



HEALTH AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

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MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR, JOINT STAFF

SUBJECT: Department of Defense *inTransition* Program

During periods of transition, Service members receiving behavioral health care are at risk for disengagement from treatment or deterioration of their health status. The "Report of the Department of Defense (DoD) Task Force on Mental Health" (June 2007) recommended, and good clinical practice requires, implementation of methods to ensure that continuity of care is maintained across military-to-military, military-to-civilian and civilian-to-military transitions. In addition to broader policy initiatives under development that will strengthen provider-to-provider clinical transfers of care and close any potential gaps in the behavioral health care continuum for military personnel, DoD is instituting an adjunctive program call the *inTransition* program specifically for transitioning Service members receiving behavioral health care. This program assigns Service members an *inTransition* support coach, to provide a bridge of individual support between health care systems and providers through coaching services by phone worldwide. The *inTransition* coach does not perform case management nor deliver behavioral health care. Instead the support and coaching services that *inTransition* coaches provide an added resource to health care providers and case managers.

The Military Services are directed to utilize the *inTransition* program in accordance with DoD program guidance provided (Attachment 1), unless a program is already in place to address gaps in transitional behavioral health care. Personnel support for the *inTransition* program is provided via a central contract through the TRICARE Management Activity (TMA), and the Services are not required to contribute to the cost. Active duty and reserve component Service members who are transitioning to a new geographic location or into a new system of care, and who are engaged in and recommended for continued treatment of a behavioral health condition or concern, are eligible for this program. Transitioning Service members at greatest risk for disengaging from care that are targeted for this program are:

- Service members who recently received or are receiving behavioral health care scheduled for a permanent change of station (PCS) or an extended temporary duty station.

HA POLICY: 10-001

- Wounded Ill and Injured Service members who recently received or are receiving behavioral health care and are returning to home station following rehabilitative care at an (MTF), Warrior Transition Unit (WTU) or Department of Veterans Affairs (DVA) facility.
- Service members who recently received or are receiving behavioral health care and are separating from active duty or otherwise are transitioning care to the DVA or TRICARE network.
- Reserve component Service members being activated who recently received or are receiving behavioral health care and must transition DVA care to an MTF or TRICARE network.
- Service members making transitions from one location to another, including a deployed setting, who are/have been receiving behavioral health care, and who do not fall into one of the categories above.

This policy is effective immediately. Information about the program will be disseminated to health care providers, Service members, and their families through a robust MHS strategic communications campaign. The point of contact for the *inTransition* program is Lt Col Hans Ritschard, who can be reached at (703) 578-8584, or Hans.Ritschard@tma.osd.mil.



Ellen P. Embrey
Deputy Assistant Secretary of Defense
(Force Health Protection and Readiness)
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Attachments:
As stated

cc:
Service Surgeons General

Attachment 1

Implementation Guidelines for the *inTransition* Program

I. Program Description

- a. The *inTransition* program offers specialized coaching and assistance to support Service members in behavioral health care who are relocating to another assignment, returning from deployment, transitioning from active duty to reserve, reserve to active duty, or preparing to leave military service.
- b. The *inTransition* program is needed to bridge potential gaps during Service member transitions to a new medical care facility, to a new geographic location, or into a new health care system. Coaching and assistance is designed to encourage the continuation of behavioral health care through transitions in geographic location and health care systems.

II. Scope

- a. Service members with behavioral health conditions or concerns are eligible for assistance under this program during their transition period. The patient population to be served may include, but is not limited to:
 - 1) Service members who recently received or are receiving behavioral health care scheduled for a permanent change of station (PCS) or an extended temporary duty station.
 - 2) Wounded Ill and Injured Service members who recently received or are receiving behavioral health care and are returning to home station following rehabilitative care at an (MTF), Warrior Transition Unit (WTU) or Department of Veterans Affairs (DVA) facility.
 - 3) Service members who recently received or are receiving behavioral health care and are separating from active duty or otherwise are transitioning care to the DVA or TRICARE network.
 - 4) Reserve component Service members being activated who recently received or are receiving behavioral health care and must transition DVA care to an MTF or TRICARE network.

