

# Army Recovery Care Program Overview Brief

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Director, ARCP

**SGM Imari Jackson**  
Senior Enlisted Leader

**11 SEP 2023**

**USAMEDCOM, DCS, G3/5/7, ARCP**  
Department of the Army

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- Mission and Goal
- History
- Organization and Functions
- Major Operations
- Demographics
- Entry Criteria
- Soldier Recovery Unit
- Adaptive Reconditioning
- Career and Education Readiness
- Remote Medical Management
- Army Recovery Care Coordination
- Army Caregiver Program
- Strategic Communications





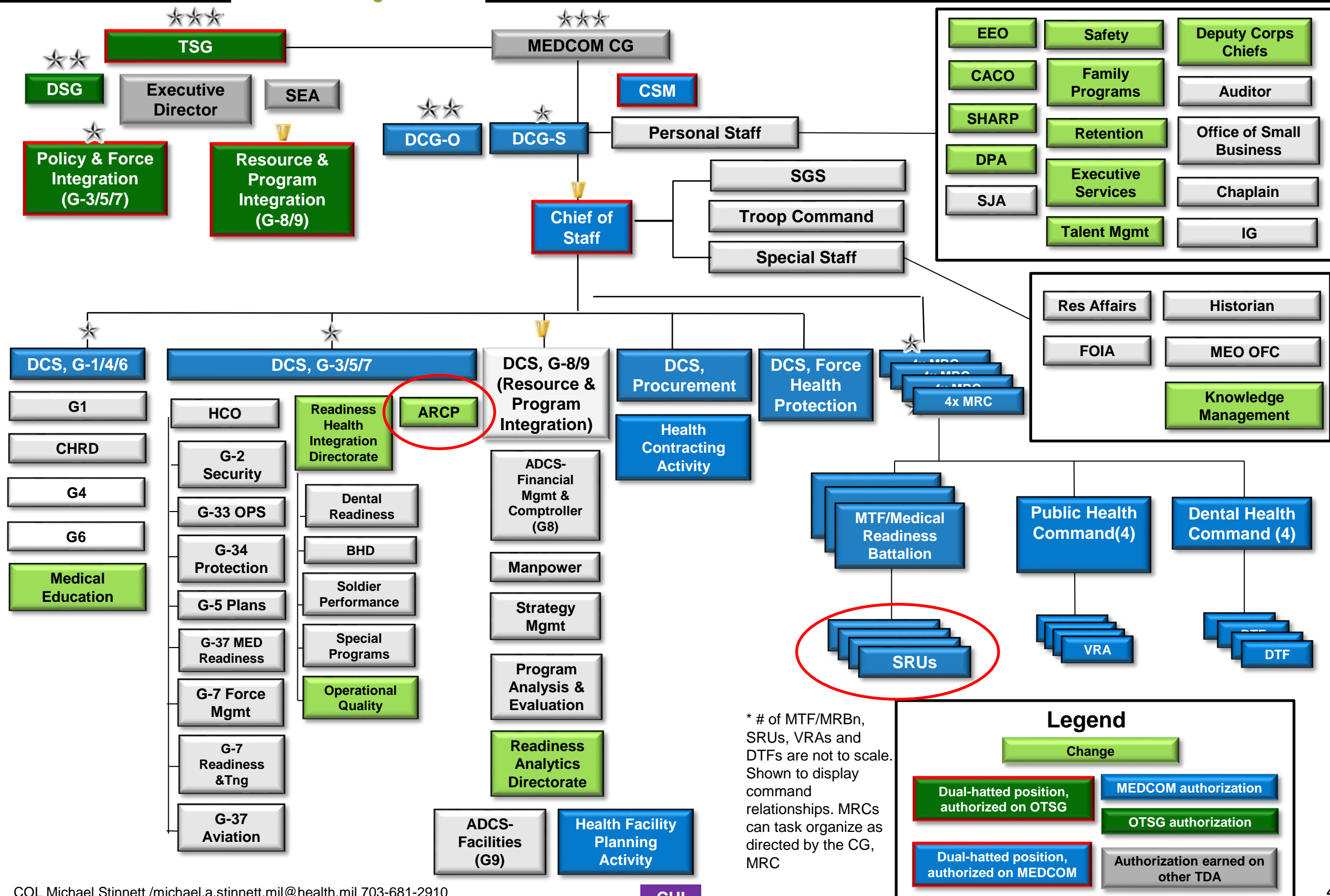
The **mission** of the Army Recovery Care Program (ARCP) is to empower Soldier Recovery Unit (SRU) Soldiers, Veterans, and Families and/or caregivers through a Comprehensive Recovery Plan (CRP) and Recovery Care Coordination (RCC) for successful reintegration back into the force or into the community with dignity, respect, and self-determination.

The **goal** of ARCP is to successfully transition Soldiers to return to duty or to Veteran status.





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\* # of MTF/MRBn, SRUs, VRAs and DTFs are not to scale. Shown to display command relationships. MRCs can task organize as directed by the CG, MRC

**Legend**

- Change
- Dual-hatted position, authorized on OTSG
- MEDCOM authorization
- Dual-hatted position, authorized on MEDCOM
- OTSG authorization
- Authorization earned on other TDA

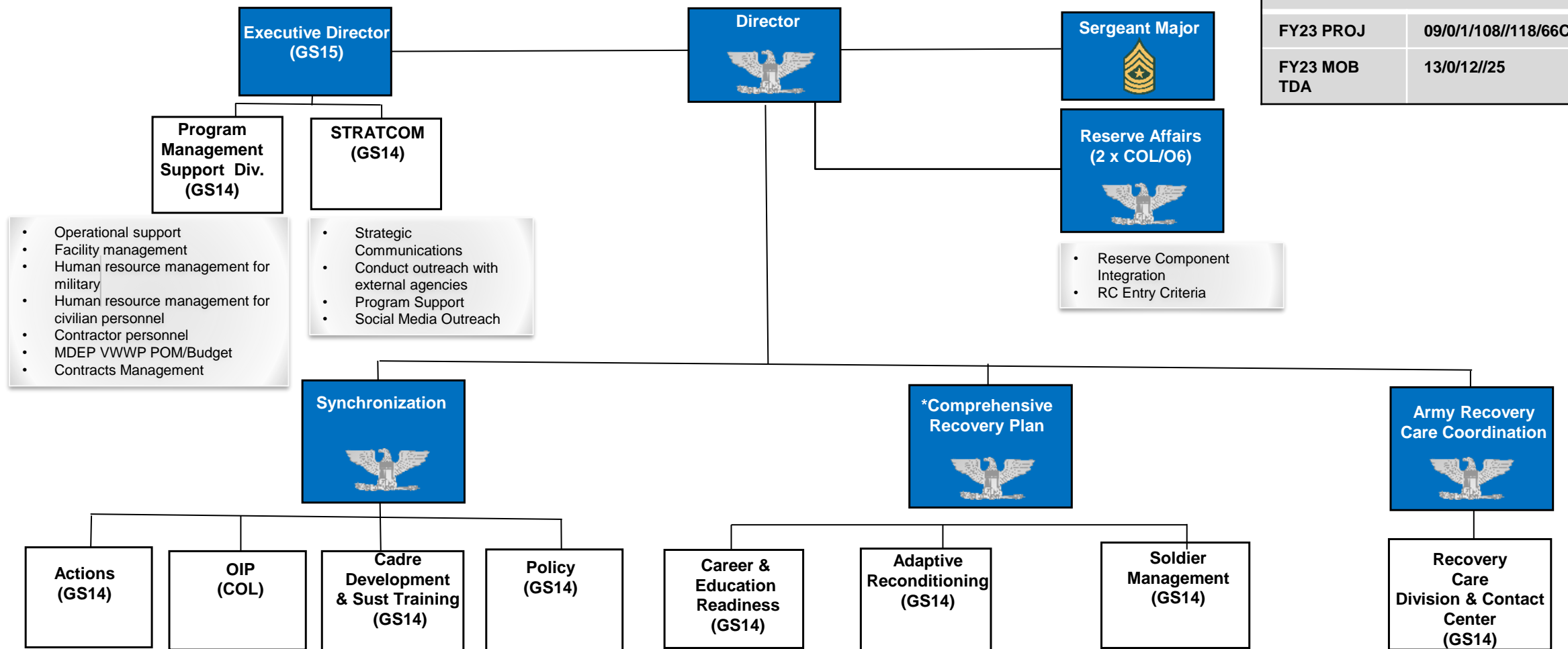




# Organizational Chart

Office of The Surgeon General

OFF/WO/ENL/CIV/TOT	
FY23 PROJ	09/0/1/108//118/66CONT
FY23 MOB TDA	13/0/12//25



## SYNCH Functions

- HQs Synchronization/ Calendar Orders/Taskings
- Staff Action Coordination
- Continuity of Operations
- Internal Controls
- ARCP Leader / Cadre Education and Training
- Conduct outreach with external agencies
- Operations Security
- Planning\*
- Survey Management\*

- Organizational Inspection Program
- Program Design
- Monitor Soldier/Veteran and Families/Caregiver progress
- Perform Quality Assurance and Quality Control (QA/QC)
- Programmatic Metrics
- Operational & Predictive Analysis
- Program Policy oversight
- Award for Excellence program. - Continuous Process Improvement
- External Audits
- Internal Control

## CRP Functions

- Career & Education Readiness
- Conduct outreach with external agencies
- Adaptive Reconditioning
- Functional Capacity Evaluation
- Manning Capacity/ Ratio Reporting
- Inter/Intra SRU Transfer ETPs Actions
- SCAADL Appeals, Audits, and OSD Reporting
- AR 40-58 Chap Revisions
- COMPO 2/3 SRU admission request actions and tracking
- ARCS Program/Contract Management
- SRU Barracks (13) Internet Circuit/Cable Contract Management-DCOS IT Support Desk and Knowledge Management Contract Management
- AR 40-58 Chap Revisions

