



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

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

Monday, 12 May 2014

Mrs. Suzanne Crockett-Jones opened the business meeting at 8:05am with a request for the members to provide introductions. Vice Admiral (VADM) Matthew Nathan then provided opening comments explaining the consolidated observations the members would be reviewing over the next two days. Mr. David Rehbein and Major General (MG) Richard Mustion were scheduled to be absent for both days of the meeting. Dr. Richard Stone was due to arrive later in the morning for the meeting.

At 8:09am, the Task Force proceeded into discussion on their first observation related to holistic reform of the current Integrated Disability Evaluation System (IDES). The Task Force was provided two observations to assist with their recommendation development. The members highlighted their perceptions on the lack of transparency and timeliness of the IDES process. They were very concerned with the frustration, additional stress, and behavioral health issues that are aggravated by the problems with the current process. The members further emphasized the disparities between each Service in executing IDES and wanted to ensure standardization was addressed in an IDES recommendation. Understanding the Department of Veterans Affairs' (VA) role in the IDES process, the members also discussed and wanted to include interagency collaboration in their global reform of IDES recommendation. Throughout the discussion, there was a strong connection amongst the members to build a new disability evaluation system. As a result, the Task Force agreed to move forward with the second observation which listed more significant reforms than the first observation provided. The Task Force concluded their dialogue on this topic at 9:15am and took a short break.

The Task Force reconvened at 9:32am to review observations related to harmonization of Recovering Warrior health and transition services across the Department of Defense (DoD), VA, other federal agencies, and the private sector. Dr. Stone arrived to the meeting at 9:37am. Under this topic, the Task Force was provided one observation with various courses of action to assist in framing their recommendation development. The members discussed a void they perceived in the formal methods of how DoD and VA coordinate services with benevolent organizations. They highlighted specific communities during site visits to Tampa, Florida and San Antonio, Texas where there was positive interaction between the DoD, VA, and local benevolent organizations in the care of Recovering Warriors. The members elaborated on the importance behind the DoD and VA working together to template a process to prepare communities for and assist communities with transitioning wounded, ill, and injured Service



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

members. The Task Force members then debated amongst themselves whether this observation should be placed as a best practice rather than a recommendation. The members agreed to make the observation a best practice before concluding the session at 10:39am, followed by a short break.

At 11:02am, the members returned from their break to begin their review of observations related to interagency healthcare collaboration and harmonization of the DoD, VA, and civilian information technology systems as well as observations related to Post-Traumatic Stress Disorder (PTSD) care. They started their discussion addressing how to overcome Health Insurance Portability and Accountability Act (HIPAA) constraints and agreeing on the need to have a recommendation aligned with this issue. The members moved on to discuss the topic of automatic enrollment of Service members into the VA system upon discharge from the military. During this topic review, they highlighted the personal and general consensus difficulties with VA enrollment and stated that a recommendation aligned with this topic should be included. The Task Force then had a short deliberation about PTSD care and the lack of consensus across the clinical community on how to approach it. The members concluded the review agreeing to move forward with a recommendation aligned with overcoming HIPPA constraints as well as automatic VA enrollment. The members also decided to place a statement in the introduction section of the annual report urging DoD, VA, and Congress to implement an electronic health records system and highlight its need specifically in the PTSD arena. The members completed their review at 12:01pm and took a break for lunch.

After returning from lunch at 1:02pm, the Task Force conducted a review of observations related to interagency systems for facilitating the successful transfer of Service members from the DoD to the VA healthcare system. The members were provided one observation with six distinct supportive ideas to assist in framing their recommendation development. They identified that the Interagency Care Coordination Committee (IC3) continues to work the issues related to this observation but felt that a recommendation directed at interagency policy was necessary to enforce standards across the DoD and VA. The members discussed how having an interagency policy would hold more strength than the currently used memorandums of understanding that are being utilized. The Task Force also concluded that providing a recommendation focused on interagency policy would assist future and enduring efforts in strengthening the interagency system. The Task Force completed their review at 1:44pm.

Immediately following the previous review, the members began their examination of observations related to family caregivers. The Task Force was provided two observations with corresponding ideas to support framing their recommendation development for this topic area. The members discussed and agreed upon the need for a DoD Instruction (DoDI) to cover Recovering Warrior family members and caregivers, including a definition of what a Recovering



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

Warrior family member is, as well as specific metrics to measure the effectiveness of the DoDI. The members believed that a DoDI addressing Special Compensation for Assistance in Activities for Daily Living (SCAADL) could also assist in improving the overall knowledge of the program. The members also shared their thoughts on comparisons between SCAADL and the VA Caregiver program. After a thorough discussion on terminology and consistency, they further agreed that the VA Caregiver program and the DoD's SCAADL program should be aligned for consistent training and definitions. The Task Force ended the review at 2:40pm before sharing their individual opinions on the recommended cover art for the FY14 Annual Report.

The Task Force ended the meeting for the day at 2:44pm.

