed for compliance with Access to Care standards.

FY15 was a time of great attention and activity in the Access to Care arena. In follow-up to the 2014 Military Health System (MHS) Review, the MHS focused much attention on access related topics and areas of improvement. The major change that occurred was the development of Simplified Appointing for our Primary Care clinics. Simplified Appointing reduces the number of appointment types from ten to just two, 24HR (Next 24 Hours) and FTR (Future). The goal is a more responsive scheduling process that focuses the appointing decision on when patients want to be seen rather than making the patient fit an MTF driven, triage-based construct. The results of this recent change appear to be having the desired effect, with patient satisfaction improving and the average wait for appointments going down.

Across the Air Force, Access to Care remained strong throughout FY15, with many MTFs seeing strong improvements in the level of access they can offer patients. Virtually all Primary and Specialty care clinics frequented by our Wounded Warriors provided access to care within the congressionally mandated standard set in 32 CFR 199.17. The only exception to this is for acute care in our Women's Health clinics. Although most facilities meet the 1-day standard for Women's Health acute care, occasionally one or more MTFs were out of standard causing the Air Force average to be above standard during a number of months throughout FY15. Approximately 15% of care offered in Women's Health clinics is classified as acute. The majority of care delivered in Women's Health clinics is for Well Woman exams, specialty care, and follow-up care, all of which are well below the mandated standards. Additionally, acute care for women's health issues is also available to women with their Primary Care Manager as well, giving these patients other avenues to receive their required care.

The Air Force continues to focus much energy and effort on improving Access to Care for all beneficiaries, regardless of category. This is our duty to the men and women of the US Air Force and the family members who support them each and every day.

### **Improvements in the Progress of Members**

During the last FY, the following shows just a sampling of the daily productivity provided to our Airmen:

#### *Care Management*

- Enrolled 1,208 Airmen in FY15 (988 Regular AF; 136 Air National Guard; and 84 Air Force Reserve members)
- Worked with unit commanders and provided Family Liaison Officer (FLO) Training to 25 Airmen assigned to specifically support families of Airmen still hospitalized
- RCCs and NCMs ensured wounded warriors received \$3,826,224 in unpaid DOD, VA and Social Security related monthly compensations, benefits and entitlements; \$40,754.49 in monthly compensations and retroactive payments, \$172,181 in erroneous debt reconciliations and debt waivers, \$61,068 in tax related compensations as well as coordinating/procuring \$792,708 in other financial assistance
- Processed over 100 applications for Special Compensation for Assistance with Activities of Daily Living (SCAADL); Airmen received over \$1.6M for caregiver services

#### *Adaptive and Rehabilitative Sports Program (ASRP)*

One of the programs we continue to be very proud of is the Adaptive and Rehabilitative Sports Program (ARSP). The AFW2 ASRP motivates and encourages RSMs to use sports and art, music, yoga and equine therapy programs that help the Airmen focus on their abilities vs the disabilities which help them develop their "new normal". It is inspirational to see an Airman who at the start of camp doesn't want to be there change into one that leaves the camp with incredible energy and drive, focused on a new goal, with a new support system and ready to tackle the obstacles life brings.

In FY15 we focused on integrating ASRP opportunities into each Airman's recovery plan, offering ASRP events on a regionalized platform while including the physical, mental and spiritual approach and connecting Airmen and their caregivers with nationwide and community based ASRP events. This new approach resulted in increasing the number of Airmen connected with ASRP opportunities by 372%. We also simultaneously integrated group and sport mentors into the ASRP program which provided an additional support umbrella and network for our Airmen.

Due to the numerous testimonies of how these events were changing and saving lives the AF implemented a 2-year, 500 participant, quasi-experimental, repeated measures control group designed research study to measure the effectiveness this program has on the Airmen's quality of life and holistic wellness. The study began in January of 2015. We anticipate preliminary data will be available in January 2016.