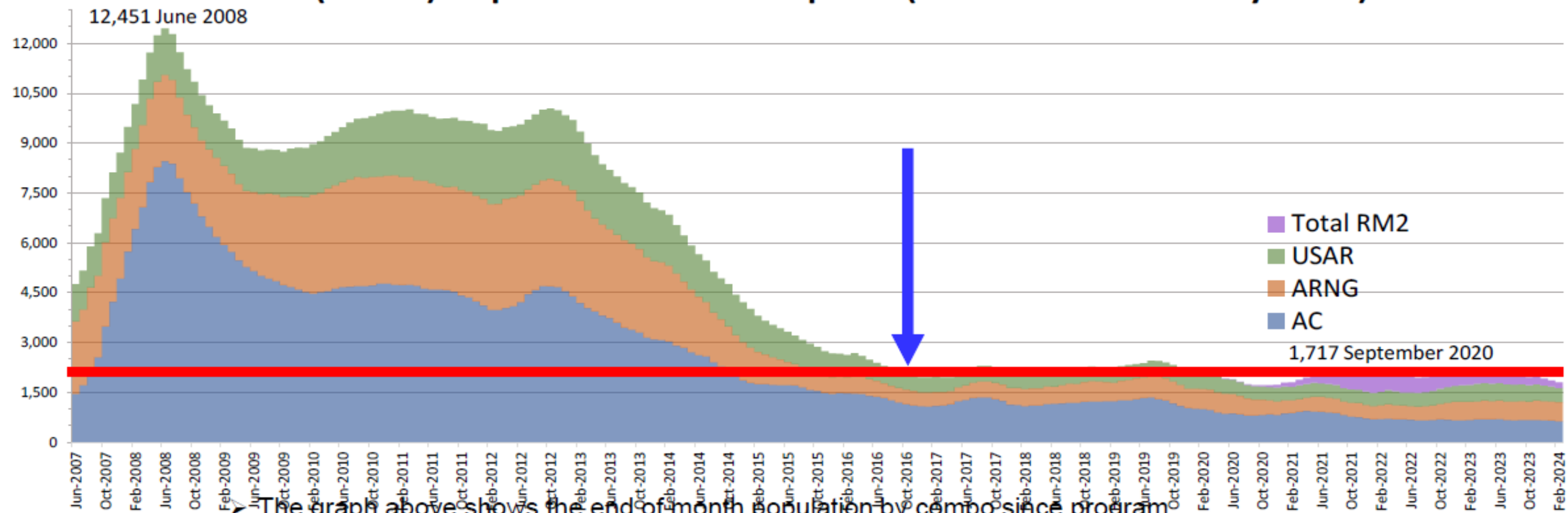
## ARCC Functions

- Center for program information and education on ARCCD/ARCP/SRU
- People Finder capability for RCC
- ARCCD reach back-initial point of engagement
- Call Center OPS
- RCP
- Recovery Care Coordinator: IAW NDAA 08/DODI 1300.24
- Lead Coordination: Interagency
- Case load management
- ARCS platform user development
- Case load management QC/QA
- State/Federal and Local resource(s) benefit advisor
- Financial assistance/counseling

\* CRP O6 Auth is from ARCC



### ARCP (WCTP) Population Since Inception (June 2007 - February 2024)



➤ The graph above shows the end-of-month population by compo since program inception in June 2007. The ARCP population has been consistently been in the 1800-2100 range for just over six years (red line, right of blue arrow).

- Part of that consistency has been the total arrivals to the program (left side table), which until this year has mostly been 2000 or slightly above.
- 1,798 Arrivals in 2020 includes Soldiers eventually achieving RM2 status and is the lowest for any year since 2007.
- Departures from the program are likewise fairly consistent (table on right), with this year again being a record year.

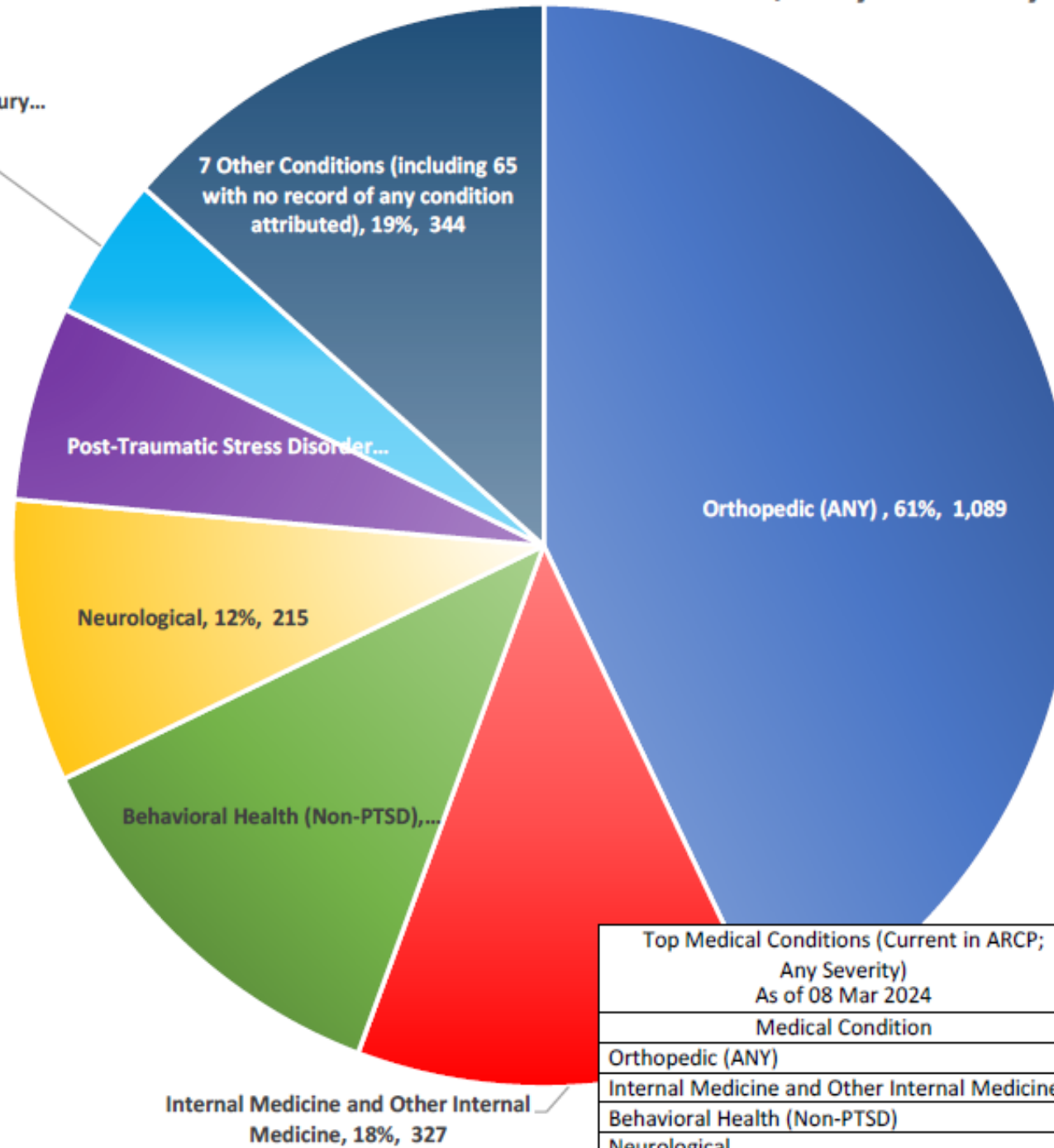
Calendar	Arrivals
2014	3,987
2015	2,642
2016	2,293
2017	2,335
2018	2,709
2019	2,525
2020	1,798
2021	2,155
2022	2,064
2023	490

Calendar Year	Mo AVG
CY 2014 AVG MO Entry	332
CY 2015 AVG MO Entry	220
CY 2016 AVG MO Entry	191
CY 2017 AVG MO Entry	195
CY 2018 AVG MO Entry	226
CY 2019 AVG MO Entry	210
CY 2020 AVG MO Entry	150
CY 2021 AVG MO Entry	180
CY 2022 AVG MO Entry	172
CY 2023 AVG MO Entry	147





### Top Medical Conditions for Soldiers Current in ARCP, Any Severity - 08 Mar 2024



Medical Condition	Soldiers	Percent
Orthopedic (ANY)	1,089	61%
Orthopedic Left or Right Upper	313	17%
Orthopedic Left or Right Lower	445	25%
Orthopedic - Spine/Back	310	17%
Orthopedic (P), (S), or (T)	203	11%
Orthopedic - Multiple Joint Pain	79	4%

Top Medical Conditions (Current in ARCP; Any Severity) As of 08 Mar 2024	Soldiers	Percent of All Conditions	Percent of Population
Medical Condition			
Orthopedic (ANY)	1,089	44%	61%
Internal Medicine and Other Internal Medicine	327	13%	18%
Behavioral Health (Non-PTSD)	311	13%	17%
Neurological	215	9%	12%
Post-Traumatic Stress Disorder (PTSD)	148	6%	8%
Traumatic Brain Injury Mild/Moderate/Severe	109	4%	6%
7 Other Conditions	344	11%	19%
<b>Total Number of Conditions</b>	<b>2,543</b>		

**Pie Chart Represents 2,543 total conditions**

- Pie chart to the right includes Soldiers in SRU and RM2 Status
  - 1,626 in SRU
  - 165 in RM2 Status
- As of 08 Mar 2024
- "Percentage of Population" in table in lower right will NOT sum to 100%, as many Soldiers have more than one condition.
- As an example, the table to the bottom right is read as follows: 1,089 Soldiers (or 61% of all 1,791 Soldiers in SRUs or in RM2 status) had some severity of an orthopedic condition on 08 Mar 2024.
- Orthopedic represents 44% of all 13 Medical Conditions present in current Soldiers.
- A breakdown of the multiple variations of Orthopedic conditions is shown to the right of the pie chart.



