



DEPARTMENT OF THE ARMY
WARRIOR TRANSITION COMMAND
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15 NOV 2013

MCWT-OPT-P

WCTP Policy Memo 13-010

Expires: 15 NOV 2015

MEMORANDUM FOR COMMANDERS, US Army Medical Command Regional Medical Commands

SUBJECT: WTU/CBWTU Risk Assessment and Mitigation Policy and Behavioral Health Processes

1. References:

a. Office of the Vice Chief of Staff Memorandum, DACS, Establishment of Army Campaign Plan for Health Promotion & Risk Reduction FY 2011 (HP&RR FY11), 8 November 2010.

b. Army 2020: Generating Health and Discipline in the Force Ahead of the Strategic Reset, Report 2012

c. AR 600-63, Army Health Promotion, 7 May 2007, RAR, 7 September 2010.

d. AR 600-85, The Army Substance Abuse Program, 28 December 2012.

e. DA PAMPHLET 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 17 December 2009, RAR, 7 September 2010.

f. OTSG/MEDCOM Policy Memo 11-098, Comprehensive Transition Plan Policy, 29 November 2011.

g. OTSG/MEDCOM Policy Memo 12-016, Reportable Information Policy, 7 March 2012.

h. Army Task Force on Behavioral Health (ATFBH) Corrective Action Plan – Implementation Guidance, 5 March 2013.

i. OTSG/MEDCOM Policy Memo 13-051, Soldier in Transition High-Risk Medication Review and the Sole Provider Program, 9 September 2013.

MCWT-OPT-P

SUBJECT: WTU/CBWTU Risk Assessment and Mitigation Policy and Behavioral Health Processes

2. Purpose: This policy identifies actions and processes to:

a. Reduce high risk outcomes, including behavioral health risk, which may result in harm to Soldiers and others.

b. Direct risk assessment and reassessment of all Soldiers.

c. Outline mitigating actions for Soldiers assessed as high risk.

3. Proponent: The proponent for this policy is the Warrior Transition Command (WTC).

4. Background: The Army 2020 Report on Generating Health and Discipline in the Force Ahead, published in 2012, stated that stress on the Force, most often associated with combat-related wounds, injuries and illness, are increasingly placing Soldiers at risk. It suggested that Soldiers who are suffering from physical and behavioral health issues are in need of more vigilant leader oversight, risk mitigation and medical healthcare. Risk is defined as the probability of harm or injury. Commanders will use subject matter experts at all levels and available tools and resources to identify and manage high risk Soldiers. The criteria used for determining a Soldier's risk level are based on input from experts representing MEDCOM's Behavioral Health Staff, U.S. Army Public Health Command, and the Department of Defense (DoD) Risk Management Task Force.

5. Policy.

a. Concept. Risk assessment and mitigation management is a Commander's responsibility, in collaboration with the Soldier's Triad of Care, interdisciplinary team, and the Soldier. It begins with a screening risk assessment on the day the Soldier arrives at the WTU/CBWTU, continues with a complete assessment in the next five days and continues with reassessments as needed, until the Soldier either returns to duty or separates from the Army.

b. Process. Each time a risk assessment is made, four persons are typically involved in gathering the information: the Soldier's Squad Leader (SL); the Soldier's Nurse Case Manager (NCM); a Behavioral Health (BH) provider (typically the Soldier's Licensed Clinical Social Worker (LCSW)), and a medical provider (typically the Soldier's Primary Care Manager (PCM)). Each of the four will make an independent evaluation of the Soldier's risk level; from these assessments the Company Commander will make a Commander's Risk Assessment. Once screening is complete, the Commander, in collaboration with the Soldier's Triad of Care, will decide upon and implement any necessary mitigation measures.

