



# DEPARTMENT OF DEFENSE TASK FORCE ON THE CARE, MANAGEMENT, AND TRANSITION OF RECOVERING WOUNDED, ILL, AND INJURED MEMBERS OF THE ARMED FORCES

## FY14 January Business Meeting Minutes Doubletree Hotel Washington, D.C. – Crystal City

**Monday, 27 January 2014**

The meeting began at 8:31am with Vice Admiral (VADM) Matthew Nathan opening the meeting and having the members conduct introductions.

At 8:36am, VADM Nathan immediately led the Task Force into discussion regarding the recently executed installation visits to the San Antonio Military Medical Center (SAMMC), the James A. Haley Veterans' Hospital and Tampa Polytrauma Rehabilitation Center, the Reserve Component Soldier Medical Support Center (RC SMSC), the Special Operations Command Care (SOCOM) Coalition Headquarters, the University of South Florida's Office of Military Partnerships, and Illinois' Community Based Warrior Transition Unit (CBWTU). During discussions about the SAMMC visit in San Antonio, Texas, the members highlighted the significant community involvement and programs designed for recovering Service members but discussed how families desired more integrated, family activities. The Task Force then discussed their thoughts on their visits to the James A. Haley Veterans' Hospital and Tampa Polytrauma Rehabilitation Center, the RC SMSC, the SOCOM Coalition Headquarters, and the University of South Florida's Office of Military Partnerships while in Tampa, Florida. The members were overall impressed with the recovering warrior care within the Tampa community. They commended the RC SMSC's efforts in addressing the backlog of Reserve Component Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) cases but shared concerns that the issues that created the backlog may not have been addressed. The members were further concerned that lessons learned through the RC SMSC may not be properly captured. In regards to the SOCOM Care Coalition, they were impressed with the coalitions' efforts and discussed the need to share the Care Coalition's best practices throughout the other Services. The last installation visit discussed was to the Illinois CBWTU. The members were impressed with the professionalism and care provided by the staff and highlighted a reoccurring reserve component issue of length of time in the Integrated Disability Evaluation System (IDES). The members also captured family and Service member concerns about the transition from the CBWTU to the Community Care Unit (CCU) concept. The members concluded the installation visit after action review at 9:16am, which was followed by a break.

The Task Force resumed the meeting at 9:35am with Dr. Mary Lawrence and her staff from the Vision Center of Excellence (VCE). After providing a brief background on the VCE and an overview of their mission, Dr. Lawrence focused her briefing on the Defense and Veterans Eye Injury and Vision Registry (DVEIVR), significant accomplishments, and various



## DEPARTMENT OF DEFENSE TASK FORCE ON THE CARE, MANAGEMENT, AND TRANSITION OF RECOVERING WOUNDED, ILL, AND INJURED MEMBERS OF THE ARMED FORCES

VCE challenges. She was excited to brief that the DVEIVR was on schedule to be at initial operational capability later this year, which is a significant accomplishment as this project was started in 2008. Dr. Lawrence discussed other accomplishments which included a clinical recommendation and reference card to identify patients with mild Traumatic Brain Injury as well as additional education and dissemination efforts for the post-trauma (Fox) eye shields. She also discussed collaboration efforts made between the VCE and the medical community at the times of the Boston Marathon and West, TX incidents. Dr. Lawrence then briefed about current challenges, such as the overall dissemination of VCE products and filling key positions within the organization. The Task Force members inquired into how the VCE collaborates with other centers of excellence, the relationship between the VCE and the Center of Excellence Oversight Board, and the significance behind the establishment of the DVEIVR. Dr. Lawrence and her staff concluded their briefing at 10:51am, followed by a short break.

At 11:03am, the meeting resumed as the Task Force welcomed Navy Captain (CAPT) Sara Kass, Dr. James Kelly, and Dr. Thomas DeGraba from the National Intrepid Center of Excellence (NICoE). CAPT Kass served as the lead presenter and provided information on Post-traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) evidence based treatments, NICoE metrics and assessments, and the status of NICoE satellites. CAPT Kass and her staff stated that evidence-based treatment continues to have good penetration across the Department of Defense (DoD), but there are still areas that need to be addressed. They also spent time focusing on metrics, staffing challenges, and why the NICoE model of care works. The members asked the NICoE staff about changes as the organization recently was placed under the Defense Health Agency (DHA). They also inquired about the NICoE's relationship with the satellites, the integration of the satellites with military treatment facilities, and the strategy of exporting NICoE's model of care to the satellites. CAPT Kass and the NICoE staff ended their briefing at 12:12pm and the Task Force members took a break for lunch.

