PERSONNEL AND READINESS

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

AUG 13 2015

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

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 and report on uniform performance outcomes used by each Military Department. The performance measures, and associated metrics and milestones, were provided to Congress in the initial report required by section 738(e)(1) on January 8, 2014. Enclosed is the combined 2014/2015 report, the first of four annual reports related to recovering Service members, Wounded Warrior Programs, personnel, and military treatment facilities.

This report shows that the Department of Defense (DoD) needs to revisit its data collection framework in order to make it an effective oversight tool in 2015 and beyond. In order to be agile and expand, contract, or reallocate resources as necessary, DoD is working to develop new metrics for planning and oversight of the Component Wounded Warrior Programs and examine how to create defined results, goals, and milestones for recovering Service members separate from the larger DoD beneficiary population. Results from these efforts will be featured in the annual report issued in 2016.

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 other congressional defense committees.

Sincerely,

Brad Carson
Acting

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
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AUG 13 2015

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

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Brad Carson
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cc:
The Honorable Adam Smith
Ranking Member

PERSONNEL AND READINESS

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

AUG 13 2015

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

Dear Mr. Chairman:

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Sincerely,

Brad Carson
Acting

Enclosure:
As stated

cc:
The Honorable Barbara A. Mikulski
Vice Chairwoman

PERSONNEL AND READINESS

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

AUG 13 2015

The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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Sincerely,

Brad Carson
Acting

Enclosure:
As stated

cc:
The Honorable Nita M. Lowey
Ranking Member

Report to Defense Committees of the Senate and the House of Representatives

Performance Metrics and Reports on Warriors in Transition Programs of the Military Departments for 2014

Required by: National Defense Authorization Act for FY 2013, Section 738

The estimated cost of this report or study for the Department of Defense is approximately $44,000 in Fiscal Years 2013 - 2014. This includes $35,000 in expenses and $8,910 in DoD labor.

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EXECUTIVE SUMMARY

This is the second 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' Warriors in Transition Programs, commonly known as Wounded Warrior Programs (WWPs), using uniform performance outcome measures to track and measure the physical and mental recovery, rehabilitation, and reintegration of Wounded, Ill, and Injured (WII) Recovering Service members (RSMs) from point of injury or illness to a return to military service or transition to civilian life.

Each Service and United States Special Operations Command (USSOCOM) operates its unique WWP within the parameters of policy established by the Department of Defense (DoD). 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 Care Coalition* were created to provide personalized support to RSMs who require at least six months of rehabilitative care and complex medical management.

The report contains an overview of the structure and performance of these programs with data on enrollment and changing demographic trends as combat operations diminish.

As required, the report includes an analysis of:

1) Data on the improvements in the progress of RSMs enrolled in the programs, including –
    - Average RSM enrollment duration
    - Transition trends by Service
    - Compliance with DoD policy
2) Access to health and rehabilitation services, including appointment wait times by specialty.
3) The effectiveness of the programs in assisting RSMs to prepare for a transition to civilian life through education and vocational assistance.
    - A description of transition services to RSMs and participation metrics
4) The differences in outcomes of the Services' WWPs and the reason for such differences.
5) The quantity and effectiveness of medical and non-medical staff.

The intent is to provide data on RSMs who are enrolled in the WWPs and RSM progress through the Continuum of Care from point-of-injury to return to duty or transition.

Overall, the Department reports compliance across the Services with the standards established by DoD policy. DoD will continue to gather data on the performance of WWPs and report annually to Congress through 2018. The Department strives to ensure our Nation's WII Service members are aware of and encouraged to participate in the programs established to aid and expedite their recovery, rehabilitation, and reintegration.

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1. OVERVIEW OF SERVICES' WOUNDED WARRIOR PROGRAMS

The WWPs were established by the Services and USSOCOM to provide command, medical management, and non-medical assistance to RSMs navigating the recovery and rehabilitation phases of the military medical treatment system. Additionally, WWPs aid RSMs with successful reintegration back into the force or transition from military service to civilian life. Each Service and USSOCOM operates its WWP within the parameters of polices established by DoD covering recovery coordination and employment and education opportunities for RSMs. The Department is updating these policies in coordination with the Services and USSOCOM to incorporate new programs and procedures that are the result of lessons learned over the past decade and will aid RSM recovery, rehabilitation, and reintegration.