- 5) Service members making transitions from one location to another, including a deployed setting, who are/have been receiving behavioral health care, who do not fall into one of the categories above.
- b. The *inTransition* program assists Service members during transition periods which could be as short as a week, or much longer if the Service member is returning to reserve status from active duty. The primary objective of the program is to support the Service members' efforts to achieve and maintain wellness and to assure continuity of needed services.
- c. The *inTransition* program does not replace case management of medical conditions or referral services that are already being provided. The *inTransition* program is not a covered TRICARE benefit which precludes Managed Care Support Contractors from referring to the *inTransition* program.

III. Responsibilities

- a. The *inTransition* program will:
 - 1) Establish a Nationwide Cadre of Behavioral Health Professionals to provide telephonic coaching and supportive services to Service members during their transition to a new medical care facility, to a new geographic location, or new health care system.
 - 2) Ensure that coaching services are available during normal business hours, Monday through Friday 0800-1700. During non business hours a call center network will be available.
 - 3) Ensure that coaches are licensed behavioral health providers with a minimum of a master's degree in social work or other human services field and at least three (3) years experience.
 - 4) Create and disseminate education and outreach materials at referring DoD and DVA facilities to encourage program utilization.
 - 5) Provide on site training to increase awareness and utilization of the program.
- b. The *inTransition* coach will
 - 1) Provide specialized one-on-one motivational coaching, information, support and education through regular telephonic contact (at least weekly),

to encourage continued engagement in behavioral health services and promote the Service member's greater participation in their own care.

- 2) Educate Service members on the *inTransition* program and educate the referring health care providers on program scope and responsibilities.
- 3) Ensure providers understand that the *inTransition* program is not a replacement for case management, and is not designed to meet standards of practice for clinical transfer of care. The referring health care provider retains primary responsibility for the Service member.

c. The Health Care Provider will:

- 1) Determine when a continuation of behavioral health care is warranted among transitioning Service members. If the Service member agrees to transition coaching, work collaboratively with the Service member to initiate the referral to the *inTransition* program.
- 2) Document the *inTransition* program referral in the medical record.
- 3) Retain primary responsibility for the patient until care with an accepting provider has been initiated, or until SM decides to disengage from care.

d. The MTF will:

- 1) Provide a contact person at each MTF to work with the *inTransition* program to disseminate program materials and educate health care providers.
- 2) Participate in outreach and marketing activities described in section VI below.

IV. Procedures

a. Referral.

- 1) Any health care provider treating a patient's behavioral health condition may refer eligible patients to the *inTransition* program (with the exception of Managed Care Support Contractors) whether or not the patient is present.
- 2) The *inTransition* program contact telephone numbers will be widely distributed via program materials at each MTF. The Web site for the *inTransition* program is: www.health.mil/inTransition.

- 3) Health care providers will provide the following essential information to an *inTransition* coach at the time of referral:
 - a) Service member name;
 - b) Complete telephonic and electronic patient contact information (home phone number, cell phone number, and e-mail address);
 - c) Service member destination or discharge status (e.g., Permanent Change of Station destination, discharge from active duty, etc.);
 - d) Behavioral health condition(s) under treatment.
- 4) The health care provider will document in the medical record when referral to the *inTransition* program was made. Since *inTransition* does not provide clinical care, a standard transfer of care will still be required.
- 5) For Service members deploying to or returning from a contingency operation, who need continued behavioral health care services, it will be crucial that the referring provider supply sufficient information (i.e., home phone number, cell phone number, and e-mail address, redeployment date (if not classified) to ensure that the *inTransition* coach assigned to the Service member can follow-up upon return from deployment.

b. *inTransition* Coaching.

- 1) The *inTransition* coach will make regular telephonic contact (at least weekly) and provide specialized one-on-one motivational coaching, information, support and education:
 - a) Deliver coaching on life skills such as stress management, time management, problem solving, rest, nutrition, exercise, balancing work and family activities, and similar topics.
 - b) Provide guidance in obtaining assistance and resources in the Service members immediate area. Provide expert information on behavioral health treatment options, modalities and techniques, and on existing support networks and benefits.
 - c) Provide current and relevant patient education on specific behavioral health conditions, such as Post-Traumatic Stress Disorder to inform misconceptions, reduce stigma, and mitigate symptoms.

