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

HEALTH AFFAIRS

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510

MAR 25 2010

Dear Mr. Chairman:

The enclosed report responds to House Report 111-230, page 309, accompanying H.R. 3326, the Department of Defense Appropriations Act for Fiscal Year 2010, which requests my office to curtail unnecessary and extraneous travel and events by the Defense Center of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury. The Committee also requested that we provide a report that justifies DCoE travel from October 1, 2008 through June 30, 2009, including the dates, locations, and reasons for travel.

The DCoE is a relatively new organization created to respond to the rapid increase in issues related to our Overseas Contingency Operations. All of its travel was important to the mission to establish relationships and explore opportunities. Now that the roles, functions, and tasks of DCoE are established, it is appropriate to re-evaluate its operations. We understand the sense of Congress and have instituted appropriate internal controls.

Thank you for your continued support of the Military Health System.

Sincerely,

Charles L. Rice, M.D.
President, Uniformed Services University of the Health Sciences
Performing the Duties of the Assistant Secretary of Defense (Health Affairs)

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

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

HEALTH AFFAIRS

MAR 25 2010

The Honorable James H. Webb
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to House Report 111-230, page 309, accompanying H.R. 3326, the Department of Defense Appropriations Act for Fiscal Year 2010, which requests my office to curtail unnecessary and extraneous travel and events by the Defense Center of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury. The Committee also requested that we provide a report that justifies DCoE travel from October 1, 2008 through June 30, 2009, including the dates, locations, and reasons for travel.

The DCoE is a relatively new organization created to respond to the rapid increase in issues related to our Overseas Contingency Operations. All of its travel was important to the mission to establish relationships and explore opportunities. Now that the roles, functions, and tasks of DCoE are established, it is appropriate to re-evaluate its operations. We understand the sense of Congress and have instituted appropriate internal controls.

Thank you for your continued support of the Military Health System.

Sincerely,

Charles L. Rice, M.D.
President, Uniformed Services University of the Health Sciences
Performing the Duties of the Assistant Secretary of Defense (Health Affairs)

Enclosure:
As stated

cc:
The Honorable Lindsey O. Graham
Ranking Member

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

HEALTH AFFAIRS

MAR 25 2010

The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report responds to House Report 111-230, page 309, accompanying H.R. 3326, the Department of Defense Appropriations Act for Fiscal Year 2010, which requests my office to curtail unnecessary and extraneous travel and events by the Defense Center of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury. The Committee also requested that we provide a report that justifies DCoE travel from October 1, 2008 through June 30, 2009, including the dates, locations, and reasons for travel.

The DCoE is a relatively new organization created to respond to the rapid increase in issues related to our Overseas Contingency Operations. All of its travel was important to the mission to establish relationships and explore opportunities. Now that the roles, functions, and tasks of DCoE are established, it is appropriate to re-evaluate its operations. We understand the sense of Congress and have instituted appropriate internal controls.

Thank you for your continued support of the Military Health System.

Sincerely,

Charles L. Rice, M.D.
President, Uniformed Services University of the Health Sciences
Performing the Duties of the Assistant Secretary of Defense (Health Affairs)

Enclosure:
As stated

cc:
The Honorable Howard P. "Buck" McKeon
Ranking Member

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

HEALTH AFFAIRS

MAR 25 2010

The Honorable Susan Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman:

The enclosed report responds to House Report 111-230, page 309, accompanying H.R. 3326, the Department of Defense Appropriations Act for Fiscal Year 2010, which requests my office to curtail unnecessary and extraneous travel and events by the Defense Center of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury. The Committee also requested that we provide a report that justifies DCoE travel from October 1, 2008 through June 30, 2009, including the dates, locations, and reasons for travel.

The DCoE is a relatively new organization created to respond to the rapid increase in issues related to our Overseas Contingency Operations. All of its travel was important to the mission to establish relationships and explore opportunities. Now that the roles, functions, and tasks of DCoE are established, it is appropriate to re-evaluate its operations. We understand the sense of Congress and have instituted appropriate internal controls.

Thank you for your continued support of the Military Health System.

Sincerely,

Charles L. Rice, M.D.
President, Uniformed Services University of the Health Sciences
Performing the Duties of the Assistant Secretary of Defense (Health Affairs)

Enclosure:
As stated

cc:
The Honorable Joe Wilson
Ranking Member

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

HEALTH AFFAIRS

MAR 25 2010

The Honorable Daniel K. Inouye
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to House Report 111-230, page 309, accompanying H.R. 3326, the Department of Defense Appropriations Act for Fiscal Year 2010, which requests my office to curtail unnecessary and extraneous travel and events by the Defense Center of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury. The Committee also requested that we provide a report that justifies DCoE travel from October 1, 2008 through June 30, 2009, including the dates, locations, and reasons for travel.

The DCoE is a relatively new organization created to respond to the rapid increase in issues related to our Overseas Contingency Operations. All of its travel was important to the mission to establish relationships and explore opportunities. Now that the roles, functions, and tasks of DCoE are established, it is appropriate to re-evaluate its operations. We understand the sense of Congress and have instituted appropriate internal controls.

Thank you for your continued support of the Military Health System.

Sincerely,

Charles L. Rice, M.D.
President, Uniformed Services University of the Health Sciences
Performing the Duties of the Assistant Secretary of Defense (Health Affairs)

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member

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

HEALTH AFFAIRS

MAR 25 2010

The Honorable David R. Obey
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report responds to House Report 111-230, page 309, accompanying H.R. 3326, the Department of Defense Appropriations Act for Fiscal Year 2010, which requests my office to curtail unnecessary and extraneous travel and events by the Defense Center of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury. The Committee also requested that we provide a report that justifies DCoE travel from October 1, 2008 through June 30, 2009, including the dates, locations, and reasons for travel.

The DCoE is a relatively new organization created to respond to the rapid increase in issues related to our Overseas Contingency Operations. All of its travel was important to the mission to establish relationships and explore opportunities. Now that the roles, functions, and tasks of DCoE are established, it is appropriate to re-evaluate its operations. We understand the sense of Congress and have instituted appropriate internal controls.

Thank you for your continued support of the Military Health System.

