



# **Army Warrior Care and Transition Program**

brief to the

## **Recovering Warrior Task Force**

26 February 2013



# Agenda

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- Opening Remarks – BG Bishop, WTC Commanding General
- Army Response to RWTF FY12 Recommendations
- Army WTC Survey Program
- Additional Questions for Army WTC



# Opening Remarks

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BG David Bishop

WTC Commanding General





# Evaluation of Task Force Recommendations



***Congress stipulated in the RWTF's founding legislation that, not later than 90 days after receipt of a report, the Secretary of Defense shall submit to the SASC and HASC the report and the Secretary's evaluation of the report. Please discuss the Army's evaluation of the following Service-level 2011 RWTF recommendations: 8, 9, 13, 14, 15, 16, 17, 18, 20, 23, 33, 34, 35.***

Army responses to each specified RWTF Recommendation are detailed in the following slides.



# Evaluation of Task Force Recommendation #8



***DoD must ensure 100 percent of DoD behavioral health providers receive training in evidence based PTSD treatment and all primary care providers receive training in identification of PTSD patients.***

The Army has grown its force of behavioral health professionals by 90 percent since 2007, equating to an additional 1,699 civilian, military and contract providers.

BH is an evolving science; military standards follow civilian guidelines in diagnosing and treating BH conditions. In addition, we are working to ensure our BH practices are meeting the needs of all patients. As practice standards evolve in both civilian and military environments, the Army has adjusted its delivery system to provide the most current evidence based practice standards.

The Army Medical Department has an evidenced based PTSD training program that has a current capability to train roughly 25% of the provider force (assuming full iteration / max participation) in any given year, which would effectively train 100% of the force every 4 years.

Re-Engineering Systems of Primary Care Treatment in the Military (RESPECT-Mil) is being transformed into the PCMH-BH program and will employ integrated BH providers located within the primary care clinics. Additionally, MEDCOM is in the final stages of publishing a MEDCOM Circular on patient and soldier centered medical home behavioral health screening.



# Evaluation of Task Force Recommendation #9



***DoD should audit military treatment records for RWs with diagnoses of PTSD to assess completion rates of evidence based PTSD treatment and incorporate lessons learned into clinical practice guidelines.***

The Army has already determined that EBTs are utilized roughly 90% of the time.

The Army has designed measures of effectiveness (MOE) under its BH360 effort to track session completion rates with the recommendation that MTFs variations from peers should result in a root cause analysis to determine systems issues for correction.

The Army has also fielded the Behavioral Health Data Portal (BHDP), a BH module under MODS, that allows the BH provider to document treatment progress and clinical outcomes.

The Army recognizes current VA/DOD PTSD Clinical Practice Guidelines, there are no separate Service Level CPGs.



# Evaluation of Task Force Recommendation #13



***All RW squad leaders, platoon sergeants, fleet liaisons, Navy Safe Harbor NMCMS, Army Wounded Warrior (AW2) advocates, section leaders, and AFW2 NMCMS should attend the joint DoD RCC training course.***

All AW2 Advocates attend a week of RCC training in accordance with the Office of the Secretary of Defense guidance. Advocates provide the same services and support of an RCC for those Warrior Transition Unit (WTU) Soldiers that are AW2 eligible. The Army has worked with the Department of Defense (DoD) Warrior Care Program (WCP) to determine the potential of providing identified topics to the WTU Cadre Course via virtual means. There may be benefits to holding a short course (e.g., one week) covering topics that are applicable to all Services. This could be done virtually or conducted at the Army Medical Department Center and School (AMEDD C&S) where cadre from sister Services are invited to the Joint portion of the course. A Joint RCC course for all squad leaders (SLs) or platoon sergeants (PSGs) is not currently feasible.



# Evaluation of Task Force Recommendation #14 – 1 of 2



***The Services should provide support to family members/caregivers without requiring RW permission. Support should include a needs assessment, counseling, information, referrals, vocational guidance, financial management/assistance, and other resources as needed. HIPAA and Privacy Act should not interfere with support to family members/caregivers.***

While our goal is to keep Families as informed as possible, it is necessary to require the Soldier's permission due to Health Insurance Portability and Accountability Act (HIPAA) law. However, to ensure that our Families are involved as much as the Soldier will allow, Warrior Transition Command (WTC) attempts to include and educate the Families as soon as possible. All of our WTUs and Community-Based Warrior Transition Units (CBWTUs) provide Family orientation that includes initial orientation to their specific location, familiarization with the Comprehensive Transition Plan (CTP) and the Integrated Disability Evaluation System (IDES), and orientation/training on any requirements that they need to complete.