## Soldier Recovery Unit

**Mission Mandate:** NDAA 2008,  
Army EXORD 48-20, DODI  
1300.24

## Army Recovery Care Coordination

**Mission Mandate:** NDAA 2008,  
Army EXORD 118-07, DODI  
1300.24

## Remote Medical Management

**Mission Mandate:** NDAA 2006,  
Army EXORD 48-20

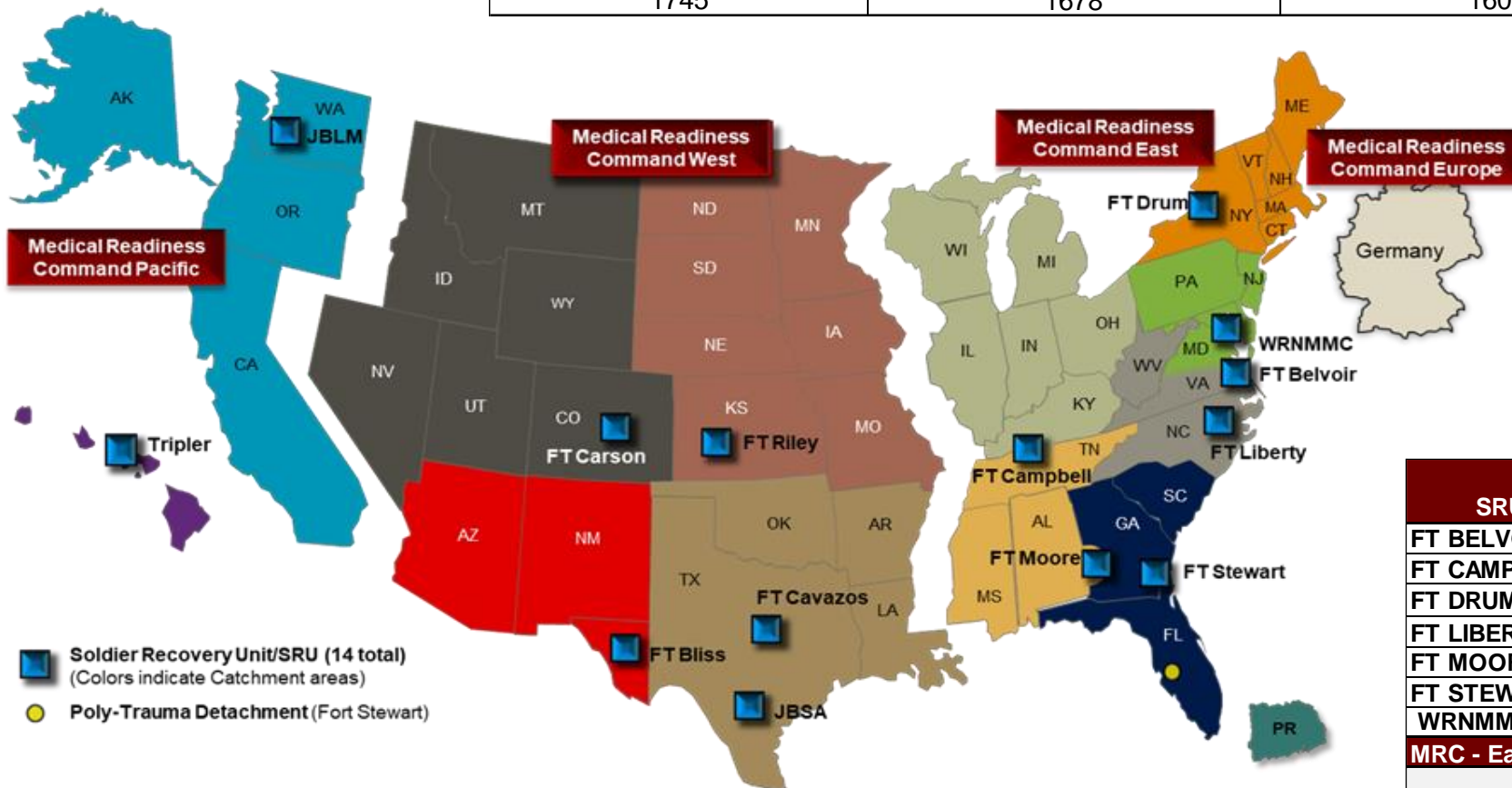
## Army Caregiver Program

**Mission Mandate:** SECARMY  
Charter, March 2020





Overall Population: 1803						
AC	ARNG	USAR	SRU	Admin Mgmt	RM2	TL
639	571	409	1619	27	157	183
Total Last Year		Total Last Month		Total Last Week		
1745		1678		1607		



Soldier Recovery Unit/SRU (14 total)  
(Colors indicate Catchment areas)

Poly-Trauma Detachment (Fort Stewart)

SRU	AC	NG	AR	Total	Capacity	Admin Mgmt	RM2	TL
FT BELVOIR	36	62	59	157	250		2	16
FT CAMPBELL	68	75	47	190	250		15	13
FT DRUM	27	40	7	74	200	5	49	20
FT LIBERTY	71	30	35	136	250		21	18
FT MOORE	21	83	43	147	200		6	15
FT STEWART	43	62	33	138	150			11
WRNMMC	32	21	18	71	150	5		1
MRC - East	298	373	242	913	1450	10	93	94

SRU	AC	NG	AR	Total	Capacity	Admin Mgmt	RM2	TL
JBLM	56	40	24	120	250		16	11
Tripler	51	5	4	60	150		1	
MRC - Pacific	107	45	28	180	400	0	17	11

SRU	AC	NG	AR	Total	Capacity	Admin Mgmt	RM2	TL
FT BLISS	27	44	42	113	150		15	14
FT CARSON	61	14	15	90	200		3	10
FT CAVAZOS	44	46	59	149	200		28	21
FT RILEY	29	34	14	77	200	1	1	13
JBSA	73	15	9	97	200	16		20
MRC - West	234	153	139	526	950	17	47	78

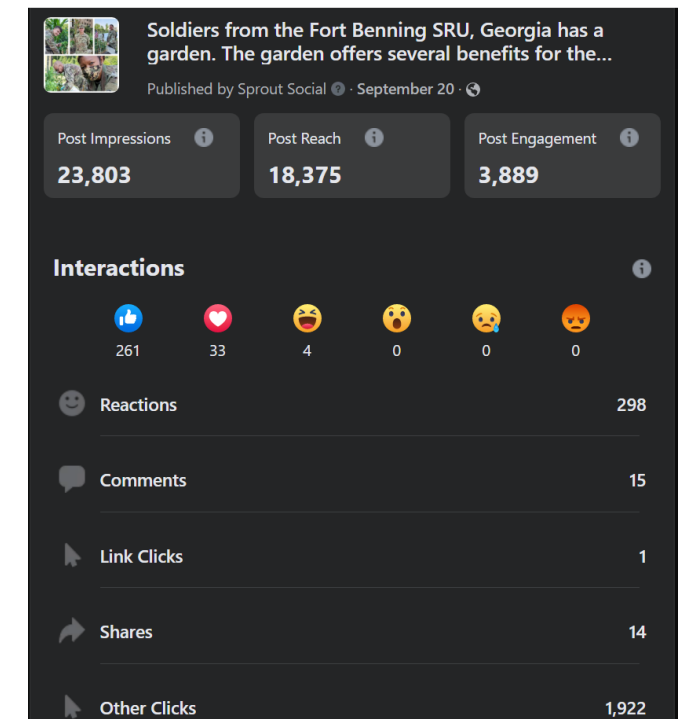
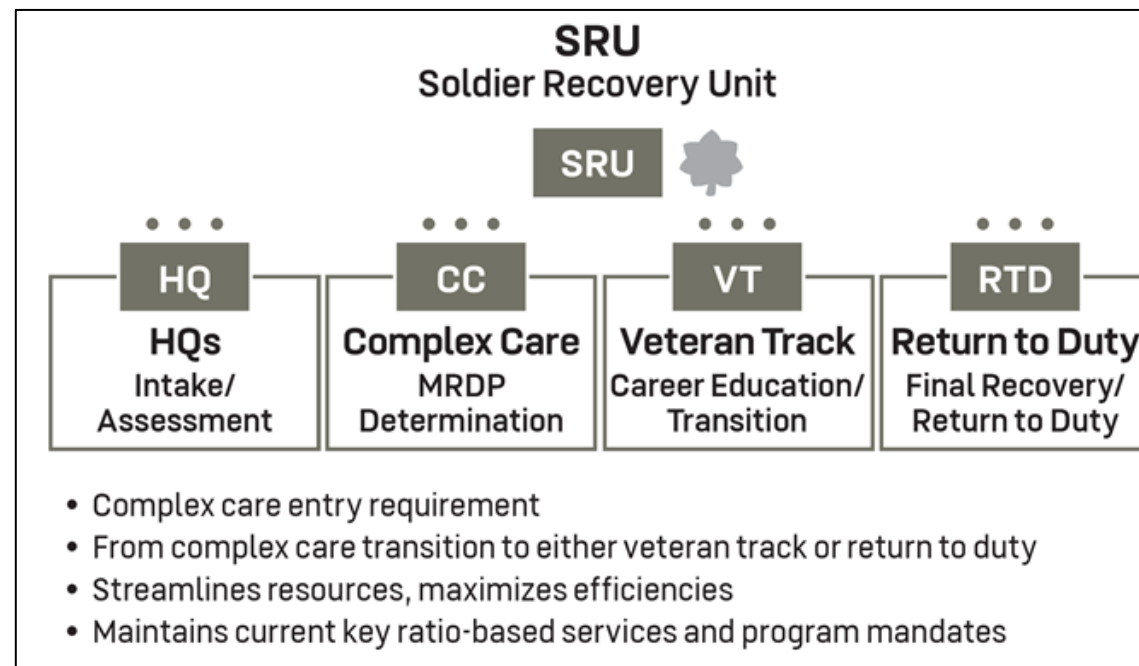
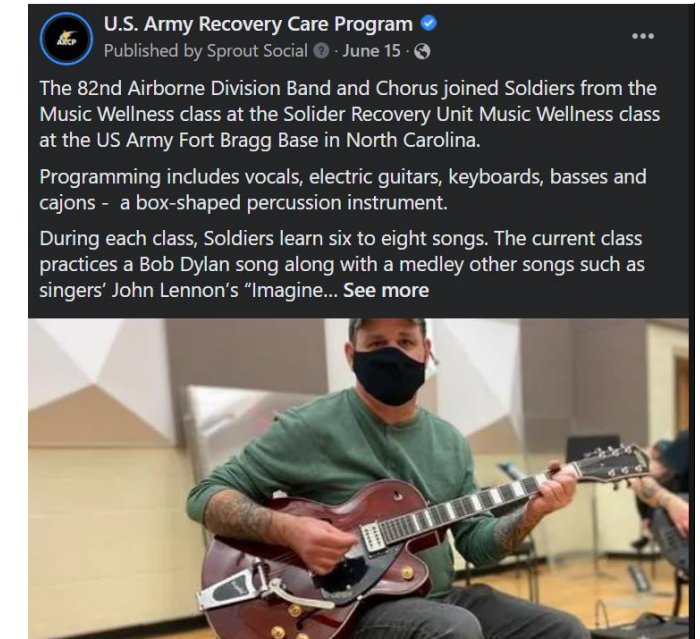
SRU Cadre		
Total	934	
Mil	514	55%
Civ*	420	45%
AC	374	40%
NG	50	5%
AR	90	10%
GS	390	42%
Cont	30	3%
As of 7 Feb 2024		
*Includes Contractors		

**\*\* NOTE:** SRU Location personnel data is reflected in sequence as

- (1) SRU population by Component
- (2) Total Assigned/Attached for that location or SRU
- (3) Capacity - SRU maximum capacity
- (4) Administrative Management(Absent Sick and Medical TDY) - Not Counted in total
- (5) RM2 (Remote Medical Management) not counted in 'Total'
- (6) TL (Transition Leave) Counted in 'Total'



- ARCP provides resources and advocacy for families and caregivers of Soldiers recovering in the program.
- ARCP ensures SRUs are equipped to execute the program mission by synchronizing policy, advocacy and planning in the following areas:
  - Adaptive Reconditioning
  - Career and Education Programs
  - Clinical Support
  - Family & Caregiver Support
  - Staff Development
  - Recovery Care Coordination
- Entry Packet documents and information: <https://www.milsuite.mil/book/groups/sru-entry-process>