Sincerely,

Charles L. Rice, M.D.
President, Uniformed Services University of the Health Sciences
Performing the Duties of the Assistant Secretary of Defense (Health Affairs)

Enclosure:
As stated

cc:
The Honorable Jerry Lewis
Ranking Member

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

HEALTH AFFAIRS

MAR 25 2010

The Honorable Daniel K. Inouye
Chairman, Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to House Report 111-230, page 309, accompanying H.R. 3326, the Department of Defense Appropriations Act for Fiscal Year 2010, which requests my office to curtail unnecessary and extraneous travel and events by the Defense Center of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury. The Committee also requested that we provide a report that justifies DCoE travel from October 1, 2008 through June 30, 2009, including the dates, locations, and reasons for travel.

The DCoE is a relatively new organization created to respond to the rapid increase in issues related to our Overseas Contingency Operations. All of its travel was important to the mission to establish relationships and explore opportunities. Now that the roles, functions, and tasks of DCoE are established, it is appropriate to re-evaluate its operations. We understand the sense of Congress and have instituted appropriate internal controls.

Thank you for your continued support of the Military Health System.

Sincerely,

Charles L. Rice, M.D.
President, Uniformed Services University of the Health Sciences
Performing the Duties of the Assistant Secretary of Defense (Health Affairs)

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member

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

HEALTH AFFAIRS

MAR 25 2010

The Honorable Norm Dicks
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The enclosed report responds to House Report 111-230, page 309, accompanying H.R. 3326, the Department of Defense Appropriations Act for Fiscal Year 2010, which requests my office to curtail unnecessary and extraneous travel and events by the Defense Center of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury. The Committee also requested that we provide a report that justifies DCoE travel from October 1, 2008 through June 30, 2009, including the dates, locations, and reasons for travel.

The DCoE is a relatively new organization created to respond to the rapid increase in issues related to our Overseas Contingency Operations. All of its travel was important to the mission to establish relationships and explore opportunities. Now that the roles, functions, and tasks of DCoE are established, it is appropriate to re-evaluate its operations. We understand the sense of Congress and have instituted appropriate internal controls.

Thank you for your continued support of the Military Health System.

Sincerely,

Charles L. Rice, M.D.
President, Uniformed Services University of the Health Sciences
Performing the Duties of the Assistant Secretary of Defense (Health Affairs)

Enclosure:
As stated

cc:
The Honorable C. W. Bill Young
Ranking Member

Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury travel from October 1, 2008, through June 30, 2009

REPORT TO CONGRESS

Report to Congress for House Report 111-230 to accompany H.R. 3326 of the Department of Defense Appropriations Act for Fiscal Year 2010

FEBRUARY 2010

TABLE OF CONTENTS

Background..... 1
1.0 Introduction..... 1
2.0 Amounts Allocated for Travel and Events..... 1
2.1 Center for Deployment Psychology Travel Support..... 2
2.2 DCoE-Sponsored Events and Guest Travel..... 3
2.3 DCoE Staff Travel..... 4
2.4 DCoE Contractor Staff Travel..... 5
3.0 DCoE Travel from May 20, 2009 - June 30, 2009..... 5
4.0 Improvements in DCoE Travel Management..... 7
Conclusion..... 7
Appendices..... 9
Appendix 1 Overview of DCoE-Sponsored CDP Trainings..... 10
Appendix 2 Overview of DCoE-Sponsored Events..... 11
Appendix 3 Sample DCoE Staff Travel from May 20, 2009 - June 30, 2009..... 21
Appendix 4 DCoE Policy Memo Regarding Fiscal Responsibility in Containing Travel and Event Costs..... 22
Appendix 5 DCoE Staff TDY Request Form..... 23
Appendix 6 Guidelines for DCoE Staff Travel Requests..... 24

BACKGROUND

House Report 111-230 to accompany H.R. 3326 of the Department of Defense Appropriations Act for Fiscal Year 2010 requests the Office of the Secretary of Defense for Health Affairs to justify the travel of the Defense Centers of Excellence (DCoE) for Psychological Health (PH) and Traumatic Brain Injury (TBI), covering the period October 1, 2008, through June 30, 2009. Specific interest is placed on the period between May 20, 2009 through June 30, 2009. The report to the Congressional defense committees must provide information on the dates, locations, and reasons for travel.

1.0 INTRODUCTION

DCoE's basic mission is to gather information and findings on evidence-based care, services, tools, and products from medical, academic, research and advocacy assets of the Military Departments, the Department of Veterans Affairs (VA), the Department of Health and Human Services, and other Federal agencies. DCOE's purpose is to facilitate the sharing of this critical information for planned or immediate integration into the continuum of care for PH and TBI. A variety of travel events took place in Fiscal Year 2009 as DCOE established training capabilities, partnerships, and professional development opportunities.

A substantial portion of the DCOE mission involves training for mental health and neurological health professionals to address the deployment-related needs of Service members and their families, as prescribed in the 2008 NOAA. This training is currently conducted by the Center for Development Psychology (CDP) in Bethesda, MD. In FY2009 DCOE centrally funded travel costs for CDP course participants. In addition to its training activities, DCoE initiated conferences and sponsored travel costs to collaborate on PH/TBI issues within the Department of Defense (DoD), across Federal Agencies, and with academia. As a new organization, DCoE sought to obtain the best value for every Defense Health Program dollar. All travel expenditures for this second year of operation were made in accordance with goals and objectives associated with DCOE's establishment.

2.0 AMOUNTS ALLOCATED FOR TRAVEL AND EVENTS

TRICARE Management Activity (TMA) financial records indicate that between October 1, 2008, and June 30, 2009, a total of $844,023 was disbursed for DCoE travel.

This funding served three basic purposes: 1) $318,521 paid for travel and per diem for providers at the Center for Deployment Psychology, 2) $193,696 funded special guests and partners to attend DCoE-sponsored conferences and non-sponsored events to enhance collaborative efforts, and 3) $331,806 paid for the travel activities of DCoE staff. In addition, (and not included in the $844,023), DCoE paid $193,761 for the travel

activities of DCoE contractors as outlined in their respective contracts to support DCoE missions.

DCoE Travel October 1, 2008 - June 30, 2009	
Travelers	**Disbursement**
CDP	$318,521
Others	$193,696
DCoE	$331,806
Total	**$844,023**

Travelers	**Reported Cost**
Contractor	$193,761

2.1 CENTER FOR DEPLOYMENT PSYCHOLOGY TRAVEL SUPPORT

The Center for Deployment Psychology (CDP) promotes the education of psychologists and other behavioral health specialists about issues pertaining to the deployment of military personnel.

