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MCAT-WTB-CDR

24 January 2014

MEMORANDUM FOR Warrior Transition Brigade-National Capital Region (WTB-NCR)

SUBJECT: Warrior Transition Brigade- National Capital Region (WTB-NCR) Policy Letter # 1
– Risk Assessment Mitigation Policy

1. Overview: The goal of the Army is to integrate risk management principles and practices into the Army culture, organizations, systems and individual behavior. Protecting the Total Force through risk management is a responsibility of the Mission Command (MC) and Medical Management (M2) leadership at all levels. The Army believes embedding risk management into Army systems and individual behavior involves unequivocal commitment to a cultural change that requires careful management in order to capture the full power of risk management. Our Soldiers are our most valuable asset. Therefore, reducing preventable accidents or incidents throughout our formation is fundamental to protecting our Soldiers.

2. Purpose: This memorandum outlines the procedures for identifying High Risk Soldiers in the WTB-NCR population. High Risk Soldiers are defined as Soldiers who have a higher propensity to engage in risky behavior(s) that increase the risk of suicidal behaviors, violence, disciplinary actions, and/or non-adherence to their medical plan of care. Historical trends show that Soldiers in Warrior Transition Units (WTUs) are generally at an increased level of risk for any of the above listed behaviors. The following procedures will be implemented to assist WTU Company Commanders and Inter-Disciplinary Team (IDT) members in our organization with identifying and managing Soldiers who may have a propensity for risky behavior.

3. Applicability: This policy applies to all assigned and attached or on temporary duty Soldiers in Transition (STs) and those Cadre members of the WTB-NCR, to include Bethesda, Fort Belvoir and Fort Meade.

4. Definitions:

a. Soldier in Transition (ST). A wounded, ill and injured (WII) Soldier who is assigned, attached or on temporary duty to the WTB-NCR..

b. Inter-Disciplinary Team (IDT). Previously known as the Triad, primarily comprises individuals from the WTU cadre including the Company Commander (CoCdr), Primary Care Manager (PCM), Nurse Case Manager (NCM), Squad Leader (SL)/Platoon Sergeant (PSG), Social Worker (SW), and Occupational Therapist (OT). The IDT may also include other members of the treatment team including representatives from specialty medical staff, Chaplain, Veterans Affairs (VA), Army Wounded Soldier Program (AW2), and others

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c. Risk Level. All STs will be identified as either High (Black), Moderate (Red), Moderate-Low (Amber), or Low (Green) Risk by the IDT

d. IDT meetings. Previously known as Triad meetings. These usually occur weekly and allow an opportunity for a review of STs' risk level by the team and modification of the overall risk level by the Company Commander. STs assessed as High Risk by team members, those considered for removal from High Risk level, and all Soldiers of concern to any member of the IDT will be discussed at the IDT meeting.

e. Comprehensive Transition Plan (CTP). The CTP is a listing of goals, objectives, risk mitigation strategies, and safety plan as it pertains to the individual ST. All STs will have a CTP developed within 30 days of becoming an outpatient. The aCTP is an electronic database which contains risk assessment, goals, objectives, scrimmage information and other related information, hereafter referred to as AWCTS.

f. Sole Provider status. Sole Provider status restricts STs to receive all prescription medications from a single provider, with mandated limits on amounts dispensed and refills. If on Sole Provider status, Soldier's medications will be provided only by Sole Provider or designated alternate(s). If the sole provider or alternate(s) are not available (i.e. after hours), up to a 3 day supply of medications may be provided until the Soldier can be seen in the Warrior Clinic.

g. Electronic Medication Management Assistant (EMMA). A machine that dispenses medications. If a Soldier is determined to have non-adherence issues to their medication regimen, an EMMA machine may be prescribed by a physician after collaboration with the IDT. If the Soldier is prescribed an EMMA, a designated Pharmacist and a Pharmacy Technician will coordinate in setting up and reloading the machine with the prescribed medications. For High Risk STs, the SL will observe the Soldier refilling the machine (which will include obtaining blister packed medications from the pharmacy).