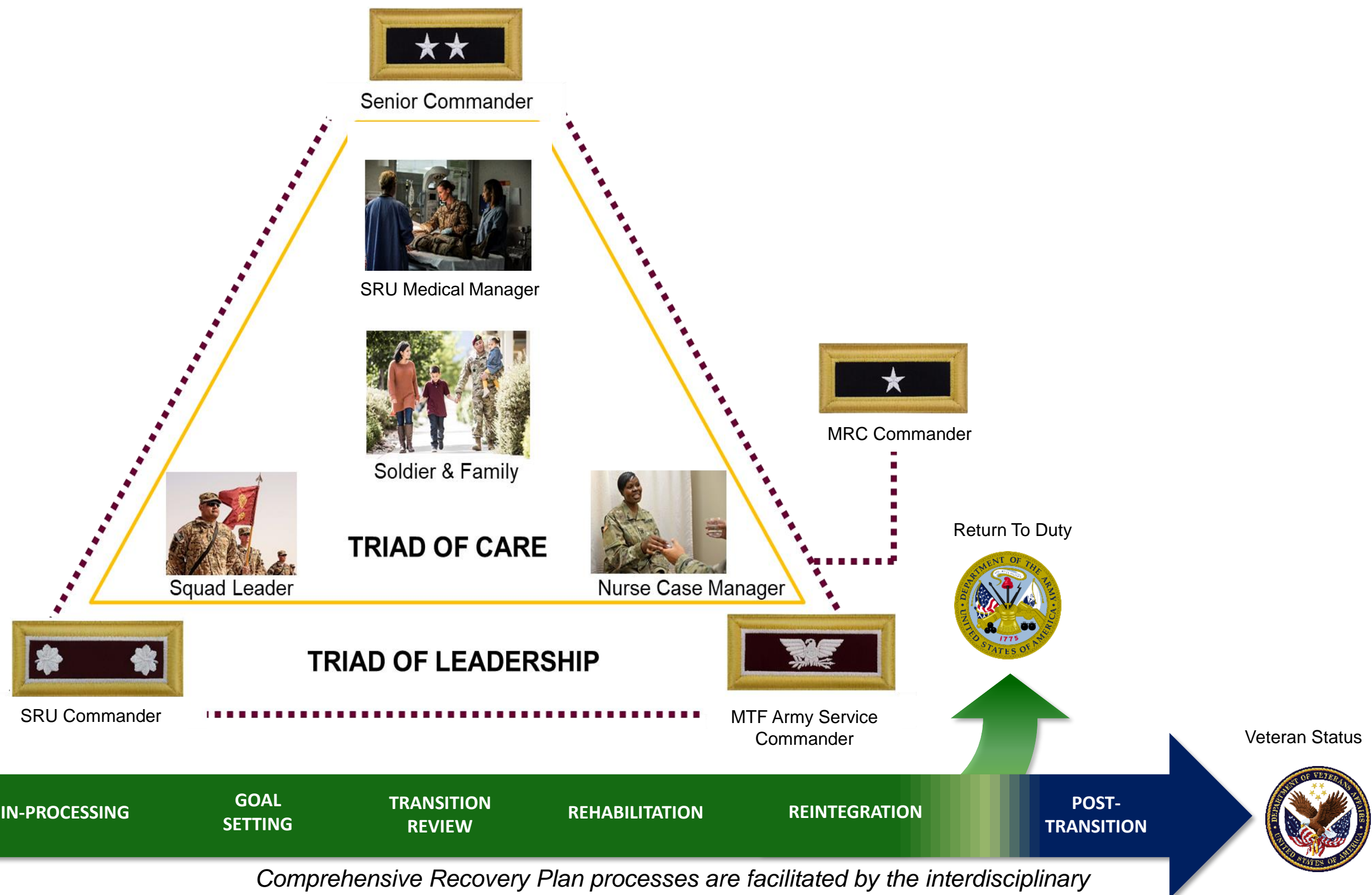




- Entry Criteria: Soldier has, or is anticipated to receive, a profile of more than 6 months duration, with duty limitations that preclude the soldier from training or contributing to unit mission accomplishment; the complexity of the soldier's condition requires either clinical case management or the soldier's psychological condition is evaluated by a qualified licensed medical or behavioral health provider as posing a substantial danger to self or others if soldier remains in the unit.
- Complexity Considerations:
  - Level of illness/injury (catastrophic, severe, etc.)
  - Expected recovery time,
  - Behavioral health issues (mild, moderate, severe)
  - Risk level, Availability of care
  - Home environment and support system
  - Ability to care for self
  - Utilization of medical and other resources
  - Case management needs



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*Comprehensive Recovery Plan processes are facilitated by the interdisciplinary team.*





## Adaptive Reconditioning (AR) Program Oversight

- Provide guidance and oversight to Soldier Recovery Unit (SRU) AR programs and Recovery Care Offices (RCOs)
- Prepare, manage, and oversee multiple AR contracts, including comprehensive staffing support contract
- Conduct monthly AR TCON with RCOs and SRU AR Leads

## Organizational Inspection Program Participation

- Supports inspection for AR functions and processes; participate in OIP inspections at all SRUs and complete inspection reports
- Compose and update OIP checklist as part of OIP team

## Policy and Guidance Development / Revision

- Develop and update policies and guidance for Adaptive Reconditioning, including AR 40-58, DA PAM, ARCP OPOORDs
- Communicate policies and guidance to RHCs/SRU AR leads

## Functional Capacity Evaluations (FCE)

- Oversee equipment and software contracts to support standardized assessment of Soldier MOS task performance/work hardening
- Provide system training and develop FCE SOP

## Soldier Performance Platform (SP2)

- Develop mobile app to track AR accountability, metrics, and provide Soldiers with event calendars and notifications
- Oversee contract and adjust platform specifications to meet the requirements of SRU AR Teams

## AR Data and Metrics Analysis

- Determine and refine template for SRU data collection
- Request and compile AR data and enterprise participation and program offering metrics (monthly)

## AR Equipment Purchase and Maintenance

- Oversee contract for ~\$2M purchase in standardized AR equipment for SRUs
- Provide equipment maintenance support through AR contact

## Army Trials

- Plan, Coordinate, and Execute annual event led by ARCP to select the Army Team for the DoD Warrior Games
- Complete EXORD, OPOORD, and lead planning IPRs

## DoD Warrior Games/Warrior Games Challenge

- Select team and conduct all planning, coordination and execution for Team Army's participation in this annual cumulative Adaptive Sporting event for all Military Services
- Upcoming Warrior Games Challenge

## Invictus Games

- International Adaptive Sporting Competition; team USA selected from top Warrior Games performers
- Coordinate and submit all required documentation for Army

## External Program Coordination

- Coordinate with Veterans Affairs, non-profit organizations, and external agencies to provide AR support for SRU Soldiers
- Initiate posttraumatic growth training for SRUs, developing curriculum and training program in conjunction with non-profit

## Battle of the Bands

- Plan to conduct inaugural event highlighting therapeutic SRU music programs



- **Transition Coordinator (TC) Training**
  - Advocate for CER Transition across all Cadre Training
  - Conduct monthly/quarterly TC training teleconferences
  - Annual TC Sustainment Training
  - Initial TC Training Course (2 weeks)
- **Operational Inspection Program (OIP) Participation**
  - Supports inspection for Transition functions and processes
  - Compose and update OIP checklist as part of OIP team
- **Policy and Guidance Development / Revision**
  - Develop and update CER policies and guidance based on the CRP; incorporate statutory and regulatory guidance into Army Regulations
  - Communicate policies and guidance to MRCs and TCs as needed
  - Initiated legislative change proposal to support Military Spouse Credentialing reimbursement for medically separating and retiring Soldiers – FY 22 ongoing
- **Transition Coordinator Program Management and Support**
  - Provide program oversight guidance and support to TCs as requested
- **Medical Readiness Command (MRC) Oversight, Guidance and Program Support**
  - Provide program oversight guidance, and support to MRCs and Regional Care Offices as requested
- **CER Data and Metrics Analysis**
  - Generate CER data and calculate CER eligibility and participation performance metrics
  - Collaborating with VA VR&E on performance and outcome metrics – FY 21 and ongoing
- **CER in Army Recovery Care System (ARCS) Database**
  - Automated system implemented to manage and measure the CER program at SRUs and RHCs
- **External Program Coordination**
  - Coordinate with Army Transition Assistance Program (TAP), Veterans Affairs, Department of Labor, DoD Operation Warfighter (OWF), and other external agencies to provide support for SRU Soldiers
  - Developed content and piloting a specialty WW online class for DOLVETS
- **Career Skills Program Management**
  - Lead for MEDCOM Career Skills Program (non-federal internships)
  - Advocate for effecting changes to Army IMCOM CSP Program to benefit SRU Soldiers
- **Army Recovery Care Coordinator Division (ARCCD) Career Program Management**
  - Program manager for ARCCD Careers – RCC training
  - Provide employment support to ARCCD Soldiers, Veterans, and spouses





**RM2 Background:** The establishment of a “single entry criteria” (complex) during WCTP Restructure created a gap in services for RC Soldiers who do not meet the revised entry criteria (non-complex) but are entitled by statute and policy (10 U.S. Code 1074, 1074a & 12301(h), DODI 1241.01 & 1332.18) to remain on active duty orders to complete medical evaluation and treatment. Army directed that SRUs manage this RC population in the RM2 program (DA EXORD 048-20, AR 40-58).

## RM2 Qualifying Criteria:

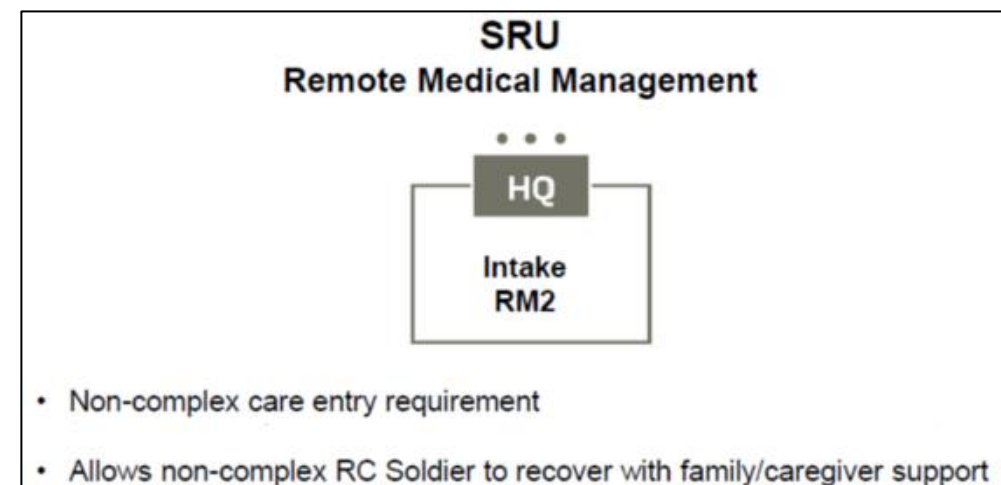
- Medical condition incurred/aggravated in LOD (No LOD required for Soldiers on active duty >30 days)
- Medical condition requires definitive care (treatment plan >30 days)
- Medical condition prevents performance of military duty (MOS/AOC) and at least one of the six functional activities from the DA 3349 (profile) that all Soldiers must perform regardless of MOS/AOC

## RM2 Concepts:

- RM2 Soldiers receive medical care in their home community and report to a designated duty site
- RM2 Soldiers are not eligible for full SRU benefits (e.g. enhanced transition services & adaptive reconditioning) as they do not meet the SRU complex entry criteria
- SRUs responsible for mission command (MC), medical case management (M2), and accountability (NCM/SL ratios of 1:30)
- The SRU CDR retains UCMJ authority, and the RM2 squad leader ensures accountability by interfacing with the Soldier each duty day and the duty site supervisor at regular intervals.

## RM2 Facts:

- 12 of 14 SRUs participate in RM2 (Bethesda and JBSA do not)
- RM2 capacity = 840
- RM2 population is accounted for separately from SRU population (distinct criteria/benefits/staffing ratios)





What we do

- Personalized support for Soldiers, Veterans their Families and Caregivers
- Integrated with SRUs and Department of Veteran Affairs
- Local Resource Experts
- Benefits Advisers – navigating the maze
- Military Transition Specialists
- Education and Career Guides
- Empowering Soldiers, Veterans, and their Families/Caregivers to make informed and relevant decisions
- VA Integration Experts
- Reach-back support for AW2 Alumnus
- DoD Lead Coordinators (LC)
- Connect identified need(s) to the proper resource(s)

Where do we find eligible Soldiers?

