

February Business Meeting Minutes Doubletree Hotel Washington, D.C.-Crystal City

Tuesday, 26 February 2013

The meeting began at 8:00am with Vice Admiral (VADM) Matthew Nathan providing opening remarks focused on the potential impact the sequestration may have on Recovering Warrior care. VADM Nathan stated that Congress and Military leaders are worried about wounded warrior care. Both VADM Nathan and Major General (MG) Richard Stone discussed similar concerns effecting both the Navy and Army, respectively. Dr. Steven Phillips discussed the potential impact on the Department of Health and Human Services' research efforts regarding areas such as Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD). VADM Nathan and Mrs. Suzanne Crockett-Jones then transitioned into an overview of the Task Force's current fiscal year activities followed by introductions of all Task Force members in attendance. Mr. Justin Constantine was scheduled to be absent for the first day of this business meeting and Ms. Karen Malebranche was scheduled to arrive later in the morning.

The Task Force members moved into an after action review of the most recently conducted installation visits. The discussion covered site visits to Captain James A. Lovell Federal Health Care Center in Illinois, Fort Bragg in North Carolina, and the Arkansas Community-Based Warrior Transition Unit. Regarding the Federal Health Care Center in Illinois, the members complimented the cohesiveness of Department of Defense (DoD) and Veteran Affairs (VA). Although DoD and VA are working with a single sign-on authority, the members noticed that there were still electronic medical records issues between the two departments. The members noted the responsiveness of DoD information technology (IT) staff as well as the current limited access to Individual Electronic Heath Records (iEHR). When reviewing the Fort Bragg visit in North Carolina and the Arkansas Community-Based Warrior Transition Unit, the members discussed Soldiers' complaints about not knowing where they were in their processes. They also discussed the need for family members and caregivers to be more involved in the development and management of the Comprehensive Transition Plan (CTP). The Task Force took a short break at 9:01am.

At 9:08am, Brigadier General (BG) David Bishop, Commander of the Warrior Transition Command (WTC), provided opening remarks and staff introductions before leading a panel response to Army specific fiscal year 2012 Task Force Recommendations. The panel began their briefing responding to recommendations regarding issues such as PTSD screenings and training on evidence-based PTSD treatment. The discussion included the Army's use of screening tools such as the PTSD Clinical Practices Guidelines, collaboration efforts with the Defense Center of

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Excellence, and an evidence-based treatment (EBT) PTSD training program that trains approximately 25 percent of providers every year. The panel moved to discuss the need for more Recovering Care Coordinator (RCC) education within the triad of care (Primary Care Manager, Nurse Care Manger, Squad Leader) but stated that a Joint RCC course for all squad leaders and platoon sergeants was not feasible. Ensuring better interaction with the CTP and utilization of Soldier and Family Assistance Centers (SFAC) were discussed as methods to actively involve family member/caregivers and provide them appropriate support. At 10:40am, the Task Force took a short break.

The WTC panel continued with their recommendation responses at 10:49am. The panel discussed how the Army sees the Squad Leader as the principal point of contact for Recovering Warriors and their families. They also spoke about the Physical Evaluation Board Liaison Officer's (PEBLO) role as an integral point of contact on the Individual Disability Evaluation System (IDES) process. The Army briefed that it currently has a minimum of two PEBLOs at each IDES site and is managing staffing based on workload. The panel went into discussion on ensuring 100 percent notification of the Soldiers' Medical Evaluation Board Counsel (SMEBC) to Recovering Warriors. The Task Force members inquired if there was any difference in care between Soldiers in line units going through IDES and those in Warrior Transition Units (WTU). The members were also interested in knowing how certain items were being inspected. This portion of the WTC's brief ended at 11:59am.