CDP trains these mental health professionals to provide high quality deployment-related behavioral health services to Service members and their families. CDP offers workshops, training seminars and intensive two-week courses covering such topics as: deployment, trauma, resilience, medically injured, Service members and their families.

The two-week courses are offered four to six times per year. Attendees at these courses include active duty, Reserve, and civilian behavioral health professionals, as well as interns, residents and other professionals in training. Up to 30 students may be enrolled in each session. The two-week intensive courses cover topics in areas identified by military mental health professionals as particularly key to the care of Service members and their families. These topics include:

- "Deployment 101" examines the deployment cycle with attention to the unique culture, expectations and experience of military deployment including the reintegration with family and community upon return.
- "Trauma and Resilience" addresses issues of psychological trauma and resilience particular to the experience of combat deployment. This section also includes information pertaining to the assessment and treatment of Posttraumatic Stress Disorder (PTSD) and other problematic responses to trauma.

- "Behavioral Health Care of the Seriously Medically Injured" introduces issues that arise when providing behavioral health care to individuals suffering from serious medical injuries and traumatic brain injury.
- "Deployment and Families" explores the unique impact of military deployment on family members, including children.

All two-week courses are held on the campus of the Uniformed Services University of the Health Sciences and National Naval Medical Center in Bethesda, MD. In addition, participants also attend training sessions at Walter Reed Army Medical Center in Washington, DC.

There is no fee for active duty and Reserve Component members who attend this program. DCoE funds the travel and per diem expenses for military attendees. Civilian participants are responsible for their own travel and expenses.

Between October 1, 2008, and June 30, 2009, DCoE funded travel for 72 students and six speakers at a cost of $318,521 (Appendix 1).

2.2 DCOE-SPONSORED EVENTS & GUEST TRAVEL

When appropriate, DCoE funds the travel for speakers, and special guests for events and conferences. This financial support increases the understanding, collaboration, and sense of community across services, disciplines, and service delivery systems. Additionally, guest participation in DCoE conferences increases public and private awareness of tools, programs, best practices, and support systems available to Department of Defense (DoD), Department of Veterans Affairs (VA), and military and veterans' families.

From October 1, 2008, to June 30, 2009, DCoE paid for travel in support of DCoE conferences as well as other DCoE events. This support included nine DCoE-sponsored conferences (Appendix 2) that led to: an increased awareness of PH/TBI issues and DCoE's role within the military community; the formation of collaborative relationships with Federal agencies; the development of best practice knowledge through information sharing; the creation of initial frameworks for treatment protocols; and the identification of PH/TBI-related needs for Service members and their families. DCoE Events included:

1. October 2008: Trauma Spectrum Disorders Conference
2. November 2008: Warrior Resilience Conference
3. December 2008: Hyperbaric Oxygen Therapy (HBOT) in TBI Consensus Conference
4. January 2009: Suicide Prevention Conference
5. February 2009: DCoE Strategic Planning Summit III

6. February 2009: HBOT Protocol Finalization Meeting
7. February 2009: Cognitive Rehabilitation Steering Committee
8. March 2009: Common Data Elements (CDE) Workshop
9. April 2009: Cognitive Rehabilitation Consensus Conference

Between October 1, 2008, and June 30, 2009, conference-related speaker and special guest travel cost a total of $193,696. This amount represents non-DCoE staff travel costs, identified under the category "Others" in the DCoE Travel Chart (Page 2).

2.3 DCOE STAFF TRAVEL

From October 1, 2008, to June 30, 2009, DCoE staff traveled extensively to introduce PH and TBI capabilities to internal and external audiences, including the aforementioned conferences (Appendix 2). DCoE staff also traveled to continue professional growth and development. They conducted site visits and they made presentations at conferences and events. Staff members developed the partnerships needed to conduct both Military Health System (MHS) and private sector program reviews. The Director of DCoE undertook numerous travel assignments to publicize DCoE's capabilities, and promote outreach and communication.

These travels provided an important vehicle to launch and operationalize many initiatives, including:

- The development of clinical practice guidelines (CPGs) to help establish DoD Standards of Care, such as Evidence-Based Guidelines for Comprehensive Care for severe injuries.
- Staff member meetings, site visits, and collaboration within the MHS.
- The development and publication of the VA/DoD Mild Traumatic Brain Injury CPGs, as a result of collaborations with VA and the Services.
- Consolidation of standard surveillance information regarding suicide events, risks, and protective factors across the Services.
- Meeting with providers and leaders from major military health care facilities and bases to gather information on TBI care and psychological health efforts.

Between October 1, 2008, and June 30, 2009, DCoE staff travel cost a total of $331,806.

2.4 DCOE CONTRACTOR STAFF TRAVEL

DCoE requires contractors to support events under the DCoE mission. Funding for contractor travel is accounted for within each contract; therefore, contract travel costs are not reflected within the customary DCoE travel reports.

Between October 1, 2008 and June 30, 2009, DCoE contractor travel was reported as $193,761.

3.0 DCOE TRAVEL FROM MAY 20, 2009 - JUNE 30, 2009

The Congressional inquiry cited DCoE travel costs in two time periods: between October 1, 2008 and June 30, 2009; and also between May 20, 2009 and June 30, 2009. In response to Congressional interest, Section 3.0 of this report specifically addresses the May/June subset of travel expenses already represented in the nine month total Government expenditure of $844,023 with contract costs reported at $193,761 (Section 2.0). TMA financial records indicate that $255,713 was disbursed in payment for DCoE travel activities between May 20, 2009, and June 30, 2009. This funding served three basic purposes:

- $99,741 paid for travel and per diem to train 18 students at the Center for Deployment Psychology in June 2009;
- $49,924 funded special guests and subject matter expert (SME) partners to attend DCoE meetings; and
- $106,048 paid for the travel activities of DCoE staff.
- Additionally, contractor travel costs for May and June of 2009 were reported as $64,393.

DCoE Travel May 20, 2009 - June 30, 2009	
Travelers	**Disbursement**
CDP	$99,741
Others	$49,924
DCoE	$106,048
Total	**$255,713**

May 1, 2009 - June 30, 2009	
Travelers	**Reported Cost**
Contractor	64,393

During this period, DCoE staff traveled: 1) in response to site visit requests, 2) in response to subject matter presentation requests, and 3) in order to further professional development (Appendix 3).