Following the lunch break, CAPT Richard Stoltz, Dr. Alison Cernich, and staff from the Defense Center of Excellence for Psychological Health and TBI (DCoE PH &TBI) began their presentation at 1:01pm. CAPT Stoltz, as the lead presenter, began by discussing the status of evaluations resulting from a 2011 RAND study, a system to capture mild TBI outcome measures called the Outcomes Initiative, and DoD and Department of Veterans Affairs (VA) partnerships. CAPT Stoltz continued with an engaging discussion of the DCoE's relationship with the Senior Military Medical Advisory Council (SMMAC) as well as the CoE Oversight Board. The DCoE staff then spoke about various changes that should be made in regards to PH and TBI as well as their communication plan to get the changes implemented. CAPT Stoltz followed by discussing new PTSD best practices such as the PTSD Care Pathway. The DCoE staff also briefed the Task Force on their accomplishments within the last year and changes that would enable to DCoE to



## DEPARTMENT OF DEFENSE TASK FORCE ON THE CARE, MANAGEMENT, AND TRANSITION OF RECOVERING WOUNDED, ILL, AND INJURED MEMBERS OF THE ARMED FORCES

better fulfill its mission. The Task Force members asked the DCoE staff various questions about how they best implemented guidance, specifically the Department of Defense Instruction (DoDI) addressing TBI issues, and how they have conducted outreach. The DCoE staff concluded their presentation to the Task Force at 2:58pm. The members then took a short break before the next presentation and VADM Nathan left for the day at 3:08pm.

The Task Force resumed at 3:17pm with a presentation from Ms. Cynthia Gilman, from the Henry M. Jackson Foundation for the Advancement of Military Medicine, who spoke about the Veteran Metrics Initiative. Ms. Gilman provided some background content on the creation of the Initiative and its overall goal, which is to develop evidence-based metrics to inform donors and 501(c) organizations what are effective interventions for veterans. Ms. Gilman then discussed the Initiative's management model, which included 2 active research projects, as well as the research questions and study design. The study design includes gathering approximately 7,500 active duty participants ranging from 0-90 days until their date of separation. The members inquired about the plan to recruit participants and if the organization had any academic partners. They were also interested in knowing if the research would identify Service members separating that are wounded, ill, and injured against those who do not fall into that category. Ms. Gilman assured the Task Force members that the research would be able to identify the wounded, ill, and injured Service members. At 4:00pm, Ms. Gilman completed her briefing and the Task Force members prepared for the next presentation.

The Task Force continued the meeting at 4:05pm with Ms. Denise Dailey, the Executive Director of the Task Force, discussing recommendations found from other major committees focused on the needs of Recovering Service members. Ms. Dailey began her presentation discussing how the Task Force stays informed on relevant data and developments as well as how the Task Force uses this material. Ms. Dailey then briefly described the five selected reports to be discussed before elaborating on the reports' recommendations and their implementation status. During the presentation, the Task Force Members addressed the need for more work regarding psychological health and having a harmonized electronic record system. The members also discussed the need for additional IDES reform. Ms. Dailey concluded her presentation at 4:34pm, which ended the first day of the business meeting.



## DEPARTMENT OF DEFENSE TASK FORCE ON THE CARE, MANAGEMENT, AND TRANSITION OF RECOVERING WOUNDED, ILL, AND INJURED MEMBERS OF THE ARMED FORCES

**Tuesday, 28 January 2014**

The second day of the meeting opened at 8:30am with all Task Force members in attendance. Mrs. Crockett-Jones opened the public forum with oral statements from Mr. Michael Parker, Mr. John Richardson, and Ms. Darchy Hotchkiss. Mr. Parker provided a statement addressing the flawed process of the Physical Disability Board of Review's Special Review Panel while providing the recently received results of an Iraq war veteran as an example. Mr. Richardson's statement was an extension from his October 2013 public forum statement which addressed his continued challenges with the Temporary Disability Retired List (TDRL) and his federal government employer due to his current disability. Ms. Hotchkiss provided a statement discussing an alternative PTSD therapy called The Domancic Method of Bioenergy Therapy. The public forum was concluded at 9:03am.

