



OFFICE OF THE UNDER SECRETARY OF DEFENSE  
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WASHINGTON, D.C. 20301-4000

PERSONNEL AND  
READINESS

The Honorable Adam Smith  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

AUG 23 2019

Dear Mr. Chairman:

The enclosed report is in response to section 717 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Public Law 115-232), which requires the Secretary of Defense and Secretaries of the Military Departments to provide a report on the review and update of wounded warrior policies and procedures, as identified and mandated by the section.

The report summarizes Department of Defense policies, and addresses: (a) case management coordination of members of the Armed Forces between military departments and military medical treatment facilities administered by the Director of the Defense Health Agency; (b) the transition of members of the Armed Forces who retired under chapter 61 of title 10, United States Code, from receiving treatment furnished by the Secretary of Defense to treatment furnished by the Secretary of Veterans Affairs; and (c) facility standards related to lodging and accommodations for recovering Service members and their family members, and non-medical attendants of recovering Service members of the Recovery Care Programs and Service-specific Wounded Warrior Programs.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the Chairman of the Senate Armed Services Committee.

A handwritten signature in black ink that reads "James N. Stewart". The signature is fluid and cursive, with a large loop at the end of the last name.

James N. Stewart  
Assistant Secretary of Defense for Manpower  
and Reserve Affairs, Performing the Duties  
of the Under Secretary of Defense for  
Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable William M. "Mac" Thornberry  
Ranking Member



OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

PERSONNEL AND  
READINESS

The Honorable James M. Inhofe  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

AUG 23 2019

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James N. Stewart  
Assistant Secretary of Defense for Manpower  
and Reserve Affairs, Performing the Duties  
of the Under Secretary of Defense for  
Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Jack Reed  
Ranking Member

## **Report to the Congressional Armed Services Committees**

### **Section 717 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Public Law 115–232)**



### **Report on Wounded Warrior Programs and Policy Review**

The estimated cost of this report for the Department of Defense (DoD) is approximately \$59,000 for the 2019 Fiscal Year. This includes \$8,000 in expenses and \$51,000 in DoD labor.

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**Report on Wounded Warrior Programs and Policy Review**

**Table of Contents**

Executive Summary ..... 1

Summary of Section 717 of National Defense Authorization Act of Fiscal Year 2019

Requirements ..... 1

WWPs and Policy Review ..... 2

    Recovery Coordination Program (RCP) ..... 4

    Disability Evaluation System (DES)..... 5

Military Service WWPs ..... 6

    Air Force ..... 6

    Navy..... 7

    USSOCOM..... 8

    Army ..... 9

Conclusion ..... 11

## **EXECUTIVE SUMMARY**

Warrior in Transition Programs, commonly known as Wounded Warrior Programs (WWPs), continue to proactively support the nation's recovering Service members (RSMs) in their recovery, rehabilitation, and reintegration or transition to civilian life. Over the years, the Department of Defense (DoD), due in large part to cooperation between the Military Services, the United States Special Operations Command (USSOCOM), and the Defense Health Agency (DHA), has made great strides to synchronize policy and procedures to ensure that RSMs receive coordinated care management services and access to the best care, treatment, and transition support possible. We recognize the value and strategic importance of our WWPs and remain committed to leveraging their services and synchronizing clinical and non-clinical requirements in order to support a medically ready force and a ready medical force.

## **SUMMARY OF SECTION 717 OF THE NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2019 REQUIREMENTS**

This report is in response to section 717 of the John S. McCain National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2019 (Public Law 115-232), which requires that, not later than 1 year after the date of the enactment, the Secretary of Defense shall, jointly with the Secretaries of the Military Departments, submit a report on the review and update of policies and procedures governing the care and management of RSMs incorporating best practices: (a) in the care of RSMs; (b) in the administrative management relating to such care; (c) in carrying out applicable provisions of Federal law; and (d) in reporting on responses to recommendations by the Comptroller General of the United States in the report titled "Army Needs to Improve Oversight of Warrior Transition Units."

