



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

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

Wednesday, 16 April 2014

After swearing in new members and conducting annual ethics training, the business meeting began at 8:06am with Mrs. Suzanne Crockett-Jones providing opening remarks to introduce four newly appointed members to the Task Force: Navy Captain (CAPT) Robert Sanders, Dr. Richard Stone, and Marine Corps Lieutenant Colonel (LtCol) Theodore Wong. Mrs. Crockett-Jones then requested the Task Force members in attendance to introduce themselves. Vice Admiral Matthew Nathan, Ms. Karen Malebranche, and Dr. Steven Phillips were scheduled to be absent both days of the meeting.

At 8:12am, the members moved into an after action review of the most recently conducted installation visits. The discussion covered site visits to the Warrior Care Policy Headquarters in Virginia, the Marine Corps Forces Reserve Headquarters in Louisiana, as well as several Hawaii locations including the Army's Schofield Barracks and Tripler Army Medical Center, the Marine Corps' Kaneohe Bay, the Navy's Joint Base Pearl Harbor-Hickam, and the Veterans Affairs Medical Center. When deliberating about the Warrior Care Policy site visit, the members specified discussions on Temporary Disability Retirement List (TDRL), having uniformed Service members assigned to Warrior Care Policy, and Integrated Disability Evaluation System (IDES) survey information as primary highlights. The members then reviewed their thoughts on the Marine Corps Forces Reserve Headquarters. They mentioned the impression received from the Wounded Warrior Regiment that the organization was taking care of the wounded, ill, and injured population, whether active or reserve but recognized their struggle in communicating with families. The members also captured a good, cohesive management practice where the Wounded Warrior Regiment and Marine Corps Forces Reserve had liaisons in both headquarter offices. The Task Force concluded their review with a discussion regarding the Hawaii installation visits. They recognized that all the Services were doing a great job on their own caring for their recovering warrior populations but would have liked to see more resource sharing and collaboration conducted between the Services. The Task Force ended the after action review at 8:39am and took a break before the next presentation.

At 9:13am, Mr. Thomas Webb, Deputy Commander of the Warrior Transition Command (WTC), provided opening remarks and staff introductions before leading a panel response to Army specific fiscal year (FY) 2013 Task Force Recommendations. Mr. Webb began the briefing discussing various organizational highlights to include the success of their recently updated website and the release of a new Warrior Care and Transition Program (WCTP) Soldier



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and Leaders Guide. He then spoke in length about the purpose, eligibility, and benefits regarding the newly implemented Community Care Units (CCU).

After a short break, the briefing shifted to a panel response to recommendations 5, 13, 15, 16, 18, 19, 20, and 21 from the FY 2013 Annual Report. The panel discussed the Army Medical Command (MEDCOM) and the Army Human Resources Command efforts to centralize its orders publication processing as well as have MEDCOM assume the primary orders production for Reserve Component recovering warriors, as related to recommendation 5. When discussing recommendation 15, they highlighted their use and understanding of the Joint Federal Travel Regulation (JFTR) but stated that each Service is unique and should maintain flexibility on specific services provided to their Service members. The panel then spoke about their non-concurrence for a legislative change to Special Compensation for Assistance with Activities of Daily Living (SCAADL) in recommendation 16, which the Task Force members questioned and provided additional intent for further consideration by the Army. In reference to recommendation 18, the panel provided insight into their initiatives to provide behavioral health provider services at all locations, including the use of tele-behavioral health services. The Task Force discussed the use of tele-behavioral health services. When discussing the disparity in non-medical case management knowledge between the Reserve and Active Component, the panel expounded upon the use of Warrior Transition Specialists as well as Recovery Care Coordinators. The panel shifted into deliberations on various responses to recommendation 20 regarding 100% outreach to family members and caregivers to attend in-processing and IDES orientations. Although the panel explained the issue of some Service members not wanting their family or caregiver involved, the Task Force members utilized the Marine Corps as a best practice for a more proactive way to increase outreach availability.