Immediately following the public forum, the Task Force welcomed Ms. Ginnean Quisenberry and Ms. Derenda Lovelace from TRICARE Management Activity (TMA). Ms. Quisenberry, the lead presenter, spent a large portion of the presentation discussing the DoDI 6025.20 and its impact on the Services as well as the Direct Care System. This discussion included the Case Management Tri-Service Work Flow, which is being pilot tested to facilitate team communication, care coordination, and evidence-based care at Patient Centered Medical Homes. Ms. Quisenberry then briefed about her office's work and collaboration with two Interagency Care Coordination Committee (IC3) work groups as well as information regarding the recently concluded TMA Telephone Customer Satisfaction Survey of ill and injured Service members. The members primarily questioned about the relationship between the Tri-Service Workflow and the Comprehensive Recovery Plan (CRP) as well as how they differed. The presentation concluded at 9:53am which was followed by a break.

At 10:15am, the Task Force welcomed Mr. Richard Willis with the Wounded Warrior Project (WWP). Mr. Willis briefed the Task Force on the WWP's Transition Training Academy. Mr. Willis provided some brief background on the Transition Training Academy, which began in 2007, and discussed the academy's mission. He described in detail the four information technology-based courses that are currently being offered at eight different locations across the United States as well as the initiative towards offering the courses virtually. Mr. Willis also provided and discussed various metrics including the total number of participants and the number of participants that received certification as a result of their program. The Task Force members asked Mr. Willis about the academy's ability to recruit participants in the program and the screening process for participants. The members also inquired about the success rate for the CompTia certification exams the participants prepare for through the academy. Mr. Willis completed his presentation at 10:50am and the members took a break before the next presentation.



## DEPARTMENT OF DEFENSE TASK FORCE ON THE CARE, MANAGEMENT, AND TRANSITION OF RECOVERING WOUNDED, ILL, AND INJURED MEMBERS OF THE ARMED FORCES

The Task Force resumed the meeting at 11:05am with Mr. Christopher Miller and CAPT Stephen Sears providing information on the new mission and charter of the Interagency Program Office (IPO) as well as the implementation of new integration and collaboration efforts. As the presentation began, VADM Nathan left the business meeting for the day at 11:05am. Mr. Miller began the presentation discussing the IPO's goals and strategy to modernize DoD and VA Health Care systems. He then described in detail the current IPO operating model. CAPT Sears discussed the IPO's new charter, future efforts to support DoD and VA interoperability data standards, and IPO's relationship with the Office of the National Coordinator (ONC) for Health Information Technology. The members asked for clarity regarding the IPO's definition of modernization. They also inquired about the ability of sharing information between the civilian sector as well as DoD and VA. Mr. Miller and CAPT Sears ended their presentation at 11:51am. At this time, the Task Force took a lunch break and Ms. Malebranche left the business meeting for the day.

Following the lunch break, the Task Force reconvened at 1:03pm and welcomed Mr. Frank DiGiovanni and Mr. Marion Cain. Mr. DiGiovanni, the lead presenter, provided an update on initiatives by the Office of the Under Secretary of Defense (Personnel and Readiness) for job training, employment skills training, as well as apprenticeships and internships. Mr. DiGiovanni began the presentation stating that DoD Instruction 1322.29 had been published on 24 January 2014 addressing job training, employment skills training, apprenticeships and internships for Eligible Service Members. He discussed the procedures for Service members participating in the program and the specific criteria for programs or organizations to be eligible under the instruction. He then discussed the key findings from the DoD credentialing and licensing pilots and a new computer-based application that aids in identifying job opportunities. The Task Force members inquired about the various methods being used to communicate the availability of the programs under the instruction. Mr. DiGiovanni completed the presentation at 1:48pm, followed by a short break.

At 2:00pm, the Task Force resumed the business meeting with presentations from TRICARE Management Activity Regional Office (TRO) North and West along with their representatives from Health Net Federal Services and United Healthcare, respectively. Ms. Brandy Barnette from TRO North, began with her briefing with Ms. Eileen Yaeger. Ms. Barnette provided an overview of the Warrior Care Support (WCS) program including who can access the program and how recovering Service members are referred. She then discussed the program's ability to provide psychological health and care coordination services. Ms. Barnette was followed immediately by Ms. Trish Reilly from TRO West and a team from United Healthcare. Ms. Reilly and her team participated in the business meeting through teleconference. Ms. Reilly provided an overview of the Warrior Advocate Program within her region and



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discussed their focus on holistic identification of recovering Service member needs as well as case management services. She also discussed various metrics regarding the program and the multiple referral processes. Both presentations discussed each program's specific coordination with CBWTUs and recovering Service members. The members inquired about interaction between the TRO North and TRO West programs with the VA and military treatment facilities. The TRO North and TRO West briefers completed their briefings at 2:59pm, which was followed by a break before the next presentations.