- Soldier Recovery Units (SRUs)
- Units / USAR Units / ARNG Units / PEBLOs / MTFs / VAMC / VA PRTC
- HRC Physical Disability Agency
- ARCCD Army Recovery Care Coordination Center (ARC4) / call-ins

Key Tenets

- Recovery Coordination - **non-clinical case management**
- SRU (incl. RM2) / Units / USAR / ARNG / TDRL / AW2 Legacy
- Lead Coordinator (DoD/VA MOU) - **Hand-off to VA**
- Re-integration assessment (NDAA 2008) - **Gather client feedback; Services / Process Improvement**
- **SRU 90 Day Caregiver guide and quarterly assessment per 2020 directive**
- **Total Army RCC solution (AD, USAR and NGB) per agreements**

RCC Locations



Location Serving

- SRU OPCON
- VA
- VA Poly Trauma
- LRMIMC

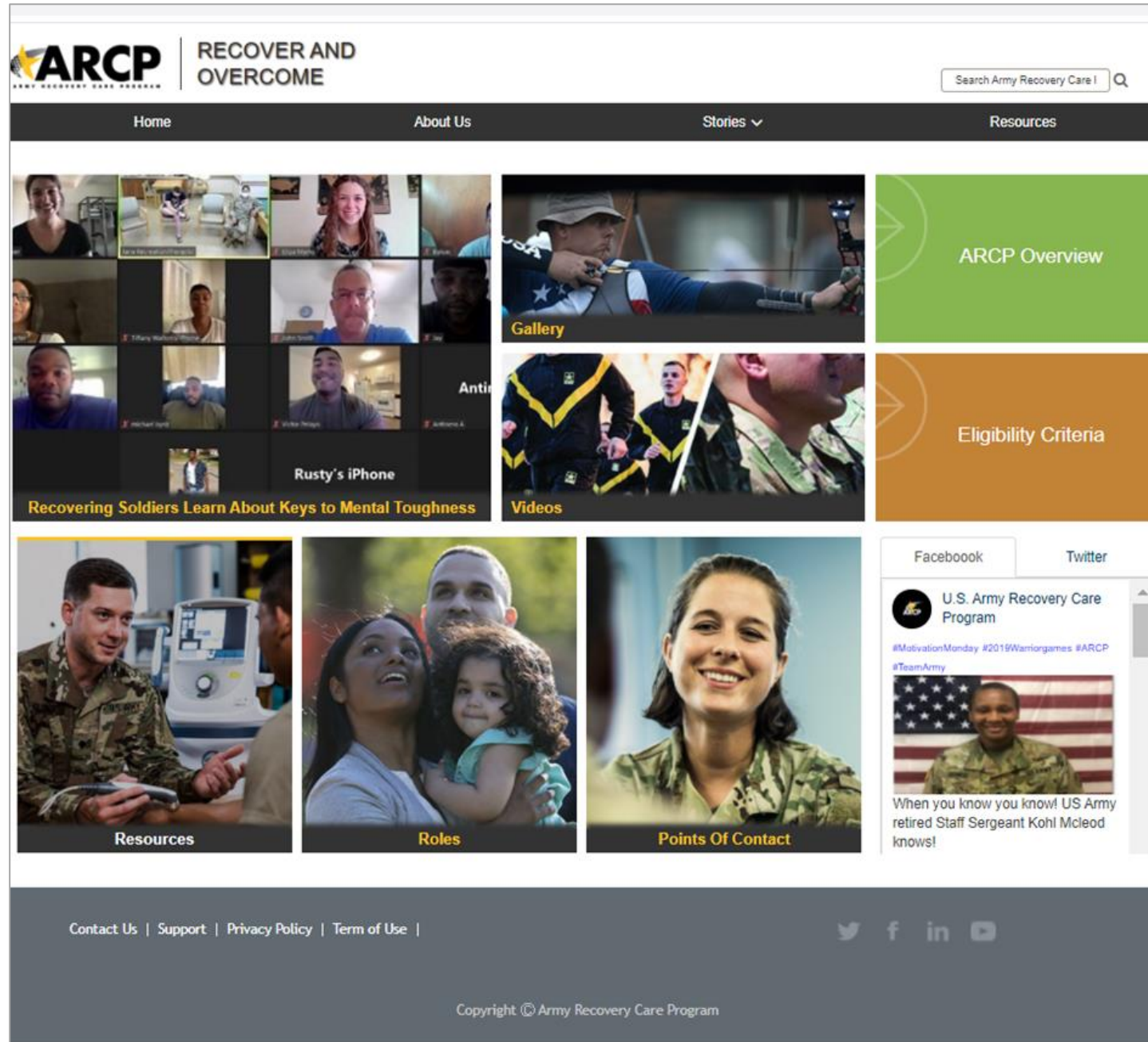
Total RCCs: Auth: 72 OH: 64

How long do we provide services for?

Eligible Wounded or Injured / Ill Veterans, and Veterans on the Temporary Disability Retired list (TDRL), are transferred to a Regional RCC where they will continue to receive support and services until:

- ✓ They have been placed on the Permanent Retired Disability List (PDRL) **and**
- ✓ The ARCCD determines that the services and resources necessary to meet identified needs are in place through non-DoD programs **then**
- ✓ They meet the criteria to be considered fully transitioned where they become Alumnus.





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<https://www.arcp.army.mil>



# Common Misperceptions

MYTHS	FACTS
<p>⊗ SRUs will end your Army career.</p>	<p>☑ 42% of Soldiers assigned to SRUs return to duty.</p>
<p>⊗ The SRU is only for combat wounded Soldiers.</p>	<p>☑ SRUs work with combat and non-combat related injuries, and terminal illnesses.</p>
<p>⊗ SRUs are a vacation.</p>	<p>☑ The road to recovery demands hard work. Soldiers are required to create a Comprehensive Recovery Plan and set goals to reach full recovery.</p>
<p>⊗ Placing a Soldier in a SRU will make them weak.</p>	<p>☑ By facing their challenges head on Soldiers are equipped to remain resilient, return to duty and transition to Veteran status.</p>
<p>⊗ Placing a Soldier in a SRU means they are broken.</p>	<p>☑ Each Soldier has a dedicated team and tailored recovery plan to help them adjust to their new normal.</p>





*Army Medicine is the Nation's premier, expeditionary and globally integrated medical force ready to meet the ever-changing challenges of today and tomorrow.*

UNCLASSIFIED



# Wounded Warrior Regiment

## Command Mission and Organizational Structure

Date: 9 April 2024

**Col Morina Foster, USMC**

Commanding Officer

# Wounded Warrior Regiment Mission



Provides leadership and ensures compliance with laws and DoD regulations related to the support, recovery, and non-medical care of combat and non-combat Wounded, Ill, and Injured (WII) Marines, Sailors attached to Marine units, and their family members in order to maximize their recovery as they return to duty or transition to civilian life.

- The only official Marine Corps unit charged with providing non-medical care to WII Marines.
- Serves the total force – active duty, reserve, retired, and veteran Marines.