- 2) The *inTransition* program is not intended to be a suicide hotline or crisis intervention line. However, in a crisis, the *inTransition* coach will ensure the Service member is referred to local resources, and will encourage the patient in distress to take steps to ensure their safety.

c. Termination of *inTransition* Coaching Services.

- 1) The *inTransition* coach assigned to a Service member will discontinue coaching services after the Service member has engaged in care with an accepting provider, or when the Service member otherwise informs the *inTransition* coach.
- 2) In order to facilitate scheduling the first appointment, the *inTransition* coach will contact the accepting DoD, DVA, TRICARE or other health care provider and provide the same essential referral information as described in paragraph 3.
- 3) The *inTransition* coach may make a follow-up call after a reasonable period following termination of coaching services to check on the status of the transitioning Service member.
- 4) The *inTransition* coach will inform the referring provider if the SM has disengaged from care. In all cases the referring provider retains primary responsibility for the patient, until the patient has engaged with the accepting provider.

V. Disclosure of Protected Health Information (PHI) to *inTransition* Program Representatives

- a. The vendor executing the contract for the *inTransition* program is a recognized business associate of the TRICARE Management Activity (TMA), and must comply with the Health Insurance Portability and Accountability Act (HIPAA) regarding privacy and security of individually identifiable health information.
- b. Thus, neither written consent by the patient, nor a signed authorization of disclosure form, is required to refer the Service member to the *inTransition* program. The vendor executing the *inTransition* contract will ensure that applicable privacy and security requirements are strictly maintained in accessing, handling, reporting, documenting and storing patient-related information, whether paper or electronic. Applicable privacy and security requirements include those under the Privacy Act, HIPAA, the Alcohol, Drug Abuse and

Behavioral Health Reorganization Act (ADAMHRA), and implementing Department of Defense (DoD) guidance.

VI. Education and Training for the *inTransition* Program

- a. The Military Services will encourage program utilization by participating in outreach and marketing activities, and by disseminating materials that are provided by the *inTransition* program described below:
 - 1) Brochures/flyers;
 - 2) Posters;
 - 3) On-line program content that can be adapted and uploaded to Service specific Web pages;
 - 4) *inTransition* Webinars for providers will be offered at multiple times. These will be scheduled in advance and last no more than 20 minutes to accommodate providers' busy clinical schedules. TRICARE Network providers are invited to participate in these webinars.
- b. The MHS will implement a robust Strategic Communications plan targeting health care providers, Service members and their families about the *inTransition* program, including:
 - 1) Pentagon Channel and DotMilDocs interviews;
 - 2) Public Service Announcements (PSAs) via the Armed Forces Radio and Television Service (AFRTS);
 - 3) E-mail announcements;
 - 4) On-line information at www.health.mil/inTransition and other MHS and DoD websites.

VII. Program Management of the *inTransition* Program

- a. The DoD point of contact for the *inTransition* program is Lt Col Hans Ritschard in the TMA Office of Force Health Protection and Readiness Programs, who can be reached at (703) 578-8584 or Hans.Ritschard@tma.osd.mil. Military health care providers and health

program administrators may direct any feedback about the *inTransition* program and/or specific *inTransition* coaches to Lt Col Ritschard's office. A summary of feedback received will be included in the Program Evaluation report described below.

b. Program Evaluation.

- 1) The *inTransition* contractor will collect the following data as part of an outcomes evaluation program:
 - a) Number of Service Members enrolled in the *inTransition* program in Fiscal Year (FY) 2010 and reported annually thereafter;
 - b) Average length of engagement per member (taken from yearly totals);
 - c) Total number of enrolled Service members with favorable satisfaction ratings relative to the total number surveyed (every 6 months beginning with program initiation);
 - d) The total number of enrollees who remain in the program from initial enrollment to hand-off to gaining site/provider compared to the total number of enrollees in the program in (FY 2010 and reported annually thereafter).
- 2) A report of the effectiveness of the program, based on the data described above, will be prepared and provided to leadership one year after the initial implementation of the program. The program will be modified as needed based on the results of the evaluation.