h. Safety Plan. A Safety Plan is a list of risk mitigation actions that the Soldier can put into action when recognizing that s/he is considering, demonstrating, or engaging in risky behavior or thoughts of harm to self or others. All High Risk Soldiers, with past suicidal or homicidal ideation will develop a Safety Plan with the behavioral health staff they are seeing. The Safety Plan will be included in the CTP and will be updated on an ongoing basis.

i. Poly Pharmacy. Soldier who is taking four or more medications that include a psychotropic or central nervous system depressant. Poly Pharmacy Soldiers will be identified as High Risk unless approved for risk level adjustment by the Bde Cdr/Bde Surgeon for Bethesda and Fort Meade and Bn Cdr/Bn Surgeon for Fort Belvoir.

5. Process:

a. All STs will undergo an initial risk assessment upon assignment or attachment to the WTB, and thereafter on an ongoing basis as specified in this policy. An overall assessment for each ST will be designated by the Company Commander as either High (Black), Moderate

(Red), Moderate-Low (Amber), or Low (Green) Risk. This risk assessment will be placed in AWCTS.

b. Identifying High Risk Soldiers must be done with special care and scrutiny. We will utilize the expertise of leaders at all levels, as well as, the available tools and resources at our disposal to identify High Risk Soldiers. Our process consists of four critical phases: Screening, Assessment, Management/Mitigation, and Reassessment. The following illustrates our systematic method of screening, assessing and managing our Soldiers.



6. Roles and responsibilities of the IDT in Risk Assessment are as follows:

a. Brigade/Battalion Commander ICW Brigade/Battalion Surgeon. Adjudicate ALL risk level incongruencies of two or more risk levels between SW evaluation and Company Commander determination. For example, SW evaluation is BLACK and Company Commander's determination is AMBER/ SW evaluation is RED and Company Commander's determination is GREEN.

b. Company Commander. The Company Commander is the primary and final decision maker in assessing a Soldier's risk. Central to the Company Commander's assessment is input from the PSG, SL, PCM, NCM, and WTB SW, as well as, input from other Behavioral Health providers to aid in determining a Soldier's level of risk. The Company Commander will take the following actions at a minimum in assessing Soldier Risk:

- (1) Review assessments in AWCTS by PSG/SL, NCM, and SW.
- (2) Complete the Company Commander's assessment and Risk Mitigation plan in AWCTS on all Soldiers.
- (3) Document risk level in the AWCTS Command module.

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(4) Company Commanders will designate a Soldier as High Risk under the following factors/conditions:

(a) Any ST with history of suicide or homicide attempt within the last three months or active suicidal/homicidal ideations, gestures, or related actions.

(b) Any ST pending allegations or with a substantiated case of domestic violence, child abuse, or child neglect within the last three months.

(c) Designated High Risk by a BH Provider or the Army Substance Abuse Program (ASAP) staff.

(d) Released from an inpatient psychiatric unit within the past two weeks.

(e) Refusal of inpatient psychiatric treatment against medical advice (evoke Boxer Rights) within the past month.

(f) Any ST who is a Poly Pharmacy.

(5) Company Commanders will review risk level of all new STs at IDT meetings.

(6) All new Company Commanders will conduct extended IDT meetings within 30 days of assuming command to assess the risk level of every Soldier in their company.

(7) Mission Command and Medical Management leadership will review history of appointment no shows at weekly Command and Staff Meeting.

(8) Develop unit emergency procedures that provide action steps for personnel to respond quickly and appropriately to potential or actual risk events. These unit procedures will include plans for expediting assistance for Service Members with behavioral risk indicators commonly associated with suicide or accidental death. Once the actual procedure has been completed, the Company Commander will ensure that the new risk level and/or mitigation plan is disseminated and rehearsed in a timely fashion with all applicable cadre (at a minimum this will include the SL, NCM, PCM, and SW).