Our Mission

Our Population



## Wounded

- IED Blast
- Gunshot
- Traumatic Brain Injury



## Ill

- Cancer
- Chronic Illness
- Mental Health



## Injured

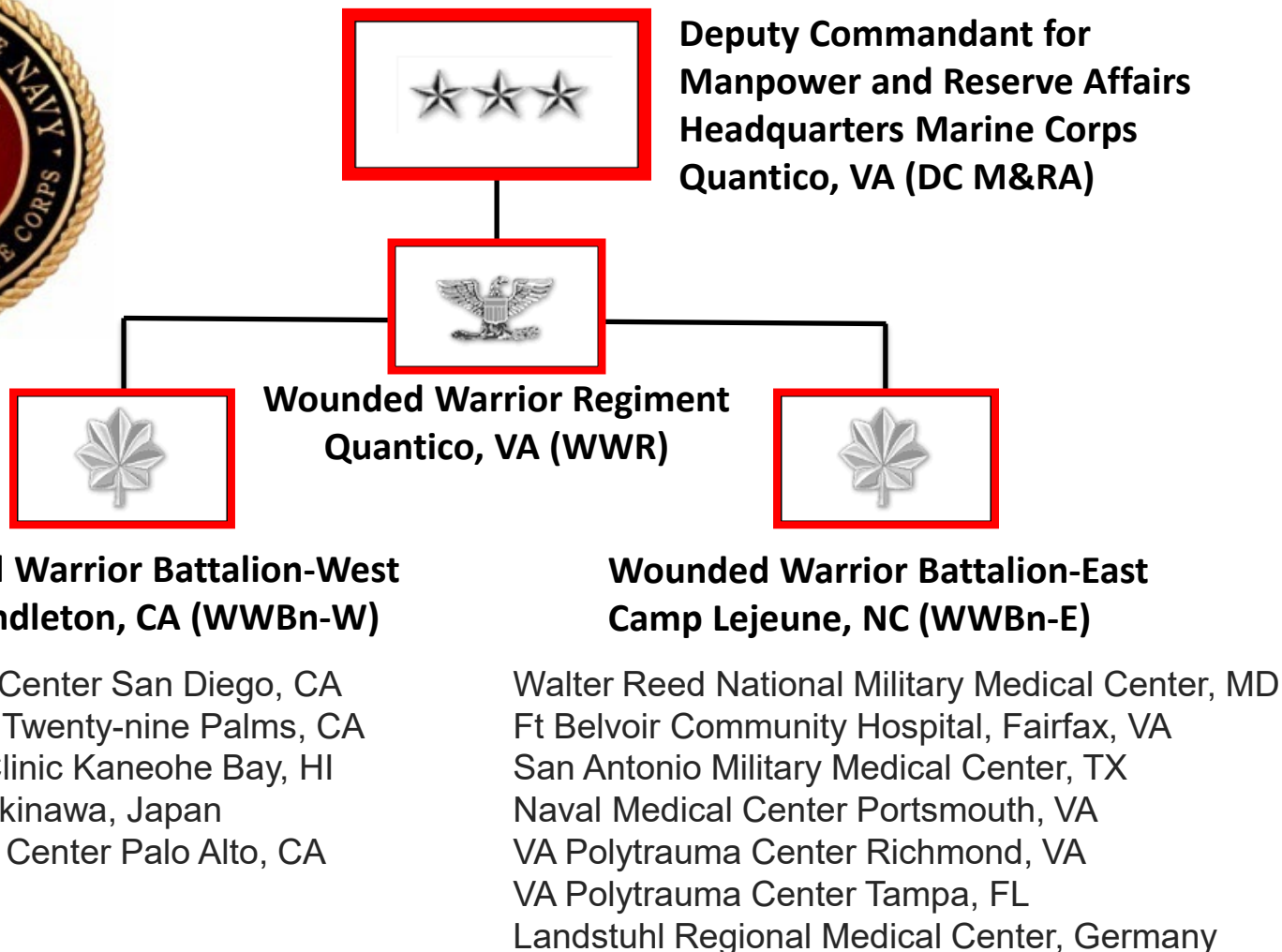
- Training Mishap
- Vehicle Accident

Post-traumatic stress





# Organization





# WWR Operations

DASN  
M&RA

DC  
M&RA

HQMC

Warrior Care Executive Council\*

OSD /  
DHA

Veterans Support Organizations

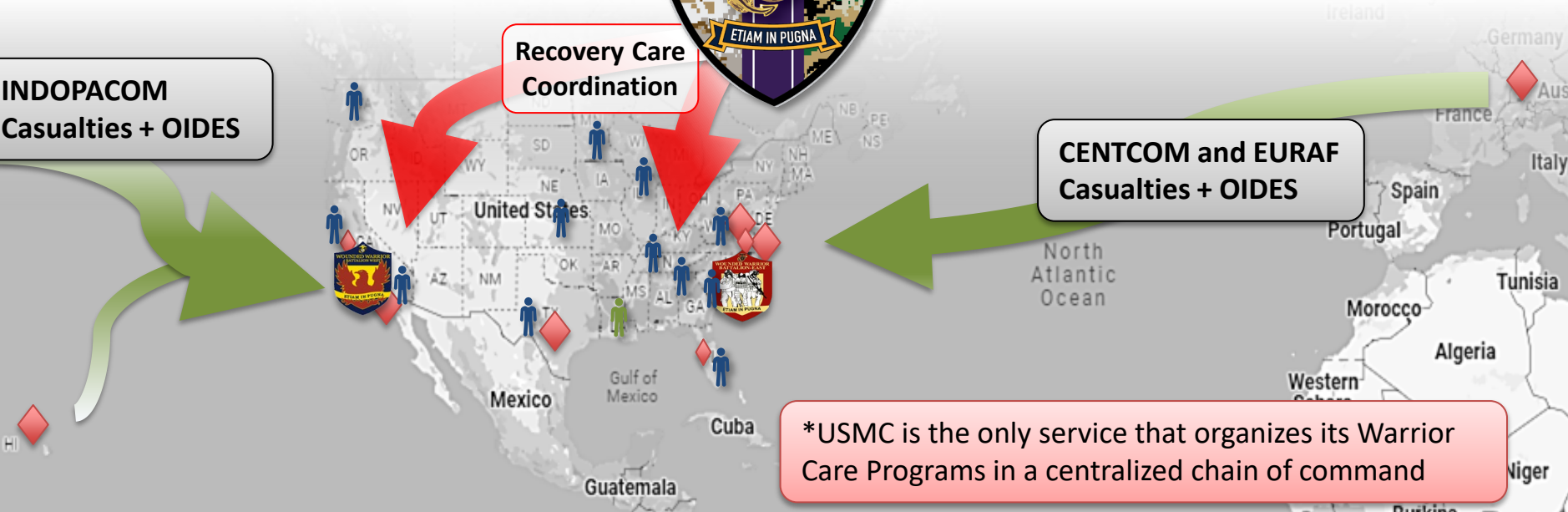


DVA

INDOPACOM  
Casualties + OIDES

Recovery Care  
Coordination

CENTCOM and EURAF  
Casualties + OIDES



\*USMC is the only service that organizes its Warrior Care Programs in a centralized chain of command



# Questions?







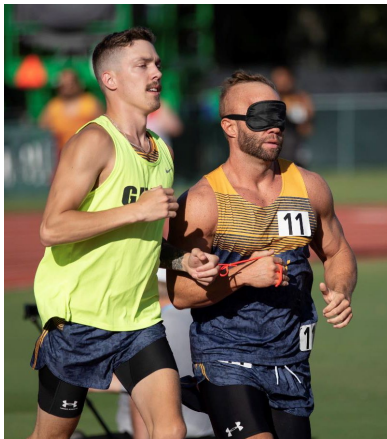
# ***Navy Casualty Support (N95)***

***Mrs. Jenna Link  
Program Director***



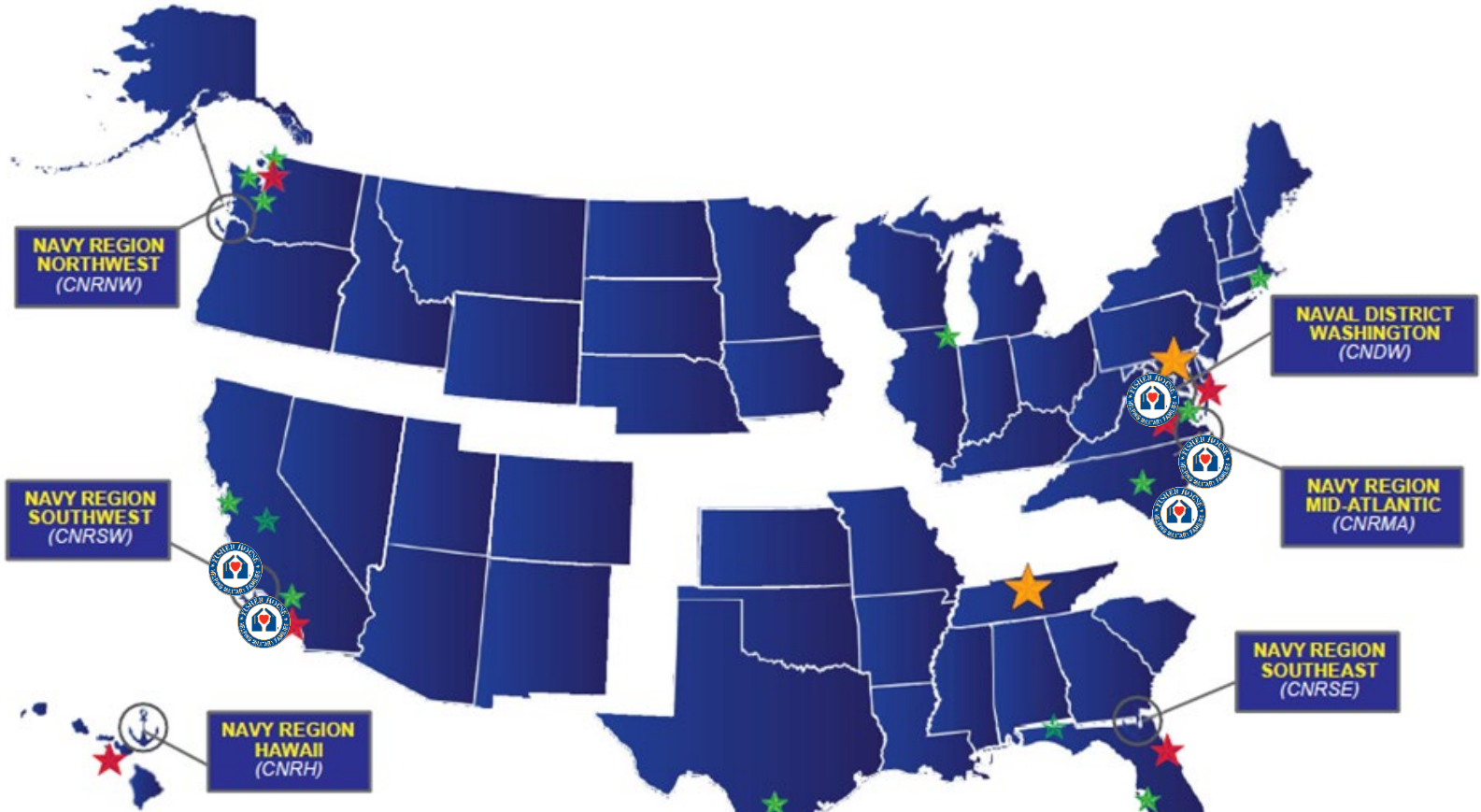
# N95 Mission

- Navy Casualty Support consists of Navy Wounded Warrior, Fisher House, and Navy Gold Star.
- Our Mission is to provide Service Members, families and caregivers with compassionate and tailored non-medical services as they navigate their unexpected new normal.
- **Who We Serve:**
  - Wounded, ill, or injured active-duty military
  - Specified/enrolled retired military
  - Families of wounded, ill, injured or deceased military members
  - Specified/enrolled active drilling reserve components, injured or ill on duty





# N95 Footprint



- CNIC HQ**
  - Washington, DC
  - Millington, TN
- Regional HQ**
  - NCR (Bethesda, MD)
  - Norfolk, VA
  - Jacksonville, FL
  - Bremerton, WA
  - San Diego, CA
  - Pearl Harbor, HI
- Other Military and VA Treatment Facilities**
  - North Chicago, IL
  - Newport, RI
  - Groton, CT
  - Camp Lejeune, NC
  - Whidbey Island, Everett
  - Keyport, WA
  - Camp Pendleton, CA
  - Lemoore, CA
  - San Antonio, TX
  - Tampa, FL
  - Pensacola, FL
  - Portsmouth, VA



