



PERSONNEL AND
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

MAR 27 2017

The Honorable Rodney P. Frelinghuysen
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

Section 738 of the National Defense Authorization Act for Fiscal Year 2013 (Public Law 112-239) requires the Secretary of Defense to collect metrics and report on the performance of the warrior care programs of the Military Departments. The enclosed report is the third of five annual reports required by section 738(e)(2) related to the performance of the warrior care programs of the Military Departments in their care for wounded, ill, and injured (WII) Service members.

Overall, the enclosed report indicates that the Military Departments' warrior care programs are in compliance with established Department of Defense (DoD) standards for the care of WII Service members. The report concludes that the Military Departments' warrior care programs are well-positioned to adjust as their demographics change from primarily combat wounded Service members to a majority of non-combat ill and injured Service members. It details the services provided by DoD and the Military Departments to improve Service members' ability to successfully recover, rehabilitate, and transition. The report also provides data on the differences in the structure and operation of the Military Departments' warrior care programs, and includes reports from each program in the appendices.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. The Department will continue its effort to refine performance metrics and policy to provide greater oversight and care to Service members. A similar letter is being sent to the other congressional defense committees.

Sincerely,

A. M. Kurta
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Nita M. Lowey
Ranking Member



OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

MAR 27 2017

The Honorable Thad Cochran
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

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Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Patrick J. Leahy
Vice Chairman



OFFICE OF THE UNDER SECRETARY OF DEFENSE
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WASHINGTON, DC 20301-4000

MAR 27 2017

The Honorable William M. "Mac" Thornberry
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



PERSONNEL AND
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OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

MAR 27 2017

The Honorable John McCain
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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Sincerely,

A. M. Kurta
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member



Required by: National Defense Authorization Act for FY 2013 (Public Law 112-239), Section 738

The estimated cost of this report or study for the Department of Defense is approximately \$56,000 in Fiscal Years 2016 - 2017. This includes \$43,000 in expenses and \$13,000 in DoD labor.

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EXECUTIVE SUMMARY

This is the third annual report required by section 738 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Public Law 112-239). The report requires the Secretary of Defense to submit to the congressional defense committees a report on the performance of the Military Departments' warrior care programs using uniform performance outcome measures to track the physical and mental recovery, rehabilitation, and transition of wounded, ill, and injured (WII) Service members from point of injury or illness to a return to military service or transition to civilian life.

The Military Departments and United States Special Operations Command (USSOCOM) established and institutionalized warrior care programs to support WII Service members through recovery, rehabilitation, and transition within the parameters of Department of Defense (DoD) policy. The *Army Warrior Transition Units*, *Marine Corps Wounded Warrior Regiment*, *Navy Wounded Warrior-Safe Harbor Program*, *Air Force Wounded Warrior Program*, and *U.S. Special Forces Warrior Care Program* provide support to WII Service members who require complex care management.

This report contains an overview of the demographics and performance of the programs and a summary of corresponding DoD policy and oversight efforts. Program-specific reports provide detailed analysis of the performance of each warrior care program. Together these reports include an analysis of:

1. An overview of the warrior care programs and program entry criteria.
2. Data on improvements in the progress of WII Service members enrolled in warrior care programs.
3. Access to health and rehabilitation services for WII Service members, including average appointment waiting times by specialty.
4. The effectiveness of the programs in assisting in the transition of WII Service members to military duty or civilian life through education and vocational assistance.
5. Any differences in outcomes in warrior care programs, and the reason for such differences.
6. The quantity and effectiveness of medical and non-medical case managers, legal support and physical evaluation board liaison officers, mental health care providers, and medical evaluation physicians in comparison to the number of WII Service members requiring such services.

The intent is to provide data on WII Service members who are enrolled in warrior care programs and their progress through the continuum of care from point-of-injury to a return to duty or transition from military service. Overall, each Service warrior care program reports compliance with the standards established in DoD policy. The Department will continue to gather data on the performance of the warrior care programs and report annually to Congress through 2018.

1. OVERVIEW OF THE WARRIOR CARE PROGRAMS

The Services and USSOCOMs' warrior care programs provide command, case management, and non-medical assistance to WII Service members navigating the recovery, rehabilitation, and transition phases of the military medical treatment system. The programs assist WII Service members through the continuum of care to a successful return to duty or transition to civilian life. Each Service and USSOCOM operate programs and establish entry criteria within the parameters of policies established by DoD, covering recovery care coordination, rehabilitation, employment and education opportunities, and the transition of WII Service members to care received through the Department of Veterans Affairs (VA). DoD reviews and updates policy on an ongoing basis in coordination with the Services and USSOCOM to incorporate new programs and procedures to deliver consistent quality care and assist WII Service members' transition.

Entry Criteria

The warrior care programs are designed to provide non-medical care and support services for WII Service members with complex care needs requiring long-term oversight. Support is not limited to combat injuries. The entry criteria for the Service and USSOCOM programs are outlined below.

Army Warrior Care and Transition Program:

Active Component and Active Guard Reserve Soldiers must meet one of the following:

1. Soldier has received or is anticipated to receive a profile of more than six months duration, with duty limitations that preclude the Soldier from training or contributing to unit mission accomplishment, and the complexity of the Soldier's condition requires clinical case management.
2. Soldier's psychological condition is evaluated by a qualified medical or behavioral health provider as posing a substantial danger to self or others if the Soldier remains in the unit.