Several trips were undertaken by DCoE staff in response to specific requests for review and consultation. For example, in May 2009, six staff members of the Research Directorate conducted in-depth site visits in San Diego, CA, at the request of the Chairman of the House Appropriations Subcommittee on Defense. The purpose was to gather information at two sites where combat simulation training was taking place:

- Marine Corps Base Camp Pendleton, where the Infantry Immersion Trainer was developed by the United States Marine Corps and the Office of Naval Research.
- Strategic Operations, Inc. (ST/OPS), a privately run enterprise that is headquartered at Stu Segall Production Company television and movie studios in San Diego.

In order to maximize the return on the Camp Pendleton trip, DCoE staff scheduled concurrent site visits with other partners conducting research studies and service programs in the San Diego area, including:

- **Milennium Cohort Study:** The team met with researchers from the Naval Health Research Center to discuss ongoing and prospective research projects, including the Milennium Cohort Study.
- **Marine Resilience Study:** A separate meeting took place between DCoE staff members and investigators leading a collaborative research team from the University of California-San Diego and the Marine Corps. This team is currently conducting the Marine Resilience Study.
- **Families Overcoming Under Stress (FOCUS) Project:** DCoE staff met with leaders from the FOCUS project, a family-focused project supported by the Navy Bureau of Medicine and Surgery (BUMED) and University of California Los Angeles. The FOCUS project is one of the Line of Action 2 (LoA2, Psychological Health and Traumatic Brain Injury) pilot and demonstration projects on which DCoE will conduct a formal program evaluation, as directed by the Assistant Secretary of Defense for Health Affairs.

All three meetings provided the opportunity to establish necessary relationships with important partners in psychological health and traumatic brain injury research. The Millennium Cohort Study represents a rich data source for retrospectively analyzing the relationships between deployment activity and relevant health outcomes. As a significant partnership between DoD, VA, and the University of California-San Diego, the Marine Resilience Study is a prospective research study that will provide important data on

biological, psychological, social, and spiritual determinants of resilience and their impact on psychological health outcomes of warriors who deploy. Finally, the FOCUS project is a landmark, family-based service provided by the Navy to families of Service members with high rates of deployment who are at increased risk of deployment-related stressors. Working with all elements of the family unit (Service members, spouses, children, and support networks), it may serve as a model for family-based programs in the other Services.

DCoE received numerous requests to provide keynote speakers, presenters, and conference panelists to inform and educate in DCoE's subject matter areas of PH and TBI. These opportunities enhanced the visibility and understanding of DCoE's mission, expertise, and impact among Federal, State, and private sector organizations.

DCoE is tasked with collaborating 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 its Congressionally specified responsibilities. DCoE military and government civilians traveled in order to receive training necessary for organizational project execution and subject matter expertise, and to maintain technical certifications/credentials. In May and June 2009, DCOE also continued to centrally fund travel related to training for mental health providers.

4.0 IMPROVEMENTS IN DCOE TRAVEL MANAGEMENT

In Fiscal Year 2009, travel activities were robust in support of the creation and facilitation of a new collaborative community. For FY10 and the outyears, the DCoE Director issued a policy (Appendix 4) requiring maximum use of tele-presence and careful management of travel expenses.

In Fiscal Year 2009, DCoE also reinforced numerous internal controls to manage travel administration. For example, each traveler's request (Appendix 5) must be justified, budgeted, and approved by the Chief of Staff prior to obtaining formal authorization and a Defense Travel System reservation. The travel request form incorporates several basic guidelines in determining whether a trip is necessary and cost effective in meeting mission needs (Appendix 6). Travel and conference planning Standard Operating Procedures were developed for the organizational training of appropriate travel regulations. Finally, travel orientations were conducted for travelers and administrative staff to emphasize new DCoE travel processes and guidelines.

CONCLUSION

During Fiscal year 2009, DCoE fully utilized its travel dollars to sponsor professional training, develop key partnerships, and support individual staff activities.

All of the travel was accomplished under a central theme: to create communities of collaboration within the Department of Defense, across Federal Agencies and within academia. DCoE will continue to pursue its vital mission, to equip the warfighter with psychological health resilience tools. The final outcome is world-class care for wounded warriors and their families who face TBI and PH issues. As the organization matures, DCoE staff will follow through these initial travel investments with the most prudent and cost-effective ways of maintaining the mission. Service members, veterans, and their families must receive maximum value from the resources directed toward their treatment and support.

APPENDICES

Appendix 1 – Overview of DCoE-Sponsored CDP Trainings
Appendix 2 – Overview of DCoE-Sponsored Events
Appendix 3 – Sample DCoE Staff Travel from May 20, 2009 - June 30, 2009
Appendix 4 – DCoE Policy Memo Regarding Fiscal Responsibility in Containing Travel and Event Costs
Appendix 5 – DCoE Staff TDY Request Form
Appendix 6 – Guidelines for DCoE Staff Travel Requests

APPENDIX 1: OVERVIEW OF DCOE-SPONSORED CDP TRAININGS

The purpose of this appendix is to provide an overview of the cost associated with DCoE-sponsored CDP Trainings from October 1, 2008 to June 30, 2009:

- From October 1, 2008 to June 30, 2009, DCoE sponsored 72 students for the two-week CDP training, entitled "Topics in Deployment Psychology." In addition, DCoE funded selected speakers' travel.
- This two-week training course is offered at the Uniformed Services University of the Health Sciences, is primarily for active duty military mental health providers and psychology and social work residents/interns currently working in military treatment facilities who are planning to deploy. Participants have the opportunity to learn from recognized military and civilian experts in several fields, such as military psychology, psychological trauma, ethics, neuropsychology, suicide, sexual assault, and military medicine. Participants hear from military psychologists and social workers, as well as other mental health providers, who have experienced the challenges and rewards of providing mental health care in forward operating areas. Presently, approximately 30 continuing education (CE) credits are offered to certain categories of providers.
- The following is a detailed list, indicating the number of sponsored students for each two-week course offered during the period:
    - January 2009 – 19 DCoE Sponsored Students
    - March 2009 – 35 DCoE Sponsored Students
    - June 2009 – 18 DCoE Sponsored Students
- In total, DCoE spent $318,521 during the period between October 1, 2008 and June 30, 2009 for CDP training-related efforts.