Section 717 also requires that DoD wounded warrior policies be updated to incorporate: (a) the case management coordination of members of the Armed Forces between the Military Departments and the military medical treatment facilities administered by the Director, DHA; (b) the transition of a member of the Armed Forces who is retired under chapter 61 of title 10, United States Code (U.S.C.), from receiving treatment furnished by the Secretary of Defense to treatment furnished by the Secretary of Veterans Affairs; and (c) facility standards related to lodging and accommodations for RSMs and their family members, and non-medical attendants of RSMs.

This report fulfills the requirements stated above as contained in section 717.

## **WWPS AND POLICIES REVIEW**

### ***WWPs Overview***

WWPs were established by the Military Services and USSOCOM WWP to provide command, care management, and non-medical assistance to RSMs during the recovery and rehabilitation phases of their care and treatment within the Military Health System (MHS), and their successful reintegration back into the force or transition from military service to civilian life. In doing so, each of the Services and USSOCOM took different approaches to the structure and operation of their WWPs to reflect their unique culture and population needs. Despite this flexibility, each Military Service WWP was created to provide personalized support to RSMs who require at least 6 months of rehabilitative care and complex medical management.

Section 738 of the NDAA for FY 2013 (Public Law 112-239) defined the term “Warriors in Transition Program,” herein referred to as the WWP, as any major support program of the Armed Forces for members of the Armed Forces with severe wounds, illnesses, or injuries that is intended to provide such members with non-medical case management service and care coordination services, and includes the following programs:

- (a) Warrior Transition Units (WTUs) and the WWP of the Army;
- (b) The Wounded Warrior Safe Harbor program of the Navy;
- (c) The Wounded Warrior Regiment of the Marine Corps;
- (d) The Recovery Care Program and the WWPs of the Air Force; and
- (e) The Care Coalition of the USSOCOM.

Overarching DoD guidance establishes policy, assigns responsibilities, and establishes minimum standards for staffing, care management, and interagency transition but allows the Military Service and USSOCOM to develop and execute their WWPs in a manner that best addresses the unique needs of their RSM populations.

Inherent differences exist in our WWPs. The Army operates a “brick and mortar” organization, consolidating RSMs, support staff, leadership, medical personnel, and services into designated WTUs. RSMs eligible for entry into the Army's Warrior Care and Transition Program (WCTP) are removed from their parent units and stationed at WTUs to complete their recovery and rehabilitation. RSMs are transitioned to WTUs to allow for focused care coordination. The Army facilities are fixed and require devoted resources. The Army also has a contingency plan in place to expand its WWP should future needs require it.

The Navy, Air Force, Marine Corps, and USSOCOM programs rely on a network of care while keeping RSMs attached to their parent units. They provide medical care through local Military Treatment Facilities (MTFs) and have a network of non-medical personnel stationed around the country to support RSMs while working with the RSM's chain-of-command. These programs are designed to be flexible with the ability to change in size and location based on the needs of their RSM population.

The Services also differ in approaches to assisting RSMs after they transition to care provided by the Department of Veterans Affairs (VA). DoD requires a minimum of a “warm handoff” of an RSM and his or her recovery plan to the VA prior to separation. All Services comply with this requirement. The Army maintains contact with separated veterans and continues to provide non-medical assistance after their reintegration into civilian life. The Navy and Marine Corps have established call centers to answer inquiries from separated veterans and conduct outreach to ensure they are connected with the services they need. Additionally, the Navy maintains contact with its veteran population through its head-quarters’ Transition Analyst and Region Transition Coordinator to provide focused non-medical assistance to address individual needs. Air Force Recovery Care Coordinators (RCCs) continue to serve as an available resource for RSMs, even after their transition to veteran status, maintaining their case information and responding to requests for assistance.

These differences reflect the culture and needs of the Services and their RSM populations. DoD not only monitors performance metrics of the Services’ WWPs to ensure compliance with policy standards, but also conducts Site Assistance Visits (SAVs) to gain a ground-level view of the execution of the Services’ WWPs. The SAVs provide DoD direct interaction with RSMs stationed around the country, along with their medical and non-medical case managers, commanders, and support staff. The information gathered from these SAVs is used to identify and promulgate best practices for incorporation into ongoing policy updates.

