Public Law 110–181
110th Congress

An Act

To provide for the enactment of the National Defense Authorization Act for Fiscal Year 2008, as previously enrolled, with certain modifications to address the foreign sovereign immunities provisions of title 28, United States Code, with respect to the attachment of property in certain judgments against Iraq, the lapse of statutory authorities for the payment of bonuses, special pays, and similar benefits for members of the uniformed services, and for other purposes.

Jan. 28, 2008
[H.R. 4986]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

National Defense Authorization Act for Fiscal Year 2008.

SECTION 1. SHORT TITLE; TREATMENT OF EXPLANATORY STATEMENT.

(a) SHORT TITLE.—This Act may be cited as the "National Defense Authorization Act for Fiscal Year 2008".

(b) EXPLANATORY STATEMENT.—The Joint Explanatory Statement submitted by the Committee of Conference for the conference report to accompany H.R. 1585 of the 110th Congress (Report 110–477) shall be deemed to be part of the legislative history of this Act and shall have the same effect with respect to the implementation of this Act as it would have had with respect to the implementation of H.R. 1585, if such bill had been enacted.

SEC. 2. ORGANIZATION OF ACT INTO DIVISIONS; TABLE OF CONTENTS.

(a) DIVISIONS.—This Act is organized into three divisions as follows:

(1) Division A—Department of Defense Authorizations.
(2) Division B—Military Construction Authorizations.
(3) Division C—Department of Energy National Security Authorizations and Other Authorizations.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

10 USC 1071 note.

SEC. 1618. COMPREHENSIVE PLAN ON PREVENTION, DIAGNOSIS, MITIGATION, TREATMENT, AND REHABILITATION OF, AND RESEARCH ON, TRAUMATIC BRAIN INJURY, POST-TRAUMATIC STRESS DISORDER, AND OTHER MENTAL HEALTH CONDITIONS IN MEMBERS OF THE ARMED FORCES.

(a) COMPREHENSIVE STATEMENT OF POLICY.—The Secretary of Defense and the Secretary of Veterans Affairs shall direct joint planning among the Department of Defense, the military departments, and the Department of Veterans Affairs for the prevention, diagnosis, mitigation, treatment, and rehabilitation of, and research on, traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces, including planning for the seamless transition of such members from care through the Department of Defense to care through the Department of Veterans Affairs.

Deadline.

(b) COMPREHENSIVE PLAN REQUIRED.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall, in consultation with the Secretary of Veterans Affairs, submit to the congressional defense committees a comprehensive plan for programs and activities of the Department of Defense to prevent, diagnose, mitigate, treat, research, and otherwise respond to traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces, including—

(1) an assessment of the current capabilities of the Department for the prevention, diagnosis, mitigation, treatment, and rehabilitation of, and research on, traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces;

(2) the identification of gaps in current capabilities of the Department for the prevention, diagnosis, mitigation, treatment, and rehabilitation of, and research on, traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces; and

(3) the identification of the resources required for the Department in fiscal years 2009 through 2013 to address the gaps in capabilities identified under paragraph (2).

(c) PROGRAM REQUIRED.—One of the programs contained in the comprehensive plan submitted under subsection (b) shall be a Department of Defense program, developed in collaboration with the Department of Veterans Affairs, under which each member of the Armed Forces who incurs a traumatic brain injury or post-traumatic stress disorder during service in the Armed Forces—

(1) is enrolled in the program; and

(2) receives treatment and rehabilitation meeting a standard of care such that each individual who qualifies for care under the program shall—

(A) be provided the highest quality, evidence-based care in facilities that most appropriately meet the specific needs of the individual; and

(B) be rehabilitated to the fullest extent possible using up-to-date evidence-based medical technology, and physical and medical rehabilitation practices and expertise.

(d) PROVISION OF INFORMATION REQUIRED.—The comprehensive plan submitted under subsection (b) shall require the provision of information by the Secretary of Defense to members of the Armed Forces with traumatic brain injury, post-traumatic stress

disorder, or other mental health conditions and their families about their options with respect to the following:

(1) The receipt of medical and mental health care from the Department of Defense and the Department of Veterans Affairs.

(2) Additional options available to such members for treatment and rehabilitation of traumatic brain injury, post-traumatic stress disorder, and other mental health conditions.

(3) The options available, including obtaining a second opinion, to such members for a referral to an authorized provider under chapter 55 of title 10, United States Code, as determined under regulations prescribed by the Secretary of Defense.

(e) ADDITIONAL ELEMENTS OF PLAN.—The comprehensive plan submitted under subsection (b) shall include comprehensive proposals of the Department on the following:

(1) LEAD AGENT.—The designation by the Secretary of Defense of a lead agent or executive agent for the Department to coordinate development and implementation of the plan.

(2) DETECTION AND TREATMENT.—The improvement of methods and mechanisms for the detection and treatment of traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces in the field.

(3) REDUCTION OF PTSD.—The development of a plan for reducing post traumatic-stress disorder, incorporating evidence-based preventive and early-intervention measures, practices, or procedures that reduce the likelihood that personnel in combat will develop post-traumatic stress disorder or other stress-related conditions (including substance abuse conditions) into—

(A) basic and pre-deployment training for enlisted members of the Armed Forces, noncommissioned officers, and officers;

(B) combat theater operations; and

(C) post-deployment service.

(4) RESEARCH.—Requirements for research on traumatic brain injury, post-traumatic stress disorder, and other mental health conditions including (in particular) research on pharmacological and other approaches to treatment for traumatic brain injury, post-traumatic stress disorder, or other mental health conditions, as applicable, and the allocation of priorities among such research.

(5) DIAGNOSTIC CRITERIA.—The development, adoption, and deployment of joint Department of Defense-Department of Veterans Affairs evidence-based diagnostic criteria for the detection and evaluation of the range of traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces, which criteria shall be employed uniformly across the military departments in all applicable circumstances, including provision of clinical care and assessment of future deployability of members of the Armed Forces.

(6) ASSESSMENT.—The development and deployment of evidence-based means of assessing traumatic brain injury, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces, including a system of pre-

deployment and post-deployment screenings of cognitive ability in members for the detection of cognitive impairment.

(7) MANAGING AND MONITORING.—The development and deployment of effective means of managing and monitoring members of the Armed Forces with traumatic brain injury, post-traumatic stress disorder, or other mental health conditions in the receipt of care for traumatic brain injury, post-traumatic stress disorder, or other mental health conditions, as applicable, including the monitoring and assessment of treatment and outcomes.

(8) EDUCATION AND AWARENESS.—The development and deployment of an education and awareness training initiative designed to reduce the negative stigma associated with traumatic brain injury, post-traumatic stress disorder, and other mental health conditions, and mental health treatment.

(9) EDUCATION AND OUTREACH.—The provision of education and outreach to families of members of the Armed Forces with traumatic brain injury, post-traumatic stress disorder, or other mental health conditions on a range of matters relating to traumatic brain injury, post-traumatic stress disorder, or other mental health conditions, as applicable, including detection, mitigation, and treatment.

(10) RECORDING OF BLASTS.—A requirement that exposure to a blast or blasts be recorded in the records of members of the Armed Forces.

(11) GUIDELINES FOR BLAST INJURIES.—The development of clinical practice guidelines for the diagnosis and treatment of blast injuries in members of the Armed Forces, including, but not limited to, traumatic brain injury.

(12) GENDER- AND ETHNIC GROUP-SPECIFIC SERVICES AND TREATMENT.—The development of requirements, as appropriate, for gender- and ethnic group-specific medical care services and treatment for members of the Armed Forces who experience mental health problems and conditions, including post-traumatic stress disorder, with specific regard to the availability of, access to, and research and development requirements of such needs.

(f) COORDINATION IN DEVELOPMENT.—The comprehensive plan submitted under subsection (b) shall be developed in coordination with the Secretary of the Army (who was designated by the Secretary of Defense as executive agent for the prevention, mitigation, and treatment of blast injuries under section 256 of the National Defense Authorization Act for Fiscal Year 2006 (Public Law 109–163; 119 Stat. 3181; 10 U.S.C. 1071 note)).

Subtitle B—Centers of Excellence in the Prevention, Diagnosis, Mitigation, Treatment, and Rehabilitation of Traumatic Brain Injury, Post-Traumatic Stress Disorder, and Eye Injuries

SEC. 1621. CENTER OF EXCELLENCE IN THE PREVENTION, DIAGNOSIS, MITIGATION, TREATMENT, AND REHABILITATION OF TRAUMATIC BRAIN INJURY.

10 USC 1071 note.

(a) IN GENERAL.—The Secretary of Defense shall establish within the Department of Defense a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury, including mild, moderate, and severe traumatic brain injury, to carry out the responsibilities specified in subsection (c). Establishment.