APPENDIX 2: OVERVIEW OF DCOE-SPONSORED EVENTS

INTRODUCTION

The purpose of this appendix is to provide an overview of the following FY09 DCoE-sponsored conferences:

- October 2008: Trauma Spectrum Disorders Conference
- November 2008: Warrior Resilience Conference
- December 2008: HBOT in TBI Consensus Conference
- January 2009: Suicide Prevention Conference
- February 2009: DCoE Strategic Planning Summit III
- February 2009: HBOT Protocol Finalization Meeting
- February 2009: Cognitive Rehabilitation Steering Committee
- March 2009: Common Data Elements Workshop
- April 2009: Cognitive Rehabilitation Consensus Conference

OCTOBER 1-2, 2008: TRAUMA SPECTRUM DISORDERS CONFERENCE

- **Overview:**
  The Trauma Spectrum Disorders Conference: The Role of Gender, Race and Other Socioeconomic Factors was the first ever jointly sponsored conference among DCoE, the Department of Veterans Affairs (VA), and the National Institutes of Health (NIH). This two-day collaborative scientific conference examined the best existing science on trauma spectrum disorders in order to develop evidence-based concepts and strategies to better understand, assess and treat psychological health and traumatic brain injury, especially as it relates to Service members and their families.
- **Co-Sponsoring Organizations:** NIH and VA
- **Participants:** Approximately 500, including professionals in medicine and healthcare and policy experts from the military, Federal and civilian sectors.
- **Location:** Bethesda, MD — Natcher Conference Center, NIH
- **Purpose:**
  - To meet the challenges of closing the knowledge gaps, and to improve the identification and treatment of gender and race factors in traumatic stress and traumatic brain injury.
  - To address issues raised in the FY08 National Defense Authorization Act, Sections 1621 and 1622, Responsibility number 1, which outlined the need for "a comprehensive plan for the prevention, mitigation, treatment and

rehabilitation of traumatic brain injury… post-traumatic stress disorders, and other mental health conditions, including research on gender and ethnic group-specific health needs."

- **Accomplishments:**
  - **Enhanced Collaboration:** A collaborative relationship was developed between the DCoE, VA, and NIH. Representatives from each sponsoring organization served on the conference planning committee and met frequently to ensure the event was successful.
  - **Facilitated Information Exchange:** Attendees consisted of SMEs, practitioners, patients, and advocates. The diverse agenda and varied backgrounds of participants fostered meaningful dialogue and a free exchange of ideas.
  - **Enhanced Awareness:** Conference evaluations indicated participants would "think more outside the box," "pay more attention to potential *unique* characteristics in patients with Posttraumatic Stress Disorder (PTSD)," and "push the research agenda (PTSD/Military)" within their organizations.

NOVEMBER 18-20, 2008: WARRIOR RESILIENCE CONFERENCE

- **Overview:** DCoE hosted the Warrior Resilience Conference with the purpose to begin a cultural shift within the military services from the medical/illness philosophy to a leader-driven psychological health, resilience, and performance philosophy and to introduce the Warrior Resilience Model.
- **Participants:** Approximately 280 attendees, including line personnel, mental health providers, academics, families, and DCoE staff.
- **Location:** Fairfax, VA — Fair Oaks Marriott.
- **Purpose:**
  - Provide an overview of current resilience programs across the Services;
  - Share best practices and lessons learned;
  - Introduce the Warrior Resilience Model; and
  - Gain value insight into resilience areas needing greater focus.
- **Outcomes:**
  - **Facilitated Informational Exchange:** Marked the first time that line leaders and Mental Heath providers were brought together for a Resilience focused conference.

- **Identified Outstanding Needs:** Outlined the need for additional programs in the areas of awareness and training for warriors and their families.

DECEMBER 5-6, 2008: HBOT IN TBI CONSENSUS CONFERENCE

- **Overview:** DCoE hosted the Hyperbaric Oxygen Therapy in Traumatic Brain Injury Consensus Conference in order to bring experts from the field of TBI, HBOT, neuro-sciences, and other health care professions together. The goal is to apply current biomedical knowledge and a broad range of scientific and clinical perspectives to formulate research objectives and design to determine the role of HBOT in TBI.
- **Participants:** Approximately 60 attendees, including neuro-physicians, hyperbarists, clinical research specialists, mental health providers, academics, and key DCoE staff attended the two day conference.
- **Location:** Alexandria, VA — Holiday Inn
- **Purpose:**
  - Provide an overview of Hyperbaric Oxygen Therapy in TBI.
  - Introduce the need to conduct a randomized clinical trial to study the efficacy of HBOT.
  - Share best practices and lessons learned.
  - Develop a consensus among the experts in TBI and HBOT on the methods of conducting and evaluating the Randomised Controlled Trial (RCT) in HBOT in TBI.
- **Accomplishments:**
  - Enhanced Collaboration: Gathered experts in TBI and HBOT for a focused HBOT in TBI consensus conference for the first time to discuss the efficacy of this treatment in a wide range of TBI cases.
  - Established Foundation for Additional Research: Experts in TBI and HBOT developed recommendations for the development of clinical protocols for an upcoming study on the use of HBOT treatments for TBI.

JANUARY 12-15, 2009: SUICIDE PREVENTION CONFERENCE

- **Overview:** The 2009 Suicide Prevention Conference, "Building Community Connections; Suicide Prevention in the 21st Century," was a joint effort conference, co-hosted by DoD and the VA.

- **Participants:** Total number of participants was 694. Attendees consisted of Suicide Prevention Program Managers, Behavioral Health Professionals, Counselors, Chaplains and Chaplain Assistants, Unit Suicide Prevention Officers, Members of Installation Suicide Prevention Committees, Health Promotion Professionals, Substance Abuse Professionals, Command and unit leaders involved in suicide prevention, and Public Affairs Professionals. Members of the media were also welcome.
- **Location:** San Antonio, TX — San Antonio Hyatt
  - Location Justification: To reach out to military populations in the Mid-West and West Coast.
- **Purpose:**
  - Build bridges between communities (Services, VA, and civilian populations).
  - Reduce stigma through awareness.
  - Leverage the power of personal stories.
- **Accomplishments:**
  - **Enhanced Collaboration:** Inaugural joint-effort conference between the Department of Defense (DoD) and the Department of Veterans Affairs (VA).
  - **Facilitated Information Exchange**: Conference provided a venue to bring experts from multiple disciplines to update attendees on developments and leading practices. In addition, the conference provided the opportunity for the DoD Suicide Prevention and Risk Reduction Committee (SPARRC) to meet and formulate the related DoD Instruction.
  - **Enhanced Awareness:** Conference presentations highlighted the continued existence of stigma and strategies to overcome it.
  - **Training**: The Uniformed Services University of the Health Sciences (USUHS) provided accreditation of continuing education (CE) hours for social workers, psychologists, nurses and physicians. In addition, the Association of Professional Chaplains (APC) allowed CE hours earned at the conferences by APC Chaplains to be counted toward their 50 CE hour requirement.