(9) Weapons, ammunition, and explosives are not authorized on the grounds and are not to be stored in government barracks/lodging, or government contracted/provided off-base housing. Ensure all STs who have privately owned weapons (POW) in their possession have these weapons stored under lock and key. Company Commanders will identify, properly secure, and routinely account for all ST POWs as required by regulation. Spouse/family members of STs should be asked by the SL and members of the IDT about POW availability in the home or accessible to the ST. If there are privately owned weapons in the home, the spouse/family member should be encouraged to remove them, especially if the ST is moderate risk or above.

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(10) The Company Commander will institute safety procedures when there is a change in risk indicators, Once these procedures are complete, the Company Commander will ensure the new risk level and/or mitigation plan is disseminated in a timely fashion to all applicable cadre (at a minimum this will include the SL, NCM, PCM, and SW).

(11) All Companies will conduct (as a minimum) daily physical (face-to-face) accountability meetings two times a day (one in the morning and one in the afternoon) with all STs designated as High Risk. At the Company Commander's discretion, these can be conducted telephonically when the ST is on leave, during weekends, and on holidays. Text message or email is NOT acceptable.

(12) Provide the Staff Duty NCO (SDNCO) an accountability report of High Risk STs twice on weekends and holidays NLT noon and 1900 hours.

(13) Company Commanders will update their High Risk Soldier list every 24 hours.

(14) Company Commanders will issue a "no alcohol" written order when recommended on the Soldier's medical profile, all high risk STs referred to ASAP, those exhibiting drug seeking behavior, those recommended by other behavioral health providers, those recommended by other members of the IDT, and those deemed appropriate by the Company Commander. This will be given to the ST by written counseling on a DA form 4856 (during initial counseling). Company Commanders will refer individuals suspected of alcohol or drug abuse to the ASAP program during work hours and to the Emergency Room after hours.

(15) Company Commanders will ensure that Soldiers determined to be High Risk for suicide who are not assigned a Non Medical Attendant are evaluated for the need for a roommate. For High Risk STs hospitalized on inpatient psychiatry unit, these evaluations will occur during discharge planning meetings, and be documented on DA Form 3349. As outpatients these evaluations will occur in consultation with the treating behavioral health providers. The WTU SW, PCM, and NCM will be involved in these consultations.

(16) Prior to any Uniformed Code of Military Justice (UCMJ) action, the Company Commander should confer with members of the IDT to discuss the proposed action, obtain recommendations, and determine appropriate time for administration of action. For individuals in behavioral health treatment, the Company Commander will consult with the WTU SW and/or other behavioral health staff, prior to speaking with the ST.

(17) Company Commaders will provide related ongoing orientation and training to Soldiers, Non Medical Attendants, and other family members.

(18) Company Commanders will make determinations on specific STs that deviate from this policy, only after consulting with the IDT.

(19) Ensure that all cadre adhere to all aspects of this policy, and report instances when this has not occurred to the Bde/Bn Commander.

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c. PSG and SL.

(1) The PSG and SL are responsible for leading the Soldier through the healing process, building trust, developing a bond with each Soldier and their Family, and assessing the risk status of every Soldier under their control. PSG/SL will ensure implementation of the risk mitigation plan as developed by the IDT and approved by the Company Commander.

(2) Utilizing the standardized forms found in AWCTS, SLs will complete an initial risk assessment of every ST assigned to them within one business day of arrival.

(3) The SL will update the risk assessments on every high risk ST in their squad on a weekly basis, and all other ST's on a monthly/quarterly basis as required by risk level.

(4) PSGs and SLs (and other cadre as directed by WTB Commander) will be trained in Basic Life Saving (BLS) and Automatic External Defibrillation (AED) and have access to pocket masks and gloves.

d. PCM. The PCM develops an individualized medical treatment plan for each Soldier. They provide acute, chronic and routine medical treatment to facilitate physical, spiritual and mental healing of Soldiers and their Families.