(b) PARTNERSHIPS.—The Secretary shall ensure that the Center collaborates to the maximum extent practicable with the Department of Veterans Affairs, institutions of higher education, and other appropriate public and private entities (including international entities) to carry out the responsibilities specified in subsection (c).

(c) RESPONSIBILITIES.—The Center shall have responsibilities as follows:

(1) To implement the comprehensive plan and strategy for the Department of Defense, required by section 1618 of this Act, for the prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury, including research on gender and ethnic group-specific health needs related to traumatic brain injury.

(2) To provide for the development, testing, and dissemination within the Department of best practices for the treatment of traumatic brain injury.

(3) To provide guidance for the mental health system of the Department in determining the mental health and neurological health personnel required to provide quality mental health care for members of the Armed Forces with traumatic brain injury.

(4) To establish, implement, and oversee a comprehensive program to train mental health and neurological health professionals of the Department in the treatment of traumatic brain injury.

(5) To facilitate advancements in the study of the short-term and long-term psychological effects of traumatic brain injury.

(6) To disseminate within the military medical treatment facilities of the Department best practices for training mental health professionals, including neurological health professionals, with respect to traumatic brain injury.

(7) To conduct basic science and translational research on traumatic brain injury for the purposes of understanding the etiology of traumatic brain injury and developing preventive interventions and new treatments.

(8) To develop programs and outreach strategies for families of members of the Armed Forces with traumatic brain injury

in order to mitigate the negative impacts of traumatic brain injury on such family members and to support the recovery of such members from traumatic brain injury.

(9) To conduct research on the mental health needs of families of members of the Armed Forces with traumatic brain injury and develop protocols to address any needs identified through such research.

(10) To conduct longitudinal studies (using imaging technology and other proven research methods) on members of the Armed Forces with traumatic brain injury to identify early signs of Alzheimer's disease, Parkinson's disease, or other manifestations of neurodegeneration, as well as epilepsy, in such members, in coordination with the studies authorized by section 721 of the John Warner National Defense Authorization Act for Fiscal Year 2007 (Public Law 109–364; 120 Stat. 2294) and other studies of the Department of Defense and the Department of Veterans Affairs that address the connection between exposure to combat and the development of Alzheimer's disease, Parkinson's disease, and other neurodegenerative disorders, as well as epilepsy.

(11) To develop and oversee a long-term plan to increase the number of mental health and neurological health professionals within the Department in order to facilitate the meeting by the Department of the needs of members of the Armed Forces with traumatic brain injury until their transition to care and treatment from the Department of Veterans Affairs.

(12) To develop a program on comprehensive pain management, including management of acute and chronic pain, to utilize current and develop new treatments for pain, and to identify and disseminate best practices on pain management related to traumatic brain injury.

(13) Such other responsibilities as the Secretary shall specify.

10 USC 1071 note.

SEC. 1622. CENTER OF EXCELLENCE IN PREVENTION, DIAGNOSIS, MITIGATION, TREATMENT, AND REHABILITATION OF POST-TRAUMATIC STRESS DISORDER AND OTHER MENTAL HEALTH CONDITIONS.

Establishment.

(a) IN GENERAL.—The Secretary of Defense shall establish within the Department of Defense a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of post-traumatic stress disorder (PTSD) and other mental health conditions, including mild, moderate, and severe post-traumatic stress disorder and other mental health conditions, to carry out the responsibilities specified in subsection (c).

(b) PARTNERSHIPS.—The Secretary shall ensure that the center collaborates to the maximum extent practicable with the National Center on Post-Traumatic Stress Disorder of the Department of Veterans Affairs, institutions of higher education, and other appropriate public and private entities (including international entities) to carry out the responsibilities specified in subsection (c).

(c) RESPONSIBILITIES.—The center shall have responsibilities as follows:

(1) To implement the comprehensive plan and strategy for the Department of Defense, required by section 1618 of this Act, for the prevention, diagnosis, mitigation, treatment, and rehabilitation of post-traumatic stress disorder and other

mental health conditions, including research on gender- and ethnic group-specific health needs related to post-traumatic stress disorder and other mental health conditions.

(2) To provide for the development, testing, and dissemination within the Department of best practices for the treatment of post-traumatic stress disorder.

(3) To provide guidance for the mental health system of the Department in determining the mental health and neurological health personnel required to provide quality mental health care for members of the Armed Forces with post-traumatic stress disorder and other mental health conditions.

(4) To establish, implement, and oversee a comprehensive program to train mental health and neurological health professionals of the Department in the treatment of post-traumatic stress disorder and other mental health conditions.

(5) To facilitate advancements in the study of the short-term and long-term psychological effects of post-traumatic stress disorder and other mental health conditions.

(6) To disseminate within the military medical treatment facilities of the Department best practices for training mental health professionals, including neurological health professionals, with respect to post-traumatic stress disorder and other mental health conditions.

(7) To conduct basic science and translational research on post-traumatic stress disorder for the purposes of understanding the etiology of post-traumatic stress disorder and developing preventive interventions and new treatments.

(8) To develop programs and outreach strategies for families of members of the Armed Forces with post-traumatic stress disorder and other mental health conditions in order to mitigate the negative impacts of post-traumatic stress disorder and other mental health conditions on such family members and to support the recovery of such members from post-traumatic stress disorder and other mental health conditions.

(9) To conduct research on the mental health needs of families of members of the Armed Forces with post-traumatic stress disorder and other mental health conditions and develop protocols to address any needs identified through such research.

(10) To develop and oversee a long-term plan to increase the number of mental health and neurological health professionals within the Department in order to facilitate the meeting by the Department of the needs of members of the Armed Forces with post-traumatic stress disorder and other mental health conditions until their transition to care and treatment from the Department of Veterans Affairs.

SEC. 1623. CENTER OF EXCELLENCE IN PREVENTION, DIAGNOSIS, MITIGATION, TREATMENT, AND REHABILITATION OF MILITARY EYE INJURIES.

10 USC 1071 note.

(a) IN GENERAL.—The Secretary of Defense shall establish within the Department of Defense a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of military eye injuries to carry out the responsibilities specified in subsection (c).

Establishment.

(b) PARTNERSHIPS.—The Secretary shall ensure that the center collaborates to the maximum extent practicable with the Secretary of Veterans Affairs, institutions of higher education, and other

appropriate public and private entities (including international entities) to carry out the responsibilities specified in subsection (c).

(c) RESPONSIBILITIES.—

(1) IN GENERAL.—The center shall—

(A) implement a comprehensive plan and strategy for the Department of Defense, as developed by the Secretary of Defense, for a registry of information for the tracking of the diagnosis, surgical intervention or other operative procedure, other treatment, and follow up for each case of significant eye injury incurred by a member of the Armed Forces while serving on active duty;

(B) ensure the electronic exchange with the Secretary of Veterans Affairs of information obtained through tracking under subparagraph (A); and

(C) enable the Secretary of Veterans Affairs to access the registry and add information pertaining to additional treatments or surgical procedures and eventual visual outcomes for veterans who were entered into the registry and subsequently received treatment through the Veterans Health Administration.

(2) DESIGNATION OF REGISTRY.—The registry under this subsection shall be known as the "Military Eye Injury Registry" (hereinafter referred to as the "Registry").

(3) CONSULTATION IN DEVELOPMENT.—The center shall develop the Registry in consultation with the ophthalmological specialist personnel and optometric specialist personnel of the Department of Defense and the ophthalmological specialist personnel and optometric specialist personnel of the Department of Veterans Affairs. The mechanisms and procedures of the Registry shall reflect applicable expert research on military and other eye injuries.

Deadlines.

(4) MECHANISMS.—The mechanisms of the Registry for tracking under paragraph (1)(A) shall ensure that each military medical treatment facility or other medical facility shall submit to the center for inclusion in the Registry information on the diagnosis, surgical intervention or other operative procedure, other treatment, and follow up for each case of eye injury described in that paragraph as follows (to the extent applicable):

(A) Not later than 30 days after surgery or other operative intervention, including a surgery or other operative intervention carried out as a result of a follow-up examination.

(B) Not later than 180 days after the significant eye injury is reported or recorded in the medical record.

Notification.

(5) COORDINATION OF CARE AND BENEFITS.—(A) The center shall provide notice to the Blind Rehabilitation Service of the Department of Veterans Affairs and to the eye care services of the Veterans Health Administration on each member of the Armed Forces described in subparagraph (B) for purposes of ensuring the coordination of the provision of ongoing eye care and visual rehabilitation benefits and services by the Department of Veterans Affairs after the separation or release of such member from the Armed Forces.

(B) A member of the Armed Forces described in this subparagraph is a member of the Armed Forces as follows:

(i) A member with a significant eye injury incurred while serving on active duty, including a member with visual dysfunction related to traumatic brain injury.

(ii) A member with an eye injury incurred while serving on active duty who has a visual acuity of 20/200 or less in the injured eye.