Additionally, the Services and USSOCOM track enrollment in their WWPs and report data monthly to the Office of the Secretary of Defense. RSMs are enrolled into the Services’ WWPs to recover, rehabilitate, and reintegrate in the aftermath of a wound, injury, or illness. RSMs exit WWPs when preparing to reintegrate back to duty or transition to civilian life. In compliance with DoD policy and verified through oversight, RSMs enrolled in WWPs have active Comprehensive Recovery Plans (CRPs). The CRP is a patient-centered recovery plan with identified goals from recovery and rehabilitation to reintegration developed from a comprehensive needs assessment that identifies the RSM’s and family’s personal and professional needs and goals. These plans are shared with the VA to ensure a smooth transition of care upon separation from Service, also referred to as a “warm handoff.”

### ***WWP Policy Review***

As required, DoD conducted a comprehensive review of WWP policies and procedures related to the care and management of RSMs and reports compliance with the mandate across the Military Services and USSOCOM programs.

### **Recovery Coordination Program (RCP)**

The RCP is charged with providing overall guidance for the care management services provided by Military Services through their respective WWP. The key policy guidance for these efforts is Department of Defense Instruction (DoDI) 1300.24. This issuance, and the DoD and VA Complex Care Coordination Memorandum of Understanding (MOU), establishes policy and assigns responsibilities for:

- The Services' care of RSMs and management of programs serving RSMs in line with applicable provisions of Federal law;
- The RCP oversight for the care, management, and transition of RSMs, their families, and caregivers within the Military Departments and USSOCOM Warrior Care programs;
- Adaptive reconditioning as a component of RCP;
- Education and employment programs to support RSM's rehabilitation and transition, including the Education and Employment Initiative and Operation Warfighter;
- Support resources specifically designated for the families and caregivers of RSMs; and
- Common guidelines for complex care coordination and transition processes for RSMs, their families, and caregivers between DoD and VA.

**Status:** DoDI 1300.24 is currently under revision. The primary basis for the revised policy is to implement current legislation, provide more comprehensive and uniform guidance to the Services, and incorporate and leverage best practices across the programs where practical. The expected draft policy completion date is September 30, 2019.

Additionally, it is important to note that several promising/best practices have emerged as RCP has undertaken SAVs across the Services' WWPs. These include, but are not limited to, the following key points:

- Across all Services, there has been a strong reception and consistent use by RCCs/Advocates of the National Resource Directory, Caregiver Resource Directory, and RCP Fact Sheets to assist/inform RSMs, family members, and caregivers.
- Overall, RCCs/Advocates were very proficient at connecting RSMs, family members, and caregivers with internal and external resources using channels such as monthly event calendars, social media, and orientations/briefings/trainings. Many RCCs/Advocates are embedded within the units, allowing better availability for RSMs to reach out and ask questions regarding resources as well.
- All Services provide regular training opportunities to RCCs/Advocates, including annual refresher conferences, regional quarterly trainings on various topics such as resiliency, monthly teleconferences, and monthly professional development.
- U.S. Army Wounded Warrior Program (AW2) has done well to develop and maintain resiliency within the care management team. Strong working relationships, along with co-location of the care management team, have fostered a supportive community of advocates, non-medical case managers, and other team members. VA Liaisons are also embedded in units, serving as subject matter experts (SMEs) to facilitate warm hand-offs when RSMs transition to the VA.

