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CARE & TRANSITION POLICY

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Wounded Warrior Care and Transition Policy Trip Report

SITE VISIT: Fort Drum, Headquarters 10th Mountain Division Ft Drum, New York

DATES: November 18/19, 2009

HOST ORGANIZATION POINTS OF CONTACT:

(b)(6) U.S. Army Medical Department (MEDDAC) Commander

(b)(6) Protocol Action/Escort Officer

VISIT OVERVIEW:

- Overview of programs and services for wounded, ill and injured Soldiers at Fort Drum to include:
 - Wounded Warrior Care Overview Command Brief
 - Tour of Wounded Warrior Support Center (WWSC)
 - Tour of mTBI clinic and Behavioral Health Clinic
 - Tour of Soldier & Family Assistance Center (SFAC)
 - Tour of Warrior Transition Unit (WTU) Barracks
 - Sensing Sessions with Soldiers and families at the WWSC and WTU
 - Dinner with MEDDAC, WTU and SFAC reps and breakfast with WTU Soldiers
- Fort Drum was on the BRAC list in 2005 but was removed and since then has undergone significant growth.
- Fort Drum New York (FDNY) has no hospital on base, but has an acute care clinic. Specialty care is performed at two hospitals in Watertown and Syracuse, NY.

WARRIOR TRANSITION UNIT (WTU)

- All returning Soldiers are screened for enrollment in the WTU. Criteria for enrollment, in accordance with FRAGO 3, Army EXORD 118-07 (HEALING WARRIORS), requires: 1) the Soldier has a temporary profile for more than 6 months with duty limitations that preclude the Soldier from training for or contributing to unit mission; 2) the acuity of the wound, injury or illness requires clinical case management; 3) Soldiers with complex medical conditions that require extensive case management. If a discrepancy occurs between the WTU Surgeon and Soldier's command on eligibility, a Triad of Leadership meeting with the MEDDAC CDR, a CG's representative, and the WTU Commander to determine disposition of the Soldier will occur.
- WTU currently has 284 Soldiers, with approximately 110 living in the WTU barracks.
- 51 of the 284 Soldiers in the WTU are enrolled in AW2. There is 1 AW2 Advocate whose office is located in the SFAC. AW2 is expected to add one more advocate.
- Headquarters Detachment (HHD) is moving to WTU barracks to facilitate more efficient in-processing.



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- WTU barracks include bed, desk, dresser, laptop and cell phone. There are ADA compliment rooms.
- WTU assigns a "mountain buddy" who helps keep communications lines open and allows Soldiers to connect on a personal level during recovery.
- There are 179 Soldiers in the DES Pilot program and 63 in the DES Legacy program post-wide.
 - Consolidated DOD/VA clinical operation in Watertown.
 - Average processing days to PEB is 72 under Pilot vice 256 under Legacy.
 - Case return rates dropped from 20% to 2%.

WTU SENSING SESSION

- Approximately 20 participants (18 active duty, 2 Reservists)
- Soldiers enrolled in DES Pilot have experienced a more efficient process vice Soldiers enrolled in the DES Legacy program.
- Many Soldiers and one spouse did not know about the SFAC services.

WOUNDED WARRIOR SUPPORT CENTER (WWSC)

- WWSC is a "Division unique best practice."
- WWSC stood up in July 2007 and bridges the gap for Soldiers not eligible for WTU.
 - Examples of conditions when a Soldier would require WWSC: Soldier with multiple issues/medications but not eligible for WTU, preparing to deploy (particular issue at FDNY due to high deployment), current nurse case manager changes.
 - Provides comprehensive medical care and services to Soldiers who need limited case management. There is a 1:50 ratio of Soldier to case manager. Requesting additional case managers to address return of 3 Brigade Combat Team (BCT) from Afghanistan.
 - Staff includes 1 Physician Assistant, 5 Nurse Case Managers, 4 Medical Support Assistants, 1 Administrative Assistant and 1 VA Transition Patient Advocate who handles TSGLI and VA Benefits issues and makes referrals to appropriate agencies. Staff ensures all Soldiers are screened for WTU.
 - WWSC has processed over 300 Soldiers through the MEB in the past year.
 - Over 40 Soldiers initially considered not retainable were RTD in past year.
 - Benefits of WWSC include:
 - continuity of care
 - safety precautions via medication monitoring and reconciliation
 - all MEB packets are routed through WWSC for initial screening
 - one provider tracks all medical issues, treatment plans, ensures plans are properly implemented
 - Way Ahead for WWSC includes:
 - Increase staffing
 - Permanent funding

WWSC SENSING SESSION

- 12 Soldiers participated in sensing session (with one spouse and child).
- All Soldiers are screened for WTU and if are not eligible, receive care at WWSC



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- Psychological health issues common: depression and PTSD.
- Several Soldiers injured during training.
- Soldiers stated they are unable to change MOS or are not eligible for awards because they cannot pass the PRT.
- In accordance with Army Reg 600 8-2, Soldiers flagged for APFT failure are blocked from promotion, reenlistment and extension only. A Flag is not initiated if the Soldier has a limiting physical profile that specifically prohibits taking the APFT. Army Regulation 600-8-2 (Weight Control) states: "Flags for weight control block attendance at full-time civil or military schooling, promotion, awards and decorations." Soldiers are also prohibited from receiving awards and decorations if flagged. (See "Recommendations" below)
- Limited numbers of Soldiers were aware of the SFAC.
- Soldiers were aware of on-base and off-base mental health clinics but describe them as "backed up."
- Many Soldiers are waiting on MEB process and describe interactions with Physical Evaluation Board Liaison Officer as unsatisfactory.