(iii) A member with an eye injury incurred while serving on active duty who has a loss of peripheral vision resulting in 20 degrees or less of visual field in the injured eye.

(d) UTILIZATION OF REGISTRY INFORMATION.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly ensure that information in the Registry is available to appropriate ophthalmological and optometric personnel of the Department of Defense and the Department of Veterans Affairs for purposes of encouraging and facilitating the conduct of research, and the development of best practices and clinical education, on eye injuries incurred by members of the Armed Forces in combat.

(e) INCLUSION OF RECORDS OF OIF/OEF VETERANS.—The Secretary of Defense shall take appropriate actions to include in the Registry such records of members of the Armed Forces who incurred an eye injury while serving on active duty on or after September 11, 2001, but before the establishment of the Registry, as the Secretary considers appropriate for purposes of the Registry.

(f) TRAUMATIC BRAIN INJURY POST TRAUMATIC VISUAL SYNDROME.—In carrying out the program at Walter Reed Army Medical Center, District of Columbia, on traumatic brain injury post traumatic visual syndrome, the Secretary of Defense and the Department of Veterans Affairs shall jointly provide for the conduct of a cooperative program for members of the Armed Forces and veterans with traumatic brain injury by military medical treatment facilities of the Department of Defense and medical centers of the Department of Veterans Affairs selected for purposes of this subsection for purposes of vision screening, diagnosis, rehabilitative management, and vision research, including research on prevention, on visual dysfunction related to traumatic brain injury.

SEC. 1624. REPORT ON ESTABLISHMENT OF CENTERS OF EXCELLENCE.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to Congress a report on—

(1) the establishment of the center of excellence in prevention, diagnosis, mitigation, treatment, and rehabilitation of traumatic brain injury under section 1621;

(2) the establishment of the center of excellence in prevention, diagnosis, mitigation, treatment, and rehabilitation of post-traumatic stress disorder and other mental health conditions under section 1622; and

(3) the establishment of the center of excellence in prevention, diagnosis, mitigation, treatment, and rehabilitation of military eye injuries under section 1623.

(b) MATTERS COVERED.—The report shall, for each such center—

(1) describe in detail the activities and proposed activities of such center; and

(2) assess the progress of such center in discharging the responsibilities of such center.

Public Law 112–239
112th Congress

An Act

Jan. 2, 2013
[H.R. 4310]

To authorize appropriations for fiscal year 2013 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

National Defense Authorization Act for Fiscal Year 2013.

SECTION 1. SHORT TITLE.

This Act may be cited as the "National Defense Authorization Act for Fiscal Year 2013".

SEC. 2. ORGANIZATION OF ACT INTO DIVISIONS; TABLE OF CONTENTS.

(a) DIVISIONS.—This Act is organized into four divisions as follows:

(1) Division A—Department of Defense Authorizations.

(2) Division B—Military Construction Authorizations.

(3) Division C—Department of Energy National Security Authorizations and Other Authorizations.

(4) Division D—Funding Tables.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Forces described in subsection (b) to volunteer or be considered for employment as peer counselors under the following:

(A) The peer support counseling program carried out by the Secretary of Veterans Affairs under subsection (j) of section 1720F of title 38, United States Code, as part of the comprehensive program for suicide prevention among veterans under subsection (a) of such section.

(B) The peer support counseling program carried out by the Secretary of Veterans Affairs under section 304(a)(1) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111–163; 124 Stat. 1150; 38 U.S.C. 1712A note).

(2) TRAINING.—Any member participating in a peer support counseling program under paragraph (1) shall receive the training for peer counselors under section 1720F(j)(2) of title 38, United States Code, or section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010, as applicable, before performing peer support counseling duties under such program.

(b) COVERED MEMBERS.—Members of the Armed Forces described in this subsection are the following:

(1) Members of the reserve components of the Armed Forces who are demobilizing after deployment in a theater of combat operations, including, in particular, members who participated in combat against the enemy while so deployed.

(2) Members of the regular components of the Armed Forces separating from active duty who have been deployed in a theater of combat operations in which such members participated in combat against the enemy.

10 USC 1071 note.

SEC. 725. RESEARCH AND MEDICAL PRACTICE ON MENTAL HEALTH CONDITIONS.

(a) RESEARCH AND PRACTICE.—The Secretary of Defense shall provide for the translation of research on the diagnosis and treatment of mental health conditions into policy on medical practices.

(b) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committees on Armed Services of the House of Representatives and the Senate a report on the translation of research into policy as described in subsection (a). The report shall include the following:

(1) A summary of the efforts of the Department of Defense to carry out such translation.

(2) A description of any policy established pursuant to subsection (a).

(3) Additional legislative or administrative actions the Secretary considers appropriate with respect to such translation.

38 USC 1712A note.

SEC. 726. TRANSPARENCY IN MENTAL HEALTH CARE SERVICES PROVIDED BY THE DEPARTMENT OF VETERANS AFFAIRS.

(a) MEASUREMENT OF MENTAL HEALTH CARE SERVICES.—

Deadline.

(1) IN GENERAL.—Not later than December 31, 2013, the Secretary of Veterans Affairs shall develop and implement a comprehensive set of measures to assess mental health care services furnished by the Department of Veterans Affairs.

(2) ELEMENTS.—The measures developed and implemented under paragraph (1) shall provide an accurate and comprehensive assessment of the following:

SEC. 739. PLAN TO ELIMINATE GAPS AND REDUNDANCIES IN PROGRAMS OF THE DEPARTMENT OF DEFENSE ON PSYCHOLOGICAL HEALTH AND TRAUMATIC BRAIN INJURY.

(a) SENSE OF CONGRESS.—Congress supports the efforts of the Secretary of Veterans Affairs and the Secretary of Defense to educate members of the Armed Forces, veterans, the families of such members and veterans, the medical community, and the public with respect to the causes, symptoms, and treatment of post-traumatic stress disorder.

(b) PLAN.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a plan to improve the coordination and integration of the programs of the Department of Defense that address traumatic brain injury and the psychological health of members of the Armed Forces.

(2) ELEMENTS.—The plan under paragraph (1) shall include the following:

(A) Identification of—

(i) any gaps in services and treatments provided by the programs of the Department of Defense that address traumatic brain injury and the psychological health of members of the Armed Forces; and

(ii) any unnecessary redundancies in such programs.

(B) A plan for mitigating the gaps and redundancies identified under subparagraph (A).

(C) Identification of the official within the Department who will be responsible for leading the implementation of the plan described in paragraph (1).

TITLE VIII—ACQUISITION POLICY, ACQUISITION MANAGEMENT, AND RELATED MATTERS

Subtitle A—Acquisition Policy and Management

Subtitle B—Provisions Relating to Major Defense Acquisition Programs

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release August 31, 2012

EXECUTIVE ORDER

- - - - - - -

IMPROVING ACCESS TO MENTAL HEALTH SERVICES FOR VETERANS, SERVICE MEMBERS, AND MILITARY FAMILIES

By the authority vested in me as President by the Constitution and the laws of the United States of America, I hereby order as follows:

Section 1. Policy. Since September 11, 2001, more than two million service members have deployed to Iraq or Afghanistan. Long deployments and intense combat conditions require optimal support for the emotional and mental health needs of our service members and their families. The need for mental health services will only increase in the coming years as the Nation deals with the effects of more than a decade of conflict. Reiterating and expanding upon the commitment outlined in my Administration's 2011 report, entitled "Strengthening Our Military Families," we have an obligation to evaluate our progress and continue to build an integrated network of support capable of providing effective mental health services for veterans, service members, and their families. Our public health approach must encompass the practices of disease prevention and the promotion of good health for all military populations throughout their lifespans, both within the health care systems of the Departments of Defense and Veterans Affairs and in local communities. Our efforts also must focus on both outreach to veterans and their families and the provision of high quality mental health treatment to those in need. Coordination between the Departments of Veterans Affairs and Defense during service members' transition to civilian life is essential to achieving these goals.

Ensuring that all veterans, service members (Active, Guard, and Reserve alike), and their families receive the support they deserve is a top priority for my Administration. As part of our ongoing efforts to improve all facets of military mental health, this order directs the Secretaries of Defense, Health and Human Services, Education, Veterans Affairs, and Homeland Security to expand suicide prevention strategies and take steps to meet the current and future demand for mental health and substance abuse treatment services for veterans, service members, and their families.

Sec. 2. Suicide Prevention. (a) By December 31, 2012, the Department of Veterans Affairs, in continued collaboration with the Department of Health and Human Services, shall expand the capacity of the Veterans Crisis Line by 50 percent to ensure that veterans have timely access, including by telephone, text, or online chat, to qualified, caring responders who can help address immediate crises and direct veterans to appropriate

care. Further, the Department of Veterans Affairs shall ensure that any veteran identifying him or herself as being in crisis connects with a mental health professional or trained mental health worker within 24 hours. The Department of Veterans Affairs also shall expand the number of mental health professionals who are available to see veterans beyond traditional business hours.

