



OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

EUROPE TRIP REPORT
22-30 MARCH 2010

Site Visit Locations

NAPLES, ITALY:

- 1) Navy Region Europe (CNREURAFSWA)
- 2) U.S. Naval Hospital (Naples)

RAMSTEIN, GERMANY:

- 3) Landstuhl Regional Medical Center (LRMC)
- 4) Baumhaunder and Kleber Kaserne Warrior Transition Units (WTUs)

LONDON, ENGLAND:

- 5) Defence Medical Rehabilitation Centre Headley Court (DMRC – Headley Court)

Host Organization Points of Contact

- (b)(6) Protocol Officer - Naples
- (b)(6) USAFE Protocol – Landstuhl/Ramstein AFB
- (b)(6) Surgeon General's Department – British Ministry of Defence

General Overview

- Command overview of programs and services for Wounded, Ill and Injured Service members. This included:

Navy Region Europe (Naples)

- Courtesy call with VADM Harry B. Harris (Commander, US 6th Fleet)
- Command Brief
- Sensing Sessions with transitioning and retired Service members
- Tour of Hospital
- Joint Transition Assistance Program (TAP) Services Roundtable Brief and Discussion

Landstuhl Regional Medical Center & Ramstein AFB

- Airman Family Readiness Brief & Tour
- Office call with GEN Carter F. Ham, CG U.S. Army, Europe and Seventh Army
- Contingency Aeromedical Staging Facility (CASF) Tour
- LRMC Command Brief & Tour
- Warrior Transition Battalion (WTB) Brief
- Tour of Deployed Warrior Medical Management Center (DWMMC)
- Tour of OEF/OIF Intensive Care Unit and Wards 8D, 10C, 10D and 13D
- TBI/PTS Program Briefs
- Tour of Wounded Warrior Ministry Center
- Tour of USO Warrior Center
- Tour of Medical Transient Detachment (MTD)
- Baumholder and Kleber Kaserne WTU Tours and Sensing Sessions

Defence Medical Rehabilitation Centre – Headley Court (London, England)

- Command Briefs & Discussion
- Tour of Headley Court Facilities



OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

EXECUTIVE SUMMARY

- There are currently three Warriors in Transition in WTB-Europe who have been in the WTU for over 800 days. Discussions with Command and Cadre emphasize the need to keep WTs moving on the road to recovery rather than becoming dependent on the system for a long period of time. The lengthy MEB process contributes to the sometimes lengthy stay in a WTU. Rather than focusing on the MEB, WTs should stay active, pursue educational and employment opportunities and engage in goal-setting on a daily basis.
- Discussions with leadership and representatives from various installations in Europe reveal a significant lack of Veterans Affairs presence in Southern Europe. Service members and families have a unique set of challenges while living OCONUS. Access to benefits information from the VA is essential. Currently there is one VA "circuit rider" who provides briefings in conjunction with TAP but there is little to no room for individualized counseling. The VA representative has very limited knowledge of application procedures for post-military education benefits under Post 9-11 GI Bill.
- The Education Counselor billets are being eliminated in Germany. The WTU Cadre strongly disagreed with the elimination of these billets, specifically the billet serving the Baumholder, Kleber Kaserne WTU. In 2009, over 300 Soldiers and family members were served by this education counselor. The elimination of this education counselor billet may detract from WTU efforts to keep WTs engaged in meaningful activities throughout the duration of their stay in the WTU.
- Spouse participation in TAP workshops remain low, despite the extensive marketing efforts described by transition staff. At several locations, local efforts included the extension of child care services during scheduled workshops, but participation rates remain unchanged. The spouse involvement in the education and decision making process relating to benefits and services following separation or retirement remains extremely important. Local leadership was encouraged to use additional venues beyond the typical marketing outlets to reach the potential audience. Inclusion of topical information relating to TAP at Family Readiness Groups, Ombudsman Councils, social networking sites, and family newsletters were among several of the recommendations provided.
- Several members of the Cadre discussed a perceived stigma associated with being assigned as WTU Cadre. Some staff even thought it might be detrimental to career advancement. Options to add the Cadre position as a MOS, add promotion points for serving in the Cadre, or requiring all Soldiers to serve in a Cadre during their career, were discussed. It is imperative that Cadre receive both initial and augmented training as well as time away from high-stress and complex work duties. Steps are being taken by the Commander of WTB-Europe. He and his staff have developed the "Fighter Management Program" which allows members of the Cadre to go "off the grid" to unwind and relax. They do not have access to blackberries or cell phones during this time. This is a needed break for members of the Cadre. WTUs in other locations may find this beneficial for staff morale and health.
- WTU WTs did not believe that Cadre members were trained to assist the WTs. WTs feel the Cadre members are overwhelmed and not able to meet the demands of the job. This issue continues to surface during visits to WTUs.

OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

- WWCTP staff attended DoDDS (Naples) Parent Forum. During the forum, one parent expressed outrage about reports from her children that other students were having sex in the school bathrooms. In addition, one other parent reported drug use on the school busses. The school administration denied both allegations, however parents were insistent that they take more action immediately.
- Representatives from European installations, who briefed WWCTP on the services they provide for transitioning Service members and families, did not know their points of contact within the DoD Office of Military Community and Family Policy. This office provides policy and oversight for: Family Support, Morale, Welfare, and Recreation, Relocation, Child and Youth Programs and the Department of Defense Dependent Schools.

Courtesy call with VADM Harry B. Harris (Commander, US 6th Fleet)

- Lunch with VADM Harris provided the opportunity to confirm comments made by staff on the lack of Veterans Affairs to provide in-depth personalized one-on-one benefit claims assistance in Southern Europe. The lunch also included a discussion of the VA "circuit rider" who provides briefings in conjunction with TAP but there is little to no room for individualized counseling.
- We were invited to attend the Department of Defense Dependents Schools (DODDS) Parent Teacher meeting that evening. The Naples Elementary, Middle and High Schools are located on the same campus. The District Superintendent was visiting the schools and provided an open discussion forum for parents and teachers.
- Concerns were raised by parents regarding need for standardized curriculum and better cross-walks between stateside public school curriculums and the DODDS curriculum. Parents of middle and high school students commented that the use of drugs on school busses and on campus was being reported to them by their children. The school principal denied this; parents insisted on it; and threatened to provide photos of children having sex on the school's Facebook page.