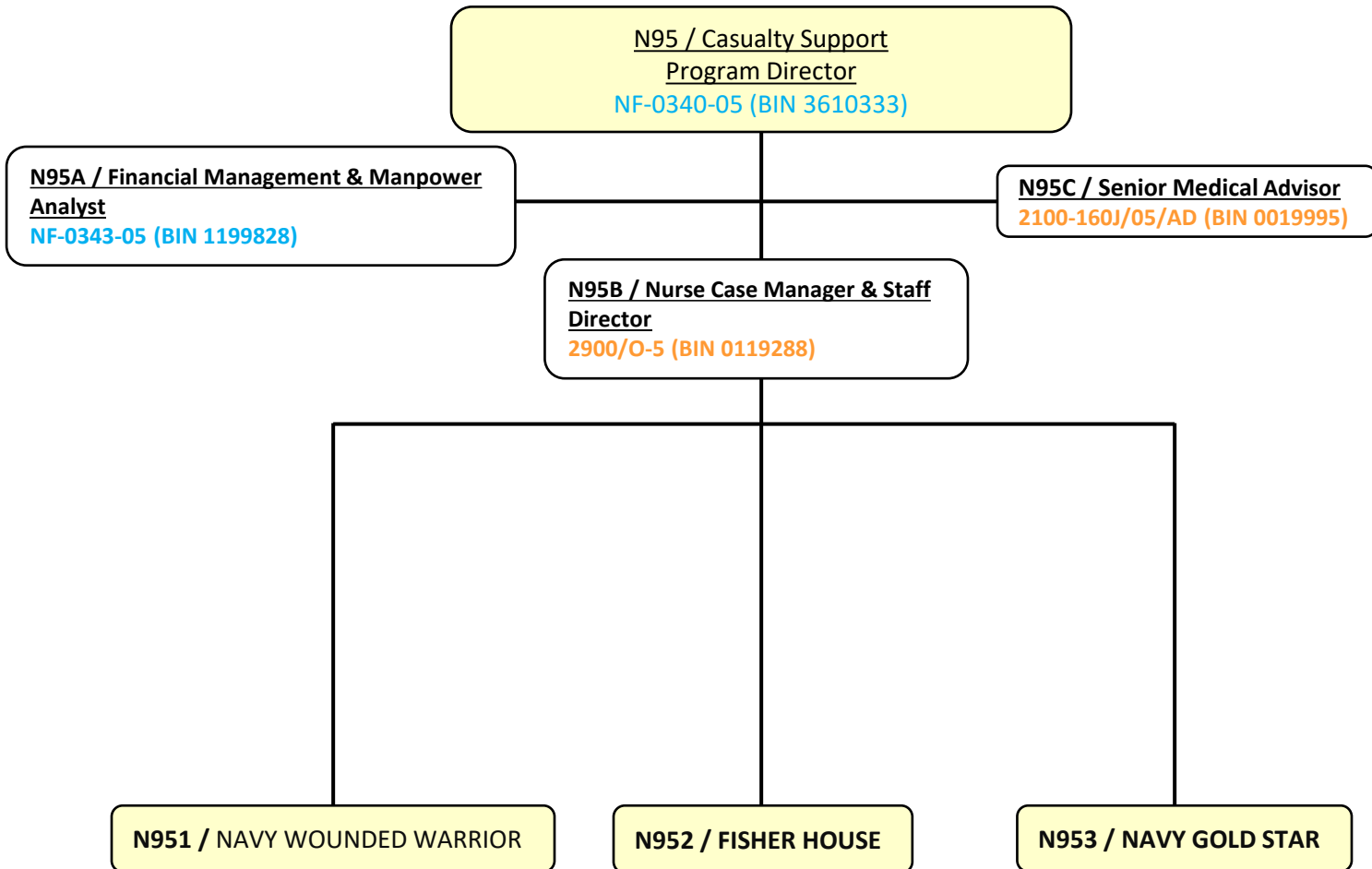
\* 19 Fully Remote NGS Coordinators





# N95 Casualty Support

- GS
- NAF UFM
- NAF
- MIL
- KTR





# FY24 Strategic Goals

**1** INCREASE CROSS-PROGRAM COMMUNICATIONS

**4** PROVIDE ADDITIONAL SERVICES

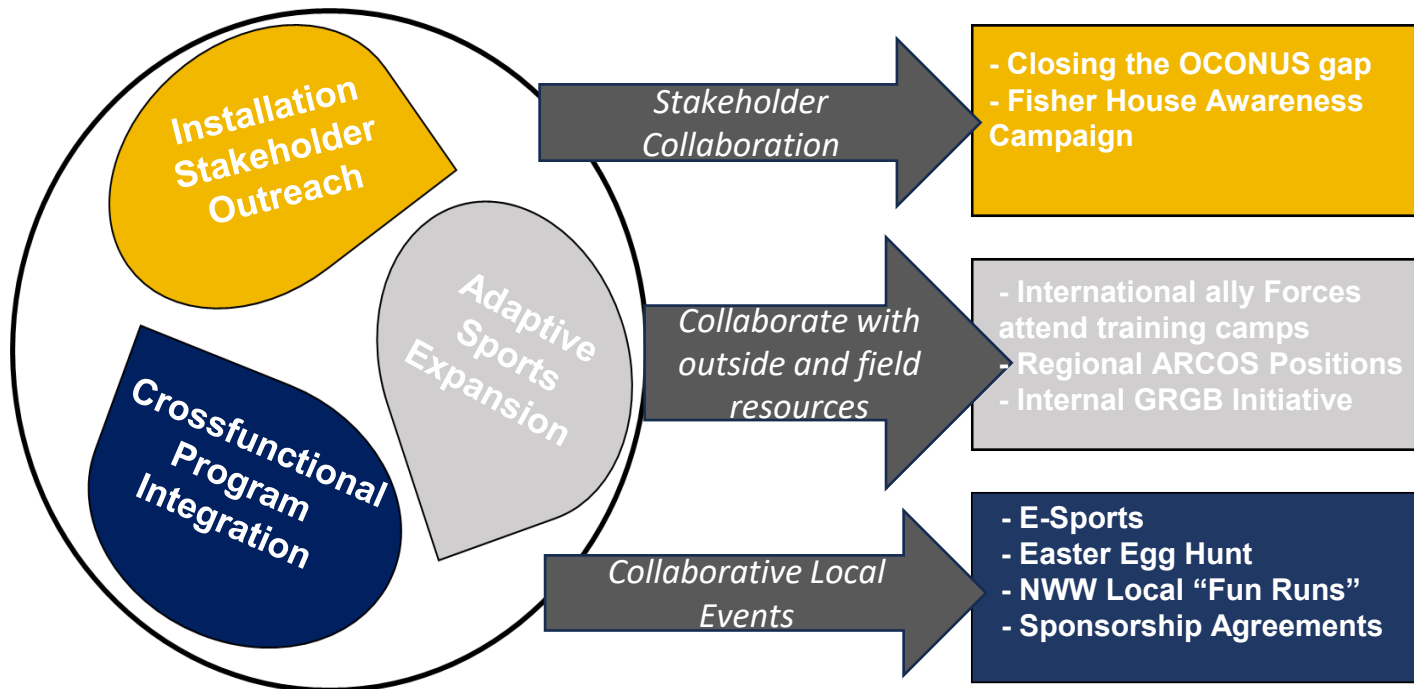
**3** INCREASE PROGRAM FUNDING

**2** INCREASE PROGRAM UTILIZATION RATES

**5** INVEST IN STAFF



# N95 - Maximizing Customer Experience







# Program Eligibility and Categories

## Eligibility Criteria

Serious and complex wound, injury, or illness incurred or aggravated in the line of duty, not due to Service member's misconduct

May be combat or non-combat related

Enrollment Committee considers long-term prognosis of injury or illness

### Category 1 (Assisted)

- Mild injury or illness
- Anticipated return to duty within 6-12 months
- May include short-term inpatient, outpatient, and/or rehabilitation

### Category 2 (Enrolled)

- Serious injury or illness
- Unlikely to return to duty within 12 months
- May be medically separated

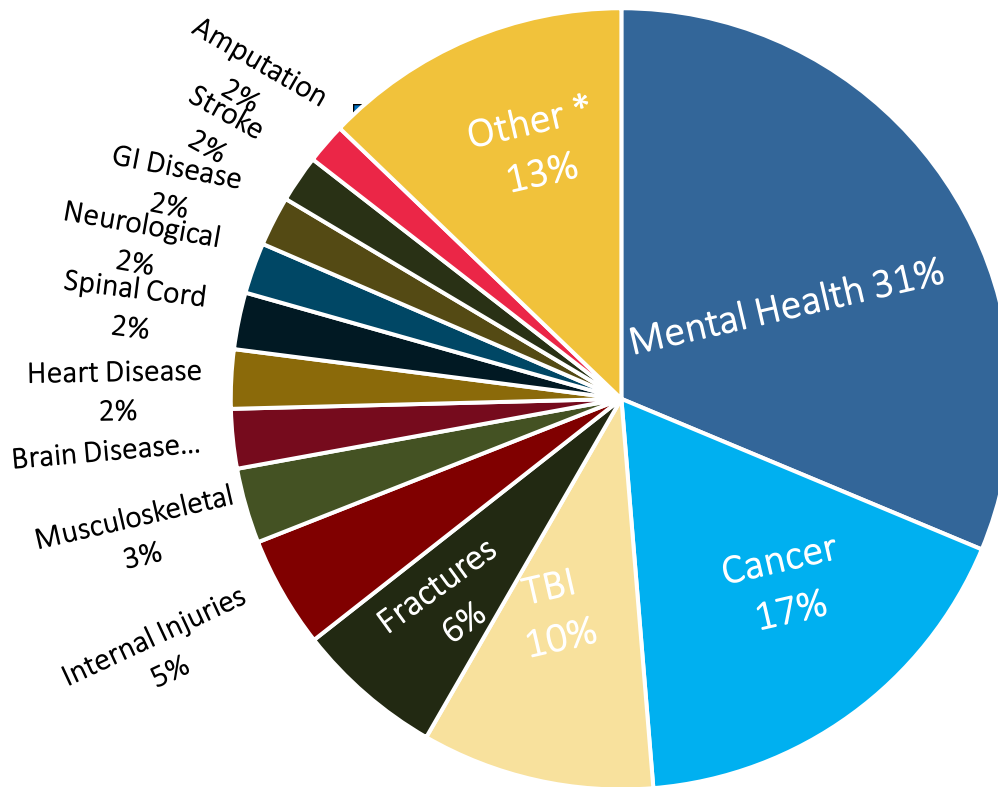
### Category 3 (Enrolled)

- Severe or catastrophic injury or illness
- Highly unlikely to return to duty
- Will most likely be medically separated



# Program Demographics

Total Enrolled: 7,964  
Total Assisted: 3,467  
74% Illness; 26% Injury



## \* Other Injuries

- Shrapnel Wounds
- Severe Burn
- Blindness
- Hearing Loss

## \* Other Illnesses

- ALS
- Rheumatologic
- Seizure Disorder
- Lung Disease
- Multiple Sclerosis
- Benign Tumors/Cysts
- Kidney Failure
- Organ Transplant
- GU Disease
- Vision Disease
- Diabetes
- COVID-19

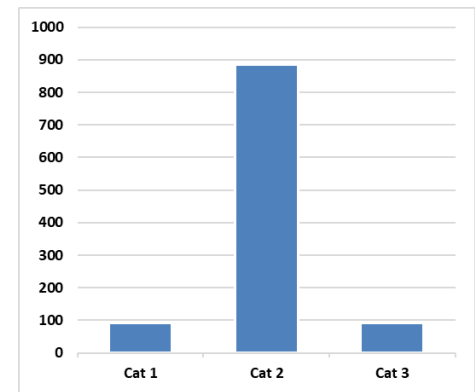
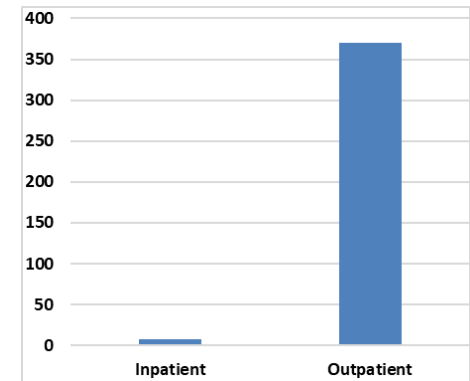
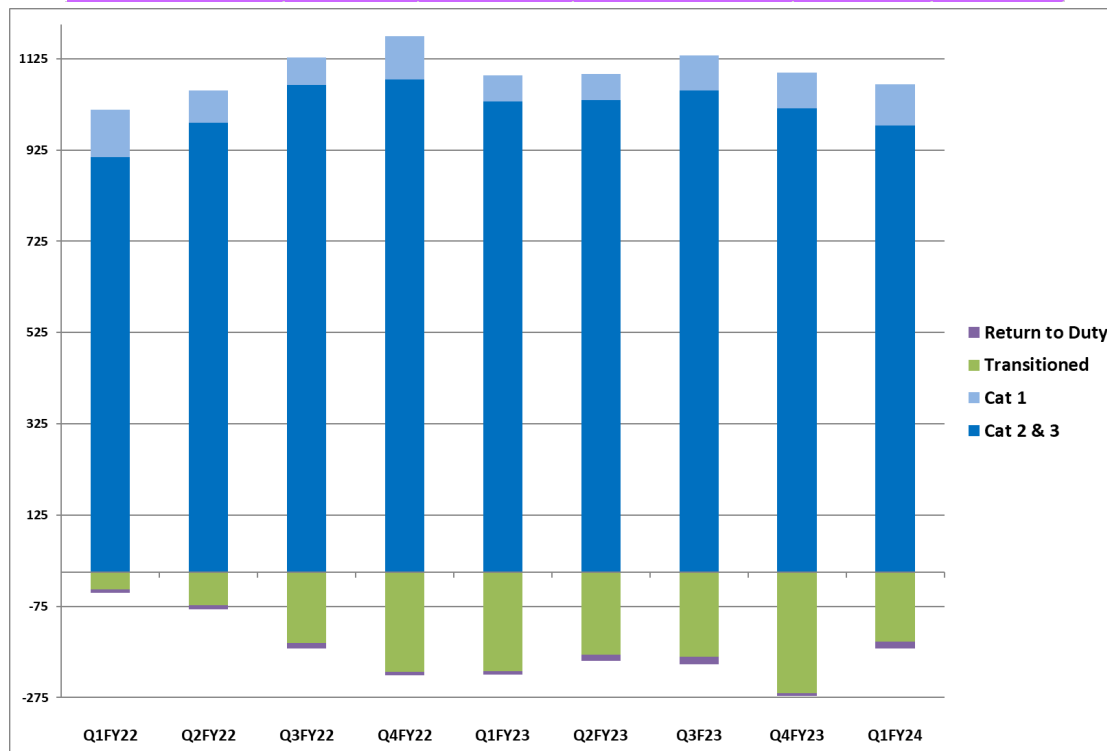


# SECNAV Executive Summary: NWW - Wounded, Ill, and Injured (WII) Service Members

	Cat 1 - Assist	Wounded, Ill, and Injured (CAT 2 and 3)			
		Injury		Illness	Total 1, 2 & 3
		Combat	Non-Combat		
USN	87	10	214	671	982
USNR	2	0	1	11	14
Coast Guard	2	0	26	44	72
<b>Total:</b>	<b>91</b>	<b>10</b>	<b>241</b>	<b>726</b>	<b>1068</b>

**Non Medical Case Manger Ratio 1:37 / Recovery Care Coordinator Ratio 1:36**  
**Active TDRL Cases 584) ( Average Case Ratio 1: 73)**

Current Top 5 Primary Diagnoses
1. Mental Health
2. Cancer
3. Musculoskeletal
4. Internal Injuries
5. Fractures



### Definitions

• **Wounded, Ill, and Injured** – Total number of Active Duty (AD) and Reserve Component (RC) Navy and USCG personnel assigned to care coordination category two or three, as described in DoDI 1300.24.