(b) The Departments of Veterans Affairs and Defense shall jointly develop and implement a national suicide prevention campaign focused on connecting veterans and service members to mental health services. This 12-month campaign, which shall begin on September 1, 2012, will focus on the positive benefits of seeking care and encourage veterans and service members to proactively reach out to support services.

(c) To provide the best mental health and substance abuse prevention, education, and outreach support to our military and their family members, the Department of Defense shall review all of its existing mental health and substance abuse prevention, education, and outreach programs across the military services and the Defense Health Program to identify the key program areas that produce the greatest impact on quality and outcomes, and rank programs within each of these program areas using metrics that assess their effectiveness. By the end of Fiscal Year 2014, existing program resources shall be realigned to ensure that highly ranked programs are implemented across all of the military services and less effective programs are replaced.

Sec. 3. Enhanced Partnerships Between the Department of Veterans Affairs and Community Providers. (a) Within 180 days of the date of this order, in those service areas where the Department of Veterans Affairs has faced challenges in hiring and placing mental health service providers and continues to have unfilled vacancies or long wait times, the Departments of Veterans Affairs and Health and Human Services shall establish pilot projects whereby the Department of Veterans Affairs contracts or develops formal arrangements with community-based providers, such as community mental health clinics, community health centers, substance abuse treatment facilities, and rural health clinics, to test the effectiveness of community partnerships in helping to meet the mental health needs of veterans in a timely way. Pilot sites shall ensure that consumers of community-based services continue to be integrated into the health care systems of the Department of Veterans Affairs. No fewer than 15 pilot projects shall be established.

(b) The Department of Veterans Affairs shall develop guidance for its medical centers and service networks that supports the use of community mental health services, including telehealth services and substance abuse services, where appropriate, to meet demand and facilitate access to care. This guidance shall include recommendations that medical centers and service networks use community-based providers to help meet veterans' mental health needs where objective criteria, which the Department of Veterans Affairs shall define in the form of specific metrics, demonstrate such needs. Such objective criteria should include estimates of wait-times for needed care that exceed established targets.

(c) The Departments of Health and Human Services and Veterans Affairs shall develop a plan for a rural mental health recruitment initiative to promote opportunities for the Department of Veterans Affairs and rural communities to share mental health providers when demand is insufficient for either the Department of Veterans Affairs or the communities to independently support a full-time provider.

Sec. 4. Expanded Department of Veterans Affairs Mental Health Services Staffing. The Secretary of Veterans Affairs shall, by December 31, 2013, hire and train 800 peer-to-peer counselors to empower veterans to support other veterans and help meet mental health care needs. In addition, the Secretary shall continue to use all appropriate tools, including collaborative arrangements with community-based providers, pay-setting authorities, loan repayment and scholarships, and partnerships with health care workforce training programs to accomplish the Department of Veterans Affairs' goal of recruiting, hiring, and placing 1,600 mental health professionals by June 30, 2013. The Department of Veterans Affairs also shall evaluate the reporting requirements associated with providing mental health services and reduce paperwork requirements where appropriate. In addition, the Department of Veterans Affairs shall update its management performance evaluation system to link performance to meeting mental health service demand.

Sec. 5. Improved Research and Development. (a) The lack of full understanding of the underlying mechanisms of Post-Traumatic Stress Disorder (PTSD), other mental health conditions, and Traumatic Brain Injury (TBI) has hampered progress in prevention, diagnosis, and treatment. In order to improve the coordination of agency research into these conditions and reduce the number of affected men and women through better prevention, diagnosis, and treatment, the Departments of Defense, Veterans Affairs, Health and Human Services, and Education, in coordination with the Office of Science and Technology Policy, shall establish a National Research Action Plan within 8 months of the date of this order.

(b) The National Research Action Plan shall include strategies to establish surrogate and clinically actionable biomarkers for early diagnosis and treatment effectiveness; develop improved diagnostic criteria for TBI; enhance our understanding of the mechanisms responsible for PTSD, related injuries, and neurological disorders following TBI; foster development of new treatments for these conditions based on a better understanding of the underlying mechanisms; improve data sharing between agencies and academic and industry researchers to accelerate progress and reduce redundant efforts without compromising privacy; and make better use of electronic health records to gain insight into the risk and mitigation of PTSD, TBI, and related injuries. In addition, the National Research Action Plan shall include strategies to support collaborative research to address suicide prevention.

(c) The Departments of Defense and Health and Human Services shall engage in a comprehensive longitudinal mental health study with an emphasis on PTSD, TBI, and related injuries to develop better prevention, diagnosis, and treatment options. Agencies shall continue ongoing collaborative research efforts,

with an aim to enroll at least 100,000 service members by December 31, 2012, and include a plan for long-term follow-up with enrollees through a coordinated effort with the Department of Veterans Affairs.

Sec. 6. Military and Veterans Mental Health Interagency Task Force. There is established an Interagency Task Force on Military and Veterans Mental Health (Task Force), to be co-chaired by the Secretaries of Defense, Veterans Affairs, and Health and Human Services, or their designated representatives.

(a) Membership. In addition to the Co-Chairs, the Task Force shall consist of representatives from:

(i) the Department of Education;

(ii) the Office of Management and Budget;

(iii) the Domestic Policy Council;

(iv) the National Security Staff;

(v) the Office of Science and Technology Policy;

(vi) the Office of National Drug Control Policy; and

(vii) such other executive departments, agencies, or offices as the Co-Chairs may designate.

A member agency of the Task Force shall designate a full-time officer or employee of the Federal Government to perform the Task Force functions.

(b) Mission. Member agencies shall review relevant statutes, policies, and agency training and guidance to identify reforms and take actions that facilitate implementation of the strategies outlined in this order. Member agencies shall work collaboratively on these strategies and also create an inventory of mental health and substance abuse programs and activities to inform this work.

(c) Functions.

(i) Not later than 180 days after the date of this order, the Task Force shall submit recommendations to the President on strategies to improve mental health and substance abuse treatment services for veterans, service members, and their families. Every year thereafter, the Task Force shall provide to the President a review of agency actions to enhance mental health and substance abuse treatment services for veterans, service members, and their families consistent with this order, as well as provide additional recommendations for action as appropriate. The Task Force shall define specific goals and metrics that will aid in measuring progress in improving mental health strategies. The Task Force will include cost analysis in the development of all recommendations, and will ensure any new requirements are supported within existing resources.

(ii) In addition to coordinating and reviewing agency efforts to enhance veteran and military mental health services pursuant to this order, the Task Force shall evaluate:

(1) agency efforts to improve care quality and ensure that the Departments of Defense and Veterans Affairs and community-based mental health providers are trained in the most current evidence-based methodologies for treating PTSD, TBI, depression, related mental health conditions, and substance abuse;

(2) agency efforts to improve awareness and reduce stigma for those needing to seek care; and

(3) agency research efforts to improve the prevention, diagnosis, and treatment of TBI, PTSD, and related injuries, and explore the need for an external research portfolio review.

(iii) In performing its functions, the Task Force shall consult with relevant nongovernmental experts and organizations as necessary.

Sec. 7. General Provisions. (a) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(b) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

BARACK OBAMA

THE WHITE HOUSE,
August 31, 2012.

# # #

8. PERFORMANCE IMPROVEMENT

8.1 INTRODUCTION

Purpose

This chapter satisfies certain requirements of the Government Performance and Results Act of 1993 (GPRA), the GPRA Modernization Act (GPRAMA) of 2010, and Office of Management and Budget (OMB) Circular A-11 – all of which call for integration of annual performance goals and results with Congressional budget justifications. This chapter complements the appropriation-specific budget justification information that is submitted to Congress by providing:

- A performance-focused articulation of the Defense Department's strategic goals and objectives; and
- A limited number of Department-wide performance improvement priorities for senior-level management to focus on over the current and budget year.

The Department looks forward to working with the Administration and Congress to meet the challenge of creating more effective and efficient operations, while delivering a high-value return for the American taxpayer's investment in the Defense Department.

DoD Mission and Organizational Structure

The mission of the Department of Defense (DoD) is to provide the military forces needed to deter war, to win wars if needed, and to protect the security of the United States. Since the creation of America's first army in 1775, the Department and its predecessor organizations have evolved into a global presence of over 3 million individuals, stationed in more than 140 countries and dedicated to defending the United States by deterring and defeating aggression and coercion in critical regions. Details on major operating components, Military Departments, and DoD geographic spread can be found on *www.defense.gov/osd*. The Department is also one of the nation's largest employers, with approximately 1.4 million personnel on active duty, 782,000 civilians, and 835,000 men and women in the Selected Reserve of the National Guard and Reserve forces. There are also more than 2 million military retirees and family members receiving benefits.