Immediately following the recommendation responses briefing, Ms. Malebranche arrived at 12:10pm and the WTC began briefing on their survey program. Dr. Melissa Gliner, a Senior Analyst with the Decision Support Center, discussed the methodology and satisfaction results of the Army's WTU and MEB surveys. In regards to the WTU survey, participants provided an overall high satisfaction result, showing high ratings with case managers but low ratings with pain management. Dr. Gliner further stated that although overall satisfaction was high, active duty participants' satisfaction decreased the longer participants were in the WTU. When discussing the MEB survey, Dr. Gliner highlighted that overall satisfaction was high and had improved from May 2012. She also showed that aspects that impacted overall satisfaction were fairness, PEBLO satisfaction, and knowledge of the system. The Task Force members requested for the results to be broken out by grade and for more raw numbers along with the percentages presented.

After discussing the survey program, the WTU panel addressed additional Task Force questions regarding family/caregiver support, PTSD services, and vocational services. The panel discussed how Army focuses their family and caregiver support through active leadership having face-to-face interactions. The panel later spoke about the changes in diagnostic criteria for PTSD in the fifth revision of the Diagnostic and Statistical Manual (DSM) and their potential

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impacts. The panel closed their morning session discussing federal employment internships, a Department of Defense Instruction (DoDI) addressing non-federal employment programs, and ensuring all eligible Soldiers are participating in a career and education readiness program. This session ended at 12:45pm and the Task Force took a break for lunch. Mr. David Rehbein also left for the day at this time.

At 2:00pm, the Task Force resumed the meeting. Mr. Horace Larry, a Senior Executive Service member and Deputy Director of the Air Force Services, provided opening statements and panel introductions prior to the Air Force's presentation. The panel addressed various recommendations to include published guidance on Recovering Warrior care, the Comprehensive Recovery Plan (CRP), Non-Medical Case Manager (NMCM) and PTSD training, and family/caregiver support points of contact. The panel discussed the three Air Force Instructions that were published within the past three years regarding Warrior and Survivor administrative and clinical care. The panel also discussed the Air Force's use of technology to ensure Recovering Warriors and their families have access to update the CRP. RCCs are provided iPads with a Common Access Card (CAC) reader and special CRP management tool that allows for real-time, face-to-face updating and viewing. The panel highlighted Air Force training statistics for both NMCM and PTSD providers. The Air Force stated having 100 percent of NMCMs trained by the summer of 2013 and having 100 percent of PTSD providers trained in EBT as well as PTSD identification through annual training. The panel emphasized the Air Force's use of the CRP as a primary tool and the RCC as a primary point of contact with regard to the continuum of care. The Community Readiness Coordinator (CRC) and Family Readiness Officer (FLO) were also discussed as family member/caregiver support points of contacts to use without interfering with HIPAA and Privacy Act issues. During discussions, Task Force members further inquired about the various handoffs throughout the continuum of care as well as the warm handoff to Airmen that live in remote locations. The Task Force took a short break at 3:17pm and MG Stone left the meeting for the day.

At 3:22pm, the Task Force resumed the Air Force briefings. The Task Force welcomed Dr. Carra Sims, a Behavioral Scientist with the RAND Corporation, who was presenting the methodology and findings from the Air Force Warrior and Care Survey. The survey focused on support services to wounded Airmen, psychological injuries, and reintegration challenges. Dr. Sims stated that participants reported high satisfaction with the services they had received through the Air Force Wounded Warrior Program (AFW2) and the Air Force RCC Program. Survey participants also reported general information about policies and resources as well as advocacy as their most desired support services. In reference to psychological injuries, the survey showed a high level of respondents that screened positive for PTSD or Major Depressive Disorder (MDD), which appeared to be more common among Reserve and National Guard

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Airmen. Dr. Sims later highlighted a screener item in the survey that was used to address reintegration challenges. This item identified that 10 percent of the respondents were temporarily homeless after a deployment and a high level of participants who noted barriers in employment. Dr. Sims and the other Air Force panel members discussed the need to break through stigma barriers in order to improve overall care. In addition to homelessness, the Task Force members showed a high interest in the removal of perceived employment and mental health stigma barriers. The Task Force concluded at 4:40pm for the day.