In addition, our structure (e.g., social workers (SWs), social services assistants (SSAs), nurse case managers (NCMs), etc.) gives us the ability to identify Families in need and provide them with the right support. Our Soldier and Family Assistance Centers (SFACs) provide numerous services including child care and financial assistance. Due to being co-located with the military treatment facilities (MTFs), we have quick referral capabilities to services such as Family Counseling Services and Operation Brave Families that focus on Families with children of injured or ill Soldiers.



# Evaluation of Task Force Recommendation #14 – 2 of 2

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During in-processing, we request Family email addresses where we send out flyers of upcoming events and new information. Annually, our Soldiers are required to review and update pertinent demographic information including contact information to ensure that we have the most current data. All of our units also have websites, Facebook pages, and Twitter accounts which regularly update Soldiers and their Families with new information.



# Evaluation of Task Force Recommendation #15



***Each Service should clearly identify a readily available, principal point of contact for the RW in every phase of recovery. Initial and ongoing contact with the family/caregiver is the responsibility of this individual. Provide this individual the requisite tools and equipment to help meet the family's/caregiver's needs.***

The Army has identified the Squad Leader (SL) as our principal point-of-contact for our Soldiers and their Families. Our SLs are required to speak with our Soldiers and/or their Families daily. This provides a solid foundation for ensuring the Family has consistent a consistent point of contact. Our SLs also have daily contact with the Soldiers' Interdisciplinary and Command elements to ensure the Soldiers' and their Families' needs are identified, briefed through the medical and command elements, and met in a timely and efficient manner.

In addition, we are also participating in the DoD and Veterans Affairs (VA) Community of Practice. This interagency collaboration brings together all Services and the VA to create consistency across the Services in relation to the Continuum of Care for our Recovering Warriors and their Families. The Community of Practice (CoP) working group is piloting the concept of a designated Lead Coordinator (LC) that may be a solution set across all Services and the VA.



# Evaluation of Task Force Recommendation #16



***Upon RW entrance into the IDES, the Services should educate family members/caregivers on potential benefits changes upon separation, the VA Caregiver Program, VA Vet Centers, and other federal/state resources for which families may be eligible. The Services should use social media, apps, fact sheets, pamphlets, videos, or other communication tools to educate family members on these topics.***

- Soldiers are advised by their PEBLO that family members/caregivers are invited to participate in the IDES process.
- The PEBLOs are required to provide the Soldiers with a IDES “Pocket Guide” upon referral into IDES. This “Pocket Guide” is also available electronically.
- Within the first 10 days of IDES, Soldiers receive Army Career Alumni Program (ACAP) referral information.
  - ACAP is mandatory for all Soldiers processing through IDES.
- Each Soldier completes a Pre-separation Counseling Checklist (DD 2648) where they have an opportunity to request:
  - Additional counseling for Continued Health Benefits;
  - Information about the Disabled Transition Assistance Program (DTAP);
  - A Veterans Benefits Briefing;
  - A Department of Labor TAP Employment workshop;
  - Information about other programs and services.



# Evaluation of Task Force Recommendation #17



***The Services should require that, upon RW entry into IDES, PEBLOs brief families/caregivers enrolled in the Exceptional Family Member Program (EFMP) on the potential loss of TRICARE Extended Care Health Option (ECHO) benefits upon completion of IDES if discharged.***

- In most cases, Soldiers will lose EFMP and ECHO benefits when they are no longer on Active Duty (specific guidance can be found in TRICARE Policy Manual 6010.57-M).
- Within 10 days of being referred to IDES, PEBLOs inform Soldiers and their Family/caregiver of where to obtain information on the services available to them and instructs Soldiers to visit their local TRICARE office, EFMP office and Soldier Family Assistance Center (SFAC) office, where they receive more detailed information on various programs.
  - The SFAC is an administrative resource center hosting a variety of different services supporting RWs and their Family members.
  - SFAC staff are trained to help Families locate state and local resources prior to separation from military service.



# Evaluation of Task Force Recommendation #18



***The Services should seek every opportunity to unify family members/caregivers and RWs. It is important to preserve family dynamics and keep family members engaged in the recovery process.***

Per the Joint Federal Travel Regulations, Volume 1 (JFTR) (Para U5246), transportation and per diem may be authorized for each designated individual (not to exceed three) who are authorized to visit a member who meets both of the following conditions:

- Soldier has a wound or an injury incurred in an operation or area designated as a combat operation or combat zone.
- Soldier is hospitalized in a medical facility in the U.S. for treatment of that wound or injury.

This ensures that Soldiers are reconnected with their family members as soon as possible. All Soldiers receive evaluation, care, and transition services at a location commensurate with their needs closest to their support network. Clinical care requirements are the primary determination of assignment/attachment to a Warrior Transition Unit (WTU) or Community-Based Warrior Transition Unit (CBWTU). CBWTUs are the primary location for Reserve Component (RC) Soldiers to receive medical management.