DoD Performance Governance

Ultimate responsibility for performance improvement in the Defense Department rests with the Deputy Secretary of Defense as the Chief Management Officer (CMO) and Chief Operating Officer, pursuant to the GPRAMA of 2010. Principal Staff Assistants (PSAs) within the Office of the Secretary of Defense (OSD) are responsible for recommending performance goals and achieving results for their respective functional oversight areas.

Title 5, United States Code, section 4312 and Office of Personnel Management (OPM) implementing instructions require performance evaluations for DoD's Senior Executive Service members and Senior Level/Scientific and Technical professionals to be based on both individual and organizational performance. The OPM further requires that each Agency describe, at the end of the performance rating period, how it assessed organizational performance and how it communicated that performance to rating and reviewing officials and members of Performance Review Boards to inform individual performance decisions. The Department uses its Annual Performance Report, along with other PSA and DoD Component-specific performance results, as the basis for DoD-wide organizational assessment and senior level personnel evaluations.

A comprehensive post-deployment health assessment is a critical tool in assessing the health of Service members and identifying potential injuries, both physical and emotional. Emerging science and DoD programs and policies have supported the early detection of non-visible injuries such as Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder which could lead to prompt treatment. To incorporate improvements into post-deployment health assessments, the Military Health System (MHS) now uses a more comprehensive post-deployment health assessment instrument that is designed to facilitate early identification and referral for care to ensure that those with post deployment injuries as a result of service to the nation receive the treatment they need.

The Department also conducted an enterprise-wide review of all psychological health programs in FY 2013 to identify programs that are producing measurably effective results and areas where improvement is needed. This review identified best practices that the Department can implement to continue improving the psychological and TBI care provided to service members and their families.

Improving audit readiness across the Department is a critical step in achieving sustained cost savings and improving business outcomes. A key component of the Department's audit readiness goal is validating the existence and accountability of mission critical assets such as real property, military equipment, and inventory. The Department's improved validation and accountability have played a critical role in identifying and reducing excess inventory, and resulted in significant savings from the Department's approximately $30 billion of secondary inventory (defined as inventory supplied by a different Military Service/Agency or residual inventory not transferred to the General Services Administration). At mid-year in FY 2013, the Department reduced excess inventory from 9.9 percent to 7.8 percent of on-hand secondary inventory, generating real savings. The Department's continued improvement in accountability of mission critical assets will drive further reductions in excess secondary inventory.

Improvement Areas: While the Department is improving its overall care to wounded warriors, the Department will focus on decreasing the IDES processing time in support of its commitment to provide top-quality care to wounded warriors. The Department can also improve facility energy performance, which will reduce overhead and headquarters costs and preserve mission readiness.

The Department of Defense and the Department of Veterans Affairs (VA) share responsibility for processing wounded warriors through IDES. While DoD has made considerable improvements in providing top-quality physical and psychological care to its wounded warriors, the percent of Service members who are processed through IDES within 295 days (Active) or 305 days (Reserve) needs additional focus. In the fourth quarter of FY 2013, 32 percent of Service members were processed through IDES within the given timeframe, which is below the target of 70 percent. This is primarily due to delays in the completion of the transition, proposed rating, and benefits decision portions of the process, of which two are outside of DoD's control. Over the past year, the time to complete DoD-specific IDES activities (referral, Medical Evaluation Board (MEB), Informal Physical Evaluation Board (PEB), and Transition) improved from an average of 188 days to 147 days; the DoD-specific goal was 105 days. The Department also provided, and will continue to provide, personnel to assist operations in a Seattle VA site to expedite IDES case processing.

In December 2012, DoD assumed responsibility to download information from the Defense Personnel Records Information Retrieval System and upload it into Virtual VA to assist VA in completing IDES final benefit determinations sooner. The VA processes and practices have impacted the Department's ability to achieve the intended results. The Department will continue to work with the VA in FY 2014 to improve the processes, practices, and interfaces that support

our shared desire to ensure relevant, timely, and quality outcomes for our warriors and veterans.

The Department manages a global property portfolio on 28 million acres with more than 563,000 facilities and a replacement value of nearly $828 billion. The DoD is the largest consumer of energy in the Federal government, spending approximately $4 billion annually to power these facilities. This infrastructure is critical to maintaining military readiness, and the importance of sustaining these facilities cannot be overstated. The Department's goal is to fund facilities sustainment at a minimum of 90 percent of the Facilities Sustainment Model (FSM) requirement. The FSM has been used since 2003 to estimate the annual sustainment funds the Services need to budget to perform maintenance and repair activities needed to keep their buildings and structures in good working order to maximize facility service life. The DoD budgeted for 84 percent of the sustainment requirement in FY 2013 but, due to sequestration reductions, it only obligated funding equal to 70 percent of the FSM requirement by the end of FY 2013. The Department will require marked improvement in order to accomplish its goals in this area.

Facilities maintenance supports the Department's efforts to improve energy conservation and efficiency, reduce operating costs and greenhouse gas emissions, and improve mission effectiveness. The Department's goal is to improve the average energy intensity of its buildings by 30 percent in FY 2015 compared to the FY 2003 baseline. While the Department has made significant improvements towards meeting the goal over the last two years, sequestration reductions may make it difficult for the Department to achieve the FY 2015 goal.

FY 2012 - FY 2013 Agency Priority Goal (APG) Results

Pursuant to the GPRA Modernization Act of 2010, the Department established five APGs in FY 2012, which were used to track the Department's progress toward achieving priorities throughout FY 2012 and FY 2013. Each of the five APGs is provided in its entirety, as follows:

- **Agency Priority Goal One:** By September 30, 2013, the DoD will attain a passing score on a comprehensive cyber security inspection that assesses compliance with technical, operational, and physical security standards on an overwhelming majority of inspected military cyberspace organizations resulting in improved hardening and cyber defense.
- **Agency Priority Goal Two:** By September 30, 2013, the DoD will improve the care and transition of WII Warriors by: (1) increasing the use of Recovery Care Coordinators and ensuring WII service members have active recovery plans; (2) improving effectiveness of behavioral health programs and ensuring all service members complete quality post-deployment health screenings; and (3) accelerating the transition of WII service members into veteran status by reducing the disability evaluation processing time.
- **Agency Priority Goal Three:** By September 30, 2013, the DoD will: (1) improve its facility energy performance by reducing average building energy intensity by 24 percent from the 2003 baseline of 117,334 British Thermal Units (BTUs) per gross square foot, and producing or procuring renewable energy equal to 13 percent of its annual electric energy usage; and (2) improve its operational energy performance by establishing an operational energy baseline with all available data on fuel use; developing a plan for remediating data gaps; funding and implementing a comprehensive data plan; establishing and executing operational energy performance targets based on this comprehensive data for each Military Service and relevant agency.
- **Agency Priority Goal Four:** By September 30, 2013, the DoD will improve its acquisition process by ensuring that: 100 percent of Acquisition Category (ACAT) 1

On Track Off Track

N/A = Not available

DoD STRATEGIC GOAL #4: PRESERVE AND ENHANCE THE ALL-VOLUNTEER FORCE.			
DoD Forces and Infrastructure Category 2M: Defense Health Program			
DoD Strategic Objective 4.1 2M: **Provide top-quality physical and psychological care to wounded warriors, while reducing growth in overall healthcare costs.** *** = Agency Priority Goal**			
Performance Goals	**Long-Term Goals**	**Prior Year Results**	**FY13 Results**
4.1.1-2M: Average percent variance in Defense Health Program annual cost per equivalent life increase compared to average civilian sector increase (USD(P&R))	4.1.1-2M: The DoD will maintain an average Defense Health Program (DHP) medical cost per equivalent life increase at or below the average healthcare premium increase in the civilian sector.	FY08 Actual: 1.1% FY09 Actual: 6.7% FY10 Actual: -1% FY11 Actual: 1.4% FY12 Actual: -6.4%	FY13 Target: </= 0% **FY13 Actual: -2.6%**
Contributing DoD Components: *Army, Navy, Air Force, and Marine Corps*			
4.1.2-2M: percentage of Armed Forces who meet Individual Medical Readiness (IMR) requirements (USD(P&R))	4.1.2-2M: By FY 2015, 85 percent of the Armed Forces will have an IMR that indicates readiness for deployment.	FY08 Actual: 67% FY09 Actual: 69% FY10 Actual: 74% FY11 Actual: 78% FY12 Actual: 84%	FY13 Target: 82% **FY13 Actual: 85%**
Contributing DoD Components: *Army, Navy, Air Force, and Marine Corps*			
*4.1.3-2M: percent of Service members who are processed through the Integrated Disability Evaluation System (IDES) within 295 days (Active) or 305 days (Reserve) (USD(P&R))	*4.1.3-2M: By FY 2014, 80 percent of Service Members will be processed through the IDES within 295 days (Active) or 305 days (Reserve) components.	FY08-11 Actual: Not available FY12 Actual: 24%	FY13 Target: 70% **FY13 Actual: 32%**
Contributing DoD Components: *Army, Navy, Air Force, and Marine Corps*			
*4.1.4-2M: percent of wounded, ill and injured (WII) Service members who are enrolled in a Service recovery coordination program and have established an active recovery plan administered by a DoD trained Recovery Care Coordinator (USD(P&R))	*4.1.4-2M: Assure that 100 percent of wounded, ill, and injured (WII), who are enrolled in a Service recovery coordination program, will have an established and active recovery plan administered by a DoD trained Recovery Care Coordinator.	FY08-10 Actual: Not available FY12 Actual: 68%	FY13 Target: 100% **FY13 Actual: 100%**
Contributing DoD Components: *Army, Navy, Marine Corps, and Air Force*			
*4.1.5-2M: percent of wounded, ill and injured (WII) Service members who are assigned to a DoD trained Recovery Care Coordinator (RCC) within 30 days of being enrolled in a Wounded Warrior Program (USD(P&R))	*4.1.5-2M: Assure that 100 percent of wounded, ill, and injured (WII) Service members will be assigned to a DoD trained Recovery Care Coordinator within 30 days of being enrolled in a Wounded Warrior Program.	FY08-10 Actual: Not available FY12 Actual: 70%	FY13 Target: 100% **FY13 Actual: 100%**
Contributing DoD Components: *Army, Navy, Marine Corps, and Air Force*			