### Career Readiness

The AFW2 Career Readiness program provides subject matter expertise to members of the recovery team and assists with one of our Airman's major transition concerns: "What am I going to do when I get out?" To facilitate a smooth transition it starts with early intervention, ideally when the Airman officially starts the fitness evaluation process. The Education and Employment Initiative, or E2I, and Operation WARFIGHTER, or OWF, are DoD programs managed on a regional basis by coordinators who engage with Airmen to determine existing skills, career objectives, educational goals and identify internship opportunities. E2I focuses on improving career readiness by supporting education and employment efforts; OWF is a non-paid federal internship program. Both programs are available to Airmen while they are still on Active Duty. Based on a recent memorandum of understanding between VA and DoD, Airmen must be referred to the VA for an initial consultation. They can be referred for Vocational Rehabilitation and Employment services upon entering the Disability Evaluation System (DES) or enrollment in the AFW2 program. The Air Force also provides civil service employment consideration for those eligible for non-competitive hiring authorities such as 30% or greater disabled veteran and Schedule A. There is also Central Salary Account (CSA) funding available for installations hiring Airmen with combat-related disabilities.

During FY15 the Career Readiness Cell focused on the following:

- Fostering new partnerships with Northrop Grumman Operation IMPACT which resulted in a 60% placement of all referrals.
- Educating and referring Airmen to AF Civil Service opportunities - 200% increase in placements from FY14 to FY15.
- Expanded AF Civil Service Employment Central Salary account opportunities from combat-related injured Airmen only to all Airmen enrolled in our program.

### Recovering Airman Mentorship Program (RAMP)

The RAMP program is designed to match Airmen who have successfully transitioned back to duty or civilian life with new members enrolled in the program with similar injuries, illnesses, or



wounds. Mentors and mentees are connected by similar grades/career fields/injuries and illnesses. This program offers an additional support element with someone who has walked in their shoes and faced many of the same challenges.

Mentors provide a model for hope and help to inspire confidence that recovering Airmen can meet the challenges involved with recovery. Our RCCs and NMCMs nominate Airmen that would be ideal mentors as well as those that need a mentor. Nominees receive training prior to be assigned into a mentorship role.

During FY15 the RAMP focused on:

- Training RCCs and NMCMs on program and implementing a streamlined process which increased the number of mentors by 60% over FY14 totals
- Incorporated Temperament Intelligence training into the training curriculum which resulted in increasing the skills for mentors

### Caregiver Support

The AFW2 program has worked aggressively to identify the caregivers who care for our wounded, ill, and injured Airmen and ensure they are connected with resources, information and services to meet their needs.

During FY15 the Caregiver Program focused on the following:

- Connecting caregivers through our closed Facebook group increasing the number of participants by 254%
- Integrating Caregiver focused information, training and services during our FY15 ARSP events.
- Conducted six “Me Time” caregiver focused events for 120 spouse, parents and friends providing them with time to focus on themselves, share experiences, and learn new skills to manage the household, build relationships, and remember that “caregiver” is only one way they identify themselves.
- Piloted AF Caregiver Mentorship program by pairing seasoned caregivers to those who are in the first stages of the caregiver role. AF goal is to develop training and implement by end of FY16 second quarter.

### IT/Data Management

- Consolidated RCC and NMCM data activities into one system of record (DoD-CMS)
- Reduced 11 monthly/quarterly reporting requirements to 1 report.
- Streamlined AFIA Housing inspection and reporting criteria for wounded warriors.
- Coordinated with AFPC STAR Team to receive weekly Military Personnel Data System (MilPDS) data files to assist NMCMs; reduced input requirements and error rates by NMCMs.

### SCAADL Program

- Processed 100+ SCAADL applications; compensated Airmen an average of \$137K monthly for caregiver services.
- Implemented CAT 3 requirement to better align with the intent of SCAADL; reduced program enrollment/continuation by 40%.
- Created AF SCAADL Certification of Eligibility and additional visual aids for recovery team support
- Provided 11 training sessions; trained RCCs, NMCMs, Clinical Case Managers and two group of physicians; introduced new references, tools, and processes to ensure eligibility criteria was understood.
- Revamped AF SCAADL Program better administers and meets intent of the program; reporting was created to assist with tracking internal and external inquiries.

### Wounded Ill/Injured (WII) Cell

- YTD processed 1,197 referral requests for AFW2 enrollment; 1,208 RSMs enrolled.
- Implemented case assignment tracking mechanism in order to capture errors in case assignments; allowed for trend analysis, conducting audits, and identifying additional training needs--Reduced error rate by 75%
- Coordinated w/ partnering agencies (AFMOA, SG, ARC, ANG A1, etc.) to reduce gaps of identification of injured and ill RSMs in order to provide CMT services through early enrollment; current late notification gap has been lowered from 51% to 36%; CY 2016 goal is 20%

### Communications, Marketing and Outreach Programs

During FY15 we have been focused on increasing our overall program awareness. To do this we have established and built strong partnerships with our Public Affairs community.