# Evaluation of Task Force Recommendation #20



***The Services should specify the RW program relationships with installation level family support centers and sufficiently resource Soldier and Family Assistance Centers (SFACs), Navy Fleet and Family Support Centers, A&FRCs, and Marine Corps Community Services (MCCS) family assistance facilities to effectively meet the needs of RWs and their families. Each family assistance center (FAC) should identify personnel responsible for meeting the needs of the RW community.***

On Army Installations, Warrior Transition Unit Soldiers and their Families have direct access to family support centers, which includes Army Community Service (ACS) Centers and Morale Welfare and Recreation (MWR) programs, and are encouraged to utilize all available services.

As stated in the RWTF findings, the Army's WTUs are co-located with the SFACs. Per the findings, utilization is high. The SFAC high satisfaction rate is well documented.

The entire Installation Management Command (IMCOM) G9 Family Programs Division (ACS Staff) is undergoing a full manpower review of all positions and service requirements during FY13.



# Evaluation of Task Force Recommendation #23



***The Army WTC should include out-processing with the RC Service member's home unit as part of the checklist for leaving Title 10 status.***

Army concurs. In order for a successful warm handoff from a Warrior Transition Unit (WTU) or Community –Based Warrior Transition Unit (CBWTU) back to an owning RC unit to occur, the following three actions provide the greatest opportunity for success.

- Human Resources Command (HRC) maintains the responsibility to provide official notice and to issue orders when a WTU Soldier has been medically cleared to return to duty. HRC will generate a Release From Active Duty (REFRAD) Authorization Memorandum to the WTU and Transition Center to return the Soldier to the unit of record. The Transition Center will publish the REFRAD orders.
- WTU leadership will engage RC Company leadership prior to a WTU Soldier's separation/transition from a WTU/CBWTU. Following the recent RWTF FY12 Report, the WTC refined the Out-Processing Checklist to capture and maintain communication with the receiving unit point-of-contact (e.g., unit, name, and contact information).
- Soldiers have the responsibility to maintain contact with their parent RC unit throughout their attachment to a WTU/CBWTU. The WTU leadership facilitates this contact.



# Evaluation of Task Force Recommendation #33



***The current PEBLO staffing formula is inaccurate. DoD should develop new and more accurate PEBLO work intensity staffing models. The Services should ensure a minimum manning of two PEBLOs (of any Service) at every MEB site to prevent potential process delays due to a PEBLO being unavailable (e.g., leave).***

- MEDCOM is refining a regulating model which weights cases according to where they are in the IDES process; analysis shows that PEBLO workload varies as the Service member progresses through IDES.
- The Army has ensured a minimum of two PEBLOs or more at each IDES site based on current workload.
- Each PEBLO has a Contact Representative (PEBLO assistant) to assist them with the administrative duties necessary to keep cases flowing through IDES.
- The Army continues to hire and train PEBLOs to ensure efficient case processing and counseling of our Soldiers as well as prevent process delays.



# Evaluation of Task Force Recommendation #34



***The Services should ensure that 100 percent of RWs are individually contacted by an MEB outreach lawyer (in-person, phone, email, mail, etc.) upon notification to the PEBLO that a narrative summary (NARSUM) will be completed.***

- PEBLOs advise Soldiers of their right to consult with legal counsel at a minimum of three key points throughout the IDES process: referral, receipt of Medical Evaluation Board (MEB) Findings, and receipt of Informal Physical Evaluation Board (PEB) findings.
- Soldiers' MEB Counsel (SMEBCs) are already fully engaged providing services. A requirement for 100% individual contact by a SMEBC may overtax SMEBC resources and diminish the capability to provide services to those Soldiers who have sought SMEBC assistance. Furthermore, solicitation of clients may present ethical issues.
- 100% notification of the availability of counsel is the current Army policy. Physical Evaluation Board Liaison Officers (PEBLOs) advise Soldiers of their right to consult with legal counsel at a minimum of three key points throughout the IDES process: upon referral, receipt of Medical Evaluation Board (MEB) Findings, and receipt of Informal Physical Evaluation Board (PEB) findings.
  - Upon initial consultation, the PEBLO refers the Soldier to the servicing SMEBC office for a briefing on the Soldier's right to consultation and assistance from the SMEBC office.
  - The PEBLO also includes the SMEBC or paralegal as a participant in the MEB in-processing (multidisciplinary orientation) briefing.
- The Army will take all steps necessary to assure the execution of the policy is uniform and as universal as possible.



# Evaluation of Task Force Recommendation #35



*All military members, upon entering their Service, begin a relationship with the VA. DoD should widely market VA services and benefits to DoD leadership (commanders, senior enlisted leaders, etc.) and include this information at all levels of officer and enlisted professional development. All AC and RC should be encouraged to register in the VA e-Benefits online program.*

Concur. All of our Soldiers are required to enroll in VA eBenefits.



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# *Questions*