Performance Goals	Long-Term Goals	Prior Year Results	FY13 Results
*4.1.6-2M: percentage of Psychological Health Programs that have been reviewed (USD(P&R))	*4.1.6-2M: By September 30, 2013, 100 percent of Psychological Health programs will be reviewed for measures of effectiveness to identify programs producing superior results, those that are ineffective, and those that need to establish measures.	FY08-12 Actual: Not available	FY13 Target: 100% **FY13 Actual: 100%**
Contributing DoD Components: *Army, Navy, Marine Corps, and Air Force*			
*4.1.7-2M: percentage of Armed Services that have transitioned to a more comprehensive post-deployment health assessment (USD(P&R))	*4.1.7-2M: By September 30, 2013, 100 percent of the five Armed Services will have transitioned to a more comprehensive post-deployment health assessment.	FY08-12 Actual: Not available	FY13 Target: 100% **FY13 Actual: 100%**
Contributing DoD Components: *Army, Navy, Marine Corps, and Air Force, and U.S. Coast Guard*			
DoD Forces and Infrastructure Category 2P: Central Personnel Administration			
DoD Strategic Objective 4.2-2P: ***Ensure the Department has the right workforce size and mix, manage the deployment tempo with greater predictability, and ensure the long-term viability of the Reserve Component.***			
Performance Goals	**Long-Term Goals**	**Prior Year Results**	**FY13 Results**
4.2.1-2P: percent variance in Active component end strength (USD(P&R))	4.2.1-2P: For each fiscal year, the DoD Active component end strength will not vary by more than three percent from the SECDEF/NDAA- prescribed end strength for that fiscal year.	FY08 Actual: 2.1% FY09 Actual: 0.9% FY10 Actual: 0.4% FY11 Actual: -0.5% FY12 Actual: -1.6%	FY13 Target: +/-3% **FY13 Actual: -1.4%**
Contributing DoD Components: *Army, Navy, Marine Corps, and Air Force*			
4.2.2-2P: percent variance in Reserve component end strength (USD(P&R))	4.2.2-2P: For each fiscal year, the DoD Reserve component end strength will not vary by more than three percent from the SECDEF/NDAA- prescribed end strength for that fiscal year.	FY08 Actual: 0% FY09 Actual: 1% FY10 Actual: 0.6% FY11 Actual: 0.2% FY12 Actual: -0.8%	FY13 Target: +/-3% **FY13 Actual: -0.86%**
Contributing DoD Components: *Army, Navy, Marine Corps, and Air Force*			
4.2.3-2P: percentage of the Department's active duty Army who meet the planning objectives for time deployed in support of combat operations versus time at home	4.2.3-2P: By FY 2015, 95 percent of active duty Army personnel will meet the deployment to dwell objective of 1:2.	FY08-10 Actual: Not available FY11 Actual: 85.7% FY12 Actual: 91%	FY13 Target: 80% **FY13 Actual: 96%**
Contributing DoD Components: *Army*			
4.2.4-2P: percentage of the Department's active duty Navy who meet the planning objectives for time deployed in support of combat operations versus time at home USD(P&R))	4.2.4-2P: Ensure at least 95 percent of active duty Navy personnel will meet the deployment to dwell objective of 1:2.	FY08-10 Actual: Not available FY11 Actual: 95.6% FY12 Actual: 95%	FY13 Target: 95% **FY13 Actual: 98%**
Contributing DoD Components: *Navy*			

Strategic Objective 4.1-2M: Provide top-quality physical and psychological care to wounded warriors, while reducing growth in overall healthcare costs.

Areas of Significant Improvement: The Department made substantial progress towards ensuring that all Wounded, Ill, or Injured (WII) service members were enrolled in a Service recovery coordination program and have an established active recovery plan administered by a DoD trained Recovery Care Coordinator. At the end of FY 2013, all Services are reported 100 percent enrollment with an active recovery plan. During the 1st and 2nd quarters of FY 2013, United States Air Force (USAF) Wounded Warrior Project (WWP) reported experiencing some technical latency issues in a few locations due to information technology (IT) infrastructure issues between USAF and the United States Marine Corps (USMC). However, as of the fourth quarter of FY 2013, all latency issues have been resolved to ensure compliance with the National Defense Authorization Act 2008 requirements. Both USAF and USMC WWPs reported positive feedback on the resolution of all issues.

In addition, the Department has two new performance measures for FY 2013 that exceeded their targets. In FY 2013, the Department successfully reviewed 100 percent of Psychological Health Programs across all the Services and all Services successfully implemented a more comprehensive Military Health Service (MHS) post-deployment health assessment.

The variance in Medical Cost Per Member has also remained within target parameters for the second consecutive year. Historically lower medical inflation rates have helped with achieving this outcome; the Department has also been successful in decreasing utilization through better preventive care and other initiatives aimed at improving the medical treatment provided.

Areas of Challenges: The Integrated Disability Evaluation System (IDES) did not meet its overall goals in FY 2013. Completion rates for DoD-specific, required activities (Referral stage, MEB, Informal Physical Evaluation Board, and Transition) averaged 147 days against a goal of 105 days, with 60 percent of cases meeting the goal. This overall timeliness figure included an average of 41 days in the Transition phase to allow Service members to take voluntary allowable administrative absences for activities, such as house hunting or using accrued leave, which are not part of the IDES process. The Department will continue to work with the VA in FY 2014 to improve the processes, practices, and interfaces that support our shared desire to ensure relevant, timely, and quality care for our warriors as they transition to veterans.

Mitigation Strategies: Staffing increases improved timeliness for the DoD portion of the initial two phases of the IDES process, evidenced by DoD meeting the 100-day MEB phase goal in Q4 (now at 7 consecutive months). The DoD continues to provide personnel to assist operations at the VA Disability Rating Activity Site (DRAS) in Seattle to expedite the Physical Evaluation Board phase of IDES case processing. Additionally, since December 2012, DoD has uploaded over 9,000 DD Forms 214 into Virtual VA to assist VA in completing IDES final benefit determinations sooner. The DoD Warrior Care Policy staff continues to focus on process and resourcing to improve timeliness and monitor Services' execution of the process.

Strategic Objective 4.2-2P: Ensure the Department has the right workforce size and mix, manage the deployment tempo with greater predictability, and ensure the long-term viability of the Reserve Component.

Areas of Significant Improvement: Acknowledging that people are its greatest asset, the Department is committed to ensuring it has the right workforce mix by managing the deployment tempo with greater predictability and ensuring the long-term viability of the Reserve Component. In FY 2013, the Department met its annual targets for seven of the performance measures for this strategic objective. The percentage of Active Duty Service members across the all Services who meet the planning objectives for time deployed in support of combat operations versus time

at home has exceeded targets for FY 2013 and has shown improvement since the end of FY 2012. Additionally, the Department in aggregate has maintained Active Duty and Reserve Component end strength within one percent of the end strength prescribed by the National Defense Authorization Act (NDAA) and the Secretary of Defense, far exceeding the FY 2013 goal of three percent end strength variance.