1.1. ENTRY CRITERIA

The Services and USSOCOM take different approaches to the structure and operation of their WWPs to reflect their culture and needs. DoD policy sets minimum standards for staffing and care management, but allows the components to develop their programs to best address the unique needs of their RSM population. The entry criteria for each program are outlined below.

Army Warrior Care and Transition Program (WCTP):

- Active Component and Active Guard Reserve Soldiers must meet one of the following:
  - 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.
  - 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:
  - Soldier's medical condition(s) incurred or aggravated in the Line of Duty (LOD) during an active duty status (contingency or non-contingency) or inactive duty status (inactive duty training, funeral honors duty, etc.).
  - 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. Treatment is expected either to return the soldier to duty or reach Medical Retention Determination Point and begin the Disability Evaluation System[1] (DES) process. This treatment plan will require a major time commitment from the soldier (e.g. three or more medical appointments per week).

[1] The Disability Evaluation System (DES) determines the fitness of Service members with medical conditions which potentially inhibit performance of their military duties. See DoD Instruction 1332.18 Disability Evaluation System (DES).

- *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 LOD 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 WWP.

Air Force Wounded Warrior (AFW2): Airmen who have an injury or illness requiring long-term care that will require referral to the Integrated Disability Evaluation System (IDES) to determine fitness for duty.

Navy Wounded Warrior Safe Harbor Program (NWW-SH): Any Active Component Sailor or Coast Guardsman who has a serious illness or injury requiring long-term care that may necessitate referral to the IDES to determine fitness for duty. Support is not limited to combat injuries.

- Any Reserve Component Sailor or Coast Guardsman whose injury or medical condition must have incurred in the LOD 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.

USSOCOM Care Coalition: 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.

1.2. DIFFERENCES IN WOUNDED WARRIOR PROGRAMS

The Army operates a "brick and mortar" organization, consolidating RSMs, support staff, leadership, medical personnel, and services into designated Warrior Transition Units (WTUs). RSMs eligible for entry into the Army's 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 plans to reduce the number of WTUs and support staff as it anticipates a decline in its RSM population in the coming years. 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 (MTF) 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 of the 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 their veteran population through their headquarters 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.

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 (SAV) to gain a ground level view of the execution of the Services' WWPs. The SAVs provide DoD with 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 on-going policy updates.

1.3. WWP ENROLLMENT IN FY 2014

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 the WWP when they are preparing to reintegrate back to duty or transition to civilian life. The chart below provides an overview of WWP population across the Services and USSOCOM in FY 2014.

	USA	USAR	USN	USAF	USMC	USSOCOM
Oct 2013	7,522	529	314	1,433	1,033	897
Sept 2014	4,948	1,044	783	1,344	983	983

1.4. WWP DEMOGRAPHIC TRENDS

The Services and USSOCOM report different trends in the composition of their RSM populations in FY 2014, and have varied expectations for the future size and demographics of their programs:

- The Army experienced a significant decline in its RSM population in FY 2014 as ground combat operations and combat casualties diminished. It expects its RSM population to continue to gradually decline in the coming years, before reaching a steady state composed primarily of RSMs with injuries and illnesses requiring long-term care. It plans to phase-in a reduction in its WWP proportionally to maintain appropriate support for a reduced RSM population.

- The Marine Corps anticipates its population to remain steady. It is experiencing an increase in delayed onset mental and behavioral health issues that offset a decline in combat casualties. By the end of FY 2014, less than half of the Marine Corps RSM population sustained wounds, injuries, or illness in a combat zone. The Marine Corps expects more Service members to seek treatment for invisible wounds, including Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD), and long-standing injuries that have been dormant during years of high operational tempo.
- The NWW-SH program more than doubled in size in FY 2014. The Navy anticipates its RSM population will continue growing significantly due to vigorous marketing and outreach campaigns at the regional level to identify Service members who are eligible for entry into the program. Only 19 percent of NWW-SH enrollees are combat wounded while 81 percent are enrolled for non-combat conditions. The Navy has experienced more Service members seeking treatment for invisible wounds, including TBI and PTSD, and long-standing injuries that have remained unreported during years of high operational tempo. Additionally, the Navy has experienced a significant increase in Military Sexual Assault related PTSD enrollments as the stigma associated with reporting PTSD has decreased.
- The AFW2 program notes a majority of its RSM population suffers from non-combat related injuries and illnesses. The RSM population remained relatively flat in FY 2014, but it anticipates continued growth to coincide with a communications initiative aimed at informing all levels of leadership on the various aspects of the Service's WWP.
- USSOCOM continues to have a heavy presence in ground operations and expects its WWP to continue to grow. USSOCOM Care Coalition RSM population encompasses Service members from all branches of service, and it anticipates a 23 percent growth rate in FY 2015.