The following are our major achievements over the last year.

- Coordinated 39 internal DoD media engagements and 25 external engagements with civilian media including Time Magazine, Washington Post, Fox News and NBC
- Top 3 stories from FY2015
  - Time Magazine article on Wounded Warriors at 2015 DoD Warrior Games: <http://time.com/wounded-warriors/>
  - Washington Post article on Capt Christy Wise (she was featured at recent AFA Symposium by Gen Welsh): [http://www.washingtonpost.com/sports/after-losing-leg-wounded-warrior-maintains-competitive-mind-set/2015/06/28/0e864c7e-1dd8-11e5-bf41-c23f5d3face1\\_story.html](http://www.washingtonpost.com/sports/after-losing-leg-wounded-warrior-maintains-competitive-mind-set/2015/06/28/0e864c7e-1dd8-11e5-bf41-c23f5d3face1_story.html)
  - Air Force television episode BLUE: Charlie Mike to Recovery: <https://www.youtube.com/watch?v=C9KxIhShbJo>
- Dramatically increased social media presence through Facebook & Twitter; Facebook “Likes” at 6,250 from 2,255 in October 2014 (177% increase), Twitter gained 1,271 new followers during same time

## **Medical Support Programs**

### **Deployment Transition Center (DTC)**

The DTC provides support to AFW2 as well as mitigates the long-term impact of deployment stress and combat trauma by providing a research-based four-day decompression program at Ramstein AB, Germany.

- Established in 2010, the DTC was initially designed to provide critical post-deployment reintegration skills for career fields considered to be a heightened risk for combat exposure. Historically, these included: SFS, EOD, TACP, and Convoy Ops career fields, and participation was noted on deployment order line comments.
- Later, the DTC mission was expanded to include other combat exposure career fields, such as medical and chaplains. Additionally, the DTC allowed deployed members to self-nominate or to be nominated by their Commander to attend the DTC based on the unit's level of exposure to combat during deployment. The DTC has also functioned as a secondary decompression center for joint forces, including Marine Corps and Navy deployers.
- The content of the DTC program includes rest/recovery, controlled exposure, small group discussion of deployment experiences, application of stress management tools, and use of peer support.
- To date, over 8,000 redeployers have processed through the DTC. Data collected on a subset of 1,573 DTC participants from Jun '10 to Jan '11 indicated that, compared to a control sample, those who had processed through the DTC had significantly lower levels of PTSD symptoms, relationship conflicts, anger problems, depression, sleep disturbance, and alcohol use.
- Based on 707 participants from FY '14 to '15 YTD, 95.6% agreed that the DTC was worthwhile, and based on data from over 4,022 respondents over the course of the program, 85% indicated it was worthwhile.

AFMS performed a deep dive on Medical Management staffing in 2015. As a result, the Air Force Clinical Case Management program will experience a shift in staff inventory in FY'17; converting multiple contract positions to GS positions which is expected to provide greater continuity for our Wounded, Ill or Injured members, as well as our overall population.

In 2015, 200 PEBLOs and MEB related staff members attended the bi-annual DES Training Workshop held in San Antonio, sponsored by the Air Force Medical Operations Agency, a week long comprehensive training workshop for new and seasoned PEBLOs. Provider staff is also encouraged to attend this valuable training opportunity. Also, AFMOA continues to work closely with AFPC/PEB staff and MTF PEBLOs to facilitate a quality assurance feedback loop to improve the quality of MEB packages provided to the PEB by the MTF. The quality of MEB packages has improved from a 21% discrepancy rate to a 13 % discrepancy rate.

### **Effectiveness of the Program**

The measurement of effectiveness of our program is one Airman at a time. It is in meeting the goals that are important to them and their families in a return to a normal life. While we know

that is not always possible, it is the goal of the Air Force to assist our Airmen in reaching a level of self-sufficiency that bolsters their self-esteem and builds their confidence. Part of our effort is to prepare our Airmen for the future, whether that is in uniform or returning to civilian life. It is our goal to ensure Wounded Warriors and their families are well-prepared for whatever transition challenges await them. The continuum of care is delivered regardless of status and regardless of follow-on treatment location. Air Force Wounded Warriors, regardless of whether they choose to continue on Active Duty, or transition to veteran status, will remain part of the Air Force family. We use the Comprehensive Recovery Plan and developed checklists to ensure transitioning Airmen are aware or tuned into services such as medical and specialty care coordination, needed family/caregiver supportive services, education & employment services, as well as personnel benefits & entitlements.