Tuesday, 13 May 2014

The second day of the meeting opened at 8:00am with the Task Force members conducting introductions followed by Ms. Denise Dailey, the Task Force Executive Director, conducting a review of the previous day's outcomes with the members. At 8:05am, Mrs. Crockett-Jones opened the public forum for a statement provided by Mr. Michael Parker, a retired Army Lieutenant Colonel and wounded warrior advocate. In his statement to the Task Force, Mr. Parker focused on issues with current and proposed laws that provide exemptions for all disability retirees, instead of those who are most only seriously disabled. He also focused on the issue of individuals eligible for both Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) and TRICARE not being able to select the health insurance that is most advantageous to their conditions. The public forum concluded at 8:11am.

Immediately following the public forum, the Task Force conducted their review of observations related to the Reserve Component (RC), including IDES. The members began by highlighting the various issues with the timeliness of the line of duty (LOD) and the RC IDES process. The members echoed earlier statements regarding the need to completely reform the IDES process. The conversation transitioned into an in-depth discussion on RC IDES compensation and pension, which the members agreed needed a more comprehensive review. The members then shifted the discussion to speak about perceived disparities in the access of behavioral health services for PTSD care during the LOD process. The members concluded that having health care should be a condition of employment for RC Service members. Ms. Karen Malebranche arrived at 8:43am and the Task Force completed their review at 8:53am, which was followed by a short break.



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

At 9:08am, the Task Force resumed the meeting and examined observations related to empowering the Centers of Excellence (CoE). Although there have been multiple recommendations regarding the CoEs, the members believed that information is still not being promulgated to the Services. With the formation of the new Defense Health Agency (DHA), the members agreed that a recommendation should be made to align the CoEs under the DHA instead of under the Services. The Task Force also discussed the need to have more interagency collaboration between the CoEs, the VA, and the National Institute of Health (NIH). The Task Force concluded their discussion at 9:33am and took a short break before conducting the next observation area.

The Task Force returned at 9:53am to review observations related to recruitment screening practices and IDES. The Task Force was provided with two observations to assist in framing their recommendation development. After speaking about some historical information regarding recruitment screening criteria, the members discussed the impact on candidates joining the military with potential behavioral health issues. Understanding that MG Mustion was absent and may have important insight on recruitment screenings due to his current position, the members agreed to have him craft a recommendation from his experience which will be passed to the members before the voting session meeting. The Task Force members also agreed to include an item from the observations, pertaining to the Commander's Letter, to the IDES global recommendation. At 10:11am, the Task Force concluded the discussion.

Immediately following the last review, the Task Force members began discussing observations related to vocational and employment services. This review consisted of four observations to support recommendation development in this area. The members discussed briefly about security clearances and transitional training for separating Service members. They also discussed some of the resources already available through DoD and VA. The members agreed on providing a recommendation for DoD to assess the effectiveness of their current vocational and employment service programs as well as the metrics for those programs. The member's review of this area concluded at 10:36am.

The Task Force continued with observations related to military Services, information resources, and PTSD / TBI. The members' discussion began by addressing the need to have uniformed Service members co-located within the Office of Warrior Care Policy. The Task Force agreed that adding uniformed members would assist in securing the enduring mission the members were looking to create. The members then transitioned into addressing remotely located legal services for IDES, where they believed this type of legal service degraded the ability of involving family members. The Task Force concluded that an addition to a global IDES recommendation should include minimizing remotely located legal services for IDES with a focus on early contact and confidentiality. The members completed this review at 11:27am.



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

Prior to ending the meeting for the day, the Task Force members discussed some of the themes derived from their observations and recommendation developments. The members then ended the business meeting at 11:37am.

Verified by:

Department of Defense Co-Chair:

Vice Admiral Matthew L. Nathan, M.D.



Date: 8 JUL 2014

Verified by:

Non-Department of Defense Co-Chair:

Mrs. Suzanne Crockett-Jones



Date: 8 July 2014



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

Appendix A:

Monday, 12 May 2014

Members Present:

- Mr. Ronald Drach
- CSM Steven D. DeJong
- TSgt Alex Eudy
- Mrs. Suzanne Crockett-Jones (Non-DoD Co-Chair)
- LtCol Sean P. K. Keane
- Ms. Karen Malebranche
- VADM Matthew Nathan (DoD Co-Chair)
- Dr. Steven Phillips
- CAPT Robert Sanders
- Dr. Richard Stone
- LtCol Theodore Wong

Members Not Present:

- MG Richard Mustion
- Mr. David Rehbein

Members Arrived Late:

- Dr. Richard Stone (9:37am)

Members Left Early:

- None



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

Tuesday, 13 May 2014

Members Present:

- Mr. Ronald Drach
- CSM Steven D. DeJong
- TSgt Alex Eudy
- Mrs. Suzanne Crockett-Jones (Non-DoD Co-Chair)
- LtCol Sean P. K. Keane
- Ms. Karen Malebranche
- Dr. Steven Phillips
- CAPT Robert Sanders
- Dr. Richard Stone
- LtCol Theodore Wong

Members Not Present:

- MG Richard Mustion
- VADM Matthew Nathan (DoD Co-Chair)
- Mr. David Rehbein

Members Arrived Late:

- Ms. Karen Malebranche (8:43am)

Members Left Early:

- None