COMMANDER, NAVY REGION EUROPE, AFRICA & SOUTHWEST ASIA

Brief provided by (b)(6) N9

Overview

- There are 6 installations in the region:
 - Naval Station Activity - Naples, Italy
 - Naval Air Station - Sigonella, Sicily
 - Naval Station - Rota, Spain
 - Naval Station Activity - Souda Bay, Crete
 - Camp Lemonnier, HOA
 - Naval Station Activity - Bahrain
- These installations are guests in a host nation which creates a unique set of circumstances and challenges. The Forces concentrate on good relationships and strategic alliances. European installations follow a more traditional role as guests vice the role of installations in Africa.
- Fleet & Family Support Centers (FFSC) provide: Family Support Centers, Navy Gateway Inns & Suites, Morale, Welfare & Recreation Programs, Family & Bachelor Housing, and Child and Youth Programs.
- To reach all audiences, FFSC uses global communications, social networking and marketing. These channels provide a "personal" touch and allow the FFSC staff to track their Service members and families.



OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

- Some FFSC staff members are locally hired and trained as “generalists” in order to provide the best service to families. Staff is deployed to Madrid, Valencia and Larissa to provide augment support at remote locations.
- Challenges for FFSC include:
 - Children of Service members who transition from DoDDs to civilian stateside schools. Families report that their children may repeat a grade if the two curriculums do not align.
 - Service members and families in remote locations who do not have access to Career Counselors.
 - Training local hires.
 - The changing mission and operational tempo of OCONUS locations.

Transition Assistance Program (TAP) Sensing Session with 12 Active Duty Service members preparing to transition to civilian status (CNEURAFSWA Conference Room)

- Service members described their experiences in the TAP classes as beneficial and needed. Feedback included a need to focus on transitions into educational opportunities not just job placement and resumes. Service members also expressed that the age ranges of their classmates varied and that the generational differences should be addressed. The group discussed the use of social media for transitioning Service members. It was agreed that everyone needs similar information but each person will receive the information through different channels (i.e. Web sites, Facebook or in person training).
- Several Service members expressed that the TAP focus on federal hiring initiatives could be augmented with a focus on private sector employment.
- Participants requested that a career exploration segment be added to TAP services menu. Recurring comments centered on the inability to decide on post-military employment opportunities due to lack of information available on how to research civilian career fields.
- Several participants recommended a stand-alone workshop focused on understanding civilian career exploration and the crosswalk of military skills to civilian occupations.
- No participants were familiar with the “Navy Million Dollar Sailor” education curriculum on personal wealth building and financial fitness.
- Several Service members expressed that they need more information about VA education benefit utilization versus basic eligibility. Participants were very interested in the actual “how to” steps of utilizing the Post 9-11 GI Bill Benefits. Access of information via 1-800 numbers from OCONUS overwhelmingly unpopular and ineffective.

TAP Sensing Session with 13 Veterans (CNEURAFSWA Conference Room)

- Veterans described difficulty in obtaining VA benefits and counseling information due to OCONUS location. One Veteran described a two-year ordeal of calling non-working 800 numbers, sending numerous e-mails to locate benefits information.
- Several Veterans brought up the idea of transition to overseas hire through “technical rep status.”
- At least 25% expressed dissatisfaction with VA benefit claims processing and excessive waiting period for initial acknowledgement of determination. The 1-800 number for VA inquiries extremely unpopular among veterans retiring and residing in Naples area. Counselors lack knowledge to answer specific questions relating to military retirees residing overseas.

OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

- One participant who has transferred his G.I. Bill Benefits to his daughter still has not received answers to questions. Since she is over the age of 18, VA counselors refuse to discuss benefits and implications of income tax liability with him.
- Participants volunteered to mentor transitioning service members who seek help understanding the career change process. When presented the opportunity to provide mentoring services via Social Networking.
- An opportunity for a personal mentor was posted and made available via the DoD TAP Facebook page within 24 hours of this sensing session. It experienced 3 positive responses within 1-hour of initial post.

U.S. NAVAL HOSPITAL - NAPLES

Brief provided by (b)(6) USN, Hospital Commander

Overview

- Branches include: Naples, Landstuhl Detachment, Gaeta Clinic, and Capodichino Clinic
- Gaeta branch will close end of FY 2011 and move to TRICARE global remote coverage.
- Hospital serves 2,716 Active Duty, 3,424 Active Duty family members and 1,963 others (i.e. retired, DoD staff, NATO).
- Because the hospital is "off the beaten path" in Naples, hospital leadership ensures that staff is part of the Military team.
- Based on the "Monitor" patient satisfaction survey used by the Navy, Naples Hospital was voted best overseas Military Treatment Facility (MTF) in 2006/2007.
- The hospital is focused on primary care (largely preventive services) with some specialties. There is a rigid medical screening process for Service members and families prior to receiving an assignment to Naples and the other Southern Europe bases, resulting in a minimum number of medical and psychosocial cases. This proactive approach reduces the need for LIMDU and PEB.
- There are 20 inpatient beds (expandable to 40), 4 nursery beds, 4 operating rooms and they provide 24/7 emergency medical services. There is an infant delivery every other day.
- The hospital receives an average of 75 referrals per month. Specialties include: radiology, cardiology, dermatology and pulmonary disease. An average of 7 patients per month is admitted to the Network.
- Medical Evaluation Boards include Light Duty, Limited Duty and Physical Evaluation Board.
- Benefits Delivery at Discharge (BDD) program not available; hospital leadership indicates low demand for service since separations do not typically occur in OCONUS. All are returned to CONUS for separation processing.
- The hospital does not provide MEDHOLD support but will offer Transitional Assistance (TA) counseling if time permits. All VA services, except TA counseling are provided in CONUS.
- The detachment at Landstuhl includes the Navy & Marine Corps Liaison Office. This is the primary interface between LRMC and Naples, the Fleet, and other Navy/Marine Corps activities throughout Europe, Africa, Middle East, Six Fleet and Fifth Fleet. These activities include:
 - Access to services at LRMC
 - Medical case management (Wounded Warriors/non-battle injuries)
 - Non-medical case management
 - Exceptional Family Member Program (EFMP) coordinator for NAVFOREUR
 - Patient tracking programs

OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

- The Landstuhl detachment staff members work long hours Monday through Sunday but have regularly-scheduled time off and can call the Commander at any time for assistance. There is currently a good staff retention rate.

Observations

- Per BUMED policy, civilians stationed at Naples can only receive Emergency Room dental services. The hospital mission is for Active Duty Service members and families.