MCWT-OPT-P

SUBJECT: WTU/CBWTU Risk Assessment and Mitigation Policy and Behavioral Health Processes

c. Recording. Risk assessments and mitigation actions are recorded in the Army Warrior Care and Transition System (AWCTS). AWCTS contains specific modules for risk assessment entries by the LCSW (Enclosure 1), NCM (Enclosure 2), SL (Enclosure 3), and the Company Commander (Enclosure 4). AWCTS risk levels and their respective color codes include Low (green), Moderate Low (amber), Moderate (red) and High (black). The NCM assessment includes input from the medical provider's assessment. The Company Commander uses the information from the LCSW, NCM, and SL assessments to prepare the Commander's Risk Assessment and Risk Mitigation Plan. The Commander selects mitigation actions specific to the Soldier's level of risk and extenuating circumstances. Enclosure 5 contains recommended actions depending on the risk level the Commander assigns. Completed assessments are maintained within the AWCTS risk module and may be viewed by specified Cadre members.

d. Special actions for evaluations of high risk. Any provider or interdisciplinary team member who makes a new assessment of a Soldier as high risk in any category will notify the Soldier's Company Commander within one hour; such notification will be either in person or verbally over the telephone. No later than 24 hours thereafter, the Company Commander will notify the Battalion Commander, or the first O-5 in the chain of command, of a new assessment of high risk.

e. The 24 hour screening assessment. The initial screening risk assessment is completed within 24 hours of the Soldier's arrival at the WTU/CBWTU. This is done to ensure that the Soldier will be safe until the formal intake appointments occur, and that no emergent or urgent conditions are missed. In this case, the Soldier's SL and NCM, and on-call BH and medical providers, complete their assessments. If after hours, Soldiers should be escorted to the on-call BH and medical providers by their WTU SL. All WTU organic assets will enter their assessments into AWCTS. Non-organic BH and medical providers will document their findings in AHLTA and inform the Soldier's WTU NCM of their findings as soon as complete (the SL will provide the NCM's contact information). The NCM will inform the Commander of the findings and annotate identified risks in his/her AWCTS entry. This enables the Company Commander to prepare the Soldier's first Commander's Risk Assessment and Mitigation Plan.

f. The full intake assessment. Not later than five days after the Soldier's arrival, the Primary Care Manager (PCM), NCM, and LCSW conducts comprehensive intake evaluations of the newly arrived Soldier. The information gathered at these visits builds upon that gathered in the first 24 hours. If necessary, the LCSW, NCM, and SL update their risk assessments in AWCTS (Enclosures 1, 2, and 3, respectively). The NCM's assessment includes any pertinent information from the PCM evaluation. The Commander uses this new information to update the Soldier's risk assessment and mitigation plan (Enclosure 4) as appropriate.

g. Regularly scheduled assessments. The Company Commander and the interdisciplinary team review all WTU Soldier risk assessments and mitigation plans monthly, and all high-risk WTU Soldiers weekly. These reviews occur at Triad meetings. The PCM and NCM are responsible for communicating information findings from specialty providers. For Soldiers identified as high risk by the WTU, the WTU SW is responsible for informing the Department of BH of the high risk finding and ensuring the Department of BH's assessments and treatment plans for the Soldier are communicated to the WTU team on a weekly basis. If the Soldier is seen by a network provider, the SW will communicate with the network provider on a weekly basis as well.

h. Oversight responsibilities.

(1) The LCSW meets with all high risk WTU Soldiers weekly and conducts ongoing BH risk assessment, care management, and provides support to the Family/Caregivers regarding behavioral healthcare.

(2) WTU Battalion Commanders, or the first O-5 in the chain of command, approves all high risk Soldier mitigation plans within 24 hours, and reviews them weekly. For Separate Companies, the MTF Commander may designate the Deputy Commander For Clinical Services (DCCS) to approve and review.

(3) MTF Commanders, or the first O-6 in the chain of command, reviews all high risk Soldier mitigation plans monthly.

(4) Within 30 days of each WTU Soldier and Cadre member's arrival, Commanders ensure the U.S. Army Soldier and Leader Risk Reduction Tool (USA SLRRT) is completed. The USA SLRRT is used during initial and developmental counseling and leaders ensure it is reviewed annually.

i. Reassessment. The cyclic process of risk assessment, mitigation, and re-assessment repeats whenever significant changes or new information for a Soldier occurs, and continues as long as the Soldier remains in the WTU/CBWTU. This naturally occurs at milestones in the Soldier's transition process, such as scrimmages or the focused transition review, but may also occur at other times. Events in a Soldier's life that cause consideration of immediate reassessment include:

(1) Broken relationship (divorce, death of family member/spouse/partner)