Areas of Challenges: In FY 2013, the Department continues to struggle with meeting its 80 day target for external civilian hiring. The length of time for civilian hiring increased over the first three fiscal quarters, but the number fell from 98 days to 94 days in the fourth quarter. While the fourth quarter results represent a positive trend, the Department will continue to work diligently to achieve its goal of 80 days. Challenges with achieving the target may be attributed to Component hiring freezes, workforce furloughs, and concerns over future funding cuts. The Department is also concerned that longer wait times for hiring and diminished recruiting capabilities could potentially cause the DoD to lose interest from quality candidates. Mission critical occupations are being recruited in very limited instances but require lengthy approvals or waivers. There may also be delays associated with the Veterans Employment Opportunities Act (VEOA) eligibility verification process for transitioning military Service members. Average Time-To-Hire for VEOA appointments is approximately 145 percent higher than other types of appointments. To date, veteran hires represent approximately 40 percent of external hires for the DoD. Both of these factors warrant ongoing investigation and monitoring.

Mitigation Strategies: The Department must continue to aggressively recruit and retain Service members of the requisite quality. Strategies and deployment schedules must be closely monitored and adjusted to meet both operational requirements and support our personnel during mobilization and deployments. Training, outreach, and collaboration are the key focus areas for continued success with expeditious and efficient civilian hiring. The DoD is committed to successful delivery of enhancements to key systems, increased reliability, and ease-of-use for job seekers and system administrators. Additionally, efforts are underway to identify and obtain appropriate hiring authorities and to remove barriers to efficient hiring of quality candidates. The Department is also re-writing the existing Deploy 2 Dwell (D2D) ratio policy to apply more broadly than the policy applied to Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF).

Strategic Objective 4.3-2R: Better prepare and support families during the stress of multiple deployments.

Areas of Significant Improvement: The Department missed the targets on two measures, to include percent of worldwide government-owned Family Housing inventory and percent of worldwide inventory for government-owned permanent party Unaccompanied Housing (UH) at good or fair (Q1-Q2) condition.

During FY 2013, the Department of Defense's worldwide government-owned permanent party Unaccompanied Housing (UH) inventory at good or fair (Q1-Q2) condition increased from 85 percent to 86 percent (excluding the Navy, this number would have been 91 percent). The Army Q1/Q2 percentages slightly decreased from the end of FY 2012 to the end of FY 2013 (92 percent to 91 percent), the Marine Corps held steady (86 percent), and Navy and Air Force increased, 41 percent to 50 percent and 96 percent to 98 percent, respectively. The worldwide inventory of 316,523 bedrooms at the end of FY 2013 was split between the Services as follows: Army, 44 percent; Marine Corps, 22 percent; Navy, 13 percent; and Air Force, 21 percent.

Regarding school standards, the Department is committed to supporting military families and is working to ensure that 100 percent of DoD schools meet the OSD standards of good or fair by the end of FY 2018. Since embarking on these improvements, the Department has met or exceeded its targets and is on track to fulfill its FY 2018 target on time. During FY 2013, more

will require marked improvement in order to accomplish its goals in this area.

Congress denied the Department's request for authority to conduct a Base Realignment and Closure (BRAC) round in FY 2015. Without additional BRAC authority, the Department will retain more bases than it needs to support its operations. Disposing of unneeded infrastructure will reduce the sustainment requirement and allow DoD to focus existing resources on sustainment requirements on remaining bases. The Department will continue working with the Defense Components to develop and implement more effective and efficient methods to eliminate excess infrastructure. This includes proactively managing the Department's processes to meet historic preservation requirements (to address environmental preservation concerns) and to expedite completion of required environmental mitigation.

The Department will continue working with host nations to avoid prolonged negotiations over the return or disposal of excess facilities in foreign countries, thereby minimizing delays in removing these facilities from the DOD real property inventory. The Department will also seek other means of low or no cost disposal and divestiture of facilities within our existing authority, such as privatization, public benefit conveyance, and returning the facility to the host nation.

Strategic Objective 5.2-2C: Protect critical DoD infrastructure and partner with other critical infrastructure owners in government and the private sector to increase mission assurance.

Areas of Significant Improvement: In FY 2013, the Department made significant progress in certifying DoD IT and National Security Systems (NSS); 95 percent of the Department's IT and National Security Systems (NSS) now meet Certification and Accreditation (C&A) requirements. The Department met its goal for this measure and is confident it will achieve its goal of 99 percent C&A compliance in FY 2015. This is due in part to involvement of the DoD Chief Information Officer (CIO) who has closely monitored compliance rates on a monthly basis and military department CIOs who have applied industry best practices to rationalize their applications and systems and convert them to virtualized environments.

By the end of FY 2013, the Department reduced the number of DoD data centers by 32.4 percent, exceeding its target of 31 percent.

Areas of Challenges: The Department transitioned 94 percent of DoD NIPRNet accounts to cryptographic login capability by the end of FY 2013; this result is short of the goal of 95 percent.

Mitigation Strategies: An implementation plan is in place to achieve the goal in FY 2014.

Strategic Objective 5.3-2E: Improve acquisition processes, from requirements definition to the execution phase, to acquire military-unique and commercial items.

Areas of Significant Improvement: Of the USD(AT&L)'s seven quarterly goals, four are meeting their annual targets, and one demonstrates progress over FY 2012. The average rate of MDAP cost growth from fourth quarter, FY13 (-1.42 percent) was significantly below the annual goal of three percent. There was a significant improvement between FY 2012 (-0.3 percent) and FY 2013 (-1.42 percent) for this measure. Also, as of FY 2013, there were no MDAP cost breaches for reasons other than approved changes in quantity. The average MDAP cycle growth percentage time showed positive improvements over the previous year, although it did not meet the annual target of less than or equal to five percent. All ACAT 1 programs going through milestone reviews presented affordability analyses and competitive strategies.

Changes to the acquisition policy will continue to have positive future effects on MDAP execution. These changes were directed by the Under Secretary of Defense for Acquisition,

with an increased focus on identifying more opportunities for small businesses.

"Should Cost" Management also receives systematic emphasis throughout the program life-cycle. Should Cost is a management tool designed to proactively target cost reduction and drive productivity improvement into programs. It challenges program managers to identify and achieve savings below the budgeted most likely costs. The objective is to seek out and eliminate low-value or unnecessary elements of program cost to motivate better cost performance wherever possible, and to reward those that succeed in achieving those goals.

Affordability and investment analysis has been institutionalized to drive program affordability and enforce affordability caps. Affordability analysis examines competing Component fiscal demands for production and sustainment within a relevant portfolio of products to reveal the life-cycle cost and inventory implications of the proposed new products within the portfolio. However, when program schedules are stretched due to overall affordability constraints, program costs may increase.

To improve upon the percentage of contract obligations that are competitively awarded, the Department continues to share best practices at quarterly competition meetings and is exploring initiatives to support the BBP 2.0 competition guidance. The BBP 2.0 will promote competition by emphasizing how vital it is to create and maintain competitive environments when acquiring both products and services. The Department is also taking the following steps to help mitigate the challenges to competition:

- Identify and track the specific factors that affect the competition rate, such as foreign military sales, and consider this information when setting annual competition goals for Components.
- Develop guidance to enable the Components to apply lessons learned from past procurements to increase competition for the same or similar good and services in follow on procurements.
- Implement tools using Federal Procurement Data Systems (FPDS) and Product Service Code data to help identify opportunities to increase competition for goods and services.

Strategic Objective 5.4-2L: Provide more effective and efficient logistical support to forces abroad.

Areas of Significant Improvement: In FY 2013, four of the six logistics support measures met their annual targets. The Army and Air Force reduced Customer Wait Times (CWTs) to meet goal, while the Navy reduced CWT to 15.5 days compared to a target of 15 days. Perfect Order Fulfillment exceeded its target every quarter, and the percentage of excess on-hand secondary item inventory, an annual measure, was 7.2 percent compared to a target of 10 percent.

Areas of Challenges: The Navy's cumulative CWT performance of 15.5 days was driven by a high of 19.6 days for March 2013. The issues were addressed and the Navy's performance in the subsequent months has been well within the goal of 15 days (April, 13.5 days; May, 13.8 days; June, 12 days; July, 13.9 days; August, 14.3 days; and September, 14.6 days).

The percent of excess on-order performance (7.6 percent) is 1.3 percent above FY 2013 target (6.3 percent) due to declining customer demand. As the drawdown in Afghanistan operations tempo increases, requirements for new procurements are decreasing at a rate faster than contracts are being reviewed and terminated.

Mitigation Strategies: The Navy continues to closely monitor its CWT measure and may re-evaluate its goal in light of budgetary uncertainties and the changing mix of items being ordered and management decisions. All measures associated with logistics support will continue to be

JOINT FACT SHEET
DoD and VA Take New Steps to Support the Mental Health Needs of Service Members and Veterans

Today, President Obama will announce 19 new executive actions that the Departments of Veterans Affairs (VA) and Defense (DoD) are taking to improve the mental health of service members, veterans and their families. Today's announcement builds on the actions the Departments have taken in response to the President's 2012 Executive Order on service members, veterans and their families' mental health. In response to the Executive Order, VA has increased its mental health staffing, expanded the capacity of the Veterans Crisis Line, and enhanced its partnerships with community mental health providers. DoD is reviewing its mental health outreach programs to prioritize those with the greatest impact; DoD and VA worked to increase suicide prevention awareness and, DoD, VA and the National Institutes of Health jointly developed the National Research Action Plan on military and veteran's mental health to better coordinate federal research efforts. These efforts and actions represent the latest in DoD and the VA's continued commitment to ensure that this Administration is working to fulfill our promises to service members, veterans and their families, and we will continue to look for additional ways to do so in this space, both thorough our work and work with the private sector.