Reserve Component Soldiers must meet all of the following:

1. Soldier's medical condition(s) incurred or was aggravated in the Line of Duty during an Active Duty status (contingency or non-contingency) or inactive duty status (inactive duty training, funeral honors duty, etc.).
2. Soldier's condition(s) require(s) definitive care as a specific treatment or a sequence of treatments lasting 30 days or more, as determined and appropriately documented by a medical authority.
3. Treatment is expected either to return the soldier to duty or reach Medical Retention Determination Point and begin the Disability Evaluation System (DES)¹ process.

¹ The DES is the mechanism DoD uses for determining return to duty, separation, or retirement of Service members because of disability. See DoD Instruction 1332.18 Disability Evaluation System.

4. This treatment plan will require a major time commitment from the soldier (e.g., three or more medical appointments per week).

Army Wounded Warrior Program (AW2): The AW2 Program is designed for the oversight and management of the most severely WII soldiers. Soldiers must suffer from wounds, illness, or injuries incurred in the Line of Duty after September 10, 2001, and receive or expect to receive at least a 30 percent rating from the DES. The criteria were established to provide care for all soldiers who are expected to medically retire from the Army.

Marine Corps Wounded Warrior Regiment: Any Marine with an injury or illness that will require more than 90 days of medical treatment or rehabilitation is referred to the program.

Air Force Wounded Warrior Program: Airmen who have an injury or illness requiring long-term care that will require referral to the DES to determine fitness for duty.

Navy Wounded Warrior Safe Harbor Program:

- Any Active Component Sailor or member of the Coast Guard who has a serious illness or injury requiring long-term care that may necessitate referral to the DES to determine fitness for duty.
- Any Reserve Component Sailor or member of the Coast Guard whose injury or medical condition must have incurred in the Line of Duty during active status (Active Duty Special Work and Mobilization) or inactive duty status (Active Duty Training, or Inactive duty Training Travel) may qualify for evaluation, treatment, and/or disability evaluation processing while in an active duty status.

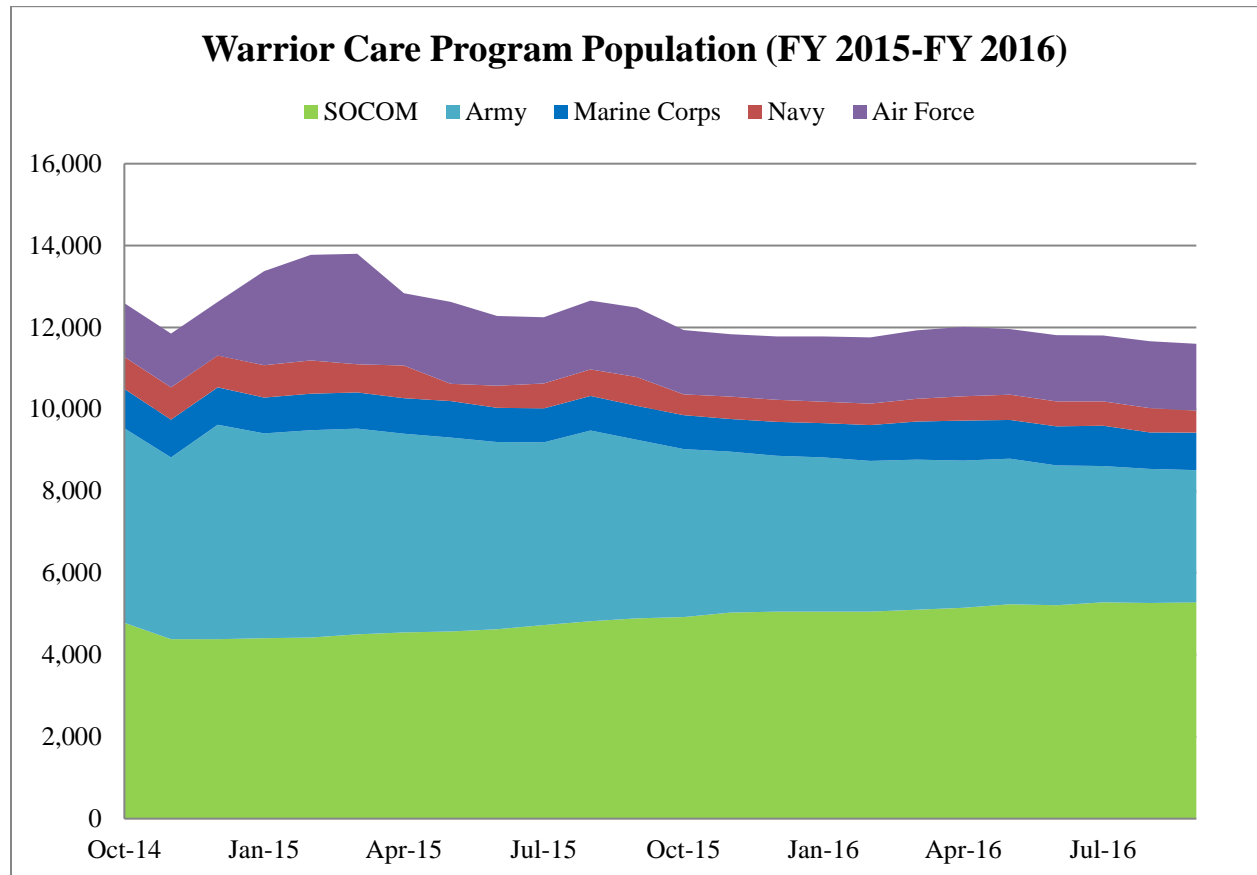
US Special Operations Command Warrior Care Program: Service members of any branch who incur a wound, injury, or illness with a potentially long-term impact while assigned to USSOCOM and subordinate units or while holding a Special Operations occupational specialty code.