JOINT SERVICES ROUNDTABLE BRIEF AND DISCUSSION

WWCTP leadership received briefings and engaged in group discussions with representatives of the Transition Assistance Program (TAP) service delivery staff from the following installations:

- U.S. Army Garrison, Vicenza, Italy
- Aviano AFB (briefed electronically)
- NSA Naples, Italy
- NAS Sigonella, Sicily
- NAVSTA Rota, Spain
- NSA Souda Bay, Crete
- NSA Bahrain

Each Navy installation represented included the physical presence of their uniformed senior military staff member delivering pre-separation counseling. This provided a unique opportunity for the military community to engage with DoD leadership and policy advocates. All representatives did not know their points of contact within the DoD Office of Military Community and Family Policy. This office provides policy and oversight for: Family Support, Morale, Welfare, and Recreation (MWR), Relocation, Child and Youth Programs and Department of Defense Dependent Schools.

U.S. Army Garrison Vicenza, Italy

Brief provided by (b)(6) - Army Career Alumni Program (ACAP)

Demographics

2,736 Soldiers Assigned to Garrison
457 Other Military Services Present
1,653 Retirees and Family members

- Delivery of services by ACAP is primarily focused on employment assistance. Working relationships with Off-Duty Education Center, personal financial management, relocation assistance, and post-military healthcare were not included in briefing materials. The degree of involvement in the delivery of TAP services was not articulated.
- All Soldiers in MEB/PEB process are required, by Service policy, to attend all briefings and workshops associated with TAP. Although offered in FY09, targeted workshops on applying for federal employment and advanced resume writing *had extremely low participation rates*. A total of 21



OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

participants attended Federal resume writing classes and 10 participants attended the advanced resume writing workshop during the entire fiscal year.

Partner Agencies

- U.S. Department of Labor contract facilitator provides educational content of TAP workshops. Garrison staff is pleased with quality of services and the demonstrated flexibility of contractor to meet changing mission requirements.
- U.S. Department of Veterans Affairs federal staff member, home-based at Aviano AFB, provides VA benefits and disability transition assistance program briefings. Garrison staff reported a good rapport and praised quality of services delivered.

Challenges

- Soldiers are not always given adequate opportunities to utilize available TAP services through ACAP (return from deployment 60 days prior to ETS). Current demobilization practices of returning from deployment with less than 60 days to release date leaves little to no opportunity to fully participate in transition services and apply knowledge gained in daily practicum.
- Unanticipated losses (administrative discharges) often do not have sufficient time prior to separation to participate beyond pre-separation counseling phase of TAP
- MEB/PEB Soldiers are required to complete mandatory briefings and workshops, however if they are not embedded into a Warrior Transition Battalion, accountability is a challenge.

Aviano AFB, Italy

Brief provided by Ms. Jane Hammonds - Chief, Airman and Family Readiness Center

Demographics

3,763	Airmen Assigned to Base
36	Other Military Services Present
23	Reserve Personnel
80%	Serve in pay grades E1-E6
67%	Under the age of 30

- Pre-separation counseling is provided in group and individual sessions, as needed. Teleconferencing is used to deliver pre-separation counseling for Geographically Separated Units. A robust offering of basic, intermediate and advanced personal financial planning classes are provided. A "Smooth Move Workshop" is required for E4 and below personnel executing return PCS orders. Early financial consultation/analysis is provided for Temporary Disability Retirement List (TDRL) and or permanent retirement benefits for all wounded, ill or injured. All Wounded Warriors are assigned a Community Readiness Consultant from the Airman & Family Readiness Center as a resource.

Partner Agencies

- U.S. Department of Labor contract facilitator provides educational content of TAP workshops. Installation staff is pleased with quality of services and the demonstrated flexibility of contractor to meet changing mission requirements.

OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

- U.S. Department of Veterans Affairs federal staff member, home-based at Aviano AFB, provides VA benefits and disability transition assistance program briefings to all installations in Southern Europe. VA Representative is a "Circuit Rider" providing briefings in conjunction with TAP; little time for one-on-one counseling. No claims application assistance provided.

Challenges

- Effective job search is more complex overseas.
- Meeting 90-day federal statute for delivering pre-separation counseling is impacted by deployments and operational tempo.
- Air Force Wounded Warriors are the only members who receive a "warm hand-off" to the stateside servicing base.

Naval Support Activity – Naples, Italy

Brief provided by ^{(b)(6)} Work and Family Life Supervisor

Demographics

2,705	Active Duty Assigned
4,963	Joint Forces Command
880	DoD Civilian
3,851	Family members
950	Local Nationals

- Naval Support Activity (NSA) in Naples provides service delivery for 23 different units/commands in immediate vicinity of Naples.
- TAP services are delivered through Fleet & Family Support Center (FFSC). A full range of career development and support services from recruitment to retirement are available. These include: relocation, personal financial management, career skills evaluation, employment assistance and resume writing.
- FFSC services are delivered through outreach with a physical presence in outlying commands/units, departments, and maximum use of technology for electronic distance learning resources. TAP professionals have established a vibrant referral network for Wounded Warriors that includes personalized assistance for Warrior and family members.

Strengths

- The partnership with Family Employment Readiness, Relocation Assistance, and Personal Financial Management professionals within the FFSC provides a full spectrum of transition services.
- Transitional benefits are marketed through the presentation of "A Taste of TAP" and "A Taste of CONSEP (Career Options and Navy Skills Evaluation Program)" These programs educate senior leadership on the importance of transitional and career development services.
- NSA advocates for the delivery of distance learning and support through various online sites such as TurboTAP, Military OneSource, and Military Installations/Plan My Move.

Partner Agencies

OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

- U.S. Department of Labor contract facilitator provides educational content of TAP workshops. Installation staff is pleased with quality of services and the demonstrated flexibility of contractor to meet changing mission requirements.
- U.S. Department of Veterans Affairs federal staff member, home-based at Aviano AFB, provides VA benefits and disability transition assistance program briefings. VA Representative is a "Circuit Rider" providing briefings in conjunction with TAP with little time for one-on-one counseling. No claims application assistance is provided. VA representative has very limited knowledge of application procedures for post-military education benefits under 9-11 GI Bill.

Challenges

- The lack of VA presence to provide in-depth personalized one-on-one benefit claims application assistance and the absence of Benefits Delivery at Discharge (BDD) capability at Naval Hospital (Naples) are challenges. Sailors must incur out-of-pocket expenses in excess of \$1,000 for travel to Germany for BDD enrollment. Command/Unit incurs 1-week loss in productivity due to absence of Sailor from the workplace.
- Ongoing development and proficiency of staff due to OCONUS location and requirement for trans-Atlantic travel with diminishing financial resources dedicated to training does not allow for staff training and proficiency.
- DoD collects yearly statistical data of TAP workshop attendance and the delivery of pre-separation counseling. Navy policy also requires the collection of pre-separation counseling documentation during 1st day of TAP workshop. Data reported by Navy indicates installation is not in compliance with service policy.