- United States Navy Wounded Warrior Safe Harbor developed the Anchor Program to partner transitioning RSMs with volunteer mentors in their local areas to provide advice and assistance both before and after separation.
- United States Marine Corps (USMC) RCCs, care team, and Physical Evaluation Board Liaison Officers (PEBLOs) use a tracking system that pushes notifications regarding RSM timelines to the team, allowing for timely and effective communication and follow-up. They also offer a Spouse Transition and Readiness Seminar that assists spouses for transition back to civilian life, covering topics such as:
  - Career self-assessment
  - Discussion on choice of locations to settle
  - Planning for children’s transition
  - Getting ready medically
  - Getting ready legally
  - Getting finances in order
- United States Air Force RCCs effectively leverage their network of RCCs stationed around the country to better assist RSMs and their family members as they relocate as part of their recovery or transition. Regional Warrior CARE events incorporate all support programs into one platform to strengthen mental, physical, spiritual, and social well-being of wounded warriors and caregivers, not only in the Air Force Wounded Warrior program, but open to all Services. Four CARE support programs are provided:
  - Caregiver support
  - Adaptive Sports and Ambassador Workshop
  - Recovering Airman Mentorship Program and Resiliency Programming
  - Empowerment in Transition
- USSOCOM has developed a stigma reduction program to educate RSMs, family members, caregivers, and leadership on contributing factors and barriers to care, as well as best practices for reducing behavioral health stigma.

**Disability Evaluation System (DES)**

The DES is the mechanism for determining fitness for duty, separation, or retirement of Service members due to disability. The standards for all determinations related to disability evaluation are consistently and equitably applied to all Service members.

**Status:** On March 27, 2019, the Under Secretary of Defense for Personnel and Readiness signed a memorandum that assigns responsibility for conducting the DES to the Military Departments. This includes administrative support for Medical Evaluation Boards, pursuant to 10 U.S.C. § 1073c and 10 U.S.C. Chapter 61; therefore, with respect to the DES, DHA will not acquire functional responsibility, and current DoD policy complies with existing statute.

## *Military Service WWP's*

The below section outlines the results and status of each Service program policy review conducted:

### *Air Force*

Several changes were incorporated into updates to the Air Force's Wounded Warrior Policy – Air Force Instruction (AFI) 41-210 to improve the management and care of its RSMs. This policy was modified to clarify and reinforce RCC access to Protected Health Information. With the new language, RSMs are routinely asked to sign the DD Form 2870, “Authorization for Disclosure of Medical or Dental Information.” If this permission is granted by the RSM, it will help eliminate any disputes between MTF staff and RCC for more seamless and coordinated service provision.

Additional changes to the Air Force's policy designed to optimize teamwork, care coordination, and the recovery process for RSMs include:

- addition of procedures to verify the identity of the RSM and establish more effective communication among local RCCs to aid in referrals for services;
- strengthened involvement of the unit commander in the DES process with automated notifications from PEBLOs on the RSMs case status throughout the DES process;
- added requirement that the MTF Commander/Directors develop processes to ensure integrated care coordination for RSMs in the DES at their MTFs, including centralized access, warm hand-offs, and cross-functional communication; and
- increased flexibility to initiate a Permanent Change of Station order to relocate an RSM to an MTF where needed medical care and/or enhanced family support are available

The Air Force implements policy, process, and Inspector General (IG) Programs to ensure facility standards related to lodging and accommodations for recovering Service members. AFI 34-1101 “Warrior and Survivor Care,” requires assigned RCCs to identify wounded, ill, and injured Airmen living in or moving into base housing and notify the local installation IG, who is obligated to inspect housing for ill and injured RSMs. This report is completed no later than the 15th day of each month. In accordance with AFI 90-201, “The Air Force Inspection System,” IG Team Chiefs update the Air Force Wounded, Ill, and Injured SharePoint Site no later than the last duty day of the month until all actions are complete and/or the member is no longer in the program.

Additionally, commanders are ultimately responsible for ensuring that appropriate steps are taken to meet member needs. The goal is to ensure individual government-owned housing units (on-base housing units, dormitory rooms, and Temporary Lodging Facilities) meet needs based upon the RSM's medical condition(s). Commanders also perform a pre-occupancy inspection of the residence (or as soon as possible post-notification). Any additional personnel deemed necessary may accompany the commander on the pre-occupancy inspection (First Sergeant, Civil Engineering Squadron Commander, housing/dorm manager, RCC, etc.). Commanders submit a

copy of completed inspection checklist and documentation addressing deficiencies, if any, to the IG Team Chief upon arrival for the follow-up inspection.

IG-led inspection requirements include an initial inspection no later than 90 calendar days from validation and then annually from the initial inspection date of the government-provided housing facility, for as long as the recovering Airman is in RSM status and resides in Government-provided housing. Commanders inspect deficient residencies not less often than once every 180 calendar days until the deficiency is corrected.