Wednesday, 27 February 2013

The second day of the meeting opened at 8:00am with MG Stone scheduled to be absent for the day and CAPT Constance Evans arriving at 8:43am. The day began with a continuation of the site visit review started the day prior. The Task Force members discussed their recent visit to the Air Force at Joint Base San Antonio in Texas. The members highlighted seeing the mission focus for Recovering Warriors at the site being return to duty, not separation. They noted the IDES site had good pre-screening of IDES packets and for their work on electronic case load transfers. The leadership had also been successful in effectively communicating to families but the members noted that there are still issues with the Physical Evaluation Board (PEB) and the MEB that need to be addressed. At the conclusion of the site visit discussion, Ms. Denise Dailey transitioned into discussions on Task Force activities for the rest of the fiscal year. This discussion was then followed by a short Ethics briefing provided by Ms. Karen Dalheim from the Office of General Counsel.

At 9:06am, Mrs. Crockett-Jones opened the public forum with an introduction of Mr. Michael Parker, a public forum participant. Mr. Parker provided a statement to the Task Force focused on issues where he felt the military's lack of oversight resulted in their failure to pay deserved disability benefits. Mr. Parker presented two separate incidents with Service members, where he claims disability benefits were inappropriately denied. In discussions with the Task Force, Mr. Parker stated that the DoD is failing to follow their own written policy.

Upon completion of the public forum at 9:17am, the Task Force welcomed Navy Captain Steve Hall, the Director of Navy Safe Harbor (CNIC N95), and associated Department of the Navy staff. The panel began their briefing on responses to Navy specific Task Force 2012 recommendations. The panel's briefing addressed recommendations that include the CRP, NMCM training, family/caregiver support programs, the IDES process, and marketing VA services. Although they have not established a specific metric, the Navy felt they were being proactive with NMCMs engaging with Recovering Warriors and their families regarding the

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CRP. The Navy is still working on how to market the CRP to provide more visibility to family members. The panel then discussed the Navy's practice of sending all NMCMs to RCC training, along with other subject matter experts. The Navy Safe Harbor sends approximately four staff members to the training each quarter with refresher training every two years. The Navy discussed the recent Navy Safe Harbor realignment to Commander, Navy Installations Command (CNIC) under Fleet and Family Readiness and its impact on family/caregiver support. The change has created better collaboration between Safe Harbor NMCMs and Fleet and Family Services which provides enhanced support. The Navy did not perceive any HIPAA or Privacy Act barriers in providing support to families but did observe the need for more direct leadership to include the family in a Recovering Warriors' care. The Navy also addressed their approach to IDES legal outreach and how they co-locate the PEBLO and IDES lawyers when possible. The panel later discussed the PEBLO's role in marketing VA benefits and services to Recovering Warriors. The members focused on ensuring that Recovering Warriors were aware of both Veterans Benefits Administration services as well as Veterans Health Administration services. The Task Force took a break at 11:12am.

At 11:25am, the Task Force resumed their session and welcomed Mr. Geoffrey Patrissi, the Director of the Institute for Organizational Assessment at Navy Personnel Research Studies and Technology, who joined the business meeting through Skype. Mr. Patrissi briefed the Task Force on methodology and findings from the Navy Safe Harbor Enrollee and Caregiver surveys. The survey information presented was dated from 2011 because 2012 survey results were not available. When discussing the enrollee survey, Mr. Patrissi highlighted a significant increase in overall enrollee satisfaction. The survey showed that awareness of Navy Safe Harbor programs needs to heighten but those who used the programs were very satisfied. Mr. Patrissi stated that family/caregiver support, retirement and future planning, and recovery and reintegration were identified as the top concerns of participants. In regards to the caregiver survey, overall satisfaction remained constant from the first year of this survey in 2010. Similar to the enrollee survey, the awareness of Navy Safe Harbor programs needed to be heightened but the caregivers using the programs were satisfied with the services. Mr. Patrissi also highlighted that the majority of caregivers were satisfied with the support and services provided by the NMCMs. Task Force members commented on the need for the Navy to find more ways of marketing Navy Safe Harbor programs to enrollees and caregivers. The members also inquired about the need to have a standardized survey mechanism across the Services. The Task Force ended the session and took a lunch break at 12:30pm