Naval Air Station – Sigonella, Sicily

Brief provided by (b)(6) Work and Family Life Supervisor

Demographics

1,746 Active Duty Assigned
334 DoD Civilian
1,637 Family members-Military
1,921 Family members – DoD Civilian
950 Local Nationals
162 Contract staff

- The full range of career development and support services from recruitment to retirement are available. These include incorporation of relocation, personal financial management, career skills evaluation, employment assistance and resume writing. Staff provides outreach services by traveling to NSA Souda Bay; Camp Lemonnier HOA; Larisa, Spain; NSA Bahrain; and embarkation in deployed units transiting to/from designated mission assignment areas.

Strengths

- A quarterly Transition/Relocation Assistance Coordinating Committee (Cross-Functional Team approach) meets to discuss innovative approaches to delivering services in areas that require increased focus. Committee members represent all tenant commands within the area of responsibility.



OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

- There is good rapport with local employers and contract agencies that support post-military employment referral efforts. There is continued expansion of services, resource referral capability, and site delivery of services utilizing technology and DoD sponsored e-Resources.

Partner Agencies

- U.S. Department of Labor contract facilitator provides educational content of TAP workshops. Installation staff is pleased with quality of services and the demonstrated flexibility of contractor to meet changing mission requirements.
- U.S. Department of Veterans Affairs federal staff member, home-based at Aviano AFB, provides VA benefits and disability transition assistance program briefings. VA Representative is a "Circuit Rider" providing briefings in conjunction with TAP; little time for one-on-one counseling. No claims application assistance is provided. VA representative has very limited knowledge of application procedures for post-military education benefits under 9-11 GI Bill.

Challenges

- There is limited access to stateside employers. Benefits Delivery at Discharge (BDD) is not available. This means that a Service member will apply stateside, and out processing is not within BDD timelines – thus creating excessive waiting periods for claims determination.
- There are limited employment opportunities due to Status of Forces Agreement restrictions.
- Managing expectations of transitioning personnel from OCONUS locations is sometimes difficult. There may be misconceptions among transitioning military that all will enter into 6-figure earning status simply based on their military service.
- Frequent rotation of professional staff produces gaps in knowledge and experience.
- Service members have limited access to VA benefits information and application assistance during period of absence in VA counselor coverage (due to location of VA counselor at Aviano AFB). 1-800 numbers are unpopular and unresponsive to OCONUS inquiries.
- Command Career Counselors lack training in conducting pre-separation counseling at the DoD established level of competency. DoD collects yearly statistical data of TAP workshop attendance and the delivery of pre-separation counseling. Navy policy also requires the collection of pre-separation counseling documentation during 1st day of TAP workshop. Data reported by Navy indicates installation is not in compliance with Service policy.

Naval Station (701) 300-1000

Brief provided

Work and Family Life Professional

Demographics

1,129	Active Duty Assigned
500	Mobile Active Duty Forces (Seabees)
202	DoD Civilian
1,682	Family members-Military
990	Local Nationals
162	Contract staff



OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

- Excellent partnership between installation Command Career Counselor (uniformed active duty) and TAP staff. Additional seminars/briefs for Stress Management and Financial Preparedness are routinely provided.
- There is an emphasis on availability of non-medical counseling services through the FFSC staff or Military OneSource. Retired Activities Office offers assistance for members who will continue residency in Spain following separation. Additionally, the Human Resources Office provides in-depth briefings on Federal hiring process.

Strengths

- Installation TAP service delivery team promotes services as a tool to positively impact retention and provides continued innovative approaches to service delivery platforms outside the TAP site.

Partner Agencies

- U.S. Department of Labor facilitator provides educational content of TAP workshops. Installation staff is pleased with quality of services and the demonstrated flexibility of contractor to meet changing mission requirements.
- U.S. Department of Veterans Affairs federal staff member, home-based at Aviano AFB, provides VA benefits and disability transition assistance program briefings. VA Representative is a "Circuit Rider" providing briefings in conjunction with TAP; little time for one-on-one counseling. No claims application assistance provided. VA representative has very limited knowledge of application procedures for post-military education benefits under 9-11 GI Bill.

Challenges

- There is a low attendance rate among military spouses despite extensive marketing effort.
- TAP staff members deploy in support of Region/NATO units leaving limited to no coverage locally for transition services.
- There is limited availability for overseas job fairs and employer networking. Counselors report difficulty in achieving positive responses to resumes while using APO/FPO mailing addresses. Transitioning personnel often purchase "Cricket" cellular service so employers can contact them at a non-military phone number or see international calling number to further disadvantage them from employment consideration.

Naval Support Activity- Souda Bay, Crete

Brief provided by MA1 (b)(6) Command Career Counselor

Demographics

- Population is approximately 275 Active Duty. Only 6 billets authorize families to accompany sponsor on assignment. Tour of duty is 12 months unaccompanied for 269 personnel. Souda Bay installation is remote, isolated, with limited access to services on or off base.



OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

- Fleet and Family Support presence was established September, 2009. There is limited staff with primary focus on clinical counseling, family advocacy, Sexual Assault Prevention and Response, Relocation assistance and Life Skills education (stress management, long distance relationships, self-help library).

Challenges

- There is no permanent presence of professionally trained TAP staff. Services are provided as outreach from Sigonella on a quarterly basis by Navy staff of Fleet and Family Support Center. Despite ongoing conversation with DOL/VETS staff since October 2009 to obtain contract TAP facilitator support – this remains unresolved. Presence of VA staff to provide benefits briefings is not currently available. BDD Program is not offered.
- Personalized TAP coaching services and individualized assistance are not currently available; additional staff with mature professional skills in employment assistance, personal financial management, and career development needed.

JOINT SERVICES ROUNDTABLE BRIEF AND DISCUSSION - GERMANY

WWCTP leadership received briefings and engaged in group discussions with representatives of the TAP service delivery staff from Ramstein AFB and ACAP operations throughout Germany. A representative from USAFE was also present.