Immediately following the Army's briefing on the response to the recommendations, they transitioned into a presentation on the Army's survey program. The panel reviewed updated information pertaining to the Army Warrior Transition Unit (WTU) Survey and the Medical Evaluation Board (MEB) Survey. In the WTU Survey, high satisfaction was reported with overall WTU services, including case managers and providers but satisfaction with access continued to remain low despite initiatives to improve access standards. There was a decrease in satisfaction with pain management noted by the survey results. When discussing the MEB Survey, they highlighted that Physical Evaluation Board Liaison Officer (PEBLO) satisfaction ratings remained high as shown in previous surveys. The survey also displayed that Service members obtain the majority of their information on IDES through other friends or from those who have already been involved in the process. The Task Force members inquired about why Service members obtained the majority of their IDES information through friends and not through established channels. The members were also interested in the Army's plan to address



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Service members obtained the majority of their IDES information through friends and not through established channels. The members were also interested in the Army's plan to address the lower satisfaction ratings. The Army completed their presentations at 11:59am, at which time the Task Force took a break for lunch.

Following the lunch break at 1:14pm, Ms. Nancy Weaver and Mr. Bret Stevens from the Office of Warrior Care Policy provided their office's response to recommendations 6, 10, 11, 12, 13, 14, 15, 16, 20, and 21 from the FY 2013 Annual Report. Mr. Stevens served as the primary briefer who began the presentation discussing the partial concurrence on recommendation 6, focused on inconsistent application of IDES laws between Reserve Component and Active Duty, and their plan to publish a standardized disability quality assurance DoDM by July 2014. Mr. Stevens then spoke regarding establishing policy on information sources, including a non-concurrence on the marketing for the Wounded Warrior Resource Center toll free number as a single telephone resource. The Task Force members deliberated with WCP about the need to have a single telephone resource because relying on Service specific telephone resources was not effective. Mr. Stevens moved into discussion about the risks of extending access to the Veterans Tracking Application (VTA) and stated that other Services have been able to develop dashboards to overcome limitations of VTA access. As WCP briefed their partial concurrence response to recommendation 15 regarding consistent implementation of the JFTR, the members requested clarification on why the response was partial instead of full concurrence. The WCP transitioned to discuss optimizing SCAADL benefits and their non-concurrences on having a legislative change to make the benefit tax exempt as well as managing SCAADL through AHLTA specifically. WCP shifted into deliberations on their response to recommendation 20 regarding 100% outreach to family members and caregivers to attend in-processing and IDES orientations before reviewing recommendation 21 on publishing timely guidance. WCP explained that DoD should not mandate family member or caregiver involvement but the Task Force members highlighted the potential effects of not establishing a more proactive approach to ensuring involvement. Ms. Weaver and Mr. Stevens concluded their briefing at 2:15pm.

Air Force Colonel (Col) Martha Soper, the Director of Reserve Medical Programs in the Office of the Assistant Secretary of Defense for Reserve Affairs, immediately followed the WCP briefing. Col Soper provided a response to recommendations 7 and 21 from the FY 2013 Annual Report. She began her presentation discussing the concurrence of recommendation 7, regarding the standardization of the Line of Duty (LOD) policy, and highlighting the development of a DoD electronic LOD health care form to be utilized by all Services. She then expounded upon the consolidation of two Reserve Component specific DoDI into one single issuance in response to recommendation 21, about publishing timely guidance. Col Soper completed her presentation at 2:30pm, followed by a short break.



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At 2:48pm, the Task Force welcomed Dr. Jack Smith and Ms. Margarita Devlin representing the Interagency Care Coordination Committee (IC3). Task Force member Major General Richard Mustion left for the day soon after the presentation began at 2:56pm. Dr. Smith and Ms. Devlin provided a brief overview of the IC3 along with updated information on the committee's current initiatives and proposed performance metrics. They highlighted the IC3's efforts toward developing an electronic interagency comprehensive plan and lessons learned from the Lead Coordinator Feasibility Assessment. The members inquired about the population eligible to have assigned a Lead Coordinator and how many Service members received a Lead Coordinator as part of the feasibility assessment. The members also questioned if the interagency comprehensive plan would replace the comprehensive transition plan and comprehensive recovery plan. The IC3 briefers continued their presentation elaborating on the coordination of a DoD and Department of Veterans Affairs (VA) Joint Strategic Plan, their 14 proposed performance metrics, and the use of the IC3 Co-lab for secure collaboration. After reviewing the proposed performance metrics, the Task Force members commented on ensuring the metrics were more patient-centered than administrative-centered. Dr. Smith and Ms. Devlin concluded their briefing at 3:42pm, at which time the Task Force members took a short break before the next presentation.