FEBRUARY 9-12, 2009: DCOE STRATEGIC PLANNING SUMMIT III

- **Overview:** The third DCoE Strategic Planning Summit (Summit III) was held in order to engage DCoE partners and stakeholders, to identify pressing PH and TBI needs, and to develop action plans. Action plans will be used to create DCoE's strategy and enhance the value of services delivered to warriors and their families.

- **Participants:** 130 participants attended Summit III. This diverse group had representation from: each branch of the Armed Services, the National Guard and US Reserves, chaplains, advocacy groups, the Department of Veterans Affairs, the Department of Labor, the Centers for Disease Control, academia and private employers. Individuals were hand selected for their technical expertise and scope of experience.
- **Location:** San Diego, CA — Omni Hotel
  - Location Justification: Since DCoE's mission is focused on developing a collaborative network across DoD and the VA, it was determined that a West Coast location would be appropriate for the third Summit as part of its national outreach and engagement plan since Summit I (Feb 2008) was held in Washington, DC, and Summit II (June 2008) was held in San Antonio, TX. In addition, the location afforded leadership engagement with regional leaders:
    - Site visit to Camp Pendleton to meet with General Michael Lenhart, Commanding General, Marine Corps Installations West and Bonnie Carroll, Tragedy Assistance Program for Survivors (TAPS).
    - Coordination with COL (RET) Robert Zimmerman, CEO/President, Veterans of Government Service.
    - Engagement with Ruben Barrales, President/CEO of the San Diego Regional Chamber of Commerce.
    - DCoE staff visit to Naval Medical Center San Diego's Combat and Operational Stress Control (COSC) Unit to learn about their programs and best practices. The Naval Medical Center San Diego is the only Naval hospital with a Warrior Transition Unit dedicated to returning soldiers, sailors, airmen and marines back to duty — thus, it is an essential platform to foster collaboration and best practices.
- **Purpose:**
  - Review progress from DCoE Summits I and II and sustain focused momentum at all levels.
  - Lead interactive breakout sessions to accelerate "quick wins" and enduring outcomes.
  - Develop draft policy recommendations based upon emerging knowledge and leading practices.
  - Harness internal and external collaboration and communications networks.
  - Leverage participant expertise, experience and insight to drive the way ahead in support of our warriors, veterans and families.

- **Accomplishments:**
  - **Networking:** Both conference attendees and DCoE staff praised the excellent networking that occurred throughout Summit III. Breakout session outcome briefs sited specific connections that were made between individuals or organizations that will assist in addressing issues and exchanging of best practices. Participants commented that the exposure to such a diverse group of PH/TBI stakeholders will benefit their daily work.
  - **Facilitated Information Exchange:** Attendees valued the presentation of timely information from distinguished guest speakers during plenary sessions. The west coast perspective, Commander of the Naval Medical Center San Diego and Navy Medicine West, reminded participants that these issues have a national reach. The author of *International Terrorism: A New Mode of Conflict* reviewed the strategy of past wars and framed our future challenges. This non-medical perspective was appreciated and helped to spur thoughtful conversation. Further, participants remarked that the Naval Center for Combat Operational Stress presentation was informative and could serve as a model for other organizations in DoD. Breakout sessions provided access to SMEs and DCoE directors. These small working groups developed comprehensive outbriefs that captured the value of each breakout session.
  - **Gained Stakeholder Needs:** By assembling a diverse group of stakeholders and hosting interactive sessions, DCoE leadership gained insights on stakeholder PH and TBI needs. Informal and structured dialog supported a mutual understanding of both current challenges and programmatic success stories.
  - **Provided Strategic and Operational Recommendations:** The Summit's 19 working group breakout sessions identified and developed over 60 recommendations for the DCoE leadership to consider in addressing PH and TBI concerns and challenges. Subsequently, the DCoE integrated the breakout session inputs and recommendations into ongoing or new initiatives. Examples include using mTBI (mild Traumatic Brain Injury) and PH Clinical Standards of Care breakout session input to assist in establishing operational mTBI clinical practice guidelines, integrating Resilience Priorities breakout session feedback to shape planning and execution of the Warrior Resilience Conference II so that it focused on the needs of line leaders, and taking suggestions from the Real Warriors breakout session to conduct additional focus groups and improve Real Warriors outreach efforts. Also, input from the all the breakout sessions was used in shaping the DCoE Campaign/Strategic Plan development.

FEBRUARY 9-11, 2009: HBOT PROTOCOL FINALIZATION MEETING

- **Overview:** As follow-up to the HBOT in TBI Consensus Conference, this HBOT meeting was held to finalize the protocol.
- **Participants:** Seven participants attended the three-day meeting, including site visits. Participants included the DCoE HBOT Program Director, HBOT Study Principal Investigator, Clinical Regulatory Affairs Manager, and four SMEs.
- **Location:** San Antonio, TX
  - Location Justification:
    - All three site visits facilities were located in San Antonio, TX.
    - Institutional Review Board (IRB) committee resides at Wilford Hall Medical Center on Lackland Air Force Base.
- **Purpose:**
  - Site visit to Brooks City-Base, Brooke Army Medical Center, and The Center for the Intrepid.
  - Review HBOT Protocol.
- **Accomplishments:**
  - Agreed to Neuropysch Outcome.
  - Crystallized Idea of Neuroimaging.
  - Determined Feasibility of Brooks City-Base as a Trial Site.
  - Completed HBOT Procotol.
  - Prepped IRB Committee for Upcoming Protocol Submission.

FEBRUARY 20, 2009: COGNITIVE REHABILITATION STEERING COMMITTEE

- **Overview:** DCoE TBI Clinical Standards of Care Directorate and the Defense and Veterans Brain Injury Center (DVBIC) hosted the meeting to plan a consensus conference to address Cognitive Rehabilitation in mTBI.
- **Participants:** 21 participants attended the Cognitive Rehabilitation Steering Committee meeting, which brought together a select group of representatives for the Services, VA and Brain Injury Association of America (BIAA) with interest in cognitive rehabilitation as it pertains to warriors with TBI.
- **Location:** Rosslyn, VA — DCoE Headquarters

- **Purpose:** This committee was established to plan a consensus conference regarding cognitive rehabilitation for mTBI that will help to provide clinical guidance to the Military Health System. The scope of this plan included the need to:
  - Define overall mission of the upcoming consensus conference.
  - Develop conference structure outline.
  - Discuss potential attendees and read-ahead materials.
- **Accomplishments:**
  - **Led to Consensus Conference Recommendation:** The steering committee meeting led to the recommendation for a two-day consensus conference in order to develop a guidance document for the services that addressed the issues of assessment, intervention, programs, and outcomes/efficacy as they relate to cognitive rehabilitation.
  - **Developed Consensus Conference Framework:** The committee met their outlined purpose by determining the conference structure, which included a conference approach, prospective date, presentation topics, and list of potential attendees.