2. DATA ON SERVICE MEMBER IMPROVEMENTS

Service members are enrolled in warrior care programs to recover, rehabilitate, and transition in the aftermath of incurring a wound, injury, or illness. The table below provides total and average program enrollment in FY 2016.

	October 2015	FY 2016 Average	September 2016	Change in Enrollment FY 2016
Marine Corps	823	896	916	+11.3%
Navy	509	564	539	+5.9%
USSOCOM	4,926	5,141	5,288	+7.3%
Air Force	1,575	1,610	1,628	+3.3%
Army	4,105	3,612	3,226	-21.4%
Total	11,938	11,822	11,597	-2.9%

Population growth in four of the five programs was offset by a continued decline in the Army's WII Service member population. The total WII Service member population declined 2.9 percent in total in FY 2016, continuing a modest decline in FY 2015. The chart below illustrates total monthly enrollment by warrior care program for FY 2015 and FY 2016.



Enrolled Service members with complex care needs are assigned a non-clinical case manager known as a Recovery Care Coordinator (RCC). All WII Service members develop an Interagency Comprehensive Plan (ICP) at the beginning of the recovery process with the assistance of their care management team (CMT). The CMT consists of the personnel assisting the WII Service member's recovery. It includes, at a minimum, the RCC and medical case manager, but can also include health care professional(s), nurse case manager, therapist, social worker, chain of command representative, and transition coordinator.

The ICP serves as a roadmap to recovery, rehabilitation, and transition for the WII Service member and family. It outlines specific goals and guides the WII Service member through the phases of recovery to return to duty or transition to civilian life. The RCC serves as a single point of contact to help the WII Service member navigate through the recovery process and achieve the goals outlined in their ICP, connecting WII Service members to needed resources along the way.

DoD policy requires the assignment of an RCC and the establishment of an ICP within 30 days of enrollment in a warrior care program. In compliance with DoD policy and verified through

oversight, the Services and USSOCOM report 100 percent of WII Service members are assigned an RCC and establish an ICP within the 30 day requirement.

The Services reported transition statistics for their enrolled population:

Transition Data of WII Service members (%)						
Service	Transition to Civilian Life FY 2016	Return to Duty FY 2016	Transition to Civilian Life FY 2015	Return to Duty FY 2015	Transition to Civilian Life FY 2014	Return to Duty FY 2014
Army	74	26	78	22	77	23
Navy	90	10	90	10	81	19
Air Force	96	4	94	6	92	8
Marine Corps	97	3	97	3	89	11
USSOCOM	28	72	28	72	29	71

Overall, the warrior care programs report a majority of their WII Service member population transition to civilian life when they exit the programs. USSOCOM is the lone exception to this trend. The majority of its enrolled WII Service members eventually return to duty. With a primary mission of retention and continued combat operations, its population is unique. It reports some 95 percent of its population is recovering from physical wounds, injuries, and illnesses. This contrasts from the other programs that report a higher incidence of non-combat related injured and ill Service members enrolled in their programs.

The differences in program entry criteria and the types of wounds, injuries, and illnesses incurred by Service members help explain the variation in transition statistics. Consistent and timely care is ensured by DoD policy requiring the development of an ICP and the assignment of an RCC within 30 days.

3. ACCESS TO HEALTH CARE AND REHABILITATION SERVICES

3.1. ACCESS TO HEALTH CARE

Access to health care and rehabilitation services are the foundation of a successful recovery. Health care access standards are defined in section 199.17 (p) (5) of title 32 Code of Federal Regulations. These standards include:

- 30-minute drive time for primary care
- Specialty care appointments within four weeks
- Routine appointments within one week

- Urgent care appointments not to exceed 24 hours
- Emergency room access available 24 hours/7 days per week
- 60-minute drive time for specialty care
- Office wait times should not exceed 30 minutes unless emergency care is being rendered to another patient

The warrior care programs report compliance with established health care access standards. With respect to women’s health care, the Air Force noted for a second year that while most facilities meet the standard occasionally some do not.

In addition, section 738 of Public Law 112-239 requires the Department to report average appointment wait times by specialty. The Office of Warrior Care Policy (WCP) collects this data from the warrior care programs. The table below provides the average specialty appointment wait times by Service in FY 2016. The Army collects and reports appointment wait time data specific to its WII Service member population. The Navy and Air Force reported wait times are aggregate for all beneficiaries (Service members, WII Service members, family members, and retirees).