For the last session of the day, which began at 3:14pm, the Task Force welcomed members of the non-profit panel. The panel consisted of Mr. John Hanson with the USO Warrior and Family Care Program, Mr. Ken Falke with the Boulder Crest Retreat, and Mr. Jim Lorraine with the Augusta Warrior Project. The panel provided overviews of their respective organizations, their work with Recovering Warriors, and their input on Recovering Warrior transitions to civilian life. The USO Warrior and Family Care Program discussed how the USO is serving recovering Service members as well as the success of the Warrior Care Centers at Fort Belvoir, VA and Walter Reed National Military Medical Center in Maryland. Mr. Hanson also discussed the challenges ahead as conflicts are ending in keeping the public engaged and making a case for what the USO does during peacetime. The Boulder Crest Retreat then discussed their mission to provide a first-class retreat for wounded warriors and their families to rest and recover together. Mr. Falke covered the myriad of non-traditional and recreational therapies and activities that are conducted at the retreat location before discussing the need of better awareness of resources across DoD. The Augusta Warrior Project followed the Boulder Crest Retreat and discussed the organizations four step method to improve the quality of life for wounded warriors and their families. Mr. Lorraine discussed in detail how the organization operates in the Central Savannah River area and the various other organizations they collaborate with. Mr. Lorraine also addressed the challenges non-profits experience in helping the VA and DoD improve their services to wounded warriors. The panel ended and the Task Force members concluded the business meeting at 4:30pm.



**DEPARTMENT OF DEFENSE TASK FORCE ON THE CARE,  
MANAGEMENT, AND TRANSITION OF RECOVERING WOUNDED, ILL,  
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Verified by:

Department of Defense Co-Chair:

Vice Admiral Matthew L. Nathan, M.D.



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Date: 3/12/2014

Verified by:

Non-Department of Defense Co-Chair:

Mrs. Suzanne Crockett-Jones



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Date: 3/17/2014



**DEPARTMENT OF DEFENSE TASK FORCE ON THE CARE,  
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Appendix A:

**Monday, 27 January 2014**

Members Present:

- CSM Steven D. DeJong
- Mr. Ronald Drach
- 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

Members Not Present:

- None

Members Arrived Late:

- None

Members Left Early:

- VADM Matthew Nathan (DoD Co-Chair) (Left at 3:08pm)



**DEPARTMENT OF DEFENSE TASK FORCE ON THE CARE,  
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**Members Present:**

- CSM Steven D. DeJong
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- 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

**Members Not Present:**

- None

**Members Arrived Late:**

- None

**Members Left Early:**

- VADM Matthew Nathan (DoD Co-Chair) (Left at 11:05am)
- Ms. Karen Malebranche (Left at 11:51am)



**DEPARTMENT OF DEFENSE TASK FORCE ON THE CARE,  
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Appendix B:

Sign-in Sheet:



DEPARTMENT OF DEFENSE TASK FORCE ON THE CARE, MANAGEMENT, AND TRANSITION  
OF RECOVERING WOUNDED, ILL, AND INJURED MEMBERS OF THE ARMED FORCES

RWTF Business Meeting Monday, January 27, 2014

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DEPARTMENT OF DEFENSE TASK FORCE ON THE CARE, MANAGEMENT, AND TRANSITION OF RECOVERING WOUNDED, ILL, AND INJURED MEMBERS OF THE ARMED FORCES

RWTF Business Meeting Monday, January 27, 2014

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DEPARTMENT OF DEFENSE TASK FORCE ON THE CARE, MANAGEMENT, AND TRANSITION OF RECOVERING WOUNDED, ILL, AND INJURED MEMBERS OF THE ARMED FORCES

RWTF Business Meeting Tuesday, January 28, 2014

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DEPARTMENT OF DEFENSE TASK FORCE ON THE CARE, MANAGEMENT, AND TRANSITION OF RECOVERING WOUNDED, ILL, AND INJURED MEMBERS OF THE ARMED FORCES

RWTF Business Meeting Tuesday, January 28, 2014

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DEPARTMENT OF DEFENSE TASK FORCE ON THE CARE, MANAGEMENT, AND TRANSITION OF RECOVERING WOUNDED, ILL, AND INJURED MEMBERS OF THE ARMED FORCES

RWTF Business Meeting Tuesday, January 28, 2014

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