(2) Pending UCMJ action

(3) Significant financial difficulties

MCWT-OPT-P

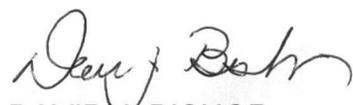
SUBJECT: WTU/CBWTU Risk Assessment and Mitigation Policy and Behavioral Health Processes

- (4) Alcohol and drug abuse/misuse (including prescription medications)
- (5) Acting out behaviors (AWOL, positive urinalysis, DUI)
- (6) Social withdrawal or isolation, giving away belongings
- (7) Milestones (MEB/PEB results, pending separation from Army)
- (8) News of significant combat in the Soldier's unit, or anniversary of past action
- (9) Change in level of BH care, release from inpatient BH program, significant medication changes
- (10) Suicidal or homicidal thinking or statements by the Soldier.

j. Battle drill. A recommended battle drill, to be instituted by the Commander whenever a member of the interdisciplinary team feels the Soldier's risk level has undergone an elevated change, is found in Enclosure 6. Any interdisciplinary team member can identify a change in risk indicators and notify the Commander. Once the drill is complete, the Commander ensures the new risk level and mitigation plan are disseminated to the Triad of Care and recorded in AWCTS (Enclosure 4).

6 Encls

- 1. LCSW Risk Assessment
- 2. NCM Risk Assessment
- 3. SL Risk Assessment
- 4. CDR Mitigation Plan
- 5. CDR Mitigation Matrix
- 6. Battle Drill Template



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MCWT-OPT-P

SUBJECT: WTU/CBWTU Risk Assessment and Mitigation Policy and Behavioral Health Processes

WTU LCSW Risk Assessment Screen Capture from AWCTS CTP Risk Assessment Module

Please assign a score for each risk factor

? * F1 - Behavioral / Mental Health (Self-Harm/Suicide):

? * F2 - Mental Status:

? * F3 - Anxiety and Post-Traumatic Stress Disorder:

? * F4 - Anger/Agression including Domestic Violence:

? * F5 - Substance Use:

? * F6 - Psychosocial History / Relationships:

? * F7 - Environment / Support System:

? * F8 - Health History and Traumatic Brain Injury:

* OVERALL ESTIMATED RISK LEVEL:

* Estimate determined by:
 Direct Questions
 BHI-PHA
 PBH-TERM
 Other

Cancel

Next >

WTU NCM Risk Assessment Screen Capture from AWCTS CTP Risk Assessment Module

Please assign a score for each risk factor

- ? * Failure to progress with medical treatment plans: Select one... Yes=17, No=0

- ? * Family challenges (divorce, adoption, marriage, recent birth, conflict, serious illness or death): Select one... 0 - Lowest, 3 Highest

- ? * History of mental health problems that have warranted an admission or intensive outpatient therapy treatment: Select one... 0 - Lowest, 3 Highest

- ? * History of illegal drug use: Select one... 0 - Lowest, 3 Highest

- ? * History of ASAP failure: Select one... 0 - Lowest, 3 Highest

- ? * History of drug seeking behavior: Select one... 0 - Lowest, 3 Highest

- ? * History of domestic violence/neglect: Select one... 0 - Lowest, 3 Highest

- ? * Social isolation/withdrawal: Select one... 0 - Lowest, 4 Highest

- ? * History of suicidal/homicidal thoughts: Select one... 0 - Lowest, 4 Highest

- ? * Family/friend history of suicide/homicide: Select one... 0 - Lowest, 4 Highest

- ? * History of suicidal/homicidal attempt: Select one... 0 - Lowest, 5 Highest

- ? * Tragic experience that the Soldier could answer yes to one or more of the following: Nightmares about event or thought about event when they did not want to; constantly on guard, or startled, numb or detached from others: Select one... 0 - Lowest, 6 Highest

- * Released from in-patient or partial stay psychiatric unit last 2 weeks: Select one... Yes=17, No=0

- * Designated High Risk by ASAP: Select one... Yes=17, No=0

- * History of suicidal/homicidal attempt last 6 months: Select one... Yes=17, No=0

- * Domestic violence/neglect last 3 months: Select one... Yes=17, No=0

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WTU SL Risk Assessment Screen Capture from AWCTS CTP Risk Assessment Module