Ramstein AFB, Germany

Brief provided by Ms. Gayle Brinkley, Chief – Airman and Family Readiness Center

Demographics

- Population: 54,500 Service Members and Family Members across three Headquarters, three Wings and 29 geographically specialized units.
- Airman and Family Readiness Center provides 4-day TAP workshops twice per month. Executive TAP (O6-above) provided semi-annually; Senior TAP (E9's) offered annually.
- Center utilizes blended service delivery methodology which includes:
 - Personalized appointments, group pre-separation counseling, counseling via teleconference for remote/isolated, mobilized staff to deployed units, and appointments with VA counselor one day each week.
- Dedicated staff member to individual AFW2 participant. One-on-One pre-separation counseling, VA benefits and Disability TAP is provided to all Wounded Warriors.
- Assistance in completing VA application for Compensation and/or Pension available prior to placement on the TDRL.
- Personal Financial Assessments and Employment Assistance available to all Wounded Warriors; utilization rate of these services not articulated during brief.
- Visit included an opportunity to observe a TAP employment workshop. Participants were engaged in developing their 30-second commercial emphasizing their skills and abilities. DUSD Koch engaged in roll play exercise by serving as the "prospective employer" and conducted a mock interview for workshop participant.



OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

- Motivational message on the importance of spouse participation during the transition process was also delivered by the DUSD.
- Additional remarks on the importance of practical application of TAP workshop content was delivered by the DoD TAP Operations Director.

Partner Agencies

- U.S. Department of Labor contract facilitator provides educational content of TAP workshops. Installation staff extremely pleased with quality of services and the demonstrated flexibility of contractor to meet changing mission requirements.
- U.S. Department of Veterans Affairs federal staff member, home-based at Kaiserslautern, provides VA benefits and disability transition assistance program briefings to all installations in Germany. VA Representative is a "Circuit Rider" providing briefings in conjunction with TAP; little time for one-on-one counseling. Limited claims application assistance provided. Counselors appear to have a lack of knowledge in the actual utilization process of Post 9-11 GI Bill benefits; remain focused on benefit eligibility and refers inquires to a 1-800 number that is extremely unpopular throughout Europe.

Challenges

- Installation lacks availability of reliable quality accommodations to deliver TAP seminars. Staff expressed concern over availability to meet anticipated surge demand due to USAF shaping efforts.
- Increasing participation size of TAP workshops unpopular due to seating constraints and inability to work in group settings.

Army Career Alumni Program (ACAP) - Germany

Brief provided by (b)(6) Transition Services Manager

Demographics

- Population:
 - 37,766 Soldiers in Germany
 - 6,408 other Military Services Present
 - 23 Reserve Personnel
 - 23,931 Retirees and Family Members of Retirees
- The Army ACAP operates 10 transition locations throughout Germany. Annual customer utilization exceeds 16,500. ACAP positively impacting retention; 482 Soldiers participating in TAP workshops reenlisted in FY09. 80% of the 5,019 FY09 new customers were pay grade E6 and below.
- Each ACAP Center is fully prepared to provide service to Reserve Component (RC) Soldiers. Germany ACAP centers provided transition services to 165 demobilizing RC Soldiers in FY09.
- TAP workshops are required for all Soldiers in AW2/MEB/PEB process (per new Army policy). TAP workshops remain voluntary for all Soldiers not enrolled in AW2/MEB/PEB process. Teleconferencing is used to deliver pre-separation counseling for Geographically Separated Units.
- ACAP operations in Germany provided 116 Federal employment assistance training seminars during FY09 and 812 Soldiers attended. Over 200 additional workshops/seminars on employment assistance provided during FY09. 870 individuals participated.

OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

Partner Agencies

- U.S. Department of Labor contract facilitator provides educational content of TAP workshops. Installation staff is pleased with quality of services and the demonstrated flexibility of contractor to meet changing mission requirements.
- U.S. Department of Veterans Affairs federal staff member, home-based a (b)(6) provides VA benefits and disability transition assistance program briefings to all installations in Germany. VA Representative is a "Circuit Rider" providing briefings in conjunction with TAP; little time for one-on-one counseling. Limited claims application assistance provided. Counselors appear to have a lack knowledge in the actual utilization process of Post 9-11 GI Bill benefits and remain focused on benefit eligibility. Counselor refers inquiries to a 1-800 number that is unpopular throughout Europe.

Challenges

- Soldiers are not always given adequate opportunities to utilize available TAP services through ACAP (return from deployment 60 days prior to ETS). Current demobilization practices of returning from deployment with less than 60 days to release date leaves little to no opportunity to fully participate in transition services and apply knowledge gained in daily practicum.
- Un-programmed losses (administrative discharges) often do not have sufficient time prior to separation to participate beyond pre-separation counseling
- MEB/PEB Soldiers are required to complete mandatory briefings and workshops, however if they are not embedded into a Warrior Transition Battalion, accountability is a challenge.

86TH CONTINGENCY AEROMEDICAL STAGING FACILITY (CASF)

- 86th Airlift Wing receives medevac patients from Battalion Aid Stations at Balad and Bagram via C17s or KC 135s four times a week. Per week, there are 3 outbound scheduled missions to Andrews AFB.
- CASF provides operations support to all scheduled and unscheduled aeromedical evacuation missions at Ramstein AB including urgent/priority recoveries. CASF staff includes RNs, mental health technicians, and pharmacy technicians.
- The CASF team then transports patients to either LRMC or Ramstein CASF. The patients are prepared for military or commercial flights to CONUS or treatment at OCONUS MTF.
- The patients are delivered to flight line for military aircraft departures or transportation to commercial airports.
- The CASF handles three types of patients: 1) Inpatient 2) Outpatient or 3) Through-regulated patients who need long term treatment and will recover stateside.
- At the CASF, all patients are screened for TBI through a questionnaire. If the patient screens positive for TBI, treatment occurs through LRMC.
- Chaplains are available for counseling and religious services at any time.