Average Appointment Wait Time by Specialty in FY 2016 (Days)			
Specialty	Army	Navy	Air Force
General Surgery	3.77	11.5	9.17
Eye, Ear, Nose, & Throat	4.41	16.7	15.25
Occupational Therapy	4.65	13.2	8.55
Physical Therapy	7.16	13.8	9.45
Neurology	5.87	18.7	15.96
OB/GYN	4.51	16.1	13.79
Behavioral Health	4.33	11.4	9.57
General Medicine	5.98	5.4	10.43

In addition to the care provided by the warrior care programs, WII Service members have access to a 24 hour, 7 day a week Nurse Advice Line. Beneficiaries can speak directly with a registered nurse to help address urgent care questions, receive health care advice, find a doctor, or schedule next-day appointments at a Military Treatment Facility (MTF) or clinic.

3.2. REHABILITATION SERVICES

DoD’s Military Adaptive Reconditioning Program provides adaptive reconditioning opportunities to all medically cleared WII Service members. The goal of participation is to increase holistic quality of life and help WII Service members realize their new physical and mental capabilities. Adaptive reconditioning plays a key role in rehabilitation and is discussed with WII Service members and families while developing and updating their individual ICP.

Participation in adaptive reconditioning is voluntary and requires a clinical clearance from the WII Service member’s medical team. The Department employs 36 Adaptive Reconditioning Site Coordinators who are located at 29 major MTFs and military installations. They are dedicated resources for the local command and interdisciplinary teams and provide advice and programming guidance on adaptive reconditioning activities for the populations served and facilitate participation in camps, clinics, and community-based events.

Adaptive reconditioning includes both athletic and non-athletic activities. The program offers a wide variety of activities that focus on holistic healing and preparing WII Service members for a successful, adapted post-transition lifestyle. The primary goal of adaptive reconditioning has been to create sustainable adaptive lifestyle opportunities WII Service members can continue post-transition. Clinically cleared WII Service members have the opportunity to participate in: wheelchair basketball, track and field, sitting volleyball, resilience training, yoga, cycling, meditation, gardening, golf, cooking, music therapy, equine therapy, healing arts, archery, and more.

The table below provides cumulative sport and non-sport adaptive reconditioning participation data from FY 2014 through FY 2016.

MASP Participation FY 2014 – FY 2016						
	FY 2016		FY 2015		FY 2014	
	Events	Participants	Events	Participants	Events	Participants
Single-Sport Clinics	39	528	33	679	47	279
Multi-Sport Camps	34	1,521	43	588	23	679
Non-Sport Community Activities	2,527	82,754	3,138	89,496	3,666	129,759

Total adaptive reconditioning participation has declined since FY 2014 due in part to a decline in the eligible population and a reduction in DES processing times resulting in a shorter average enrollment in the warrior care programs. However, the warrior care programs continue to report the popularity of adaptive reconditioning opportunities, with each program undertaking efforts to increase opportunities and encourage participation.

Special events like the Warrior Games and the Invictus Games use the power of adaptive reconditioning to inspire recovery, support rehabilitation, and give WII Service members an opportunity to showcase their resilience as they compete on a national or world-stage. These

events emphasize inclusiveness and the celebration of ability and their achievements along their road to recovery and generate a wider public awareness, understanding, and respect for our Service members and Veterans. To help them prepare for competition, athletes receive specialized coaching in track and field, swimming, sitting volleyball, wheelchair basketball, archery, shooting, and cycling through camps and clinics funded by the Office of Warrior Care Policy.

More than 200 Active Duty and Veteran athletes are selected for the Warrior Games from a field of hopefuls during joint-Service trials held by the Department each year. In addition, DoD sponsors a team of 115 athletes to participate in the international Invictus Games competition in which thirteen coalition nations' athletes compete in eight sports: athletics, wheelchair basketball, sitting volleyball, cycling, wheelchair rugby, archery, indoor rowing, and swimming.

The Services' additional efforts to encourage participation in adaptive sports and reconditioning include:

- The Navy, in partnership with the city of Chicago, will host the annual DoD Warrior Games from June 30 to July 8, 2017.
- The Marine Corps expects all Marines physically capable to participate in at least three hours of reconditioning activities a week as part of their recovery process. These activities include physical therapy, adaptive sports and camps, charitable sporting events, and recreation therapy.
- The Army reports all soldiers enrolled in its warrior care program participate in sport and non-sport adaptive reconditioning activities during their recovery.

4. EFFECTIVENESS OF TRANSITION PROGRAMS

4.1. EMPLOYMENT AND EDUCATION PROGRAMS

It is DoD policy that WII Service members have access to education and employment opportunities during their recovery to promote transition, reduce reintegration times, and develop enhanced career and life skills. WII Service members prepare for the possibility of transition from the start of their recovery. Transition preparation begins with the creation of their ICP and includes steps to advance a WII Service member's professional goals. The Education and Employment Initiative (E2I) and the Operation Warfighter Program (OWF) are voluntary DoD programs designed to provide support to WII Service members ready for participation in transition programs.

OWF is DoD's federal internship program allowing WII Service members to maximize their recovery time, get valuable work experience, and develop new skills that will be beneficial when they either return to duty or transition to civilian life. Internships typically last from three to six months, at which time the WII Service member either returns to duty or separates from Service. The E2I program engages WII Service members early in their recovery process to help them plan their futures by offering opportunities in education, training, certification, or employment they will need when they return to civilian life. Both programs have proven integral to WII Service member recovery. WII Service members are matched to Federal internships, education or employment opportunities, or a combination based on their goals and available opportunities.