(1) The PCM assesses a Soldier's medical risk based on factors including, but not limited to, medical status, cognitive impairment, mental health risk factors, medication effects, substance abuse/dependence, prescriptions for high risk medications, compliance with treatment, and special situations such as blindness or seizure disorder.

(2) PCMs will complete an initial risk assessment on every Soldier assigned to them as an outpatient within one business day of attachment/assignment. PCM will update the risk assessments on Soldiers after each appointment. Within one hour, the PCM will notify the Company Commander in instances when the risk level of a ST changes to High Risk.

(3) Discussion of STs with a High Risk assessment is mandatory in order to update the IDT on their medical status and make any necessary adjustments to the treatment plan and risk mitigation strategies.

(4) All high Risk Soldiers will be placed on Sole Provider status by their PCM.

(5) PCMs will ensure all High Risk Soldiers have restriction from consumption of alcohol annotated on block 8 of the DA Form 3349 (Physical Profile).

e. NCM. The NCM serves as a Soldier's advocate and liaison between the Soldier and all providers in the health care system. NCMs are responsible for coordinating a Soldier's individual medical care plan from treatment and through rehabilitation. The NCM takes a holistic approach in determining a Soldier's risk level. NCMs utilize experience, interviews, Chain of Command input, clinical data, and relationships with Families to determine their

recommendation for a Soldier's risk level. Utilizing the standardized forms found in AWCTS, NCM will complete an initial risk assessment of every ST assigned to them within one business day of arrival. The NCM will update the risk assessments on every High Risk Soldier they are currently managing on a weekly basis and all other Soldiers IAW with WTB Policies. At each weekly meeting with the NCM, High Risk Soldiers will bring their medications. NCMs will take the following steps to assess risk:

- (1) Review the risk assessments by other members of the IDT and ASAP.
- (2) Review the results of the Soldier's Suicide Risk Assessment Questionnaire(s).
- (3) Analyze missed appointments.
- (4) Fill out the Nurse Case Manager Assessment Matrix on all Soldiers.
- (5) Review the records of all Soldiers being transferred from inpatient to outpatient status, to determine if a recent risk assessment was completed.
- (6) Notify designated WTB social worker of all newly assigned and newly discharged STs.

f. WTU SW (Company Level).

(1) The WTU SW provides the command's 24 hour Risk Assessment to all Soldiers when they arrive as an outpatient. The SW will notify the Company Commander in instances when this will/has not occurred.

(2) The SW will conduct a Behavioral Health Intake-Psychosocial History and Assessment.

(3) SWs will update the risk assessments of every Soldier they are treating when the risk level or contributing factors change.

(4) SWs will conduct a risk assessment of all STs designated as (black) High Risk every week, every month for all STs designated as (Red), moderate risk level and every 90 days for all ST's designated as (amber) low moderate and (green) low risk level.

(5) SWs will assess any ST upon the request of any member of the IDT.

(6) The SW will function as the behavioral health liaison to the IDT.

(7) SW will notify the Company Commander, within one hour, in instances when a STs risk level is upgraded to High Risk.

(8) Whenever possible, members of the IDT will consult with the WTU SW prior to

referring a Soldier to another behavioral health provider. This will enable the Soldier to receive as much of their care as possible within the WTB, and ensure the greatest level of interdisciplinary input and decision making.

(9) SWs will enter all required data into AWCTS and DoD Psychological and Behavioral Health – Tools for Evaluation, Risk and Management (PBH-TERM) databases.

(10) Time permitting, SW will provide a limited number of individual, marital, family, and group therapy services.

(11) SWs will also be involved in establishing and updating Safety Plans, assessing the need for roommates, and providing this input to Company Commander.

g. Staff duty Non-Commissioned Officer (SDNCO). On weekends and holidays, NLT noon and 1900, the SDNCO will submit an accountability report of all High Risk STs to the leadership as specified in the SDNCO SOP.

h. Warrior Clinic Pharmacist. All High Risk STs will have a weekly appointment with a Clinical Pharmacist for medication reconciliation and management. All other STs will meet with the Pharmacist as needed or as determined appropriate by members of the interdisciplinary team.

i. WTB S3. The S3 will coordinate and resource all certification and training applicable to this policy.

j. On a quarterly basis, the WTB-NCR Chief SW ICW subordinate WTU Senior SWs will coordinate thru WTB-NCR S3 channels one of the following behavioral health related training for the cadre that is focused on the following areas:

(a) Increasing the knowledge of behavioral health issues/disease processes.