2. DATA ON IMPROVEMENTS OF WOUNDED, ILL, AND INJURED SERVICE MEMBERS

DoD analyzed data reported by the Services and USSOCOM on the average duration of a RSM's participation in a WWP, trends on RSMs transitioning out of the WWPs, and compliance with established DoD policies. Differences in WWP entrance criteria and the types of injuries and illnesses incurred by Service members lead to variations in duration and recovery, but all programs report compliance with DoD baseline standards.

- The Services reported the following average enrollment time of RSMs in WWPs:
  - Army: 10.4 months
  - Navy: 18-24 months
  - Marines: 18-36 months
  - Air Force: 14.2 months
  - USSOCOM: 8.2 months

- An analysis of transition metrics reveal the following trends of RSMs leaving WWPs in FY 2014:
  - Army: 77 percent of RSMs transitioned out of the military. 23 percent returned to duty.
  - Marines: 89 percent of RSMs transitioned out of the military. 11 percent returned to duty.
  - Air Force: 92 percent of RSMs transitioned out of the military. 8 percent returned to duty.
  - Navy: 81 percent of RSMs transitioned out of the military. 19 percent returned to duty.
  - USSOCOM: 29 percent of RSMs transitioned out of the military. 71 percent returned to duty.
- In compliance with DoD policy and verified through oversight, 100 percent of RSMs enrolled in a WWP have an active Comprehensive Recovery Plan (CRP). The CRP is a patient-centered recovery plan with identified goals from recovery and rehabilitation to reintegration developed from a comprehensive needs assessment which 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."

3. ACCESS TO HEALTH AND REHABILITATION SERVICES

Access to health care and rehabilitation services are the foundation of a successful recovery. RSMs enrolled in the Services WWPs shape their CRP with the help of a Care Management Team (CMT). The CMT includes individuals who work together to manage, coordinate, and/or deliver the care, benefits, and services for the RSM and support their family. The professionals who comprise a specific care management team vary based on the needs of the RSM and their family (e.g. health care provider(s), nurse case manager, therapist, social worker, chain of command representative, transition coordinator, and all others providing care, benefits, and services), but at minimum, will consist of a medical case manager and a non-medical case manager, and/or RCC. The information below details RSM access to health care and participation in rehabilitation services.

3.1. HEALTH

As reported in the Military Health System (MHS) report in August 2014, appointment wait times are aggregate for all beneficiaries (Service members, RSMs, family members, and retirees) seeking treatment. The Defense Health Agency, which is the proponent for the MHS, does not currently track appointment wait times for any specific demographic, including RSMs.

Specialty	Average Wait (days)
General Surgery	4
Eye, Ear, Nose & Throat	5
Occupational Therapy	2
Physical Therapy	5
Rehabilitation Clinic	0
Neurology	6
OB/GYN	3
Behavioral Health	3
Psychological Health	0
General Medicine	4

Acute care appointments wait times averaged 0.97 days overall, exceeding MHS access standards. They varied by service due to differences in beneficiary populations and needs, facilities, and staffing:

Service	Acute care wait (days)
Army	1.07
Navy	1.17
Air Force	0.55

RSMs have access to 24-hour a day, 7-day a week professional medical advice and assistance through the Nurse Advice Line established in March 2014. RSMs and other beneficiaries can speak directly with a registered nurse to seek advice. If required, nurses can help secure medical appointments at a MTF, or if an appointment cannot be obtained, they can assist the RSM to obtain the medical referral necessary to seek care in the network.

3.2. REHABILITATION

To assist RSMs' recovery from their injuries or illnesses the Military Adaptive Sports Program (MASP) and adaptive reconditioning provide recreational and competitive opportunities to improve physical and mental quality of life throughout recovery, rehabilitation, and reintegration. Participation in adaptive sports and activities helps RSMs realize their new physical and mental capabilities, which may be beyond what they might have previously thought possible. This experience can build confidence that helps RSMs in other parts of their recovery. Adaptive sports and reconditioning play a key role in rehabilitation, and is discussed with RSMs and families while developing and updating their individual CRP.