COLEMAN CLINIC

- A stand-alone clinic, in partnership with SUNY, located in Watertown, NY with a staff of 4 counselors, 2 psychiatrists and 4 substance abuse counselors.
- Soldiers can self-refer for counseling sessions.
- Over 1,220 Soldiers have been seen at the clinic since inception in 2008 with 13,871 appointments completed.
- Receives approximately 1,000 visits per month.
- Family members are screened and can be authorized up to 8 visits to Coleman under TRICARE coverage. Family members are primarily seen for substance abuse and only as approved by Commander. There are less than 10 family members being seen for outpatient substance abuse.
- Value in seeking services off-base as it removes stigma and it is a military/civilian blend of care. Coleman helps FDNY with access to care and high caseload.

MTBI CLINIC & BEHAVIORAL HEALTH CLINIC

- mTBI Clinic stood up to serve growing cases of mild TBI cases. Twelve of 24 staff hired.
- The BH clinic has 77 staff.
- FDNY preparing for return of 3 BCT from Afghanistan and preparing for significant increases of returning Soldiers with BH issues. Screening will be provided as soon as Soldiers return.
- Army uses the MACE (Military Acute Concussion Evaluation) to screen for TBI. Test is done on the battlefield. While it pre-screens for TBI, some Soldiers have started memorizing answers to MACE questions in order to stay in theatre. BH Physicians believe it is essential to identify any symptoms of TBI immediately after initial concussion.
- Symptoms of TBI and PTSD may overlap and therefore need to be screened in conjunction with each other.
- FDNY has 3 week pilot program for Soldiers diagnosed with PTSD/TBI, returning from the AOR. The pilot consists of 40 Soldiers, divided into 4 groups of 10. The program provides



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training and tools to deal with TBI and PTSD in the community (i.e. driver simulations, hiking, shopping, and cooking). Soldiers can still do PT while in program.

- 50% enrolled in program are in WTU. Small percentage in program is served by WWSC and some Soldiers are not in either the WTU or WWSC.
- 45 Military Family Life Consultants are embedded in Brigades. Surge team is preparing for return of 3 BCT from Afghanistan.
- BH staff proactively briefing Family Readiness Groups, community and families on PTSD/mTBI systems and what to look for in their returning Soldiers.
- BH leadership supports need for evidence-based treatment for PTSD to be provided to professionals and case managers so they can use the “cutting edge” research in their treatments.

SFAC & COMPREHENSIVE TRANSITION PLAN

- SFAC mission is to provide services to Soldiers in the WTU and their families.
- Nine staff members provide the following services which are part of the Soldier's Comprehensive Transition Plan (CTP):
 - Army Career and Alumni Program (ACAP)
 - Assistance to Soldiers enrolled in AW2
 - Education assistance
 - Information and referral
 - Outreach to DoL, VA
 - Legal assistance
 - Information on TSGLI

CTP Challenges:

- Staff assists in coordinating the education, training and employment goals within the CTP. The Squad Leader and Soldier are responsible for “goal setting” and tracking. This includes weekly counseling sessions to assess status of progress. Squad Leaders are not always trained in goal setting. Challenges remain for both SFAC staff and the Squad Leader to accomplish this mission. Ft Drum is considering using the Ft Benning model to automate the CTP; however, the Army is still reviewing the best approach to automation, to include placing the CTP in Army Knowledge Online.
- SFAC has implemented a Survivor Outreach Service to track family members of deceased Soldiers.
- SFAC follows Soldier for 12 months after returning from deployment.
- SFAC has also implemented an alumni program to continue coordinating services and support for separating Soldiers. There are roughly 250 members of the SFAC alumni network throughout the country.

TAKE AWAYS:

- Ft Drum proactively anticipating return of 3 BCT from Afghanistan and postponed redeployment of 1 BCT in January 2010, providing innovative programs and services such



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- as the WWSC, availability of Coleman Clinic off-base, briefing Soldiers and families and community on what to expect with return and redeployment of Soldiers.
- WWSC building and WTU barracks are adjacent to a firing range and training area. The effects on the PTSD sufferers were visible and profound. Staff working to relocate the training area.
 - Ft Drum leadership encourages early screening, diagnosis and treatment of PTSD/TBI. Strong effort in place to continue to remove the stigma of getting help and talking to counselors.
 - Hiring Health Care providers is a challenge, in part due to geographic location.
 - Limited specialty care capabilities in close proximity.
 - CG would like Military Family Life Consultants as permanent staff vice available only during pre and post-deployment surge.

RECOMMENDATIONS:

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WWCTP STAFF ATTENDING:

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

Susan Roberts, Principal Deputy for Care Coordination

(b)(6) Military Assistant

(b)(6) Communications Consultant