Overall, the programs continued to see steady growth in the WII Service members interested in the programs and the number of commanders who approve their participation. In FY 2016, the Military Departments continue to accelerate the disability rating process for some Service members, reducing the time spent in the DES and warrior care programs prior to separation. This contributed to a decline in total participation in the more time consuming OWF internships and a corresponding increase in referrals to the E2I education and employment opportunities.

The tables below show participation data in the two programs in FY 2015 and FY 2016.

Education and Employment Initiative	FY 2016	FY 2015
Service members referred	2,551	2,148
Education opportunities matched	869	952
Employment opportunities matched	6,005	4,554

The OWF table shows average monthly participation and also provides the average number of WII Service members who have been cleared to participate in OWF and have applied for one or more internships, but are waiting to be placed in an opportunity that matches their goals.

Operation Warfighter	FY 2016	FY 2015
Average monthly internships	348	553
Average pending placement	83	247

The Services and USSOCOM report utilizing their own transition programs to assist their WII Service member population, including:

- The Navy Safe Harbor Program networks with government agencies and civilian companies to identify employment opportunities for transitioning Service members. In FY 2016 Navy Safe Harbor documented that it assisted 287 transitioned Service members in gaining employment.
- The Marines Corps employs 21 District Injured Support Coordinators and five Field Service Representatives to assist 300 WII Marines as they transition to civilian life.
- For FY 2016 the Air Force reports 418 airmen enrolled in E2I and 195 participated in an OWF internship.
- Army Continuing Education System counselors provide career assessments, counseling, financial information, credentialing, and college courses to members enrolled in their Warrior Transition Units.
- USSOCOM's Care Coalition Transition Initiative has provided assistance to 1,477 referred WII Service members since 2013, with 75 percent utilizing resume assistance. To date, 213 WII Service members have completed internships through the program.

4.2. DOD TRANSITION ASSISTANCE PROGRAM

Depending on the extent of the injuries or illness and their progression along the continuum of care, transition preparation may not be appropriate for all WII Service members. However, all Service members, including WII Service members, will participate in the Transition Assistance Program (TAP) before separating from service. TAP provides information and training to ensure

all transitioning Service members are prepared for their next step in life whether pursuing additional education, finding a job in the public or private sector, or starting their own business. All transition services are available for WII Service members. Under TAP, Service members receive training through the Transition Goals, Plans, Success (GPS) curriculum, which includes a core curriculum and individual tracks focused on accessing higher education, career technical training, and entrepreneurship. Transition GPS is delivered in a classroom environment and online.

WII Service members who are transitioning from Service must complete four requirements:

- 1) Attend pre-separation counseling.
- 2) Attend VA Benefits Briefings I and II, which explain benefits the Service member has earned and how to obtain them.
- 3) Attend the Department of Labor Employment Workshop which focuses on the mechanics of obtaining employment in today’s job market and includes resume preparation, interview skills practicum, and networking.
- 4) Meet career readiness standards (CRS). Commanders must verify that WII Service members meet CRS and that they have a viable Individual Transition Plan (ITP). If the commander determines that a WII Service member has not met CRS or does not have a viable ITP, they must conduct a “warm handover” and put the WII Service member in contact with a partner agency such as Department of Labor or VA for follow-up support.

The table below provides TAP performance outcomes for Fiscal Year 2016:

DoD Transition Assistance Program Performance Metrics		
	DoD Goal	Actual
Verified percent of known eligible active duty Service members attended (1) pre-separation counseling, (2) a Department of Labor Employment Workshop, and (3) Veterans Affairs Benefits briefings prior to their separation or retirement from active duty.	85	97.0
Verified percent of known eligible reserve component Service members who attended (a) pre-separation counseling, (b) a Department of Labor employment workshop, and (c) Veterans Affairs Benefits briefings prior to their release from active duty.	85	94.3
Verified percent of known eligible active duty Service members who met CRS or received a warm handover to appropriate partner agencies prior to their separation or retirement from active duty.	85	96.9
Verified percent of known eligible reserve component Service members who met CRS or received a warm handover to appropriate partner agencies prior to their release from active duty.	85	93.3

4.3. TRANSITION TO CARE PROVIDED BY THE DEPARTMENT OF VETERANS AFFAIRS

DoD and VA signed a Memorandum of Understanding for Interagency Complex Care Coordination (IC3) Requirements for Service members and Veterans. This will streamline,

synchronize, coordinate, and integrate the full spectrum of care, benefits, and services provided to WII Service members as they separate from Service and transition to care provide by the VA. The IC3 requires:

- 1) Common, interagency, overarching guidance
- 2) A community of practice, connecting the DoD and VA clinical and non-clinical case managers of WII Service members and veterans
- 3) A single, shared comprehensive recovery plan for each WII Service member and veteran
- 4) The ICP information technology (IT) solution for care coordination to enable data exchange between VA and DoD care coordinators
- 5) The Lead Coordinator (LC) role to serve a single point of contact for WII Service members, veterans, and their caregivers during recovery and transition between DoD and VA

The Departments continue to make progress towards achieving these goals. DoD policy requires a member of the care management team to make contact with the VA to conduct a “warm handover” of the WII Service member and his or recovery plan prior to transition to ensure a seamless transition to the VA upon separation from Service. The LC checklist provides standardized procedures for a LC to facilitate the transfer of WII Service members to care provided by the VA. The warm handover of the Service member and recovery plan is recorded in the DoD Case Management System (CMS), which was declared the non-clinical case management system of record for interoperability with the VA for all warrior care programs in September 2015. Interoperability between DoD and VA electronic case management systems is expected to be achieved by February 2017.