LANDSTUHL REGIONAL MEDICAL CENTER (LRMC) COMMAND BRIEF & TOUR

(b)(6) Commander - LRMC

- LRMC priorities are to provide care for Wounded Warriors, ensure staff resiliency and quality/access to care as well as patient satisfaction.
- LRMC has five missions:
 - Evacuation center for CENTCOM, AFRICOM AND EUCOM

OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

- Support Warriors in Transition
- Primary/tertiary care for EUCOM
- Continual readiness
- LPMC provides tertiary care (there are 6 health clinics located in Germany, Belgium and Italy).
- Population includes 100,000 primary care beneficiaries and 245,000 total beneficiaries in the European Command.
- LPMC has a visiting surgeon program where private sector MDs visit LPMC for a 2-3 week period to provide expertise, train staff and also learn about the unique cases of Wounded Warriors.
- The occupational and physical therapy clinics support patients who suffered concussive events. The patients stay at LPMC for eight weeks to learn mobility and cognitive rehabilitation. The clinic includes hand therapy for patients who suffered from IED blasts, sports injuries etc. The staff helps the patients with motor control, function, strength-building and basic daily activities.
- The Wounded Warrior Ministry Center (WWMC) operates a program called the "Chaplain's Closet." Operated by (b)(6) the center provides supplies (i.e. shoes, sweatshirts, duffle bags) to Wounded Warriors who are being medevaced from theatre. This "closet" has 3 additional buildings of supplies. The effort has over 650 volunteers per month and an estimated \$10-14k of donations per month.
- (b)(6) takes groups of 30-40 Wounded Warriors to local towns, castles and tourist attractions to get them out of the LPMC environment so they can talk to each other about their experiences and transition from a "patient to a person." WWCTP staff joined in weekly outing to Mainz, Germany.
- The USO is open 24/7 and is located within LPMC. There are 6 laptops as well as a full kitchen, game room, and conference room.

Statistics

- Since January, 2004, LPMC has treated 60,243 patients. Of that total, 1,402 were battle injuries in OEF and 10,184 in OIF. 11,824 patients RTD.
- Intensive Care Unit has 12 beds with surge capacity for 23.
- LPMC has 23 admissions per day, 2,381 outpatient visits, and 33 Operating Rooms cases.
- LPMC has treated 30,000 more outpatients in the past 5 months than during this same time period in 2009. This is due to the recent expansion of the LPMC footprint to other areas of Europe.
- Patients are kept at LPMC for an average of 8 days.
- They use community medical services on the German economy to assist, although all patients would prefer to receive care at Landstuhl. Additional Behavioral Health Specialists have recently been added to the staff. Special Operations Command provides their own Behavioral Health and Intelligence staff to assist services to their Wounded Warriors. The hospital is at capacity 3-4 times a week.
- According to the Army Provider Level Satisfaction Survey (APLSS), LPMC had the highest patient satisfaction rate of any Army hospital in 2009. This survey, managed by Synovate, is used by Navy and USAF (with slight differences in questions).

Staff Resiliency

- There are several programs at LPMC that promote resiliency for staff members which include monthly awards, training holidays, monetary civilian awards, and USO-sponsored outings. Success stories are put on streaming videos shown in the Dining Hall.
- A pilot program which is currently in legal review would partner the Wounded Warrior Project and the USO to provide staff and family members with the opportunity to sightsee around Europe during 4-day breaks (i.e. a trip to Euro Disney).



OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

- LPMC also has a "Superstar Award" that is given to outstanding staff members. In one case, a nurse coordinated a wedding ceremony for a Wounded Warrior and his wife who were spending time at LPMC while he recovered.
- The LPMC trauma team conducts weekly video teleconferences with WRMC staff to pass along patient information and recommendations.
- Staff at LPMC participates in Provider Resiliency Training. This program, conducted Army-wide, is online training which encourages caregivers and Cadre to seek assistance when needed.

Military Transient Detachment (MTD)

- The MTD was established in 2003. It is a 230-bed barracks located on the grounds of the LPMC adjacent to the USO. The unit is an integral part of the overall healing and rehabilitation of OEF and OIF Service members.
 - Typically, there are 9 movements a week leaving the MTD. The staff tracks of movements on a bulletin board. 5 days is the average length of stay in the MTD.
 - Since the beginning of FY06, MTD has received over 25,000 Wounded Warriors. During their stay, they have access to day rooms, library, big screen TVs, phone room, and computer room.
 - In 2009, the MTD had 6,300 patients.
 - The MTD is staffed by 47 Soldiers and 3 civilians. Each Wounded Warrior has a liaison officer. Currently they have 153 Wounded Warriors (there is a 218 bed capacity).
-
- The patients they treat must be self-sufficient enough to get to/from the hospital while staying at the MTD.
 - There is a behavioral health center embedded in the MTD that provides support. In the mornings, they offer a stress management group and in the afternoons, a psycho-educational group for activities like meditation, yoga and sleep hygiene.

LPMC BEHAVIORAL HEALTH BRIEF

Brief provided by Daphne Brown, PhD, ABPP – Chief, Division of Behavioral Health

- European landscape of behavioral health includes:
 - rapid growth in outpatient
 - no expansion of inpatient beds
 - continued high-op tempo
 - increased focus on suicide prevention and mental health Army-wide
- LPMC has an 8-week outpatient program for Service members with PTS. The program features intensive treatment 5 days a week. The multidisciplinary staff provides a broad range of mind/body techniques, psycho-educational opportunities as well as group, individual and adjunctive therapy. To date, 37% of patients RTD and 44% return to WTU or to MEB process.
- Criteria: Service members who require more intensive treatment than routine outpatient care. The program focus is on multidisciplinary, mind/body/spirit, and evidence-based therapies.
- Following intensive planning, the first cohorts from the WTU were in March & June, 2009. Each cohort is between 5 and 10 patients.
- In August, 2009, LPMC opened enrollment to non-WTU Soldiers and other Military Services. In August, collaboration with mTBI program began.

OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

- Staff includes: 2 psychologists, 1 psychiatrist, 1 social worker, 1 chaplain, 1 psychiatric nurse-practitioner and 1 marriage and family therapist.
- Collaboration with mTBI program includes a full neurological examination, OT/PT activities and taking general consideration of mTBI patients (i.e. intensity of program, focus and attention issues).
- Future direction includes:
 - Expand adjunctive therapies (massage therapy, acupuncture, martial arts etc.)
 - Rolling admission
 - Advanced individualized treatment
 - Expanded family involvement
 - Feedback loop with Command post-treatment
 - Expand mTBI-specific interventions
 - Standardize outcomes with other Service's and VA programs

ARMY WARRIOR TRANSITION BATTALION (WTB) Brief

Briefed provided by (b)(6) Commander, WTB - Europe

Overview

- The task for Warriors in Transition (WTs) is to heal and RTD or transition to civilian status. The Warrior Transition Unit does not accept severely injured Soldiers.
- WTB-Europe was established in 2008. Since then, 768 Soldiers have transitioned. WTB-Europe is embedded in the European Medical Regional Command in 13 separate communities, 3 countries across 750,000 square miles.
- Cadre and staff who support the WTs complete 8 hours of goal-setting training, utilizing a program established at West Point. They will guide the WT through setting goals and attending appointments.
- The ratio of Cadre to WT across the WTB-Europe is 1:7. This is lower than the standard ratio of 1:10.
- Members of the WTB Cadre participate in the "Fighter Management Program." For 4 days each quarter, members of the Cadre go "off the grid" to unwind and relax. They do not have access to blackberries or cell phones during this period.
- Warrior Transition Command has proactively assigned one Army Wounded Warrior Program (AW2) Advocate to the staff even though the WTU does not treat WTs eligible for the AW2 program (must have 30-50% disability rating).