(b) Pharmacy and medication related training

(c) Leadership and caring for the WII Soldier and their Families

(d) Resiliency, Integration and Re-integration

7. Ongoing assessment of all STs is essential to ensuring safety. Soldiers who experience any acute changes in the following risk indicators will be assessed immediately (by the appropriate member(s) of the team) for a potential upgrade in risk level and corresponding mitigation plan:

a. Significant relationship stressors.

b. Acute or worsening behavioral health condition.

c. Pending UCMJ action.

- d. Death of a key person in STs life, or any anniversary of a trauma event.
- e. Isolative behavior or social withdrawal.
- f. Change in behavior such as breaking rules, acting out in small ways, etc.
- g. Receiving upsetting news (financial, children in trouble, etc.)
- h. Learning of significant combat attacks on STs unit, return or redeployment of their unit.
- i. Recent Emergency Room visit.
- j. ASAP clinic no show, behavioral health no show, significant treatment no show.
- k. Drug or alcohol test with positive confirmation or “pending further analysis” status
- l. Sole provider breach.
- m. Any other occurrence with potential impact on psychological well-being, ie: poor sleep, increased irritability, hopelessness, giving up, etc.

8. Management/Mitigation of High Risk Soldiers:

a. Our unit’s goal is to mitigate the risk of our Soldiers to ensure that those who have sacrificed for our country have the proper support system to successfully heal and live productive lives. Risk mitigation measures, including Safety Plans can be applied to any Soldier, regardless of risk level and will be listed in AWCTS.

b. Concerns about immediate safety:

(1) If the Soldier is thought to be actively suicidal or at risk for violence, WTU cadre will arrange to have them see their current behavioral health provider or WTU social worker immediately. If neither of these providers is available, or the ST refuses to be seen, cadre will arrange to have the Soldier escorted to the Emergency Room. When needed, the installation Police will be contacted to assist with escorting the ST. The ST will not be left alone at any time.

(2) If another healthcare provider feels the ST needs to be evaluated in the Emergency Room by the on-call behavioral health provider, verbal or written provider consultation will occur. Depending on urgency of the situation, this written communication can be delayed up to 24 hours, as long as a verbal communication with the evaluating healthcare provider has occurred. When needed, the installation Police will be contacted to assist with escorting the ST. The ST will not be left alone at any time.

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(3) If the nature of the situation does not require immediate transfer to Emergency Room, the WTU Company Commander/ISG will consult with a behavioral health provider (or other healthcare provider if behavioral health provider is not available) prior to deciding on a command directed behavioral health evaluation. If a command directed behavioral health evaluation IAW Department of Defense Instruction 6490.04 4 MAR 2013 is appropriate, the Commanding Officer will communicate the circumstances and observations about the ST that led to the request for a command directed behavioral health evaluation. These circumstances and observations will also be communicated in writing to the ST and the behavioral health provider that will perform the evaluation. Depending on urgency of the situation, this written communication can be delayed up to 24 hours, as long as a verbal communication with the evaluating healthcare provider has occurred.

(4) If none of the above applies, but the Soldier is considered at increased risk, an appointment will be scheduled with the Soldier's SW and/or PCM for assessment within the next 24 hours.

9. The process of identifying and managing STs is an enduring mission. Adherence to this policy will result in mitigating the risk of STs who, without intervention and proactive safety measures, could potentially cause harm to themselves or others.

10. The point of contact for this policy is the WTB-NCR Chief, Social Work Services at 301-400-2284.

Caring for our Soldiers... Heal, Educate, Transition!



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Commanding