**31 DEC 2023**





# Caseload



REG	STAFF				CAT 2 & 3			CAT 1 & 2	Pending +	CAT 2 & 3	CAT 2 & 3	Pending plus	
	RCC	NMCM	PENDING	CAT 1	Inpatient	Outpatient	Workload (CAT 2/3)	Total	Workload	Workload/RCC Ratio	Workload/NMCM Ratio	Workload/NMCM Ratio	
NDW	5	3	0	3	3	133	136	139	139	27	45	46	Over DoDI ratio of RCC 40:1
NRMA	8	7	3	33	1	314	315	348	351	39	45	50	
NRSE	5	9	0	12	2	130	132	144	144	26	15	16	Over NWW-SH target ratio of NMCM 20:1 and RCC 30:1
NRNW	3	3	2	6	1	75	76	82	84	25	25	28	
NRSW	6	6	13	30	3	262	265	295	308	44	44	51	Within required ratio
NRH	2	1	1	0	0	51	51	51	52	26	51	52	
Totals	29	29	19	84	10	965	975	1059	1078				

## • Mitigation Plan

- POM25/POM26
- Reallocation of Personnel
  - Remote RCCs
  - Transfer Military Billets





# ***NWW Case Management Team***

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- **Non-Medical Care Manager (NMCM)**

- Communicates with the SM/RSM and/or family regarding non-medical matters
- Assists with oversight of the SM/RSM's welfare and quality of life
- Helps identify and resolve challenges including financial, administrative, personnel, transitional, and other matters during care, recovery, and transition

- **Recovery Care Coordinator (RCC)**

- Responsible for the development and execution of a Comprehensive Recovery Plan (CRP) for each RSM and their family/caregiver. The CRP prioritizes RSM's goals, documents non-medical needs, and records progress

- **Transition Coordinator (TC)**

- Helps RSMs develop a plan for transitioning to civilian life that addresses their benefits and non-medical care needs

- **Adaptive Recreation and Community Outreach Specialist (ARCOS)**

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# ***Adaptive Recreation and Community Outreach Specialists***

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- **Researches and identifies adaptive reconditioning events and other opportunities offered by Federal, State, local community, and non-profit organizations and agencies**
- **Coordinates internally within N9 (MWR, FFR, etc) and externally to plan and execute a wide variety of opportunities to enhance enrollees' recovery, rehabilitation and reintegration**
- **Coordinates a minimum of one adaptive recreation activity per month in respective Region for local enrollees and a minimum of one family/caregiver activity per quarter in respective Region for local family members/caregivers**
- **Promote Navy Wounded Warrior Adaptive Athletics program to local enrollees and connect those interested with HQ Adaptive Athletics staff**
- **Assist the NWW HQ Adaptive Sports staff with planning an execution of camps held in respective AOR.**





# Pay and Entitlements Support

**NWW is the Navy Benefits Approving Authority for Special Compensation for Assistance with Activities of Daily Living (SCAADL) and Pay and Allowance Continuation (PAC)**

## SCAADL

*Special Compensation for Assistance with Activities of Daily Living*

- Monthly compensation for caregivers of catastrophically injured or ill wounded warriors
- SCAADL help offset the loss of income by a primary caregiver who provides non-medical support

## PAC

*Pay and Allowance Continuation*

- Allows for continuation of special pay and allowance for up to 1 year during hospitalization and rehabilitation
- After incurring a wound, illness, or injury while on duty in a hostile fire area, or while exposed to other hostile actions



# *Family and Caregiver Support*

Provides enrollee families with a variety of support services to help make their jobs as caregivers more manageable and alleviate stressors accompanying a major life change.

## **Family and Caregiver Support includes:**

- Partner with Non-Governmental Organizations (NGOs) to provide services the government cannot fund.
- Coordinate NGO support for Service members and family members to include flights, lodging, financial assistance, medical devices, service dog training, therapy, tuition, training certifications, special events, etc.
- Provide training, education, respite, and resources through “Caring for the Caregiver” events hosted in each Region.
- Communicate resources, program updates, and opportunities available to wounded warriors and their families via outreach by their assigned care manager



# N95 Key Personnel

## ➤ CNIC Headquarters

<b>N95 Director</b>	<b>Jenna Link</b>	<b>240-682-0004</b>	<a href="mailto:jenna.m.link.naf@us.navy.mil"><u>jenna.m.link.naf@us.navy.mil</u></a>
<b>N95 Deputy Director</b>	<b>CDR Stephanie Paone</b>	<b>978-880-8106</b>	<a href="mailto:stephanie.m.paone.mil@us.navy.mil"><u>stephanie.m.paone.mil@us.navy.mil</u></a>
<b>Wounded Warrior PM</b>	<b>LCDR Teckolar Seals</b>	<b>240-355-9687</b>	<a href="mailto:teckolar.seals.mil@us.navy.mil"><u>teckolar.seals.mil@us.navy.mil</u></a>
<b>Fisher House PM</b>	<b>Pamela Bruner</b>	<b>202-433-9812</b>	<a href="mailto:pamela.j.bruner3.naf@us.navy.mil"><u>pamela.j.bruner3.naf@us.navy.mil</u></a>
<b>Navy Gold Star PM</b>	<b>Mike Bruner</b>	<b>202-433-2944</b>	<a href="mailto:michael.c.bruner.civ@us.navy.mil"><u>michael.c.bruner.civ@us.navy.mil</u></a>

## ➤ Regional Navy Wounded Warrior Program Directors

<b>CNR Mid Atlantic</b>	<b>Kendall Hillier</b>	<b>757-322-2957</b>	<a href="mailto:kendall.hillier.civ@us.navy.mil"><u>kendall.hillier.civ@us.navy.mil</u></a>
<b>CNR NDW</b>	<b>Clarence Thomas</b>	<b>301-319-8165</b>	<a href="mailto:clarence.thomas1.naf@health.mil"><u>clarence.thomas1.naf@health.mil</u></a>
<b>CNR Northwest</b>	<b>Edward Garcia</b>	<b>360-315-2645</b>	<a href="mailto:edward.garcia22.naf@us.navy.mil"><u>edward.garcia22.naf@us.navy.mil</u></a>
<b>CNR Southeast</b>	<b>Autumn Devine</b>	<b>904-542-1464</b>	<a href="mailto:autumn.l.devine.naf@us.navy.mil"><u>autumn.l.devine.naf@us.navy.mil</u></a>
<b>CNR Southwest</b>	<b>Marcus Pace</b>	<b>619-532-8577</b>	<a href="mailto:marcus.n.pace.naf@health.mil"><u>marcus.n.pace.naf@health.mil</u></a>
<b>CNR Hawaii</b>	<b>SCPO Rovito Arciaga</b>	<b>808-630-9975</b>	<a href="mailto:rovito.m.arciaga.mil@health.mil"><u>rovito.m.arciaga.mil@health.mil</u></a>







# Air Force Wounded Warrior Program



- **Air Force Wounded Warrior** - Supports ~4.4K Total Force (TF) active cases (80% non-combat) & ~16K Vets through non-medical care & Support Programs
- **Eligibility:** Very Seriously, Seriously wounded, ill or injured determined by DoD Medical Auth; PTSD/TBI/MST under MEB consideration, Purple Heart Recipients
- **Referral Agents:** Casualty Report, MEB/IDES, referrals from any individual
- **Key Services:**
  - **Non-medical Care:** Recovery Care Coordinators (RCCs) & Non-medical Care Managers (NMCs) use Comprehensive Recovery Plan to help guide warrior / family thru pre- / post transition identifying goals/actions & resources
    - **Collaboration w/ VA:** Warm handoffs and complex/catastrophic conditions
  - **Support Programs** - “holistic approach” (Adaptive Sports, Ambassador, Caregiver, Employment, Mentorship, Community Programs & Resiliency) Strengthens mental, physical, social well-being); executes training camps/C.A.R.E events at selected Air Force Base locations
- **CC/Leader’s Role:** Awareness/support of wounded warriors & review Leadership Guide for Supporting our Wounded Warriors at [www.woundedwarrior.af.mil](http://www.woundedwarrior.af.mil)

# United States Special Operations Command Warrior Care Program – Care Coalition



“They made a promise to us when they joined, whatever Service they joined, and then they made another promise to us when they came in as Special Operations and we're making a promise to them, that we're going to be with them for the rest of their lives if anything happens to them and we're going to help take care of their families as well.”

# Mission

**Provide Special Operations Forces (SOF) Wounded, Ill, and Injured (WII) Service Members (SMs) and their families lifetime advocacy after life-altering trauma or illness, enhancing SM quality of life and strengthening SOF readiness**

# Alignment

- SOF Truth #1: Humans are more important than hardware
- Commander's priorities: People, Win, Transform

# Value proposition

- Focus on reintegration: 66% retention
- Preserve the investment in our most precious asset

“...and we're making a promise to them, that we're going to be with them for the rest of their lives if anything happens to them and we're going to help take care of their families as well.”







*People – Win – Transform*

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# Updates & Initiatives



- SOCOM enterprise priorities: People, Win, Transform
- Policy
  - Legislative Proposal (Gifting Expansion) accepted into law (FY23 NDAA); incorporated into the Financial Management Regulation in June 2023
  - Policy forums and working groups
- Continued development of resources and networks (Federal & community-based)
- Collaboration: Warrior Care Executive Council
- Initiatives:
  - Cancer in SOF: Cancer study request to OUSD Health Affairs; Cancer Memo to the Force
  - DoD/VA MOA revision: Expansion of Active Duty access to VA's Intensive Evaluation and Treatment Programs (IETP)
    - Readiness
      - ❖ Fragmented care = obstacle to care
      - ❖ Fragmented care = increased time to RTD
      - ❖ Obstacle to care + increased time to RTD = decreased readiness
    - Resource optimization



People – Win – Transform

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# United States Special Operations Command Warrior Care Program – Care Coalition

# Questions?