MARCH 23-24, 2009: COMMON DATA ELEMENTS (CDE) WORKSHOP

- **Overview:** DCoE, the National Institute of Neurological Disorders and Stroke (NINDS), the Department of Veterans Affairs (VA), and the National Institute on Disability and Rehabilitation Research (NIDRR) co-sponsored a workshop on psychological health and traumatic brain injury research and surveillance. Beginning in January 2009, working groups were focused on standardizing research variables in the following eight areas: PTSD, demographics and clinical assessment, depression, neuroimaging, substance abuse/misuse, biospecimens/biomarkers, operational stress, and outcome measures.
- **Participants:** 137 national and international PH and TBI experts participated in the conference, including representatives of each of the four co-sponsoring agencies, 21 U.S. and international universities, 19 DoD entities, nine National Institutes of Health-affiliated Institutes, the Centers for Disease Control and Prevention, and other key stakeholders.
- **Location:** Silver Spring, MD
- **Purpose:** The purpose of the workshop was to develop common data elements for research in PH and TBI, including recommendations for definitions, metrics, outcomes and instrumentation.
- **Accomplishments:**

- **Refined Working Group Recommendations:** During the conference, each working group presented its recommendations to the attendees and to specific integration groups comprised of individuals with related PH or TBI expertise. This presented the conference attendees with an opportunity to discuss and refine the working group recommendations.
- **Enhanced Awareness:** Adopted recommendations to be submitted to a peer-reviewed scientific journal for publication.
- **Identified Data Collection Opportunity:** In order to maximize the impact of the recommendations, a prospective study or longitudinal database should be developed that considers as a whole the unique populations served by the agencies taking part in the workshop. The development of this database will serve to refine and validate the recommended data elements while advancing and unifying the state of the science in PH, TBI and their areas of overlap.

APRIL 27-28, 2009: COGNITIVE REHABILITATION CONSENSUS CONFERENCE

- **Overview:** The Traumatic Brain Injury Clinical Standards of Care directorate and DVBIC convened a Cognitive Rehabilitation Consensus Conference to address cognitive rehabilitation concerns discussed in the Cognitive Rehabilitation Steering Committee Meeting, held on 20 February 2009. SMEs were invited to continue insightful discussion of items raised during the previous meeting and stimulate new dialogue to examine the most efficient methods to examine the need and implement cognitive rehabilitation programs for patients affected by TBI.
- **Participants:** 53 participants attended the Cognitive Rehabilitation Consensus Conference. In addition to the original members of the Steering Committee, various SMEs from within and outside of the US and DoD were assembled to provide their observations and opinions in regards to avenues for cognitive rehabilitation in regards to patients affected by TBI to a degree where subsequent symptoms warrant rehabilitative efforts for the best outcomes. The panel included professionals with backgrounds in TBI nursing, neurology, neuropsychology, occupational therapy, speech pathology, research, and psychiatry.
- **Location:** Arlington, VA — The Hilton Hotel
- **Purpose:**
  - Determine to what level cognitive rehabilitation is necessary, efficacious and feasible.
  - Define the key elements to cognitive rehabilitation programs.
  - Assessment and implementation of cognitive rehabilitation programs.

- Identify ways to improve current programs and provide guidance to healthcare members, warriors and their families.

- **Accomplishments:**
  - **Facilitated Information Exchange:** Conference invitees were extremely invested in the process and offered innovative insights critical in crafting a widespread cognitive rehabilitation program.
  - **Furthered Development of Standardized Practices:** A report was developed that has been approved by the Clinical Proponency Steering Committee to be implemented in 14 DoD sites with the goal of standardizing practices and outcome measures.
  - **Enhanced Awareness:** A manuscript will be published in spring 2010 in the journal *Neurorehabilitation*.

APPENDIX 3: SAMPLE DCOE STAFF TRAVEL FROM MAY 20, 2009 - JUNE 30, 2009

SAMPLE LIST OF SITE VISIT LOCATIONS:

- VA Polytrauma Center, Palo Alto, CA
- Ft. Drum, NY
- NAS Pensacola, Hurlburt Field, & Eglin AFB, FL
- Portsmouth, VA
- Ft. Benning & Ft Stewart, GA
- Ft. Wainwright, AK
- Ft. Hood , TX
- Camp Pendleton, CA
- Ft. Carson, CO

SAMPLE LIST OF KEYNOTE SPEAKERS, PANELISTS, PRESENTERS, AND DCOE BOOTH PARTICIPATION IN THE FOLLOWING CONFERENCES:

- National Center on Addiction and Substance Abuse Conference, Columbia University, New York, NY
- Annual American Psychiatric Association, Brain and War Symposium, San Francisco, CA
- University of Colorado, CO
- Sesame Chautauqua Institute Workshop, NY
- Survival Evasion Resistance & Escape Conference, San Diego, CA
- Warrior Care Conference, Ft Carson, CO
- European Region Medical Command, Landstuhl, Germany
- Virtual Human Avatar Workshop, Los Angeles, CA
- American Psychiatric Association, Braceland Symposium on Naval Psychiatry, GA
- New England Collaborative TBI Symposium, Boston, MA
- Canadian Brain Injury Association, Vancouver, Canada

SAMPLE LIST OF PROFESSIONAL DEVELOPMENT ACTIVITIES INVOLVING DCOE STAFF TRAVEL:

- USPHS Scientific and Training Symposium, Atlanta, GA
- USAF Family Advocacy Outreach Program, San Antonio, TX (DCoE provided training)
- Family Support Center, NAS, Pensacola, FL (DCoE provided training)

APPENDIX 4: DCOE POLICY MEMO REGARDING FISCAL RESPONSIBILITY IN CONTAINING TRAVEL AND EVENT COSTS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

1401 WILSON BLVD, SUITE 400
ARLINGTON, VIRGINIA 22209

DEFENSE CENTERS OF EXCELLENCE
FOR PSYCHOLOGICAL HEALTH AND
TRAUMATIC BRAIN INJURY

JAN 14 2010

MEMORANDUM FOR DEFENSE CENTERS OF EXCELLENCE FOR PSYCHOLOGICAL HEALTH AND TRAUMATIC BRAIN INJURY PERSONNEL

SUBJECT: Fiscal Responsibility in Containing Travel and Event Costs

As we enter Fiscal Year 2010, we must continue our vital mission to support Warriors and their Families who are affected by Traumatic Brain Injury & Psychological Health issues. As a responsible steward of the taxpayers' investments, the Defense Centers of Excellence (DCoE) must prioritize and limit, to a greater degree than in the past, internal or invitational travel and sponsored events.

