



OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
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

JUL - 8 2019

Dear Mr. Chairman:

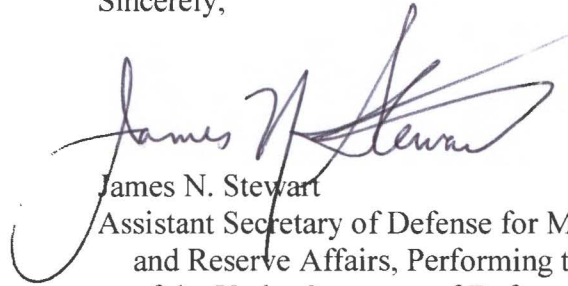
The enclosed report is submitted in response to Senate Report 115-262, pages 203-204, accompanying S. 2987, the John S. McCain National Defense Authorization Act for Fiscal Year 2019, which requests that the Secretary of Defense, in coordination with the Secretary of Veterans Affairs, establish policies and procedures no later than December 1, 2018, to ensure continuity of care for any Service member diagnosed with moderate or severe posttraumatic stress disorder (PTSD) or traumatic brain injury (TBI) who enrolls in care through the Department of Veterans Affairs (VA) upon transition from Active Duty to veteran status. The report also requests that the Secretary of Defense submit a report to the Senate and House Committees on Armed Services and VA, within 30 days after establishing such policies and procedures, describing the actions taken to facilitate better transitions for this population.

In response to this requirement, the *inTransition* program has been expanded, in coordination with the VA, to include TBI. The program has been providing warm handoffs for Service members with PTSD since its inception in 2007. An established and successful program, *inTransition* has a system already in place to provide support to Service members as they transition to the VA. Coaches provide Service members with the support needed to navigate the medical system, as well as make appointments and conduct a warm-handoff with the new provider. After the initial appointment, coaches contact the new provider and the Service member to confirm a completed appointment and satisfaction with services.

Department of Defense (DoD) Instruction 6490.10, "Continuity of Behavioral Health Care for Transferring and Transitioning Service Members," March 26, 2012, establishes policy to ensure continuity of services. Additionally, the Defense Health Agency-Procedural Instruction (DHA-PI) 6490.01, "*inTransition* Program," May 23, 2017, establishes procedures for implementing the DoD *inTransition* program for Service members transferring or separating from the military who have received mental health or medical care within 12 months of separating, or are referred to the program directly from other sources. In response to the requirements specified in Senate Report 115-262, this DHA-PI is being updated to include TBI.

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 Chairmen of the House Committee on Armed Services, and the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in dark ink, appearing to read "James N. Stewart". The signature is fluid and cursive, with a large initial "J" and "S".

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



PERSONNEL AND
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OFFICE OF THE UNDER SECRETARY OF DEFENSE
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The Honorable James M. Inhofe
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

JUL - 8 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



PERSONNEL AND
READINESS

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

The Honorable Johnny Isakson
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

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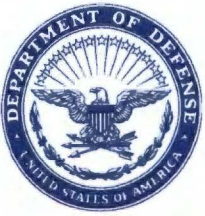
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James N. Stewart
Assistant Secretary of Defense for Manpower
and Reserve Affairs, Performing the Duties
of the Under Secretary of Defense for
Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jon Tester
Ranking Member



OFFICE OF THE UNDER SECRETARY OF DEFENSE

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WASHINGTON, D.C. 20301-4000

PERSONNEL AND
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The Honorable Mark Takano
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

JUL - 8 2019

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Sincerely,

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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 David P. Roe
Ranking Member

Report to Congressional Armed Services and Veterans Affairs Committees



Warm Handoff for Transitioning Services Members

**Requested by: Senate Report 115-262, Pages 203-204, to
Accompany S. 2987, the John S. McCain National Defense
Authorization Act for Fiscal Year 2019**

Office of the Secretary of Defense

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$3,090 in Fiscal Years 2018 - 2019. This includes \$1,000 in expenses and \$2,090 in DoD labor.

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Contents

Executive Summary	3
Policy	3
<i>inTransition</i> Program.....	3
<i>Background</i>	4
<i>Eligibility</i>	4
<i>Program Benefits</i>	4
Conclusions.....	5
References	5
List of Acronyms.....	5

Executive Summary

This report is in response to Senate Report 115-262, pages 203-204, to accompany S.2987, the John S. McCain National Defense Authorization Act for Fiscal Year (FY) 2019. The report requests the Secretary of Defense, in coordination with the Secretary of Veterans Affairs, establish policies and procedures to ensure continuity of care for Service members diagnosed with moderate or severe post-traumatic stress disorder (PTSD) or traumatic brain injury (TBI), who enroll in care through the Department of Veterans Affairs (VA) upon transition from Active Duty to veteran status. It also requests a report describing actions taken to facilitate better transitions for this population. In response to this requirement, the Department of Defense (DoD) has expanded the *inTransition* program to include TBI. Each month, the Defense Health Agency provides the *inTransition* program with a list of approximately 5,000 separating Service members with mental health contact (including PTSD) in the 12 months prior to separation. The *inTransition* program attempts to reach all Service members on the list. Of those contacted, *inTransition* coaches assess approximately 2,500 Service members, and enroll about 350 Service members. Additionally, the program supports approximately 350 Service members per month who are directly referred to the program. In FY 2018, *inTransition* opened 7,916 coaching cases and closed 7,678 coaching cases. The program performed 126,448 outreach calls, completed 30,999 assessments, and received 3,223 referrals through self-referral or referral by a provider.