The Task Force members returned from their break at 3:54pm and welcomed Ms. Denise Dailey, the Task Force Executive Director. Ms. Dailey led the members in a discussion on global recommendations that the Task Force has not addressed as well as unimplemented recommendations from other relevant committees. She highlighted various harmonization areas between DoD and VA that the members may want to provide recommendations towards. Ms. Dailey then transitioned into discussing implementation statuses concerning recommendations from 5 relevant reports published between 2007 and 2013. Of the recommendations that had been implemented, Ms. Dailey expounded upon those that were unimplemented such as generational changes to the disability evaluation system and harmonization between agencies and non-profit organizations. The members commented on wanting to provide large, overarching recommendations in their last report and the importance of having champions to assist in the implementation process once the Task Force has fulfilled its charter. Ms. Dailey and the members completed their discussion at 4:36pm, which ended the meeting for the day.

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The second day of the meeting opened at 8:30am with the Task Force members conducting introductions. At 9:06am, Mrs. Crockett-Jones opened the public forum for statements provided by Mr. Michael Parker, a retired Army Lieutenant Colonel and wounded



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warrior advocate, and Mr. Brendon Gehrke, a Senior Legislative Associate with the Veterans of Foreign Wars (VFW). Mr. Parker provided a statement to the Task Force focused on disability evaluation system concerns, highlighting how military members should be compensated for their disabilities. Mr. Gehrke discussed concerns from the VFW of improperly diagnosing Service members with psychiatric disorders for the purpose of expediting their discharge. The public forum concluded at 9:30am.

Immediately following the public forum, the Task Force welcomed staff from the Department of the Navy, including Ms. Merissa Larson, Commander F. A. Green-McRea, Captain Brent Breining, and Mr. Robert Powers. The panel responded to FY 2013 recommendations 5, 13, 15, 16, 18, 19, 20, and 21 as well as other general organizational questions. The Navy's Bureau of Medicine staff led the presentation with their discussion on recommendations 13, 18, and 20, covering the documentation of all medical conditions by the Medical Evaluation Board, resourcing locations with behavioral health staff, and 100% outreach to family members and caregivers in the recovery process. The briefers explained the Navy's concurrence and efforts on ensuring all medical conditions are documented by MEBs and the internal study conducted to identify where unmet needs reside through all military treatment facilities. The briefers then showcased behavioral health patient census, incidence rate, and long range vision information before transitioning the presentation to the Navy Safe Harbor. The Navy Safe Harbor briefer provided the response to recommendations 5, 19, and 16 as well as information on the program and metrics. In recommendation 16, regarding SCAADL, the briefer provided a partial concurrence to a legislative change to exempt SCAADL from income taxes and discussed marketing initiatives to target the eligible population. The reason stated for the partial concurrence stemmed from additional information needed to ensure a change in the benefit would not potentially bring anyone to a higher tax bracket. The discussion on metrics covered various business process improvement programs such as transition, enrollment, quality assurance, and regionalization. In reference to the transition and quality assurance programs, the Task Force members inquired about the N95 call center and the condition of adaptive housing for sailors.

The Navy panel then shifted to the Physical Evaluation Board (PEB) briefer who presented the response on recommendation 21 about publishing timely guidance. The briefer stated that an update to the Navy Disability Evaluation Manual was forthcoming by the beginning of the next fiscal year. There was also a discussion on a PEB specific patient census trajectory and program highlights, including increase in PEB processing personnel. The members were interested in understanding the PEB personnel needed to process caseloads within the standardized timeline. They also inquired about why the Navy's PEB process was conducted differently than the other Services, specifically in regards to using electronic file receipt. The



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Navy ended their briefing at 11:12am, at which time the Task Force took a short break before the next briefing.