The Task Force members welcomed Colonel Willard Buhl, Commander of the Marine Corps Wounded Warrior Regiment (WWR), and his supporting staff members. Upon completion of his opening remarks, Colonel Buhl and his staff began to respond to various 2012

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recommendations from the Task Force that applied to the Marine Corps. The responses addressed topics such as RCC training, family/caregiver support points of contact, postseparation benefits education, and legal outreach. Colonel Buhl stated that the WWR's Section Leaders participate in RCC training. The WWR also cross trains other personnel on RCC practices. Pertaining to support points of contact, the WWR recognizes the Recovering Warrior's command leadership as having the ultimate responsibility for the Marine and is the principal point of contact for families/caregivers. Colonel Buhl further emphasized the need to formally document a policy to link families with existing base family assistance services and programs. Colonel Buhl described methods of educating Marines and families on benefits after separation from one-on-one sessions to website material. The WWR also discussed the use of VA Recovery Team members who are identified in the CRP for Marines leaving RCC care. Regarding legal outreach, the WWR is working with the Navy Bureau of Medicine and Surgery (BUMED) on improving the Marine Corps Disability Evaluation System (DES) Counsel Program. Recovering Warriors are informed during Disability Transition Assistance Program (DTAP) sessions of their right to seek legal counsel by participating DES legal counsel members. The Task Force members inquired on the WWR's decision to have the Recovering Warrior's command leadership as the family/caregiver support point of contact. The members were also interested in how the WWR addressed including family members within the CRP process. The Task Force took a break at 2:44pm.

At 3:03pm, the Task Force welcomed Ms. Erica Flores, a Research Analyst with the WWR's Future Initiatives and Transformation Team. Ms. Flores briefed on the methodology and findings from the WWR's survey program. The briefing began with an overview by Colonel Buhl of what changes had been made in the program from previous surveys. Ms. Flores presented the methodology of the most recent survey which covered Section Leader and RCC satisfaction. The survey was conducted as a random sample, web-based survey as well as a census through the WWR call and contact centers. The survey showed a very high satisfaction rate for both Section Leaders and RCCs, which were similar results from past survey data. Ms. Flores discussed the most encouraging results from the survey which included great staff and transition support as well as camaraderie in allowing Recovering Warriors to focus on recovery. Ms. Flores later discussed top concerns from the survey which included more frequent communication and long-term sustainability of the WWR. The Task Force members additionally inquired about plans to improve identified concerns, specifically at 29 Palms and for reservists during their discussions.

The business meeting concluded at 4:16pm.

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Verified by:

Department of Defense Co-Chair:

Vice Admiral Matthew L. Nathan, M.D.

Verified by:

Non-Department of Defense Co-Chair:

Mrs. Suzanne Crockett-Jones

Date: 4/2/2013

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Appendix A:

Tuesday, 26 February 2013

Members Present:

- Mr. Ronald Drach
- CSM Steven D. DeJong
- CAPT Constance Evans
- TSgt Alex Eudy
- Mrs. Suzanne Crockett-Jones (Non-DoD Co-Chair)
- LtCol Sean P. K. Keane
- Ms. Karen Malebranche
- MG Richard Mustion
- VADM Matthew Nathan (DoD Co-Chair)
- Dr. Steven Phillips
- Mr. David Rehbein
- MG Richard Stone
- Dr. Russell Turner

Members Not Present:

Mr. Justin Constantine

Members Arrived Late:

Ms. Karen Malebranche (12:10am)

Members Left Early:

- Mr. David Rehbein (12:45am)
- MG Richard Stone (3:17pm)



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- MG Richard Mustion
- VADM Matthew Nathan (DoD Co-Chair)
- Dr. Steven Phillips
- Mr. David Rehbein
- Dr. Russell Turner

Members Not Present:

MG Richard Stone

Members Arrived Late:

CAPT Constance Evans (8:42am)

Members Left Early:

MG Richard Mustion (1:30pm)



App	endix	B:

Sign-in Sheet:

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