We follow and document the Airman's care through the Department of Defense Case Management System (DoD-CMS). The Air Force was the first and only service to fully utilize this single case management as directed by OSD. It allows a process in place in which we identify Airmen in need of services.

The Care Management Team, previously known as the Recovery Team, ensures the Airmen and their families/caregivers are aware and connected with resources that aid in their recovery. Besides the VA a few of the organizations we help connect Airmen to are the Air Force Association-Wounded Airmen Program, Air Force Aid Society, financial counseling organizations, Military Once Source, and VA Transition Case Managers (previously known as OEF/OIF Counselors). Typically these organizations have offered emergency financial assistance or resources that the beneficiaries need (e.g., paying their rent, paying for car repairs, paying their bills, paying for adaptive sports equipment).

Another measure of effectiveness is in our marketing to commanders, medical personnel and other Air Force leaders that our programs are available to all seriously ill and injured. This awareness has resulted in an average monthly growth of over 100 cases per month, up from an average of 63 per month in 2014. Success is measured, however, not by numbers, but by the ability of our Airmen to live full, productive lives.

Measuring the effectiveness of clinical case management can be determined by the assessment of multiple factors. The standard outcomes of case management are to "maximize the client's health, wellness, safety, adaptation, and self-care through quality case management, client satisfaction, and cost-efficiency" according to Case Management Society of America (CMSA) Standards of Practice. The clinical case manager assists the patient in setting realistic goals. Whether the patient is able to achieve these goals is considered when analyzing program effectiveness. The Air Force clinical case management program conducts quarterly peer reviews at the MTF level for program evaluation. The patients understanding of and ability to comply with their overall treatment plan should be well documented in the electronic health record as evidenced by the peer review results.

## **Conclusion**

The Air Force program is successful, sustainable and flexible in our approach, design and reaction to world events. We foresee our program continuing to serve our wounded, ill and

injured Airmen through the entire continuum of care. This is a commitment to those who serve in peace and in war.

**Appendix D: U.S. Special  
Forces Care Coalition  
Report**

## **Public Law 112-239, Sec. 738 Service Report USSOCOM Care Coalition Program Review**

**Overview:** The U.S. Special Operations Command (USSOCOM) Care Coalition was congressionally recognized in the National Defense Authorization Act (NDAA) fiscal year 2013 (Section 738) as one of the five (5) Department of Defense (DoD) Warrior Transition Programs that are intended to provide non-medical case management and care coordination services to Special Operations Forces (SOF) Wounded, Ill, and Injured (WII) and their families.

**Staffing:** The quantity and effectiveness of our non-medical case managers is unparalleled; comprised of 44- Recovery Care Coordinators (RCCs) that have an average active case load of 28:1 WII. A Care Coalition RCC has an average of 26-years of military service, served in the SOF community, has a graduate level education, and has more than five (5) years' experience working as an RCC. While we do not have measurable data, we do offer tri-service information services to our WII in regards to medical, legal support, Physical Evaluation Board Liaison Officers (PEBLO), behavioral health care providers, and medical evaluation physicians. Care Coalition RCCs collaborate, influence, and advocate for Service members requiring such services.

**Access to health and rehabilitation:** The Care Coalition does not control or collect data in regards to access to health and rehabilitation services to include average appointment waiting times by specialty. However, we do streamline relationships amongst a vast network of approved TRICARE providers. These relationships help facilitate and ease access to care by developing partnerships with Cancer Research centers, connections with Veterans Health Affairs (VHA) and Veterans Benefits Administration (VBA) along with connections at TRICARE and Military Treatment Facilities (MTFs). The Care Coalition serves as an advocate for the service member's medical and non-medical care needs. These needs are integrated across the phases of care through a coordinated, highly collaborative sharing of resources and information to reduce frustration and ensure best possible outcomes for the service member, their family, and caregiver.

**Improvements in the progress of members:** Data on improvements in the progress of WII Service members enrolled in WWPs, along with milestones, participation and benefit outcomes.