Participation in MASP and adaptive reconditioning programs is voluntary and also requires a clinical clearance from a RSM's medical team. Participation in these programs is a key part of rehabilitation, but may not be a focus of RSMs who are only beginning their recovery process.

In FY 2014:

- 83 percent of reported RSM population was assessed for participation in MASP or other rehabilitation programs.
- 59 percent of the assessed RSMs were determined eligible for MASP or other rehabilitation programs.
- 40 percent of eligible RSMs are participating in MASP or other rehabilitation programs.

The Department's 36 Adaptive Reconditioning Site Coordinators facilitate daily adaptive sport and reconditioning activities, access to community-based events and resources, adaptive sport camps, and clinics at the four major MTFs and installations. They act as a dedicated resource to the local command teams, acting as advisors on adaptive sports and reconditioning activities.

MASP also offers a wide variety of daily, non-sports activities that focus on one's holistic healing, and preparing Service members for a successful, adapted post-transition lifestyle. A major goal of the MASP is to create sustainable, adaptive lifestyle opportunities, which RSMs can continue post-transition. Some of these activities include, but are not limited to: resilience training, community reintegration training, meditation, gardening, yoga, music therapy, art and painting, PTSD group training, and assertive living.

During FY 2014:

- Single-Sport Clinics Conducted/Participants: 47/276
- Multi-Sport Camps Conducted/Participants: 23/679
- Daily Activities /Cumulative Participants: 3,666/129,759

A growing awareness of MASP and adaptive sporting events has been achieved through the Office of Warrior Care Policy's (WCP) outreach program and FootStomp.com, our social media site dedicated to adaptive sports. During 2013 and 2014, FootStomp.Com coverage at DoD Adaptive Sports events nationwide increased awareness of adaptive sports programs and their benefits to RSMs and achieved significant participation and growth rates, with an average of 144 new members each month. During this period, in addition to its RSM users, FootStomp.Com also received wide acceptance and participation from Veterans, caregivers, family members and adaptive sporting organizations. As a result, FootStomp.Com to date has added over 13,000 new events to its site to support this growing community. The Department anticipates sustained growth in these numbers due to its outreach and assistance to organizations in their promotion and advocacy for adaptive sports and therapeutic recreation.

WCP places a high priority on the collection of testimonials from participants, caregivers and family members to promote and expand adaptive sports programs for RSM's. Their sharing of personal triumphs and challenges are helping their fellow Service members and Veterans become involved in programs that are making a life-changing difference to include reducing suicides. FootStomp.Com's online community has built a place where these members can communicate,

ask questions, share and discover the benefits of adaptive sports. For those RSMs involved in military adaptive sports, they see first-hand the impact that these programs have on their recovery, reintegration and overall quality of life for participants. WCP seeks to ensure that by expanding this information base we empower RSMs to continue participating in an adaptive sports program or recreational activity when they leave the military.

A working group has been established between MASP and the VA National Sport Program Office with the intent to increase collaboration and inter-Departmental program development and cooperation. The primary objective of the Working Group is to increase the likelihood that Active Duty MASP participants successfully transition into local VA sports clubs post-Service.

4. EFFECTIVENESS OF TRANSITION PROGRAMS

RSMs are prepared for the possibility of transition from the beginning of their recovery. Transition preparation begins with the creation of a CRP. The CRP includes steps to advance RSMs' professional goals, and the Education and Employment Initiative (E2I) and the Operation Warfighter Program (OWF) are designed to provide support to the Services who identify RSMs as ready for participation in transition programs.

OWF is DoD's federal internship program that presents an ideal way for WII RSMs to maximize their recovery time, get valuable work experience, and develop new skills that will be beneficial upon their reintegration to military Service, or to their transition from military Service to civilian life.

E2I operates with the goal of assisting Service members to engage early in their recovery process to pursue education, training, certification, or employment opportunities by identifying skills they have, career opportunities that match those skills, and any additional skills they will need to be successful as they prepare for prolific careers beyond the military.

The CMT works with RSMs to identify interests, aptitude, capabilities, and personal responsibilities resulting in a plan to address skill gaps for education and employment goals. Within their Service organizations, the RSMs participate in actions outlined in a career plan, and initially they work the Service's Occupational Therapist, the Physical Therapist, and the OWF Regional Coordinator to identify a rehabilitative developmental internship in a Federal Agency. The RSM also works with their Service's education and employment specialist, and the E2I Regional Coordinator to receive assistance with matching and placing them in a specific post-service education or employment opportunity.