Today's executive actions include:

Improving Service Members' Transition from DOD to VA and Civilian Health Care Providers

- **Supporting service members with mental health conditions in making the transition to VA care**: DoD will ensure that all service members leaving military service who are receiving care for mental health conditions are automatically enrolled in the *inTransition* program, through which trained mental health professionals assist service members in transitioning to new care teams in VA or the community. Currently, service members must be referred to *inTransition* by their DoD providers or seek out the program on their own.

- **Ensuring continuity of mental health medications during the transition from DoD to VA**: VA is revising its drug formulary policy to ensure that service members leaving military service and enrolling in the VA health care system maintain access to mental health medication prescribed by an authorized DoD provider, regardless of whether the medication is currently on the VA formulary, unless the health care provider identifies specific safety or clinical reasons to make a change. Currently, VA providers must seek a waiver to maintain a transitioning service member on a DoD-prescribed mental health medication if it is not on the VA drug formulary. VA and DoD will inform service members, Veterans and prescribers about this new policy.

- **Coordinating care between DoD and VA:** DoD and VA recently signed a Memorandum of Understanding on integrated complex care coordination, ensuring that DoD and VA will work together to develop a single joint, comprehensive plan for service members transitioning from DoD to VA with multiple, complex, severe conditions such as traumatic brain injury, psychological trauma, or other cognitive, psychological, or emotional disorders. Each comprehensive plan will address the service member/Veteran's goals for recovery, rehabilitation, and reintegration, and will be visible to the patient, family, and Care Management Team.

Improving Access and Quality of Mental Health Care at DoD and VA

- **Integrating peer specialists into primary care:** Today, VA is announcing that it will pilot the expansion of peer support beyond traditional mental health sites of care to Veterans in primary care settings. Peer specialists are Veterans trained to help other Veterans and will work with primary care teams to help improve the health and well-being of Veterans being treated in primary care settings. VA's pilot will place 1-to-2 peer specialists in 25 primary care sites. DoD will also initiate a peer support pilot project that will embed peer coordinators at 30 Special Operation Forces locations utilizing the same Reciprocal Peer Support model as the Vets4Warriors program.

- **Supporting TRICARE mental health parity:** Although, TRICARE is not subject to the Mental Health Parity and Addiction Equity Act of 2008, DoD is taking action to change its operations to meet the intent of the law. DoD has initiated action to do what it can under its authority to eliminate quantitative limits for mental health care. DoD is continuing to work with Congress to bring its mental health and substance use disorder care coverage up to full parity with medical or surgical conditions.

- **Enhancing mental health care where service members work:** DoD has been moving mental health care to where Soldiers, Sailors, Marines and Airmen work – in operational units. To support this work, over the next 12 months, DoD will: 1) expand to all Services the Behavioral Health Data Portal, a secure, automated system the Army uses to allow providers, patients and clinical leaders to access vital patient-centered clinical outcomes data for mental health conditions and substance use disorders, even in austere settings such as deployed operational units, 2) aggregate and analyze data on the effectiveness of forward-located care delivery models for improving behavioral health and other key outcomes, and 3) design a study to determine if this approach is equal to or more effective than the traditional way in which patients seek care within a clinic or hospital setting. DoD has also expanded eligibility for non-medical counseling through Military OneSource, the 24/7 resource for service members and their families, and Military Family Life Counselors who provide anonymous help while embedded at installations at the unit level, at child development centers and youth centers.

Continuing our commitment to improve treatments for mental health conditions including PTSD

- **Harnessing the efforts of researchers from DoD, VA, the National Institutes of Health and academia:** Today, the Administration announced the White House BRAIN conference which will take place this fall. This event will feature numerous panels on PTSD and TBI, with a goal of further advancing efforts fostered by DoD, VA, and programs such as the INTRUST consortium.

- **Advancing cutting edge PTSD research:** As part of the BRAIN Initiative, the Defense Advanced Research Projects Agency (DARPA) is announcing a new $78.9 million five year research program to develop new, minimally-invasive neurotechnologies that will increase the ability of the body and brain to induce healing . The technology may help in the management of many diseases, including PTSD.

- **Early detection of suicidality and PTSD:** The Department of Defense and the National Institutes of Health are launching a longitudinal project focused on the early detection of suicidality, PTSD, and long term effects of TBI, and other related issues in service members and Veterans. This research will guide the development of novel prevention and treatment efforts in support of the women and men who have served our country. The overall goal of this initiative is to rapidly translate findings and develop effective interventions.

- **New investments in suicide prevention:** The Department of Veterans Affairs is conducting a national clinical trial on strategies to help prevent future suicidal related activities among Veterans who have survived a recent attempt. The $34.4 million study will involve over 1,800 Veterans at 29 VA hospitals nationwide.

Raising Awareness About Mental Health and Encouraging Individuals to Seek Help

- **Promoting Vet Centers as a counseling resource for combat Veterans and their families:** First Lady Michelle Obama and Dr. Jill Biden's Joining Forces initiative is partnering with VA to raise awareness about Vet Centers, and encourage Veterans and their families to seek help at these facilities. There are currently 300 Vet Centers, located across the United States, which provide counseling services to combat Veterans and their families, regardless of eligibility status for VA health care.

- **Training DoD and VA employees to recognize the signs and symptoms of mental health conditions and help connect people in need to help:** Just like people can learn first aid for physical health conditions, they can learn the basic signs of mental health problems and how to help someone to get help when needed. Currently, VA provides suicide prevention training during orientation for all Veterans Health Administration employees. VA also provided this training to Veterans Benefits Administration

employees in FY 2013. Today, the VA is announcing that it will expand this suicide prevention training in two ways. First, Veterans Health Administration clinicians will be required to renew online suicide risk management training every three years. This refresher training will help further cement suicide prevention principles into the work of VA clinicians. Second, all other staff members who interact with Veterans will participate in the Department of Veteran Affairs "Operation SAVE" suicide prevention training every two years. DoD will also expand existing mental health training for all service members and improve chaplain training to recognize and refer service members in need to mental health care.

- **Expanding mental health awareness campaigns:** DoD and VA awareness campaigns to reduce stigma surrounding mental health care and encourage people experiencing mental health problems to get help include VA's Make the Connection campaign and DoD public service announcements such as "Welcome Home" and "In Your Hands". In addition, DoD policy and instructions emphasize to commanders the importance of treating mental fitness in the same proactive manner as physical fitness. DoD and VA will expand existing mental health awareness campaigns that have proven benefits for the military and Veteran populations, and will regularly report on metrics for these efforts through the Cross Agency Priority Goal and Interagency Task Force on Military and Veteran Mental Health.

- **Providing mental health awareness training more broadly:** For example, in partnership with the Department of Veterans Affairs, the Treasury Department will begin a new initiative to include mental health awareness training for volunteer tax preparers who will be in place at over 200 facilities in the next three years as part of an existing initiative.

Improving Patient Safety and Suicide Prevention

- **Expanding access to opiate overdose reversal kits:** DoD is making a new commitment to ensure that opiate overdose reversal kits and training are available to every first responder on military bases or other areas under DoD's control.

- **Providing new opportunities for service members, Veterans, and their families to give back unwanted medications:** Today, DoD and VA are announcing new programs to make it easier for service members, Veterans, and their families to safely dispose of unwanted prescriptions in their facilities, reducing the opportunities for abuse.

- **Supporting suicide prevention:** Over the next 12 months, DoD will implement a policy to facilitate requests for at-risk service members or at-risk military family members to voluntarily secure their firearms. Additionally, VA will provide coaching and support regarding safety plans for suicide prevention, with a focus on increasing safety in the

home, and work with Veterans Service Organizations and others to encourage friends or community groups to help improve firearm safety for Veterans in distress.

Strengthening Community Resources for Service Members, Veterans, and Their Families

- **Expanding cultural competency training:** While any individual can experience a mental health condition, service members, Veterans, and their families may experience additional stressors unique to military service. Community providers may be able to better serve these individuals through understanding military culture and the experiences of service members and their families. DoD and VA will disseminate their new military cultural competency course to 3,000 community mental health providers during FY 2015.

- **Supporting construction of medical facilities in communities with large veteran populations:** The Treasury Department and the Department of Veterans Affairs are working together to identify communities in need of veteran mental health facilities and develop targeted outreach to community development entities (CDEs) in those markets, including community development financial institutions (CDFIs), to take advantage of Treasury programs that support these efforts.