### Navy

A review of policies was completed for the Navy encompassing policies and procedures for the Bureau of Medicine and Surgery (BUMED), Navy Wounded Warrior-Safe Harbor, and the USMC-Wounded Warrior Regiment. Critical elements of these policies relevant to areas of focus include:

- procedures for enhanced identification of advanced diagnostic and therapeutic options for RSMs, including care by private health facilities, as part of BUMED Instruction 6320.99;
- measures to ensure that RSMs receiving care in facilities outside DoD control receive adequate care as part of BUMED Instruction 6320.85A;
- policy and procedures designed to ensure that appropriately-trained personnel support RSM care case management in the continuum from recovery through rehabilitation to reintegration and that MTF Commanders/Directors provide oversight of the medical care provided to RSMs within BUMED Instruction 6300.17A;
- guidelines related to the appropriateness of cases for DES defining limited duty types including temporary limited duty and temporary disability retirement list and outlining standards for fitness for duty for periodic physical evaluation within Navy Instruction 1850.4E; and
- standards for implementation of a traumatic brain injury management model for Navy medical treatment facilities that ensures treatment and coordination of care aligns with VA/DoD clinical practice guidelines and establishes categories of MTFs with their recommended capabilities and responsibilities within BUMED Instruction 6310.12.

With its review of policy and procedures, the Department of the Navy has identified best practices that have emerged in the provision of care to RSMs. These practices include:

- using the Sailor and Marine Readiness Tracker system that provides a way to ensure RSMs are progressing through the DES in the most efficient manner;
- embedding clinical case managers in Wounded Warrior Regiments to support a holistic approach among clinical and nonclinical recovery team members; and
- screening of every Service member placed on a limited duty status for case management needs to improve the timeliness of care.

Marine Corps Order 11000.22 of July 14, 2014, implemented the requirements of Public Law 110-28 of May 25, 2007, which directed the Services to conduct annual inspections of RSM living conditions, the inspections ensure Government-owned and -leased unaccompanied

housing is safe and provides a living environment that is clean and well maintained, and which provides a quality of life conducive to recovery and rehabilitation. These inspections have revealed USMC RSMs are living in the barracks with adequate accommodations that facilitate their recovery. Unaccompanied housing directly under the control and management of Wounded Warrior Regiment subordinate activities, where our most medically-complex RSMs reside, is inspected weekly.

The Navy Wounded Warrior (NWW) program does not have family or unaccompanied housing specifically for RSMs, their families, or caregivers. Instead, RSMs remain attached to their parent command, which oversees the condition of facilities and residences per standards established by the Commander, Navy Installations Command. NWW works to facilitate resources to include housing adaptations, facilities improvements, or relocation for quality of life if the need arises.

### USSOCOM

Relying on a population of Service members that spans Special Operations in components across all Services, USSOCOM relies primarily on MOUs/memorandums of agreement to guide its coordination and care of RSMs. Current efforts to update these vehicles include revision of the DoD/VA MOU, evaluation of the MTF VA Liaison transition process, and improvement of Interagency Comprehensive Plan interoperability.

Parallel to these efforts, USSOCOM has been updating its Standard Operating Procedures for primary and supporting efforts including RCCs, Military Adaptive Sports, Benevolent Support, and Career Transition operations. Strengthened quality assurance efforts are also underway through an updated Quality Assurance Surveillance Program and a move toward greater regionalization by decentralization to increase responsiveness and quality of services, as well as strengthened staff collaboration with Service-specific components.

Identified best practices within USSOCOM include a requirement for higher levels of experience for RCCs and the alignment of care with unit affiliation (e.g., Green Berets, Navy SEALs, Army Special Forces, etc.) by ensuring care is offered by RCCs with a similar background. In addition, database improvements have included the use of a Secure Internet Protocol Router Network, availability of administrative rights to customize the database as needed, and establishment of this system as a centralized authoritative source on a Defense Ready backbone.