5. DIFFERENCES IN WARRIOR CARE PROGRAM OUTCOMES

The warrior care programs differ in several ways, including structure, demographics (including the types of wounds, injuries, and illnesses sustained), and the resources and assistance provided to those who transition from Service.

5.1. PROGRAM STRUCTURE

The Army provides care through dedicated warrior care support infrastructure. It operates 14 Warrior Transition Units (WTUs) that closely resemble a “line” Army unit. They consolidate WII Service members, support staff, leadership, medical personnel, and support services into designated locations. WII Service members eligible for entry into the Army’s warrior care program are removed from their parent units and stationed at WTUs to complete their recovery and rehabilitation.

The Navy, Air Force, and USSOCOM warrior care programs rely on a network of care, keeping WII Service members attached to their parent units throughout the recovery process. They provide medical care through local MTFs and rely on a network of non-medical personnel stationed around the country to support WII Service members while working within the WII Service member’s chain-of-command. These programs keep Service members in familiar surroundings and are designed to be flexible based on the changing needs of the supported population.

The Marine Corps operates a hybrid model in which acute care cases are enrolled in two fixed wounded warrior battalions, while other WII Service members receive external care, including the assignment of a RCC, at major MTFs and VA Polytrauma Rehabilitation centers.

5.2. PROGRAM DEMOGRAPHICS AND INCIDENCE OF WOUNDS, INJURIES, AND ILLNESSES

The warrior care programs report different trends in the composition of their WII Service member populations in FY 2016, including the severity of wounds, illnesses, and injuries sustained. Combat wounds are down across all programs as combat operations decline, but the programs have varied expectations for their future size and needs. A significant drop in the Army warrior care program population offset growth in all of the other programs. Total enrollment fell nearly three percent in FY 2016.

- The Army’s warrior care program population (including Reserves) fell 21 percent in FY 2016 from the end of FY 2015, continuing a decline from the program’s population peak in FY 2011. The Army responded by closing 11 of 25 Warrior Transition Units in 2016 and reducing staff proportionally to maintain appropriate support for a smaller WII Service member population.
- The Marine Corps Wounded Warrior Regiment population grew 11 percent in FY 2016, mostly offsetting a population decline in FY 2015. The Marine Corps anticipates its population will remain steady in FY 2017 with 93 percent of its FY 2016 WII Service member population sustaining injury or illness outside of a combat zone.
- The Navy Safe Harbor program grew by almost six percent from FY 2015. It expects to see continued growth through FY 2018. The Navy cites increased awareness of the program and an observed change in attitude of Navy and Coast Guard Service members willing to seek treatment.
- The Air Force Wounded Warrior Program grew by three percent from FY 2015 and averaged more than 100 Airmen enrolling in the program each month contributing to the continued growth of its population.
- The U.S. Special Forces Warrior Care Program population grew by seven percent in FY 2016 continuing a trend from FY 2015. The USSOCOM warrior care program reports that 95 percent of its WII Service members are enrolled with physical health issues compared to only five percent with behavioral health issues. It also reports 72 percent of its WII Service member population is able to return to duty, a far higher rate than those reported by the other programs.

5.3. POST-SEPARATION SERVICES

The warrior care programs also differ in approaches to assisting WII Service members after they transition to civilian life and care provided by the VA. DoD policy requires a minimum of a “warm handover” of a WII Service member and his or her recovery plan to the VA prior to separation, and the assignment of a VA case manager as the LC for care. All warrior care programs comply and all go beyond this minimum requirement to support transitioned Service members in different ways.

- The Army maintains contact with separated veterans and continues to provide non-medical assistance after reintegration into civilian life.

- Navy Safe Harbor expanded its Transition Team to better assist those who transition to Veterans status. Currently over 980 transitioned Service members receive support and assistance with questions on post-service employment, education, TRICARE and VA benefits, financial counseling, Social Security, and family support.
- The Marine Corps Wounded Warrior Regiment, through District Injured Support Coordinators, Field Support Representatives and the Wounded Warrior Call Center, continue to support wounded, ill or injured Marines after separation from service. These capabilities allow the Wounded Warrior Regiment to keep faith with Marines and offer continuing assistance throughout their transition to veteran status.
- Air Force RCCs continue to serve as an available resource for WII Service members even after their transition to veteran status, and the Recovering Airman Mentorship Program connects enrolled Service members with those who have previously transitioned out of the warrior care program.
- USSOCOM has an agreement to accommodate VA liaisons on-site within their warrior care program. The liaisons provide assistance to transitioned veterans on VA health care and benefits, including compensation, education and training, home loans, life insurance, and vocational rehabilitation.