In FY 2014, we experienced steady growth in the RSMs interested in both programs and the number of commanders who approve RSM participation in these programs. In the E2I and OWF Programs, we typically match a WII Service member to up to five federal internship opportunities, and, because the programs are designed for rehabilitating through skill

development and enhancement, the member selects which internship he/she would like to pursue. Summarily, there could be up to five matches, of which the WII Service member selects one.

In FY 2014, the E2I Regional Coordinators matched 603 WII Service members to education opportunities and 3,155 to employment opportunities for a total of 3,758 matches of the 1,638 referred to E2I by the Services. The OWF Regional Coordinators placed 2,832 RSMs in a Federal Agency internship opportunity of the 3,521 referred by the Services.

Overall, in FY 2014:

- 66 percent of RSMs enrolled in a WWP were assessed for participation in either E2I or OWF.
- 78 percent of the assessed RSMs were found to be eligible for E2I and OWF activities.
- 40 percent of eligible RSMs are participating in E2I or OWF.

The OWF and E2I are voluntary programs providing RSMs unique opportunities to prepare for transition. 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 RSMs. However, all Service members, including RSMs, will participate in the Transition Assistance Program (TAP) before separating from service. TAP provides information and training to ensure all Service members leaving the Service 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 RSMs. Under the redesigned TAP, Service members receive training through the Transition Goals, Plans, Success (GPS) curriculum, which includes both 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 RSMs 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 RSMs meet CRS and that they have a viable Individual Transition Plan (ITP). If the commander determines that a RSM has not met CRS or does not have a viable ITP, they must conduct a “warm handoff” and put the RSM in contact with a partner agency such as Department of Labor or VA for follow-up support

5. QUANTITIES AND EFFECTIVENESS OF SUPPORT STAFF

RCCs help RSMs, their families, and caregivers through the phases of recovery, rehabilitation, and reintegration utilizing a CRP developed in coordination with the CMT. DoD policy requires all RCCs to attend 40 hours of DoD instruction, and limits the number of RSMs assisted by an RCC to no more than 40. All Components, except NWW-SH which did not meet compliance in two of six regional staffs, report compliance with the maximum caseload ratio and training requirements in FY 2014. NWW-SH is addressing these resource shortfalls through the annual DoD programming and budgeting process. As of October 2014, 449 DoD trained RCCs are providing services at 237 locations worldwide to support approximately 11,000 RSMs, their families and caregivers.

RSMs processed through the DES are assigned Physical Evaluation Board Liaison Officers (PEBLO). The PEBLO is responsible for assembling the RSM's case file, counseling the RSM and family on the DES process, and actively managing the RSM's case from DES referral to separation or return to duty. PEBLOs inform the RSMs on the importance of appropriate documentation (medical and non-medical) concerning the RSMs ability to perform military duties. They ensure RSMs understand their Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) findings and their obligation to respond to the findings within the prescribed timeframe.

DoD developed a Quality Assurance Program (QAP), pursuant to NDAA FY 2013, section 524, 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 findings.[2]

DoD policy requires PEBLOs to manage no more than 34 active disability evaluation cases simultaneously. The Services all report compliance with the established caseload ratio goal in FY 2014.

Legal counsel is also made available to advise and represent RSMs during the DES process, or after an adverse LOD 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. Their 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 continues through the respective Military Department's appellate process, if elected, until the Service member's discharge from active duty.

Finally, RSMs 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

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[2] See DoD Manual 1332.18 Volume 3: Quality Assurance Program, (QAP)

with a doctorate in psychology. The purpose of including a mental health professional is to ensure the behavioral conditions are understood by members of the board.

SUMMARY

The WII RSM population will continue to exist and the Nation's commitment to these individuals cannot be compromised. The Department is repositioning its posture in the coming years to focus on the strategic challenges posed by a world that is growing more volatile and unpredictable, and in some instances, more threatening. All policy is reviewed on a periodic basis to ensure the guidance and oversight of the programs is adequate to meet the needs of WII Service members. Corresponding to the reduction in combat operations, DoD is experiencing a reduction in combat-related injuries and an increase in support for non-combat injuries, behavioral health conditions, and long-term illnesses. As DoD resizes to a new steady-state, it is institutionalizing lessons-learned and best practices for warrior care through updated policies and programs.

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