For most USSOCOM housing for Service members, family members, and non-medical attendants of RSMs, the program follows the protocol of the facility owners. For example, Building 62 at Walter Reed National Medical Center (WRNMMC) is owned by Navy and its requirements for monthly inspections are followed.

The only variation to this protocol is for the use of USSOCOM-funded apartments at two primary MTFs – Landstuhl Regional Medical Center (LRMC) and Bethesda WRNMMC. At both locations, liaison officers inspect pre- and post-usage to ensure there are no deficiencies and to provide site-specific ground rules. At LRMC, maintenance and mechanical/code inspections are performed by the regional housing office and there is contracted cleaning. Due to the quick

turnover at this location, liaison officers conduct walk-throughs weekly. At Bethesda WRNMMC, the length of stay varies and can be, at times, longer-term. At long-term residences, cleaning crews go through each of the apartments weekly and report any issues or concerns, which are then promptly addressed by the liaison officers. Any maintenance issues are reported to and handled by the apartment contract company.

### Army

The U.S. Army also conducted a comprehensive review of its policy and procedures. In particular, this review focused on core guidance provided by Army Regulation (AR) 40-58 and the Soldier Leader Guide, which codify standard operating practices for the care and transition of RSMs. Revision of these foundational documents is currently in staffing. Following are the results of the Army WCTP policy review aligned with section 717 areas of focus:

- *Case Management Coordination* – In line with DoD Instruction 1300.24 and statute, the Army's Medical Case Manager roles are prescribed, as are their minimum qualifications (they must be either a Licensed Registered Nurse or Licensed Clinical Social Worker). Case Managers are required to complete an initial three-week training and annual competency sustainment reviews.
- *Appointments* – In line with Federal Regulations (title 32, Code of Federal Regulations), the Army reports that policy governing WTUs includes providing enhanced access to care criteria, including 24 hours for urgent care, seven days for routine primary care and initial specialty care evaluation consult, and seven days for diagnostic testing. According to FY 2018 data collected by the Army, 97 percent of WTU RSMs received an intake visit with the Non-Medical Case Managers and 93 percent with their Primary Care Manager.
- *Rehabilitative Services* – The WTU structure uses Occupational Therapy and Physical Therapy professionals embedded in their units as SMEs to assess functional performance and physical fitness needs. All RSMs are evaluated within 30 days of arrival, and recommendations are provided to the Triad of Care team. From this assessment, an individualized work hardening/life skill program is created for the RSM. Periodic reassessments occur throughout the RSM's transition period until discharge from the WTU.
- *Recuperation in an Outpatient Status* – The WTU program manages the recuperation of RSMs in an outpatient and remote status by providing medical case management and control and command. Current WCT policy established Community of Care Units to permit RSMs to be assigned to a WTU closest to their duty station with the medical capability and functional capacity to meet their care needs.
- *Contract Care provided by a healthcare provider outside of a military medical treatment facility* – In compliance with DoDI 6025.20, Medical Management programs in the Direct Care System are required to provide oversight for collaborating and facilitating care management for RSMs and their families. Every RSM admitted to a WTU is assigned a Non-medical Case Manager to assist in navigating the military and VA health care systems. According to data collected by the Army, since the start of the program, 100 percent of WTU RSMs have been recorded into the Army Warrior Care and Transition System and tracked from entry to exit.