These differences reflect the culture of the Services and their WII Service member populations, but highlight a continued commitment to WII Service members through transition from Service and beyond. DoD monitors monthly performance metrics of the warrior care programs to ensure that regardless of the differences in the programs they all comply with standards of care established in policy.

6. QUANTITIES AND EFFECTIVENESS OF SUPPORT STAFF

The Military Departments and warrior care programs provide data on the quantity and effectiveness of their support staff. DoD policy establishes maximum workload standards for RCCs and Physical Evaluation Board Liaison Officers (PEBLOs) to ensure WII Service members receive the appropriate level of care needed to successfully recover, rehabilitate, and transition.

6.1. RECOVERY CARE COORDINATORS

RCCs and other non-medical case managers assist WII Service members, their families, and caregivers through the phases of recovery. RCCs are assigned to all WII Service members with complex care needs. DoD policy requires all RCCs attend 40 hours of DoD instruction, and limits the number of WII Service members assisted by an RCC to no more than 40.

As of August 2016, 423 DoD-trained RCCs are providing services to support approximately 11,600 WII Service members, their families and caregivers. The Services and USSOCOM report compliance with RCC training requirements.

The table below depicts the number of DoD-trained RCCs and each program’s reported ratio of RCCs to WII Service members as of September 2016.

Service	Trained RCCs	Ratio of RCCS to WII Service members
Army	230	1:53
Navy	43	1:24
Air Force	61	1:27
Marine Corps	45	1:20
USSOCOM	44	1:37

6.2. PHYSICAL EVALUATION BOARD LIAISON OFFICERS

WII Service members processed through the DES are assigned a PEBLO. The PEBLO is responsible for assembling the Service member’s case file, counseling the Service member and family on the DES process, and actively managing the case from DES referral to separation from service or a return to duty. They ensure WII Service members understand their expected time for completing the DES process, Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) determinations and the timeline to provide their response or to rebut MEB or appeal PEB findings, and their right to legal counsel during the DES process.

DoD policy requires PEBLOs to manage no more than 34 active disability evaluation cases simultaneously. The following table reflects the total number of PEBLOs by Military Department and the ratio of PEBLOs to disability evaluation cases reported by Service as of October 2016.

Service	PEBLOs	Ratio
Army	358	1:28
Navy	90	1:17
Air Force	161	1:18

6.3. LEGAL SUPPORT AND MENTAL HEALTH PROVIDERS

Legal support

Legal support is made available to advise and represent WII Service members during the DES process, or after an adverse Line of Duty determination, and any subsequent appeals to the Secretary of the Military Department concerned, relating to the final disposition of Service member disability cases. Legal counsel, whether military judge advocates or civilian attorneys employed by the Military Departments, are provided at no expense to the Service member. Such legal counsel will not be assigned an overall caseload that requires them to represent more than 10 Service members per week at formal PEB hearings. Legal counsel must be available to consult (by telephone or otherwise) with a Service member regarding rights and elections following the member’s receipt of the decision of an informal PEB. Representation is available through the respective Military Department’s formal hearing appellate processes, until the Service member’s discharge from active duty.

Mental health providers

All WII Service members undergoing a MEB listing a behavioral health diagnosis must receive a thorough behavioral health evaluation and include the signature of at least one psychiatrist or psychologist with a doctorate in psychology to ensure behavioral health conditions are understood by members of the board.

7. DOD POLICY AND OVERSIGHT

WCP supports WII Service members by developing policy and providing oversight of the Services' warrior care programs. The office is responsible for recovery care and disability evaluation policy, covering the care and services provided to Service members throughout the continuum of care from point of injury to a return to duty or a transition to civilian life. WCP updates existing policies to institutionalize lessons learned and provide consistent care to WII Service members. Below is an overview of policy and oversight efforts under development.

7.1. POLICY DEVELOPMENT

7.1.1. Recovery Coordination Program

Department of Defense Instruction (DoDI) 1300.24, "Recovery Coordination Program," originally published in 2009, established procedures for the care, management, and transition of WII Service members. The policy is being revised to incorporate new programs, lessons learned, and to institutionalize care and case management procedures created by the DoD and the VA Memorandum of Understanding (MOU) for IC3 Requirements for Service members and Veterans. The MOU created the ICP, a recovery plan template that standardizes procedures, terms, and definitions for care coordination and case management across both Departments. It also created the LC concept intended to harmonize efforts and programs, reduce confusion, and simplify processes for WII Service members receiving care coordination services by designating a primary point-of-contact within the care management team. The LC concept ensures that WII Service members always have one "go-to" point of contact to coordinate care. The LC role is transitioned to a member of the VA care management team if a WII Service member transitions to care provided by VA. The revised policy is expected to be published in 2017.

7.1.2. Recovery Coordination Quality Assurance Program

WCP is developing a Recovery Coordination Quality Assurance Program (QAP) to supplement the revision of DoDI 1300.24 and better measure the consistency, accuracy, and timeliness of care delivered to WII Service members by the warrior care programs and monitor compliance with DoD policy. The Recovery Coordination QAP will complement the existing DES QAP and will improve DoD's oversight capabilities. The Recovery Coordination QAP policy is currently under development and expected to be published in 2017.