Over the past two years, we have created communities of collaboration within the Department, across Federal Agencies and with academia to accomplish our mission. We must now leverage these relationships in the most effective and sufficient manner to maintain our mission focus.

To this end, I am directing DCoE staff to maintain our fiscal health and utilize our limited funds with prudence and wisdom in the most effective ways possible. We should always ensure that any scheduled travel is essential and would have clear benefit for DCoE's ability to support those whom we serve. In many cases, we can use tele-collaborative resources such as video teleconferencing, webinars, and electronic data sharing. Only when those alternative modes are unavailable or not appropriate should travel, especially OCONUS, be considered. Operational criteria that should be used when submitting a travel duty request are outlined in the attached documents. Attention to these factors and alternatives will help ensure that we can direct as many resources as possible to the support and care of Service members, Veterans, and their Families.

Loree K. Sutton, MD
Brigadier General, MC, USA
Director

Attachments:
As stated

APPENDIX 5: DCOE STAFF TDY REQUEST FORM

DCoE Staff TDY Request Worksheet

1. NAME (Last, First, Middle Initial)	POSITION	DATE
	Civilian	
	Military	
	Contractor	

2. GENERAL INFORMATION

PLACE OF DEPARTURE (City or Installation)	PURPOSE OF TDY		
Departure Date & Time (DDMMYY)	Return Date & Time (DDMMYY)	PDS Departing Terminal	TDY Location (City or Installation)

3. BILLETING		4. GOV'T MEALS AVAILABILITY		5. REGISTRATION FEE
	CONTRACT QUARTERS (Non-Avail)		ALL MEALS ARE AVAILABLE/DIRECT	FEE ASSOCIATED? $
	BASE QUARTERS		PARTIAL MEALS ARE AVAIL/DIRECT	MEALS INCLUDED – HOW MANY?
	NOT REQUIRED		MEALS ARE NOT AVAIL/DIRECT	NO MEALS INCLUDED

6. TRAVEL CATEGORY		7. MODE OF TRAVEL
	SITE VISIT/INSPECTION	GOV'T PROCURED TRANSPORTATION (i.e. commercial plane or rail, rental car, etc.)
	TRAINING ATTENDANCE (Attach SF 182)	MILITARY AIRCRAFT/GOV'T PLANE
	CONFERENCE/SEMINAR	GOVERNMENT VEHICLE
	SPEECH, PRESENTATION, EXHIBIT	MBR WILL USE POC. IT IS NOT MORE ADVANTAGEOUS TO THE GOV'T. TR COST $
	INFORMATION MEETING	MBR WILL USE POC. IT IS MORE ADVANTAGEOUS TO THE GOV'T (Attach Special Authorization Worksheet)
	OTHER *(Specify in Block #12)*	OTHER *(Specify in block #12)*

7. RENTAL CAR REQUIRED? *(Justify in block #12)*	8. TRAVEL & PER DIEM ESTIMATE $	9. TOTAL TDY ESTIMATE $

10. ADDITIONAL INFORMATION

Do you have a Government Travel Card?	Will more DCoE/Directorate personnel travel? If so, how many?	Is this the absolute fewest possible travelers?	Is mission DCoE, other, or both? If other, explain in block #12.	FUNDING SOURCE

Can this activity be done by teleconference or some other electronic streaming means?	If conference attended, how will traveler educate others on content?				
	Trip Report		DCoE		Other *(Specify in block #12)*
	In-Service				
	Other *(Specify in block #12)*				

10. Impact if postponed:

11. Impact if canceled:

12. Remarks:

I certify this requested active duty training or civilian tour is required for mission accomplishment. The information provided is true and correct to the best of my knowledge.

Requester's Signature

13. DIRECTORATE/APPROVING OFFICIAL SIGNATURE		BUDGET/CERTIFYING OFFICIAL SIGNATURE	
APPROVED		APPROVED	
DISAPPROVED		DISAPPROVED	

CHIEF OF STAFF APPROVAL

APPROVED		DISAPPROVED
DATE	NAME AND GRADE OF APPROVING OFFICIAL	SIGNATURE

APPENDIX 6: GUIDELINES FOR DCOE STAFF TRAVEL REQUESTS

DCOE Staff TDY Request Worksheet is a snapshot of mission requirement, cost, and urgency that provides a quick, yet thorough overview to the COS in his consideration for approval of travel. In addition to the customary information on traveler, date, and location of the trip, the following enhancements were added to make this document a one-stop summary and justification of DCOE-sponsored travel:

Section 1. Employee Type:

- Military, civilian or contractor (goal is for COS to scrutinize contractor travel as well as Government travel activities).

Section 3. Billeting:

- On-post billeting should be considered before commercial hotels when work is performed at a military installation.

Section 5. Registration Fee:

- Registration fee and meals covered must be addressed if applicable.

Section 6. Travel Category:

- Five categories from which to select the purpose of the trip, as well as the requirement to explain "other." Purposes for DCOE travel include: site visit, training, conference, speech/presentation, and information/meeting.

Section 9. TDY Estimate:

- Travel cost estimate based on established DTS guidelines.

Section 10. Additional Information:

- Whether the traveler has a Government travel card (mandatory for more than 2 trips per year).
- How many Directorate travelers for same event or activity (Purpose is to eliminate redundancy in support of national conferences).
- Is this the fewest number travelers? (Purpose is to minimize travel costs).
- Is the mission DCOE, other, or both? (Must explain if mission is other than DCOE and consider cost of sponsorship).
- How conference information will be shared (value to DCOE mission).
- Alternatives to travel considered?
- Impact if postponed/cancelled.

Section 13. Directorate/Approving Official Signature:

- Director's approval (signature).