Please assign a score for each risk factor

* Age 25 or under:	<input type="text" value="Select One..."/>	17-21 = 2, 21-25 = 1, >25 = 0
? * Multiple combat or imminent danger deployments:	<input type="text" value="Select One..."/>	0 - Lowest, 2 - Highest
? * Exposed to combat last 180 days:	<input type="text" value="Select One..."/>	0 - Lowest, 2 - Highest
? * Legal Issues (History of AWOL, UCMJ):	<input type="text" value="Select One..."/>	0 - Lowest, 3 - Highest
? * History of non-compliance with Warrior Transition program (fails to meet with SL, CM, PCM, specialty care provider):	<input type="text" value="Select One..."/>	0 - Lowest, 3 - Highest
? * Social isolation/withdrawal (difficulty making friends, bad influences, friend's death):	<input type="text" value="Select One..."/>	0 - Lowest, 3 - Highest
? * Financial Issues:	<input type="text" value="Select One..."/>	0 - Lowest, 4 - Highest
? * Alcohol or drug abuse resulting in: missed appointment or duty; under influence during duty or appointment; referred to community mental health for alcohol or drugs; illegal drug use, alcohol violation:	<input type="text" value="Select One..."/>	0 - Lowest, 4 - Highest
? * Experienced two or more at fault accidents (MVA):	<input type="text" value="Select One..."/>	0 - Lowest, 4 - Highest
? * Counseled for poor performance within last 90 days:	<input type="text" value="Select One..."/>	0 - Lowest, 4 - Highest
? * Physical or verbal confrontation 2 or more times in last 90 days:	<input type="text" value="Select One..."/>	0 - Lowest, 7 - Highest
? * Expressed or displayed any acts of self-harm:	<input type="text" value="Select One..."/>	0 - Lowest, 10 - Highest
* Domestic violence/neglect last 3 months:	<input type="text" value="Select One..."/>	Yes=17, No=0
* History of Suicidal/homicidal attempt last 6 months:	<input type="text" value="Select One..."/>	Yes=17, No=0
* Designated High Risk by ASAP:	<input type="text" value="Select One..."/>	Yes=17, No=0

Recommended WTU Commander Mitigation Actions, Based on the Assessment in the AWCTS CTP Risk Assessment Module

Please review the NCM, PSG/SL and SW assessment to determine the overall risk level of the Soldier and corresponding management/mitigating actions

Assessment	Risk Score	Risk Designation	Assessment By	Assessment Date	Comments
PSG/SL Assessr	0	⊖		18 May 2012	No issues at this time
NCM Assessment	6	⊖		18 May 2012	Mild risk factors
SW Assessment		⚠		18 May 2012	Several concerning observations of BH risk

Commander's Assessment

* Overall Risk Designation:

* Risk Mitigation Plan C2 contact to 2 times a day / 7 days per week
Check all actions to be part of the plan:

- Medication reconciliation at least weekly and each time there is a change in medication regimen
- Refer to PCM for Sole Provider Program and restrict refill amounts of medication to 7 days or less
- Contract for safety
- Roommate / NMA / family member
- Issue No Alcohol Order
- Require Battle Buddy to travel off post (sign in/out with SDNCO)
- Refer to chaplain
- Initiate safety counselling
- Refer to Behavioral Health for evaluation and follow-up
- Refer to ER for Suicidal Ideation or Homicidal Ideation
- Provide 1:1 escort
- Increase CM Contact
- NMA / family escort
- Refer to Family advocacy / martial counselling
- Move on post/move into Barracks / Return to WTU from CCBWTU
- Initiate Multidisciplinary meeting with Soldier
- Include Soldier's Family / Significant Other in plan
- Refer to PCM for evaluation
- Refer to ASAP

Additional Plan Actions:

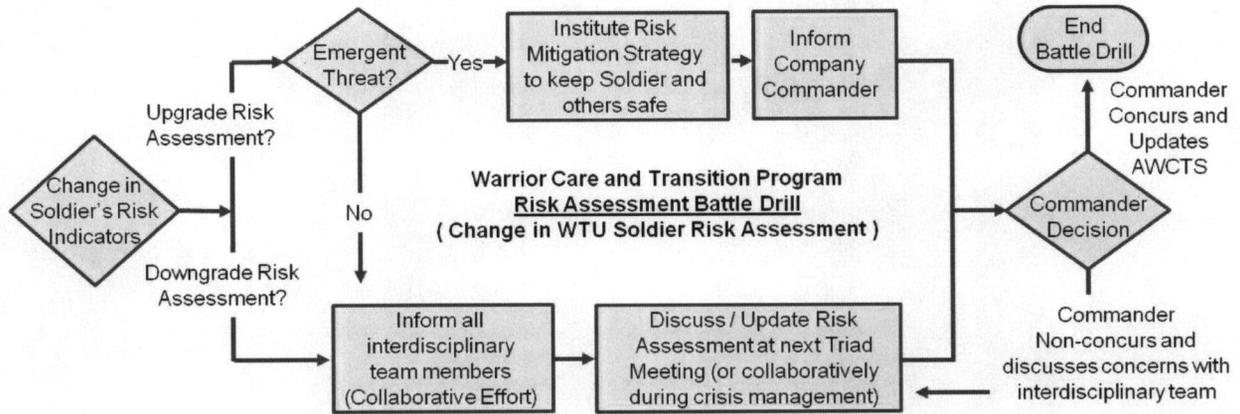
MCWT-OPT-P

SUBJECT: WTU/CBWTU Risk Assessment and Mitigation Policy and Behavioral Health Processes

**Recommended WTU Commander Mitigation Actions,
Based on the Assessment in the AWCTS CTP Risk Assessment Module**

Mitigation Action	LOW	Mod Low	Mod	HIGH
Command and control (C2) contact with WT two times per day, seven days per week.				X
Medication reconciliation at least weekly and each time there is a change in medication regimen.				X
Refer to primary Care Manager (PCM) for enrollment in the Army's Sole Provider Program (SPP).				X
Contract for safety.				X
Roommate/non-medical attendant (NMA)/family member as WT battle buddy per DAIM-ZA Policy Memo dated October 14, 2009.				X
Issue a no alcohol order.	When the PCM determines consumption of alcohol poses an unacceptable risk to the Soldier due to a medical condition and/or medication regimen, a no alcohol order will be annotated on the DA 3349. Commanders will ensure the Soldier is counseled in writing acknowledging they are prohibited from consuming alcohol.			X
Require battle buddy to travel off post (sign in/out with SDNCO).				X
Refer to Chaplain.	Refer for any risk when presence of risk factors such as family issues, poor performance, etc.			X
Initiate safety counseling.	X	X	X	X
Refer to behavioral health for evaluation and follow-up.	Refer for sudden, unusual or unexplained change in behavior.			X
Refer to ER for suicidal ideation or homicidal ideation.	Refer WITH 1:1 escort for any suicidal or homicidal ideations.			
Refer to WTU/CBWTU social worker (SW) for weekly f/u Risk Assessments and for appropriate Behavioral Health referral for evaluation and follow-up.	Refer for sudden, unusual or unexplained change in behavior.			
Provide 1:1 escort.	Can be done at ANY risk level if indicated.			
Increase case manager (CM) Contact.	Can be done at ANY risk level if indicated.			
Refer to SW for marital counseling referral.	Can be done at ANY risk level if indicated.			
Refer to Family Advocacy Program.	Can be done at ANY risk level if indicated.			
Evaluate to determine if Soldier requires moving onto post/move into Barracks/Return to WTU from CBWTU to separate from risk stressors or closer monitoring.	Can be done at ANY risk level if indicated.			
Initiate multidisciplinary meeting with Soldier.	X	X	X	X
Include WT's family/significant other in plan (HIPAA Precautions).	X	X	X	X
Refer to PCM for evaluation.	Can be done at ANY risk level if indicated.			
Refer to ASAP.	IAW AR and/or recommendation of commander at any level.			

WTU Risk Assessment Battle Drill Template



**WTU Company Commander and Interdisciplinary Team
Risk Assessment Mitigation Battle Drill
(Considerations and Actions)**

Considerations

- Soldier medical (physical) capabilities
- Past leadership issues / concerns
- LCSW assessed behavioral health (emotional) challenges

Actions

- NCM and LCSW document updated risk assessment in AHLTA
- SL, NCM, LCSW initiate new risk assessment in AWCTS
- CDR updates risk mitigation plan in AWCTS
- SL incorporates updated new risk mitigation plan in leader book
- Interdisciplinary Team executes updated mitigation plan.