- a) Milestones
  - i) A service member commences participation in the Care Coalition program as soon as notification is submitted through a casualty report, identified at point of injury or in-transit by LNO and/or referred by medical authorities, unit, peers, or self.
  - ii) At least once each year the member participates in the program. Care Coalition RCCs maintain a contact percentage of 90% while having a 100% contact rate for initiating a recovery care plan within 24-hours of receiving a new case.
  - iii) When the WII service member ceases active participation in the program or is transferred to the jurisdiction of the Secretary of Veterans Affairs, we continue to offer information services. We have a Memorandum of Agreement (MOA) with Veterans Affairs (VA) for a Federal Recovery Coordinator (FRC) and a Veteran's Benefits Administration (VBA) LNO whom resides on-site with the Care Coalition at USSOCOM HQs.

The FRC provides assistance to recovering Service members, veterans, and their families through recovery, rehabilitation, and reintegration. The FRCs leverage all resources to coordinate care for clients, including access to both DoD and VA benefits and health care, as well as other government and private sector resources when appropriate.

The embedded VBA LNO administers a variety of benefits and services that provide financial and other forms of assistance to Service members, veterans, their family members and survivors. This includes compensation, education and training, home loans, life insurance, and vocational rehabilitation.

b) Participation and benefit outcomes

- i) Physical and behavioral health outcomes are essential to USSOCOM and the Care Coalition. In FY 15, 95% of the caseload was Active Duty physical health and 5% Active Duty behavioral health. We continuously network with Service specific providers and programs to improve access and outcomes.

The Care Coalition's Benevolent Support section fills gaps in DoD benefits to SOF WII and their families, through non-Federal entities (501C3s) and ensures ethical reviews are initiated to comply with all laws and DoD policies. Support services include immediate needs such as travel to bedside, financial crisis, and medical care beyond what is funded by TRICARE. Other services include wellness events such as recreational sports, marriage retreats, and hunting events. The Care Coalition tracked 17 wellness events in FY15 with 68 non-local WII participants (42 Active Duty and 26 veterans).

The USSOCOM Commander has made an investment to improve accessibility by embedding behavioral health entities at the unit level while also making it a priority to reduce the stigma associated with obtaining help.

- ii) Rehabilitation and reintegration is the Care Coalition's main goal with a 72% return to duty rate. The Care Coalition provides the opportunity for Active Duty and veteran SOF WII to participate in adaptive sports and reconditioning programs, with a physician's approval, in order to enhance their recovery and improve their quality of life, understanding veteran SOF WII participation is funded through non-DoD funds. The Care Coalition tracked 10 MASP events FY15 with 205 participants (89 Active Duty, 94 veterans, and 22 NMA/Family).

Additional rehabilitative services include Active Duty rehabilitation equivalents and tend to be very specific to the military population they serve. They consist of Army-THOR3 (Tactical Human Optimization Rapid Rehabilitation and Recovery), Air Force- (Human Performance Laboratory), Navy -(Tactical Athlete Program), and Marine -PERRES (Performance and Resiliency Program).

- iii) Educational and vocational preparation

Since 2013 the Care Coalition Career Transition Initiative has effectively assisted transitioning SOF Service members by coordinating private and public internships, offering employment assistance, facilitating educational/vocational preparation, and assisting with resumes. Of the 1161 Service Member's referred to the transition team by Care Coalition RCCs, 96% have utilized the resume assistance and 84% have requested transition assistance. Only 2% of our Service members have refused the resume service. SOF Service members have completed 152 internships: 90 with private industry and 62 with government agencies. Of the 62 public internships, 25



have participated in the HERO Corp program. On average there are between 36 and 40 active SOF service member's internships.

**Effectiveness of the program:** The effectiveness of the programs in assisting in the transition of WII Service members to military duty or civilian life through education and vocational assistance.

The Care Coalition Transition Initiative manages educational and vocational preparation for SOF Service members. Based on the service member's interests, the Transition Initiative Team refers the service member to many programs that are already in place through private and public entities. In some cases, the Care Coalition Transition Initiative Team has assisted in the development of new educational and vocational programs. Some of the programs that continue to be an asset to our SOF service member's educational and vocational preparedness include: Stanford Ignite, VETtoCEO, Warrior to Cyber Warrior, Human Exploitation Rescue Operatives (HERO) Corps, University of South Florida Cyber Center, and Syracuse University.

The Care Coalition continues to improve outcomes through internal program reviews, staff assisted visit's lessons learned, and strategic planning. These efforts improve recovery, care management, and transition of all SOF WII, their families, and their caregivers.