Challenges

- Geographic dispersion of WTs across the WTB puts pressure on staff and presents communications challenges.
- There is currently 1 Army Wounded Warrior Program (AW2) Advocate, 1 Veterans Health.
- Administration and 1 Veterans Benefits Administration staff member for all of WTB-Europe.



OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

Achievements

- Published a WTU Standard Operating Procedure for all of WTB-Europe.
- Currently leading the Army in established Comprehensive Transition Plans.
- 165 Soldiers returned to Active Duty from 2008 to present.
- WTB-Europe has re-enlisted 100% eligible WTUs/Cadre FY 09.
- Developed and maintained WTU and IMCOM partnerships.

Observations

- Employment opportunities are not as available for WTs separating from OCONUS versus separating from CONUS bases. WII Service members separating from OCONUS bases found their APO/FPO return addresses placed on their resumes to be a deterrent to potential employers reviewing their applications.
- WWCTP staff provided Department of Labor information and POCs to WTU Commander to assist his WTs in obtaining employment. It was apparent that many of the educational and employment services provided to separating Service members through the DOD/VA/DoL Transition Programs were not being effectively communicated to separating OCONUS Service members.

Sensing Session with 12 WTs at WTU-Baumholder & Lunch with WTU Commander and Cadre

- Only two of 12 WTs were combat wounded, the rest were either ill or injured or received non-combat related injuries. There was discussion on the focus and value of weekly training sessions conducted by the WTU Platoon Leaders. Originally, the sessions focused separating WTs with segments on goal writing, VA and Social Security benefits, education and training. Recently, the WTU Commander changed the focus to include more readiness training for those returning to duty. Opinions varied as to which type of training was more appropriate.
- During lunch with the WTU Commander, SGT MAJ, and Cadre staff, the WTU Commander (who has a medical background) and the Primary Care Physician stated that the longer the WT is in a WTU the more dependent he/she becomes on the system and the less likely the WT will be successful upon leaving the WTU. A developing trend, per this staff, is that at initial entry, the WT has goals and is focused on healing and returning to duty. The lengthy MEB process seems to change the WT's focus and goal setting becomes less important as the WT works through the MEB process. "The solution to the problem (the MEB) becomes part of the problem," stated the Commander. Currently there are three WTs that have been enrolled in the WTU for over 800 days.
- The Commander and physician also stated that the recent policy on expediting access to care is not always the best solution, either. Medical standards and timelines perceived to be arbitrarily set. This may result in a lower standard of care. It was recommended that the Army should treat to the accepted medical standards in place rather than try to meet new timelines and standards.
- There seems to be a perceived stigma associated with being assigned to the Cadre. Some staff thought it might be detrimental to career advancement. Options to add the Cadre position as a MOS, add promotion points for serving in the Cadre, or requiring all Soldiers to serve in a Cadre during their career, were discussed.

Sensing Session with Cadre at WTU-Kleber Kaserne



OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

- A WT with 19 years of service, now an injured Squad Leader, was a staff member of a WTU Cadre when the concept was created in 2007. At that time the Squad Leader to WT ratio was 1:20. He sees progress and improvement in the mission and focus of the WTUs.
- The Cadre expressed profound concern over the elimination of the Education Counselor billet located in the Soldier and Family Assistance Center. According to the Education Counselor, her temporary GS billet was being eliminated as were all the other education counselor billets in Germany (billets located in Grafenwehr, Heidelberg and Ramstein/Kaiserslautern). The counselor also provides services to Service members in Wiesbaden, Vicenza and SHAPE. The counselor stated her records showed the WTs served had the highest enrollment rates in continuing education classes, enrollment in partner Universities and attendance at job fairs, in all of Europe. The counselor also provides Post 9-11 GI Bill training. She states she has served over 300 Soldiers and family members since the beginning of 2010.

Sensing Sessions Recurring Themes

- There was discussion over the roles and responsibilities of the Cadre staff. WTs and some Cadre say they are not trained for the Cadre positions. WTs stated that Squad and Platoon Leaders are not knowledgeable of VA benefits, education/employment opportunities, financial management and administrative paperwork required to complete the separation process and this hinders the WTs in their transition process. Many felt the Cadre staff is overwhelmed. On the other hand, some WTs thought the Squad and Platoon Leaders' roles were to only provide command and control and that the other members of the Cadre should refer the WT to appropriate resources services. This issue has been discussed at each of the WTUs we have visited.

DEFENCE MEDICAL REHABILITATION CENTRE HEADLEY COURT (DMRC – HEADLEY COURT)
BRIEFS PROVIDED BY

Vice Admiral Phillip Raffaelli, Surgeon General

Air Commodore (b)(6) Commanding Officer - Joint Medical Command

(b)(6) **Commanding Officer – Headley court**

(b)(6) **Transition Protocol**

(b)(6) **Psychiatrist**

(b)(6) **– Army Exchange Officer**

- The Defence Medical Rehabilitation Centre at Headley Court (DMRC) was formerly a Tudor manor. The facility was renovated and completed in 1910.
- British troops who are most seriously injured troops go to Selly Oak Hospital (near Birmingham) then on to Headley Court, in Surrey, for rehabilitation.
- The wards offer 20 neurological inpatient beds for patients of varying levels of dependency following Acquired Brain injury, spinal cord injury, and other neurological disease. Forty-six beds are available for polytrauma and medical patients. The ward houses individuals requiring any physical and/or psychological nursing support due to their injuries or pre-existing medical conditions, and offers assistance to those individuals who are unable to manage independently in mess accommodation due to the nature of their medical needs and abilities.

OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

- England has two health care systems. The Defence Medical Services (DMS) program for the military, in which there is no specific program in place to care for families. The National Health Service (NHS) provides medical care to the nation. There is currently no NHS policy to care for transitioned catastrophically wounded Service members. They do not have a system to track veterans or flag them for potentially needed care. Transitioning veterans express anxiety about receiving care from NHS versus DMS.
- Rehabilitation services are at Headley Court and specialty services are provided at other UK hospitals. Changes in DMS program include reorganizing reporting chain. Each military Service (Army, Navy, and Air Force) will provide primary medical care for their Service members. The Surgeon General will be the process owner and will be a direct report to the Vice Chief of the Ministry of Defence. Previously medical services fell under the Human Resources/Personnel Command.
- Funding has been provided for a Defence Medical Information Capability Program for electronic health records which will be linked to NHS. Anticipated delivery date has not been established.
- System to care for Transitioning Service members (those WII) consists of a: 1) Hospital Welfare Team, 2) Service Welfare Organizations, 3) Military Liaison Officers and 4) Patient Services. The Hospital Welfare Team visits the Service member early and meets families as soon as possible upon arrival at Birmingham Hospital. Team members are deployed down range and/or based at Birmingham. These staff members are non-medical and Social Workers.
- Each branch of Service has Service Welfare Organization with staff that works with Transitioning Service members as they go through their continuum of care. These staffs stay with the Service member through their care until they separate from the military. Services provided are specific to each Service branch and includes financial assistance and management.
- The Military Liaison Officer is a senior NCO based at Birmingham Hospital and is linked to the Regiment. He/she is selected before unit deploys and is on a 6 month rotation. They assist in the return to duty process if the Service member can rejoin his unit.
- The Patient Services staff provides assistance with medical logistics at the hospital.
- Chaplains are part of the transitioning process but belong to the line unit rather than a part of the Welfare teams. The Army has the largest Service Welfare Organization, followed by the Navy and then the Air Force.
- (b)(6) provided a walking tour of the Headley Court grounds. A new 20M rehabilitation pool is being built on the grounds. This project, funded by the non-profit organization, "Help for Heroes," began after someone in the neighboring town of Leatherneck, Surrey complained about "disfigured" Wounded Warriors using a public pool.
- The 25 meter pool will be fully operational this spring and features a floating floor allowing for variable depths during individual and group therapy classes.
- Grounds of Headley Court also include a new gymnasium, several hundred square feet of English gardens, OT and PT facilities and a workshop where patients can practice re-building engines, wood working and other occupational therapies for cognitive development.

Transition Protocol

- DMS is establishing a protocol for Transitioning Service members. The protocol is still in draft. The purpose is to improve hand off of Transitioning Service members to NHS provided services. The protocol calls for a three month transition or "hand-off" period. Military programs will stay engaged until the transition to NHS services is complete.



OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

- The Transitioning Service member will stay on active duty for three months until the hand-off is complete. Social services do not begin until Veteran moves to the area where he will retire. Protocol calls for "flat, seamless transition" vs. the current transitioning program in which they may lose contact with the Transitioning Service member.
- Changes would include having the Transitioning Service member access NHS services prior to leaving the Military. A multi-disciplinary team, to include military, medical, and welfare providers and community programs would create a transitioning plan for the Service member focused on the area where the Service member will settle. Plan includes following the Service member for a year after transition. If Service member needs assistance, NHS contact information will be provided on the pension check.
- This concept will be piloted this spring. Challenges arise when the Transitioning Service member does not know where he/she wants to settle and HIPPA regulations apply when providing Service member information to the local community.
- In total, the draft Transition Protocol provides services and transitioning plans similar to those of the WWCTP Recovery Coordination Program.

Mild TBI/Post Traumatic Stress

- Discussion on differences between the US and UK on how we address mTBI and PTS. VADM Rafaelli and RADM Lionel Jarvis agreed that there is not a common denominator because U.S. Service members have a higher exposure to blasts, U.S. tours are longer and we mobilize older Reservists. mTBI screening is not mandatory for UK Service members. Current UK mTBI screening is not specific and sensitive enough to really help the Service member. UK SG and staff are working with the Defense Centers of Excellence on establishing best practices.
- The UK does not incentivize PTS diagnosis so fewer Service members are recorded as having PTS.
- The UK SG provided information on the Traumatic Risk Management Program (TRiM). It is a non-medical, peer support program. The first risk assessment is done within the first 72 hours of trauma. Mentoring support is provided by unit personnel. A second assessment is done within 28 days. If no improvement is shown, the Service member is referred to the unit medical officer. The intent is to

identify Service members who may have future behavioral health issues so they can receive assistance. Initial outcomes of TRiM include less disciplinary problems, high levels of acceptability and valued added (as described by participants). However, TRiM does not contribute to reduced stigma in seeking treatment for PTS.

Third Location Decompression Programs

- Group discussed the use of Third Location Decompression (TLD) programs for Service members. The theme of the program is "Fight Together, Unwind Together." Started in 2006, it is held at Bloodhound Camp in Cypress for all formed units. Each TLD is 24-36 hours.
- At first, Service members at TLD were not interested in participating. They perceived it as "another stop on the way home." However after TLD concluded, the satisfaction survey revealed changes in opinion. TLD can be less helpful for combat arms, NCOs and Senior NCOs because they feel a need to "care" for younger, lower ranks.
- 5.4% of all troops coming to TLD are reporting PTS. Leadership noted that TLD could be targeted to Service members suffering from adjustment disorders like depression and anxiety.
- During TLD, Service members are briefed on mental health, coming home and safe driving.

OFFICE OF
WOUNDED WARRIOR
CARE & TRANSITION POLICY

SERVE > SUPPORT > EMPOWER

- Long term goals for TLD will be 1) how to make this program useful for Individual Augmentees 2) how to create an environment where NCOs can take a break from "looking after the flock" and 3) a long term outcome study.
- The Chairman, Joint Chiefs of Staff (JCS) is looking at Third Location Decompression (TLD) programs. JCS staff member accompanied WWCTP delegation and provided information on the (TLD) programs.
- During the WWCTP site visit to Ramstein, JCS staff member met with USAFE representative who is researching possibilities of TLD at Landstuhl and emphasized the need for ample time for decompression and an environment that is not a sequence of formal briefings.

WWCTP Staff on Visit

Mr. Noel Koch, Deputy Under Secretary of Defense for Wounded Warrior Care and Transition Policy

(b)(6) Special Assistant to ADM Mullen, Chairman of the Joint Chiefs of Staff

Ms. Susan Roberts, Principal Deputy for Care Coordination in Office of Wounded Warrior Care and Transition Policy

Mr. David Dubois, Director of Operations in Office of Wounded Warrior Care and Transition Policy, Transition Assistance Program

(b)(6) Military Assistant for Mr. Noel Koch

(b)(6) Communications Consultant