7.1.3. Disability Evaluation System

DoDI 1332.18, "Disability Evaluation System," published in 2014, establishes policy, assigns responsibilities, and provides procedures for referral, evaluation, return to duty, separation, or retirement of Service members for disability in accordance with title 10, United States Code (U.S.C.). Service members proceed through one of two DES processes: the Legacy Disability Evaluation System (LDES) or the Integrated Disability Evaluation System (IDES). DoD's objective in the IDES process is to collaborate with the VA to ensure continuity of care, timely

processing, and seamless transition of the Service member from DoD to VA in cases of disability separation or retirement.

7.1.4. Disability Evaluation System Quality Assurance Program

DoDI 1332.18, Volume I, “DES Manual: Quality Assurance Program,” published in 2014 establishes DES QAP policy pursuant to section 524 of the NDAA for FY 2013, to evaluate and oversee the duty performance of PEBLOs and other personnel within the MEB and PEB. In addition, the QAP ensures the accuracy and consistency of MEB and PEB determinations. DoD has collaborated with each of the Military Departments to institutionalize the DES QAP.

7.1.5. Guidance on the Use of Service Dogs by Service members

To standardize guidance for the assignment of service dogs to Service members, WCP worked with the Services and USSOCOM to develop an overarching policy. The policy was published in January 2016.

7.1.6. Special Compensation for Assistance with Activities of Daily Living

DoDI 1341.12, Special Compensation for Assistance with Activities of Daily Living (SCAADL), reissued in 2015, pursuant to section 603 of the NDAA for FY 2019. The purpose of SCAADL is to assist catastrophically injured or ill Service members who require regular aid and attendance after hospitalization as a result of injuries or illnesses sustained or aggravated in the Line of Duty. The special monthly compensation is intended to be used to compensate designated caregivers for the dedicated time and assistance they provide to catastrophically injured or ill Service members.

7.2. CASE MANAGEMENT SYSTEM

The Assistant Secretary of Defense for Health Affairs designated the DoD CMS as the system of record for providing interoperability with the VA in support of WII Service members and Veterans in order to consolidate case records and improve oversight capabilities of the warrior care programs. DoD CMS is the system of record of all warrior care programs for the collection, transfer, and synchronization of all non-clinical case management data. Requiring the programs to utilize DoD CMS as a system of record enhances the Department’s systematic oversight capabilities by consolidating data, allowing for the uniform collection of performance metrics, eliminating gaps in case records, and allowing record sharing within DoD and with the VA. As the warrior care programs continue to use DoD CMS, the Department will be able to collect more accurate and detailed metrics to help measure the performance of the programs.

SUMMARY

The warrior care program population has transitioned from predominantly combat-wounded to a majority of non-combat ill and injured Service members. The overall population is down from its FY 2011 peak, but a new steady state has emerged. The programs are well positioned to care for the current population and have the flexibility to adjust their staffing levels to provide quality care for WII Service members while maximizing resources. The WII Service member population will continue to exist and the Nation's commitment to these individuals cannot be compromised. The Department is in the process of refining policy to institutionalize lessons-learned and best practices for warrior care, and improve the oversight of warrior care programs to sustain quality care in an unpredictable world.

BIBLIOGRAPHY

DoD-VA Interagency Complex Care Coordination Memorandum of Understanding, July 2014

Under Secretary of Defense (Personnel & Readiness), *Department of Defense Instruction 1300.24 – Recovery Coordination Program (RCP)*, December 9, 2008.

Under Secretary of Defense (Personnel & Readiness), *Department of Defense Instruction 1300.25 – Guidance for the Education and Employment Initiative (E21) and Operation WARFIGHTER (OWF)*, March 25, 2013.

Under Secretary of Defense (Personnel & Readiness), *Department of Defense Instruction 1300.27 – Guidance on the Use of Service Dogs by Service Members*, January 6, 2016.

Under Secretary of Defense (Personnel & Readiness), *Department of the Defense Instruction 1332.18 – Disability Evaluation System (DES)*, August 5, 2014.

Under Secretary of Defense (Personnel & Readiness), *Department of Defense Instruction 1332.35 – Transition Assistance Program (TAP) for Military Personnel*, February 29, 2016.

Under Secretary of Defense (Personnel & Readiness), *Department of Defense Manual 1332.18 – Disability Evaluation System (DES) Manual: General Information and Legacy Disability Evaluation System (LDES) Time Standards*, August 5, 2014.

U.S. Congress (112th), National Defense Authorization Act for Fiscal Year 2013, H.R. 4310, *Section 738, Performance Metrics and Reports on Warriors in Transition Programs of the Military Departments*, January 2, 2013.

U.S. Congress (110th), National Defense Authorization Act for Fiscal Year 2008, H.R. 4986, *Section 1611, Comprehensive policy on improvements to care, management, and transition of recovering Service members*, January 28, 2008.

U.S. Congress (109th), National Defense Authorization Act for Fiscal Year 2006, H.R. 1815, *Sec. 563, Policy and procedures on assistance to severely wounded or injured Service members*, January 6, 2006.

U.S. Department of Defense Report, *Final Report to the Secretary of Defense: Military Health System Review*, August 5, 2014.

**Appendix: FY 2016
Warrior Care Program
Performance Reports**