- *Disability Evaluation System* – Within the Army, at the Medical Retention Decision Point, a RSM who fails to meet medical retention standards (in AR 40-501) is referred into the Integrated Disability Evaluation System (IDES) by the profiling authority. Further, the WTU Surgeon serves as the link between the MTF IDES and the WTU to minimize any activities within the WTU that prolong the IDES process.
- *Other administrative functions relating to the military* – In line with the NDAA for FY 2008, the Army’s WCTP ensures each RSM receives a written transition plan prior to the time of retirement or separation. Army policy directs screening of all new WTU RSMs within 30 days, or upon completion of a medical evaluation (including the Comprehensive Transition Plan), to ensure the location is in concert with the RSM’s ultimate goals. As a testament to the success of the transition process, Army data collected during FY 2018 showed that 71.7 percent of AW2 veteran respondents to the survey were employed or in an education or training program.
- *Transition of RSMs to services provided by Veterans Affairs* – The Army’s transition planning includes care management and DES staff in creating a warm hand-off to the VA through Interagency Care Coordination efforts. Army policy (AR 40-58) directs that WTU RSMs separating from the Army will be referred to a VA vocational rehabilitation and employment counselor within the first 90 days of entry into a WTU for mandated one-on-one counseling. Army data shows that from Calendar Year 2016-2018, referrals for one-to-one counseling for WTU RSMs increased from 32.5 percent to 86 percent due to ongoing joint training and Staff Assistance Visits by WCT staff members and VA Central Office Vocational Rehabilitation and Education staff.
- *Facility Standards Related to Lodging and Accommodations for RSMs* – WTU Commanders ensure that Government-owned and -leased unaccompanied housing is safe and provides a living environment that is clean, well maintained, and which provides a quality of life conducive recovery and rehabilitation. Ongoing barracks inspections take place at least every 30 days. All WTU barracks inspections during FY 2018 met the standards of IAW 40-58.

The NDAA for FY 2016 included a provision for the U.S. Government Accountability Office (GAO) to review the Army’s WTU program. The GAO report focused on the extent to which the Army has assessed the effectiveness of the Triad of Care model; established processes to oversee the selection of WTU personnel, reviewed their training and adjusted staff levels; and evaluated compliance with WTU admittance criteria and the impact of any changes to them. The Army concurred with each of the GAO’s recommendations. Following is a summary of the Army’s responses to GAO recommendations:

- *Assess the Triad of Care model’s effectiveness* – The Army determined that the current components of the Triad – the Squad Leader, Nurse Case Manager, and Primary Care Manager – are sufficient to handle the estimated 39 percent of RSMs with behavioral health diagnoses. This response is pending GAO closure.
- *Track Adherence to Cadre Selection Process* – The Army’s Organizational Inspection Program checklist was updated to include a cadre file review, and resources were expanded for these reviews. The GAO has closed this recommendation.
- *Develop Post-Training Assessments* – Army guidance directs that electronic surveys be sent to training graduates, including questions relating to the utility and effectiveness of

the training. Results of the survey are used to create a report with recommendations for curriculum improvement. This response is pending GAO closure.

- *Develop Staffing Levels Plan* – A contingency plan for the Army was created and published to expand the capacity of the WCTP, when needed. This plan was rehearsed successfully at two locations. The GAO has closed this recommendation.
- *Track Exceptions to WTU Entrance Criteria* – A Fragmentary Order to Headquarters (FRAGO) has been published effective April 28, 2017. This FRAGO updated entry criteria for the National Guard and U.S. Army Reserve Soldiers, along with removing the quantification on the number of appointments that Reserve Component Soldiers need to attend weekly to qualify for program entry. Monthly Readiness briefs are also compiled to track the number of exceptions to policy for soldiers entering the program. The GAO has closed this recommendation.
- *Develop procedures for providing WCT senior leadership with complaints concerning the program and WTU soldiers* – Multiple methods have been developed to capture complaints and transfer them to the appropriate personnel for resolution. Both Town Hall meetings and surveys are used to capture this data. A research modeling team is charged with analyzing and reporting trends directly to WCT senior leadership. This response is pending GAO closure.
- *Develop a Cost Benefit Analysis of maintaining the current system of Community Care Units with the costs and benefits of expanding the Reserve Component Managed Care program* – In complying with this recommendation, the Office of the Surgeon General began working with the Army Reserve to conduct the cost benefit analysis. With the finding that expansion of the Reserve Component managed care program would require significant resources and that the current WCT program has the capacity to absorb unsupported Soldiers in Transition, a recommendation was made to rely on the current system of Community Care Units. This recommendation is pending GAO closure.

## CONCLUSION

The Secretary remains committed to ensuring WWP and MHS policies and procedures are synchronized to support access to care, treatment, and support services for RSMs during their recovery and reintegration. WWP in collaboration with the DHA will continue to improve and expand their scope and services to meet demand signals and provide a superior health care delivery system to this Nation's RSMs, families, and retirees.