At 11:20am, the Task Force resumed the meeting welcoming Mr. Horace Larry, Colonel Todd Poindexter, and Mr. Timothy Townes. The briefers served as the Air Force panel providing responses to the recommendations 5, 13, 15, 16, 17, 18, 19, 20, and 21 from the Task Force 2013 Report. The panel began with addressing its non-concurrence with establishing a mechanism to enforce renewal of active duty orders for Reserve Component recovering warriors prior to 30 days of expiration, under recommendation 5. The Task Force members questioned this non-concurrence and agreed with the panel that the response should be a concurrence with comment. The panel continued with the Air Force's discussion on their concurrences and respective initiatives with recommendations 15, 16, and 19. The panel transitioned into responding to the remaining recommendations which they categorized as Surgeon General related. After discussing their concurrence and support for recommendation 13, the panel highlighted their partial concurrence with recommendation 17 which addressed the length of tour for Air Force liaisons. The panel explained that the Air Force agrees with the recommendation but due to other requirements, including the pressure to drawdown, they need to further assess the option of making the liaison a permanent 2 or 3 year position. The Air Force response continued with the concurrence of recommendations 18 and 19 before shifting the presentation to address patient census trajectory, long range vision, and program highlights. The panel discussed Recovery Care Coordinator (RCC) management improvements, evolving to a 100% electronic case file transfer system for IDES Case Management, and electronic access to the Comprehensive Recovery Plan (CRP) through iPads. The members were fond of the 100% electronic case file transfer system but inquired about resolving incomplete document issues and other risks. At 12:12pm, the Air Force panel completed their discussion and the members took a break for lunch.

The Task Force members welcomed Colonel Willard Buhl, Commander of the Marine Corps Wounded Warrior Regiment (WWR), and his supporting staff members, Mr. Paul Williamson, Ms. April Peterson, and Ms. Alicia Rodrigues. Upon completion of his opening remarks, Colonel Buhl and his staff began the presentation responding to FY 2013 recommendations 5, 13, 15, 16, 18, 19, and 20. The panel noted its concurrence of recommendation 5 regarding continuous active duty orders for Reserve Component recovering warriors but stated that the WWR is already adhering to proper guidance and procedures in this area. The panel then discussed with the Task Force members their response to recommendation 15, focusing on consistent implementation of the Joint Federal Travel Regulation (JFTR) across all Services. The members requested the panel to revisit its response to address having consistent implementation instead of policy change. When addressing recommendation 19 about



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the disparity of knowledge between the Active Duty and Reserve Component, the WWR concurred with the recommendation and supplied initiatives that the organization is undertaking. The panel then addressed recommendation 20, regarding 100% outreach to family members and caregivers, stating its success in having high overall participation. Col Buhl and his staff then transitioned into discussing the WWR's patient census trajectory and long range vision where they highlighted providing more liaison support to commanders. The members also inquired about reasoning behind keeping recovering warriors in the line units during recovery. The panel completed responding to the recommendations and transitioned into a presentation on the WWR survey program.

Ms. Peterson accompanied Col Buhl in presenting information on the WWR survey program. The panel highlighted the three most encouraging results which pertained to staff support, transition support, and the focus on recovery. The panel then discussed the three top concerns which included WWR staff coordination, the transition from DoD to VA, and the delivery of resource information. The WWR stated that more than half of the Reserve Component Marines took the most recent survey and that the overall satisfaction with the WWR is high from both the Active Duty and Reserve Component. When the Task Force members asked what is needed to better serve the recovering warrior population, the WWR responded with increased manpower. The members also asked about survey ratings against the call center as it had the lowest percentage among the five care coordination elements. The WWR briefings and the business meeting concluded for the day at 2:54pm.

Verified by:

Department of Defense Co-Chair:

Vice Admiral Matthew L. Nathan, M.D.

Date: 10 JUN 14

Verified by:

Non-Department of Defense Co-Chair:

Mrs. Suzanne Crockett-Jones

Date: 27 May 2014



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Appendix A:

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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
- MG Richard Mustion
- Mr. David Rehbein
- CAPT Robert Sanders
- Dr. Richard Stone
- LtCol Theodore Wong

Members Not Present:

- Ms. Karen Malebranche
- VADM Matthew Nathan (DoD Co-Chair)
- Dr. Steven Phillips

Members Arrived Late:

- None

Members Left Early:

- MG Richard Mustion (2:56pm)



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Members Not Present:

- Ms. Karen Malebranche
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- Dr. Steven Phillips

Members Arrived Late:

- None

Members Left Early:

- None