Policy

Department of Defense Instruction 6490.10, “Continuity of Behavioral Health Care for Transferring and Transitioning Service Members,” establishes policy and procedures to ensure continuity of behavioral health care at the losing and gaining installations when Service members transition from one health care provider to another, transfer to a new duty station, or transition out of the Service. The Defense Health Agency-Procedural Instruction (DHA-PI) 6490.01, “*inTransition* Program,” establishes procedures for implementing the DoD *inTransition* program for Service members transferring or separating from the military who have received care for mental health within 12 months of separating, or are referred to the program directly from other sources (e.g., a deployment or separation health assessment). In response to this requirement, the *inTransition* program DHA-PI 6490.01 is being updated to include TBI.

inTransition Program

The *inTransition* program offers specialized coaching and assistance to include support to Service members receiving mental health care who are relocating to another assignment, transitioning from one level of care to another level of care, returning from deployment, transitioning from Active Duty to reserve, reserve to Active Duty, or preparing to leave military service. Key elements of the program include: support of Service members’ efforts to achieve and maintain wellness and to ensure continuity of needed services; coaching and assistance to encourage the continuation of mental health care through transitions to a new medical care facility, a new geographic location, or into a new health care system; enhancement of coordination between referring and gaining providers; and a reduction in the number of Service members disengaging from mental health care during periods of transitions.

Background

The *inTransition* program was originally established in response to a 2007 DoD Task Force on Mental Health report, which identified that a number of Service members disengage from mental health care during the transition from the DoD to the VA. Over time, the program expanded to include a screening and referral function for people identified through multiple mechanisms as being potentially in need of mental health care. In August 2014, Presidential Executive Action, “Improving Service Members’ Transition from DoD to VA and Civilian Health Care Providers,” directed *inTransition* enrollment be mandatory for all transitioning Service members receiving mental health treatment (operationalized as mental health contact in the 12 months prior to separation). The *inTransition* program also receives referrals from Separation Health Physical Exams, Separation Health Assessments, and Post-Deployment Health Assessments/Re-Assessments. The program is voluntary and Service members may opt out at any time.

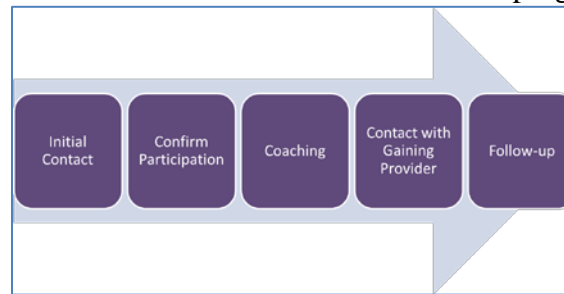
Eligibility

All transitioning Service members leaving military service who have received care for mental health (including PTSD diagnoses) or a TBI 1 year prior to their separation are eligible for the *inTransition* program, regardless of their category of discharge. Additionally, the patient population served by the program may include, but is not limited to, the following: Service members scheduled for a Permanent Change of Station or an extended temporary duty station; wounded, ill, and injured Service members who are returning to their home station following rehabilitative care at a military medical treatment facility (MTF), warrior transition unit, or VA facility; Reserve Component Service members being activated who must transition from VA care to an MTF or TRICARE network; and Service members moving from one location to another, including a deployed setting, who do not fall into one of the categories above.

Program Benefits

The *inTransition* program: encourages psychological health progress; decreases the stress cycle for transitioning Service members; provides support for clinical staff to facilitate connections between Service member and gaining provider; provides assistance in navigating the VA system; and offers 24/7 telephonic global access to a licensed, master’s level behavioral health staff. Figure 1 shows a representation of the service flow starting at initial contact. Once a Service member accepts the program, coaches establish weekly coaching calls to address any immediate needs and establish goals and objectives. Referrals are made based on Service member preference and eligibility. Coaches provide support to Service members as needed to navigate the medical system, make an appointment, and conduct a warm-handoff with the new provider. After the initial appointment takes places, coaches contact the new provider and the Service member to confirm a completed appointment and satisfaction with services. The program may be accessed 24 hours a day, 7 days a week, and from anywhere in the world.

Figure 1: Service flow for the *inTransition* program



Conclusions

The *inTransition* program is an established, successful program, with a system already in place to provide coaching and support services to Service members as they transition to the VA. The program currently automatically enrolls all Service members leaving service with a mental health contact in the 12 months prior to separation. Updates to the *inTransition* program DHA-PI 6490.01 will expand automatic enrollment to include Service members with a TBI contact in the 12 months prior to separation.

References

DoD Instruction 6490.10, “Continuity of Behavioral Health Care for Transferring and Transitioning Service Members,” October 28, 2015.

DHA-PI 6490.01, “*inTransition* Program,” May 23, 2017.

List of Acronyms

DHA-PI	Defense Health Agency-Procedural Instruction
DoD	Department of Defense
FY	Fiscal Year
MTF	Military Medical Treatment Facility
PTSD	Posttraumatic Stress Disorder
TBI	Traumatic Brain Injury
VA	Department of Veterans Affairs